

THE IMPACT OF RISING ENERGY COSTS ON OLDER AMERICANS

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIFTH CONGRESS
FIRST SESSION

PART 4—WASHINGTON, D.C.

APRIL 5, 1977



Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE

92-120 O

WASHINGTON : 1977

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

Stock Number 052-070-4229-0

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The Impact of Rising Energy Costs on Older Americans:

- Part 1. Washington, D.C., September 24, 1974.
- Part 2. Washington, D.C., September 25, 1974.
- Part 3. Washington, D.C., November 7, 1975.
- Part 4. Washington, D.C., April 5, 1977.
- Part 5. Washington, D.C., April 7, 1977.
- Part 6. Washington, D.C., July 12, 1977.

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THE IMPACT OF RISING ENERGY COSTS ON OLDER AMERICANS

TUESDAY, APRIL 5, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to notice, at 10:07 a.m., in room 1202, Dirksen Senate Office Building, Hon. Frank Church, chairman, presiding.

Present: Senators Church, DeConcini, Domenici, and Percy.

Also present: William E. Oriol, staff director; David A. Affeldt, chief counsel; Caroleen L. Silver, minority staff director; Kathleen M. Deignan and Philip S. Corwin, professional staff members; Margaret S. Fayé and David A. Rust, minority professional staff members; Patricia G. Oriol, chief clerk; Catherine A. Sehler, resource assistant; and Ralph M. Binkley, printing assistant.

OPENING STATEMENT BY SENATOR FRANK CHURCH, CHAIRMAN

Senator CHURCH. The hearing will please come to order.

To begin this hearing, I would like to rearrange an old saying and ask: If spring comes, can winter be far behind?

That question is meant to make the point that harsh experiences tend to become forgotten quickly as circumstances change. And many, many older Americans did have terribly harsh experiences within recent months because of the exceptionally severe weather throughout much of the United States.

The most extreme result was death caused by freezing. Other elderly persons cut their heat and electricity to the bone—and beyond—to have some chance of paying their utility bills. Even after that, and even after cutting their food and perhaps their prescription drug purchases, many of them could not pay their bills.

Retirees' social security incomes, already strained by increased costs in food, transportation, and health care costs, suffered another savage onslaught this winter and the results are not yet known. The Committee on Aging has received scattered reports telling of increases of 100 and 200 percent in monthly bills. In Colorado last month, at a hearing on "The Nation's Rural Elderly," I heard witnesses who said that utility costs may now be the No. 1 concern of older persons in that part of the Nation.

This committee cannot ignore such reports, nor can it ignore Federal Energy Administration estimates, prepared for this hearing that:

Home fuel expenses for the elderly have increased by over 44 percent in all areas of the country, just between 1973 and 1976. In the North Central States, the increase was much higher—63 percent.

Some elderly, those with the lowest incomes, living in the Northeast, are spending almost 30 percent of their total income on home fuel alone. This was in 1976—a fairly mild winter. It is almost impossible to fathom what the percentage was this winter. In 1973, by contrast, it was 18.5 percent.

Costs for home fuel do vary by area of the country, but even in the Western States where temperatures can be mild and some sources of energy are less expensive than in other parts of the country, the low-income elderly had to spend almost 16 percent of their disposable income on home fuels in 1976. Again that was in a comparatively mild winter.

A comparison of FEA estimates with other figures suggests that home fuel costs for the elderly in almost all parts of the country are well above estimates of the U.S. average residential heating bills for all ages.

Can a retired worker living on an average social security benefit of \$218 a month afford utility bills which rise from \$50 to \$75 to \$100 and even more? Can an elderly couple with an average monthly Social Security income of \$372 do much better? Of course not.

WHAT OF THE FUTURE?

If that is the situation now, what of the future? Robert Havighurst, a distinguished scientist and pioneer in aging at the University of Chicago, has pondered over a generally accepted prediction that the cost of a unit of energy in the year 2000 will be at least four times what it was in 1970. He asks: "How will the lifestyles and the values of the elderly people respond?" I ask: How will our Social Security system respond? Will its cost-of-living adjustment mechanism deal adequately with such increases? Or, alternatively, how successful can we be in heading off those increases?

Faced by such questions, this committee has a responsibility to search for additional information and to report our findings to President Carter in time to have some impact upon his energy message of April 20.

That message, it is clear, will have to deal with many "big picture" issues, including long-term plans for development or rechanneling our energy sources, changing national fuel conservation habits, and so on. But it should also include a plan to make certain that the elderly and other persons who suffered during last winter's cold will be more directly and promptly helped when the cold winds blow again.

We need a plan for emergency assistance in times of weather-caused disaster. We also need more long-range action.

First, we must have a comprehensive national insulation program intended to help low-income and other persons to reduce energy loss while increasing their own personal security against the cold. The Community Services Administration is doing heroic work with its weatherization programs. In Idaho, for example, CSA has weatherized 3,075 homes since 1975 and is expected to do 2,000 more in 1977. Fifty-five percent of the weatherized homes—by the way, in my State—were owned by the elderly. But weatherization, important as

it is, usually provides only minimal needs. We need a variety of insulation choices, possibly including the provisions of low-interest loans for homeowners who can make payments as additions to their monthly utility bills.

Second, we have to get to the heart of the utility rate question and answer an issue that is being raised more and more by older Americans and other consumers as they are hit by startling increases in those rates: Is the user of relatively small amounts of energy paying an unfair rate when compared to the larger user? I have introduced S. 686, the Energy Savings Demonstration Act, which would authorize additional testing of lifeline rates, peak pricing and other innovative approaches to make energy costs more equitable and less burdensome. I will welcome comments on that bill or suggestions as to alternative routes to rate reform during these hearings.

Third, we must examine existing sources of help and ask whether a new energy program should put many of the fragments together. In preparation for this hearing, this committee has dealt with at least five Federal agencies and has identified at least a dozen programs which, in one way or another, could provide emergency or ongoing assistance to older persons who need help because of weather or who wish to conserve energy in one way or another. The President's energy plan could well be the vehicle for bringing the pieces together, and we certainly have suggestions in that regard, and I hope that these hearings may contribute more.

I want to close by thanking the new ranking Republican member of this committee, Senator Pete Domenici of New Mexico, for emphatically suggesting that this committee turn to energy issues as an early priority. I would also like to thank Senator Lawton Chiles for conducting hearings in 1974 and 1975 on energy costs and older Americans. He began the process of enlisting the interest of this committee in rising energy costs and their impact upon our elderly. But I think that the very cold and, in some places, savage winter that we have just passed through has brought this whole problem very much in focus and made us all aware of the urgency of hearings of this kind, and I hope that they will prove to be productive.

Now, Senator Domenici and Senator Percy are here and before we go to the panel I would invite both of them to make any preliminary statement they wish to make.

STATEMENT BY SENATOR PETE V. DOMENICI

Senator DOMENICI. Thank you, Mr. Chairman.

I first want to thank you for so promptly honoring my request for hearings to explore the impact on the elderly of rising energy costs.

Over the last several years this committee has held a series of hearings designed to focus attention on the financial difficulties faced by older Americans due to the continuing rise in energy costs. In proposing these hearings, Mr. Chairman, I hoped the committee would achieve two basic goals. First, I wanted the thrust of these hearings to clearly define the extent and magnitude of this problem as it relates to the elderly, including the possible impact on their health from the necessity of living in cooler houses. Second, I wanted our witnesses to lay out before this committee the pros and cons of the various policy options which confront us.

Mr. Chairman, I believe you have stated that we are dealing with a very serious and complex problem. For the last 4 years our Nation has been confronted by a crisis situation in the field of energy and we have not really risen to that challenge. In spite of an embargo in 1973, the steady rise in energy prices, and the bitterly cold winter of 1976-77, our Nation still lacks a true energy policy. In a few weeks, the Carter administration will become the third administration to offer a comprehensive energy program to the Congress.

POSSIBILITIES FOR RELIEF

If I may, Mr. Chairman, I would like to direct the committee's attention to some of the possible steps we could take in an effort to provide relief for our elderly citizens. I would stress that I am not yet ready to endorse any of these specific approaches, but I will attempt to note some of the pros and cons of each, as I see them.

First, tax deductions and/or refundable tax credits. This approach would be relatively easy to administer, but relief would be delayed until after the end of the taxable year and it may not help those most in need.

Second, energy coupons or fuel stamps. This approach would be complex to administer and it may well be prone to possible fraud or abuse. It could, however, be targeted to help those who are most in need.

Third, adjustments in the OASDI/SSI benefits. This approach would be direct and simple, but it would add an additional drain on the Social Security trust fund and would provide funds for some who do not need help since not everyone receiving social security is in the high-risk group. Furthermore, it would not reach those individuals who are not covered by Social Security and/or the Supplemental Security Income program as these programs are presently defined.

Fourth, cash allowance. This approach could give immediate relief to those in greatest need. Difficulties could be encountered in determining eligibility and appropriate levels of assistance, and it would be very difficult to administer.

Fifth, lifeline utility rates. This complete overhaul of the utility rate structure is obviously a very important issue that must be discussed thoroughly.

Sixth, peakload utility rates. This would help to ease the demand for new generating capacity as well as conserving various types of energy. Retired persons could more easily benefit from such a system because of the more flexible schedules.

Long-range elements in a comprehensive energy program would probably include the greater use of public transportation, where applicable, and winterizing existing structures and establishing new building codes for new ones.

Mr. Chairman, I cannot begin to predict what direction our Nation will take in the next few years in meeting this continuing, reoccurring problem. I am sure, however, that the testimony we receive today and on Thursday will benefit our committee, the various authorizing committees which we are committed to help through this committee, and the deliberations of the Energy Policy and Planning Task Force chaired by Dr. Schlesinger.

The choices we face as a Congress are difficult. I cannot stress this point too often or too strongly. The energy policy we shape is going to change the lifestyles of our people. Change is never easy and it is frequently very painful. Only time will tell whether the President and the Congress have the courage to bite the bullet, so to speak, and in so doing find meaningful short- and long-term solutions to the energy problem.

I repeat trying to solve the energy problem without addressing the issue of the impact of ever-rising costs on our fixed-income elderly would leave a large vacuum in any energy policy.

I would also like to call the attention of the committee to a public forum entitled "Older New Mexicans and Energy," which was held in my State on May 19, 1976. It was sponsored by our Commission on Aging and the Regional Interagency Committee of the Southwest Federal Regional Council. I have selected portions of this publication, including the 11 recommendations or resolutions which were adopted last May, for inclusion in the record of this hearing. In addition, I have written to a number of Federal agencies requesting information that will help us to better define this problem. I would also ask that the replies I received be printed in this hearing record.¹

Mr. Chairman, I thank you for calling this meeting.

Senator CHURCH. Thank you, Senator Domenici.

Senator Percy.

STATEMENT BY SENATOR CHARLES H. PERCY

Senator PERCY. Mr. Chairman, I did not wish to demonstrate the bipartisan nature of these hearings by sitting on the Democratic side this morning. On our other committees, Chairman Church, as you know, the Democrats always sit to the left of the chairman and the Republicans appropriately sit to the right. I just didn't notice the difference here when I came in, but I apologize to the other side. I will speak on the Democratic side and join my colleague on the other side in just a moment, but these are truly nonpartisan hearings as is this committee.

Mr. Chairman, I would like to report to you and the committee that I held hearings of the Committee on Nutrition and Human Needs yesterday in Chicago. We dedicated a new elderly center and council in Cicero-Berwyn, a very interesting community with which Dr. Wang is very familiar. There are roughly 50,000 people in Berwyn and 65,000 in Cicero. In one community, 19 percent—1 out of 5—were elderly, and in the other, 1 out of 4—25 percent. These are among the highest percentages in the country. I think most of these people are individual homeowners. If you ever need to see the impact of rising energy costs on a population, there is the place to look.

Sixteen percent of them live below the poverty line today and they are proud people. Many of them have an ethnic heritage. They have to decide, some of them, whether they are going to pay their fuel bills, buy food or, for the first time in their lives, ask for public assistance. It is demeaning to them; they are fighting it off.

¹ See appendix 1, p. 279.

I think Senator Domenici's call for these hearings and your ready assent to them is evidence that we can only really understand the nature of the energy problem by studying, not just the microcosm, but by drawing on the experiences of a very large portion of our population—at least 1 out of 10 nationally—of people 65 and over and see the impact on them. It is for that reason that these hearings are so helpful.

Recently, I launched a group, along with Senator Humphrey, called the alliance to save energy. The alliance will, indeed already is, publicizing the potential of our greatest domestic energy source: what I call conservation energy. With President Carter's support, the alliance will be fighting hard to develop a national energy policy centered on conservation. We have got to convince this country to move toward conservation of energy, cut down on use, and create this new energy source.

The problem is when we say that, the impact of conservation on the elderly is quite different than on other people. That is why we have such a distinguished panel this morning of expert witnesses to point out those differences. I hope they will point out the fact that it is very hard to turn the temperature down to 60 at night and 65 during the day in a nursing home. The residents are generally dressed in a gown or little clothing. Also, it is much harder for older people to adjust quickly to colder temperatures. In fact, it would be seriously wrong to ask them to do so because of the great chance of pneumonia or something like that coming upon them.

Only 5 percent of the elderly are institutionalized. Ninety percent live in some private dwelling some place in this country. What are they supposed to do—turn their thermostats down to 60 at night and 65 during the day and risk great discomfort and possible illness? Or do they keep it up and pay fuel bills which are now two to three times what they used to be?

It is fine for us in the alliance to preach conservation of energy, weatherizing of homes, putting weather stripping in the homes, or investing \$1,000, \$2,000, or \$3,000. It is fine for us to say we are going to offer a tax incentive to do that, but what do the elderly do? They don't have the capital investment; they don't have the taxes to write off these credits against. So we have a whole new problem with them.

Thus, we can see that conservation measures have costs which the elderly and the poor are less able to afford, despite the long-term cost savings obtainable through such measures. First, elderly and poor people have less leeway in energy conservation: For them, energy is not a luxury, as they are limited by circumstances to essential energy uses. Second, in the case of weatherization, elderly and poor people cannot afford the capital outlays necessary for such projects, no matter how favorable the cost-benefit relationship is.

Even worse, our current energy policy discourages conservation and is unfair to frugal energy users. Current utility rate structures require the elderly and the poor, who are small volume energy users, to pay higher unit costs, thus forcing them to pay an unfair share of energy costs.

In grappling with the energy issue and developing a national energy policy, we cannot overlook the special problems of the elderly and poor people of this country. Our hearings this week will provide timely

insight into these problems and give direction to an energy policy that is sensitive to the needs of this segment of our population.

That is why I am very honored indeed to participate in these hearings. All of us have conflicting obligations and we may have to go back and forth. I know that you realize that it is not a lack of interest that causes us not to be here every minute of your testimony, but we will read it carefully, study it carefully, and try to get back for questions. We also have to attend a few other hearings.

Thank you very much, Mr. Chairman, indeed. I will have to leave temporarily.

[The prepared statement of Senator Percy follows:]

PREPARED STATEMENT OF SENATOR CHARLES H. PERCY

The hearings we are conducting today and Thursday are the third set in a series of hearings on the implications of rising energy costs on older Americans. Although problems remain, some progress has been made. The Community Services Administration—CSA—has provided about \$44 million to help protect houses of poor people, including the elderly, against the cold and against heat loss. CSA has helped low-income people pay skyrocketing fuel bills and deter utilities disconnections. Some States have established so-called lifeline utility rates, either permanently or on a pilot basis.

Despite the progress, our energy policy still evolves on a crisis basis. A long-term comprehensive energy policy is very much needed.

Recently, I launched a group, along with Senator Humphrey, called the Alliance to Save Energy. The alliance will, indeed already is, publicizing the potential of our greatest domestic energy source: what I call conservation energy. With President Carter's support, the alliance will be fighting hard to develop a national energy policy centered on conservation. Conservation energy will benefit the elderly and the poor by helping to maintain moderately priced energy sources.

Conservation measures, however, have costs which the elderly and the poor are less able to afford, despite the long-term cost savings obtainable through such measures. First, elderly and poor people have less leeway in energy conservation: for them energy is not a luxury, as they are limited by circumstances to essential energy uses. Second, in the case of weatherization, elderly and poor people cannot afford the capital outlays necessary for such projects, no matter how favorable the cost-benefit relationship is.

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In grappling with the energy issue and developing a national energy policy, we cannot overlook the special problems of the elderly and poor people of this country. Our hearings this week will provide timely insight into these problems and give direction to an energy policy that is sensitive to the needs of this segment of our population.

Senator CHURCH. Senator Edmund S. Muskie, a member of this committee, is unable to be with us today due to other commitments, but he has submitted a statement for the record. Senator Lawton Chiles, who chaired hearings on this subject in 1974-75, is also unable

to be with us today. He has submitted a statement, and I will insert them into the record at this time.

[The statements follow:]

STATEMENT OF SENATOR EDMUND S. MUSKIE

Mr. Chairman, one of the most dramatic problems facing the elderly in every part of the country is the enormous financial burden caused by this winter's unusually severe weather. Increased energy consumption caused by this winter's cold, coupled with ever-increasing energy prices, has strained the budgets of all consumers—especially the elderly and those on fixed incomes.

According to the Congressional Research Service of the Library of Congress, the total heating bill for the Nation this winter was \$8.4 billion—a 49 percent increase over last year—equivalent to an average of more than \$139 per housing unit. Energy costs have risen more than four times faster than average welfare payments since 1973. And even before this winter, many poor and elderly persons were paying 60 to 80 percent of their income for shelter and heat.

To provide assistance to those unable to pay this winter's fuel bills, including the many elderly near or at the poverty level, I and a number of my colleagues in both Houses began work several months ago on legislation to provide weather-related assistance to those in need.

Our proposal, which would provide \$200 million for such assistance, recently passed both the Senate and House as part of the Supplemental Appropriations Act of 1977. House and Senate conferees are now meeting on the legislation and should complete their work soon.

Our plan is simple: \$200 million would be appropriated to the Community Services Administration, which will, in turn, allocate the funds among the States. The Governors of each State would then be responsible for using the best delivery systems at their disposal to provide the assistance to those who most need it.

To qualify for assistance, an individual or family would have to have income within 125 percent of the poverty level and show proof of need.

Payments to eligible households would be limited to \$250. Payments would be made directly to the utility company or fuel dealer. Eligible recipients could, however, receive a \$50 cash payment for other energy-related expenses resulting from this winter's cold.

The formula which has been developed to allocate these funds among the States is designed to target the assistance where it is most needed, taking into account the special needs of the elderly. The elements of the formula include the severity of this winter's cold in each State, the number of families eligible in each State, the number of eligible elderly in each State, and the relative cost of buying fuel.

The worst of this winter's cold is behind us. The resulting problems are not. In fact, nothing could be further from the truth. Financial assistance is needed now for the unpaid fuel bills accumulated this winter.

My Subcommittee on Intergovernmental Relations found in a recent survey of State utility commissions and utility companies that, typically, utility companies allowed customers to accumulate fuel

bills throughout the winter months, rather than discontinue service for failure to pay during severe weather.

But, as the weather has warmed up, and as rules against utility cut-offs have been relaxed, utility companies have begun to discontinue service to those who cannot afford to pay the enormous bills that resulted from this winter's cold.

The financial assistance the \$200 million appropriation will provide is only a short-term answer to the energy-related problems of the poor and the elderly on fixed incomes. It cannot and should not substitute for long-range solutions such as weatherization and other conservation programs. However, this assistance comes at a time when it is most needed and will do much to help the poor and the elderly otherwise unable to make ends meet because of this winter's cold.

In conclusion, Mr. Chairman, I commend you and Senator Domenici for holding these hearings in such a timely fashion. Now is the time to insure the special needs of the elderly are considered as we develop solutions to this very difficult problem.

STATEMENT OF SENATOR LAWTON CHILES

Mr. Chairman, I want to compliment you and Senator Domenici on calling for these hearings. I think the Special Committee on Aging has an important responsibility to point out the particular energy needs and problems of the elderly and to focus attention on means of providing assistance. It is especially significant that the committee act now to examine the impact of energy shortages and costs on the elderly citizen. The Congress will need the guidance of this committee in developing a national energy policy that adequately addresses the situation of the older American.

In hearings which I chaired for this committee in 1974 on "The Impact of Rising Energy Costs on Older Americans," it was made clear that the elderly spend a disproportionate share of their income on energy costs. With the almost geometric increase in fuel costs in the last 3 years, this burden has only become heavier. Those living on fixed incomes cannot possibly keep pace with energy price increases and there is no relief in sight.

This past winter was a difficult one for Americans, and in particular, for the elderly. Problems of inadequate insulation, fuel cutoffs, and spiraling costs reached critical proportions with the severe weather we experienced. The toll of this winter on the older citizen underscores that we have not done an adequate job in meeting their energy needs. Unless we are willing to run the risk of having the elderly make a choice between paying their fuel bills or food bills or risk the potential of injury to health from too cold homes, we cannot let another winter come and go without establishing the means of providing assistance.

The Congress is under the gun to cooperate with the President in developing a comprehensive and effective national energy policy. I hope and believe we will do so in the next several months. I also hope that this policy will address the unique position of the elderly with respect to energy needs and pricing. This committee, as the focal point for the concerns of the elderly in the Senate, has the responsibility to insure that the older American is well treated. I trust that these 2 days of hearings will serve to identify the areas of difficulty and point the way to reasonable solutions.

Again, I want to commend the chairman and Senator Domenici for making this urgent problem a priority issue of concern for the Committee on Aging.

Senator CHURCH. Senator John Culver, of Iowa, although not a member of this committee, has submitted a statement, and I will now make it a part of our hearing record.

[The statement follows:]

STATEMENT OF SENATOR JOHN CULVER, OF IOWA

Mr. Chairman, I appreciate this opportunity to present testimony to the Special Committee on Aging on the impact of high energy costs on our Nation's elderly citizens. I wish to commend you and the Committee on Aging not only for holding this timely hearing but also for providing a forum for examining some of the most critical problems plaguing the older members of our society. Your hearings and findings in recent years have helped make the Senate more aware of and responsive to the special needs of the elderly, and your panel has become a visible symbol of hope for millions of concerned senior citizens.

The subject of this hearing is a problem as timely as it is crucial, as serious as it is widespread—the effect of rising fuel costs on the elderly. My statement is the perspective of one Senator representing Iowa—a State which, I might add, is the third highest in its proportion of elderly citizens.

Obviously, fuel and utility price hikes affect us all. There is scarcely an American family that hasn't felt the pinch of dramatically higher electricity and fuel costs. I am sure that the winter's \$20, \$30, or \$40 increases in monthly utility bills came as an unpleasant surprise for most of us. But for a great many elderly people, that \$20, \$30, or \$40 monthly rise came not as an unpleasant surprise, but as a tragic blow. What is a pinch on the average American's budget is a stranglehold on a typical older citizen's fixed income. However hard the average family is hit by mounting utility bills, the elderly family—with a median income of only about half that of younger families—is hit many times as hard.

Not only do the elderly have less income to absorb higher fuel costs and less savings to make related home improvements, but numerous other characteristics render them more vulnerable to the recent cold weather and rising utility rate squeeze.

Surely poorer health must rank as a major reason for the elderly's vulnerability to rapidly rising utility costs. Roughly 85 percent of people aged 65 and over have at least one chronic disease, such as cancer, heart disease, or stroke, and nearly half of these are disabling. For someone recovering from a simple cold, the flu, or a recent hospitalization, home temperatures hovering in the thirties, forties, fifties, and even low sixties can be devastating. Even for healthy persons, seriously lowered thermostats are an open invitation to debilitating sickness.

We also must consider the typical homes and apartments of senior citizens. The majority of the aged own their own homes, over half of which are more than 30 years old. Older and less valuable, many of these homes have inadequate insulation, broken windows, leaky

roofs and the like. Elderly renters, on the whole, live in even older units than homeowners. More than 60 percent dwell in apartments over 30 years old. In fact, 90 percent of the units rented by poor elderly persons do not meet U.S. census housing adequacy standards.

ESCALATING UTILITY RATES

The list goes on, including paying the highest electricity unit rates to being unable to eliminate luxury utility uses only because many aged have no luxuries.

At this point let me cite a few figures and hardship cases, both nationally and in Iowa, to illustrate the crisis far too many elderly are facing. Mr. Chairman, I am sure the committee's files are filled with statistics of alarming utility cost increases, so I will mention only a few. Following a decade of relatively stable electricity rates, it is rather startling to realize that the average kilowatt rate has soared 70 to 100 percent since 1970. Federal Power Commission figures show that the average wholesale natural gas prices to utility companies have jumped from 40 cents in 1970 to \$1.06 in 1976 per 1,000 cubic feet—almost a threefold increase.

As far as my own State of Iowa is concerned, consumer natural gas rates increased by about one-third from the winter of 1976 to the winter of 1977. And as a result of last winter's bitter cold, overall residential usage of natural gas jumped by more than one-fifth. The average Iowan didn't need his empty pocketbook to tell him that his heating bills were at least half again as much as the previous winter's. Contrast this to the annual increase in Social Security last July of 6.5 percent.

In New England the cost of home heating this winter reportedly could reach an astonishing \$1,000. Just try to imagine how a Social Security recipient could manage to pay that, or even half that amount.

It is not fair to assume that the utility companies are wholly to blame for these increases—the bulk of these cost hikes may be beyond their control. Some companies have made special provisions for the elderly and the poor, such as halting power cutoffs and allowing delayed installment payments. But a recent Washington Star headline—"Utilities Crack Down on Late Bills: Winter's Over and the Gloves Come off"—is alarming.

Again, Mr. Chairman, I am sure that examples of horror stories, as they are called, abound in your committee's files and in the testimony at this hearing. So I will not cite the worst examples. I am sure you've heard them before. What concerns me as much are the common hardship cases that occur by the millions across the Nation. Let me share with you just a few of the many I have learned about in Iowa—for instance, the 81-year-old Des Moines woman whose only income, Social Security and SSI, totals \$187. Last winter her highest monthly utility bill was \$41; this winter her peak bill was \$68—an increase of 66 percent. For that month, more than one-third of her income went to utilities alone. Or an 84-year-old Des Moines man whose wife is ailing spoke of an \$80 heating bill 1 month, contrasted with his SSI income of \$190. In Council Bluffs, a 70-year-old woman simply could not afford her huge heating bill with her small Social Security income. So she turned her furnace off and lived in her kitchen which was heated by her oven at mealtimes.

In short, these good people—like hundreds of thousands of others—have been financially squeezed by record cold temperatures and escalating energy costs. For so many of these people on Social Security, or SSI, or Social Security and a small pension, there is no recourse. Often there are little or no luxuries to do without. Often there are little or no savings to withdraw. What these people are sacrificing may be a trip to the doctor, their home telephone, a winter coat, all but one meal a day. Some, I fear to say, could be sacrificing all of those.

The only realistic recourse in this case is government assistance. And for that reason I applaud the \$200 million included in the current supplemental appropriation for the Community Services Administration. As you know, the \$200 million emergency fuel assistance money will provide the immediate cash these people require for utility bills, or food and clothing in some cases. Hopefully, with quick approval by the President, and the provision for the most efficient distribution in the many States, these funds can quickly flow to where they are needed.

HOME WEATHERIZATION PROGRAMS

More important from the long-range perspective is the \$82.5 million supplemental appropriation for purposes of weatherizing the homes of the elderly and impoverished. The Community Services Administration is the proper vehicle for this program, in light of its valuable experience in winterizing homes, and its avenues of communication with elderly and poor communities. In up to 90 percent of the country the CSA already has established the network of contacts to install insulation where it is most needed, for people who are unable to do the project themselves or benefit from tax credits.

For as little cost as \$180 per home—which is the current CSA weatherization average—heating fuel consumption can be cut by at least one-third. And in a rundown home, some \$700 can cut energy use by 60 percent, or seven or eight barrels of crude oil a year. At the same time the CSA also teaches important energy conservation practices, engages in crisis intervention and represents the elderly and poor in utility rate hearings.

To date, it is estimated that the CSA has weatherized nearly 200,000 homes nationwide. As of November 1976, some 7,000 homes were insulated in the State of Iowa and by now that number is approaching 10,000.

This hearing is assembled to find appropriate relief measures for the plight of millions of elderly after this record cold winter. One major proposal that has merit is the reassessment of the present electrical “declining block rate” structure. While I realize this is a very controversial and complex matter, the system which reduces kilowatt rates as kilowatt consumption increases may be inappropriate in a time of energy conservation. The claim that the elderly and lower income families must have some relief from the maximum electrical rates they are now paying certainly is valid. Proposals such as lifeline rates—that is a minimum level of electricity at a low price—or marginal cost pricing definitely deserve consideration.

Looking ahead to the fiscal 1978 appropriations and beyond, the single most promising solution for the elderly’s utility cost problem is

a greatly expanded home weatherization program. The CSA grants for home insulation serve three purposes:

1. Conserving energy for heating by 35 percent and more, saving roughly 250 gallons of fuel oil annually for each house weatherized, thereby reducing our dependence on foreign oil.

2. Creating tens of thousands of productive job opportunities.

3. Helping to meet the very real needs of our elderly and poor in a project they could not otherwise undertake, reducing their utility bills for years to come.

Few programs can boast of such broad benefits on three issues of national priority—energy conservation, job creation, and aiding the elderly and poor.

In the coming year we could witness a debate over whether home weatherization programs could be administered by a new energy department or by the Community Services Administration. Without judging the issue prematurely, I might just say that there seems to be a strong argument for keeping the home insulation grant project for the elderly and poor within the Community Services Administration. We cannot ignore the CSA's established program, existing network throughout the Nation's elderly and poor communities, educational services, and greater sensitivity to the clientele. I understand a ranking energy staff person recently called an innercity community action agency and inquired how much penetration a 40 percent tax credit for insulation would have in the area. Apparently he wasn't prepared for the answer he got: zero. These people haven't enough income to pay taxes.

Specifically concerning the fiscal 1978 appropriations, the past level of weatherization funding of \$27 million is clearly inadequate. If we are to begin to conserve energy and go beyond stop-gap assistance for the elderly, then this winterization effort must be greatly expanded. We must be prepared to commit several hundred million dollars in fiscal 1978 to this most worthy of all programs. That level of funding should be maintained or increased in the next few years to reach the millions of homes necessary.

I might add one final note about a serious shortcoming the Community Services Administration has encountered so far in their insulation program. I am advised that in many of the older homes the winterization crews are discovering serious disrepair. Often faulty wiring, leaks in roofs, broken windows, and rotten frames are found—and for the most part, neither the money nor the materials exist to patch up these conditions. Clearly there is a deserving need for a greater Federal commitment to home repair grants for the elderly and poor. I understand that one vehicle now in place is the Farmers Home Administration section 504—home repair grants—which has not been funded at all until this year when \$5 million was appropriated. I recommend this level be significantly increased to better fill this need.

In the interests of the elderly, in the interests of the unemployed, and in the interests of energy conservation, a bold, expanded home winterization program is the best readymade solution.

Senator CHURCH. I would like to welcome Senator DeConcini. Senator, do you have any remarks to make at this time?

Senator DECONCINI. I have no remarks, Mr. Chairman. I am very glad to be here and participate. Thank you.

Senator CHURCH. Thank you very much, Senator.

Our panel this morning consists of three witnesses. Archie Gaul, who is 66 years old, resides in Belfast, Maine. He is the president of the Central Senior Citizens Association which serves a 6-county area containing an elderly population of approximately 175,000 people. Mr. Gaul became active in the senior movement upon his retirement as sales manager for a shoe manufacturer 3 years ago. The association he heads has a multiservice outreach program as well as a weatherization program. These programs have put him in touch with many individual older persons who suffered discomfort—and worse—during the past winter.

Our second panelist is Mr. G. H. Wang, 68 years old. He is a member of the Chicago Mayor's Office for Senior Citizens Housing Committee, a part of the Planning Council on the Aged and Disabled. He is recently retired from the Chicago Department of Human Services where he was housing services director, including direction of a city-wide weatherization program.

Mr. Wang has considerable expertise in housing problems of the elderly and feels that rising energy costs are only one of a number of factors which are driving the elderly out of their homes. He believes the Nation must concentrate on long-term housing improvement measures and, once improved, have a plan for maintenance. Insulation programs can be of great help in cutting energy costs but, without further action, homes of the elderly will not be saved. Mr. Wang will have testimony concerning this aspect of the problem.

Our final panelist is Mr. Carl O. Eberhart, 72 years old. He lives in Clayton, N.Y. Clayton is in Jefferson County in northern New York—one of the counties which was declared a disaster area this winter. He is very familiar with the conditions faced by the elderly this winter, both in his county and throughout the State of New York. He can speak about emergency measures which had to be taken as well as the costs of heating borne by the elderly this winter.

So we think we have three highly qualified panelists to discuss the issue this morning. If you gentlemen have prepared statements you would like to make, I would ask Mr. Gaul to lead off, if you please.

**STATEMENT OF ARCHIE GAUL, PRESIDENT, CENTRAL MAINE
AREA AGENCY ON AGING, BELFAST, MAINE**

Mr. GAUL. Mr. Chairman and members of the Senate Special Committee on Aging, my name is Archie Gaul and I am from Belfast, Maine. I thank you for the opportunity to testify before you today and I feel that I have some significant information for your consideration.

I am here today speaking as an older person, a resident of a rural Maine community, and as president of the Central Maine Area Agency on Aging. Through my position with this agency, and also volunteer work with the title VII nutrition program and community programs for the elderly, I make claim to an intimate knowledge of many of the problems and potentials of the elderly people in our area.

I am here today to tell you simply that there are many thousands of frail and needy elderly people who, as a direct result of incredible increases in the costs of fuel and utilities, are facing a choice between either starving to death or freezing to death.

Before I talk about the elderly people of Maine, let me give some general but very important information about Maine itself. First, the

State is very large. I am sure that most of you have some image of the New England area but did not know that the New England States of Connecticut, Rhode Island, Massachusetts, Vermont, and New Hampshire could all be placed within the boundaries of the State of Maine. However, in 13 of the 16 counties of our State there are absolutely no public transportation services.

Another important fact about Maine is the weather. It is common for snow to cover the ground from November to March, and it is not uncommon to have snow in April. Last week, temperatures got below 20 degrees in Maine, and on March 25, 1977, schools were closed due to snow in many Maine towns. And yet, almost all fuel oil used in Maine is imported, and the price of fuel has risen over 300 percent in the last 4 years. That is, while the price of oil was about 15 cents per gallon in 1973, it is approaching 50 cents per gallon this winter.

Before I speak about some specific elderly people, let me make a couple points. Like any age group, older people are not all the same. Not all older people are frail and needy. Some older people do have an adequate income and good health. But many more older people in the rural areas of Maine are indeed very frail and very needy. I am told that over 9 out of 10 older people in Maine have incomes under the low-income level of title XX of the Social Security Act. Among these, I am familiar with many of the neediest and frailest elderly persons, through my contacts with a number of older citizen outreach workers. The people I am talking about have \$200 or less per month to live on and are already at the bottom of the ladder.

"HEAT OR EAT"

Let me give one example. Through my outreach worker contacts, I know a lady in Waldo County, Maine, who is 78 years old and has been able to keep her own home of six rooms and bath. Her total income, including Social Security and a veterans widow's pension, is \$205.40 a month. Her expenses during March were: \$25.93 for taxes, \$116.32 for fuel oil, \$5.50 for kitchen stove gas, \$9.40 for Blue Cross-Blue Shield, an electric bill of \$14.85, phone bill of \$7.68, and house insurance of \$5. These total expenses were \$184.68, leaving \$20.72 for food, medicine, clothing, and other necessities of life. You may wonder how this lady survives on \$20.72 for food and other needed things, I don't know.

Let me say more about this lady. She, like most other frail and needy elderly people in our area, has been making efforts to conserve energy. She already lives in only two of her six rooms; she already turns the thermostat down to 60-65 degrees; she already wears two sweaters; she already has received the benefits of the home insulation services of the area agency on aging. The point is, she can conserve no more. Any more increases in fuel costs will come out of her \$20.72 monthly food budget.

The above situation is true. But I want to make one important point. The elderly person I speak of would not beg for your help, and I am not here to do so. She still has much dignity and pride. Once a week she walks over 1½ miles one way to volunteer at our title VII nutrition program. This near destitute elderly person serves other older people by waiting on tables. She is also an RSVP volunteer who knits lap rugs for a nursing home. This lady, who is on the verge of

being destitute but is serving other people, may soon have to face the choice of whether to heat or eat.

I have mentioned transportation problems in Maine. Another lady I know of is 76 and lives about 6 miles out of town. She has \$15.10 left after basic living expenses to run her car—her only source of transportation. If gasoline goes up by 25 cents per gallon, which trips will she cut out: Those to the doctor or to the grocery? Her choice will be between medical care or food.

The point I am making is that there is no fat in the budgets of the many frail and needy elderly people in Maine. The only way they can conserve more is through sacrificing more of their basic necessities of life.

In conclusion, many of you may doubt the accuracy of my statement that many older people are facing a choice between freezing or starving to death. It is true that you will not read about groups of older people dying in a catastrophic manner like the recent airline disaster. However, I can assure you that many frail and elderly people are quietly but surely living in conditions of great discomfort and declining health due to inadequate heat and nutrition. If an older person is forced to leave their home and enter an institution prematurely, is that not dying?

I do not purport to be able to solve the energy crisis. All I ask is that energy policies be made, not only out of concern to conserve fuel, but also always with an absolute requirement that these actions conserve, and preserve, the basic elements of a dignified life for the frailest and neediest elderly people. As you make national energy policy, always remember that, but for the grace of God, your own mothers and fathers could be suffering the indignities which are experienced by many very needy elderly people every day.

I thank you.

Senator DOMENICI. Thank you very much, Mr. Gaul.
Mr. Wang, would you proceed?

STATEMENT OF G. H. WANG, CHICAGO, ILL.

Mr. WANG. Mr. Chairman and distinguished members of the Special Committee on Aging, my name is G. H. Wang. I am from Chicago and I am 68 years of age. As indicated by the chairman of the committee earlier, I shall limit my remarks to the impact of escalating fuel prices on older persons in Chicago and, where applicable, to older persons living in central cities with comparable needs as Chicago. My remarks will be based partly on my personal experiences and partly my professional experiences as a retired director of Housing and Energy Conservation Services, Department of Human Services, city of Chicago. My main emphasis will be on the residential use of energy because the dwelling place is where the elderly spend most, if not all, of their remaining lifespan.

First, I would like to outline before you the size of the energy problem faced by the elderly as contrasted with the limited services available to them.

According to the 1970 census, there are about 355,000 persons in Chicago who are 65 years and older; 213,000 of them live in rental units and 142,000 live in some 93,000 homes which they own. The median income of an elderly renter is about \$3,940, or a monthly

income of \$328. If one-fourth of one's income is a just share for shelter, then only \$82 can be allocated to rent. This amount can hardly cover the heating costs in winter months.

Among the elderly homeowners, the median income is \$5,180, or \$432 monthly. Using one-fourth of this income for housing costs, only \$108 can be spent on real estate taxes, fuel costs, insurance, and upkeep. Additionally, some 30,300 elderly households of 1 to 2 persons have incomes under \$3,000. A recent People's Gas Co. estimate to heat a six-room home in winter months is \$99 for December, \$107 for January, and \$67 for February—not including cooking and hot water costs. The situation faced by the elderly renter or homeowner living on fixed income is desperate,

Senator DOMENICI. Mr. Wang, might I ask you a question?

Mr. WANG. Yes.

Senator DOMENICI. You have arrived at the statistics that you just cited by using the 1970 census.

Mr. WANG. Yes, sir.

Senator DOMENICI. What about the economic facts that you have stated—are they 1970 or are they 1976?

Mr. WANG. Economic facts on energy costs are 1976.

Senator DOMENICI. 1976.

Mr. WANG. Yes, and also in case you wish to bring it up today—my 1970 census figures—my educated guess would be affected by an increment factor of 10 percent.

Senator DOMENICI. Would you be able to tell us what the income figures and the basic costs were, say, preembargo? Are those figures available for 1972 and 1973?

Mr. WANG. I have the income figures available which I would like to file with you, sir, when I finish my statement. I have a complete set of statistical figures¹ dealing with the problems and needs of the elderly in Chicago.

Senator DOMENICI. Thank you, Mr. Chairman.

ELDERLY PROGRAMS

Mr. WANG. There are not many services in Chicago which are designed exclusively for the elderly. However, the elderly have been benefited by the following programs:

1. Emergency heat restoration: This program is administered by the city of Chicago to deal with multifamily dwellings with absentee ownership where heat has been cut off for failure to pay fuel bills or rent. The method is to seek a court order to put the building under receivership, to direct the receiver to restore heat, and then to charge the moneys spent against the owner in the form of a receivership certificate which under Illinois law is ahead of the first mortgage. During the last winter, the city received some 27,624 calls for heat restoration. Of that number some 25 percent probably came from the elderly. About 180 dwelling units, however, had to be vacated because the pipes were burst by the freezing weather before the heat could be restored. Another emergency heat restoration program is administered under a grant from the Community Service Administration

¹ See appendix 2, p. 286.

for the benefit of occupant owners meeting poverty guidelines—\$2,800 for a one-person family and up to \$7,300 for a six-person family. Under this program advance heat costs are paid to provide natural gas or fuel oil in homes where heat has been cut off. The weakness of the program is that most of the urban poor do not own homes but live in rental units. Some feasible mechanism will have to be worked out to help the renters. Also most elderly households consist of one or two persons. In many cases their social security checks exceed the poverty limit, but not enough to take care of the rising fuel bills.

One encouraging development is that the utility companies have increasingly refrained from cutting off residential energy supplies during the winter months.

2. Weatherization: This is a program funded by Community Service Administration to provide weatherization assistance to homeowners meeting the poverty guidelines. An eligible family is supplied with weatherization installation consisting of caulking, weatherstripping, and insulation not to exceed \$350 per home. So far the weatherization costs average 60 percent for materials and 40 percent for labor. Last year some 350 homes were given free weatherization service, of which about 25 percent were occupied by elderly owners.

Senator CHURCH. When you give us that figure of 350 homes being provided with weatherization service at public expense, do you have any estimates on the number of homes in Chicago that are in need of weatherization and how this figure of 350 homes compares to the known need?

Mr. WANG. Yes, sir. My estimate is that this probably represents a very small percentage of homes in need of weatherization, the reason being that not many homeowners fall under the poverty guidelines and if they could qualify the homes are too run down for us to do any good through weatherization, such as caulking and weather stripping. This is a very tragic situation. Also, as I mentioned, the people that need most in terms of weatherization are people who live in the rental units and this is not sufficiently covered by existing programs.

Senator CHURCH. Thank you.

WEATHERIZATION IS VIABLE PROGRAM

Mr. WANG. Cost-benefit wise, weatherization appears to be a viable program. The Energy Resource Center of the University of Illinois, after evaluating the city's weatherization program, projected that the average cost of caulking one window was \$3.80. Over a 5-year period, taking into account an average rise of 1.5 percent per annum of heating bills, the benefit will be \$5.80. For weather stripping the cost benefit ratio per window is for every \$2.45 invested, the benefit will be \$6 to \$7 in return. The average insulation cost per home amounted to \$220 and the saving return over a 10-year period will be close to \$800. These savings do not take into account that the average heating unit is only 50-percent efficient and can be brought up to about 80-percent efficiency by additional measures.

The program, in my humble opinion, should be expanded to include the very low and low-income families as well as those who can be benefited by the application of weatherization without subsidy from the public sector. What is needed most is more information on energy

conservation. In the past, most of the information is in printed form. I regret to say that reading is not too popular these days. Perhaps you may wish to consider educational television films to provide the public with step-by-step practical direction and where and how they can get help.

The foregoing programs, beneficial as they may be, are not designed exclusively for the elderly. In most cases, rising fuel costs have an adverse effect on the health of the elderly because it forces them to cut down their food and medical care moneys. It may even hasten them toward earlier candidacy for long-term institutional care, a one-way street which most of us want to avoid. Additionally, it also contributes further to the delayed maintenance of the dwelling place which, in turn, may become a blighting factor in further housing deterioration. Perhaps we should look into housing for a viable solution since old persons spend most of their time in homes.

ADDITIONAL FUNDS NEEDED

When everything else is said and done, the most important question is still how to find additional money to spend for the elderly without straining the Federal purse. The answer to the quest is in the equity accumulated by the elderly homeowners and to devise a practical way to transform them into spendable cash, hopefully easing the energy crunch at the same time.

There are 93,000 homes in Chicago which are owned by the elderly. Their medium value is \$19,000 each. The mortgages on these homes have either been paid off or have a small balance left. Even if half of these homes can be sold and each owner receives a net cash proceed of \$5,000, the total amount will be something like \$320 million. Multiply it nationwide and the help to the elderly and the American economy can be significant.

The fact of the matter, however, tells a different story. The elderly owners, with some exceptions, are in no position to sell their homes. Reasons are: no surplus cash on hand to restore the home into a marketable condition; a strong sentimental attachment to the home where they raised their children and where they spent the happiest years of their lives; unavailability of suitable rental units which the elderly can afford to pay; and, most important of all, with their children grown up, living elsewhere, with little time and money to spare, who is around to help the elderly to get the equity they saved over the years out of their homes?

I pray that this committee give serious consideration and study on how to help the elderly to get the equity out of their homes. A number of variables are involved such as finding interim money to finance the rehabilitation and bring the senior homes into marketable condition; making Federal or private mortgage insurance available to the purchasers; studying the feasibility of purchasing the rehabilitated homes and then lease back to the elderly at reasonable rent with a small housing assistance payment, where applicable; providing tradeoff of rental units at affordable costs for homes to be sold and rehabilitated; linking senior housing rehabilitation with relevant neighborhood revitalization programs; devising possible trust arrangements and management of cash flow from equity in the best interest of the elderly;

lining up meaningful participation of business, industry, and labor to tool up for action; and many more. The challenge, I submit, is worth accepting.

Before I close, Mr. Chairman, I would like to say that I am not here merely to ask help for the elderly but also to highlight help by the elderly. I mean to say that even though all the approaches have been implemented you still need a great human factor to implement the policies which may finally evolve from the President's statement in April. The elderly, over the years, have formed a habit of thrift, have formed a habit of responsibility, and have formed a habit of conserving energy. They can contribute this type of human factor to our Nation at large.

I must emphasize that we do need immediate help for the very reason there is no way to allocate, especially among the majority of us who are in the low or very low income categories, surplus cash to cope with escalating fuel costs. Therefore, I would once more emphasize that perhaps an immediate approach is to make use of the existing programs in housing, and make rental housing available to the elderly. It is a matter of rearranging priorities to give them the kind of housing which they need at reasonable cost—hopefully with as little strain as possible on the Federal treasury.

In the meantime perhaps some way should be found to help the elderly get out of their homes the equity which they have saved over the years. This equity could be lost because, in Chicago, I have seen too many homes being lost through delayed maintenance, through demolition, and in the end the owner has to be relocated and the home demolished. All the equity that is saved over the years is lost. Therefore, these are the two points which I would like to make.

I thank you very much, sir, for letting me have this opportunity to make my views known to you.

Senator CHURCH. Thank you, Mr. Wang. You brought us some very interesting suggestions.

Senator DOMENICI. I wonder if I could ask you a couple of questions. I have to go to another committee meeting. Would that be satisfactory, Mr. Chairman?

Senator CHURCH. Sure.

HOME EQUITY CONVERSION

Senator DOMENICI. Mr. Wang, let me first say to you that I am very impressed with the concept you have presented here today. I would choose to call it equity conversion, because I don't think we are necessarily talking about selling property, but that may be an option. The point you are making, as I understand it, is that there are many senior citizens who cannot use the equity that they have built up in their residence or home, which may be as high as \$10,000 to \$15,000 in many cases. You arrived, in your example, at an average of \$5,000.

Now let me ask you—do you suspect that most of our senior citizens, regardless of the condition of that residence, would be very reluctant to sell that equity and move?

Mr. WANG. They would, but the reason is this: First, they are emotionally attached to their homes and they do not want to move. Second, even if they want to move there are not many comparable

units that they could rent and pay the kind of rent that they can afford. Therefore, in following through this equity conversion, Senator, you would have to do a tradeoff. In other words, the senior citizen is told, "Well, if you sell your home, we in exchange would relocate you in a comparable unit that you would be comfortable in." Without this it would be difficult.

Another thing which I mentioned is this, sir. We can convert equity of the home. As to the details, I do not know the right answer. May I suggest that after we purchase the home, rehabilitate it, and provide certain assistance such as ramp, guard rail, housing maintenance grants, assistance, etc., that the improved dwelling would be leased back to the same owner at a reasonable cost. This way the elderly can use the equity to do whatever things need to be done. So there are two ways: tradeoffs, and lease back.

Senator DOMENICI. You also suggested the notion that we might even explore some kind of trust relationship where the equity would be disbursed gradually.

Mr. WANG. Yes, sir.

Senator DOMENICI. And that would be to give them an additional income in installments, so to speak, utilizing their equity as a part of it.

Mr. WANG. Yes, an annuity.

Senator DOMENICI. Sort of an annuity.

Mr. WANG. Yes.

Senator DOMENICI. Do you know of any efforts toward equity conversion in the private sector where any lending institutions or the like have such an annuity program?

Mr. WANG. No, sir; it has to be seriously considered and studied because there are too many variables involved. I know of no case where this is being done at the moment.

Senator DOMENICI. My impression is that many senior citizens would be very reluctant to sell their homes based on all of the factors you have discussed this morning. Do you feel that many of them would use that equity, if they could, or is there still a lingering desire to leave it to someone, which is part of the thrift ethic of that generation?

Mr. WANG. I would say the general opinion is that they would use the equity. Senator, the reason is very simple. Nowadays like in my case, all my children are scattered over the country working in other States. I love them, they love me, but they in no way could take care of my home, they have no desire to use it. To them it is only an estate item to be converted at whatever price they can get. Fortunately for me I was able to keep up with the home by making repairs. In most of the cases these homes will be suffering delayed maintenance and by the time the elderly pass on there is not much value left of that home. So my answer to you, sir, will be that most elderly will consider selling their homes provided there is an adequate tradeoff or adequate lease back, and they will use that equity.

Senator DOMENICI. If that is true, they would certainly not be reluctant to use the equity itself under some reasonable plan.

Mr. WANG. That is right. Of course I would not exclude the possibility that they will be giving money away to their grandchildren, but that is their privilege.

Senator DOMENICI. Let me ask you one last question. Nonfixed income, nonsenior citizens in the United States use their home equity all the time. They sell the house and cash out their equity and buy a bigger house, or they refinance it, or add a second mortgage.

Mr. WANG. Yes.

Senator DOMENICI. Now are you telling us that that conventional approach does not work for senior citizens?

Mr. WANG. It can't because, in my case, I am 68 years old and I don't think the lender will give me another 25-year mortgage on it.

Senator DOMENICI. Right. We have a total vacuum here because of marketplace characteristics that preclude the most needy group from using the equity that they build up. Second, many are in neighborhoods that are going downhill, so we are taking away that equity because if they live long enough the equity is going to be worth less and less.

Mr. WANG. That is correct, sir.

Senator DOMENICI. Do you know whether somebody has come up with an elderly residential equity statistic nationally?

Mr. WANG. I do not know of any. All I have is Chicago. It is \$19,000.

Senator DOMENICI. Thank you very much, Mr. Chairman.

Senator DECONCINI. Mr. Chairman.

Senator CHURCH. Yes.

Senator DECONCINI. Might I ask a question on this equity?

Senator CHURCH. Yes.

HOME EQUITY LEASEBACK ARRANGEMENT

Senator DECONCINI. This proposal that you suggest as one of the alternatives on the equity trading, if that equity is traded on a lease-back arrangement, do you do it in perpetuity or for life of the person so they have some assurance that somewhere prior to their demise that they will not be without the building?

Mr. WANG. It will be at the option of the elderly homeowner. Many of them would like to do it, you know, like a nursing home kind of arrangement. Of course, we do have to provide supporting social services to make this kind of equity conversion program viable, but I would say that it should be an option of the lessor. If the elderly want to stay permanently, that is up to them, and if they want to move, it is up to them.

Senator DECONCINI. My question is really, isn't it possible that they might trade their equity for a lease-back arrangement for 10 years and live 20 or 15 years, and then having nothing for the last 5 years? How would you protect against that?

Mr. WANG. I would say some annuity type of arrangement, and you would do it with programs available today, such as Section 8 for housing assistance payment where we can devise a ratio of rent from the equity and match it, or in some way supplement it with a Section 8 payment, taking into account actuarial projections. These are many problems that will have to be resolved and can be expected. Equity conversion can certainly be treated as a source of supplemental income to social security and pensions.

Senator DECONCINI. Do you foresee a fixed permanent obtainment on the lease back that would not be adjusted upwards as costs increase?

Mr. WANG. It would have to be adjusted upwards. This is a very important point and I do not know the answer.

Senator DECONCINI. This is in the concept stage, is that correct.

Mr. WANG. Yes.

Senator DECONCINI. It has not been implemented and worked out yet.

Mr. WANG. No. I submit that a study is necessary and that following an evaluation we may come up with something.

Senator DECONCINI. Thank you, Mr. Wang.

Thank you, Mr. Chairman.

Senator CHURCH. Certainly, Senator.

Let's turn to our third panelist, Mr. Eberhart.

STATEMENT OF CARL O. EBERHART, PAST PRESIDENT, NEW YORK STATEWIDE SENIOR ACTION COUNCIL, CLAYTON, N.Y.

Mr. EBERHART. Mr. Chairman, Senator Church, distinguished members of the Special Committee on Aging, ladies and gentlemen, I am honored and grateful for the opportunity to appear before you today to testify concerning energy and the elderly.

I am Carl Eberhart, almost 72. I started working on the problems of the elderly in 1970. I retired 14 years ago. I live in Clayton, N.Y., which has a population of 17,000. I am immediate past president of the New York Statewide Senior Action Council and at present am a member and adviser of the executive committee. Statewide represents 2 million New Yorkers over the age of 65 and 3 million over age 60. I am also on the advisory committee to the New York State Office for the Aging, formerly on Governor Carey's task force on aging, president of the board of the Jefferson County Community Action Planning Council, member of the New York State CAPC board members association, member of the New York State Alliance of Community Action Agencies board members and directors, chairman of the Clayton, N. Y., Housing Authority, plus numerous others.

Statewide and the other agencies, public and private, concerned with problems of the elderly and with which I am associated are greatly impressed with the very excellent work that your committee has done in assessing the needs of the elderly and informing the Senate of the ways and means to alleviate them.

Priscilla Smith of the New York State Office for the Aging, under the direction of Lou Glasse, director of the office, has researched from New York State utility companies most of the statistics I will present. All figures are averages.

UTILITY CONSUMPTION INCREASES

First as to gas. The increase in use of gas has been only 2½ percent this winter over last—from 170 million cubic feet to 183 million cubic feet—while the weather was 30 percent colder. There were reasons for this discrepancy.

1. There was no more gas available.
2. Many plants and schools were closed for lack of gas.

3. Those using gas were required to lower thermostats and, if they didn't, they were fined.

4. Many elderly closed rooms, living in kitchens and bedrooms.

5. Those who could, insulated.

As to price, Niagara Mohawk received a 7.8-percent increase December 1 by the Federal Power Commission and Federal deregulation added 11.1 percent, making a total increase of 18.9 percent just this past winter over the winter of 1975-76.

Second, electricity. There was a 3.3 percent increase in the use of electricity over last year. The fewest homes are heated by electricity. First, fuel oil; second, gas; third, electricity. Forty-six percent of elderly New Yorkers own their own homes—from over 70 percent in rural areas to under 25 percent in New York City. And 69.2 percent have lived in their homes over 31 years, thus few are electrically heated. So you can see very few of them have electric heat.

Inflation has prevented most of them from properly insulating and maintaining their homes. In addition, higher temperatures are needed for the elderly. Specifically, arthritis, diabetes, and chronic heart condition, among others, are some of the reasons we require more heat. The New York State Department of Housing and Renewal recognizes our need for 14 percent more heat.

Of the three sources of energy, gas is still cheapest, fuel oil second, and electricity third, although the gap is narrowing. The increase in gas prices was \$96 for the 4 coldest months this winter, or \$24 per month over last year. Last year the average cost was \$42.75 per month; this year \$68.75 per month—over a 56-percent increase—although many bills for 1 month were \$100 to \$200. I know people who paid that during those cold months.

The cost of heating is one of the fastest, if not the fastest, growing item in the household budget. From 1970 to 1974—and this is just to 1974—fuel oil increased 100 percent, gas 60 percent, and electricity 59 percent. As you know, the escalation has been faster since then. I understand the Federal Energy Administration is going to testify on Thursday, but we have found that they state that the elderly poor use less energy than any other group, yet spend 14 percent of their income versus 4 percent for other age groups. They also pay a higher rate for their fuel due to less usage.

Now I have just a couple of specific cases. My own fuel oil bill increased this past year from \$517.70 to \$590.63, about a 13-percent increase. I have shut off two of my bedrooms—because my four boys are all married—and the dining room. I insulated 2 years ago. Just to show you my class, I am paying \$52 Federal income tax, so I am distinctly lower-middle class.

A neighbor three doors away has a total income of \$248 per month—\$60 per week—consisting of Social Security, SSI, and deceased husband's veterans' pension. She also has tax abatement for 50 percent of her taxes. She is 82, a widow, and active. She has lived in this house practically all her life, raising a family and caring for a husband until his death quite a few years ago. Last fall when she received her first fuel oil delivery she still owed \$190 on the previous winter's bill. In January she phoned me when her bill was over \$400 and asked if I could do something about it. I could do nothing since her oil dealer had not refused delivery. Next fall her balance will undoubtedly be \$400 to \$500. She worries. I asked her if she used food stamps. Her reply was,

"I don't eat that much," and she doesn't. She is a little, thin, wizened old person just as I am. It would be much cheaper to help with her fuel oil bill than for her to lose her home and be institutionalized at \$1,500 or more per month versus the \$248 she is living on now.

Clayton is on the St. Lawrence River at the Thousand Islands and in Jefferson County—declared a disaster area by President Carter due to the 1977 blizzard as Senator Church stated. The blizzard accentuated the hardship, especially for the elderly poor. I give you just one case.

MONTHLY INCOME: \$247.50; BILL: \$346.11

Mrs. H, a retired nurse, age 72, lives alone in her own home in a rural area of northern New York. Her health is poor; this past winter she has had to exist on liquids which were passed through a tube inserted in her throat. Her only income is \$247.50 per month. Her home is heated by gas supplied by Niagara Mohawk. Her gas and electric bill for 2 months arrived in February, directly following the worst blizzard in recent history in northern New York. Total bill: \$346.11. Because of the blizzard, Mrs. H had paid \$100 to have snow and ice removed from her roof by local teenagers who inadvertently ruined a portion of the roof by using ice picks. The roof then leaked, causing damage to the upstairs of the house. Mrs. H had to apply through the Small Business Administration for damages to upstairs and roof.

She could no way pay her fuel bill. She had managed to save \$200 toward her county taxes which were due in February. She had to use half of this sum for the snow removal from her roof. She then received her tax notice for \$180. The local department of social services referred this case to the area office for the aging—the county office. The fuel bill was partially paid in this manner: \$50 by the county office for the aging, \$50 by Community Action Planning Council, \$50 by the Red Cross, and \$50 by the Salvation Army. This left her with a bill of some \$160. The utility extended the deadline for the payment of this balance, which is probably impossible for her today, and has the remaining 20-percent budgeted over a period of 4 months. She was then referred to the local energy winterization program as a possible candidate for home winterization. She has not yet heard from the Small Business Administration.

When fuel bills force people to starvation diets and when public and private agencies go into debt—and that was true of public agencies to help alleviate the problem—it is time something is done about it.

While this hearing has been going on I have been taking notes and I would like to start with a few remarks of what Senator Church said.

Will the social security increases take care of the problems by the year 2000? The answer is definitely no.

COMPULSORY RETIREMENT OPPOSED

In regard to adequacy of and solvency of social security in the future: In New York State, we are attempting to outlaw compulsory retirement. We now have nondiscrimination in sex, race, and so forth, but we still have discrimination in age. The worst is in compulsory retirement.

When one retires, he or she usually retires on half or less of his or her former income. Ability to perform the work should be the sole reason for compulsory retirement. With more seniors working—and not all would want to continue to work—their additional income would be used to purchase more goods. It would also delay their collecting social security and, necessarily, shorten the years during which they would collect it. They would also continue to pay social security taxes.

If the age of retirement for social security were to keep pace with increased longevity, it would greatly alleviate the funding problem that is now anticipated in the not-too-distant future.

I would also like to state one thing which I firmly believe in, that the whole problem of the senior citizen is inadequate income. When Social Security was set up I don't think it was designed to take care of a person; it was designed to help along with a lot of other things. When SSI was instituted, it still did not bring people up to the poverty level, so a great many of the senior citizens have been living under the poverty level for the last 10 years or more.

Consider cost-of-living increases. You have to have a different cost-of-living increase for seniors than for the regular population. As stated here, the regular population pays 4 percent for fuel, seniors pay 14 percent, and that is according to actual figures from New York State. The same thing is true of taxes. Instead of 3 or 4 percent for your taxes, some seniors are paying as high as 20, 30, or 40 percent of their income for their taxes.

Medical care—it is known that we use three times as much medical care as younger people. While Medicare and Medicaid have helped, just to give you an illustration, when I took osteopathic treatment at \$12 a treatment, Medicare allowed \$7 and I received 80 percent of that. So every time I went I got \$5.60 paid for the \$12 treatment, and that percentage is going down all the time. It is now estimated that not over 35 percent of your doctors' bills are paid by Medicare. Of course if you are fortunate or unfortunate enough to be on Medicaid—which-ever way you look at it, you get much better care.

THE DECLINING RATE STRUCTURE

As to utility rates, that I think is very important. The New York Power Commission held hearings last year over rate structure, but they have not yet made any decision. With our present declining rate structure it is conducive to using more. The more you use, the cheaper it is. If we are going to conserve energy, we have got to get rid of the declining rate structure.

Lifeline and peak power, I think, are very good. Some people say that lifeline is going to help wealthy people. It is not going to help wealthy people because you use electricity or energy in direct proportion to your income. While they get a break on the first 500 kilowatts, they pay a higher rate for the rest, so their bills would undoubtedly be higher than before.

Now I read just this morning Senator Muskie's bill advocating \$200 million for the extra expenses this winter. I read it in the Federal Register and I think it is a very good bill, especially the part which allows \$50 for unusual expenses.

The CSA did give money to the disaster areas for the unusual expenses this winter, but I just received a letter from them, as president of the CAP board, as to the regulations they have set up for this. Many of these people we had to furnish food and medicine to and those are two things that are not covered by the regulations. These people were isolated in their homes. We took food to them by snowmobile and medicine the same way. Our CAP agency actually spent this money hoping the Federal Government would reimburse. We were reimbursed \$111,000, but they don't let us spend it the way we need to spend it. That is one thing with which I am concerned.

Senator Domenici mentioned tax deductions or tax credits. That is not going to help the elderly poor. They don't pay income taxes. It would not help unless you make it a negative income tax and give them a refund.

Public transportation—what do you do about the 15 percent of the people of the United States who live in rural areas who have no transportation? In my own county we worked for years on transportation. We finally have two minibuses in the county seat and that is the extent of our transportation. The people either go with their friends or, if it is very serious, maybe the department of social services and welfare will transport them to a welfare office or something like that, but there is no transportation in many areas. That is true not only of rural areas, it is also true of suburban areas. Eggertsville, which is a suburb of Buffalo, has just built a new senior center. They have no transportation whatsoever and that is just next door to Buffalo, so it is not just rural, it is also suburban. Where you have public transportation, of course that is fine; you can get free transportation or half fare or something like that, but it does not help the people in the rural areas.

ELDERLY PERCENTAGE RISING

As to what Senator Percy mentioned, 10 percent of us now are senior citizens, and we are the fastest growing segment in the age groups. They figure anywhere from 12 to 14 percent by the year 2000. Their educated guess depends upon our increased longevity and our young people and how many children they have. Of course that is one of the problems today with Social Security. We continually had more people contributing to Social Security each year, but now with fewer young people entering the work force, it becomes a problem.

It was mentioned that 20 percent of those in Chicago are under the poverty level. Almost 25 percent of New Yorkers are under the poverty level and that is probably, to a large extent, due to the fact that New York City has had such an immigration of citizens from Puerto Rico and from the South. In fact, not too long ago some of the Southern States paid the money to send them to New York where the welfare benefits were higher.

As to new sources of energy, we have one source which, it is estimated, will last us for 100 to 200 years—coal. I think we have to be practical and pragmatic about this. We have Sierra Clubs and all these rightist groups telling us we cannot do this and we cannot do that, just the way they delayed the Alaska pipeline for 5 or 6 years. We are going to suffer, and I think the President is going to have the

same problem when it comes to mining coal out West. One State does not want them mining in their State because it is going to change the topography, but I think we should be looking for the welfare of the whole United States, not just one particular area.

Of course you have the same problem with nuclear power. France is the most advanced, as you know, with nuclear power. They are going ahead with it and I think we will have to do the same. As far as plutonium being available to developing countries for production of bombs, if they wanted it they can get it today. It is just an argument.

My colleague Archie Gaul said that we elderly are not all alike. In my generation, 5 percent of us went to college. Now they are trying to send everybody to college whether they are capable or not. Maybe 4 to 6 percent of us are wealthy. You have a problem with seniors. Ollie Randall, whom you all know, has made the statement that when you have a problem there is no one solution, there has to be a variety of solutions because even though we are old, we are still not put on shelves—we are individuals.

MORE HOUSING NEEDED

As to what Mr. Wang mentioned, if we had more housing for the elderly, we would have much more efficient units. As chairman of the Clayton Housing Authority, we still have no building, but I just signed a contract with Farmers Home for \$656,000 and we hope to have 30 units maybe next fall. We started applying for 100 units but we were cut to 60. Now we are cut to 30. Well, Farmers Home is a very good Government agency; they have, maybe, a half of 1-percent delinquency rate. They are very good. They are conservative, but I can see their point. So we are going for 30 and then another 30 and then another 30 until we eventually get our 100. We will have to do it piecemeal.

When we get this housing, according to the new regulations, the insulation has to be very, very efficient. It will save a great deal of energy. It will also do this. We have a lot of elderly people living in 6- to 12-room homes who are just rattling around in these homes themselves. Many of these people would like to sell their homes and get into apartments. I myself get tired of snow shoveling and lawn mowing, and so on. If we did that, then these other larger homes would be available for renovation under a section 8 subsidy for existing housing and also to larger families of younger people who, at present, are having to go out in the country and rent houses where they have only outhouses.

The weatherization of the CSA has helped. I was surprised that only 350 in Chicago had been weatherized. I think we in Jefferson County alone—I am sure we did 165 the first winter and we have more than that this winter. We have only one problem. The weatherization program takes care of the material but we have been using manpower to install the material and create jobs. New York State is one of the highest unemployment States, about 10 percent. We have been using manpower for installing the materials, but I understand that those funds ran out the first of April, so we have a problem. We have the materials but cannot install them. The only thing we can do is get police organizations, unions, or other volunteers. Sometimes the

unions will donate their labor for things of this type, but that is nothing that you can really depend upon.

As for selling homes, I think our people up north and in New York State would be glad to sell their homes if suitable housing were available. As I said before, then you could use the Section 8 subsidy for the additional housing.

As for equity conversion, there has been another idea that they loan the person the value of his home and then the home reverts, say, to Farmers Home at the person's death or the home is passed on to the children or the heirs and they assume the debt.

These were the thoughts that occurred to me during the testimony and during the panel's discussion. I purposefully didn't add solutions or suggest solutions in my original statement because there are so many solutions. Some of them are very good, some of them are questionable, and it would take a smarter person than I to decide just what could best be done.

Thank you.

Senator CHURCH. Thank you very much, Mr. Eberhart.

I want to thank all the members of the panel. We are running a little late and we have two other witnesses to hear from. I am going to refrain from asking questions, but I assure all of you that your testimony will be taken into very careful account.

Senator PERCY. Senator Church, I would like to ask a question if I could.

Senator CHURCH. Yes.

Senator PERCY. I will be very brief.

Mr. Wang, you mentioned what the government can do. Do you feel public utilities can do more and take greater initiatives, particularly with the elderly? I am thinking of the gas company in northern Illinois. They have a reach-out program that has reached thousands of people. Is there a possibility for those associations dealing with the elderly to help guide customers to the gas company who could reach out to them? They cannot tell what the age level of the recipients of gas is unless they get some help on it, but they are anxious and willing to help—to come in and offer a free service and show how you can insulate your home and cut your cost. I hope they will work toward the stage where they will have this done and then add it on to the bill as savings are generated. Can services like that be offered to the gas company and to public utilities?

Mr. EBERHART. I am glad you brought that up and I am especially pleased that they are anxious to do that in Illinois. New York State public utilities have good public relations. I wrote them a letter and asked them if they would cut out the cutoffs until, say, May 1. I got a very—well, it is like a letter you get, noncommittal. They said that they would consider the weather and when it broke, and so on, and they would decide that at that date. We have been able to put pressure on them and have been able to prevent people from freezing to death, as a couple did in Schenectady a couple of years ago. At the same time, we also find that when the poor go into the office to rearrange their payments, it makes a big difference as to how they are treated whether they have someone else with them or not. They feel like the scum of the earth when they go in by themselves. If they have someone else with them, they are treated differently because there is a witness to what is said. Unfortunately, that is true.

Senator PERCY. Mr. Wang, a brief comment from you and then I would just like to summarize in 30 seconds what I think the essence of what you have been telling us today is.

Mr. WANG. Senator, we have been doing this. When I was helping to administer the energy conservation program—among our advisory council delegates are members from the utilities and they have given us lots of help. I think what is needed, sir, is that we ought to pool all available energy facilities, resources, and capabilities and structure them into a workable program instead of each segment doing what it sees fit. Much is repeated and much energy is lost that way.

Senator PERCY. Thank you.

Mr. Chairman, I would like to say that I think the essence of what we are trying to accomplish here today is no different from the goals of the hearings I conducted in Berwyn and Cicero yesterday. That was a hearing on meals-on-wheels. What we are trying to do in both cases is hold down the number of people that are institutionalized. This committee has exposed the problems in nursing homes. Our job is to see that as many people stay in their own homes as possible. Some people have to have help with meals, without which they would be driven to an institution. Other people are being driven out of their homes by the very, very high cost of energy and fuel. They simply can't maintain their homes. We have got to find a way to help them. In the end, it is highly cost-effective and it will save this country millions or billions of dollars not to have to institutionalize people at \$500 or \$600 a month. We must enable them to stay in their homes at a very, very low cost and help the elderly with the fuel bills. I think these things are most important. This panel has been invaluable to us in helping to point that out.

Thank you.

Senator CHURCH. Thank you very much, gentlemen.

Our next witness is Dr. Robert N. Butler, Director of the National Institute on Aging, Bethesda, Md.

Doctor.

STATEMENT OF DR. ROBERT N. BUTLER, DIRECTOR, NATIONAL INSTITUTE ON AGING

Dr. BUTLER. I note very few older people here today. It is a very cold and wet day. While only reminiscent of the severity of this past winter, it illustrates the natural need of older people to protect themselves from the cold.

I greatly appreciate this opportunity to present to you a summary of the special medical needs of the aged for adequate means of heating and cooling their homes, and the particular threat that a lack of energy for such purposes poses to their health. The extremes of climate that occur in this country place a great deal of stress on the physiology of all Americans. For most of us, though, normal physiologic mechanisms and a minimum of heating are sufficient to maintain proper body temperature in any weather. Home temperatures of 65 degrees Fahrenheit or even somewhat lower may, therefore, be well within the appropriate range for good health for the majority of us and proper winter heating goals for energy conservation.

Unfortunately, the normal physiologic mechanisms that compensate for variations of temperature in our environment are generally least efficient in the elderly and are sometimes so weak that they allow body temperatures in older persons to fall or rise to dangerous levels with even modest changes in air temperature. These changes in body temperatures can produce disease, permanent damage to the body, or death.

A shortage of energy to maintain proper indoor temperatures, if combined with the reduced ability of older persons to compensate for temperature changes can, therefore, have devastating effects on the aged.

The detrimental effects of an excessively cold environment, in particular, have been documented both in my clinical experience and in textbooks of internal and geriatric medicine. Simply put, an excessively cold environment can lead to a progressive fall in body temperature, the collapse of the cardiovascular system which maintains the flow of blood to various parts of the body, and death. This condition is called hypothermia, and that diagnosis is ordinarily made when the rectal temperature has fallen to 95 degrees Fahrenheit or below from the usual 98.6 degrees. Oral temperatures are not reliable when hypothermia is present.

HYPOTHERMIA: ELDERLY MORE SUSCEPTIBLE

Hypothermia can affect persons of all ages. Young hikers stranded on a mountain on a cold night or young sailors wrecked in cold waters may die very rapidly of hypothermia. But while young people may die of hypothermia on a cold mountainside, the special susceptibility of older people to the cold may cause them to die of hypothermia in mild weather. Some older people cannot even maintain their own body heat at temperatures commonplace in many homes.

We know something about how the body reacts to protect itself from cold. Nervous pathways come from special temperature receptors on the skin and are integrated in the complex central structures of the brain. The nervous and cardiovascular systems then work together to redistribute the blood so that vital central structures will remain warm. The blood vessels of the skin constrict, reducing the flow of blood to the outer layers of the body and thereby reducing heat loss from body surfaces. Shivering, which is simply a series of rapid muscular contractions, is triggered to convert stored energy, such as sugar, to heat energy. Usually this heat production is sufficient to protect the body against hypothermia. However, if the external temperature is too low, these compensatory mechanisms fail and the exposed person goes into cardiovascular collapse: blood flow to the organs becomes inadequate, blood pressure falls, and the exposed person dies.

We do not know exactly how this reaction to cold differs between young and old persons. Few studies incorporating age as a variable have been done and those that have been done have had few subjects over 65 years of age. The few studies done, exposing subjects to temperatures from 50 to 63 degrees Fahrenheit, have concluded that the body, as it ages, is less efficient in all aspects of temperature regulation.

Some of these studies have reported that the aged do not show increased heat production to the extent that young subjects do when exposed to cold. The aged also seem to have a decreased ability to control their heat loss in a cold environment by constriction of the blood vessels of the skin. In addition, scientists have reported that the old are less able than the young to sense that it is cold. One study reported that the aged complained less of the cold than young subjects, although they were clearly adapting to the cold environment less well.

ADDITIONAL STUDIES NEEDED

The response of older persons to cold needs to be studied with many more subjects before valid conclusions can be drawn for the entire aged population. One of the general principles that has emerged from NIA studies on the aged is that their physiologic responses are more variable as a group than are those of the young. That is, for any given function—for example, kidney function—different older persons give a larger range of responses than different young persons. At one extreme, some old persons respond almost as well as young adults. Others may give a very much less adequate response. Thus, the sampling that we have of the responses of older persons to cold is inadequate because few really old persons have been studied and because a large sample is needed to find the entire range of responses.

We do know, though, that some aged persons seem particularly susceptible to hypothermia even when compared with others of their own age. They may develop hypothermia even though covered with a blanket in a heated room. If properly treated, they can recover, although they can usually be shown to still have poor temperature regulation and to be subject to repeated attacks of hypothermia. Because this extreme impairment of physiologic response to cold is not characteristic of all old people, minimum guidelines for temperatures in the dwellings of older persons will have to give special consideration to those who are known to be particularly susceptible to cold.

Even though, since the 1973 energy crisis, a room temperature of 65 degrees Fahrenheit has generally been considered safe for most older persons, fear has been expressed that such temperatures might lead to trouble, particularly for persons with peripheral vascular disease.

Atherosclerosis, an accumulation of fatty materials in the walls of the large and middle-sized arteries, is a pervasive pathological process among our elderly. The accumulation of fatty materials narrows the arteries and impedes the blood flow through them. One set of arteries that is commonly affected is that which supplies the legs, producing one form of peripheral vascular disease—PVD. The impaired blood flow characteristic of this disease can lead to various problems—the development of chronic ulcers or the occurrence of gangrene, with death of tissue requiring amputation.

In a cold environment the first line of defense that the body has to conserve heat is constriction of the small vessels to the peripheral portions of the body, including the legs. This reduction in flow, plus that already caused by the atherosclerosis, can make persons with peripheral vascular disease highly vulnerable to ulcer formation or gangrene. For this reason, some physicians have recommended that patients with PVD try to maintain a home temperature higher than 65 degrees Fahrenheit. The exact temperature in individual cases

should be decided by the attending physician based on his evaluation of the patient. One source suggests that environmental temperatures as high as 85 degrees Fahrenheit could be of value for patients with extreme ischemia—deficiency of blood in a body part due to constriction or obstruction of blood vessels.¹

HYPERTHERMIA ALSO POSSIBLE

Excessive heat can also create problems. There is a condition analogous to hypothermia known as hyperthermia. It is also called heat stroke. Heat stroke occurs following exposure to high temperatures and is characterized by failure of the central nervous system mechanisms that control body temperature. Sweating, a major regulatory mechanism, ceases; the body temperature rises precipitously, and death usually results unless proper therapeutic measures are applied. Body temperature may rise well above 104 degrees Fahrenheit. If the temperature remains above 106 degrees for very long, permanent brain damage or death usually occurs.

Older individuals with chronic cardiac disease form a large segment of the persons who suffer heat stroke. Heat stroke usually occurs after susceptible individuals are exposed to high temperatures for a long period. The condition is most common after several days of a heat wave.

For this reason and because of the susceptibility of elderly persons with pulmonary or cardiovascular disease to the stresses imposed by heat and humidity, steps should be taken to maintain temperature and humidity at a comfortable level during the summer. This can be accomplished with fans, air conditioners, and dehumidifiers, but does require an additional expenditure of energy.

In summary, a shortage of energy will pose a threat to the health of the old during periods of winter cold and summer heat. Although energy conservation is a goal toward which we all must strive, we will have to make a special effort to maintain the older person's environment safe for his or her minimum physical needs.

Senator CHURCH. Thank you, Dr. Butler.

What you seemed to have expressed here in your statement is that excessive heat or cold is fundamentally an elderly problem, but I also sense that there is a void in the research relating to the elderly that ought to be corrected. Is that the case?

Dr. BUTLER. Well, as you know, very fortunately, Congress has established a National Institute on Aging to conduct and support such research. It is a very promising beginning; as resources, personnel, and funds permit, we should be able to undertake initiatives that will provide us with answers to the kinds of questions that have come up this morning.

Senator CHURCH. I would hope so.

In your book "Why Survive? Being Old in America" in the preface of the book you write—this was in the book when it went to press last year, 1975. In the preface you write:

As this book went to press in early 1975, the situation of the average older person has become increasingly desperate. In the past year food prices have risen 15 percent, fuel 45 percent, housing 12 percent, health costs 50 percent, with no end in sight.

¹ Allen, Edgar V., et al., "Peripheral Vascular Diseases," Philadelphia, W. B. Saunders Co., 1955.

Well, I suppose that you would not have to change that sentence much, would you, considering the trends of 1976.

REVISED CPI NEEDED

We are groping for an answer because these are problems that affect the elderly far more acutely than most other segments of our population. I am the author of the amendment of the Social Security program which, to date, provides for annual adjustments in the benefits based upon the rising cost of living, but that index is not entirely appropriate. It may reflect the increased cost of living to the average American working person, but for the older person who must pay a lot more in proportion to his limited income for medicine, food, fuel, heating, and the like, it really is not adequate.

In groping for some answers, I have proposed that a special index be used for determining the adjustments in the Social Security program which better reflect the average budget for an older person. Do you have any opinion on that total?

Mr. BUTLER. Yes. My professional opinion is very much in line with what you are expressing. The Consumer Price Index needs revision to take into account the special costs older people have to face—health costs, utility costs, fuel costs, and housing. These costs take an increasing proportion of the fixed income of older Americans.

Even today, the average individual 65 and above has a median income of hardly more than \$70 a week, and for an older couple hardly more than \$128 a week. It becomes obvious that we must take those realities into account in our efforts to provide appropriate cost-of-living escalation arrangements. I suspect that research in economics is something that deeply interests persons here, too. Such research might contribute to our better understanding of the spending patterns of older Americans and the effects of the marketplace, housing, and fuel on the old. Thus, research joins social and economic improvement in assisting older people. That is, new knowledge obtained through research provides a base of operation for making public policy.

Senator CHURCH. Having listened to the testimony this morning, do you have any suggestions to make about the special problem presented by rapidly escalating fuel costs?

Dr. BUTLER. Do you mean in terms of public policy or research?

Senator CHURCH. I mean in terms of possible solutions.

Dr. BUTLER. I would think that the refinement of price indexes is one step. Another is the possibility of the Government becoming the third partner, as is the case in many Western European nations, where general revenues become a part of the span of the economic support system. Many older people who wish to work are denied the opportunity to do so because of prejudice by employees or mandatory retirement. A major rethinking of work and retirement patterns of later years would be very useful.

I do think we need some fundamental rethinking to provide properly for the financial base to meet the fuel and insulation costs faced by the old in an inflationary economy. This would very much help older families, especially those living in older homes. Although nearly 70 percent of older people have their own homes, they are

often dilapidated and substandard. Any kind of assistance to help provide warmth and insulation would lessen their income pressures and, of course, would be protective of their status.

Senator CHURCH. Thank you very much.

Senator PERCY, do you have any questions?

Senator PERCY. Dr. Butler, I am particularly appreciative of your statement today. It really confirms a lot of concerns and hunches that I have had as I visited, as Senator Church has, many, many nursing homes through the years. You go into them and they are stiflingly hot. There is no city hotter than Chicago in August, other than Calcutta possibly. It is just stifling in these homes. I noticed the suffering that people go through in that extreme heat, but I have not had any medical evidence of this problem really. Then at the other extreme we see the inability of an older person to withstand cold. So in a sense what you are saying is that what with many of us could be a matter of convenience or adjusting, with the elderly it could well be a matter of life or death if we don't find a way to solve this problem.

You have so fully answered the questions I had in my mind that I have no further questions on those topics. I hope that we will back up and support your efforts with more research in the field. I think we would then find overwhelming evidence that an investment here is a sound, prudent investment.

PSYCHOLOGICAL IMPACT OF UNPAID BILLS

I would just like to ask you one question, more in the psychological area. I have noticed among older people the difficulty of adjusting to something that they didn't anticipate. They will worry more about a Medicaid bill that they thought the Government paid. The doctor has said, "Your expenses are going to be covered," and then suddenly they are socked with a bill for \$40 or \$50 and they worry over it because they thought it was covered by their Medicaid or Medicare. Then they find it is not covered and psychologically it is much harder for them to adjust to.

Is the same thing true in the area of fuel bills when they see those bills piling up? They get their Social Security check in the mail and they find it is the same size as the fuel bills. They get a heating bill in the middle of winter that is maybe \$50 or \$100 more than they thought it was going to be. What is the psychological impact or effect on a person?

Dr. BUTLER. You are absolutely correct, Senator Percy. The psychological impact is enormous to anyone of any age, but when you are older and living on a fixed income, you have an extraordinarily tight margin with very few options. You cannot find work and you cannot find other sources of income. There is also among the old a marvelous sense of pride, of independence, of decency, of concern, and of respect for other people. It is very, very painful to them to not be able to pay their own bills. Even though you might reassure them that they have made a contribution to this country and paid taxes all their lives, they really want to carry their own weight. So I think that is an added and very powerful part of the psychological reaction.

Senator PERCY. This is my last question. I wonder if there is not some way to reach these people through public information programs or advertising. I know when President Nixon wanted to send a notice out to all Social Security recipients that they were going to get an increase it went through the mails and they got some notice. Is there some way that we can provide notification to all people receiving Social Security checks—to send a notification to everyone that we can and somehow reach persons 65 and over and inform them of the services available from the government and the services available from the private sector that they should reach out for?

As we go into the spring and summer, we should get the work done now that will insulate and help them cut their fuel bills next year so they don't, once again, have a tremendous shock. I know in Illinois the rural electrification reaches higher peaks of demand in the summer than in the winter—many of these homes downstate are cooled because in downstate Illinois—Little Egypt—the older people especially cannot stand the very, very hot, humid temperatures and humidity conditions. So the demand for electricity—for air conditioning—for just the ability to sleep and stand the heat is very great.

Insulation would help them retain and keep the heat out and keep the cold, cooler air inside the house. Can we reach out? Is it, in your judgment, really worthwhile to make a major effort to do it?

Maybe the staff of this committee could help us reach out. We have reached out for nutrition programs; we looked to find people. I don't think there is 1 out of 100 elderly families that know that there is help, that they can get support, and that there is something that can be done to protect them against the terrible price that they are going to be paying for their fuel bills in succeeding months. Is this well worth our trying?

Dr. BUTLER. I think so. One of the most striking examples I can think of is the starting of the National Institute on Aging. There have been literally thousands of intelligent, thoughtful letters that we have received from families wanting personal information: "What is being done for the old?" "How does the body function?"

In recognition of the need for informing the public of the new knowledge acquired through research, the Research on Aging Act, which created the Institute, has required an information dissemination program. Information, such as the point I made in my testimony regarding the fact that older people may not realize how cold they are because of altered circulation, should be provided so that the old don't inadvertently endanger themselves. In the broadest sense, any kind of information you can bring to assist older people normally saves money and enhances the quality of their lives.

Senator PERCY. Thank you very much for your testimony.

Senator CHURCH. Thank you.

Our last witness this morning is Mr. Elliot Taubman, an attorney with the National Consumer Law Center, Boston, Mass.

STATEMENT OF ELLIOT TAUBMAN, CHIEF COUNSEL, ENERGY PROJECT, NATIONAL CONSUMER LAW CENTER, BOSTON, MASS.

Mr. TAUBMAN. Mr. Chairman, I had a much longer presentation, but in view of the time—

Senator CHURCH. I am sorry we have run short on time, but could you please summarize so we have some time for questions?

Mr. TAUBMAN. The winter has been bad for me; you will have to excuse my voice at the present time.

Just very quickly let me say what we are doing. The National Consumer Law Center is a legal support center for consumer lawyers all over the country. The center has been in existence since 1969 and has been doing more and more work in the energy area.

My personal background is in legal services. I started out 10 years ago as a law student in a neighborhood office in Hartford, Conn., and it was very sad seeing the elderly and other poor people having their utilities shut off and not being able to get fuel. We started attacking rate issues because poor people just could not pay the bills. It was not only a question of dealing with the terminations, people just could not afford the utilities. This is where I am coming from.

I would like to talk particularly about the problems of the elderly, but the problems of the elderly are not that different than those of any other consumer—they are just more severe. In particular, the elderly poor are the smallest users in the residential class, and yet they pay the highest rates for electricity, gas and water, and very often oil if they can only buy it in small quantities. This raises the rate structure problem.

RATE STRUCTURE REFORM

Rate structure is a very complicated technical area, and very often the suppliers obfuscate the issues. I think this is particularly true in the area of lifeline. The electric companies and the large users obfuscate the issue by saying that lifeline is purely a social welfare technique. That is not true. I think it is better that we not even use the term. We should talk about inverted or flat-rate structures which are based on cost and which have the ultimate effects of conserving energy and also of helping small users who often are the elderly.

The correlation between low income and low use is the subject of a very recent FEA study which mathematically confirms the correlation. There are some States where there are variations, and I will get into that in a minute, but overall, in the whole country, whether it is a winter peaking company or a summer peaking company, you have a very good correlation of low-income elderly being small users. Including the telephone and gasoline bill, they don't use very much. So if you are talking about a solution which has multiple effects in inverting or flattening rate structures, you have that effect.

In terms of theory, marginal cost may be one of the ways in which you do it. I don't want to go into technicalities, but let me say that new construction, as I am sure all of you are aware, costs much more than old construction. This again is true for water, gas, electricity; new forms of electrical production and new forms of gas production are more expensive than old production.

If you allocate the cost of that production to those consumers, those users who generally are large users—large residential, large commercial, large industrial—they will pay the full economic cost of what they are using. Now the cost of that will go into goods and services, but that is fair in our system. We don't want to have subsidized costs;

things should cost what they should cost. We don't want artificial prices which is what we have had for a long time.

The ultimate solution is that it helps the poor and elderly because they are not users—they are not buyers of a lot of the hard goods which wealthier people can afford. I think the testimony of some of the earlier witnesses showed today they are buying necessities of life, one of which is energy.

Now I work for lawyers in every State and there has been a lot going on. I think a lot of people are aware that in many States utility commissions have been moving in this area of rate reform, particularly in Michigan and California. New York has moved in the direction of really considering the cost relationships of usage and considering the effect on the elderly. There are a number of other States as well. I cannot go through all the details, but I have submitted two articles¹ which I have published which deal with some of the specific issues.

Senator CHURCH. What is the simplest way you have found to resolve this question—except giving the lowest rate to the smallest user, rather than the highest rate to the smallest user?

Mr. TAUBMAN. I think that is one solution you can require.

Senator CHURCH. The complexities of it being costed out and deciding how to charge rates accordingly would surely be overwhelming.

Mr. TAUBMAN. Well, it is done all the time by the utility commissions. I have been involved in these cases, working both directly and in a support role of various States.

There is no harm requiring that the lowest rate be given to the smallest user but, in terms of the overall rate structure, I would not want to have a definite pegging. I think there is some expertise in the utility commission in the individual States and there are differing conditions in the individual States, so I think what you need are basic minimum Federal standards. Requiring that the lowest rate be given to the lowest residential user might be one standard.

Another thing that you might require is that any rate structure must benefit the elderly and poor. That is something that a lot of utility commissions are shying away from because they say they have no legal authority. The State legislators say, "We don't know anything about utility rates and we are not going to do anything about it." So it may be up to the Federal Government to set some minimum standards but leave it to the local commissions to say exactly how they are going to be implemented. There are cost differences from State to State and there are also differences in terms of winter high peaks and summer high peaks—the difference between Idaho and Arizona, for instance.

WELFARE PROGRAMS RESENTED

I made some phone calls to confirm whether my knowledge was up to date in the various States. I called people in Missouri, Idaho, New Mexico, Pennsylvania, Illinois, and New York just to get some indication from the States with which I have been dealing. I discovered an interesting thing. They said, "Don't do any income testing for the elderly."

¹ One article appears as appendix 3, p. 292. The second article is retained in committee files.

Senator CHURCH. Don't?

Mr. TAUBMAN. "Don't do any income testing for the elderly." "Don't do an elderly lifeline." They don't want to be singled out for welfare programs. Anything you can do in the utility system or the fuel system which they would get without having to apply for is something that is going to help them the most. This has been a problem with the food stamp program penetration. They don't want the involvement. They cannot purchase; they don't have money in their budget left over to purchase stamps. And so it is in dealing specifically with the energy area which is specifically income tested.

Now some people may be wishing for that as the only politically feasible thing to do. It does not mean the Federal Government should put that into policy. For example, yesterday I was speaking to a lawyer in Idaho. A senior citizen coalition had previously sought a cost-justified lifeline for all citizens. They are now asking the legislature for a lifeline just for the elderly. It is not that they favor that, but it is all they think they can get through the legislature.

They are also concerned with termination policy. This is one area in which they have not been able to move the commissions much at all. It varies a lot in the States. There are some States which have very good regulations and others which are extremely backward. In fact, you have a real dichotomy. California has a pretty good rate structure; it is inverted, and conserves energy. They have some of the worst customer service regulations in the country as opposed to Massachusetts which has probably the best in the country.

In general you have these real differences among the States. Often it is because of a timidity on the part of the commissions. They feel they will be reversed by the courts because they don't have the stuff in the record to justify any changes. And that really brings us to where a lot of the problem is. There is an inadequate representation of the elderly interests before State and Federal commissions. I think this is a tremendous need and it would not even cost that much money.

If you want to do consumer advocacy, you expect to be paid less, but still you have to be paid something. You also have to pay for witnesses. You cannot just cross examine the witness of a utility company. You have to put on your own witness because the State supreme court may reverse if you win before the commission. This has already happened in Montana. They had some pro-consumer decisions involving companies which go across State lines—Pacific Power & Light and Washington Power. These companies go into Idaho and Washington State. Montana was leading the other States in rate reform and then the Montana Supreme Court reversed everything that Montana Public Service Commission had done. There was no consumer case put on and the commission could not justify what it had done. I think that is a real need.

LEGAL SERVICE LAWYERS

A final thing. I have made my basic presentation and I think I should answer questions. There has been talk about money for crisis intervention. I think it would be very helpful if the word got out through the elderly agencies to work with legal services lawyers. You now have two resources trying to help the elderly and the poor—the elderly particularly. If you use some of the money for legal services,

that money will go much further than if used only to pay bills. You could also do some real reform on customer service regulations and rate structures. Everybody will be better off. You will have the energy conservation, you will have less pollution, and you will have more benefit to the elderly and the elderly poor persons.

I think I would rather answer questions now because the time is late.

Senator CHURCH. What kind of a law could the Congress pass that very materially assists the State public utility commissions to adopt new rate structures to be helpful to the elderly and to the low-income groups in this country?

Mr. TAUBMAN. Well, as I said, one thing that could be done is to have adequate representation on the other side; the commissions can't do it themselves. They have to have the staff as well as the —

Senator CHURCH. Aside from adequacy.

Mr. TAUBMAN. You are talking about studies?

Senator CHURCH. I am talking about a Federal law.

Mr. TAUBMAN. Well, I think if there was a Federal law that the commissions could point to and say this is a Federal minimum standard, they would have some backbone to go against the utility companies and the larger users in the State. One of the elderly's problems really is the political climate in several States. The commissions get buffeted. The utility companies which have a lot of political clout in many States, and the larger users that would be heard from, can fight them. But if Congress says to the commissions, "You must consider the effect on the elderly poor; you must not give any higher rate to the smaller user than anybody else," then if the minimum standard said, "You have to provide the basic due process notice and prior hearing and you cannot require security deposits unless there is a history of bad credit, unless it is cost justified," there may be real reform.

I think that the commissions would then do the right thing and they could adapt themselves to local conditions. You have to give them some freedom. They also have to have adequate staff and they have to have adequate representation.

Senator CHURCH. You cannot make up at the Federal level for whatever the deficiencies may be at the State commissions, but it may be possible to establish certain standards under the primacy clause for constitutional Federal law which prevails, and Federal law then provides certain standards to be met by State regulatory commissions. That might represent a very important breakthrough toward a re-structure of the rate system.

Have you ever seen a bill of this sort proposed?

Mr. TAUBMAN. Yes. I know Senator Brooke has one and I know of one in the House that Representative Moffett of Connecticut was involved in. Then also there has been involvement by Representatives Dingell, Moss, and Allen.

RECENT LEGISLATION EVALUATED

Senator CHURCH. There have been several bills introduced in the Congress, but none of them have gone very far. I was just wondering if you would have an opportunity to study the various bills and would have any recommendations to make to this committee.

Mr. TAUBMAN. I have not made an indepth study. Unfortunately, I have been very busy. I can say I have looked at the various bills and I think the direction they are going in is good. They are requiring minimum standards without trying to say "strike everything out," which I don't think you can do. They provide for intervention, they provide for court review, and they provide for violations of Federal law. They provide for help to the commissions and help to the consumers.

I think the basic thrust is there and the only thing I would be concerned with is that there not be a simple-minded approach to rate structure. I think termination is much easier to do on a national standard because really we are speaking of due process—something which the fourteenth amendment says Congress can provide. But when you are talking about rate structure, for instance, using simple-minded approaches may not help. For instance, time-of-day rates are not necessarily helpful. They can be helpful if they are properly structured in some States.

I think they could be very harmful to the elderly in some States because very often elderly usage is inelastic. There is nothing else they can do. I think some of the witnesses testified to that. They cannot reduce their usage any more. If they cannot reduce their usage during peak times, then they will be extremely harmed by that rate structure. That does not mean you should not do it for industrial, commercial, or larger residential users. You can change there. The problem is with the smaller residential user, and this may be space heat.

I understand this is true in Missouri where the temperature hits 110 degrees and therefore the elderly have very small air conditioners, but they have got them because they could not live otherwise. One additional thing on the same line—a simple-minded approach. Some people talk about this changing rate structure only in the residential class, and I think that is a mistake also, because that does not follow costs.

The costs are not just increasing in the residential class, they are also increasing particularly in the large commercial classes—not necessarily in the industrial, not in the agricultural use, but they are increasing particularly in shopping centers and office buildings. Shopping centers and office buildings have no need to spend a large amount of money to properly insulate unless the rate structure penalizes them for not so doing. If you get cheap rates for doing that kind of project, you are not going to bother with insulation, and I think we have to deal with that.

So the time of day is one thing you consider, but you should also talk about rearrangements within the classes: residential, commercial, and industrial. I think you also have to talk about inverting or at least flattening the rates because that already has a conservation factor and also helps the smaller user.

Senator CHURCH. Perhaps we can get some recommendations from the administration on the energy program which is now being formulated.

Senator Brooke has asked me to ask you some questions.

His first question is: As you know, because I have been relying heavily on your expert advice, I have long been advocating general utility rate reform. I would like to know how you would compare the

impact of such programs as fuel stamps or emergency utility cutoff assistance to the impact of regulatory reforms which would change the pricing of energy and establish rules for protecting customer services.

ENERGY STAMPS OPPOSED

Mr. TAUBMAN. These are two different, but related, issues. Most people I know who represent the elderly oppose energy stamps. They say it is only the last resort because, first of all, it is bad politically. It has a problem of poor penetration. The elderly have to go out and purchase the stamps. It is also a welfare program. They would prefer an increase in basic maintenance, perhaps such as Social Security, rather than to have a special program. You still have the problem of rate reform of the system, where you pay more the less you use, which is regressive.

Senator CHURCH. They would strongly favor regulatory rate reform.

Mr. TAUBMAN. Right; and in terms of termination, that works in with it. You still have the problem that a person is elderly or becomes sick and just can't pay the bill. You have to deal with that serious illness problem. You also have to allow for installment payments.

I meant to mention in describing models that the center has put out model residential regulations¹ which have been used by congressional committees and the States as a model. I don't think they are always the best solution, but they do have language that has been used by a number of States. I have given a copy to the committee and I would be perfectly willing to give any additional information on that that you require.

Senator CHURCH. Thank you.

Senator Brooke has a second question which is: As you also know, I am preparing a rate reform bill to set standards for customer service regulations. What, if any, special protection should be written in for the aging?

I think you have already, perhaps, answered that question, but you may have another go at it.

PROTECTIVE SERVICES MODELS

Mr. TAUBMAN. The only thing I might add is the protective services model which has been partially implemented in New York, Massachusetts, and Kansas City, and possibly some other places. I understand northern Michigan has one. This calls for third-party notification where there is a senior citizen or ill person in the house.

In New York there is a 7-day period when the utility company must wait to terminate and must notify a social service agency or the department of aging, and then there is an investigation; and only after that investigation is done can they terminate. That is one model.

The Massachusetts third-party notification goes a step further and, in the most recent regulations, requires that there be no termination whatsoever without actual finding by the commission that there will be no harm to an elderly person.

¹ Retained in committee files.

The third model in Kansas City is simply where they have a voluntary agreement with the utility companies—from a lot of pressure through litigation and regulation activity—that they will also notify social service agencies and legal services programs if there is going to be a termination. They also have gone one step further, The fire department has its own computerized list of senior citizens and handicapped persons to get those people out first. They are discussing using that list, with permission, to notify the utility companies so that they will not terminate.

So that will be the one area that I think might be different particularly for the elderly. Serious illness regulations and protective services may be necessary because senior citizens very often cannot care for themselves—not to say that other people can't either. The elderly should be notified that there are services available, but the elderly particularly are prone to not knowing what to do and becoming isolated, I think that was the case in upstate New York, Ohio, and a couple of other places. People have withdrawn and died, and therefore you have to have some kind of intervention by a third person to, perhaps, help them.

Senator CHURCH. Thank you very much.

The hearings will continue on Thursday morning when we have other witnesses from the administration scheduled to speak to the committee. Until 10 Thursday morning, this hearing is recessed.

[Whereupon, at 12:28 p.m., the committee recessed, to reconvene at 10 a.m., Thursday, April 7, 1977.]

APPENDIXES

Appendix 1

MATERIAL SUBMITTED BY SENATOR PETE V. DOMENICI

ITEM 1. EXCERPTS FROM "OLDER NEW MEXICANS AND ENERGY," A PUBLIC FORUM,¹ SANTA FE, N. MEX., MAY 18, 1976

INTRODUCTION

During the winter and spring of 1974, the Nation faced an unprecedented crisis in energy. In that year the energy crisis made itself felt in shortages; today, the energy crisis is making itself felt in increased prices Americans are paying for gas, electricity, and other energy-related items. Most Americans have faced the energy crisis and have recovered from its initial impact; however, the aged have not been as fortunate. Tied to fixed incomes, energy costs have been taking a larger proportion of the budgets of older Americans to the point that many elderly have to make the cruel choices between warmth or food, warmth or medical care, warmth or other necessities—critical decisions of foremost importance at this point in their lives.

While a great deal of work has been done in the energy area by a variety of Federal agencies to ease the adverse effects the crisis may have on older persons and other vulnerable groups, this activity has, for the most part, been fragmented. Program administrators at all levels of government—local, State, and Federal—concerned with such vulnerable groups may be unaware of the energy-related activities of another government program operating in the same State or community.

The Administration on Aging has had a continuing concern about the impact of the energy crisis on the lives of older persons and has taken several actions in connection with this concern. Most notably is the Administration on Aging's negotiation of a Federal level agreement on energy conservation involving: the Agriculture Extension Service and the Farmers Home Administration of the U.S. Department of Agriculture; the U.S. Department of Labor; the U.S. Department of Housing and Urban Development; ACTION; the Federal Energy Administration; and the Community Services Administration.

In early 1976, the Southwest Federal Regional Council charged its Regional Interagency Committee on Aging to join hands with New Mexico Commission on Aging to address the energy needs of older Americans. The purpose would be to form a collaborative effort intended to provide a framework within which to structure joint efforts of consultation and sharing of expertise, coordination of planning and funding strategies, planning and implementation of service delivery programs, and to provide recommendations for future program directions. A public forum was selected as the mechanism to serve as the catalyst to address this concern. The excellent cooperation provided by the Commission on Aging, under the leadership of its director, Roberto A. Mondragon, contributed significantly to the development and success of the forum.

One hundred and twenty persons representing different areas of the State participated in the forum. Twenty-one persons from various different towns and cities, many with prepared statements, provided testimony and voiced their concerns about the effects of spiraling energy costs on their lives and the lives of their friends and families.

On the first day of the forum a panel of 18 State and Federal representatives listened to testimony provided by older New Mexicans and/or their representa-

¹ Cosponsored by the New Mexico Commission on Aging and the Regional Interagency Committee on Aging, Southwest Federal Regional Council.

tives. The testimony addressed their concerns, needs, and recommendations pertaining to energy problems affecting them: Section VI presents the discussion which occurred at the forum, in a few instances some omission has occurred because of recording malfunction. On the second day the panel developed recommendations to achieve program linkages and coordination designed to address the problems expressed in testimony on the prior day. These recommendations are to be found in section V of this report.

PANEL RESOLUTIONS

1. Resolved, that this body recommend to the Governor to include in his call to the legislature, State appropriations for the purpose of supplementing the existing home weatherization program.

2. Resolved, that in view of the existing need and the effectiveness of the current program, it is recommended that Congress and the administration increase appropriations for the weatherization programs.

3. Resolved, that this body recommends to the Governor through the health and social services department and title XX planning councils that supportive services be provided to the elderly in energy-related problems.

4. Resolved, that Farmers Home Administration, New Mexico Commission on Aging, ACTION, Cooperative Extension Services, Community Services Administration, and other agencies deemed appropriate, come together to explore aspects of an Interagency Agreement to provide services to the elderly under the Farmers Home Administration.

5. Resolved, that this body recommend to Congress and the Administration an increase in administrative funds to Farmers Home Administration in order to fully implement their Housing program as affects the elderly.

6. Resolved, that a State Interagency Committee on Aging (consisting of State and local Federal representatives) be established, under the leadership of the New Mexico Commission on Aging, to further develop coordinated program activity to be concerned with special efforts on behalf of the elderly, e.g., concerted effort directed at the Public Service Commission and public utilities so that utility rate schedules are changed and other programs developed in order that energy costs for senior citizens will be in keeping with their fixed incomes.

7. Resolved, to petition Congress and the Department of Transportation to provide additional funds for the transportation program for the elderly under the Urban Mass Transportation Act and the Rural Demonstration Act.

8. Resolved, to encourage State legislation to allow school bus transportation to be used for senior citizens' activities when not in service for school children.

9. Resolved, that those agencies charged with addressing the needs of the elderly citizens of New Mexico support and encourage research projects which will utilize other energy sources, i.e., solar, wind, geothermal, etc., to serve the energy and nutrition needs of New Mexico's elderly citizens.

10. Resolved, that the State Interagency Committee on Aging, as one of its first areas of activity, explore the possibility of expanding the existing wood fuel gathering and consumption programs.

11. Resolved, to encourage cooperation between the Commission on Aging, ACTION, Title XX, Office of Human Resources, and Energy Resources Board for the establishment of a permanent statewide information and referral system that would include sharing the energy needs of the elderly.

ITEM 2. TABLE ON THE GROWTH OF SOCIAL SECURITY BENEFITS, PROVIDED BY THE SOCIAL SECURITY ADMINISTRATION

AVERAGE MONTHLY BENEFITS PAYABLE UNDER TITLE II OF THE SSA TO SELECTED BENEFICIARY CATEGORIES

End of	Retired worker (no dependents receiving benefits)	Retired worker and wife, aged 62, both receiving benefits	Aged widow
1972.....	\$157	\$273	\$138
1973.....	162	277	158
1974.....	183	312	178
1975.....	202	344	194
1976.....	219	374	209

Source: Social Security Administration.

ITEM 3. LETTER FROM SENATOR PETE V. DOMENICI TO HON. JULIUS SHISKIN, COMMISSIONER, BUREAU OF LABOR STATISTICS, DATED MARCH 25, 1977

DEAR COMMISSIONER SHISKIN: On April 5 and 7, the Senate Special Committee on Aging will hold hearings on "The Impact of Rising Energy Costs on Older Americans."

I believe the Congress must have hard data in order to accurately judge the magnitude of the problem and shape an appropriate Federal response. I have devised a two-part "outline," a copy of which is enclosed, which seeks to statistically delineate this problem. I would appreciate it if the Bureau of Labor Statistics could provide as much information as is readily available prior to next month's hearing.

I have sent similar inquiries to the Federal Energy Administration and the Social Security Administration.

If you need additional information please contact the minority office of the Special Committee on Aging on 224-1467.

Warmest regards and best wishes, I am

Sincerely,

PETE V. DOMENICI.

ITEM 4. LETTER AND ENCLOSURES FROM HON. JULIUS SHISKIN TO SENATOR PETE V. DOMENICI, DATED APRIL 6, 1977

DEAR SENATOR DOMENICI: I am writing in reply to your letter of March 25, requesting data on household expenditures for fuel components. My staff consulted with Mr. David Rust of the staff of the Senate Special Committee on Aging and prepared for you the following set of tables.

(1) Average expenditures for fuel and utility components in 1972-73 by income group for owners and renters, age of head over and under 65.

(2) Number of families using specified types of fuel for air conditioning, heating, and cooking.

(3) Change in the Consumer Price Index (CPI) for specified fuel and energy components, from 1972-73 to 1976.

The first two tables are from the data collected in the 1972-73 Consumer Expenditure Survey. The CPI data are from the regularly published fuel and utility price index series.

These materials were delivered to Mr. Rust on April 4. I hope you find this material helpful in your hearings.

Sincerely yours,

JULIUS SHISKIN.

[Enclosures]

ENERGY SOURCE PERCENTAGE OF DISTRIBUTION—ALL RESPONDENTS: 1972-73 CONSUMER EXPENDITURE INTERVIEW SURVEY

Percent distribution item	Total	Under 65		65 and over	
		Homeowner	Renter	Homeowner	Renter
Central air fuel:					
Not applicable or not reported.....	82.3	78.6	85.0	88.0	89.0
Electricity.....	15.3	18.3	13.0	10.6	9.3
Gas.....	2.4	3.1	2.0	1.4	1.2
Cooking fuel:					
Not applicable or not reported.....	1.2	.2	2.4	.4	3.0
Gas.....	52.2	45.7	60.6	52.0	64.4
Electricity.....	45.6	53.7	35.8	45.5	29.8
Fuel oil, kerosene.....	.2	.1	.3	.5	.4
Coal or coke.....	.1	.1	.1	.4	.2
Wood.....	.4	.2	.2	1.2	1.0
Other fuel.....	0	0	0	0	0
None.....	.3	0	.6	0	1.2
Heating fuel:					
Not applicable or not reported.....	1.2	.2	2.6	.4	3.0
Gas.....	60.1	64.0	55.0	60.8	52.2
Electricity.....	9.3	8.6	11.2	6.0	9.2
Fuel oil, kerosene.....	24.3	24.6	23.1	27.1	26.7
Coal or coke.....	1.6	1.2	1.7	3.0	2.6
Wood.....	1.2	.9	1.2	2.4	1.2
Other fuel.....	.1	.1	.1	0	.2
None or do not know.....	2.2	.4	5.2	.3	5.0

ENERGY SOURCE DISTRIBUTION FOR ALL RESPONDENTS

[Weighted families (in thousands)]

	Age of family head				
	Total	Under 65		65 and over	
		Homeowner	Renter	Homeowner	Renter
Total.....	71,220	32,463	21,663	9,408	4,542
Central air fuel:					
Not reported.....	58,585	25,495	18,417	8,282	4,041
Electricity.....	10,896	5,947	2,816	992	444
Gas.....	1,739	1,022	430	135	58
Cooking fuel:					
Not reported.....	846	56	517	37	138
Gas.....	37,150	14,825	13,119	4,884	2,926
Electricity.....	32,509	17,465	7,773	4,280	1,352
Fuel oil, kerosene.....	159	25	65	47	17
Coal or coke.....	84	17	17	40	10
Wood.....	280	69	48	117	46
Other fuel.....	6	2	4		
None.....	186	3	121	4	54
Heating fuel:					
Not reported.....	876	51	562	33	137
Gas.....	42,769	20,812	11,914	5,721	2,365
Electricity.....	6,658	2,767	2,427	569	419
Fuel oil, kerosene.....	17,274	7,972	5,000	2,550	1,210
Coal or coke.....	1,156	391	357	283	116
Wood.....	853	298	264	227	56
Other fuel.....	57	21	15		8
None.....	471	145	240	25	43
Don't know.....	1,106	5	886		188

Source: The 1972-73 consumer expenditure interview survey.

ANNUAL FUEL EXPENDITURES FOR COMPLETE INCOME RESPONDENTS

	Complete income reporting (before taxes)					
	All families	Under \$2,000	\$2,000 to \$4,999	\$5,000 to \$9,999	\$10,000 to \$19,999	\$20,000 and over
TOTALS						
Number of families in universe (thousands).....	67,447	4,628	12,052	16,529	24,650	9,589
Family income before taxes.....	\$11,945	\$972	\$3,422	\$7,472	\$14,337	\$29,510
Family income after taxes.....	\$10,184	\$897	\$3,273	\$6,706	\$12,216	\$24,121
Percentage of after to before tax income.....	85	92	96	90	85	82
Percentage of fuel cost to before tax income.....	2.9	17.4	6.6	3.9	2.8	1.7
Total fuel:						
Average annual expenditure.....	\$342.30	\$169.40	\$226.50	\$292.56	\$398.04	\$513.73
Percent reporting.....	89.7	70.9	82.4	87.8	95.3	97.2
Total gas:						
Average annual expenditure.....	\$92.20	\$53.48	\$66.37	\$82.08	\$103.97	\$130.54
Percent reporting.....	54.7	42.7	49.6	53.6	58.5	59.3
Delivered in mains (piped):						
Average annual expenditure.....	\$76.68	\$41.35	\$50.27	\$64.84	\$88.27	\$117.57
Percent reporting.....	45.1	31.6	37.8	42.6	49.6	53.6
Bottled or tank:						
Average annual expenditure.....	\$15.52	\$12.13	\$16.10	\$17.25	\$15.70	\$12.97
Percent reporting.....	10.6	11.6	12.2	11.8	10.2	7.3
Electricity:						
Average annual expenditure.....	\$155.25	\$70.68	\$92.81	\$132.47	\$185.87	\$235.12
Percent reporting.....	76.1	58.6	68.7	75.0	81.6	81.7
Gas and electricity combined bills:						
Average annual expenditure.....	\$39.92	\$17.28	\$25.67	\$31.75	\$46.33	\$66.34
Percent reporting.....	13.3	7.9	12.7	12.1	14.2	16.6
Fuel oil and kerosene:						
Average annual expenditure.....	\$50.03	\$19.61	\$35.27	\$42.09	\$57.97	\$76.56
Percent reporting.....	19.9	14.6	17.1	18.6	22.0	23.2
Other fuels, coal, wood:						
Average annual expenditure.....	\$4.90	\$8.34	\$6.37	\$4.17	\$3.91	\$5.16
Percent reporting.....	9.1	10.0	7.3	6.2	9.3	15.3

See footnote at end of table.

ANNUAL FUEL EXPENDITURES FOR COMPLETE INCOME RESPONDENTS—Continued

	Complete income reporting (before taxes)					
	All families	Under \$2,000	\$2,000 to \$4,999	\$5,000 to \$9,999	\$10,000 to \$19,999	\$20,000 and over
HOMEOWNER, UNDER 65						
Number of families in universe (thousands)	30,439	461	1,750	5,312	15,494	7,422
Family income before taxes	\$16,237	\$106	\$3,604	\$7,740	\$14,693	\$29,523
Family income after taxes	\$13,665	-\$32	\$3,377	\$6,899	\$12,529	\$24,156
Percentage of after to before tax income	84		93	89	85	81
Percentage of fuel cost to before tax income	2.9	313.1	9.3	5.1	3.1	1.9
Total fuel:						
Average annual expenditure	\$463.34	\$331.57	\$336.25	\$395.85	\$461.89	\$552.84
Percent reporting	99.3	96.4	97.3	99.2	99.6	99.3
Total gas:						
Average annual expenditure	\$123.27	\$83.04	\$94.54	\$110.54	\$121.71	\$144.92
Percent reporting	63.7	59.1	62.1	65.8	63.4	63.3
Delivered in mains (piped):						
Average annual expenditure	\$102.56	\$60.50	\$62.47	\$81.42	\$102.21	\$130.50
Percent reporting	51.9	39.7	39.5	47.3	52.7	57.0
Bottled or tank:						
Average annual expenditure	\$20.71	\$22.54	\$32.07	\$29.12	\$19.51	\$14.41
Percent reporting	13.2	20.3	22.9	19.7	12.2	8.1
Electricity:						
Average annual expenditure	\$212.66	\$171.65	\$149.70	\$181.25	\$213.31	\$251.18
Percent reporting	86.2	89.2	87.9	87.7	86.2	84.4
Gas and electricity combined bills:						
Average annual expenditure	\$51.30	\$19.18	\$27.07	\$36.35	\$51.10	\$70.14
Percent reporting	13.6	6.1	8.9	11.5	13.8	16.3
Fuel oil and kerosene:						
Average annual expenditure	\$71.14	\$48.73	\$57.68	\$62.22	\$71.66	\$81.00
Percent reporting	25.8	27.0	27.7	25.4	26.3	24.7
Other fuels, coal, wood:						
Average annual expenditure	\$4.97	\$8.96	\$7.26	\$5.49	\$4.10	\$5.60
Percent reporting	11.4	14.6	10.3	7.1	10.3	16.6
RENTER, UNDER 65						
Number of families in universe (thousands)	20,698	1,980	4,453	7,061	6,035	1,169
Family income before taxes	\$9,016	\$1,015	\$3,515	\$7,488	\$13,632	\$28,919
Family income after taxes	\$7,702	\$911	\$3,266	\$6,554	\$11,461	\$23,632
Percentage of after to before tax income	85	90	93	88	84	82
Percentage of fuel cost to before tax income	2.2	9.9	4.2	2.7	1.8	1.0
Total fuel:						
Average annual expenditure	\$197.54	\$100.74	\$147.43	\$198.80	\$244.97	\$299.83
Percent reporting	75.6	54.5	70.3	76.5	83.8	84.7
Total gas:						
Average annual expenditure	\$52.77	\$32.55	\$42.07	\$55.14	\$62.82	\$61.62
Percent reporting	41.2	31.3	37.1	42.9	45.9	38.8
Delivered in mains (piped):						
Average annual expenditure	\$45.34	\$26.93	\$36.21	\$46.38	\$55.01	\$55.14
Percent reporting	35.2	24.7	30.8	36.3	40.5	35.2
Bottled or tank:						
Average annual expenditure	\$7.43	\$5.62	\$5.85	\$8.77	\$7.81	\$6.48
Percent reporting	6.5	7.1	6.7	7.2	6.0	3.6
Electricity:						
Average annual expenditure	\$95.99	\$46.41	\$66.07	\$94.57	\$124.75	\$154.03
Percent reporting	61.5	41.4	53.8	63.4	70.2	68.7
Gas and electricity combined bills:						
Average annual expenditure	\$28.11	\$12.81	\$25.09	\$28.32	\$33.04	\$38.85
Percent reporting	13.0	7.2	14.8	12.2	13.9	16.0
Fuel oil and kerosene:						
Average annual expenditure	\$17.75	\$6.69	\$10.35	\$17.94	\$21.71	\$43.13
Percent reporting	9.7	7.4	8.1	10.6	10.2	12.3
Other fuels, coal, wood:						
Average annual expenditure	\$2.91	\$2.27	\$3.86	\$2.82	\$2.65	\$2.19
Percent reporting	5.6	4.9	5.5	5.2	6.2	6.8

See footnote at end of table.

ANNUAL FUEL EXPENDITURES FOR COMPLETE INCOME RESPONDENTS—Continued

	Complete income reporting (before taxes)					
	All families	Under \$2,000	\$2,000 to \$4,999	\$5,000 to \$9,999	\$10,000 to \$19,999	\$20,000 and over
HOMEOWNER, 65 AND OVER						
Number of families in universe (thousands).....	9,019	1,048	3,489	2,668	1,374	441
Family income before taxes.....	\$7,295	\$1,420	\$3,358	\$7,090	\$13,844	\$33,247
Family income after taxes.....	\$6,630	\$1,377	\$3,313	\$6,798	\$12,332	\$26,582
Percentage of after to before tax income.....	91	97	99	96	89	80
Percentage of fuel cost to before tax income.....	5.0	19.6	9.6	5.3	3.1	1.7
Total fuel:						
Average annual expenditure.....	\$360.95	\$278.77	\$322.45	\$378.00	\$430.29	\$541.74
Percent reporting.....	98.8	98.9	98.6	99.3	99.0	96.7
Total Gas:						
Average annual expenditure.....	\$102.84	\$96.42	\$95.96	\$108.03	\$109.19	\$121.43
Percent reporting.....	62.7	62.7	64.4	62.9	59.8	56.6
Delivered in mains (piped):						
Average annual expenditure.....	\$80.37	\$70.47	\$69.18	\$87.42	\$93.34	\$109.40
Percent reporting.....	49.1	42.0	47.5	52.5	51.8	50.1
Bottled or tank:						
Average annual expenditure.....	\$22.48	\$25.95	\$26.78	\$20.61	\$15.85	\$12.03
Percent reporting.....	14.3	21.6	17.6	10.7	9.6	7.4
Electricity:						
Average annual expenditure.....	\$136.26	\$94.72	\$115.02	\$149.71	\$170.71	\$214.26
Percent reporting.....	84.5	85.7	84.7	85.4	82.1	82.1
Gas and electricity combined bills:						
Average annual expenditure.....	\$35.52	\$28.16	\$30.48	\$35.77	\$45.40	\$60.62
Percent reporting.....	13.1	10.4	12.7	12.8	15.6	16.2
Fuel oil and kerosene:						
Average annual expenditure.....	\$77.03	\$43.18	\$70.48	\$77.72	\$96.64	\$144.03
Percent reporting.....	29.3	28.1	28.9	29.2	29.3	37.3
Other fuels, coal, wood:						
Average annual expenditure.....	\$9.30	\$16.29	\$10.50	\$6.77	\$8.35	\$1.39
Percent reporting.....	10.9	19.3	10.1	8.6	12.5	6.3
RENTER, 65 AND OVER						
Number of families in universe (thousands).....	4,293	1,016	2,094	795	312	76
Family income before taxes.....	\$4,614	\$1,442	\$3,176	\$6,718	\$13,063	\$30,162
Family income after taxes.....	\$4,345	\$1,438	\$3,141	\$6,383	\$11,510	\$25,814
Percentage of after to before tax income.....	94	100	99	95	88	86
Percentage of fuel cost to before tax income.....	3.2	7.9	4.7	2.3	1.8	0.7
Total fuel:						
Average annual expenditure.....	\$149.47	\$114.17	\$150.36	\$154.24	\$232.22	\$208.26
Percent reporting.....	70.2	63.5	69.9	71.3	88.0	81.2
Total gas:						
Average annual expenditure.....	\$44.53	\$36.59	\$46.80	\$41.56	\$60.82	\$52.16
Percent reporting.....	39.3	37.3	42.0	34.1	47.2	14.6
Delivered in mains (piped):						
Average annual expenditure.....	\$37.40	\$29.93	\$39.01	\$37.07	\$48.23	\$52.16
Percent reporting.....	33.9	31.0	35.9	31.0	42.5	14.6
Bottled or tank:						
Average annual expenditure.....	\$7.13	\$6.66	\$7.80	\$4.49	\$12.59	-----
Percent reporting.....	5.5	6.2	6.2	3.2	5.7	-----
Electricity:						
Average annual expenditure.....	\$67.35	\$46.52	\$66.03	\$76.18	\$115.73	\$91.44
Percent reporting.....	58.1	51.4	58.7	58.8	77.4	43.1
Gas and electricity combined bills:						
Average annual expenditure.....	\$18.12	\$11.38	\$18.37	\$20.84	\$20.19	\$64.45
Percent reporting.....	11.7	7.1	12.1	14.0	12.0	38.0
Fuel oil and kerosene:						
Average annual expenditure.....	\$13.75	\$8.01	\$14.44	\$13.60	\$31.52	-----
Percent reporting.....	8.4	9.3	8.4	7.0	10.8	-----
Other fuels, coal, wood:						
Average annual expenditure.....	\$5.74	\$11.68	\$4.71	\$2.06	\$3.96	\$0.21
Percent reporting.....	5.3	8.7	4.3	2.8	6.5	5.3

Source: The 1972-73 consumer expenditure interview survey.

CONSUMER PRICE INDEX FOR URBAN WAGE EARNERS AND CLERICAL WORKERS

[U.S. city average: 1967=100]

	1972-73 average	Year averages	
		1976	1976/1972-73
Fuel and utilities, series C-8.....	123.5	182.7	147.9
Fuel oil and coal, series C-3.....	127.2	250.8	197.2
Fuel oil, No. 2.....	125.5	247.2	197.0
Gas and electricity, series C-2.....	123.4	189.0	153.1
Gas, all types.....	125.1	201.2	160.8
Residential heating gas.....	124.9	218.5	174.9
Other than residential heating gas, total.....	125.2	184.9	147.6
Other than residential heating gas, 10 therms.....	126.6	190.0	150.1
Other than residential heating gas, 25 therms.....	123.6	179.7	145.3
Other than residential heating gas, 40 therms.....	125.2	185.4	148.1
Total electricity.....	121.9	177.6	145.7
100 kWh electricity.....	119.2	166.0	139.2
250 kWh electricity.....	119.6	170.5	142.6
500 kWh electricity.....	121.1	181.5	149.9

Appendix 2

SELECTED DATA ON HOUSING AND THE ELDERLY,¹ CHICAGO, ILL., SUBMITTED BY G. H. WANG²

THE ELDERLY POPULATION, 1960-70

	1970		1960 (number)	Percent change, 1960-70
	Number	Percent		
United States of America:				
All ages.....	203,211,926	100.0	179,323,175	+13.3
65 and up.....	20,065,502	9.9	16,559,580	+21.2
Illinois:				
All ages.....	11,113,976	100.0	10,081,158	+10.2
65 and up.....	1,093,654	9.8	974,923	+12.2
Chicago SMSA:				
All ages.....	6,978,947	100.0	6,220,913	+12.2
65 and up.....	616,592	8.8	534,991	+15.3
Chicago city:				
All ages.....	3,366,957	100.0	3,550,404	-5.2
65 and up.....	355,298	10.5	346,575	+2.5
65 to 69.....	128,488	3.8	144,783	-11.3
70 to 74.....	98,306	2.9	103,176	-9.6
75 to 79.....	68,767	2.0	58,286	+18.0
80 to 84.....	37,789	1.1	26,248	+44.0
85 and up.....	21,948	.7	14,082	+55.9

AGE DISTRIBUTION OF THE ELDERLY, CHICAGO, 1970

Age group	Number	Percent
65 and over.....	355,298	100.0
65 to 69.....	128,488	36.2
70 to 74.....	98,306	27.7
75 to 79.....	68,767	19.3
80 to 84.....	37,789	10.6
85 and up.....	21,948	6.2

¹ Compiled by Chicago City Colleges Center for Continuing Education, Housing for the Elderly Project, Chicago, Ill., June 1973. Additional material from this report has been retained in committee files.

² See statement, p. 250.

Source: U.S. Bureau of the Census, U.S. Summary: General Characteristics, PC(1)-B1, 1970, table 52; General Population Characteristics: Illinois, PC(1)-B15, 1970, tables 20, 21, and 24.

LIVING ARRANGEMENTS OF PERSONS 65 AND OLDER, 1970

	United States		Illinois		Chicago SMSA		Chicago city	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All persons 65 yr and up	20,065,502	100.0	1,093,654	100.0	616,592	100.0	355,298	100.0
Head of family:								
Male	6,057,634	30.2	317,864	29.1	174,269	28.3	96,938	27.3
Female	1,041,809	5.2	55,544	5.1	34,151	5.5	22,688	6.4
Wife of head	3,830,058	19.1	200,847	18.4	106,041	17.2	57,499	16.2
Other family member	2,511,068	12.5	146,868	13.4	103,508	16.8	54,533	15.3
Not related to head	378,341	1.9	22,258	2.0	15,015	2.4	10,261	2.9
Primary individual:								
Male	1,231,107	6.1	69,404	6.3	39,240	6.4	27,987	7.9
Female	3,908,881	19.5	217,393	19.9	113,711	18.4	72,566	20.4
Inmate of institution	969,501	4.8	54,755	5.0	25,054	4.1	9,713	2.7
Resident of other group quarters	146,103	.7	8,721	.8	5,603	.9	3,113	.9

Source: U.S. Bureau of the Census, U.S. Summary: General Characteristics, PC(1)-B1, 1970, table 54; General Population Characteristics: Illinois, PC(1)-B15, 1970, tables 22 and 26. Percentages computed from census counts.

SIZE OF HOUSEHOLDS HEADED BY A PERSON 65 AND OLDER, BY TENURE, 1970

	Total		Owner		Renter	
	Number	Percent	Number	Percent	Number	Percent
Chicago SMSA:						
All households.....	369,520	100.0	196,202	100.0	173,318	100.0
1 person households.....	149,434	40.4	54,834	27.9	94,600	54.6
2 person households.....	162,510	44.0	100,804	51.4	61,706	35.6
3 or more persons.....	57,576	15.6	40,564	20.7	17,012	9.8
Chicago City:						
All households.....	226,980	100.0	93,048	100.0	133,932	100.0
1 person households.....	98,996	43.6	26,159	28.1	72,837	54.4
2 person households.....	92,770	40.9	45,623	49.0	47,147	35.2
3 or more persons.....	35,214	15.5	21,266	22.9	13,948	15.5
SMSA Outside Chicago:						
All households.....	142,540	100.0	103,154	100.0	39,386	100.0
1 person households.....	50,438	35.4	28,675	27.8	21,763	55.3
2 person households.....	69,740	48.9	55,181	53.5	14,559	37.0
3 or more persons.....	22,362	15.7	19,298	18.7	3,064	7.8

Source: Table prepared by Illinois Housing Development Authority from census data.

FINANCIAL CHARACTERISTICS OF HOUSING, CHICAGO, 1970

	All households	Percent	Households headed by persons 65 years and older	Percent
Total.....	1,136,612	100	226,980	100
Home owned by head of household.....	396,431	35	93,048	41
Median income of household.....	\$11,400		\$5,180	
Median value of home.....	\$21,300		\$19,450	
Home rented by head of household.....	740,181	65	133,932	59
Median income of household.....	\$7,300		\$3,940	
Median monthly rent paid.....	\$121		\$105	
Rented on no cost basis.....	13,541		3,971	

Source: Table prepared by city of Chicago, Mayor's Office for Senior Citizens, from U.S. Bureau of the Census, Metropolitan Housing Characteristics: Chicago, HC(2)-44, 1970, tables E.7 and E.1.

MEDIAN INCOME OF HOMEOWNING HOUSEHOLDS HEADED BY PERSON 65 AND OLDER, BY FAMILY TYPE, CHICAGO, 1970

Household and family type	Number	Percent	Median income
All elderly homeowning households.....	93,048	100.0	
Two or more person households.....	66,889	71.9	\$7,300
One person households.....	26,159	28.1	\$2,000
Two or more person households.....	66,889	100.0	\$7,300
Male head and wife.....	48,434	72.4	\$7,000
Female head.....	13,469	20.1	\$7,700
Other male head.....	4,986	7.5	\$8,500

Source: U.S. Bureau of the Census, Metropolitan Housing Characteristics, Chicago SMSA, HC(2)-44, 1970, table E.7.

HOUSEHOLD INCOME IN HOUSEHOLDS HEADED BY A PERSON AGE 65 AND OVER, CITY OF CHICAGO, 1970

Income	All households		2 or more person households		1-person households	
	households	Percent	households	Percent	households	Percent
A. Owner households (equals 41 percent of all elderly households):						
Less than \$2,000	19,542	21.0	6,275	9.4	13,267	50.7
\$2,000 to \$2,999	10,737	11.5	6,025	9.0	4,712	18.0
\$3,000 to \$3,999	8,199	8.8	5,615	8.4	2,584	9.9
\$4,000 to \$4,999	7,139	7.7	5,697	8.5	1,442	5.5
\$5,000 to \$5,999	5,543	6.0	4,648	6.9	895	3.4
\$6,000 to \$6,999	4,918	5.3	4,150	6.2	768	2.9
\$7,000 to \$9,999	12,274	13.2	11,083	16.6	1,191	4.6
\$10,000 to \$14,999	12,395	13.3	11,689	17.5	706	2.7
\$15,000 to \$24,000	8,844	9.5	8,487	12.7	357	1.4
\$25,000 and over	3,457	3.7	3,220	4.8	237	.9
Median		\$5,164		\$7,280		\$2,000
B. Renter households (equals 59 percent of all elderly households):						
Less than \$5,000	85,101	63.6	26,453	43.4	58,648	80.6
\$5,000 to \$9,999	28,177	21.1	17,785	29.2	10,392	14.3
\$10,000 to \$14,999	10,852	8.1	8,687	14.2	2,165	3.0
\$15,000 and over	9,597	7.2	8,046	13.2	1,551	2.1

Source: Table prepared by Illinois Housing Development Authority from 1970 census data.

RENT DISTRIBUTION FOR ELDERLY HOUSEHOLDS
(CITY OF CHICAGO, 1970)

Gross rent	All households		2 or more person households		1-person households	
	households	Percent	households	Percent	households	Percent
Less than \$50	5,511	4.2	633	1.1	4,878	6.9
\$50-59	7,952	6.1	1,110	1.9	6,842	9.7
\$60-69	8,487	6.5	2,603	4.4	5,884	8.3
\$70-79	8,837	6.8	3,171	5.4	5,666	8.0
\$80-89	21,104	16.3	7,886	13.3	13,218	18.7
\$100-119	22,791	17.6	10,915	18.4	11,876	16.8
\$120-149	27,212	21.0	15,984	27.0	11,228	15.9
\$150-199	18,048	13.9	10,573	17.9	7,475	10.6
\$200-299	6,996	5.4	4,331	7.3	2,665	3.8
\$300 and over	2,818	2.2	1,930	3.3	888	1.3
No cash rent	3,971		1,835		2,136	
Median		\$111		\$126		\$98

Source: Table prepared by Illinois Housing Development Authority from 1970 census data. Percentages are based on the total excluding "no cash rent."

RENT/INCOME RATIOS BY INCOME LEVEL IN RENTER HOUSEHOLDS HEADED BY A PERSON AGE 65 AND UP—CITY OF CHICAGO, 1970

Rent/Income by income (Percent)	Percent of total households	Percent of 2-or-more person households	Percent of 1-Person households
Less than \$5,000:			
Less than 20	1.5	1.0	1.9
20 to 24	2.4	2.2	2.5
25 to 34	8.5	7.5	9.4
35 and over	49.8	31.6	65.5
\$5,000 to \$9,999:			
Less than 20	8.7	12.0	5.8
20 to 24	5.5	7.7	3.7
25 to 34	5.6	7.6	3.9
35 and over	2.1	2.5	1.9
\$10,000 to \$14,999:			
Less than 20	7.1	12.4	2.5
20 to 24	0.8	1.3	0.3
25 and over	0.6	0.8	0.4
\$15,000 and over:			
Less than 20	7.0	12.8	2.0
20 to 24	0.2	0.4	0.1
25 and over	0.2	0.2	0.1
	100.0	100.0	100.0

See footnotes at end of table.

RENT/INCOME RATIOS BY INCOME LEVEL IN RENTER HOUSEHOLDS HEADED BY A PERSON AGE 65 AND UP—CITY OF CHICAGO, 1970—Continued

Rent/Income by income (Percent)	Percent of total households	Percent of 2-or-more person households	Percent of 1-Person household
All incomes:			
Less than 20.....	24.2	38.2	12.1
20 to 24.....	9.0	11.6	6.8
25 and over.....	66.8	50.2	81.1
	100.0	100.0	100.0

Note: This table includes renters who do not pay cash rent, and therefore inflates the "Less than 20" category slightly. The percentages within each income level do not add up exactly to the percentages given in the income distribution table because a "Not computed" category in the census data is omitted here but included in the income distribution table.

Source: Table prepared by Illinois Housing Development Authority from 1970 census data.

HOUSEHOLD COMPARISONS, 1960, CHICAGO SMSA

	Head 65 and over (percent)	Head under 65 (percent)
Households living in substandard units.....	11.0	8.7
Renter households paying 25 percent or more of income for rent.....	62.4	32.4
Renter households unable to afford standard units.....	61.5	31.3

Source: Illinois Housing Development Authority, "Allocating Funds for Housing in Illinois," Mimeo, 1972 (7), table 3.

PUBLIC HOUSING FOR THE ELDERLY, CHICAGO, 1973

	Total units	Units occupied by persons 62 years and older	Percent
All programs.....	41,518	13,256	31.9
Family housing.....	30,273	2,850	9.4
Elderly housing.....	8,045	8,045	100.0
Leasing program.....	3,200	2,361	73.8

INCOME LIMITS FOR C.H.A. SENIOR HOUSING, 1973

Number of persons in family:	Maximum annual income for admission	Maximum annual income for continued occupancy
1.....	\$3,000	\$3,750
2.....	3,600	4,250
3.....	4,200	4,850

Note: Elderly families displaced by public projects qualify for admission if their income is below the continued occupancy limit.

Source: Chicago Housing Authority, Office of Public Information, May 1973.

HUD PROGRAMS FOR THE ELDERLY, DECEMBER 1972

Program	Housing units under subsidy payment, all categories (elderly and family)	Occupied housing units—elderly (head of family or spouse age 62 or over)	Elderly family residents (Most recent data)			Estimated Federal subsidy outlay in millions	
			Mean rent (monthly)	Mean income (annual)	Percent black occupancy	Fiscal year 1973	Fiscal year 1974
236.....	134,000	1 25,460	1 \$83.18	\$2,857S	20	\$19.95	\$35.72
Low rent public housing.....	1,015,000	1 355,250	1 105.33	\$4,465F	46	388.50	437.50
Rent supps. 221(d)(3).....	104,000	1 32,240	1 36.02	\$1,676S	42	36.27	48.67
			1 49.40	\$2,710F			
			1 48.16	\$1,727S			
			1 59.91	\$2,708F			
Total.....	1,253,000	412,950				444.82	521.89

¹ Based upon sampling which indicates that 19% of 236 units, 35% of LRPB units, and 31% of Rent Supplement units are occupied by elderly.

² Single.

³ Family (2 or more).

Note. For comparison: Sec. 202: 335 projects provide 45,494 units occupied by elderly, displaced, and handicapped; income limits (at time of occupancy) now same as 236. Black occupancy: 4.2 percent.

Source: U.S. Department of Housing and Urban Development, HUD Challenge, Vol. IV, No. 5, May 1973, p. 3.

Appendix 3

ARTICLE FROM THE CLEARINGHOUSE REVIEW, A PUBLICATION OF THE NATIONAL CLEARINGHOUSE FOR LEGAL SERVICES, OCTOBER 1976; SUBMITTED BY ELLIOT TAUBMAN †

ELECTRICITY RATE STRUCTURES: HISTORY AND IMPLICATIONS FOR THE POOR

by Elliot Taubman* and Karl Frieden**

I. INTRODUCTION

This article discusses mechanisms available to alleviate the disparate effect of electric rate increases on persons with fixed and low incomes. It explains the history, concepts and implications of rate structures and their effects on the poor. This is a complex area requiring much effort to produce results, but the necessity for action is clear and can be supported by studies such as that of electricity usage by low income elderly persons in Oklahoma: they use less, pay more, and any increase in cost will come from their food budget.¹

Rate structure has a major impact on a great number of clients and must be viewed in that context. Analysis of intakes of a Legal Services office probably will reveal that, at least in the winter months, public utility problems are as prevalent as welfare and housing cases. The usual response to the typical problems of termination of service or payment of a security deposit is to try to settle the individual case with the least harm to the client; the underlying problem is not addressed. Rate structure reform, however, is a constructive and remedial alternative strategy. For example, if Consolidated Edison Company of New York passed through to low income/low use customers the excess of \$2.4 billion in revenues if marginal

costs² were included in rates, there would be a \$9 to \$15 per month reduction in bills for several million people. Translated into members of clients helped per hour of work, rate structure cases can provide substantial benefit. Although many Legal Services attorneys have been active in this area, the field is still in its infancy for most Legal Services programs. In comparison with areas such as welfare and housing, there is much fruitful work still to be done.

This article deals primarily with attacks on current regressive rate structures. It details the concepts which the lawyer must be familiar with to be effective, and is intended primarily for advocates for the poor.³ A glossary, Appendix A, provides definitions of terms used in the article. The National Consumer Law Center, the National Clearinghouse for Legal Services and the Legal Action Support Project have additional materials useful for state structure reform.

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The authors wish to thank Richard Alpert, National Consumer Law Center; Judith Fox, Northeastern University School of Law; and Jan Kirpalani.

1. Shirley J. Smith, Ph.D., *Preliminary Findings of the Cost of Living Survey for the Oklahoma Coalition of Older People* (March 24, 1976) (Legal Action Support Project), available from the Clearinghouse, No. 19,270.

2. Testimony of Charles Mooses, Vice-President, Consolidated Edison Co., Proceedings on Motion of the Committee as to Rate Design for Electric Corporations, before the New York Public Service Commission, No. 26800 (July 14, 1976). As to Consolidated Edison alone, this is a \$2.4 billion class action. Rather than review at length materials already presented in CLEARINGHOUSE REVIEW, reference is made to the following articles: Hesse, *Injudicious as a Defender to Utility Termination or What to do Until the Summer Comes*, 7 CLEARINGHOUSE REV. 79 (June 1973); Mello, *Public Utility Rate Increases: A Practice Manual for Administrative Litigation*, 8 CLEARINGHOUSE REV. 411 (Oct. 1974); Taubman, *Issues in Public Utility Cases*, 9 CLEARINGHOUSE REV. 24 (May 1975). The Hesse article deals with one aspect of termination of service: a reasonable repayment schedule. The Mello article is a basic primer in the procedure to be followed in the public utility rate case. Since the mechanism for solution to the problem discussed in this article may be such a hearing, it is useful reading. The Taubman article is a short outline of what issues may be raised at a telephone company rate case.

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† See statement, p. 270.

B. HISTORY OF UTILITY RATE STRUCTURES

A. Historical Lowering of Costs

For several decades before 1970, gas and electric utilities were in the enviable position of seeing their costs decrease, their profits grow and their rates decrease. Quite naturally, the utilities, the regulators and the customers were content and did not plan for the inevitable change. This helps to explain why the pressing need for low income advocacy did not arise until recent years. The major reasons for the decline in costs during this period are economies of scale and technological advances.

Classical economics forecasts savings in production costs with larger and larger units of production. Historically, this has been true in the utility industry. With technological advances, utilities were able to employ fewer people and produce a greater amount of energy. Where some price competition existed among energy wholesalers, whether in oil, coal, natural gas or wholesale electricity, large and steady customers like utilities could bargain effectively in the marketplace. As production plants grew, particularly for electricity, there were at least apparent savings in capital costs per unit of energy produced.

Where competition existed among suppliers to utility companies, there was a benefit to both the companies and the rate payers in technological advances. Automated extraction and shipment of raw fuel produced great savings; computerized billing lowered labor costs; the thermal efficiency of large generating units for electricity increased by over 40 percent in eight decades; and increases in the voltage of electrical transmission and the size and pressurization of gas transmission lines yielded increased efficiency in the delivery of energy.⁴ The utility managers looked forward to a promising future. Their only problem seemed to be pesky utility commissioners in some states who wanted further reductions in prices as cost savings increased.

B. Traditional Rate Structure

(1) The Promotional Declining Block Structure

When Thomas A. Edison started his first electrical substation, he charged by the light bulb. Later, charges by both gas and electricity utilities were based on actual use at a more or less flat rate. Finally, the promotional declining block-rate structure was devised.⁵

The promotional declining block structure generally includes a basic service charge which provides a certain

minimum amount of service and has different rate schedules for different types of customer classes and different volumes of usage within each individual class. Typical classes are residential, small commercial (general service), large commercial, industrial, street lighting, and interruptible water heating. A typical breakdown between classes is shown in the chart below in the former rates of Madison (Wisconsin) Gas and Electric Company for basic residential service. (These rates are lower than the national average.) As can be seen, residential charges per kilowatt-hour are reduced substantially when there is more use; commercial rates decline in the same manner and become even lower than the lowest residential rate.⁶

Madison Gas and Electric Company Rate Schedule (Former Rates)

General Residential Service	
Fixed charge	\$0.75
First 100 kwh	0.285/kwh
Next 400 kwh	0.0203/kwh
Next 500 kwh	0.0203/kwh
Next 500 kwh	0.0156/kwh
Over 1,500 kwh	0.0156/kwh
General Commercial Service	
Demand	
First 10 kw or less	\$1.00
Next 490 kw	2.20/kw
Next 500 kw	1.95/kw
Next 1,000 kw	1.25/kw
Over 2,000 kw	0.95/kw
Energy	
First 500 kwh	285/100e/kwh
Next 9,500 kwh	201/100e/kwh
Next 10,000 kwh	166/100e/kwh
Next 30,000 kwh	133/100e/kwh
Next 50,000 kwh	112/100e/kwh
Over 100,000 kwh	105/100e/kwh

This type of rate structure is designed to recover the entire demand and customer costs from the first block or two and to have the last, or tail, block reflect only energy costs (the costs of producing electricity and making it available for usage by retail customers). The effect of such a structure on a nationwide level shows that in 1960 costs were distributed as follows:⁷

	Volume (kwh)	Revenues
Residential use	27.8%	40.7%
Industrial use	49.8%	28.4%
Commercial use	16.6%	24.3%

The volume figures have changed in recent years, but the

4. Address by Ernst Habicht, *The Social Origins and Economic Basis of the Demand for Electricity*, presented at the New Zealand Energy Conference, University of Auckland, 7-8 (May 25, 1974). [Hereinafter cited as Habicht's Auckland speech.]

5. For a further explication of this early history, see F. Dusenbury, *Policies and Practices of the Niagara Mohawk Power Corp.* (1975), available from the Clearinghouse, No. 19,271.

6. The demand charge is used when the actual use by the company can be economically metered. The demand is the total amount of usage at the highest point each month. The energy charge is for actual usage in kilowatt hours (kwh). The figures are from *In re Madison Gas and Electric*, P.U.R. 4th (Wisc. 1975).

7. P. GARFIELD and W. LOVEJOY, *PUBLIC UTILITY ECONOMICS*, at 150 (1964). [Hereinafter cited as GARFIELD and LOVEJOY.]

unequal distribution of revenues has remained almost the same. The figures in 1970 were as follows:⁸

	Volume	Revenue
Residential	26%	37%
Large industrial	35%	23%

In 1972, residential users paid twice as much as large industrial users for their electricity.⁹

Residential users today make up 85 percent of the utility customers in the United States;¹⁰ but use only about 25 percent of total electricity consumption.¹¹ Industrial consumers make up less than 10 percent of the utility customers,¹² but consume between one-third and one-half of total annual production.¹³ This disparity constitutes a burden to residential consumers in the promotional declining block rate structure.

(2) Pricing Policy

Historically there have been many objectives of pricing policy. Dr. James Bonbright in *Principles of Public Utility Rates*¹⁴ set down eight criteria: (1) effectiveness in yielding total revenue requirements; (2) fairness of rates in apportioning total costs among all consumers; (3) the "practical" attributes of simplicity, understandability, public acceptability, and feasibility of application; (4) stability of rates, with a minimum of unexpected changes adverse to existing customers; (5) revenue stability from year to year; (6) avoidance of "undue discrimination" in rate relationships; (7) efficiency of the class rates and rate blocks in discouraging wasteful use of service while promoting all justified types and amounts of use in the control of the total amounts of service supplied by the company and in the control of the relative uses of alternative types of service; and (8) freedom from controversies of interpretation.

Declining block rates were devised by engineers, rather than economists, to promote usage and maximize profits.¹⁵

The most common rationales for declining block rates are that differentials in price reflect actual costs of service and energy to different users; that volume of energy sold is expanded to utilize excess generating capacity, resulting in lower costs for all system users; and that electricity should be permitted to be more competitive with natural gas.

There was an early recognition that the more energy a customer used, the more "elastic" was the customer's usage, that is, the more control the customer could exercise over the amount of usage and the type of energy used. The largest customers also had the possibility of direct wholesale buying or self-generation. The declining block structures discouraged such alternatives by rewarding larger users with a progressively larger discount as more gas or electricity was used.

A summary of the philosophy behind such promotional rate structures is given by Dr. Emory Troxel:

Promotional price schedules are favored for public utility service. When a promotional change is made in a price schedule, buyers are induced to purchase more service than they consume now. Expansion of service consumption is an important factor. . . . Commissioners believe that inducements for more service consumption are necessary characteristics of "scientific" pricing. They want to increase the consumption of old buyers, and to develop new users of service. . . . Utility companies are interested in promotional rate schedules for another reason. They like this kind of pricing because they can get additional earnings with it. They offer price reductions to buyers because the revenue increment is expected to exceed the cost increment.¹⁶

(3) Two Theories of Rate Design: Cost of Service and Value of Service

(a) Cost of Service

The cost of service theory is based on providing customers with service calculated on the actual cost of providing electricity at the time it is needed. It assumes that it is not a penalty for one customer to pay more per unit than another as long as rate differences reasonably reflect cost differences. The four components of cost of service are: customer-related costs, transmission costs, energy costs and demand expenses.

Generally, customer-related costs are a function of the total number of customers. Such costs include meter-reading, billing, collecting and accounting, company equipment costs such as metering equipment and service connections, local connection facilities, part of the investment in the general distribution system and part of administrative and general expenses. Thirty-five percent of the electric utility industry's

8. 120 CONG. REC. 8872, (daily ed., May 22, 1974), remarks of Senator Metcalf.
9. D. NEWMAN and D. DAY, *THE AMERICAN ENERGY CONSUMER*, at 120 (1975).
10. U.S. BUREAU OF CENSUS, *STATISTICAL ABSTRACT OF THE UNITED STATES 1973*, at 514.
11. *THE FEDERAL POWER COMMISSION, THE 1970 NATIONAL POWER SURVEY, PART I*, at 1-1-13.
12. U.S. BUREAU OF CENSUS, *supra* note 10, at 514.
13. *THE FEDERAL POWER COMMISSION, supra* note 11, at 1-1-13.
14. BONBRIGHT, *PRINCIPLES OF PUBLIC UTILITY RATES* (1961) [hereinafter cited as BONBRIGHT]. *Cf.* J. THE ECONOMICS OF REGULATION, 84, 106, 150-158 (1970); GARFIELD and LOVEJOY, *supra* note 7, at 137, set the following down as pricing policy objectives: (1) produce revenues equivalent to approved cost of service (including fair rate of return); (2) maximize utilization of fixed plant; (3) assure maximum stability of revenues; (4) distribute cost reasonably; (5) promote and retain maximum economic development of the market; and (6) achieve lowest average unit costs of operation.
15. W.W. Carpenter, *Cost Related Rate Design — A Basic Outline*, in *FEA, ELECTRICITY RATES AND THE ENERGY CRISIS, A CONFERENCE REPORT* at 15 (August 1974). [Hereinafter cited as *FEA CONFERENCE 1974*.]

16. E. TROXEL, *ECONOMICS OF PUBLIC UTILITIES*, at 597 (1947).

total cost is customer-distribution costs.¹⁷ These costs traditionally have been used as a rationale to charge lower volume users more per kilowatt-hour than higher volume users. Since customers costs generally are assumed to be identical for low use and high use customers (at least in the residential rates), higher volume users will spread identical costs over more kilowatt-hours, yielding a lower average cost per kilowatt-hour.

Classically, in defining that component of customer-related costs known as distribution costs, the cost of facilities used jointly by all customers in an area was attributed proportionately to each customer so there was no price differential per kilowatt-hour. But the cost of hooking each customer into a system decreases per kilowatt-hour as the customer's consumption increases. The larger customer has little need for distribution capacity or step-down transformers, and higher voltage customers are more efficiently served because they do not incur greater power losses which accompany lower voltage service.¹⁸ For example, in one utility, the largest industrial and commercial customers used 10.5 percent of the system's energy but only 1.8 percent of distribution lines and line transformers and only 2.4 percent of total distribution plant.¹⁹

Several observations are apparent: if service or minimum charges do not meet customer-related costs (minus distribution costs), as they do not in most systems today, rates per kilowatt-hour will be higher for low volume users because these costs will be added to the lower blocks of usage; if service or minimum charges are sufficient to meet customer-related costs, theoretically the economies of scale at work in distribution costs should result in declining block rates. Further, service and minimum charges are generally added into the formulation of average price per kilowatt-hour. According to one commentator, customer and distribution costs are the only difference in charges between residential, commercial and industrial users.²⁰

There is much evidence disputing the theory that customer costs *per kilowatt-hour* for low volume users are higher than that for high volume users. First, most large industrial users are fitted with expensive transformer and switching equipment specifically for their use.²¹ Second, distribution lines in inner-city areas (where many low volume users live) are much shorter and are of less expense to the company: 60-80 percent more kilowatt-hours are sold per square mile in a typical low income residential area than in a

typical high income area.²²

Population density also leads to savings in metering costs attributable to low volume users because more meters can be read in less time in high density areas. An old, but often-quoted study made in 1929 in Brooklyn by Dr. John Bauer found that, in a densely populated area customer costs were \$6.01 yearly, while in a low density "elaborate type" home area customer costs were \$32.82 a year.²³ (Customer costs here included meter-reading, placing local connection facilities, and various repair and maintenance services.) Even assuming price disparities per kilowatt-hour, energy and demand-related costs, not customer costs, are rapidly escalating.

Energy-related costs are generally a function of the volume of service supplied. They include fuel expenses, fuel handling (generating and transmission), part of power plant operating expenses and maintenance expenses. These costs are measured in mills per kilowatt-hour. Generally, economies of scale are now non-existent in this category. Whether a large group of small users or a small group of large users consume the energy is of little significance. As we shall see, only the time of demand causes an increase or decrease in cost. Nevertheless, the declining block rate structure usually has included declining energy charges for promotional purposes.

Demand expenses are a function of the service capacity of plant and equipment in terms of capability of carrying hourly or daily peak loads. They are also termed "readiness to serve" costs and are expressed in dollars per kilowatt per year. This category includes all or most of plant-related costs, such as return on rate base, principal taxes, annual depreciation accrual, certain expenses of operation and maintenance associated with generating plants, transmission, substations and a portion of distribution facilities. Also included in this category is customer demand which creates the need for new capacity, probably the most important of all demand-related costs. Cost of service includes not only cost incurred, but a provision for a fair rate of return.

Traditionally, charges for demand expenses, as in the Madison Gas and Electric Company example above, are calculated in various ways. In addition to a declining energy charge, a capacity charge is based on kilowatts of installed capacity used at the time of maximum customer demand. (This was annually declining too.) A second method was similar, but the capacity charge was set at a certain amount of kilowatts,

17. AMERICAN BAR ASSOCIATION, ANNUAL REPORT SECTION OF PUBLIC UTILITY LAW, at 42 (1973).
18. Address by Ernst Habicht, Towards Resolution of the Conflict Between Energy and the Environment, presented at the Conference on the Measurement of Social and Economic Data and Public Policy, University of Texas at Austin, at 10 (April 10-11, 1974). [Hereinafter cited as Habicht's Austin speech.]
19. W.W. Carpenter, *supra* note 15, at 17.
20. B. Epstein, *A Proposal to Modernize Electricity Tariffs*, PUB. UT. FORTNIGHTLY, at 29 (August 30, 1973).
21. BONBRIGHT, *supra* note 14, at 311-312.
22. Testimony of F. Wells, Environmental Effects of Electricity Production, for intervenor Friendship House Association, Inc., before the District of Columbia Pub. Serv. Comm'n. In re PEPCO, No. 596 (1973) at 10-12. See also testimony of F. Wells for intervenor Consumers Union before the District of Columbia P.S.C., In re the Application of Washington Gas Light Co., No. 610 (October 1974); In re Illinois Power Company, No. 59733 (Ill. Commerce Comm., Feb. 11, 1976), proceedings involving intervention of the East St. Louis Chapter of the NWRO where a relative change was made in rate structure to benefit highly urbanized, poor East St. Louis at the expense of rural areas in Southern Illinois.
23. H. HAVLICK, SERVICE CHARGES IN GAS & ELECTRIC RATES, at 171 (1938); cf. Testimony of Prof. Thomas Laasere, The Technological Alternatives for Metering and Load Management, before the New Hampshire Public Utilities Commission, In re Electric Utility Rate Structures, No. DR-65-20 (N.H. Pub. Utilities Comm., April 23, 1976).

whether or not the customer used them. In other words, the customer paid for the right to require the company to provide service up to that amount at any time. A third method was to include a ratchet clause, allowing an extra charge to be levied if billing demand in any one month was less than a certain percentage of the consumer's highest monthly demand in the previous eleven months.²⁴

The problem with the old demand charges was that they were related to customer peaks and not to system peaks which actually cause the need for new capacity. For instance, under a ratchet clause, if a customer's highest demand is normally off peak, then the customer is encouraged to increase its peak usage of its overall highest demand below 80 percent. In fact, this may have contributed to the phenomenon of 1971 where overall usage was down but the system peak was higher than ever.

(b) Value of Service

It is interesting to note that the cost-of-service concept is not typical of the free enterprise system principle which places emphasis on supply and demand and therefore on how much a customer is willing to pay. Value of service looks toward demand as opposed to supply. Its upper limits are a price beyond which a satisfactory volume of service cannot be sold. Its lower limits are the sum of out-of-pocket costs plus some contribution to the joint costs of the electric system. Value of service looks to necessity, usefulness, profitability and convenience of utility service, the ability of consumers to pay for it and the availability of energy substitutes. Although utility companies generally contend that their rates are based on cost of service, promotional pricing fits neatly into a quasi-value-of-service scheme. It is difficult to have complete value of service in a regulated industry where only a "fair rate of return" is guaranteed, but if costs are allocated to any extent on the basis of elasticity of demand, then value of service principles can still operate. So, in a promotional rate schedule where small inelastic users are charged higher rates than large users without cost justification, value of service principles are present. Profit-maximizing, regulated, monopoly utilities can charge relatively inelastic users the maximum amount that they will expend without discontinuing a portion or all of the service and without switching to a different energy source. In a promotional rate schedule, this leads to monopolistic pricing for inelastic users and semi-competitive or competitive pricing for elastic users. In other words, small users, through the excess profits accrued from them, subsidize large users.

In *Price Discrimination in Selling Gas & Electricity*, Ralph Kirby Davidson said:

The increased capacity costs brought about by the increase in the maximum rate of demand on the system will not be covered by the rate charged in the low block (i.e. the largest 'quantity discount' block) and a loss will be made on these sales. If the utility is to make a fair rate

of return allowed by the regulatory commission, it can only cover its loss on these sales by charging more than cost in the early blocks.²⁵

There are different methods of determining value. For instance, instead of basing value on demand, value might be based on social and economic considerations such as that businesses can deduct electricity costs as a business expense and make a profit from their use of electric power. Under this version of value of service, industrial and commercial users would be charged more than residential users, precisely what was done in traditional telephone pricing.

Another variant of value of service in a regulated industry is the value of service to society as a whole. This variant looks at the broader consequences of utility service to determine if they are in accord with other social goals. As Bonbright pointed out: "Some kinds of services may properly be sold at less than cost and other kinds at more than cost, for the purpose of attaining social benefits or avoiding social costs not attainable under the 'service-at-cost' principle."²⁶

Examples of pricing to achieve social goals are widespread. Low electric rates have been used to attract industries to a region to encourage economic development. (The TVA and Bonneville Power Authority have low rates subsidized by other parts of the country.) Promotional rates were aimed at encouraging both growth of electricity usage and of the economy, because electricity growth was considered one of the major indicators of economic growth. In the public transportation field, low density routes are subsidized by heavily used inner-city lines to promote usage in the suburbs. Rapid transit itself is subsidized by taxpayers to relieve automobile congestion, diminish air pollution and encourage decentralization.²⁷ Rural electric rates are traditionally below cost to aid rural areas.²⁸ National defense subsidies are commonly given to airlines, highway construction and railroads, to further what is considered national security.²⁹ Pursuant to this concept, public utility commissions historically have allowed companies to promote their services and, therefore, benefit larger customers. The New York Public Service Commission stated as recently as 1967:

Subject to the leading prohibitions that its charges shall not be unjust or unreasonable, and that it shall not unjustly discriminate so as to give undue preference or disadvantage to customers similarly circumstanced . . . the utility is, as it was at common law, free to extend its facilities and to afford inducement to encourage business and to foster its interests on the same

24. Cleveland Dept. of Electric Service v. F.P.C., ___ F.2d ___, (6th Cir. 1976).

25. R. DAVIDSON, PRICE DISCRIMINATION IN SELLING GAS AND ELECTRICITY, at 94-95 (1954).

26. BONBRIGHT, *supra* note 14, at 112.

27. See Urban Mass Transit Act, 49 U.S.C. §§1602 *et seq.*

28. See *Ashwander v. Tennessee Valley Authority*, 297 U.S. 288 (1936), and Rural Electrification Act, 7 U.S.C. §§901, *et seq.*

29. See generally D. CAPLOWITZ, THE POOR PAY MORE (1967).

principles which are followed in other pursuits and trade.³⁰

The Public Utility Commission of Connecticut agreed that there can be "inducement to prospective customers to increase their consumption of electricity. . . ."³¹

Ability-to-pay principles also fit loosely under socially desirable pricing/value-of-service pricing. Bonbright pointed out that the ability-to-pay principle "rests on the contention that public utility services are essentials rather than luxuries, and that persons of low-income should not be deprived of essentials by any inability to pay full costs of rendition."³²

Ability-to-pay rates depend on the income of the customers. Examples of these are special railroad rates for poor people and ministers; reduced rates on public transportation for the elderly, handicapped and children; special electric rates in some places for hospitals and charitable organizations; and flat freight rates for smaller and larger industries despite the volume shipping of the latter. Also, overlapping with the previous examples, are subsidization of rapid transit to aid the poor who cannot afford cars and lower electric rates to rural users to provide these essential services for the rural poor.³³

Certain cases have upheld value-of-service rates. For instance, in *Northern Pacific Railroad Co. v. North Dakota*,³⁴ the United States Supreme Court held that value of service is to be included in considering rate structures; that the same percentage of profit need not be secured from each type of user; that uniform rates are not required for all classes of service; and that individual classes are allowable if they can be differentiated.

In the heyday of promotional rates, the Connecticut Public Utilities Commission held that a regulated utility can discriminate between new and old customers and give a benefit

to large new customers for promotional purposes.³⁵ Logically, the converse should then be true; if it is found that new customers or new users cause peaking problems, this should be reflected in rates. Further, this construct would allow a differential in rates between new and old electric space heating customers, if tail-block rates were to be raised substantially.

The gravamen of the controversy surrounding the socially desirable goals and value-of-service pricing is really a dispute over which goals are socially desirable. Often goals such as fueling economic growth, aiding low income persons and diminishing environmental pollution are contradictory objectives. An economist, Charles Phillips, states, "It is one of the jobs of the commissions to distinguish between those rate structures that are socially desirable and those that are not."³⁶

(4) Use of the Imperfect Allocation of Costs

Many experts admit that pricing is not an exact science, but involves a myriad of facts and value judgments.³⁷ According to Phillips, "The cost of providing a particular service is difficult if not impossible to accurately determine."³⁸ A director of one utility rate department said that "a cost of service study could spread some reasonable percentage of customer costs on the minimum blocks, but beyond that about all any rate engineer can do is to spread the revenues he seeks to recover from the classification among the blocks in some reasonable way."³⁹

Donald Rushford, General Counsel for Central Vermont Public Service Corporation and former Chief Counsel of the Vermont Public Service Board, spoke of cost of service as "90% philosophy and 10% math." He pointed out that there were 29 different methods for allocating joint costs of a utility.⁴⁰

It is typical for utility companies to decide on promotional rates and then arrange costs to match them. Troxel explained the workings of a promotional price schedule:

Costs can be imputed to different service units so that a promotional price schedule is assured. A large amount of the readiness-to-serve cost can be assigned to the first service units for each

30. FPC, PROMOTIONAL PRACTICES OF ELECTRIC UTILITIES — A REPORT TO THE SUBCOMMITTEE ON REGULATORY AGENCIES ON SMALL BUSINESS, Lib. Cong. No. HD 2766.A4 (1970) [hereinafter cited as FPC STUDY] accord. In re Promotion Practices of Gas and Electric Corp., 68 P.R.U. 3rd 162, 157 (N.Y. Pub. Serv. Comm'n 1967), in which William J. Jefferson, Dir. of Rates and Data Control of Consumer Power Co. stated: "In designing a rate schedule we price those services closer to marginal cost that have a low value of service, and we price those services further away from marginal cost that have a high value of service. The rate man's term 'value of service' happens to be the same as the economists' term 'elasticity of demand.' A low value of service corresponds to an elastic demand and a high value of service corresponds to an inelastic demand." See also PERFORMANCE UNDER REGULATION, 103 (H.M. Trbing ed. 1968); In re City Ice and Fuel Co., 260 App. Div. 537 (N.Y. Sup. Ct. 1940); cf. In re Washington Gas Light Co., 43 P.U.R.3rd 250, 257 (1962).
31. Connecticut Public Utility Comm'n, No. 10435 (Nov. 10, 1965).
32. BONBRIGHT, *Supra* note 14.
33. *Id.*, at 111-14; and testimony of J. Musial, Public Utilities and Price Discrimination, The need for non-promotional electric rates in Detroit Edison's Domestic Service Classification, before the Michigan Public Service Commission, No. U-3910 (Jan. 19, 1972), at chapter VI, p. 6-7.
34. 236 U.S. 585, 598 (1915).

35. FPC STUDY, *supra* note 30.
36. C.F. Phillips, THE ECONOMICS OF REGULATION (Rev. ed. R.D. Erwin ed. 1969). Cf. A.E. KAHN, I ECONOMICS OF REGULATION (1970) (John Wiley & Sons, New York, N.Y., publishers). See also testimony of Prof. Robert Frank before the New York Pub. Serv. Comm'n, Generic Electric Rate Structure Hearings, No. 26806 (May 1976); also Prof. Robin Williams in the same proceeding.
37. GARFIELD and LOVEJOY, *supra* note 7, at 142, 147.
38. C. Phillips, *supra* note 36, at 308.
39. THE ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK, ELECTRICITY AND THE ENVIRONMENT: THE REFORM OF LEGAL INSTITUTIONS, at 181 (1972), [Hereinafter cited as NEW YORK BAR.]
40. Vermont Public Interest Research Group, Inc., Lifetime Service, at 1 (1975). See also *supra* note 14.

buyer . . . In the case of promotional price schedules the arrangement often is the other way around. Considering how much the service can be sold with various price schedules, the company managers choose a price schedule. Or the schedule grows up gradually; each new part is added when a further differentiation of prices promises and increment in earnings. Then, after the price schedule is chosen or is developed over a period of time, the company develops a cost rationale for it. A company is compelled to rationalize cost behavior for two reasons. Joint costs of production which include at least a part of the readiness to serve costs, cannot be allocated except in an arbitrary manner. And if a price schedule is promotional and is designed to achieve a large output or even the maximum of service, it is based necessarily on the consumer demand rather than the costs of service alone. It is a discriminatory form of pricing that the companies try to cover up with rationalized costs of service.⁴¹

Various judgments which affect cost of service are made merely for reasons of administrative feasibility. For instance, new customers are not generally assessed the full costs of their joining the system; urban subway fares are typically a round figure like a quarter, even though some users travel further and cost the system more; the United States Postal Service charges similar rates for letters whether they are being sent 3,000 miles or just down the block. Although the cost of distribution lines increases with distance from the generating plant, as does meter-reading with distance from the company's office or the meter-reader's home, generally metropolitan areas have the same rates in urban as well as rural areas.

Such judgments, of course, often are made for more than one reason. For instance, the rate for first class letters is set at thirteen cents both for administrative reasons and for the purposes of promoting socially desirable goals such as national communications and interstate commerce. This is not to imply that some arbitrary judgments cannot be avoided or should not be made, but only to point out that the judgments must be scrutinized to determine their effect on low income consumers.

Price discrimination and misallocation of costs are the result of widespread use of various non-cost-justified economic, social and administrative theories. Advocates for the poor can use this twisted state of affairs to great advantage. One line of argument includes an affirmative action component to deal with past discrimination in favor of large, high volume users at the expense of small, low volume users. Even assuming *arguendo* that current rates are equitable in terms of current costs, special rates for poor people are permissible under value-of-service concepts. The widespread misallocation of costs and the past and present use of value-of-service theories can be used affirmatively. As will be discussed

infra, the situation ethics of the power companies can be used against their past practices. Since utility commissions and utility companies do not want to seem like ogres in the economy, gulping up the few dollars of the poor and elderly, they may be convinced that a politically acceptable course of conduct is to change these old rate structures. They can condemn them as "outmoded" or "non-cost-justified" in times of "energy scarcity, inflation and recession."

III. URGENCY OF RATE STRUCTURE REFORM

A. Statistics on Growth

Until 1973, demand for electricity grew at an average annual rate of seven percent. Because of increasing unit costs, the investment in plant capacity if continued at that growth rate would double in the next seven or eight years.⁴² A seven percent annual growth rate would multiply power consumption seven times by the year 2000; if slowed to four percent there would be a multiple of only three by the year 2000.⁴³

The Congressional Research Service estimated in early 1975 that a growth rate of two percent in 1975 and three percent thereafter would reduce the electric utility demand for external capital to \$57.8 billion over the next five years;⁴⁴ this is in contrast to an otherwise projected need of \$200 billion.⁴⁵ Although many utility executives and utility commissioners state that a declining growth rate in electricity usage would cause economic disaster, a major study commissioned by the Ford Foundation disagreed, finding that a long-term growth rate of two percent annually is economically and technically feasible.⁴⁶

In addition to increasing in absolute terms, electricity usage is increasing in proportion to total energy consumption. According to the Federal Energy Administration, in 1920 eight percent of energy in the United States was used in producing electric energy, a figure which increased to 30 percent in 1974.⁴⁷ Presently, 25 percent of fossil fuel used in America is for electrical generation, and the FEA estimates that natural gas production will decline and that gas will become even more scarce.⁴⁸ According to one rate structure expert, "A glance at the energy consumption patterns in the United States quickly

41. E. TROXEL, *supra* note 16, at 597-598.

42. Edison Electric Institute, *Excerpts from Comments Prepared for the Federal Energy Regulatory Study — November 9, 1973*, at the FEA CONFERENCE 1974, *supra* note 15, at 21.

43. NEW YORK BAR, *supra* note 39, at 161. After the Bar report was written "growth rate did decline in response to the Arab Oil Boycott and the 'energy crisis.'"

44. 121 CONG. REC. 158 (daily ed. January 27, 1975), statement by Senator Metcalf.

45. Edison Electric Institute, *supra* note 42.

46. Energy Policy Project of the Ford Foundation. *A Time to Choose. America's Future*, at 45-80, 325 (1975).

47. Habicht's Auckland speech, *supra* note 4, at 1.

48. Federal Energy Administration, *Energy Conservation and Environment: Utilities Conservation Program*, at 2 (May 1975).

revealed that the least efficient, largest and most rapidly growing component was the demand for electricity.⁴⁹ The United States, with a sixth of the world's population, consumes about one-third of its energy, for 12 percent of the world's energy bill.⁵⁰

B. Huge Rate Increases and the Effect on Poor People

In 1974, electric power rates increased 55 percent.⁵¹ This eloquent statistic speaks for itself in terms of consumer effect. Also during 1974 and the first half of 1975, fuel oil prices rose 59 percent and natural gas rates 21 percent.⁵² According to a study by a Senate subcommittee, \$9.6 billion in increases were granted in 1974 to electric and gas utilities. The 1974 increases and pending requests equal almost one percent of the gross national product and were a significant contributor to overall inflation.⁵³ Between May 1969 and May 1974, consumer prices for fuel oil, natural gas, electricity and gasoline increased more than any other item on the consumer price index except food.⁵⁴

1969 - 1974	
Consumer Price Index	up 34%
Electricity	up 40%
Gasoline	up 58%
Fuel Oil	up 100%
Food	up 49%

Since the "energy crisis" of 1974, energy price increases have surpassed food price increases.⁵⁵

These price increases have caused increased hardship to poor people. The FEA notes: "Low and fixed income families have been under increasing pressure as they pay for electricity and natural gas which consumes an increasing proportion of their income despite their efforts at conservation."⁵⁶

A RAND study of electricity use by income in Los Angeles in 1970-1971 found the following:⁵⁷

Electricity Usage as a Percentage of Income	
Average Los Angeles residential	1.3 %
Average western United States (1960-61 study)	1.4 %
Los Angeles below \$2000	4.04%
Los Angeles \$2000-3900	2.51%
Los Angeles \$4000-4900	1.67%
Los Angeles \$25,000 plus	0.70%

That study also found that low income use as a percentage of income increases substantially with new price increases.⁵⁸ This is corroborated by a study of electricity use by elderly low income persons in Winston-Salem, North Carolina, which found that for these people electricity use averaged eight percent of income with a median of seven percent.⁵⁹ Both studies noted that any increase in electrical charges would mean a reduction in purchases of other necessities, notably food and rent. A 1976 study of elderly usage of electricity in Oklahoma City found results similar to the Winston-Salem study.⁶⁰

A study of low income persons' expenditures in the Detroit area found that an average inner-city household pays 11 times as much *per unit of electricity as a percentage of income per month* as does a family in a wealthy suburb, Bloomfield Hills. In 1971, Bloomfield Hills families used an average of 1395 kilowatt-hours per month and paid 2.19 cents per kilowatt-hour. Inner-city Detroit families used an average of 200 kilowatt-hours per month and paid 3.64 cents per kilowatt-hour. (The average Detroit family paid 2.99 cents per kilowatt-hour.) By contrast, the median income for the inner-city families was \$3,700, while the Bloomfield Hills median was \$25,000.⁶¹

These studies were relatively incomplete because of a paucity of data, although it is claimed that the Detroit study figures were comparable to a private study done by Detroit Edison which the utility refused to complete or reveal.⁶² Nevertheless, the Detroit study caused a Michigan Public Service Commissioner to note that the present electric rate structures "can be likened to allowing a Cadillac owner to pay 26 cents a gallon of gas while requiring all VW owners to pay 41 cents."⁶³

The most comprehensive study of income correlation with energy use was conducted by the Washington Center for Metropolitan Studies in a nationwide survey funded as part of the Ford Foundation Energy Policy Project. It yielded findings congruent with the previously noted data, and one of its key findings was that electricity costs were inversely proportional to income.⁶⁴

49. Habicht's Auckland speech, *supra* note 4, at 6.
 50. Federal Energy Administration, Fact Sheet: Utilities and Energy, at 7 (May 1975). [Hereinafter cited as FEA 1975 Fact Sheet.]
 51. *Utilities: Weak Points in the Energy Future*, BUSINESS WEEK (January 20, 1975).
 52. J. Pace, *The Poor, the Elderly, and the Rising Cost of Energy*, PUB. UTIL. FORTNIGHTLY, at 30 (June 5, 1975).
 53. 121 CONG. REC. 4963, 4965, (daily ed. March 24, 1975) based on Cong. Research Service study by D. Jones and S. Dovel.
 54. D. NEWMAN and D. DAY, *supra* note 9, at 112.
 55. *Id.*
 56. FEA 1975 Fact Sheet, *supra* note 50, at 1.
 57. M. Berman and M. Hammer, *The Impact of Electricity Price Increases on Income Groups: A Case Study of Los Angeles*, 4-1102-NSF/CSA (March 1973).

58. *Id.*
 59. G. Bickel, *Analysis of Income, Expenditures and Electric Utility Costs*, (March 1974), available from the Clearinghouse, No. 12,625D.
 60. S. Smith, *supra*, note 1.
 61. J. Musial, *supra* note 33, at 1-1-4. The difference in cost is based on a declining block rate structure. Note that the Michigan Public Service Commission has now adopted an inverted "lifeline" rate structure for Detroit Edison Company, No. 4808 (Mich. P.S.C., March 30, 1976).
 62. *Id.*
 63. R. Dietrich, *Utility Bills*, NEW REPUBLIC, at 6 (Nov. 9, 1974).
 64. D. NEWMAN, *supra* note 9. The methodology of Newman and Day was used again and refined in a 1975 study performed under a Federal Energy Administration grant. Day and Newman's statistician, Reuben Cohen, was able to draw out statistics which upheld the 1973 findings and could be applied to the Northeast and New York State. These findings were incorporated in the testimony of Prof. Robin H. Williams in the *Generic Electric Rate Structure Hearings*, Docket No. 26806 (N.Y. Pub. Serv. Comm'n 1976). Cross-examination of Dr. Williams occurred on July 16, 1976; the New York Commission has not made findings, as yet.

Percentage of Income Paid for Electricity

Lowest income quartile	5.2% of income
2nd lowest quartile	2.1% of income
3rd lowest quartile	1.5% of income
4th lowest quartile	1.1% of income

Those figures are consistent with estimates made by the Bureau of Labor Statistics in 1960-61.⁶⁵

Percentage of Income Paid for Electricity

Lowest income quartile	4.9% of income
2nd income quartile	3.5% of income
3rd income quartile	1.8% of income
4th income quartile	1.3% of income

According to this data, only the poor suffered an increase in electricity costs as a percentage of income between 1961 and 1975; all other groups experienced a decrease.

The Washington Center study found that low income persons pay 13 percent more per million BTU's of electricity than high income persons.⁶⁶ This disparity has increased in residential rate schedules up until the last few years: from 1963-71, the residential price of 250 to 500 kilowatt-hours of electricity per month rose 12 to 13 percent while the price of 1000 kwh/month rose only 10 percent.⁶⁷

Not only did the Washington Center study find that the poor paid more for energy, but it found that their electricity was used almost exclusively for essentials:

Poor and lower middle income households use less fuel for the essentials of heating, lighting, and cooking because they are forced to be thrifty, and because their homes are modest. They are more likely to live in apartments or homes with only a few rooms and a few windows.

Half the poor and one-third of the lower middle households are dependent upon a landlord for repairs and any major energy conserving improvements. Some poor households do without what is common in others. About 15% of the poor do not have central heating; almost 10% share a bathroom with another family or have no indoor toilet at all; 8% have no hot running water.⁶⁸

The poor use energy for space and water heating, cooking food refrigeration and lighting. While the number of low income households have stoves, refrigerators and televisions is only a few percentage points behind all other households, low income households have significantly fewer convenience appliances.⁶⁹

	Low income	Lower-middle	Upper-middle	High income
Frost-free refrigerators	24%	48%	60%	69%
Color televisions	27%	48%	63%	74%
Clothes dryers	24%	45%	70%	80%
Dishwashers	3%	13%	39%	55%
Air conditioning (primarily window units, not central systems)	22%	45%	58%	64%

Earlier studies suggest that since the poor used energy only for necessities, their price elasticity would be limited. One of these studies, a RAND study of the western United States, calculated low and high income elasticity based upon a drastic withdrawal (removing as many electrical devices from the home as possible, leaving only the necessities for family health and food preparation, adequate heating and minimal lighting). It found a statistically significant difference in the ability to reduce consumption between households with income under \$5,000 and households with income over \$15,000.⁷⁰

The Los Angeles RAND study found that high income groups have a greater ability to reduce consumption when faced with price increases. High income families have many electrical devices for which there are more efficient gas substitutes; they can afford better insulation, and they can switch from incandescent to fluorescent lighting. The RAND study included that the long run effect could cause an average price elasticity of -.9 to -1.3 (-1.0 means that a 10 percent increase in price reduces consumption 10 percent). In contrast, for households with income below \$2,000, the figure would be -.50, while for those with income over \$25,000 it would be -1.39.⁷¹

The Winston-Salem and Oklahoma City studies found that, at low income levels, the combined factors of fixed income and necessity of use left little room for price elasticity: "Recent research findings have shown that among low-income households in the United States, electric usage tends to be rigorously economized."⁷² The Winston-Salem study also found that a reduction of food purchases is generally the only elastic part of low income family budgets, and it postulates that any large increase in electricity rates results in a comparable decrease in levels of food spending and in nutrition.⁷³

65. U.S. Dep't of Labor, Bureau of Labor Statistics, Consumer Expenditures and Income: Detail of Expenditure and Income, (Supplement 3 - Part A to BLS Rep. No. 237-93) (May 1966) data is from the National Consumer Expenditure Survey. New CES data for 1972-73 is now available but is not broken down in these quartiles. See BLS Rep. Nos. 448-1, 448-2 (1976).

66. D. NEWMAN, *supra* note 9, at 116.

67. *Id.* at 118.

68. D. NEWMAN, *supra* note 9, at 121. It should also be noted that low income households have fewer appliances in general:

	lower-middle	upper-middle	high
less than 40 appliances	65%	39%	13%
40 - 59 appliances	21%	30%	40%
			26%

69. *Id.* at 98 - 101.

70. M. Berman and M. Hammer, The Impact of Electricity Increases on Income Groups: Western United States and California, R-1050-NSF/CSA (November 1972).

71. M. Berman, and M. Hammer, *supra* note 57, at 22.

72. G. Bickel, *supra* note 59, at 13; S. Smith, *supra* note 1.

73. *Id.*, Bickel at 16-17.

John Musial, an expert witness, testifying at hearings in Michigan on rate structure, claimed that it is only through monopoly power that utilities can continue to use promotional pricing. Otherwise, in a competitive market, poor people would switch to a uniform pricing system. Low income consumers, without mobility alternatives, also lack the buying power to benefit from the cheaper prices in the terminal blocks.⁷⁴

C. The General Economic Effect of Rate Increases Without Rate Reform

Coterminously with utility rate increases, consumers and utility companies have been having economic woes: real GNP fell in both 1970 and 1974, while unemployment in April 1975 was at 8.9 percent and has been over five percent since 1970. The Consumer Price Index has been increasing at an annual rate of about 10 percent in the past two years, reaching 157.8 in March 1975 in terms of 1967 dollars.⁷⁵ According to Dr. Habicht:

Most electric utilities now find themselves in a precarious financial position balanced between the uncertainty of repeated requests for rate relief and the increasing disfavor of capital markets. Utility regulators are ill equipped to handle the revolving door approach to rate relief wherein regulated firms are compelled to ask for a second rate increase before the first has been granted. Consumers face climbing electric bills with ever greater reluctance in the midst of a less certain economic outlook. And the environmental costs of electric power continue to grow.⁷⁶

A case study of Niagara Mohawk Power Corporation in New York found that the company, although seeking its third rate increase in four years, still could not achieve its rate of return on net rate base. It is not alone in this unenviable position. According to an expert witness for the company, "the vast majority of companies will, in [my] opinion, need to secure rate increases on a regular basis over the next several years."⁷⁷ Dr. Paul McCracken, former chairman of the Council of Economic Advisors has said, "As to the electric industry, it is almost not an overstatement to say that it faces desperate problems. Consolidated Edison is just an early warning."⁷⁸ William Rosenberg, while Chairman of the

Michigan Public Service Commission, noted that utilities are reacting by initiating vastly increased prices, planned reduction in reserves and services, and curtailment of construction.⁷⁹

Although that is a gloomy prediction, a case can be made that the long term interests of the consumer are enhanced by curtailment of construction. Within a few years, the picture of the continuously growing utility with stable or declining rates will be changed into that of the humble giant scrambling for rate increases and investment capital from wary consumers and investors. The glories of technological efficiency do not work beyond a certain point. Huge plants have become inefficient, are more expensive to build and have low reliability. Additionally, serious inflation and heightened environmental concerns cause each new unit of production to be more expensive than equipment in place. The companies have been in a situation where the more they sold, the more they lost in revenue. The only things which may have kept some afloat were the exaggerated rate increases granted in 1974 and the fuel adjustment clause (discussed *infra*).

IV. CONCLUSION

This article has been primarily an introduction to the history of electricity rate structure. It would be worthwhile to mention here some other relevant issues.

A. Rate Structure Reforms Foreseeable in the Near Future

A number of rate structure proposals are competing in the marketplace of ideas. The four with the most credence are long-run incremental cost (LRIC), peak-load pricing (PLP), direct load management, and life-line rates.

LRIC is basically an economist's attempt to allocate increased utility costs to those customers causing them. The theory states that because primarily larger customers cause the need for new increments in productive capacity, the costs should be recovered by increasing the charges to these larger customers only.

Peak load pricing overlaps with LRIC inasmuch as incremental cost principles are used in both constructs in setting the rates in most cases. However, peak load pricing creates a direct and immediate incentive to use service "off peak," that is, when other customers are not using as much electricity. Low cost meters are necessary to implement the system.

Direct load management, although it may help to smooth out system peak and therefore reduce the need for expensive peak power, may be an unfair benefit to large users or cause environmental problems. The unfair benefit could come from a realignment of rates, while the environmental problems could arise from an arguable increased benefit from nuclear plants.

Life-line rates are proposed as a method of immediately helping poor and moderate income people while also

74. J. Musial, *supra* note 33, at 1V-10.

75. Testimony of P. Walker, before the State Corporation Commission of Kansas. In the Matter of Southwestern Bell Telephone Co., No. 103, 400-U, (Kansas St. Corp. Comm., June 6, 1975).

76. Habicht's Austin speech, *supra* note 18, at 8.

77. Brief of Environmental Defense Fund, Inc. on the Request for Permanent Rate Relief, at 5, Proceeding on Rates for Electric Service of Niagara Mohawk Power Corp., No. 26402 (Sept. 27, 1973).

78. W. Rosenberg, *The Crisis in Utility Finance: Where Do We Go From Here?*, FEA CONFERENCE 1974, *supra* note 15, at 64.

79. *Id.*

encouraging energy conservation. Basically, the rate provides a low cost charge for the first small amount of service supply (required for basic needs). This type of rate structure is heavily criticized by some as being economically inefficient, unfair and, possibly, counterproductive.⁸⁰

B. Other Reforms Affecting Rate Structure

Energy stamps or energy credits embody the food stamp concept of providing a specific subsidy for a specific need. There has been much oratory on the concept but very little discussion of what is entailed. In some ways this is the most helpful proposal for poor people in the short run, but it has definite political liabilities and disadvantages of its own.

Public power, the public ownership of utilities, while attracting many adherents, has problems of implementation. However, in many localities the concept promises long-run benefits to consumers, as evidenced by comparisons between presently operating public power systems and investor-owned utilities.

Fuel adjustment clauses have gained attention only recently, primarily because of the translation of recent spectacular increases in fossil fuel charges into large utility rate increases. The ironic aspect is that the net effect has been to make present rate structures less discriminatory. The problems of fuel adjustment for poor persons relate more to windfall profits for the utilities and the lack of incentives for the purchase of inexpensive fuels.

C. Legal Strategies on Rate Structure Reform

Alternative strategies⁸¹ to effect reform in utility rate structure include administrative, legislative and judicial remedies. The administrative remedy is the most readily available and involves intervention in either rule-making or rate-setting proceedings before state or federal utility commissions. In many cases this strategy is not initially successful, but use of the rate proceeding is necessary to gain knowledge and standing to go to the legislative and judicial forums. Repeated use of the administrative remedy may work ultimately because, although the legislature can give the broadest relief, the generally greater lobbying impact of utility companies, commissions and large consumers often makes the legislative route counterproductive.

The judicial forum is the one in which the lawyer initially will feel at home. Unfortunately, judges' frequent unwillingness to digest the intricacies of the rate case may result in deferral to utility commissions and utility companies. Litigation still may be an effective means of forcing conformance with legal standards for environmental or civil rights action by these commissions and companies. However, a party may have to exhaust administrative remedies to have standing, a record and "state action".⁸²

80. R. Cudahy and J. Malko, *Electric Rate Structure*, 1976 WIS. L. REV. 47-78.

81. A helpful but not complete discussion of legal strategies is found in Cudahy and Malko; *Id.* See also, Fleischaker and Curtis, *Handbook for Consumer Advocates: Electric Rate Structure*, (1976) (published by National Consumer Information Center).

82. An example of a case where administrative remedies were not pursued is *Jackson v. Metropolitan Edison Co.*, 419

APPENDIX A

Glossary of Rate Structure Terms

Direct load management — direct control by a utility company of utility use by means of switching or timing mechanisms.

Elasticity of demand — economic term relating the level of demand at various income levels to price increases or decreases. An example is the probable reduction in air conditioner usage on summer afternoons if charges are increased for this use.

Energy credits — alternative concept to energy stamps, crediting individual low income and/or elderly clients with specific amounts of money on their utility bills. Funds to pay credits would be derived by either a tax or surcharge on utility bills.

Energy stamps — concept similar to food stamps where stamps would be issued to people based on need. The stamps could be used to pay for utilities and/or other energy needs such as oil or propane gas.

Fuel adjustment clause — allowance by regulatory commission of the flow-through to the utility customers of increases or decreases in utility fuel costs with minimal or no notice or hearing.

Joint costs — costs which are caused by all customers which traditionally were allocated to various customer classes and within classes. (Also traditionally done in an arbitrary manner.)

Long run incremental costs (LRIC) — economic concept which is a variant of "marginal cost" pricing. The cost of adding one more unit at the highest peak load of a utility system is analyzed and used in determining the rate structure for the utility. Ordinarily, in an urban system with a high summer peak caused by air conditioning, the highest on-peak use will be caused by office buildings and large shopping centers. This in turn means that the highest cost of service will be to these customers, and if LRIC is used they should pay substantially more.

Outage rate — the percentage of time, on an annual basis, that a particular utility plant is not in service. It relates to the concept "rate base", since the primary component of rate base is the plant "used or usable" for customer service. If the plant is out of service an unreasonable amount of time, some utility commissioners have reduced the rate base accordingly.

Peak load pricing (PLP) — concept of utility rate structure in which higher prices are charged during periods of "peak use". As noted in the LRIC definition, it costs more to serve customers during peak periods. This in turn creates the need for more utility construction, resulting in further rate increases.

Rate structure — the allocation among different kinds and sizes of utility customers of the rates allowed to be charged by a public utility. For gas and electric utilities, rate structure is divided basically into residential, commercial, and industrial use with further subdivision based generally on size of use.

U.S. 345 (1974). Cases where remedies were exhausted and "state action" to give due process rights was found are: *Condostra v. Vermont Electric Cooperative*, 400 F.Supp. 356 (D. Vt. 1975), and *Denver Welfare Rights Org. v. Colorado Public Utilities Commission*, 547 P.2d 239 (Colo. 1976).

THE NATION'S RURAL ELDERLY

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIFTH CONGRESS
FIRST SESSION

PART 7—DENVER, COLO.

MARCH 23, 1977



Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE

92-803

WASHINGTON : 1977

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

Stock Number 052-070-04214-1

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Part 6. Rockford, Iowa, August 18, 1976.

Part 7. Denver, Colo., March 23, 1977.

(Additional hearings anticipated but not scheduled at time of this printing)

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THE NATION'S RURAL ELDERLY

WEDNESDAY, MARCH 23, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Denver, Colo.

The committee met, pursuant to notice, at 11 a.m., at the Denver Hilton Hotel, in conjunction with the 23d annual meeting of the Western Gerontological Society; Hon. Frank Church, chairman, presiding.

Present: Senator Church.

Also present: William E. Oriol, staff director; David A. Rust, minority professional staff member; and Patricia G. Oriol, chief clerk.

OPENING STATEMENT BY SENATOR FRANK CHURCH, CHAIRMAN

Senator CHURCH. Come to order, please.

I am told this is the first time your new gavel has been used. I appreciate having the chance to use it to call this hearing of the Senate Special Committee on Aging to order.

I suppose it says something of the way our Government functions that we should be holding a hearing on the problems of the elderly in rural areas here in this grand ballroom of the Hilton Hotel in the middle of the largest city in Colorado.

But you know why we are here: To conduct the hearing in conjunction with your meeting and, as chairman of the Senate Special Committee on Aging, I want to express my appreciation for this opportunity.

Your willingness to open your program to a hearing on "The Nation's rural elderly" enables us to tap many of the statements given at the prior 2 days of your annual meeting, not only in the spoken testimony we will hear this morning, but in a written summary which will follow.

In addition, by meeting in Colorado you have helped this committee to broaden its inquiry into rural issues. Our hearings on that subject last year in Iowa, South Dakota, and Nebraska gave us a look at varied rural settings. Now we will hear about others, primarily in Colorado.

Our concern about the rural elderly is based partially upon the numbers involved. Nationwide, about 27 percent of persons 60 years or older—that would amount to some 8 million people—live in what we call rural areas. Here in Colorado, possibly because of the large

population concentration on the east side of the Rockies, that percentage is somewhat lower—about 23 percent. In other Western States, however, it is very high indeed. In Montana, it is 47.3 percent—almost half of all people 60 years or older; in Wyoming, it is 38 percent; in my own State—Idaho—it is 43 percent.

If this committee is to do its job as a factfinder on aging for the Senate, we cannot very well ignore the rural elderly. We also have to ask whether Federal programs are serving less populated areas of the Nation equitably.

Medicare, for example, is suppose to serve all older participants fairly. Older persons do pay out the same premiums and deductible and coinsurance rates, but do they receive equal benefits in return? Fair question. When you consider the number of communities without adequate medical facilities, without hospitals, increasingly the number that are without doctors and the problems of getting treatment to older people who live in rural areas and getting those people to places where the treatment is available, these are among the concerns of this committee.

RURAL HEALTH NEEDS

For years now, I've been trying to get medicare coverage for well-trained persons who can substitute for physicians under certain circumstances. I was delighted recently when President Carter's new budget coming to the Congress contained medicare reimbursement to nurse practitioners and physician assistants who will be conducting limited medical operations in rural health clinics. I think that's a step forward, and I'll do everything I can to speed that legislation along.

I'll also continue to do what I can to help reduce the heavy and totally inappropriate Federal bookkeeping demands and other regulations that are imposed on hospitals in small communities that just can't maintain the kinds of staffs that great high rise hospitals in metropolitan centers like New York and Chicago can maintain. Many of these Federal regulations are obviously designed for the larger institutions and are too burdensome, too costly and, for the most part, unnecessary in the smaller hospitals of rural America.

So these are some aspects of problems facing elderly people in our rural communities with which the committee is now dealing.

Our witnesses this morning have been requested to be brief. So I think I should also be brief. Let me simply make these few final points.

The Older Americans Act, which comes up for extension this year, is a program meant to serve all parts of the Nation. Let me emphasize that. While we are focusing on the problems of the elderly who live in rural areas, that doesn't mean that we are any less concerned about the problems that face the elderly in our metropolitan centers. We simply are looking for a program that will reach both.

I recognize that in doing that, there is a tug of war sometimes for funds between the cities and the rural areas. I would hope that that could always be worked out in a way that would do equity to everyone concerned.

Another point I would make has to do with the spiraling cost of fuel. We have been concerned for some time about housing costs and the inadequacy of housing for older people, both in the cities and out in the countryside, but recently we have been faced with these sky-rocketing costs for fuel. During this very week, during field visits of committee staff members—Mr. Oriol here, to Grand Junction and Walsenburg in Colorado—this subject of the rising cost of fuel came up again and again. Bill tells me this was mentioned as often as complaints about transportation which have usually dominated in rural areas.

So I would hope to hear more about these issues today and any recommendations you can give the committee, for we are going to be looking into this whole question of how to relieve some of the burden of the high fuel costs in a series of hearings in the months to come.

THE COLORADO PLS

One question which arises often is: How, particularly in rural areas where the independent spirit is traditionally strong, can teamwork in government and individual initiative be encouraged? Part of the answer may be found in the Colorado Congress of Senior Organizations and its program for local services. I understand the PLS enlists VISTA volunteers ranging in age from 55 to 85 to take on heavy, full-time responsibilities throughout the State. A newspaper story that was called to my attention once described them as "the old-fashioned and reliable hones that sharpen the scissors to cut through official redtape and open the way for the solution of human needs." I would like to hear more about that and I'm sure some of our witnesses will have some testimony on that.

Finally, I would like to thank the CCSO, the State Division of Service for the Aging, the State Commission on the Aging, and many individuals—including those who spoke at Grand Junction and Walsenburg—for their part in the preparation for this hearing. I am sure that the testimony taken here, together with backup material to be submitted in writing, either now or over the next 30 days, will give us one of the most valuable hearing records we have ever had in our exploration of the problems of the rural elderly in this country.

Now, let's call for brief remarks from the two companions I have here with me this morning, both of whom are well known to you.

First, Mrs. Marian Lupu, director of the Pima County Council on Aging in Tucson, Ariz. She, as you know, is the incoming president of the society.

Marian.

STATEMENT OF MARIAN LUPU, PRESIDENT, WESTERN GERONTOLOGICAL SOCIETY

Ms. LUPU. Thank you very much, Senator, for the pleasure of your company here this morning and for the great honor you have given the Western Gerontological Society by meeting here with us.

We are so appreciative that you could take the time from your Washington schedule to come here because I know you give to all of us who have been participating and working so hard the last few

days the feeling that our labors will be carried forward and taken to places where they can be implemented.

The Western Gerontological Society, as you know, covers regions 8, 9, and 10, and I'm so happy to tell you that there have been approximately 2,500 people in attendance—600 of whom are elderly—who are really representatives of thousands more back in their communities. I know, first of all, they will take the message back home and help you to implement what you will be trying to do in Congress.

Second: There are practitioners who will implement the programs.

Third: There are the researchers, students, and teachers. All of us are this exciting mix and become more exciting and of age because you have joined us in our first hearing of this kind.

Thank you so much for having made this effort.

We will submit for the record the Western Society's first position paper¹ on commodities prepared by Gloria Dulgov and Paul Montiel and other major proceedings that have come out of the Congress.

Thank you for your efforts.

Senator CHURCH. Thank you very much, Marian.

I also have with me here at the table this morning the visiting professor at the school of social work, Boise State University. He comes from my hometown and he's going to help me locate the Idahoans who are here before I leave.

I'm glad to welcome Mr. Roy Van Orman for some remarks at this time.

STATEMENT OF W. ROY VAN ORMAN, IMMEDIATE PAST PRESIDENT, WESTERN GERONTOLOGICAL SOCIETY

MR. VAN ORMAN. Senator Church, it is my pleasure, as the outgoing president of the Western Gerontological Society, to welcome you, the hearing officer, and the staff of the U.S. Senate Special Committee on Aging to these hearings.

We have a great deal of concern in the Western United States which, as Marian has stated, covers areas 8, 9, and 10, and other States who are interested in being members of the Western Gerontological Society. As president this year, it is my pleasure to have a person aboard such as you who has worked so hard to create change in response to the requests and needs of older people, not only in the Western United States but for the entire United States.

I am acting on behalf of our awards committee and, although the protocol may not be exactly proper, I have been asked to present to you from the Western Gerontological Society a piece of hardware in the form of an award to you from the society, the "Presidential Award, presented to Frank Church, U.S. Senator, 1977," for being concerned and doing something about older people, including people from rural areas.

My congratulations [applause].

Senator CHURCH. Thank you. I will cherish that very much. I'll take it back to Washington and hang it in my office myself.

¹ See appendix 3, item 1, p. 506.

Our first witness brings brief remarks from the Governor of this State; the Governor was unable to come personally as he is away, but he is represented by Mr. David Foote, executive director of the Governor's Human Services Policy Council.

We are happy to welcome Mr. Foote for the Governor's presentation.

**STATEMENT OF HON. RICHARD D. LAMM, GOVERNOR OF COLORADO,
PRESENTED BY DAVID FOOTE, EXECUTIVE DIRECTOR, GOVERNOR'S HUMAN SERVICES POLICY COUNCIL**

Mr. FOOTE. Thank you, Senator Church.

Ladies and gentlemen, the Governor extends to you his personal welcome and conveys his appreciation for the interest you have shown, Senator, in this issue and your willingness to come here today. It is significant that the Senate Special Committee on Aging is directing its attention to the rural elderly.

Each person here is aware of the problems that many of our seniors face. The problems of the elderly have been studied; we know what they are. They have been repeatedly prioritized and they have changed very little over the years. They hit seniors in the city and in the country, but they have a unique aspect which has a special impact on the rural elderly.

The solutions must be designed while keeping in mind the differences between the metropolitan and rural settings. In addition, there are factors that have special impacts on programs that are in the West. It is not unusual for a citizen living outside of the city to travel 50 miles just to visit a doctor, and it is not unusual for that trip to take well over an hour.

The economic situation of the rural elderly is exacerbated by the fact that goods and services are scarce, inaccessible, or nonexistent. Therefore, the costs are increased by the time, energy, and effort expended in obtaining those goods and services.

The educational opportunities are limited for those away from the city. How many of us dream of the things we would like to do once we have the time, and then reach that place in life and not be able to live out that dream?

Health care is a major concern for all Americans, as the Senator has already noted. The lack of adequate housing has a severe impact to rural communities. Transportation needs of rural communities are great.

"PIECEMEAL . . . CATEGORICAL FUNDING"

Congressional response to these and other issues, I must say, has been piecemeal, utilizing categorical funding that has the effect of isolating populations of people. Categorical funding was designed as a means of solving problems for many target populations. Perhaps it is time to design a new mechanism to more appropriately channel human resources to resolve problems which are not independent of one another.

Funds for services to the elderly flow to the State from several directions: From the Department of Health, Education, and Welfare; from the Community Services Administration; from ACTION; and from the Department of Transportation. This fragmentation through categorical funding is then reflected at the State level through several agencies serving the aging.

For example, in the State of Colorado, the department of highways oversees the NTA program. Social services administers medicaid reimbursements. You have, then, local affairs working in housing. You have the office of human resources dealing with other programs at the local level, and the department of institutions and the department of health both dealing with health programs.

This fragmentation is again magnified at the community level. We are attempting to coordinate these programs at the State level according to Federal rules and regulations. But, Senator, there must be a better way for States and local communities to coordinate these programs to better serve their older citizens.

The Federal Government is a partner with the States in maximizing the resources of each community. Not only are we concerned with providing older persons with basic needs but also with maximizing and maintaining the independence and dignity which have been earned and which are so richly deserved. This partnership should be expanded so that the Federal laws, rules, and regulations encourage, not inhibit, each community to achieve this end.

I might just add as a sidenote that I believe seniors in this country have shown more than any other group that solutions that best meet the problems are those that are developed at the community level and worked toward at the community level.

Government policies have tended not to focus on the needs, problems, and characteristics of the elderly—especially the rural elderly—to the extent that they have focused on the poor in urban areas. It is necessary that Congress give greater flexibility to programs to insure that rural areas and the elderly have a greater opportunity to benefit from services.

Let me discuss this briefly as it relates to medical care. Some of the issues that have to be addressed included, first, development of rural health systems: Rural areas need to develop organized health systems capable of providing primary care services and emergency care services to all groups, including the elderly. Linkages need to be developed with urban-based or regional resources to provide higher level of services. Such efforts need governmental encouragement and support.

Flexibility also is needed to allow rural areas with unique and varied characteristics to develop programs to meet their particular needs.

Second: The financing of health care: Governmental mechanisms need to cover the development of new health resources as well as financing of existing resources. The enactment of national health insurance will not, in and of itself, bring programs to rural areas. Existing financing mechanisms such as medicare discriminate against rural areas by reimbursing rural physicians less than their urban counterparts because of reimbursement based upon customary fees.

The program also fails to reimburse fees for nurse practitioners and physician extenders.

Senator, we will work hand in hand with you on changing that legislation.

NONINSTITUTIONAL CARE—MORE NEEDED

Third: The development of noninstitutional alternatives for long-term care and support of the elderly: Medicaid and medicare for the long-term care of the elderly have focused on reimbursing skilled and intermediate nursing homes for the care of the elderly. Home health services, homemaker services, outpatient programs, and supporting living arrangements designed to keep the elderly outside of institutions have received minimal or no support compared to institutional care. Governmental policies need to assist in the effort to develop cost-effective, desirable alternatives to nursing home care.

Finally: Equitable reimbursement and government financing in health insurance premiums. Persons in rural areas continue to receive less return in health service for their dollars spent on health insurance premiums and taxes. Since rural areas have fewer health resources, rural persons, including the elderly, are not as able to seek and receive health services covered by health benefits. They are subsidizing the urban areas.

The State of Colorado is interested in developing better health care services in rural areas for the elderly and we have begun work in this direction.

I just might mention two things that we have been doing, specifically. One is to initiate a waiver from title 19 to allow for a community care organization which will be set up on a demonstration basis in Boulder County and if that proves to be effective, then we hope to expand that to the whole State.

The second is to formulate and to develop regulations which impede the further proliferation of nursing home beds without taking into adequate consideration other alternatives to long-term care.

Congressional attention needs to be directed so that the Government can help solve these and other problems in the States. Those solutions should be flexible and designed so that the elderly are not isolated from the decisionmaking.

Senator, I appreciate the opportunity to address this committee and look forward to furthering the Federal, State, and local partnership in assisting our clients to find ways to fully utilize their existing resources to solve those problems which, to the elderly and to all of us, are so self-evident.

Thank you very much.

[The following letter was subsequently received from Governor Lamm:]

STATE OF COLORADO,
Denver, Colo., May 6, 1977.

HON. FRANK CHURCH,
U.S. SENATE SPECIAL COMMITTEE ON AGING,
Washington, D.C.

DEAR SENATOR CHURCH: Colorado and its Older Americans are grateful to you for holding a hearing in our State. I regret I was unable to meet with you, but reports I have received indicate you received a great deal of information about the needs of our rural elderly.

The allocation of funds received through title III of the Older Americans Act is based on a formula which addresses four factors: The total elderly population (over 60) by planning and service area; the total minority elderly population by areas; the total low-income elderly population by area; and the total rural elderly population by area. The allocation ratios are determined by weights arbitrarily assigned to each of the four formula factors, as follows: 60 plus population, weight 55; 60 plus minority population, weight 13; 60 plus below-poverty-level population, weight 19; and, 60 plus rural population, weight 13. The figures quoted above reflect the formula to be used for fiscal year 1978.

We do not feel that intervention at the Federal level regarding any formula adjustment is appropriate. Responsibility to allocate the Federal funds should remain at the State level where unique needs of each State can be appropriately addressed.

The responsibility which must be carried at the Federal level is that of increasing appropriations to meet the needs of older people in all States. It is not that our formula is inadequate or unequitable. The problem is that there are not enough funds to meet the needs, regardless of what kind of formula is used to allocate them.

We have concern that the number of Federal grant programs serving the elderly in our State from the many agencies within the Department of Health, Education, and Welfare, results in fragmentation and duplication of services at the State and local levels. Coordination of all the agencies and programs serving the elderly is not an easily attainable objective. The proliferations of funding sources and agencies should be stopped, and a comprehensive program of services for older Americans must be developed with consolidation of agencies and funds so that administrative costs can be reduced, "protection of turf" eliminated, and direct service programs expanded and improved.

I appreciate the opportunity to further share our thoughts with you.

Sincerely yours,

RICHARD D. LAMM,
Governor.

Senator CHURCH. Thank you very much.

Please express my personal appreciation to Governor Lamm for the excellent statement that you have presented.

I like the emphasis you placed on the need to develop the services that will keep people out of the expensive institutions. That's been one of the big failures, I think, in programs to date—the heavy reliance on institutionalization. I'll try to move in the direction that you indicated and I hope we will make some progress in the next few years.

Before we call on our panelists, whom I will introduce in a moment, I have been shown a cartoon—I don't know whether you have seen it. It is in Senior Edition, a newspaper that is published here in this State for senior citizens. It has to do with the extension of the Older Americans Act, which is the umbrella that covers many good programs. I kind of like it because it really gets right at the root of one of our problems—that is, how you get the money in the largest possible quantities to the people you want to help.

This cartoon illustrates the problem. You begin with the Capital in Washington and the extension of the Older Americans Act, and you see the money flowing down the river. The first big tributary is the Federal regional administration; a lot of the water flows in that direction. What's left goes on down the hill and another fork in the river diverting away another big quantity of water is State administration. What's left goes on down the hill to be diverted into local administration, and then there is just a little trickle that gets down to the old gentleman who is supposed to be the beneficiary of the program. It's called "Old Man River." [Laughter.]

Let me now introduce the members of our first panel.

As I introduce you, raise your hand so that the folks out there can identify you.

Guidotta Bates of Brush, Colo. Mrs. Bates is a widow who, with her husband, had operated a drugstore for about 15 years before deciding to get a diploma in Colorado's College of Pharmacy in 1942. She has been a fundraiser for any number of worthy causes and has served as State president and national vice president of the American Legion Auxiliary. She once won an award for being Colorado's best center fielder in baseball. How do you like that? She's driven a car for 61 years without an accident—often pulling a trailer—even though she has only one arm. We are really proud to have her here. [Applause.]

Our next panelist is Lucile Lieber, from Eagle, Colo. I have the ages here, but I don't think that's relevant. All of these panelists are very young in spirit.

She served for 20 months in PLS and has taught school for 14 years. She has been a justice of the peace in Eagle County for 9 years and a deputy sheriff for 4 years—don't tell me that women's lib hasn't hit Colorado. She is a widow and the mother of four children. She was chairman of the American Red Cross and the water safety junior program of the American Red Cross for 35 years. We are very proud to have her on the panel. [Applause.]

Our next panelist is Brownlee Guyer of Boulder, Colo., who retired in 1970 as wildlife conservation officer after 33 years with the Department of Natural Resources of the State of Colorado.

He majored in electrical engineering at the University of Colorado and has had a master contractor's license in Colorado for 20 years. As PLS volunteer in Boulder County since 1975, he is engaged in outreach work to the isolated elderly in the area.

I think we should meet and greet Brownlee Guyer, the third member of our panel. [Applause.]

Finally, we have Joe LaCrue of Trinidad. Joe worked in southern Colorado in the coal mines in his youth and as State representative in the legislature at the 1937, 1939, and 1943 sessions, as county commissioner from 1946 to 1953 in Los Animas County, and in other State and county capacities. In May 1966, he became the executive director for southern Colorado's Community Action Committee and he is now a PLS volunteer in the Huerfano-Los Animas Counties area.

Folks, let's meet Joe LaCrue. [Applause.]

These four volunteers will be accompanied by John Detmer, who is chairman of the board for CCSO. As former attorney for the HEW regional office in Denver, he is in a good position to evaluate the significance of PLS work.

All PLS volunteers were recently reclassified by VISTA here and I understand that has involved some redtape problems. These problems associated with that reclassification are now being brought to the attention of Sam Brown—whom you all know—the national director of the VISTA program, and a very good man, indeed.

Sam Brown has submitted a statement for this hearing and it will be incorporated in the record.

[The statement of Mr. Brown follows:]

PREPARED STATEMENT OF SAM BROWN, DIRECTOR OF ACTION

Senator Church, distinguished members of the committee, I am Sam Brown, recently appointed director of ACTION. I have been in this position only 3 weeks; therefore, my first-hand knowledge is understandably limited. However, I have had the opportunity to see some of the projects in operation.

I am pleased to have the opportunity to focus attention upon the ACTION Older American Volunteer programs. I recognize that to many people ACTION's image is one of younger volunteers, especially Peace Corps and Vista. I am particularly pleased to have this opportunity to tell you about ACTION's participation in meeting the needs of the elderly in my home State of Colorado.

While all ACTION programs may include older volunteers and older populations being served, those specifically pointed toward the needs of older Americans are the retired senior volunteer program, the foster grandparent program, and the senior companion program. In Colorado, a Vista grant project, formerly the program for local service, is also using older Coloradans as full-time volunteers to assist other older Coloradans.

The largest ACTION program in Colorado is the retired senior volunteer program. (It is the largest in the Nation also, with 690 RSVP grants enrolling approximately 220,000 seniors.)

The retired senior volunteer program is a locally sponsored and locally cost-shared program which provides meaningful volunteer opportunities for persons over 60 to help solve local community needs. In Colorado, there are 13 such projects. They are currently enrolling 5,246 volunteers and giving 616,469 hours of service annually to a wide variety of community needs. In serving their communities, they find a renewed spirit of independence and self-worth, as well as giving of their wisdom and talents to a myriad of schools, libraries, hospitals, and other agencies. The project funding usually provides for project staff and also for meals, insurance and transportation reimbursement where that is needed by the volunteer. Such reimbursement makes possible the otherwise unavailable involvement of those with meager incomes, particularly the isolated elderly in rural areas and the minority elderly.

FUNDING OF \$389,500

Those projects have a total Federal funding of \$389,500 annually. They are located throughout the State. Substantial areas of the State including some major population areas are not served by RSVP, but are eager to have such programs when money becomes available to establish them. It is significant to note that this program model has been adapted to meet the needs in sparsely populated counties on the western slope and on the high plains. Experience with this program has made ACTION acutely aware of the transportation problems of the elderly, and of the resulting isolation. While it is felt that the program model has been well-adapted to the vast distances and lack of public transportation, the problems uncovered point up once again the need for flexibility in program models to fit the needs of the West. Of particular concern, I am told, is the replacement of vans that are wearing out; these vans were purchased by the original RSVP grants. Additional problems, but the kind we appreciate, are caused by the phenomenal growth of the projects.

The foster grandparent program enrolls persons over 60 and below poverty level income as stipended volunteers serving 4 hours per day, 5 days per week, with children with special needs. They receive \$1.60 per hour plus physicals, meals, and transportation. There are 155 foster grandparents serving children in Colorado.

There are presently two projects in Colorado: one in the Denver area and one in Mesa County on the western slope. It is hoped that a third project can be funded this fiscal year in Pueblo.

The senior companion program has the same format as the foster grandparent program, except that those persons receiving the services of the volunteers are adults with special needs, primarily the frail elderly. The congressional intent for this program is particularly directed toward assisting people to delay entrance into nursing homes and to permit them to continue to live independently. The Denver Senior Companion project was the first funded in the Nation and now enrolls 63 volunteers. It is noteworthy that this ACTION

program was among the first Federal programs to recognize society's need to furnish assistance to the elderly to remain in their own homes.

The foster grandparent program, the senior companion program, and the retired senior volunteer program make up ACTION's Older American Volunteer programs. Experience with these programs has proved beyond any doubt the ability and eagerness of the older population in Colorado to serve the needs of others. It is easy to document the cost effectiveness of the mechanism used. It is less easy, but no less valuable, to document the spiritual value of these services, both to the volunteer and to the recipient. The modest stipend and the opportunity to serve given to the Foster Grandparent and Senior Companion often makes the difference between mere existence and a vital and satisfying lifestyle. The provision of transportation, meals, and insurance to the Retired Senior Volunteer, while not needed by all, makes the volunteer opportunity possible for many, especially the less affluent.

"A UNIQUE ACTION PROJECT"

The Colorado Congress of Senior Organizations Vista, formerly the program for local service project, is a unique ACTION project. It is a statewide project with 64 stipended, full-time volunteers serving the needs of the elderly. The volunteers receive a modest (about \$240 per month) subsistence allowance, plus health benefits, transportation, supervision, and training. These Vista volunteers, unlike the common stereotype of Vista, are 55 or over, and are recruited in their local community to serve in that community. They, in turn, have recruited some 430 part-time volunteers to assist them. The major goals of this project are to assess needs, resources, and gaps in service for the elderly, and then to find ways to deliver the service where needed. Volunteers serve in most of the counties of the State and have enjoyed great success. I will not dwell further on this program as some of the volunteers are speaking on their own behalf. In the first year of this project three Federal agencies (ACTION, AOA, and CSA), the State of Colorado, and local agencies all participated in the funding. At this time, ACTION and local agencies, particularly the area agencies on aging throughout the State, are funding the project. CSA continues to participate through funding for the sponsoring agency. Some \$80,000 is included for the support of the project in the appropriations bill of the Colorado legislature for the next fiscal year. (That bill will not have final approval until May or June). ACTION's funding for this project this fiscal year is \$318,000. In Colorado, a mutually supportive relationship exists between funding agencies for programs for the aging, and that relationship appears to strengthen the total effort.

In addition, Vista volunteers on other projects, but particularly those in legal service projects, have been instrumental in Colorado in establishing senior law centers and assisting in establishing nursing home ombudsmen.

Association with the volunteers, sponsors, and projects makes the most pressing needs of the elderly become obvious. There are large numbers of isolated—and alienated—older persons in Colorado, both in urban and rural areas. Some of those persons have financial resources sufficient to maintain health, and many do not. Increasing mobility of the younger population often leaves the elderly without traditional family support mechanisms. Volunteer programs for the elderly do begin to fill this gap but, obviously, reach only a small percentage.

We see involvement of the elderly in volunteer programs as being a major way for the elderly to remain contributing members of society.

Senator CHURCH. We will now turn to the panel.

John, if you would like to take charge now, you may make your presentation with the panelists as you see fit.

STATEMENT OF JOHN G. DETMER, BOARD CHAIRMAN, COLORADO CONGRESS OF SENIOR ORGANIZATIONS

Mr. DETMER. Thank you very much, Senator.

You have done about two-thirds of my work for me. I was going to introduce the panel.

However, if I may say a word about the program for local services and its sponsoring organization, the Colorado Congress of Senior Organizations, the congress simply represents organizations and individuals interested in the problems of the aged. We are extremely proud of the program for local service and, without taking too much time because the panelists are going to tell you more about it, let me say only that it represents the very effective working of a principle—the principle that old folks can get out and help other old folks, and do it very effectively.

We have here in Colorado a model of that kind of endeavor.

Incidentally, Senator, one of the godmothers of this organization, program for local services, Mrs. Dorothy Wham, is here in the audience.

This program has been serving the needs of older Coloradan's since the fall of 1974. Over 100 locally recruited citizens averaging 65 years of age have served as full-time volunteers through the program for local service. Presently, there are 64 of these volunteers serving the elderly in their local communities in cooperation with area agencies on aging and other local planning and service organizations. Forty-five of these sixty four volunteers are serving in rural areas.

Now, without more ado, I will call upon Mr. Brownlee Guyer, whom you have already met, for his statement.

STATEMENT OF BROWNLEE GUYER, BOULDER, COLO.

Mr. GUYER. Good morning, Senator Church, and welcome to Colorado.

My name is Brownlee Guyer. I am a volunteer with the Colorado Congress of Senior Organizations, working as a PLS-VISTA volunteer in Boulder County.

Boulder County is located about 30 miles northwest of Denver. I am concentrating on the isolated areas in the mountains. Boulder County is about two-thirds mountains and one-third farmland. There are very few isolated senior citizens in the farming land in the eastern part of Boulder County. My topic is "Isolation of the Elderly."

What types of isolation do we find in Boulder County? In my opinion, the types of isolation are geographical, social, spiritual, and sometimes mental.

Who are these isolated people? In my opinion, they could be persons who separate themselves from others. I would estimate 200 to 300 isolated people in Boulder County. The characteristics of isolated people, as I see them, are withdrawal, suspicion, and possible hearing loss. Isolated people could be hostile, stubborn, resentful, or mentally handicapped. There are many living in Boulder County in the mountains who are isolated because they love to be there. They have lived in these areas all of their lives. They have grown up with the land. They love nature. They like to feed the birds and they just like being in the mountains and I can't blame them for that.

Now, there are many ways people can be located that are isolated. I am fortunate to have a county council in Boulder which is made up of all the different organizations that work with the senior citizens—including the VNA—and they, in turn, call and give me in-

formation on people they know of that I should contact in the isolated areas.

I have been fortunate in working for the Colorado State Game and Fish Department as many years as I have in Boulder County and I know a lot of the isolated people. That really helps.

Also word of mouth is a big help. The churches, if they know of someone who needs help or a visitation, will call me and give me this information.

Sometimes these people are hard to reach and caution must be used in the approach. Two of the methods I use are gaining their confidence by visits and making them feel useful by giving them ideas on things to do and on things to make, such as birdhouses. You keep them busy.

I am fortunate to have, through the University of Colorado Clearinghouse, senior students who are interested in working with senior citizens. Some of their classes require visits with seniors sometimes 2 to 4 hours weekly. This is very fortunate because they come down and talk with me. I send them out to visit these senior citizens and then they report back. I find this to be a good relationship. The older people like to visit with the young ones and the young ones like to visit with the older ones.

Telephone reassurance—having someone call a person daily to make sure they are OK is one of the workable solutions I have used. There is a very unusual way that I use to find out if one senior citizen is OK every day. This lady lives in Tolland, Colo., east of the east portal of the Moffat Tunnel. She has lived there all of her life; she was there during the old railroad days. She hangs a towel in her window if she needs any help. The Rio Grand Vistadome goes up every day. If the train crew, who knows the lady, sees the towel in her window, they notify someone to send help.

I also receive a lot of pamphlets from the different organizations that work with seniors. I take those out to the seniors, explain to them what the programs are, and the services that they can obtain through these organizations. I have also tried potluck dinners and meetings in centrally located areas that they can attend. This is a way of bringing them together so they will know one another a little better.

Finally, Senator, I wish to thank you for giving me this opportunity to present to you the characteristics of the isolated as I see them.

[The prepared statement of Mr. Guyer follows:]

PREPARED STATEMENT OF BROWNLEE GUYER

Mr. Chairman, we want to thank the members of this committee for their interest in the problems of the aging in Colorado. For 33 years I have wandered around in the back woods of this State and I have known, for that long, some of the isolated elderly who live there. I'm seeing these people now under a different capacity than when I needed to issue summons for game violations. Now, as a PLS volunteer, I'm seeking them out to determine the effects of prolonged isolation, the lack of transportation, the lack of medical care, and loneliness, and linking them up with services designed to meet their needs.

One of the major needs is home health care. These are independent people who would as soon die as be confined to nursing homes. With day-time help, many of them can put off this fateful decision until they need to have full-time medical care.

Another of their problems with the spiraling costs of even basic maintenance is the supplementation of retirement incomes.

As a partial answer to these two problems we have developed a program to fill the gap. Aimed at re-educating the elderly 60 to 75-year-old woman, the program teaches them everyday home care techniques. They may then be employed by those who can stay in their own homes with daytime care. This frees relatives who need to help supplement the incomes of the aging or gives free time for those who would otherwise be tied down 24 hours a day. In cooperation with the nursing and health program of the American Red Cross, these women are taught, without charge, health maintenance skills, recognition of the signs and symptoms of illness, how to take vital signs (temperature, pulse, respiration, and blood pressure). They also learn the techniques of body mechanics to prevent injury to themselves and the principles of use of crutches, walkers, and canes. Geriatric and fire department representatives teach security and safety measures to protect the elderly. Mental Health workers discuss in detail the psychology of aging and its application.

These women become super companions, trained to take daily care of the homebound senior. Their training is not designed for them to become housekeepers. Those desiring household help only are referred to the employment agencies or homemaker service. The companion will, however, do the things necessary for the health and welfare of her patient and the things directly patient related.

One of our concerns is that, with this double benefit program, there is no comparable system for those who cannot afford to pay an hourly wage. One of the reasons home health care is so difficult to obtain is that most limited budgets of the elderly cannot afford hourly care and the ladies who provide the care need to supplement their own income and cannot provide these services on a volunteer basis. At this time, we know of no supportive funds available to the elderly needing this kind of home care. The costs are far less than supplementing the less desirable nursing home care.

A possible solution would be to make such funds available upon the recommendation of the patient's physician for such care. This would need to be linked to social security on an ongoing basis. Many programs funded for 2 or 3 years, then dropped, become a burden on local communities not geared to cope with such programming.

I have found many of the isolated elderly who have no way of obtaining immediate medical assistance when needed. One man I visited had been in bed without food or visitors for 3 days and was too weak to summon help. Another senior has recognized suicidal tendencies and care is being arranged for that problem through mental health, but I found him in a senior high-rise seriously ill with influenza and no one had checked on him for 2 days. In each of these instances, I have had to make the contact with medical authorities. Those that have families close get better care and attention than these seniors, but often the care proves to be a constant financial burden on the younger families.

This is just one facet of the needs of the elderly. Home health care problems are compounded by a lack of transportation, low income, and isolation from families. Most agencies, at best, can address only one need of the aging in their area. It is to such a committee as you are, that we need to look for the overall solutions that are so vital to the ever-increasing numbers of the elderly in our communities. We appreciate your interest and concern and wish you much success in dealing with the conditions that you have heard here today.

Senator CHURCH. Thank you very much.

A VOICE FROM AUDIENCE. At which point will we be able to participate? As you are aware, we are rapidly losing a good portion of our audience. We assumed that this was going to be an exchange of dialog—a forum.

Senator CHURCH. Yes. It will be that. I had planned that the audience would have an opportunity to participate.

A VOICE FROM AUDIENCE. Many of these individuals have traveled a great distance.

Senator CHURCH. Therefore, because of your concern, I will shift the audience participation forward. I had planned to hear the scheduled witnesses and then go to audience participation but, in view of the concern you express, as soon as we have heard from this panel, we will open it for audience participation.

A VOICE FROM AUDIENCE. Obviously, Senator, the point has not been made that this is not meeting our needs. We are losing our audience and we have traveled here for a dialog and for an exchange of ideas. I would suggest that the audience participate before the audience leaves.

Senator CHURCH. I guess somebody has to decide how to proceed. We have a panel started here. I want to try to accommodate your point, but I really have to direct the proceedings. As soon as this panel is over, we will have audience participation.

Now, we will proceed with our next witness on the panel.

Mr. DETMER. Thank you, Senator.

Let me now present Guidotta Bates.

STATEMENT OF GUIDOTTA BATES, BRUSH, COLO.

Ms. BATES. Thank you, Senator Church, for coming to meet here with us and for all of you very beautiful, interested persons who are out there. We are so happy to have you here, too.

I am Guidotta Bates from Brush, a beautiful, small community in northeastern Colorado. It is often referred to as Cow Town, I suppose because it was on the Texas-Montana cattle trail many years ago. There was a large lake on the edge of Brush where cattle were watered on their way to Montana. Our little area is primarily cattle industry.

I am a PLS-VISTA volunteer for Morgan County and have been working in the program for local service for the elderly and the handicapped for the past 1½ years. I am a member of the Morgan County Council on Aging and have been their chairman for the past 2 years. This chairmanship automatically made me a delegate on the regional council. Through these associations I have had special exposure to programs, needs and problems of the elderly in our area.

The area director requested the six councils in our area to submit priority lists of services at various intervals. Transportation was the top priority in the majority of the councils. In areas of wide open spaces, like we have in northeastern Colorado, and with limited public conveyances, transportation is not only important, it is an absolute necessity.

The geographic size of the area to be served in region 1 has 9,228 square miles with 11,723 older persons needing some form of transportation. Many of these people reside in small towns as well as in remote rural areas in the outlying parts of each county. Because of the widely dispersed population of our elderly, the transportation cost is very high.

Our regional and county councils, with the aid of professional Federal employees and with Federal, State, county, and local financing, have undertaken to provide essential travel service by means of minibuses. Area 1 now has eight minibuses operating in our six-

county area. These buses served over 16,000 elderly persons last year. There are many very small towns in our area, the larger towns represent 58 percent of the population in our area and 42 percent reside in very small towns and in the many isolated areas.

The citizens of these small towns are mostly older people who desperately need transportation services because of isolation from many essential services such as medical, social, social security offices, food, senior centers, congregate meals, and other living necessities.

The dilemma we face in our six county councils, which, by the way, are all staffed and operated by older persons as subgrantees under title III of the Older Americans Act, is how to serve the persons in this isolated and largely rural area effectively and stay within their budgets.

RURAL DISTANCES

May I relate a realistic situation which happened 3 months ago in Yuma County? A call came from a man in Kirk, Colo., which is located in the extreme southeastern part of Yuma County. The man requested a ride to Sterling to see an ophthalmologist due to a glaucoma condition. The minibus operates out of Yuma. The round trip was 420 miles at a cost of about \$85, and that is a very low cost. The question is, how do you serve the most needy when geography dictates this kind of cost?

To serve our region in our areas we would need at least four buses for each county and, of course, this is unrealistic as we would never receive that kind of money and really should not ask for it.

We realize there are other problems that need to be addressed to our county councils on aging such as medical, employment, legal services, homemaking, handyman, socially isolated, physically handicapped, and senior center activities. All need directing; also, each service involves transportation and transportation involves money.

One of our most important resources for transportation in all of our counties is the individual volunteer using his or her own automobile. In my county, for instance, we do have 70 individual volunteers who transport the elderly on various occasions to the doctor, the well oldster clinics, to assist with their shopping, also for college classes, going to centers for recreation, and other activities.

When Congress passed the Older Americans Act, they spoke of establishing a system whereby older people would live out the remainder of their lives in a productive manner with their dignity and pride intact. It is extremely difficult to reach this goal when you are 40 or 50 miles from older persons, existing services, and other basic needs such as food, a doctor, and active socialization with your fellow man. Here, again, transportation is very, very essential.

We do know that Federal and State funds are limited, and we are not asking Federal and State governments to carry the entire funding. We are asking that Congress attempt to utilize our tax dollars more wisely. The older citizen, particularly in rural areas, is often confused as to why there are so many different programs, each involving a different age, different guidelines, and different bureaucracies. In our area we have worked very hard to get these different programs to work together and to be coordinated as much as possi-

ble. Sometimes this has meant we need to bend a guideline or two, but we have been able to serve more people more efficiently.

I would suggest that Congress consider putting all programs relating to the elderly under one Federal agency or at least allow local areas more freedom in the funding, guidelines, and administration so that rural communities can do a better job of coordinating services, with the very limited funds that trickle down to us. I believe this could improve services, reduce administrative costs, and save money which could be used for transportation and many other services to help the elderly in our area and all over Colorado, as well as other States.

Thank you so much.

Mr. DETMER. Now, Senator, if I may, I will introduce again Mrs. Lucile Lieber.

STATEMENT OF LUCILE LIEBER, EAGLE, COLO.

Mrs. LIEBER. Mr. Chairman, coworkers, friends, I am Lucile Lieber, program for local service volunteer from Eagle County—ski country—U.S.A.

I am speaking for region 12 which encompasses six counties: Eagle, Grand, Jackson, Pitkin, Routt, and Summit.

Over the past 6 years our population has more than doubled and with it has come the good and the bad. The cost of living has continued to increase. For the elderly on fixed incomes, the change has been more than some can cope with. More and more are being forced to sell their homes and seek low-income housing elsewhere, mostly in the Grand Junction and Denver areas. The last Eagle County population figure for those above 60 years of age available to me was 1,039—270 below the poverty level and 141 from minority groups.

I chose as my topic "Home Service/Homemaker," but first we must do our homework—outreach. That is the tool by which you identify the needs of the elderly. It is a part of the program that must be continuously worked at. This tool will help you to keep track of the elderly and you will find that their needs change from day to day.

Our first step to home service has been the well-oldsters clinic. Many older people are financially unable to obtain medical service or have no transportation to get to the health center. Therefore, problems frequently remain undetected until it is too late.

Well-oldster clinics are not designed to replace the medical doctors, but monthly checkups with public health nurses performing such functions as blood pressure checks, flu shots, hearing tests, and eye screening support good medical health.

Independent living programs assist homebound elderly with homemaker/home health assistance by preparing nutritional meals, shopping assistance, light cleaning, and last, but not least, companionship. Independent living support programs have a positive psychological impact on the elderly by assisting them to remain in their homes.

Have you ever visited a nursing home and observed the population there? I have, and have felt a good percent of them could remain in their homes with a little assistance.

Rural Colorado needs a good health care program badly. Upper Eagle County fares better than the lower end of the valley. They have a small, well-equipped hospital for emergency use, while we don't even have a doctor unless we travel from 30 to 100 miles.

GOAL: TO KEEP PEOPLE IN THEIR HOMES

Through outreach we can reach the people who have problems and, if we have the service, let them know that it is available. Many would gladly accept these services and all would know that it is available. Our goal should be to keep people in their homes so that they can live the way they wish and help them to live with dignity and independence. More outside contact will help them mentally, yes, and physically. Why can't this service be made available to all of Colorado and all other States that have need for it?

Rural areas need a program fit to the needs of every individual community. We have three distinct areas: The upper Eagle County population where half of the elderly are Spanish, lower Eagle County with the Colorado River drainage so isolated, and Basalt, which butts up against Pitkin County, and we have to go to Glenwood Springs on Route 70 and then take Route 82 to Aspen.

Let's get rid of the redtape and have services for the elderly that we can all be proud of. I've heard it said that the United States does less for the elderly than any other country. Do we deserve such a remark? If so, let's do something about it.

Our rural areas suffer more from the lack of doctors and care facilities than the cities. We have always been on the lower end of the totem pole. It costs \$500 a month to keep a person in a nursing home, while stripping them of their independence and way of life. What would it cost in dollars and cents to keep them in their own homes, saying nothing about a dignified way of life?

I'm very disturbed about guidelines, employment, qualifications, and protective insurance for the homemakers we hire; also, the do's and don'ts on the job. I think we can be safe in saying that it takes all of the following: information, referral, outreach, home service, health programs, nutrition, social contract, and last, but not least, transportation, to serve the elderly as they so rightfully deserve to be served. Let's have the means to carry out these programs.

Senator CHURCH. Thank you very much.

I am refraining from asking questions of these panelists so we can move on to public participation. We have one more panelist to hear from, then we will have a 30-minute break, after which we will turn to the public participants in the audience.

Mr. DERMER. Thank you, Senator.

May I present Mr. Joe LaCrue.

STATEMENT OF JOE LACRUE, TRINIDAD, COLO.

Mr. LACRUE. Thank you, Senator Church. I would also like to welcome you on behalf of the constituency of southern Colorado.

My name is Joe LaCrue and I am from Trinidad, Colo. Trinidad is 200 miles south of Denver, next to the New Mexico line. I am at the present time working through the Colorado Congress of Senior

Organizations as a PLS-VISTA volunteer serving in the bicounty area called the Huerfano-Las Animas Area Council on Aging.

The objective of the PLS-VISTA volunteer program is to attain the highest level of living for the senior citizens living in the Huerfano-Las Animas Counties.

In order to pursue the above objective, the PLS-VISTA volunteer program calls for: First, assessing the needs of senior citizens; second, providing the necessary documentation to substantiate the needs of the senior citizens; third, making information available to the seniors about resources available to them; and fourth, providing advocacy for the general concerns of senior citizens.

Briefly, I would like to give you a history of our community in Las Animas and Huerfano Counties. Trinidad, Colo., the county seat of Las Animas County, is located along the Santa Fe trail in southern Colorado, being the last and smallest of four cities in the string of pearls which separates the Colorado Rockies and the Great Plains. In the late 1800's the arrival of the railroads came into the picture. Shortly after the turn of the century, 60 percent of the Colorado coal output came from the Trinidad coal fields in the two counties; Los Animas and Huerfano.

The coal mining accelerated its booming coal operation. Then came the beginning of the end of the coal era in the late 1930's. During the period, many mines were closing, with the result that many thousands of men became unemployed. These men knew no other way to make a living other than mining. Because of lack of training and education, the majority were too poorly paid to invest in land, even if they had known how to farm or ranch. Others were just too old to start learning something new.

Most of those who remained behind were forced to seek aid from various Government sources. By 1961 only one major mine was still in operation, employing a work force of about 500 miners. The number of retired coal miners in the bicounty area as of this date is approximately 500.

HOUSING PROBLEMS

My testimony relates to housing and energy. Adequate housing is a very important consideration in discussing housing needs for the elderly. Lack of housing in the bicounty area has existed for many years. It has caused some hardship among the low-income families and the elderly; 65 percent of the existing houses are 40 years or older. Housing development in the bicounty area is nonexistent. The present housing situation in the bicounty area is not too encouraging, with 15 percent of the existing homes substandard and 25 percent of the vacant housing units deteriorating and delapidated.

The total population of the bicounty area is 24,069; 36 percent are 55 years or older; 40 percent of all senior citizens are Spanish surnamed. Approximately 70 percent of persons living in outlying areas outside of the county seats of both counties are 55 years of age or older.

The social, economic, and geographic characteristics of the bicounty area present several problems to the elderly: isolation, lack of knowledge of available resources, and insufficient income to meet expenses. These are some of the problems of the senior citizens residing in the

Huerfano and Los Animas areas, along with poor housing conditions, and I'm sure that is much prevalent throughout Colorado.

The high utility rates and high rental payments compound the problems of senior citizens already living in substandard housing; 60 percent of the total population of the region is considered to be impoverished based on the national poverty scale. Educational experiences of approximately 45 percent of the people are either at a minimum or nonexistent. Therefore, it is necessary to disseminate information concerning the needs of the elderly.

CONCERNS AND ROADBLOCKS

Having had experience in promoting housing projects in the past as CAP director in the bicounty area as early as 1971 and having failed miserably, I feel the situation is not changed because of lack of local government and community support for housing programs. In spite of model city programs in the city, Trinidad housing projects were not successful.

Efforts were also made in 1971 to develop a rehabilitation program for senior citizens. A commitment was made by several Federal agencies to rehabilitate 50 homes for the elderly in the Gardner, Aguilar, and Walsenburg areas and that was to take place prior to the White House conference in 1971.

After many months of hard work in screening applicants for rehabilitation of homes who could qualify, the grant never materialized. We were later told by the Federal coordinator working my agency that the program was not going to be funded.

Thank you, Senator.

Senator CHURCH. We will now go to the aisle.

I want to thank the gentleman for his patience in letting us finish with the panel.

I ask that each of you, before you speak, identify yourself. This is a hearing on rural issues and I hope that we can keep confined to those issues. Be as brief as possible so that we can hear as many people as we can.

All right, sir.

STATEMENT OF DR. BERNARD WINTER, LaJOLLA, CALIF.

Dr. WINTER. My name is Dr. Bernard Winter. I am a retired oral surgeon from LaJolla, Calif. I have been delegated as spokesperson for the advocacy workshop which was held here during the course of these proceedings.

I would like to preface a statement with some personal remarks. The American people are beginning to become impatient with the Government, bureaucracy, and with the collapse of the health care delivery system in this country. In the past many years, health care costs have risen 1,276 percent, according to one study. According to Medical Economics—last year's issue—they estimate the rise in medical cost at 13 percent. At this rate it is my personal feeling that everyone in this room, unless this situation is immediately aborted and new priorities set and the profit taken out of the health care system—unless this new, visionary approach is taken, I can person-

ally state, as a result of my research, that everyone in this room, in all probability, will be unable to afford medical health within the next 5 years.

The statement that I have been delegated to read into the record, and fortunately is going into the Congressional Record as well, is from the advocacy committee in regard to national health.

In order to solve the health care crisis, we need a national health service—I reemphasize “service.” We no longer want tax work—National health insurance bandaids; we want a national health service.

We want a health system that will, first, assure comprehensive, quality health care for everyone in our country without discrimination and without cost at the time of service.

Second, we want an elimination of profitmaking from both the financing and the delivery of health care.

Third, we want a national health service that will place the control of the health care system in the hands of those who use and work in that system.

Fourth we want a national health system that will improve the availability of care, especially preventive services, and encourage respect for one’s body and the right to care for one’s self.

Thank you.

Senator CHURCH. Thank you.

STATEMENT OF LILLIAN RABINOWITZ, BERKELEY, CALIF.

MS. RABINOWITZ. I am Lillian Rabinowitz. I live in Berkeley, Calif. I am a community advocate interested in the delivery of health care systems to the elderly.

I should like to express my great outrage that in our country we do not yet have a national health service in place. Obviously the older people of this country and all others, indeed, are not interested in lining the pockets of insurance companies. Our goal is to provide humane, continuous care for our elderly who need health protection and preventive care and I urge people here to move politically to attain this goal. The power is in your hands if you use it.

Thank you.

Senator CHURCH. Thank you.

STATEMENT OF ELINORE LURIE, SAN FRANCISCO, CALIF.

MS. LURIE. I am Elinore Lurie and I am from the University of California at San Francisco.

My point just underscores those already made here. In three sessions on community health delivery systems, we found great needs and we found some services being provided in a fragmented way in both rural and urban communities. Much time and energy is spent in scrambling for a variety of funds. There is no continuity of services from neighborhood to neighborhood, community to community, State to State.

There was a consensus in our session that there is a need to go from recognition of this problem to a comprehensive system of service delivery and a national system of care.

We would like to request a national policy, a national guideline to be developed, which would deal with four points: First, accessibil-

ity of services with flexibility to meet local needs; second, standardized service descriptions, assessment, and evaluation; third, continuity of funding—seed money is not enough; fourth, focus on service gaps, emphasis on preventive services and health maintenance, with mental health services included in community health service delivery systems.

Thank you, Senator.

Senator CHURCH. Thank you.

STATEMENT OF ELAINE BARNES, DURANGO, COLO.

Ms. BARNES. My name is Elaine Barnes from Durango, Colo. I am a legal aid and nursing home ombudsman working with the elderly in a very rural region—region 9, in southwest Colorado.

I have seen the distinctive legal needs of these people. Many do not realize that they have legal problems. Others are too independent to accept help. Many fear the exposure of litigation and others are put off because they cannot understand legal jargon. This is apart from the alarm about rising legal costs.

An older person working as a paralegal under the supervision of lawyers in a legal services office can reach and serve many who would not otherwise have their legal problems attended to. Such a person can provide the necessary empathetic link between the professionals and clients, explaining and gaining confidence.

In my own experience, I have been able to reach and serve elderly people who were isolated geographically or through physical disability or social and psychological problems.

I would like to request that rural legal services using older paralegals be assisted to continue and, particularly, to expand.

My second position as ombudsman inspires me to say these words: Nursing homes providing long-term care are unfortunately still, in many instances, offending against human health and dignity. I would like to request that a serious inquiry be made into the need for more effective means of obliging those responsible for improving their care through stronger punitive action or more imaginative takeover procedures.

Further, I would like to add my voice to many who are asking and working for good alternative living situations for our good elderly. Thank you very much.

Senator CHURCH. Thank you.

STATEMENT OF EDWARD KREUTZER, FORT COLLINS, COLO.

Mr. KREUTZER. I am Edward Kreutzer, a PLS-VISTA volunteer from Fort Collins, Colo., with a base in Larimer County.

I want to talk to you just a moment about the winterization program, which is a national program, of course. I will write you later about the details.

I am greatly concerned about one thing, Senator Church, and I have to beg this of you. This real, down-to-earth program for no reason at all in our county, and I think through the State, was cut off in November, and it is just now starting around the first of April. What is that? That is a lapse of 4 months.

Now, I implore you, I beg of you, do not let such a thing happen again. This is a real, ongoing program and we want it to continue for 12 months of the year. This is a good deal; we all know it, and you do, too.

Thank you.

Senator CHURCH. Thank you.

STATEMENT OF TED RUHIG, LA TIGUA STATE COUNCIL OF SEASONAL FARM WORKERS OF CALIFORNIA

Mr. RUHIG. My name is Ted Ruhig. I am from the LaTigua State Council of Seasonal Farm Workers of California.

I am home. This is my country; these are our people. I want to thank Senator Church for the opportunity to address this committee.

Migrant seasonal farmworkers have a unique problem, one they encounter in a large way. After 20 or 25 years of stoop labor in the fields, eating from the sweat of their brow, they become unemployed at age 45, 50, or 55 because they are unskilled and have limited education and they can't find any work. There is no provision in the current laws to help these kinds of folks.

What I am asking for is a study, and we will presumably provide you with some figures—some facts—on how we can take care of our people who are disaffiliated from the labor force and the laws that make provisions for them. This is a serious social problem and presumably there will be ways in which you can handle this.

Thank you.

Senator CHURCH. Thank you.

STATEMENT OF JUANA LYON, NATIONAL INDIAN CONFERENCE ON AGING

Ms. LYON. Senator Church, my name is Juana Lyon. I represent the National Indian Council on Aging, the National Indian Conference on Aging of the National Tribal Chairman's Association and the Indian Caucus at this conference.

The lineup of scheduled witnesses at this conference—at this hearing—underscores more eloquently than I could the fact that among the rural elderly the Indian people are the most forgotten.

We were gratified at our National Indian Conference on Aging last year to have your staff member, Mr. Oriol, and Mr. Coleman present, and I want to thank you for that.

At the request of the Indian Caucus at this conference, I would like to submit into the hearing record the findings of the National Indian Conference on the Aging which contain our recommendations.¹

I would like to present four major priority recommendations to you at this time.

I would request that the Senate, the Congress, and the President of the United States be mindful of the special responsibility of the Federal Government to the Indian tribes and Alaska Native entities

¹ See appendix 7, p. 554.

of this country. That, as a consequence, the Congress and the President of the United States support our intents to obtain direct funding through our local units of general-purpose government from the Federal level to the tribal level in order to more appropriately serve our Indian elderly.

No. 2, we would like to point out that the large majority of our people do not live long enough to benefit from services to the elderly. Therefore, we request the lowering of the minimum eligible age for our Indian elderly.

No. 3, we request that more administrative flexibility be allowed at the local level for programs to serve the elderly because the program that might work very well in New York City is not relevant at Gray Mountain on the Navajo Reservation in Arizona.

My fourth and last request and recommendation is on behalf of the national Indian community, that the Senate and House Committees on Aging hold national hearings on the needs of the American Indian and Alaska Native elderly because we are dealing with a multitude of different tribes, different tribal governments, and we are, above all, striving to maintain the special relationship between the Federal Government and the American Indian community.

Thank you.

Senator CHURCH. Thank you.

May I just say that we also have received from Mr. Shelby Smith a statement from the Southern Ute Indian community action programs which will be included in the record.¹

STATEMENT OF VERNON SCHUPP, PRESIDENT, ARAPAHOE COUNTY COUNCIL FOR SENIOR CITIZENS

Mr. SCHUPP. Senator Church, I am Vern Schupp, president of the Arapahoe County Council for Senior Citizens.

We are an advocacy organization funded and supported by the three wonderful commissioners of Arapahoe County. I have a little good news and then I have a request.

I know you have heard a lot of things that were not good news but, due to our commissioners' interest in senior citizens and that Arapahoe County has more area that is rural than is urban, we are speaking about commissioners who want to seek programs to go throughout the entire county. Any programs they fund must be for both rural and urban consumption, if I can put it on that basis.

In addition, they were able to help the Arapahoe County Manpower Agency—now employment and training—and we were able to get \$200,000 to be used for homemaker service throughout Arapahoe County starting immediately and going until next March. That fund will not be successive, in that we will not have that fund again.

We have heard about homemakers and we have heard about people who are better off in their homes, and we certainly agree with that. They live longer and they are happier. There are cases where people need to go to a nursing home and there is no other substitution. But I would say to you that the great majority of them could

¹ See p. 444.

stay in their own home if they are able to have the help. I'm speaking about such mundane things as cleaning the bathtub, cleaning the toilet, cleaning the refrigerator, and bending down to sweep under the bed, mopping the kitchen floor—hygienic things. A little help would keep them in their homes rather than putting them in nursing homes when they don't need intensive care. We want to see that type of a program continued and we are looking right now at next March. I'm sure this gives you a lot of time between now and next March, but I know how the Government works. [Laughter.]

I have already talked with Mr. Oriol and he had the opportunity to hear me spout off at a work session we had.

I want to thank you for this opportunity of bringing both good news and a request. Thank you.

Senator CHURCH. Thank you very much. I couldn't agree with you more about what you had to say about home services.

Mr. GUY. Senator Church, I am from Thornton, Colo. We are supporting dental bill 473. No one said that senior citizens all in the United States need teeth to chew their food good so they can live longer and be happier. Then we can apply for food stamps and everything else.

Thank you.

Senator CHURCH. All right, next, please.

STATEMENT OF ETHEL KELLY, ENGLEWOOD, COLO.

Ms. KELLY. Senator Church, I am Ethel Kelly of Englewood, Colo. I almost did not come down because this was a meeting on the problems of rural senior citizens. But the problem I have affects both the rural and the urban senior citizen. I will read a letter that your clerk has. [Reading.]

DEAR SENATOR CHURCH: Why did Congress pass a tax law in 1976 which discriminates against older Americans simply because both spouses are 65 or over?

I am a retired public school teacher and could use the more favorable form RP, except that both of us are 65 or older. It is certainly not more complicated than form R. Surely couples, both of whom are 65 or older, are more in need of tax relief than couples only one of whom is 65 or older. Was this an inadvertent error? If so, I hope that Congress will correct the error without delay.

I happen to know that when Congress found that a law they had passed lowered the medicare payments, they enacted another law—Public Law 94-132—to correct the error.

Very sincerely.

I would like to say that there are many senior citizens who are affected by this but who have not written letters. When I went home from having H & R Block prepare my income tax form, I immediately wrote to the three representatives from this area as well as the two Senators and to President Carter. I later wrote the NRTA/AARP legislative counsel.

I have a letter here from the counsel of the NRTA/AARP legislative counsel who sponsored or supported the Tax Reform Act of 1976. He says, at the end:

We believe the taxpayers age 65 and over who were adversely affected by the changeover to the tax credit for the elderly should be given the option of using the former revision of retirement income credit.

I would like to ask at this time that all senior citizens be allowed to use form RP instead of the less favorable form R.

Senator CURTIS. Thank you very much.

Let me just say briefly that I think that was an inadvertent error and I'm pleased that you brought it to my attention. I will certainly pursue it and see if we can't get it solved.

STATEMENT OF PHILLIP KIMBLE, FRESNO, CALIF.

Mr. KIMBLE. I am Phillip Kimble, Fresno, Calif., in the sunny San Joaquin Valley, with water problems just like you have here.

I'm asked to speak for 50,000 senior citizens living in 31 rural communities in Fresno County, Calif. We are very concerned about one of the specific topics you asked for testimony on this morning; that is, medicare not paying for geriatric nurse practitioners.

I wrote for a grant 2 years ago trying to get it implemented. We hired geriatric nurse practitioners to work in rural areas, but we lost both of those geriatric nurse practitioners because medicare would not pay for it since we could not afford physicians to work in rural areas to do the work. We lost those two people and are without even nurses now, simply because the stupid regulation won't pay for it. That's straight from the person who directed the program there. She is without those nurses now. We think that this change definitely needs to be made and we support it.

We would like to say from members of the commission on aging, very simply and clearly, we don't need any more hearings like this one or other ones because, when we ask for material about hearings so that we wouldn't repeat, we got a stack this high [indicating]—thousands of pages. We are just saying, why don't we get to work on implementing what's already in the hearing; quit listening and put some of the time into implementing programs?

We want to remind you—and mainly this is directed at the bureaucrats at the other end who don't set the policy—to remember the system is supposed to work for us; right now we feel like we are slaves to the system.

I want to tell one story that happened just about a week ago in our information referral program. One of our older workers working in a small community 50 miles out in the country had a woman come in asking him for help. She said, "I hear on radio and television about all of these wonderful programs for older people." The woman talked with her and found that the woman had a telephone. The woman says, "Yes; I do have a telephone, but it's no good." She said, "What's the matter with the telephone?" "Well, when I pick up the phone, no one answers." This woman had a telephone installed in her house, had been in her home for a year, she did not know how to dial the telephone.

That's the way the senior citizens in the rural areas feel. We may have telephones in our home, we may even know the number, but we are not sure somebody will answer it even if we had the number to call that agency. We would like to do away with the six agencies that they are planning and coordinating and have one agency that has a hell of a lot less paperwork and a hell of a lot more people work.

Thank you.

Senator CHURCH. Thank you.

STATEMENT OF PAUL LEITH, NEW YORK CITY

Mr. LEITH. I am Paul Leith of New York City.

I retired in 1958 and I hope that because of reading and studying I know a little about the problems of the aging.

I want to express my appreciation to the Senate Special Committee on Aging because of their splendid work they have done in holding hearings and publishing material. For many years I have read their annual reports, their memorandums, and attended hearings.

I am glad I can get up here to speak to the committee because, to my knowledge, seldom in the recent past has your committee been to New York and most of the committees of Congress don't come into New York City. I appreciate the opportunity of speaking here.

I want to say—well, you know the reports and the polls that have been taken. The American public has little confidence in Congress. They may like their own representative because he comes down and talks to them and maybe does something for them, but the Congress as a whole—the laws that come out of it—the American people do not feel that Congress represents them, especially with the last increase of \$13,000 for every representative, which is more than the average wage of the American worker.

I think there is too much complacency in Congress, priorities are wrong, and there's a feeling that older people, well, "We can do something more for them but, on the whole, they are getting along all right." But the fact is that the median income of the elderly in the country—it is worse for the elderly rural people—is about half of what the median income is of the population that is employed.

The former Secretary of Social Security who spoke says that older people should be getting from two-thirds to three-quarters of what they earned while they were working. We are not getting it. Now, this means that we can't go along the way we have, that even this committee must not be satisfied with whatever proposals it makes. You have to have a real overhaul of the bills that are in Congress to change the living conditions and to provide more income for the elderly.

"WE KNOW WHAT WE WANT"

Now, one more point. Most hearings have professional people telling what the elderly think. The professionals cannot tell what the older people want. We know what we want. Our organizations that we belong to—the National Council of Senior Citizens and the AARP—have legislative programs, and these are the ones that should be attended to by everybody.

In this hearing, you have representatives of senior citizens organizations. That's better than professionals in the field. But they are speaking for the elderly. Where are the elderly in need, especially the rural elderly in need? Where are they at this hearing? I have written, I have heard reports, I have read reports, and at the end there are short statements by individuals about the things they want. I think that isn't enough. I'm asking, what can you do to get the opinions of the people down below who need most the things that Congress should be giving them?

Senator CHURCH. Thank you.

Let me just say that that was an excellent statement and deeply felt. One of the things we are doing is hearing directly from you right now, and I think that's very important.

I would like to say that we, in defense of the committee, have been in New York City. We have been there four times in the last 2 years; so we really have been facing up to the problem, or trying to, in New York City.

Finally, with respect to the salary increase, I just want to say I agree with the gentleman. I voted against it.

Now, may we continue.

STATEMENT OF LESTER NIELSON, PRESIDENT, UTAH COALITION OF SENIOR CITIZENS

Mr. NIELSON. I'm Lester Nielson from Utah. I'm speaking primarily for a 75-year-old man who was pushed out of his job 10 years ago. I have had time, in the 10 years, for a complete workover in senior citizen activities. I have not even had \$1 a year. I am now president of the Utah Coalition of Senior Citizens. We have an approximate number of 135,000 potential members in Utah alone.

I am on the public relations committee board of Mountain Plains which represents six States, of which Utah is but one. Our latest figures estimate around 1 million in that same category.

I am past president of two organizations of AARP. I'm a 46-year retired schoolteacher and have been active in the Retired Teachers of Utah.

There are two points for my being here. First of all, Senator, I would like to express to you our appreciation for being given this opportunity, but I'm asking you to use more of the senior citizens of our area on your various committees so that you will get an input from those people who really—as the gentleman previously said—know what we think, know what we need, and have not been tapped.

The second thing I think I would ask is for you to be sympathetic to the lifeline concept by which, when I turn off my power, I can get a reduction in my bill as well as save energy.

Thank you very much.

Senator CHURCH. Thank you.

I'm very sympathetic to the lifeline plan. I hope that our committee can push it so that we can begin to get that done.

STATEMENT OF NICK BRONZAN, FRESNO, CALIF.

Mr. BRONZAN. Senator Church, I am Nick Bronzan from Fresno, Calif. Right now I'm speaking only for myself.

I'll make this as brief as I can. This morning while I was meditating in the privy I heard the news that the price of milk is going up 6 cents. I would like to remind you again that every time the price of anything goes up, people on fixed incomes have that much less to live on.

It now costs a person who bought a home in 1940 as much for taxes as it did during the productive years while he was buying that home. We would like to request that more thought be given to deferred tax programs and other similar benefits that might help the people on fixed incomes.

This is what I was going to say until I heard you make the comment just a minute ago that says you are hearing from us now. I do thank you for this opportunity. I think we all do appreciate that.

I would like to extend an invitation to you and your committee to put your blue jeans on and tattered shirts and visit with some of the people who are living on less than \$2,000 a year. I think that would relieve some of the efforts of this committee, and so forth.

I have a problem thinking in terms of some of the people that I know in this building, and I think that you can hear with better ears.

Thank you very much.

Senator CHURCH. Thank you very much.

I wonder if those of you who are waiting could come up and use the front mike. I can hardly see you, and there is another microphone in front. So come on up.

STATEMENT OF MELVIN MOENCH, EDGELEY, N. DAK.

Mr. MOENCH. My name is Melvin Moench. I am here from Edgeley, N. Dak. I am chairman of the board of the Mountain Plains Congress of Senior Organizations that represents six States in this region. We have been having a board meeting here.

By direction from my board, I have a resolution that I would like to read and enter into the record.

Senator CHURCH. Very well.

Mr. MOENCH [reading]:

Be it resolved by the Board of Directors of the Mountain Plains Congress of Senior Organizations to support the initiatives and emergency energy demonstration efforts undertaken by Senator Church to assist the elderly of the Nation who suffered adversity because of the severe weather this winter and who have, as a consequence, spent a disproportionate amount of their limited incomes to heat their homes at the expense of their health and nutritional needs. We wholeheartedly support the Senator's continuing efforts to protect older citizens who are experiencing difficulties with the energy crisis.

Thank you very much.

Senator CHURCH. Thank you.

That is Senate bill 686; you can write to your own Senators and Congressmen in support of it.

Ms. SMITH. My name is Beth Smith. I was an RSVP director at a community college in Freeport, Ill. I have no formal presentation but I wanted to compliment you on your decision this morning so that the people who are involved in the panel, who are senior citizens, can tell us exactly how it is and were allowed to continue and not be stopped in the middle of it.

Thank you, sir.

Senator CHURCH. Thank you.

Mr. LABORIA. Mr. Church, members of the panel, my name is LaBoria. I am a member of a local consumer group known as People for Responsible Medical Care.

I should like to ask the Senator what recourse does a consumer group have with the well-honed indifference of bureaucracy that is only exceeded by a lack of substance.

Senator CHURCH. Sir, I can only tell you that one recourse is one that you are using now; that is, to bring your complaints directly to a committee of the Congress. I would hope that greater attention to consumer affairs will result.

I think consumers in this country have not had the same influence—the same weight that they deserve. Many of the other interest groups have always spoken with larger voices, and the consumers need to get organized. I think we have to correct that.

Mr. LABORIA. I hope that the result of this will not be the same indifference I'm complaining about.

Senator CHURCH. I hope so, too.

STATEMENT OF BUCK RHONE, CHAIRMAN, GOVERNOR'S ADVISORY COMMITTEE ON AGING, WYOMING

Mr. RHONE. Senator Church, members of the panel, Madame Chairman Lupu of Arizona, greetings from the great State of Wyoming. My name is Buck Rhone. I am State chairman of the Governor's Advisory Committee on Aging.

Right now we have one of our great priorities in Wyoming—transportation. I notice that has been overlooked to a certain extent from our conversation here, although the lady druggist there on the panel did mention asking for aid for transportation.

Let me give you an example. No later than last Sunday night—the way, I belong to the Kiwanis Club of Cheyenne and we are supporting an up with young people program. Have you heard of that program—up with young people?

Senator CHURCH. Yes.

Mr. RHONE. We had them perform in Cheyenne, Wyo., last Sunday night. I am chairman of the committee for the Kiwanis Club also. Along with that, the Kiwanians donated 90 tickets, at \$3.50 a ticket, to be distributed to the elderly people in our two senior homes in Cheyenne, Wyo. In order to try to accommodate those people, I felt sure I had everything in the bag. I felt sure we would have transportation—we do have some transportation in Cheyenne for the elderly—but due to the fact that we came on Sunday night and transportation is only allowed 5 days a week or 40 hours a week, 8-hour days, we were unable to get transportation to the elderly at the senior homes.

I then asked some of the churches which have buses there in Cheyenne if they would donate their buses, to no avail. They said their churches needed the buses on Sunday.

I then approached the school system, thinking they might furnish two buses for each senior home. They told me, "If we do that, everybody in town will be wanting assistance from us in donating buses."

I didn't know what to do. I went out on my own, knowing some of

the people there who had cars, and asked them if they would pick up some of the people. I had a great deal of trouble trying to donate those tickets to the senior homes. The Kiwanis Club really put out those 90 tickets for the benefit of those senior citizens. I was able to get all but five tickets delivered, and I had to do the rest on my own with the help of some of the people I work with through the Department of Public Assistance—Social Service.

The trouble of it is: I was talking to some of my constituents from other places throughout Wyoming who are present here at this meeting. They told me that they had trouble, for instance, in the town of Rock Springs. The buses there can't even get out of the city limits—that's the destination. What are you going to do about the people living in rural areas?

I contend that transportation is one of the main priorities of the State of Wyoming. I am only asking you to look into this if you can and see if we can't get more government financial aid to see if we can elaborate on the accommodations—even if we can get help from the government to possibly subsidize some taxicabs in Cheyenne. Maybe we can get help for the people in the senior homes to use these cabs on Saturday and Sunday. I don't know how they go to church. I don't know what they do when the buses are not running.

I just wanted to tell you that, and I appreciate your listening.
 Senator CHURCH. Thank you.

STATEMENT OF SHEILA RASH, DU PONT, COLO.

Ms. RASH. Senator Church, I am Sheila Rash, DuPont, Colo. I am a volunteer working in the community action program.

I first want to say that a lot of people were forced not to come today, or to these hearings at all, because of the money that it costs. We would like to have had it a lot lower. Being on social security myself, I could not afford it.

The thing I want to talk about is this. About a year ago my son came home from school telling me, "Mom, they are predicting that in the year 2000 people will not be able to own their own homes." I thought to myself, "This is funny. This can't happen to me. I practically have it paid for." OK, boom, here comes my lights and gas and water. I can't afford the extra money that it is taking. We want to know what they plan to do with us. Are they going to move us into communes? Are they going to move us into motels? Are they going to move us out on the streets? Do we have to steal so that we can have food and lodging—places to stay?

We want to know what these people in government are going to do for us, the poor people. We would like to have the lifeline construction if it is for our benefit. This is what I came to tell you today.

Senator CHURCH. Thank you.

STATEMENT OF RABBI ABRAHAM FEINBERG, RENO, NEV.

Rabbi FEINBERG. Senator Church, members of the panel, my name is Feinberg, a retired Rabbi, presently in the sin city of Reno, Nev. [Laughter.]

Despite the casinos of Reno and Las Vegas, Nevada is still a rural State. Therefore, I feel qualified and officially designated to speak on behalf of, not the elderly themselves, but on behalf of the young, dedicated professionals who spend their lives trying to serve the elderly.

This conference of the Western Gerontological Society is served—is inhabited, I would say—by thousands of young men and women who are devoting their energies, their lives, and who have trained themselves to work in agencies on behalf of the elderly.

During our stay in Reno this past year, I have become deeply involved with the work of the retired senior volunteer program. I am appalled, Senator Church, by one shocking fact, that these people must spend a good part of their lives, not serving the old, but scrounging for money.

In fact, with my background—I'm a Jew and don't have too much to do with pigs or their meat—but it seems to me that this is almost symbolized by a sow and her litter of maybe a dozen or more piglets, each of whom is trying to reach the source of supply. All of these organizations, instead of working together and cooperating, must compete with each other for Federal funds. Therefore, instead of cooperating for their common purpose, they are compelled to struggle, to fight each other for the dollar.

My proposal is this: You, Senator Church, I'm sure, would not want to be forced into election campaigns every year, although I'm sure with a minimal amount of effort you would have no difficulty in convincing the electorate that you should be returned to Washington.

I make my proposal on behalf of these workers who have not designated me to speak for them, but I am taking the liberty to do so because of a moral necessity to be an advocate on their behalf. My proposal is very simple and pragmatic. Instead of ranking funds for these agencies every year, why not subsidize them for a minimum period of 2 years so that at least they can have a breathing spell in which to really labor and give their energies to the goal on which they have embarked; namely, to help the elderly who need help. They should not be at the mercy every year of a bureaucrat who is so buried in reports and papers and statistics that he doesn't have time to go into the field and know what is really going on.

Senator CHURCH. Thank you very much, Rabbi, for both your remarks and your suggestion. Very good.

Next.

STATEMENT OF SHELBY SMITH, SENIOR CITIZENS SERVICES, SOUTHERN COLORADO UTE RESERVATION

Mr. SMITH. Senator Church, I am Shelby Smith, director of food and nutrition at senior citizens services on the Southern Ute Reservation, which is in southwest Colorado.

Accompanying me is Mr. Chris Baker, vice chairman of the tribe. Would you stand, please? [Applause.]

Senator, if it were not for funds from ONAP—Office of Native American Programs—and CSA—Community Services Administration—we would not know where to go to provide services for our elderly.

I want to give you one example. Of the millions of dollars allocated for title III, if I may, the amount reaching our five-county region around Mesa Verde National Park amounts to about \$15,000. We are grateful for ONAP and CSA for what we have been able to do for our people with that source of funding.

I mention this to call to your attention the many rural areas of this country who have that problem and do not know where to go.

I ask also, is there a way to allocate funds to take into account the special problems of the rural elderly and their logistical problems and their businesses as well as just population?

Our population, our elderly, our tribal ethnic—we have Hispanos, Anglos, and Indians in about equal numbers. The tribe, through its community action program, serves all three groups.

Our older people want to stay in their own homes. It is fiscally sound to help senior citizens stay in their own homes. Helping people stay in their homes by providing transportation, meal service, et cetera, benefits a wide number of people and costs only a fraction of what it costs to maintain those people through medicaid and nursing homes.

Senator CHURCH. Thank you.

[A statement submitted by Shelby Smith follows:]

PREPARED STATEMENT OF THE SOUTHERN UTE INDIAN COMMUNITY ACTION PROGRAMS, IGNACIO, COLO., SUBMITTED BY SHELBY SMITH

Geography.—The Southern Ute Indian Reservation is a checkerboard strip of land (15 by 75 miles) just east of Mesa Verde National Park in southwest Colorado. The area consists of plateaus, mesas, and valleys cut by fast-flowing mountain rivers, forested hill country, and high mountains.

Income sources.—Primary incomes are derived from farming and ranching, tourism, and the Bureau of Indian Affairs and the Southern Ute Tribe.

Services.—The area possesses no transportation, no health center except the BIA clinic which is for tribal members only, no component of the State welfare system, and no center for nursing care.

Ethnic groups.—Three ethnic groups coexist in approximately equal numbers: Ute Indians, Hispanos, and Anglos.

Census.—1970 census figures for the area reveal approximately 677 individuals over 65 years of age. Sixty percent of this age group are dependent upon social security income as a prime source of financial support. Eighteen percent of this population age group are well below the U.S. Department of Commerce poverty level index.

Our rural elderly.—Our rural elderly are people who have worked hard all their lives rearing their families on the land. Though winters are severe, our elders, even in the remote areas, have strong ties to their homesteads. Most need only a little help to remain self-sufficient in their own homes.

Services offered.—Using ONAP and CSA funds the Southern Ute Tribe has provided these services to all ethnic groups living in the reservation area:

- (a) Outreach visitation and advocacy help,
- (b) Transportation,
- (c) Food stamp assistance,
- (d) Delivered and congregate meals,
- (e) Nutrition education, and
- (f) Travel, recreation, and educational activities.

Using a HUD grant we have built a 16-unit apartment complex for our elders and have provided home repairs for 30 homes.

We are deeply grateful for the help you have rendered. Without the services made possible by funds from agencies such as ONAP and CSA, many of our elders would face the early prospect of either a difficult existence at home or of institutional care, which is not only expensive, but also often traumatic and depressing.

Our elders only ask a little help to stay in their homes—to keep their place and to retain their dignity.

Thank you.

STATEMENT OF ALIECE PINKERTON, DIRECTOR, SAN DIEGO COUNTY ALLIED HOME HEALTH ASSOCIATION-ALLIED HOME-MAKER SERVICES

Ms. PINKERTON. I am Aliece Pinkerton. I am the director of Allied Home Health Association-Allied Homemaker Services, a home health agency in San Diego County.

I think I am speaking for many of the seniors in San Diego. I am also fast becoming an older American myself.

I am debating about whether I should even try to testify today. I have two concerns. One is the struggle that we are having in rural San Diego to retain services for seniors in a health program that we have way out there. We started with a State office on aging grant. We struggled to get money from the county. We are struggling to maintain the medicare-related home health services in an area where it is very costly to provide them. We are unable to provide homemaker services and transportation, two things that are desperately needed.

The other point that I really wanted to bring up today was to commend you, Senator, for your efforts toward improvement in titles 18, 19, and 20. I speak from a very deep concern regarding what is happening in California and I urge you not to stop with your hearings that you recently conducted.

CONCERN FOR CRITERIA FOR QUALITY

Competitive bidding in home care services sets us up for disaster in my opinion. When we do not have criteria for quality, the State of California puts pressure on local communities to award the contract to the lowest bidder. The hourly rate is only one form of cost. Assisting the senior to attain the highest level of self-care, helping him to maintain that level, and helping him through a homemaker service that can keep him out of the hospital can reduce that \$400-a-day hospital cost.

Those are areas that we have great concern about in San Diego. We have been fighting the competitive process and I hope that when we go back next week our board of supervisors will recognize that quality of care is essential if we are going to have cost control in the delivery of health services.

Senator CHURCH. Thank you very much.

Let me just say for a moment that we have some time problems, and I want to give you people on the floor as much time as possible. We have a few other scheduled witnesses to hear from—the Green Thumb panel and the final panel. These panelists have been sitting up front for some time now. Why don't we give them a hand and thank them very much. [Applause.]

I will hear from the four who are now waiting at the microphone and ask that no more people come up at this time. Later, when we have finished with the scheduled witnesses, you will have another opportunity.

Meanwhile, those of you who would prefer to use this sheet, it is available and you can write any comments or make any recommendations you wish, and those recommendations will be incorporated into the record¹ just as though you came to the microphone. So everybody has a chance to let this committee know what is on your mind. If you would like to use this form, please feel free.

We have four more witnesses before we go back to the scheduled witnesses. After we are finished with the scheduled witnesses, if anybody else wants to take the microphone, I'll accommodate you.

STATEMENT OF MRS. DAVID

Mrs. DAVID. I am very privileged to be able to talk to you about this, Senator Church. I'm going to be in Washington, D.C., the last week in April and there is much more that I can give you at that time.

In view of the fact that there has been some talk here about national health insurance, which I am very much for, I still think that we need to develop the funds being taken from the elderly, not only from the Government but from the people themselves.

I also carry Blue Cross supplemental. I find that for the last 6 years I have been unable to collect on the medicare part because doctors will not submit forms. I have been duped out of hundreds of dollars; not only that, but also malpractice. To begin with, a lawyer in this very building told me they should be sued for \$1 million. I went to 12 lawyers with no success; there is no statute of limitations in this State. But in the State which I came from there was insurance to cover malpractice and when it finally was divulged they refused my request from the social security office for information so I could draw social security. They put through a false report that my problems were due to mental attitude. However, they had never talked to me enough in their office to know I was a psychiatric nurse and had 62 excellent ratings. When they made the big changeover down there, I was asked—when they had a mixup with patients I worked with in some wards—would I come straighten them out.

With this report, going still on my medical records, it is hard for me to get proper medical care. I had some \$22,000 the first time when they were trying to cover malpractice—\$8,000 and then \$14,000 the last time. I am without funds.

My benefits, which were small, were taken away—\$50 of my social security. I slept in my car for 12 months. I would like to have a hearing on this when I am in Washington, D.C., the last of April.

Senator CHURCH. Thank you very much.

STATEMENT OF HOPE HILL, TITLE 7 SPECIAL PROJECT DIRECTOR, CALIFORNIA

Ms. HILL. Senator Church, I am Hope Hill. I am the title 7 special project director and I serve five mountain counties in California—both sides of the Sierras.

¹ See appendix 8, p. 615.

We do have transportation in a number of programs—seven buses. It is not enough. The nutrition project council formulated a grant. They have received a \$100,000 grant from the State of California Department of Transportation for a transportation system.

Our insurance policies have gone from \$356 per bus in 1974 to \$1,900 this year. Those are title 7 buses, our new buses under the new grants—\$1,900 for the 8-passenger buses and \$2,100 for the 15-passenger buses. Our sites have risen from \$411 to \$3,671 this year.

Not just us, but throughout the country, every time we receive more money to serve more meals, insurance policies rise, and we want you to do something about it.

Senator CHURCH. Thank you.

STATEMENT OF ANITA VAHLE, DENVER, COLO.

Ms. VAHLE. Chairman Church, I am Anita Vahle and I live in Denver. I would like to see more of these senior citizens high rises built like they have in Littleton which is called the Brandy House. At present there is one being built in Englewood which has somewhere in the neighborhood of a little over 100 apartments. I understand there are 600 applicants for those 100 apartments. Now, these are for low income. We need more of those and we do need some more for middle-income groups, too, because the middle income are kept out of those others.

I will fill out one of the yellow slips and go into detail about this.¹ Thank you.

Senator CHURCH. Thank you very much.

Mr. BLOOMER. Mr. R. F. Bloomer; I am a director of nothing, myself. I suggest giving some effort in helping those who want to help themselves.

That's all.

Senator CHURCH. I'm with you on that.

I wanted to say that earlier a representative of the office of Senator Haskell was here for the purpose of submitting a statement from Senator Haskell. I acknowledge the receipt of the statement and it will be included in the record at this time.

[The statement of Senator Haskell follows:]

STATEMENT BY SENATOR FLOYD K. HASKELL

Mr. Chairman, members of the Western Gerontological Society, and fellow Coloradans, I deeply regret that I am unable to be with you today, but grateful that the people of Colorado have an opportunity to share in this important aspect of the work of the Senate. Democratic government breaks down when officials in Washington presume to know more than the people they represent. These hearings underscore the fact that government in our society is something in which all people must participate, and that communication is a two-way street.

Rapid increases in utility rates and the costs of housing, food, clothing, and other essentials have placed a severe burden on all persons living on a fixed income. The difficulties of life for people in rural

¹ See p. 639.

areas are often compounded by isolation and lack of access to transportation and medical care. This hearing and the others which have been conducted around the country will provide an invaluable resource in analyzing the needs and problems of our rural elderly population, and will help point the way toward workable and realizable solutions.

The Special Committee on Aging and especially Senator Church are to be commended for their sensitivity and effective leadership on behalf of this Nation's elderly population. The committee has made a significant impact on numerous aspects of modern life affecting the elderly, and the overwhelming Senate vote earlier this year to retain the committee was a victory for all senior citizens.

I would also like to take this opportunity to thank the Western Gerontological Society for its cooperation in the organization of this hearing and the Colorado Congress of Senior Organizations for compiling valuable information and statistics on the rural elderly population of our State.

I look forward to studying the results of this hearing and the others that have been conducted nationwide, and I pledge all of you my best efforts in improving the standard of living for our senior citizens.

Senator CHURCH. Now we have another panel, the Green Thumb panel. Robert Robinson, the director of the Colorado-Wyoming Green Thumb, will begin the list of panelists here.

You take charge, Robert, and make your presentation.

STATEMENT OF ROBERT ROBINSON, STATE DIRECTOR, COLORADO-WYOMING GREEN THUMB PROGRAM

Mr. ROBINSON. Thank you very much, Senator. I personally, and on behalf of the others who are here, want to thank you for handling a very difficult situation very diplomatically.

With everything that's been said and everything so pertinent, it has cut our testimony down to practically nothing.

We have submitted to you a prepared statement. I will not read the statement, but I would like to touch on a couple of issues and then move to my two Green Thumbers whom I will introduce in turn.

Senator CHURCH. Thank you. The whole statement will be included in the record.¹

Mr. ROBINSON. The panelists do not have a statement. They are here merely to tell you what they are doing as Green Thumbers.

Basically the problem in this part of the country, as you well know, is that in the seven Rocky Mountain States consisting of Arizona, Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming, there are 740,000 square miles of territory and only slightly more than 1 million persons over 60. So when they work in outreach as they do in the PLS program, as they do in Green Thumb, and in their senior title IX programs, they do it under severe handicaps.

In most metropolitan areas, we find that there are additional service agencies which can help the elderly. In rural communities, as you well know, there are not. Therefore, we have to rely on volunteers and programs like the title IX which let us get out into rural America.

¹ See p. 451.

One new program that I understand is under consideration by the Congress—and, I would trust that you can see your way clear to give it some thought—is the development of using younger people similar to the old CCC Corps, and maybe as a change in updating the Youth Corps.

We have a recommendation. We recommend that those seniors working in Green Thumb and allied programs be used as the directors, the supervisors, the foremen, because they have talents, they have skills, and they have abilities to give to the youth of this country so that we can all benefit.

I basically feel that there are four values to this type of programming. For the older worker: a chance to use his or her skills in a meaningful manner, an opportunity to supplement one's income, and a means to pass on their knowledge to another generation.

For the younger worker: A chance to learn a trade, a vocation, an opportunity to earn money and to find value in work, and a way to identify a goal and how they can reach it.

For the community: An opportunity to utilize the skills and talents of the elders to train the youngsters for their roles in society, and to move people from having "done for" to "doing for," the practical one of going off the dole rolls and going on the tax rolls.

For everybody: To make life more worthwhile and let all live with dignity and self-respect.

I am joined here by two Green Thumb workers. One is from Trinidad, Colo., and one from Cheyenne, Wyo. The young lady on my immediate right, Martha Edgren, is working as an outreach program worker in Cheyenne under the sponsorship of the State Office on Aging and the Cheyenne Housing Authority.

I would like to have Martha tell you a little bit of what the Green Thumb and this type of program means to her.

Senator CHURCH. Very good, Martha. Welcome.

STATEMENT OF MARTHA J. EDGREN, CHEYENNE, WYO.

Mrs. EDGREN. Senator Church, I am a Californian by birth and I lived a number of places, but Cheyenne is the only place in the world I will ever live again. I love it.

When I came to Cheyenne, I strictly was out of touch. I hated everybody and everything. I was old, I was angry, I couldn't work, I didn't have enough money not to work, and I really gave everybody a bad time.

Then the "green thumb" came long. I have a nice apartment. I am buying things new for myself. I am spending money like it was nothing, and I love every minute of it. I don't have any problems any more. Of course I can't do the jitterbug or anything like that or the Charleston, but I would sure try it if I thought it was going to help any.

I don't think there's anything any worse than the people who have lived and worked and tried to do right, and who are now left with nothing. Anything I can do to help, I enjoy.

Senator CHURCH. Thank you so much.

Mr. ROBINSON. Thank you, Martha.

Our next "green thumber" testimonial, and I think these are testimonials and justifiably so, is by Ruth Rivera from Trinidad, Colo., who is working with one of the title VII nutrition programs as a sort of indication of how two or more Federal programs can work together.

Ruth.

STATEMENT OF RUTH RIVERA, TRINIDAD, COLO.

Mrs. RIVERA. Thank you very much.

I am kind of nervous. I used to do housework for elderly people for about 35 years. Then I got to where I couldn't do it any more. I was out of a job and some of my friends told me about this program, so I applied and I got the job.

I enjoy my job very much. I get along pretty well with the elderly and I learn their ways—their good ones and their bad ones, too—but I really enjoy it. I hope to keep on working.

Thank you.

Senator CHURCH. Thank you.

Mr. ROBINSON. Senator Church, if I may, I am not sure of the protocol here. We didn't try to outdo or outguess the WGS because I am also part of that society. We do have for you a slight token and presentation. I don't understand why you have never been made an honorary "green thumber," but our two ladies would like to make you one at this time, if we may.

Senator CHURCH. You know, for years I have been trying to get the "green thumb" program into my State and I can't get enough Federal funds to get my own State included, so this is as close as I'll ever come, an honorary member of the "green thumb."

Thank you.

Mr. ROBINSON. While we are making this presentation, let me read what it says.

Honorary Green Thumb. To all who shall see these presents, greetings:

Whereas, the National Farmers Union Green Thumb wishes to recognize and commend those individuals who unselfishly have given their time and energy to promote improvement in the quality of life for older, low-income persons in rural America; and

Whereas, the Honorable Frank Church has dedicated himself to the creation of new employment opportunities for rural persons, disadvantaged by age and income;

Now, therefore, it is with great appreciation that the National Farmers Union Green Thumb, Inc., presents the Honorable Frank Church, U.S. Senator, its honorary Green Thumb for his outstanding contributions to the older, rural citizens of the United States of America.

This is signed by Tony Dechant and John Baker.

Senator CHURCH. Thank you very much.

This also includes a hardhat and, believe me, in politics I can use it.

Thank you very much, panelists, for your contribution.

[The prepared statement of Mr. Robinson follows:]

PREPARED STATEMENT OF ROBERT B. ROBINSON

Mr. Chairman and members of the committee, I am Robert B. Robinson, currently director of the Green Thumb program in Colorado and Wyoming and formerly the Colorado State director of the Division of Services for the Aging.

Today, I am speaking as both a director for Farmers Union Green Thumb and as a very concerned individual who is well aware of the problems our rural elderly face in this particular part of the country.

I am honored to be asked to bring to your attention and to reiterate and reinforce much of which I am sure the committee already has been told.

Before discussing the particular problems that our elderly face in the rural west, I would like to set the stage with a few figures. In the seven Rocky Mountain States consisting of Arizona, Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming, there are, in these 746,000 square miles, only slightly more than 1 million persons over 60. And in the four States which have Green Thumb eligibles—that is individuals over 55 and with low income—there were nearly 61,000. Current estimates are that there may be as few as one and one half older persons per square mile in this area. With this information one can readily see the tremendous task facing those agencies and organizations which are trying to serve these elderly. The State agencies on aging, the area agencies, and the national contractors all find it difficult to reach into every part of their respective areas and provide those services which are so greatly needed by so many people.

In most metropolitan areas there are numerous social agencies which focus on the different types of problems and they are available to serve all the segments of the population. Unfortunately, in rural America there are not enough agencies to serve all of the population, and certainly not the elderly.

I thought I knew what many of the problems were when, as a State director, we conducted the social indicator studies for the 1971 White House Conference on Aging on the needs of the rural elderly as well as the urban elderly. But I have found since joining the Farmers Union Green Thumb program that much of what I thought I knew, I didn't. It is one thing to sit back in a metropolitan area and the so-called Ivory Tower and hear about the loneliness and isolation, the poverty and misery, the hopelessness and despair of those who have been bypassed by our society, but it is a lot different to be where the problem is and find out for oneself how miserable life can be without the amenities that so many of us take for granted: running water, hot water, inside plumbing, food around the corner, friends across the street and not 10 miles down the canyon, all kinds of stores within walking distance or just a bus ride away, and the nearest churches and social centers frequently many miles away.

But I don't need to tell all this to you. Coming from Idaho I know you have had this impressed upon you many times. Your actions as chairman of this committee has proven your interest, concern, and dedication to the cause of all elderly in our country. I sincerely join the millions of Americans all over this country and the world who were pleased to see that this committee did not become abolished.

I was delighted 2 weeks ago when, in San Antonio at the National Farmers Union Convention, Secretary of Labor Ray Marshall in addressing the group said that "unemployment feels the same in small towns in Texas and Oklahoma as it does in New York, Chicago, or Los Angeles. Jobs are jobs, no matter where they are located. In fact, the problem has been that far too few of them have been located on the farms and in small towns of our rural areas." He also said that "this country has been built on freedom. And one of the most important of our freedoms is the freedom to live wherever we choose. But this freedom becomes awfully hollow if all the jobs are in our cities and suburbs."

I am certain you agree with me that it is a wonderful thing to realize that we have a Secretary of Labor who recognizes the value of rural America.

As I travel through Wyoming and Colorado and meet the older people who have become part of the Green Thumb program and/or are participating in the other Federal projects, particularly the nutrition and center programs, I am encouraged by the new signs of life which I see evident on all sides.

When you talk with these people on a one-to-one basis, you find out that life is different and is better for them. There is a reason for them to get up in the morning, they have something to do, places to go, and life to live. And this is thanks to the programs in the Older Americans Act and its titles III, VII, and IX.

"JUST SCRATCHED THE SURFACE"

Before I mislead you into thinking "all's right with the world," let me point out that despite all which has been done there is still a long way to go. We have just scratched the surface.

When I realize that out of the 24,000 Green Thumb eligibles in Colorado, we only have 18 in service and next year will expand to 28 slots, and in Wyoming we have nearly 10,000 eligibles with only 38 in position. Other title IX programs in the two States will bring our totals up to several hundred, but this is not enough.

We know that all older people do not want to work, but we also know that they should all be given the choice, that is health and ability being acceptable, if they want to, let's let them do it.

I believe that a few facts about the Colorado-Wyoming program would be of interest to you.

In Colorado we have 14 slots but, because of our late start, we were able to place 18 Green Thumbers in work positions. Of these 18, 11 are women and 7 men, 10 are Spanish American and 4 are veterans. Our oldest Green Thumb in Colorado is 68, and the average age is 59. We have one on standby who is 73. With the exception of one working in the State office, the rest are all in the Trinidad-Walsenburg area. This is one of the most economically depressed areas in our State and one with a minimum of supportive services in establishing the program. Governor Lamm identified this area as the one Farmers Union should move into first. Our expansion programs call for us to look at other rural areas as well as possibly increasing the program in that area.

Of the 17 positions in this part of the State, 10 are with nutrition projects (8 title VII, 1 Head Start, and 1 with a school district); 2 are with school maintenance, 2 with the town of Aguilar, 2 as community center aides, and 1 with winterization. We could use another 25 in the area very easily. In Wyoming—truly a State of wide open spaces—we have 32 slots and have 47 Green Thumbers in 24 communities. The workers over the 32 are temporary and will terminate on June 30 if there is no expansion of the program. Whereas in Colorado, the local supervision is provided by the Las Animas-Huerfano Community Service Division of the Regional Council of Governments. In Wyoming this is done through the State office on aging and the State community action agency. At the local levels, the area agencies on aging and the directors of the title VII programs, plus the regional and local action agencies, are providing the supervision.

STATISTICS OF WORK FORCE

The statistical breakdown in Wyoming is: 21 women and 16 men, 6 Spanish Americans and 1 black, 4 veterans and 8 handicapped. The oldest is 78 and the average age is 66.2. One waiting for a position is a woman of 87.

The job assignments are 10 with nutrition, 5 with winterization, 8 senior center aides, 4 with school districts, 7 community aides, 2 with museums, and 1 with a community solar greenhouse program. The difference between the two States in the profiles of the Green Thumbers is caused by the economy in Wyoming being such that the "younger" older person—that is, 55 to 60—has better job placement opportunities than they do in southern Colorado.

One of the major problems we have found is a universal one, and that is lack of public transportation in rural America. More communities do not have busses, cabs, or rental cars than do have them. When we have individuals without cars who wish to work, frequently we have no way to get them back and forth.

ADVANTAGES OF JOB CORP

In Green Thumb, we do try to tailor jobs to people; but this is not always possible, both because the needs of the community are so great and we do not wish to encroach into the area of taking jobs out of the regular job market. Worthwhile public service positions can be found in cooperation with title III and title VII programs, with State and area agencies, with counties, cities, and towns, and in a variety of capacities: winterization specialists, nutrition workers, center aides, community aides, outreach workers—actually, the list is nearly endless. A new field which I understand may be opening is combining older, experienced craftsmen with groups of younger persons to perform as teams who can construct parks, do minor and, in some cases, major household repairs for those elderly, handicapped, or indigent individuals who cannot do these repairs for themselves or pay to have them done.

The value of this type of program would be immeasurable.

(1) For the older worker, a chance to use his/her skills in a meaningful manner, an opportunity to supplement ones income, a means to pass on their

knowledge to another generation for the younger worker, a chance to learn a trade or vocation, an opportunity to earn money and to find the value in work, and a way to identify a goal and how to reach it.

(2) For the community—an opportunity to utilize the skills and talents of the elder to train the younger for their role in society. To move people from having done for to doing for. The practical one of going off the dole role to going on the tax role.

(3) For everybody—to make life more worthwhile and let all live with dignity and self-respect.

In closing, I wish to thank your committee and your staff for coming to us and listening and for having provided the support to the Older Americans Act, the State and area agencies on aging, the national contractors (including, of course, National Farmers Union), and the older population of our country. Without your help, gentlemen, much of what has been accomplished would not have been done—but there is still a lot to do.

Thank you.

Senator CHURCH. Let's go to the final panel, after which anyone else who would like to testify will be invited to do so.

The final panel consists of Robert Newhart, the assistant director of the Southeast Idaho Council of Governments in Pocatello; Dr. Edith Sherman, a professor at the graduate school of social work at the University of Denver; and Charles Banderob of Ballantine, Mont., formerly affiliated with the farmers union and a person who has been actively engaged in public life for many years.

I am very, very happy to welcome all of you to the panel.

STATEMENT OF ROBERT L. NEWHART, ASSISTANT DIRECTOR, SOUTHEAST IDAHO COUNCIL OF GOVERNMENTS

Mr. NEWHART. Thank you very much for this opportunity to speak with you today.

As you know, the 23d annual meeting of the Western Gerontological Society is coming to an end today after 3 intensive days of workshops and meetings.

For the first time, we had a symposia specifically targeted to the theme of "Growing Older in Rural America," and I would like to share with you and the committee some of my impressions from the last 3 days and perhaps sketch out some general themes.

The meetings have been packed. We made up for our low density, I guess, in the rural areas by having high density meetings.

Our discussions have covered a vast range of topics, both theoretical and practical. I hope the following 10 points will serve to inform the committee of the concerns which I heard expressed during our meetings.

I don't intend to speak for anyone else. I think it is important to remember where I come from and my area of work.

I would like to take a minute to introduce the chairman of our council, Gene Soderquist, who does a much better job speaking for the rural elderly than myself. [Applause.]

No. 1 of my nine points is that numbers of rural elderly may seem inconsequential when compared with the numbers of urban elderly, yet when viewed in the context of the rural county, we see that the proportion of the elderly within a county may easily reach as high as 25, 30, 40 percent, or higher. There are few urban areas which have that type of proportional impact.

While the aged comprise a higher percentage of the total population in rural areas than they do in urbanized areas, they have fewer public services available to them. We need to understand that, in order to meet the specialized needs of our rural elderly, we must locate expanded funding for tailor-made programs which recognize and enhance the rural lifestyle.

No. 2, policymakers and practitioners in aging must carefully consider the problems and obstacles associated with service planning and delivery in our remote and isolated areas as compared to service planning and delivery in metropolitan areas.

We need to recognize that often administrative and per unit delivery costs for the services are much less in those areas that have a high concentration of population due to the fact of economies of scale and also due to the long history of service planning and delivery by private, nonprofit agencies.

AAA'S IN RURAL AREAS

My third point: It has been said that the area agency on aging concept is crucial and vital to our rural areas. I feel that unless there is one identifiable organization—which, in our rural area, usually means one staff person and, if you are lucky, a part-time secretary—responsible for solving, with the rural elderly, some of the problems facing rural America, they will never be addressed. I think the area agency on aging can provide a viable vehicle to combat the fragmentation which exists among programs in the rural areas.

The fourth point: If rural area agencies are to succeed at their job, they need the full support from the Administration on Aging, State units on aging, and the Congress. Any and all programs which are intended to impact the elderly, particularly Older Americans Act funds, ought to be channeled through the area agency on aging to facilitate resource maximization.

The area agency on aging, I believe, should have signoff authority on programs which are not necessarily Older Americans Act funds but do impact the needs of the elderly in rural areas.

Fifth, the problems of aging we are facing today have emerged comparatively recently in rural areas where the three-generation family life prevailed up to and into World War II. The postwar boom, which brought with it mass migration from the country into the city, left many rural areas in a period of transition and upheaval without the financial capital or the manpower resources required to develop economic and social institutions that could balance, or at least complement, the growth of urbanized areas.

The job rush to urban areas has left behind large numbers of older people, many of whom have been poor all their lives and whose traditional sources of economic and social support—the family, neighboring friends, and even the country doctor—are no longer available. Few organized community resources exist to fill these gaps and the possibility for developing new resources is severely hampered by the limited funds available to economically depressed or stagnant areas for communitywide services.

In some cases there is no downtown or even a grocery store or drugstore. It is very difficult to pool local resources when they are nonexistent.

I think this is my sixth item. We in the rural areas need a redistribution of the wealth. A new formula for the distribution of Older Americans Act funds, as well as most other Federal programs, needs to be developed, giving due consideration, not only to the actual number of elderly living within a State, but also to the type and extent of the need.

The present formula follows a rationale that the needs of older persons living in Beverly Hills are the same as the needs of older persons living in Appalachia. Even worse, the current regulations and national priorities lead one to believe that somehow the problems faced by either group ought to be solved through essentially identical programs.

I think we need a new formula to perhaps compare the percent of people living alone, the percent over age 75, the percent at the poverty level, the percent of minorities, or density factors. This would be a good thing to look up.

The next point: It has been asked, "Why must we have uniformity of program solution when we really don't have uniformity of need?"

We need people—senior citizens themselves—defining their priorities and their objectives for services. We need to fund the services which the rural elderly themselves determine are needed.

Perhaps we need aging block grants, channeled through the States directly to the area agencies on aging, with local elected officials' input and effective senior citizen control. These block grants would need fewer regulations and these fewer regulations would have to reflect an understanding of the urban/rural dichotomy in planning and delivering services.

If we can't get an aging block grant, then we need a really workable waiver system.

"THE REAL NETWORK"

The next point is, we hear a lot these days about the aging network, especially the area agency on aging. I believe there is in rural America what I would like to call the real network. This real network is based on a rural value system which emphasizes independence, self-reliance, freedom, rationality, and integrity. These factors make maintenance of independence a critical issue in planning with the rural elderly.

The real network is a natural helping system which, because of the low population density, places emphasis upon the family and other primary groups to provide services and support. Yet, nearly all regulations governing programs for the elderly in rural areas are based upon urban conditions.

The basic value system of the rural elderly must be recognized and supported. All programs to meet the needs of the rural elderly must reinforce this value system.

The next point, and I may be assuming too much, but I think that the idea of a Subcommittee on Rural Elderly of the Senate committee would be a good idea. The more intensive subcommittee might be a way to go. Such a subcommittee could give focus, I believe, and analysis to rural elderly needs.

Another task of this subcommittee could be to better define what rurality is in relationship to the elderly. In our meetings, there was

a great difference of opinion on this definition, what "rural" actually means.

Also, this subcommittee might set a framework to adequately evaluate the role and performance of area agencies on aging in rural areas. I believe such an evaluation should recognize rural obstacles and rural problems.

The outcome of this sort of evaluation might either confirm or deny congressional support of AAA's in rural areas, but in the final analysis, the decision to have an AAA ought to be left to local senior citizens to decide.

My last point, and I'll try to make it quick: It seems clear that in rural America we need to stress "the right to live independently in dignity"; just as all Americans have a right to education regardless of where they live, all Americans also have a right to live their last years with dignity, no matter where they reside.

We need to deemphasize the financial costs of programs serving older rural Americans and help the auditors reemphasize the human gains and effectiveness of these programs.

In the end we need to have the decisions made at the most local level, with the most important input coming from the elderly themselves.

Thank you.

Senator CHURCH. Thank you.

I understand you did a fine keynote address to this conference and I congratulate you for it.

Dr. Edith Sherman, please.

STATEMENT OF DR. EDITH M. SHERMAN, PROFESSOR, UNIVERSITY OF DENVER

Dr. SHERMAN. Senator Church, ladies and gentlemen, I consider myself a gerontologist but, in 1974, I was given the opportunity by the Gerontological Society and the State Division on Services to the Aging to traipse around the State of Colorado as an intern consultant and take a look at the programs for the elderly. All I can say about my experience is that there are ways to teach the teachers. Let them look.

I suggest to the gentleman who doesn't like professionals that there are some professionals who really want to know how it is and who really go out and see how it is.

I attended the 1961 White House Conference on the Aging. I have read the 1965 Older Americans Act. I have read the summaries of the 1971 White House Conference on Aging.

I don't think anybody can fault the goals of the act and the conclusions of these conferences. However, to implement these goals, particularly in the rural areas of the United States, is not such an easy road. There are many problems for older people which are local and indigenous to their areas; however, there are other problems which are statewide, national, and perhaps even international in their implications.

As a sociologist, I tend to look at what we call systems. There are systems that affect older people that are global systems. They impact the entire world and we cannot depend on local, rural communities

to resolve such problems. These problems must be addressed by the national Congress.

These are such issues as: A commitment to the whole issue of aging, planning, policymaking, priority setting and, above all, funding of the programs which people need.

For example, income maintenance. What do we do about inadequate or minimal incomes for older people? This has to be a national and perhaps even international problem. What do we do about the control on inflation which ravages older people—all people living on fixed incomes? When we get the Consumer Price Index, we get a Consumer Price Index which deals with all commodities, but the elderly are not buying all commodities. They are buying fuel and food, they have rent, they have housing costs, they have medical care charges. We don't get the price index for these necessities alone, so that social security goes up a little bit, say 5 percent, but not enough to cover such soaring costs which senior citizens are having to realize. This is a national problem.

Mandatory or flexible retirement, policies about retirement, policies about being allowed to work, employment opportunities for older people, social security benefits and deductions for work income; these are national problems which cannot be resolved in local, rural communities.

Health insurance, health care costs, and health delivery systems—you have heard a great deal about this today. I suggest there should be a policy whereby doctors and nurses and other professionals in the health field are required to pay back part of their subsidized education by serving in rural areas. This is done in other countries. This should be a national issue—the distribution of health care professionals equitably around the Nation.

The availability and distribution of scarce resources of all kinds—energy, water—so that the poor and the powerless aren't penalized excessively, as they are being today, for these scarce and costly items. It is highly inequitable and must be handled at a national level.

LOCAL STANDARD SETTING?

Also, standard setting; some of the rural people here today have said they want to make their own decisions and set their own priorities. Believe me, if we go back to local county welfare, you will wish you hadn't been the decisionmakers. It has been national standards, national funding, national priorities and long-range planning that have given people the types of programs that have moved us as a society way beyond what we had in the days of local county welfare departments. [Applause.]

I don't believe that the local community is or should be without any kind of control or input; I think it should have extensive input. We have heard a good deal today about where and how this should be accomplished. I think local communities are concerned and involved with their area agencies on aging, their local county councils, their county commissioners, their local health districts, and so forth. They must identify, at the local level, those problems which are unique to the local communities, which suggest priorities for each particular

community. They need accurate information and referral services. They must know what is available in the State, in the county, and between counties. They must have local outreach workers to identify the people we heard about this morning and to assess their particular needs.

We need the program for local service—PLS—and the Colorado Congress of Senior Organization—CCSO—and the Mountain Plains Congress of Senior Organizations. These are the people who can identify—because they work at the local level—the kinds of problems to which local communities can address themselves. Especially as has been said this morning, they can find the isolated, hard to reach older people who have literally crawled into the walls. The local community is where the volunteer programs and the action programs must emerge. I don't mean to say they have to be funded there, but they must become operational at the local level with indigenous people doing the outreach.

Another is the issue of linkages with all other kinds of agencies in the local community. It is here that people should be familiar with what other local resources may be available in the small towns and rural areas.

What are the hurdles that make implementation so difficult in rural areas? Mr. LaCrue referred to them as roadblocks.

First of all, we needn't scoff or laugh at what geographical distance does. It is very hard for Congress or anybody else to overcome the problems of large, large distances and very low population density. Over 52 percent of our population lives in this city and its suburbs and we constitute only 5,085 square miles of the total 104,000 square miles in the State of Colorado.

In parts of Colorado rural areas, the average number of persons over 60 years of age is 0.39 persons per square mile. I don't know how you get 0.39 persons per square mile, but that's the density. It is so low that it is difficult to create a model in which you can deliver comprehensive services to people.

I would suggest we take a look at the consolidated school district, the consolidated school model. Why don't we, in fact, use those schools, the school buses, the school meal program, the whole school itself? Why don't rural counties which have consolidated schools use them as multipurpose centers for delivery of services to the elderly?

I'm sure that the same thing is true of health services. We have to look at clinics, hospitals, and nursing homes, and somehow consolidate their services. This means, of course, we must look at transportation systems. This has been said over and over this morning; I don't want to belabor it.

We had better make use of existing systems, because low levels of funding preclude establishing all kinds of new systems in the rural areas.

There are many, many nongeographical issues of a sociological nature which my friend to my left, Bob Newhart, has mentioned.

I think the grant program mechanism under the Older Americans Act places tremendous pressure on rural communities. We say, you—the local community—should come up with the grant proposal, then get it funded, then do evaluations of the project.

URBAN STANDARDS FOR RURAL SETTINGS

I was in a little town south of Montrose, Colo., where one lonely woman was running a title VII meal program. She handed me a pack of papers and said, "I'm supposed to evaluate the program by keeping records every single day of how many people eat, how much money they pay for the meal, and document many other aspects of the other food service." She said, "I have no secretary, I have no staff." Well, it's ridiculous. Senator Church has already suggested how ridiculous it is. The real issue is: Can this program get the meals to the people and do they benefit by these meals?

We have mentioned the educational level of rural communities. We have talked about the poverty level. It is very difficult for such communities, the poorest and the most uneducated, to assume the responsibility of writing grants, getting them into the mainstream, getting them funded, and, in effect saying, "Do it yourself."

This whole process raises the question of long-range programing or what I might call mainstreaming. Why shouldn't these programs, if they prove themselves, become part of the mainstream? Why do we have to go through the grant writing and revising process each year?

There was a program in Colorado called Friendly Telephone Reassurance and Transportation Service in a little mining town in Colorado. It was run by a nurse. She obtained 3 years of funding and when after 3 years, she got tired and fatigued with her work—all of the volunteer drivers and telephone people got nothing except gasoline costs—when she got tired after 3 years, this program died.

Is there a reason, if we have successful demonstration projects, why these programs can't be replicated elsewhere? This particularly might be done in any mountain town, in any agricultural community with small population and very sizable geographical distances.

One other thing about local programs and social issues. Small town Americans are not one homogenous glob of older people. Older people, as an aggregate, do not necessarily know what they want because they are not all alike. The elderly are made up of many different persons. You can go into small-town America and find all kinds of cleavages between people. In this State there are a variety of problems. You had a member of the Indian tribe tell you what their problems are. There is a town in Colorado 6 miles from the Ute Reservation. In that town is a community center which has all kinds of programing under title III and many other programs. The Indians on this reservation do not feel welcome and do not come to the center.

I happened to arrive in this town on a Thursday afternoon. There was a lunch and dance for senior citizens in progress. This community has a large population of Chicano elderly, yet none of the Chicano elderly attended the dance.

I'm not criticizing. I'm saying that anybody going in and programing for small-town America had better look at the history of the town, sense the way people feel, and what they will and will not do. If we are talking about establishing separate programs in these communities, they are, of course, costly. But it may be that we have

to go that route temporarily until we can accomplish cross-cultural, integrated community programs.

The opposite is also true, that some of the Government funding techniques tend to artificially segregate communities and segmentalize their services. One woman who testified at a hearing delivered a title VII program on an Indian reservation in Wyoming. She told us that the elderly Indians were not coming to this program, because they had to come to the program alone. You couldn't get in unless you were 65 years of age or older. Next door was a head start program that was serving a meal to children. This woman—I don't know how she did it, with all the rules and regulations—ended up putting together the head start program and the title VII program and letting the grandparents bring their grandchildren to lunch: a very sensible and humane resolution.

MUST WE FRAGMENT PROGRAMS?

Why must we fragment such programs? Senior Edition, which has been referred to, started as a local newspaper which was funded by title III here in region III of the Colorado AAA's. Why should a newspaper which is as good as this and has been as helpful in advocacy, information, and referral be limited to Denver? Some other funding device which would go beyond the regional AAA would need to be sought out.

At any rate these are some of the problems. In the rural communities the problems of communicating what you are doing with larger bodies, of letting us know what you are doing, is very important if we are, in fact, to replicate and use the kinds of programs that are working. In other words, our whole structure is pretty well fragmented and piecemeal, as has been said before.

To end on a happy note, I was in Grand Junction on this internship and met a woman living in a public housing development for the elderly. Not a high-rise, but a beautiful detached cottage-type project close to a charming recreation center. In this center was a title VII meals program. Outside were minibuses to take residents shopping and on tours. The whole atmosphere of this place was tremendous.

This lady turned to me and said, "It's the greatest thing in the world to be elderly today, because we've got so much going for us."

The real challenge for the rural communities and the urban communities is: How can we make older people feel the way this woman felt? I don't think she was getting too much. I think she was getting good service, good housing, but not too much. She wasn't being indulged.

I do believe, Senator Church, that if we can land a few men on the Moon with a delivery system that gets them to the Moon with all of their gear intact and all of their social services available to them on the Moon, heavens, why can't we get a rural person into Longmont, Colo., for health care? [Applause.]

Senator Church. I guess to do that we'll have to get into that military budget. [Laughter.]

Thank you very much, Edith, for an excellent presentation.
Now Charles Banderob.

STATEMENT OF CHARLES BANDEROB, BOARD MEMBER, MOUNTAIN PLAINS CONGRESS OF SENIOR CITIZENS

Mr. BANDEROB. Senator, if I may, I would like to just inject a little more humor here.

This is a story of the couple who homesteaded way out 40 miles from town and they decided they were going to town and celebrate their 47th wedding anniversary. They drove in with the old jitney and got themselves a room in the motel. Then they decided to go down to the nightclub and get a good meal. While they were having this good meal, the music struck up and started playing good oldtime music and they got to dancing and they just enjoyed themselves terrifically.

They danced and they danced, and pretty soon the old gentleman looked at the clock and it was 1:30. He said, "If we're going to get our money's worth out of that room, we'd better get back to it."

They went back to the motel and went to bed and he fell right asleep. She nudged him and said, "Honey, don't you remember 47 years ago tonight you put your arms around me and kissed me?" So he put his arms around her, kissed her, and again went to sleep. She laid there a little while and then nudged him again and said, "Honey, don't you remember 47 years ago, tonight you put your arms around me and bit me on the ear a little?" He put the covers down, got out of bed and was looking around. She said, "Honey, what are you looking for?" He said, "I'm looking for my teeth." [Laughter.]

Senator Church, members of the committee, for the record, I'm Charles Banderob of Ballantine, Mont., a rural town of 300. I am chairman of the Legislative Committee of the Mountain Plains Congress of Senior Organizations.

We have our headquarters here in Denver; however, we are a regionwide organization of six States. Each of the States has a state-wide organization with directors from various rural areas of their State. Two of these directors are elected by each State to serve on the board of directors of the Mountain Plains Congress of Senior Organizations. It is through this that we can and do develop a greater unity of effort and activity on behalf of all the groups and organizations of senior citizens in this region. This unity is what is necessary.

We want to congratulate this committee and the U.S. Senators for the outstanding work and support given to preserving and improving the status of the Senate Committee on Aging, and we thank them for it.

We further wish to express our appreciation to you, Senator Church, and the members of this committee and to the other folks who helped arrange for this committee hearing to be held at this time and out here in the midland of the United State in conjunction with this Western Gerontological Conference. This provides an opportunity for many more of the rank-and-file older Americans to take part in the hearing.

We would like to point out some of the many things that the older Americans are doing now to help themselves and then those things which they need some help with.

A number of communities are using green thumb enrollees as aides at their centers or as outreach workers; also as errand runners, transporters, and so forth. We ask that the green thumb program be expanded to provide an opportunity for more of our people to earn some supplemental income.

Other communities are bonding their areas to raise moneys to build senior centers. In a number of States they are asking their State legislators to provide some additional help with funding senior projects and services.

Many of the rank and file are chipping in cash to help raise matching funds for various projects. Many of these people can ill afford to do this.

In some communities the active concerned are organizing cooperatives to provide goods and services at cost to their communities. The Government should establish a policy of helping in this field.

NEEDED: MORE PREVENTIVE MEDICINE

Some of the major problems confronting the older Americans are health protection and health care. We need more preventive medicine projects and programs, such as proper body care, adequate nutrition, and so forth. We need a greater public interest and awareness of what the public health system can do for the public, make this a study topic in your community. I am specifically thinking of providing doctors and paramedics in rural areas that are desperately in need of doctors. We have communities in our Mountain Plains region that are 50 to 75 miles from a doctor and 150 miles from a medical center.

We need a national health program that will provide full health coverage that is not dominated or dictated by the insurance or medical industry. I know of elderly people it is costing from \$600 to \$1,000 per month for their health care.

Transportation is one other real problem in community after community. Folks who do not or can no longer drive find themselves more and more left out and the forgotten people. Whether you live 1 block or 100 miles from the doctor, the hospital, or the grocery store, and you no longer drive or cannot walk that far and carry a package of groceries, you get very depressed at asking a friend to help you out day after day when many of them are getting into the same position.

We need a transportation policy that starts with the individuals where they are and gets them to their destination or to the nearest public transportation that can serve their needs.

To initiate such a system, each senior citizens chapter or center shall establish a policy committee of three which will establish the local transportation policies and will certify the trips.

Each senior citizens chapter or center will have a pool of three, four, or more persons with vehicles who are available on call to provide the required transportation where no other transportation that can serve the needs is available. The providers of this transportation are to be paid mileage and per hour for time actually required. There will need to be some Federal funding for such a program.

There also needs to be developed by each State greater coordination and cooperation of all existing transportation within each State

with provisions for providing link-up services where needed, with ample consideration given to the "social cost of space," especially here in our region and similar areas. We need Federal financial help with this.

The greatest problem of all confronting older Americans is inflation. Our Nation must become more aware of the inflation escalators, namely, excessive salaries, wages, interest, excessive margins and nets; as these are run through our economic transactions, they become the real villains of inflation.

We feel that all top salaries and wages must be rolled back. They must be predicated more in the proximity of the average of all salaries and wages in our land and not in relation to what some special interests are paying and socking the public for it. Excessive interest rates must be curbed; excessive margins and nets must be frowned upon and curbed. The public must be made aware that these are the villains of inflation and not the saviors of our Nation. These excessive nets must bear a much heavier tax.

To give you a brief picture of what happens, take \$1,000 worth of raw goods and services and run it through seven transactions between the producer of it and the consumer and mark it up 30 percent at each transaction and it will cost the consumer some \$5,628 to buy back the original \$1,000 worth of raw goods and services.

Now take 10 percent net at each transaction and there is a total net profit generated of \$2,500 on the original \$1,000 of raw goods and services. This means that all of the people involved in producing, processing and distribution of the goods and services are short \$2,500 of having buying power enough to buy back all the goods and services they produced—except for the profit-takers—and they cannot use all of the goods and services they have buying power to buy, so they buy up more of our natural resources and industries and further increase the inflation escalators.

VOICES OF THE RANK-AND-FILE

Now, to correct some of these inequities, we need to generate more vocal activities from among the rank-and-file people, especially the rural elderly, as they have the much-needed, long-time knowledge. In this connection we find that far too many present program guidelines are established to serve metropolitan areas and do not apply to rural areas and they just don't work or fit there.

The rural conditions are such that many programs are not workable in our rural areas and, therefore, all too many rural communities are not receiving their proper consideration in project and program development. This is often caused by using guidelines based on population and omitting the cost of distance or which must be reckoned with as the "social cost of space" and then the attitude develops that "Because there are so few of you in your rural community we will just forget about you."

Now let's see who speaks for the senior citizens. It is very noticeable that all too often department employees speak for the seniors and not the seniors themselves.

In this connection, I want to digress from my prepared statement and inject a few bits of information that will emphasize this.

In North Dakota, Mrs. Melvin Minich gathered 75 senior citizens in a bus and took them to the State capitol. She polled the group to find out how many had ever been to the State capitol, and they lived within 150 miles of it, and 60 out of the 75 had never been there.

Not to be outdone by North Dakota, in Montana I picked up two of my neighbors in the near vicinity and took them along to our State capitol and one of the gentlemen almost my age said, "does the Governor stay in Helena all the time or is he in Washington, D.C.?" The other gentleman had never been in the capitol in Helena either. The first gentleman had been through the city but never to the State capitol.

These are some of the problems and some of the conditions that we have to work under and we have to bring more enlightenment and more action to these rural communities.

In working at this, we requested of the SRS—Social and Rehabilitation Service—that they write a guideline into their budgeting of the title XX funds a couple of years ago, when the title XX funds became available—a line item for senior citizens projects and programs—and we weren't heard.

Then we went to the hearings and requested it again, and we weren't heard. We warned them that if they didn't reconsider, we may have to bring the senior citizens to town, and they still didn't listen. So we brought 1,200 senior citizens into the State capitol building, into the house chambers, and asked the Governor to meet with us. He found a way to have SRS find \$480,000 for these line-item projects.

GENERIC DRUG SELECTION

We are working on a generic drug selection bill in our State. We have with us the chairman of the Subcommittee on Public Health of the house in Montana. He is present here today, Bob Palmer.

Would you raise your hand? [Applause.]

He has done a lot of good work for us, folks, in this issue of giving the senior citizens the right to ask their physicians to make a selection of an equal drug available at a lesser cost to the senior citizen. We have gotten that bill through the house and over to the hearing in the senate, and it is moving along.

At the hearing that Mr. Palmer arranged for us, we had 150 to 160 senior citizens in there that day to testify in favor of the bill.

We also had in our legislature a bill asking for a \$2 million appropriation out of the State's general fund for senior citizens projects and programs, and matching funds. We are anticipating some additional funds coming down the line in the near future and, in addition, we are going to help the local communities with developing more projects and programs for senior citizens.

Many of the States in our region are working on the SRS supplemental legislation. Others have worked diligently and have gotten some consideration under the utility rate restructuring. There is any number of these kinds of projects and programs that the communities can work at, but we have to build a fire, you might say, under the rank-and-file people. You have to do this by getting them informed with the proper information and the ability to distinguish between that information, which isn't quite so proper.

Let me take a look at what we need to do about these and the many other issues that need senior citizen attention and action. We need senior citizen leadership and group action training and activating throughout our region, and you folks in many other regions no doubt need the same.

As we motivate these senior citizens, we will set off a prairie fire of senior power that no one can stomp out.

Thank you, Senator.

[The prepared statement of Mr. Banderob follows:]

PREPARED STATEMENT OF CHARLES A. BANDEROB

Mr. Chairman and members of the Committee, I am Charles A. Banderob of Ballantine, Mont. I am president of the Montana Senior Citizens Association and chairman of the Mountain Plains Congress of Senior Organizations Legislation Committee. Our organization is on record as favoring a program of development of the Nation's energy resources by the people and for the people, to provide the greatest long-range benefits to the greatest number of our people over the longest period of time. We are opposed to scare-type tactics for fast development and rapid exploitation of any more of our Nation's natural resources or its people by any fast-buck promoters.

We ask that there be published in the daily press reports, from time to time, of the acreage owned and of those leased by each major oil and gas company; the number of fields that each has in active production that do not extend beyond one-eighth mile of the last producing well in any direction; the percentage of their holdings that are producing as to the total holdings and percentage and areas that have not been developed as yet. Also the total estimated supply above and below ground controlled by each company

Further, we ask for the same information to be made available on our coal and shale resource deposits.

President Carter's statement that the longer our gas and oil stays in the ground the more valuable it may become is true of all of our natural resources. This points up the need for developing and using our wind, our solar, and water energies; once they have gone by, that much energy has been lost and is nonrecoverable.

Therefore, we need a national energy policy, in which all of the people participate in the ownership at a greater equality to one another. We have the people (the voters), our Nation has much of the natural resources, and we have a lot of know-how; it needs to be done the cooperative way.

We need to put a windmill on every hill to capture that energy and convert it into a usable supply of energy. We need to develop every kind of a solar heat and power devise possible. We need to adopt a policy of building reservoirs, lots of smaller ones in every stream, in a few larger ones we need to install generating plants or small systems where feasible, and install more generators at dams that are in place.

I have a report in my files that says that all of the major oil companies in the United States made combined net profits for the year 1974 in the amount of \$115,000 per second. Just ponder that! A \$115,000 of net profit every time your watch ticks. That is where our Nation's energy has been syphoned off to; and now we are going to have to ration gasoline and natural gas.

Yes, we do need an energy policy; but for all the people, not just a few. This is the equa-era.

I want to thank you for this opportunity to appear before you.

We are opposed to deregulation.

Senator CHURCH. Let me just say a word about that senior power. I was a witness to it in the month of January when the Senate reorganization plan, supported by the Rules Committee, advocated the abolition of the Senate Committee on Aging. They said the veterans should have their separate committee and small business should have its separate committee but the elderly shouldn't. So we had to make a fire. We went out to you people and said "We need help. This

committee has been responsible in the last 15 years for all of the major improvements in the programs for the elderly and now we need the help of the elderly to keep this committee alive." Believe me, there is such a thing as senior power because, after the Senate had heard from their senior citizens, they came in and extended the committee and made it a permanent committee by a vote of 90 to 4. [Applause.] I want to thank you for that.

Now, to the panel members in the final panel, our special thanks.

Let me just say that I have received word that Catherine Steinhauer Knowles, who is the president of the Arizona Council for Senior Citizens, wants to have a word at the microphone. I invite her now to do that.

**STATEMENT OF CATHERINE STEINHAUSER KNOWLES, PRESIDENT,
ARIZONA COUNCIL FOR SENIOR CITIZENS**

Ms. KNOWLES. Madame President, Senator Church, members of the panel, I am the president of the Arizona Council for Senior Citizens, a statewide organization, and I want you to know you stole my thunder by your last remark. This is my statement and I'm going to say it like you didn't say what you did.

There was an important item that wasn't mentioned at this hearing today. We have a Senate Committee on Aging, and I wish I would have thought to say this at the beginning of this hearing. We have a Senate Committee on Aging, but we almost didn't have. I want to tell you that, on behalf of my people and myself in the State of Arizona, we are so thankful to have the Senate committee hearing because many of these people who were upset, and angry, and cross didn't realize how fortunate they were to have you as their chairman—to hear their unhappiness and hear their problems and, particularly, to bring it to the rural area. If some of us did appear to be a little discourteous and a little unhappy, I wish that you would take all of this into consideration, and I am sure you would, because you know something, we were really swell. I think it was one time that rural network did work.

We said: "Look, that could be a giant step backwards. Sixteen years of good work is going down the drain; the only thing at the Federal level that listened to us, and they were going to consolidate it with something else and bury it."

Again, I say thank you and God bless.

Senator CHURCH. Thank you.

You have been a very wonderful audience. We have gone through the noon hour and into the afternoon. I have learned a lot today. We heard from a great many of you, not only the panelists, but those of you who wanted to speak from the floor. Many of the recommendations that you have made, we'll follow up on and see what we can do about them.

I might just conclude by saying that our last panelist mentioned inflation and the big problem that that is to everybody on limited incomes. I have been given a typical budget, that of Patricia Andasola, of Commerce City, Colo. She gets \$230 a month, which is not very much to live on these days, believe me. But look how the money

goes. You start with \$230, which is an absolute minimum income with the prices we have to pay because of inflation, and \$70 of that goes for gas and lights, \$43 goes for medicine, \$18.94 goes for the telephone. This is a rural community, the telephone keeps the person in contact; the medicine, a necessity; gas and lights. Those three items constitute more than half of that meager \$230. Now, you are not talking about food; you are not talking about clothing; you are not talking about transportation; you are not talking about any of the other necessities. Just those three items, more than half of the budget.

[The budget referred to follows:]

STATEMENT OF PATRICIA ANDASOLA, COMMERCE CITY, COLO.

I am a member of the Commerce City QLE (Qualified by Long Experience) Senior Citizens Group. I am speaking on behalf of the members of this group and myself.

There is no way that we can continue to live in today's society on a fixed income. As you know, the cost of living is continually rising. Working people in this Nation are constantly receiving cost-of-living increases; however, those of us on fixed incomes are lucky to get a raise once a year. When this raise is received, it is then taken away from another source of income such as social security, old age pension, food stamps, etc.

One example of a documented fixed income is as follows: \$230.00 total income for a month. Out of this check comes the following items: \$70, gas and lights; \$43, medical; \$18.94, telephone; \$457, property tax (yearly); \$139, property insurance (yearly—all at once).

This person does not receive food stamps because they can't afford them with the money left at the end of each month. So here we are: We have given the best years of our life to this Nation, providing support (both financial and spiritual) and giving our lives in the defense in times of war, so now what are we receiving in return?

Senator CHURCH. One thing I'm trying to do is to get the Congress to recognize that there is a difference between budgets for older people on limited incomes and budgets for the other people who are earning a lot more money.

Some years ago I managed to get this automatic cost adjustment put into social security. The idea was to try to make social security inflationproof. As a result, every year there is an adjustment based upon how much the cost of living has gone up. But that adjustment isn't an adjustment that takes into full account the actual budget of older people. It is based upon the national Consumer Price Index and, therefore, the adjustment that is made is not reflective of the budget of the typical older person. So not enough attention is given to the increasing cost of gas and lights and medicine.

"INCOME MAINTENANCE"

I have a bill before the Congress now that would set up a special index relevant to the budget of older people and let that be the index that determines the amount of increase that ought to be given each year.

I hope you could give your support to that effort because I think it would be a big improvement in what they call income maintenance for older people in this country.

I thank you very much for being such a good audience and participating to the extent that we were able to today, and the time that we had to listen, and we are coming to the end of that time. I appreciate

the hardhats, the plaques that you have given me that I hadn't expected at all, and I am very proud to display these whenever I have the chance, and I appreciate those very much.

I want to turn the meeting back to Marian Lupu now, your new president.

Ms. LUPU. It really goes to Roy. He's still the president.

Mr. VAN ORMAN. Senator Church, as this changes hands, the microphone is spoken to from a different spot, may I suggest to you as Senator from Idaho, which is a Western State, that you and the Senate Special Committee on Aging be aware that the Western Gerontological Society is sincerely concerned about the needs of its membership.

Our programs in these past 3 days have responded to no less than 12 different workshops with specific intent to create rural input. As a result of the work done by the members of the Western Gerontological Society to answer questions about the needs of the rural elderly, we feel this society must be involved in reviewing and commenting on any new efforts made to serve the rural older people of the United States.

Our society has a record of seeking out, listening to, and responding to the membership which comes from the Western United States. The charge is then made to our legislators for them to remember the States which they represent and to have their staff work together with the Western Gerontological Society in trying to answer gerontology issues and questions about older people.

Please don't let the concerns and needs of western older people get lost in all of the decisionmaking and discussion.

In our sessions here today we have over 2,400 people registered for these meetings. Although our charge is with three HEW regions, we have people attending from no less than 39 States, Canada, Guam, and Samoa. I am very encouraged—enthusiastically encouraged—that this hearing has been made possible to allow words to be spoken directly from members of our society to people who are very willing to listen and then do something about it.

Thank you so much.

Senator CHURCH. I'm not going to forget the Western Gerontological Society. Because of being a westerner myself, I'd better not.

As far as the work of the committee is concerned, of all the work I do in the Senate, there is none that is closer to my heart than the work I do on the Committee on Aging.

Mr. VAN ORMAN. We know that. Thank you.

My expression of appreciation to the audience who started with the room full, but more to those who have endured to the end.

Senator Church, thank you so much.

Senator CHURCH. Thank you, folks. It has been great being here.

[Whereupon, at 2:35 p.m., the hearing was adjourned.]

APPENDICES

Appendix 1

SUMMARIES OF FIELD DISCUSSIONS PRECEDING THE DENVER HEARING¹

ITEM 1. REPORT OF PUBLIC MEETING HELD IN WALSENBURG, COLO., MARCH 14, 1977, SUBMITTED BY DOLORES ORTEGA, ADMINISTRATIVE ASSISTANT, HUERFANO-LAS ANIMAS AREA COUNCIL OF GOVERNMENTS

A public meeting, sponsored by the Colorado Congress of Senior Organizations, was held on Monday, March 14, 1977, at the Walsenburg Community Center at 9 a.m.

Nitia Pachak, director of CCSO, opened the meeting with introduction of guests, and a word of appreciation to those who were instrumental in coordinating their efforts to bring about the meeting. Mr. Bill Oriol, staff person on Senator Frank Church's Special Committee on Aging, was introduced by Ms. Pachak, who explained that Mr. Oriol has been visiting rural areas to listen to the concerns of the elderly.

Mr. Oriol told those present how the committee was formed, and the function of the committee, mainly that of getting out in the rural areas, listening to the concerns and needs of the elderly, and trying to alleviate those concerns and needs. Mr. Oriol will have a report for Senator Church who will be in Denver sometime in April to meet with persons involved in providing services to the elderly.

Discussion was held on the programs now existing which provide services to the elderly. Mr. Oriol then opened the meeting to the public, with the following concerns expressed by a few of the many elderly attending the meeting.

Mrs. Alice Grow, Gardner, Colo., told Mr. Oriol that a survey had been conducted during the time that she was a PLS (program for local service) worker. Some of the needs expressed in the survey were the problems faced by those seniors with limited incomes, and raising their children and their grandchildren.

Castelar Garcia, Antonito, Colo., spoke for the elderly in that area, stating that the most pressing problem for the elderly is the lack of transportation. Other problems and needs were the limited incomes of the elderly, and the high utility rates and health needs.

Miriam Barrett, Walsenburg, Colo., stated that her concern was the daily hospital charges to medicare patients, and added that she felt that an extended care facility for these patients was needed in Walsenburg. Mr. Oriol addressed the needs and problems expressed, and asked Mrs. Barrett if there was, at the present time, home health care available, to which Mrs. Barrett replied that these services are provided through public health. This problem was discussed at great length with Corine Garcia, CCSO Field Representative, informing Mr. Oriol that cooperative efforts to provide home health care in some areas have proven successful. She added that the PLS volunteers have conducted surveys and work with the departments of social services in an effort to provide such services, and that the senior companion programs have been the solution in some areas.

Other problems faced by the elderly in the Walsenburg area are high telephone rates, gas rates, and the high rents that the elderly pay.

¹ Arranged in cooperation with the Colorado Congress of Senior Organizations and Colorado Division of Services for the Aging.

Ronald Passarelli, councilman, Trinidad, Colo., spoke exclusively on utilities. A comprehensive, informative testimony was given by Mr. Passarelli, who explained the method by which electricity is generated, and how the cost of generating electricity is passed on to the consumer. He added that there is no indication that this trend will change. Discussion followed on the few programs in Trinidad which provide winterization services to the elderly poor.

Mr. Oriol stated that the information provided by Mr. Passarelli will have a bearing on the hearing which will be held in Denver.

Two other critical areas of need were cited by Mr. Passarelli—the critical housing situation, and the possibility of legislation being passed which would supplement the incomes of the elderly to help them pay for all utilities. Mr. Passarelli stated that Representative Massari has proposed the legislation, and he encouraged all senior citizens to contact Representative Massari showing their support of the legislation. The various bills now before Congress and related to Energy were discussed.

Dora Martinez, Pueblo, Colo., stated that in her communications with the seniors in Pueblo, the most pressing problems are transportation, housing, and the high cost of utilities.

Patrick Vigil, Antonito, Colo., member of Commission on Aging, Third District, spoke on the needs in the area such as doctors, dentists, transportation, and high property taxes. Mr. Vigil's interest is in helping those seniors living in the rural areas. He also added that due to the method of appropriation of moneys, e.g., population, the rural areas get practically no Federal aid, while the metropolitan areas receive the bulk of appropriated moneys.

Bea Lea, PLS Vista volunteer, Pueblo, Colo., serves the seniors in the outlying areas whose needs include transportation and home health care.

Mr. Oriol spoke on the issue of transportation, and asked about the possibility of the seniors forming car pools. Bill Hanna, CCSO staff member, explained the car pool approach, and explained that CCSO has written a proposal for funding for a transportation program. He also explained how the program would be administered, if funded.

Connie Quintanilla, PLS Vista volunteer, Avondale Senior Citizens Center, stated that since she has worked with senior citizens, she made up her mind that she was going to see that the seniors got what they needed. Mrs. Quintanilla has been a forceful and diligent worker in the delivery of services to the elderly. Mrs. Quintanilla explained what her duties are in the capacity of PLS Vista volunteer.

Mr. Joe Rael, San Luis Valley retired railroader, told about the many problems facing the elderly in the area, including that of transportation.

Harold Kelley, Fremont County, Canon City, informed Mr. Oriol that transportation is the biggest problem in the Canon City area.

John Luca, Colorado City, Colo., spoke on the subject of energy, and more specifically solar energy and the benefits that could be derived, e.g., savings, from it. He told Mr. Oriol that he is also assisting a veterans group in Walsenburg in an effort to establish a 120-bed nursing home. Discussion followed.

Della Montez, Gardner, Colo., stated that Gardner is one of the small communities in Colorado that is seldom remembered, and often neglected. She explained the function of the senior citizens center, describing activities, etc.

Mark Hawkins, vice chairman, AAO Region 13, Custer County, said that the biggest need in the area is transportation, along with the problem of energy. Discussion was held on how the Federal Government should subsidize the energy program, thereby helping all senior citizens.

Mr. Oriol introduced Mr. Manuel Esquibel, executive director, area 7, Area Agency on Aging. Mr. Esquibel explained how the agency was formed, and what its function is. He added that the agency covers Pueblo, Huerfano, and Las Animas Counties, and informed Mr. Oriol about the services and funding provided by the agency. Other topics covered by Mr. Esquibel were the concept of alternative homes, the misuse and abuse of medication in nursing homes, and charges for prescriptions.

Virginia Montoya, Sarcillo, Colo., stated the needs in the Sarcillo area and informed the people about the functions of the senior citizens center in Sarcillo.

Betty Cook, area agency director, region 13, Upper Arkansas COG, described her duties and the function of the agency. The programs administered by the agency were described, along with the problems faced by the elderly.

Corine Garcia spoke in behalf of Rose Herrera, Pueblo, Colo., whose problem is that, at her age, she is not old enough to receive any retirement benefits, and cannot find work because of her age. Mr. Oriol stated that this is one of the concerns of Senator Church's Special Committee on Aging, and that the committee will be looking into the age discrimination law to see if anything can be done for persons in Mrs. Herrera's situation.

Josephine Marchiori, site director, Walsenburg Senior Citizens Center, thanked all present for attending the meeting and described her duties at the center. Meals are served at the Walsenburg Center on Tuesdays, Wednesdays, and Thursdays. In addition, the participants are provided with other recreational and health services, such as blood pressure readings, films, lectures, arts and crafts. Mrs. Marchiori added efforts will soon be started to assist the elderly poor in obtaining dentures, hearing aids, and also, an attempt will be made to assist in obtaining generic drugs.

Discussion was held relative to the renovation of the kitchen facility in the Walsenburg Center which will be started in the near future.

Elsie Hamm, director of the aging programs in the bicounty area (Senior Opportunity Services and Title VII Golden Age Nutrition Program) described her duties throughout the bicounty area and informed Mr. Oriol about the number of meals served at the respective senior citizens centers in the rural areas, and the number of seniors served each month. The programs offer the seniors an opportunity to travel throughout the bicounty area to the centers for an afternoon of recreation. In addition to meals served at the centers, the staff, under the direction of Mrs. Hamm, coordinate their efforts to provide other services to the seniors in the areas of transportation, health, recreation, and education.

For the benefit of all Spanish-Speaking persons who attended the meeting, Corine Garcia addressed them in Spanish with a word of thanks for their presence. Mrs. Garcia also advised the seniors that they should at every opportunity, let their needs be known.

Mrs. Garcia's talk ended the meeting at approximately 3 p.m.

ITEM 2: TRANSCRIPT OF PUBLIC MEETING HELD IN GRAND JUNCTION COLO., MARCH 15, 1977

(William E. Oriol, staff director, Senate Committee on Aging, moderator.)

INTRODUCTORY REMARKS BY DOROTHY ANDERS, DIRECTOR, DIVISION OF SERVICES FOR THE AGING, COLORADO DEPARTMENT OF SOCIAL SERVICES

MS. ANDERS. Thank you. It is very nice for me to be here. It really is coming home. My home is in western Colorado, and it's nice to be back. In behalf of the Division of Services for the Aging, we are very proud to be able to participate in this meeting with all of you. I don't know how many of you know what the Division of Services for the Aging is, but we're the agency which directs programs for the senior citizens in Colorado, and we work very closely with Dave Norman and other agencies, including CCSO. It is nice for me to be here, but I'm not going to take your time because there are many more important people than me. Thank you for asking me to come.

STATEMENT OF NITIA PACHAK, DIRECTOR, COLORADO CONGRESS OF SENIOR ORGANIZATIONS

MS. PACHAK. Thank You. I'm just as excited as everybody else is about this great turnout. I particularly want to thank some individuals who helped make this possible: Jack Connolly, Henry Eames, of RSVP, Chuck Rupp, CCSO board members Jake Schmidt, Thelma Fary, and Budge Bingham; Elroy Shikles, Ken Geisen, and, of course, Dave Norman.

We really appreciate your help in putting this together. No way could we have done this over the telephone.

Colorado Congress of Senior Organizations is an advocacy organization which serves as a forum for the concerns and recommendations that Colorado's older citizens may be heard. We address issues at the state and national levels. We believe there is strength in numbers, flat groups of people banded together by the common objective of improving the quality of life for older citizens can

indeed effect change. I hope you will pick up some of our materials and consider joining the organization. Your dollar bill will help us in meeting these common objectives.

CCSO made itself heard, and we were fortunate in having a House Select Committee hearing chaired by Congressman William J. Randall from Denver. We made ourselves heard again, and there are going to be Committee on Aging hearings chaired by the Honorable Senator Frank Church on March 23 at 11:00 in Denver. We hope you will all come up for that because it's a really prestigious event for this state. This hearing will go into the problems of the rural elderly, and we know there is much to be said on that subject. Colorado is fortunate in having two field visits by Mr. William E. Oriol, who is staff director for the U.S. Senate Committee on Aging, one yesterday at Walsenburg and this one today in Grand Junction. This is our opportunity to provide ideas to the community committee prior to the official hearing.

We sincerely appreciate the assistance of all those who made this possible, and we particularly are grateful to Mr. Oriol for taking the time to meet with us.

Mr. ORIOL. I am anxious to hear from you as quickly as possible. I'm really moved, not only by the size of this meeting, but I'm so glad that Dave had you tell where you're from. Some of you were up early this morning to be here now. As Nitia said, Senator Church, Chairman of the Senate Committee on Aging, will be in Denver next Wednesday, and the subject will be the nation's rural elderly, and it will continue the hearings we had last year in Nebraska, Iowa, and South Dakota. The hearing will be held in conjunction with the Western Gerontological Society meeting, but there will be a heavy emphasis on Colorado issues.

Senator Church felt it was incongruous that a meeting on the nation's rural elderly be held in the state's largest city, so he said to get out as much as is possible before the hearing into the field and hear directly, especially from older persons themselves, what they think should be considered at the hearing, and then at future hearings, and finally in a report and probably some legislation. So that is why we are here. Another thing about our committee: it is a fact-finding unit for the Senate. We're supposed to find out what is happening in the nation.

You may remember earlier this year—and in fact we knew about it last year—there was a threat to the continuing existence of the committee. There was a Senate reorganization plan, and I mentioned this when I was in Colorado for the annual meeting of the Colorado Congress of Senior Citizens. I don't know the details, but I have a strong feeling there was a lot of concern and efforts made here and elsewhere—certainly elsewhere in the state and throughout the whole nation—to continue the committee, because, as Senator Church said, it is important for the older persons of this nation to have that direct link with the Senate. That is one reason we insist upon getting out of Washington and finding out as best we can what is happening.

I understand we will have other scheduled witnesses later, when there will be some people who cannot be here now, but Dave has scheduled some witnesses now. If anyone has a time problem and has to leave, let me know. The first witness listed now is Chuck Rupp, Director of Community Services here in Grand Junction.

Mr. RUPP. I'd like to talk just a couple of minutes about the confusion that I have as director of a rural area; then I'd like a couple of my staff people to talk and a couple of senior citizens involved in our program.

Early in 1972 a study was completed by a private consultant for the Office of Economic Opportunity (now Community Services Administration) which attempted to set forth transportation needs for rural poor, as well as some possible solutions. The study reached these conclusions about the travel needs of poor people (who are mostly the elderly) in rural areas:

- (1) They travel much less than their non-poor counterparts; and,
- (2) They are not participating in activities that could be of great benefit to them and that they are entitled to by law.

In the areas of housing, health care, legal services, food stamps and other necessary services, study after study has indicated the same dismal picture—our rural elderly are not receiving the services to which they are entitled; the services which would allow them to live with independence and dignity.

In order to attempt to deliver needed services to the elderly of Western Colorado, Community Services, Inc. has found it necessary to work with and

be responsible to an incredible maze of government programs and agencies. Two RSVP programs and one Foster Grandparent Program receive their funding from Action; two Title VII Nutrition Programs from the Administration on Aging, coordinated through the Colorado State Division on Aging; one outreach program receives funds through the Community Services Administration; an area-wide Information and Referral Program through Title III funds, administered through the Rocky Mountain Area Agency on Aging; nursing home services are provided through private contracts as well as State contracts; and transportation services through funds from most of the above programs, community donations and the Department of Transportation. Services not provided by this agency, but necessary to the clients we serve, are provided by the County Departments of Social Services, Mental Health, Public Health, the Department of Agriculture (for food stamps and commodities), and, need I say more—the list is endless.

There is a great need in this country, and this is particularly true in rural areas, for a planned and coordinated delivery system for meeting the needs of the elderly. Presently, we not only have a proliferation of Federal programs for the elderly, we have conflicting eligibility requirements, varying and conflicting guidelines and regulations, and in many cases, duplication of services. Being aware of the geographic distances between communities served here makes these problems mind-boggling. Adding to the confusion, we are becoming increasingly aware of the growing involvement of business and industry in the delivery of services to the elderly, with the incentive being profit. This is to be seen in the nursing home industry, Meals on Wheels, and in home and health care programs. If industry is capable of providing these services more effectively and less costly, and this does not seem to be the case, it still needs to be demonstrated that there is a strong commitment to human values and needs.

The majority of those persons working for and with the elderly are dedicated, hard-working, underpaid and overextended. Thousands of hours of volunteer time are expended by hundreds of volunteers (Community Services, Inc. has over 1100 volunteers of all ages, the majority being seniors) but the great lack of resources, generally money, and the bureaucratic restrictions and regulations provide an oftentimes impossible barrier.

We do not need more programs and planning bodies. We need; —tax breaks for the elderly; —greater Social Security benefits; —lowered utility bills; —more low-cost housing; —health care that is accessible and affordable; and —transportation.

These are items the seniors themselves have given us time after time, survey after survey. What does it take to get these things done?

The cost is a massive effort at the Federal level to cut out waste, eliminate the territorialism we see between agencies. We need new tax structures, new health delivery systems, new transportation concepts, and these systems must be integrated, and no longer segmented.

Example: On a budget of \$12,000 a year, we at CSI provided over 50,000 rides to senior citizens and handicapped in Mesa County last year (figures for our outlying areas are available). Gas, oil, maintenance, *and* salaries averaged 45¢ per mile. We see a different picture in the city. The Regional Transportation District in the Denver metro area last year spent \$1 million per day just for planning. Wasteful? We think so. For two years this agency, in cooperation with several other agencies in this community, applied for Rural Highway Development monies. We wished to coordinate services to the elderly and handicapped in Regions 10, 11, and 12. We were told at the State and Federal regional level that our proposal was well thought out and developed. In fact, it was given No. 1 recommendation by the state and regional level. We were turned down shortly thereafter—with the community of Vail receiving the grant. (Vail was, as you know, the Winter White House of the ex-President.) The first year we were told by Washington that we were too exclusionary in serving only the handicapped and elderly. Previously, we were told this was the intent of the grant. The second year we opened up the grant to all people and were told it was not unique enough to be funded. What do we do to help the seniors of our community understand the double-talk and run-arounds when those of us who are professionals can't?

Help us to understand, so that we can work ourselves out of business and let the seniors run their own programs and decide their own destinies.

TITLE VII NUTRITION PROGRAM

We feel that the Federal guidelines for title 7 programs are written basically for urban programs. An example of this is transportation. The rural elderly are not only isolated physically, but isolated because of lack of transportation. If the individuals who live outside of town cannot get to the mealsites, these programs are not meeting a need. Title 7 has a 20 percent budget limit on social services. Unfortunately, this also includes transportation. We could easily spend 40 percent of our budget on transportation in rural areas alone.

The overall cost of program operation in rural areas is high. We urge you to consider the unique differences between a program operated in Mesa County, Colo., with 16 people per square mile versus a typical urban area with 5,000 people per square mile.

On your way out to the airport this afternoon, take a look at that 10,000-foot flat-top mountain to the east. There are two small towns on the side of that mountain, and those rural elderly people need transportation to their local title 7 mealsite.

Mr. ORIOL. Thank you. I think that statement is an admirable summing up. I have not seen in these hearings that good a summary of what's happening in the field. Was that a Section 147 demonstration grant you were trying to get from the Department of Transportation? We've been puzzled about certain aspects of that program too, and it is my understanding that it is now expired.

Mr. RUPP. That is correct.

Mr. ORIOL. That's one of the problems of the demonstration grants. As soon as you demonstrate a clear need for something, the money runs out and you're left trying somehow to fill that need. Are you pursuing that transportation grant in any other way now?

Mr. RUPP. Yes, we've received some Title III monies and some Title VII monies to do a transportation development study, and we are looking at developing a TDP for the Department of Transportation and will be, hopefully by next fall, applying for some other federal grant, probably through the Federal Highway Administration.

Mr. ORIOL. Would that be the 16(b) (2) program?

Mr. RUPP. No, sir, we have received funds from Section 16(b) (2). The problem there is that there is a 20 percent match but very limited funds; for example, last year in the state of Colorado the figure was \$250,000 for the entire state. We received \$55,000 and thought we did very well. That was limited, however, to areas with populations of 5,000 or more, and at the present time they have reduced that regulation to include the rural areas which we serve, so we're eligible; but they have also required now a transportation development plan, so it's kind of a Catch 22 situation.

Mr. ORIOL. Another catch is that you can use that to buy vehicles but that doesn't provide operational money.

Mr. RUPP. That's right. We received no assistance other than donations from our various programs, and one of our next speakers will talk about that. We received no assistance from charging fees, and we wouldn't want to, but we received no assistance from the state or local government because we don't have a transportation district.

Mr. ORIOL. If I can ask still more of you, if you have time to supplement that statement, which I would like to take back with me for the hearing—if you can supplement that within thirty days after the hearing, with your experience with Sections 147 and 16(b) (2), I think that would be very helpful. Now, yours is a community action program.

Mr. RUPP. No, sir, we're a private, non-funded agency and we have a community board, and we have a community action program represented here.

Mr. ORIOL. How long has this organization been here?

Mr. RUPP. Ten years. Aging programs have been operated since 1972.

Mr. ORIOL. So you preceded the area agency on aging, but even though there are duplications, etc., there is cooperation and teamwork between you and the area agency?

Mr. RUPP. I think so. We've had a lot of meetings and worked out the cooperation. Initially, it was difficult; there are a lot of overlaps.

Mr. ORIOL. It's no easy task. The area agency is a very difficult job to do, to coordinate without really having power.

Mr. RUPP. I'd like to introduce the Rev. Larry Oswalt.

MR. OSWALT. I'm chairman of the Gray Gourmet program. Basically, what I would like to say is that we do have federal guidelines for the Title VII program which are written basically for urban programs. The best example of this would probably be transportation. The rural elderly are not only isolated, with normal problems of physical isolation, but because of lack of transportation, some of our programs are not reaching the people that we should. If the individual living outside of town can't get to the mealsite, then the program doesn't meet their needs, no matter how good it might be.

The Title VII has a 20 percent budget for social services and, unfortunately, our transportation has to come within that area. We could very easily spend 40 percent of our budget on transportation. The overall cost of program operation is high anyway in rural areas. We urge you to consider these unique differences between a program operated in a county like Mesa, where we have only 16 people per square mile, versus an urban area with a thousand or more people per mile. On your way to the airport this afternoon, you might notice the large flat-top mountain to the east. There are two small communities up there, and we do have a Gray Gourmet mealsite there, but it's only as good as the transportation that we have to get people to it. Thank you.

MR. ORIOL. How many people in Grand Junction does Gray Gourmet serve? How many persons outside?

MR. OSWALT. We're serving about 240 meals per day, and the majority of those would be in the Grand Junction area because we serve two meals in Grand Junction, one on the south edge. Palisade is about ten miles to the east; Clifton is about six miles to the east, and Fruita out to the west.

MR. ORIOL. I couldn't help noticing Grand Mesa coming in, and I'm impressed that there are mealsites on top. Is the meal prepared at the site or is it delivered?

MR. OSWALT. Food for the mealsites down here in the valley is all prepared right here in this building, but the Collbran mealsite is served by the Job Corps Center. We're very fortunate to have them willing and able to help.

MR. ORIOL. I'd like to pursue the guidelines you mentioned on transportation. Dorothy Anders, maybe I could ask you: Are these guidelines federally required?

MS. ANDERS. These are HEW regulations.

MR. ORIOL. Set up in Washington and we've got to go through it. Well, that's one of the purposes we have for these meetings and the hearing, and this is something we'll certainly get into further. I'd also like to thank Dorothy Anders for coming to this meeting today from Denver, just as Nitia Pachak did.

MR. OSWALT. You asked about preparation of the food. I think the Montrose and Delta areas have a different situation in their Title VII program. They do prepare the meals at the mealsites, so this is another problem, where the mealsites are so scattered that they can't possibly do as we do here—have a central cook, etc. a lot of their costs are multiplied.

MR. RUPP. Mr. Oriol, this is Kay Pichette, the project director for our Montrose-Delta-San Miguel nutrition programs.

MS. PICHETTE. I have a brief statement, and then I can answer some of the questions you might be thinking about the way the project runs. We really appreciate your being here and the fact that you came out to Western Colorado. I think, is evidence of the interest of the Special Committee on Aging.

We are most grateful for the opportunity to speak directly to the staff of the Special Committee on Aging. The fact that you are here today in Western Colorado is another evidence of your sincere interest in the needs of all Older Americans. Through the memoranda sent out by your office, you have kept us informed in regard to pending legislation of concern to the elderly. Your constant efforts to provide for these needs compelled many of us in this room to contact our Senators in order to persuade them to retain this committee.

What I have to say in this statement represents not only my view but that of the two other program directors employed by Community Services, Inc., to work in the six counties to the south—Delta, Montrose, Gunnison, Hinsdale, San Miguel, and Ouray. The two programs are Retired Senior Volunteer Program headed by Mary Pfalzgraff, and a Community Services Administration Program in which Addrene Zaragoza is Senior Opportunities Specialist.

Ours is a ranching and farming area, mountainous in parts, with some com-

munities as far as 90 miles from the nearest population center. The largest city is Montrose with a population of 7800.

The senior citizens who are here today from these counties represent a much more rural area than you find here in Mesa County. Their concern (and ours) is that problems of the elderly are most often visualized in an urban context; for example, when one speaks of the elderly poor, the picture that comes to the mind of most Congressmen (and of the general public) is the city person living in a deteriorating part of the city and faced with the problems of street crime. Rural poverty is a different sort, but it is no less painful, and at the present time, many services which would help alleviate the problem are lacking.

It is often felt that in rural areas people take care of each other, that neighborliness is the great problem solver. Certainly there are wonderful neighbors in small towns (as there often are in cities), but the fact that one lives in a rural setting should not cause a person to be denied benefits that other Americans receive.

This winter some of our people have been cold. There is a shortage of housing and there is insufficient winterization money. Some of our seniors will testify on these matters later.

Some of our people have sat in the dark to watch TV, if they have one, or turned it off because of their fear of ever-rising utility bills.

Some have meager plumbing facilities or none at all. Freezing weather has caused pipes to freeze, but the cost of a plumber to correct the situation has been prohibitive for some.

Our Title VII program provides tremendous help, of course. Last year we served over 70,000 meals and provided a full range of supporting services. Unfortunately, our level of funding does not allow us to serve meals every day at all of our 10 sites. Seven communities, in some cases the ones with the greatest need, have meals only 2 days per week.

Most of us in this room would agree that our mutual goal is to help people maintain their independence longer. With this in mind we ask your help in the following:

(1) Provide a transportation system which will enable people to schedule trips to doctors, hospitals, etc. (Department of Transportation grants are so hemmed in by regulations, pre-applications and endless planning as to be almost impossible to obtain. Many of our communities have no doctor, dentist or even a druggist and there is no public transportation in our area.)

(2) Increased health service, such as physical therapy, homemaker service, dentures, and eyeglasses.

(3) Assistance in cutting through the maze of bureaucratic paperwork which now makes it impossible for the following programs to cooperate fully—Title XX of the Social Security Act, Title III, Title VII of the Older American Act, Public Health and Welfare.

(4) A special food stamp rate for the elderly. (People living on the Old Age Pension are finding it almost impossible to get by, and we can expect costs of food and utility to increase even more.)

In addition, we would ask the Special Committee on Aging to support programs which encourage awareness of the tremendous human resource our country has in its Older Americans. Every day I am more impressed by the wisdom, born of experience, which I observe in our senior citizens, yet this wealth of experience is seldom utilized. One of the ladies here with me today commented some time ago, "When I was teaching and there was a local issue of some sort, people would say to me, 'You're a teacher. What do you think about the problem?' But the minute I retired, people stopped asking my opinion."

The public and the Older American need to be reminded that the mandatory retirement does not lessen one's capabilities, but, in fact, broadens the scope of one's effectiveness. This Retired Senior Volunteer Program certainly recognizes this fact. Society must learn to appreciate the role of senior citizens in our country and to recognize what a vital and powerful force they can be in their communities.

Were you interested in finding out more about these rural nutrition programs and how they function?

Mr. ORIOL. Yes, I'd like to know some more.

Ms. PICHETTE. Just briefly, we have ten mealsites scattered through the county. Nine of them do their own cooking on-site. This is necessary because of the distances involved. We have a spot in each town, which becomes a

senior center for people to go to for recreation and various services which are provided.

Mr. ORIOL. Do you have any meals on wheels in conjunction with that?

Ms. PICHETTE. Yes, all of our sites have components for home-delivered meals.

Mr. ORIOL. How many meals are being delivered to homes?

Ms. PICHETTE. We were managing at first to keep our home-delivered meals at 10%, but that was changed to 20%, which is more realistic in view of the fact that there are people who are invalids at home for quite a long time, and this runs the percentage up. Right now we are running about 13%.

Mr. ORIOL. Would you like more or less home-delivered meals?

Ms. PICHETTE. There are many people we cannot reach. We are concerned about the nature of the meals-on-wheels bill before Congress. We are very concerned about the possibility of the Title VII project finding itself side by side with a profit-making venture in competition with us. We have as our main goal, service.

Mr. ORIOL. You're right. Senator McGovern is very concerned about the nutrition of the elderly, and he did introduce a very comprehensive meals-on-wheels bill last year and is advancing it this year. However, we are working with his staff and are raising the very kinds of issues you have raised. The purpose of the bill is good, but we should avoid another fragmentation. I guess you would hate to see still another Title just on home-delivered meals. It would have to be coordinated with what now exists. Did you want to comment on this?

Ms. PICHETTE. Project directors have been working on this and have contacted Senator McGovern. I think the people in this room would be interested in one aspect of the bill, by which we would be allowed to use up to 15% of the money for disabled people who are under 60. That's something I think project directors and others involved support because we all know people who are disabled and need service, but we have not been able to service them before. That could be a big advantage for the blind and disabled.

Mr. RUPP. We have two Foster Grandparents, but we've asked them to defer their comments until after lunch so that other people could come up.

Mr. ORIOL. Thank you for your cooperation. The next person we shall hear is Jay Baldi, Director of the Mesa County Mental Health Center.

Mr. BALDI. I'm here not only as the Director of the Mental Health Center but also as the Deputy Director of the Colorado West Regional Mental Health Center, which comprises ten counties to the east and north of Mesa County. Specifically, I am talking to this group as geriatric services coordinator for the regional program.

Our program has been existence for five years, and the year after our initiation, we got together with our board of directors to formulate a policy of specifically directing some of our mental health energy to the issues of the aging. It was a fairly easy process, and people seemed to think it was a good idea, so we have continued doing it for the past four years. Fairly recently I received a memorandum from the State Division of Mental Health which got me quite agitated. I'd like to share the first paragraph with you. This is from Dr. Goldneedles, the director of the Division of Mental Health: "We in mental health have become increasingly aware of the growing number of persons over 65 years of age among us and the fact that they constitute a disproportionately low percentage of our clients.

We have also begun to discover that the elderly have special mental health problems that must be dealt with in ways acceptable to them." When I read that I got angry, but I couldn't figure out why. I talked to my therapist (my wife) and to the people I work with, and finally came up with the feeling that the State of Colorado, after four or five years, is finally catching up with what we are already doing in Western Colorado.

What bothered us was the attitude that they had finally discovered there are special mental problems in the elderly. Here we are, professional people, supposedly advocates for our constituents, having a state division finally owning up to the fact that the elderly do indeed have special mental health problems. The way the state resolves issues like this is that they mandate local agencies to start paying attention to these issues, and in the future the entire state is going to be focusing on special services for the elderly.

Now, it's nice that the state is catching up, but there's a lot of catching up to do and there's been some damage done in the past. It might be a little historical, but subsequent to the end of the Second World War, when the

extended family started breaking down, particularly when Medicaid began, there began a tremendous new industry, the growth industry of the nursing home. As nursing homes developed and Medicare and Medicaid came on the scene, with the reduction of the independent family, the elderly population were in a very vulnerable position. Now that there were resources to take care of them, regardless of the quality of care, it was very easy to tell people who were problems, and particularly people who were elderly and had mental health problems. They became the pariahs. They were the people who were placed in the geriatrics division of the Colorado State Hospital or were placed in nursing homes. This was worse than the death sentence in the state prison; at least in the state prison system you have the option of parole or pardon. In those programs there was no option; it was essentially a death penalty. Most people in the early 50's and 60's who were housed, for mental health reasons, in the state mental health system or in some of our nursing homes, generally died in them.

The mental health system is set up to be an advocacy for all persons, and in speaking to you today, I am telling you that this local mental health program is interested in having all the agencies begin to pay special attention to advocacy for the needs of the elderly, particularly those elderly who become vulnerable because of mental disorders. These are people who are easily written off as not worth paying much attention to, and placed in a control unit where they have a minimal amount of independence and essentially shutting down personal control of their environment. We will not permit this to happen, and we have been very active, legislatively and politically, in this state. We are encouraging all of the participants here and all agencies in our area to join our advocacy to ensure that mental illness does not become the traditional crippling, vulnerability-producing process or problem.

Thank you.

Mr. ORIOL. I'm consumed with curiosity. What was the purpose of the state director—were they offering you more money or something?

Mr. BALDI. No. I think what it was that political pressure had been applied by organizations such as the Grey Panthers who went over to the governor and started pounding on his door. And when the governor's door gets pounded on, he starts pounding on other people's doors. I'm fully convinced that without that kind of political pressure that starts with groups like this and builds up to legislative levels, nothing gets done.

Mr. ORIOL. Perhaps you know that in past years we have reported on mental health issues connected with aging, and one of our reports was somewhat critical of the whole mental health center program because we felt there were very small percentages, on the average, of old people being served. What is the percentage of older people being served? And what do you do to make your services acceptable?

Mr. BALDI. It breaks down to about 17 percent of our total case load being over the age of 65. In the other ten counties it's lower than that, around 11 percent or 12 percent, which is about the population ratio for those areas. You're talking about areas like Vail and Aspen where the percentage of elderly is not nearly as great as it is here. As for Outreach, we found that with our limited staff, we cannot go out individually and take care of people. We'd like to do that but what we use is a concentration on an education program whereby we assist in training other agencies to become more familiar with mental health issues and know what to do about it and when to call us. And, most importantly, contacts with physicians who would feel totally overwhelmed by situations and have the nursing homes as an easy out. We also work with nursing homes and some boarding homes too. So what we are doing is the sharing of our skills, not necessarily doing the actual treatment. That would be nice, but we don't have the resources.

Mr. ORIOL. One reason I asked, do you know Dr. Pfeiffer, who is now at the Davis Institute in Denver? He was at the University and now he is at the Davis Institute, which is a new institute on aging. He is the chairman of the president's committee on mental health and the elderly. We had passed legislation calling for a commission but it was not passed in the House. Nevertheless, he is right in the state, and I think he'd be very interested in knowing some more about what you're doing. I also think it is encouraging that he has had a meeting with Rosalynn Carter, and she will have communication between their committee and the new commission she will have such an active role in. I think there is a good opportunity not to articulate the point you are

making. I guess you are very concerned about the way people misuse the word "senility". We fight that all the time. The standard joke is that the person in his 40s with a bad memory is called forgetful; the person 70 or older is called senile. That really is unfair and unthinking, and one of the things we have to fight against.

The next person is Esther Miller, Program for Local Services volunteer; Region 10 Council on Aging chairman; consumer representative to Rocky Mountain Area Agency on Aging.

First, I'd like to ask about one point. We try to find out, wherever we can, why Medicare participants are paying more and more for less months because there are restrictions on what used to be provided, or new interpretations, all very restrictive. Senator Church and members of our committee have legislation to broaden Medicare, and one thing that is encouraging about the new Carter budget is that it puts a freeze on Medicare premiums, which will come to \$117 a year, a few dollars more next year, when the freeze would continue. But what I think is encouraging is that it at least puts a halt to what has been happening. Congress fought two years in a row an administration proposal to increase that \$124 even more and to add a 10 percent charge for every day past the first day. Congress would have none of it. But I agree on the need for making Medicare do the job that it was supposed to do and that everybody thought it would do.

Ms. MILLER. I feel that Medicare should cover eye care, hearing aids, and dentures. Those are the three things that every senior—or almost every senior—needs, and they are doing without them. It is a great hardship for the senior citizen.

This is a very big country. The towns are small and scattered. The transportation is, of course, a very big problem, and we do need a van for every mealsite, at least one. They cannot share the vans between these towns because they're too far apart, so we definitely need more vans and buses. Aside from transportation, taxes are a big problem. Taxes are going up to where seniors are having a very hard time meeting them; rents are also going up, due to the development of the ski areas, due to oil shale and mining opening up. They also need more adequate low-cost housing. I think we should look into the area of mobile home costs. We have quite a few seniors living in mobile homes. Of course, with most parks, the parks are very inadequate. They are more geared to the young people and they're not well kept up as the seniors would like to have them. We'd like to see more mobile home parks and also financing for mobile homes. This is part of the low-cost housing that we could get into. There is a different need for each community. We'd like to handle more of our own affairs through funding without so many restrictions and regulations. Each community is unique in itself; each has its own needs. They cannot all fit into one form, and I do hope that you will consider some of these things in your hearings.

Mr. ORIOL. I would like to ask a little more of your thinking on handling more of your own decisions, etc., on programs serving older persons. Can you give me an example of some of the things you have in mind?

Ms. MILLER. In the town I'm from—Gunnison—we are working very much locally. We have our own mealsite. We'd like to be given approval to use the money in the way our particular town or community needs to use it. There are no two communities that have the identical same needs.

Mr. ORIOL. What strikes you as unrealistic requirements you have to meet that may not be suitable?

Ms. MILLER. Now you're catching me off balance.

Mr. ORIOL. While you're thinking about that, let me ask you about some of the things you do as a PLS volunteer. As I understand it, PLS volunteers have a lot of freedom to exercise their own initiative.

Ms. MILLER. We contact all the senior citizens in the area. Right now I'm trying to contact all who are in mobile home parks. A large number of them are in mobile home parks and they do have needs. When we find out what their needs are, then if we haven't the service to take care of these needs, we try to develop these services. In Gunnison I have developed a program by which the optometrists have helped them out with eyeglasses. I have developed a program by which dentists will help out so that they will get to the dentist. I have found that some of our seniors had not even had their eyes tested for five to seven years, and their sight was failing but they didn't have the more

than \$200 to go in and have an eye test and get new glasses. It's the same way with dentures or even general health. They put it off until they have to have dentures, and dentures are very high. So we try to develop any services we can to help the seniors over whatever their problem might be.

Mr. ORIOL. Thank you. I'm very interested in the mobile homes issue you raised. This is an area we have not looked into, and there probably would be federal interest in pursuing that.

Ms. MILLER. There are some seniors who never rented. They've owned their own homes all their lives and they're very reluctant to put out money for rent. They would rather put it into a mobile home and call it theirs, if they have to give up their big homes. Some of them are living in large homes they have no business living in.

Mr. ORIOL. Mr. Norman, did you want to comment on the fact that the grant was reduced in size? Can anything be done about it?

Mr. NORMAN. Yes, Mr. Oriol. The grant is reduced in size; it started out to be half-size, but we've increase it to three-quarters, so it is increasing. Our negotiations with the county commissioners in Mesa County and throughout the region are very promising for having this picked up as a local program with local support.

Mr. ORIOL. So it will be county-supported then?

Mr. NORMAN. It will be.

Mr. ORIOL. Well, that's fortunate. In some of the more rural parts of the nation, that is not possible. I just wondered whether you or anyone else have figured out possible recommendations for federal legislation.

Mr. NORMAN. The type of recommendations I would make would be in the area of revenue sharing because I believe that local governments will be supportive of these programs if guidelines on citizen participation are delineated more to increase elderly participation.

[See item 4, p. 489, for report compiled by Mr. Norman.]

AFTERNOON SESSION

Mr. ORIOL. I'm told that it is felt by everybody concerned that we should hear from some of the other people in the audience at this point, so Mr. Reyes, were you going to go first?

Mr. REYES. I am the director of the Colorado West Community Action Program. I have some things I'd like to bring to your attention.

PROBLEMS RELATED TO SENIOR CITIZENS IN RURAL AREAS

Transportation. Transportation is practically nonexistent for rural area Senior Citizens making it nearly impossible to get to Doctors, Hospitals, Shopping facilities, etc. Family or friends must provide transportation or a taxi must be used at prohibitive expense to the Senior Citizen living on a fixed income.

Recommendation. Expand Community and Social Service Transportation routes to include those Senior Citizens residing outside the city limits.

Cost of living. Social Security cost of living increase is computed annually instead of Semi-Annually as is done by some other Government agencies. When a Social Security or Pension cost of living increase is initiated, other Welfare supplements such as food stamps, State Pension, VA Pension, etc. decrease wiping out any actual raise for the individual, without consideration of total cost of living increases. Public utilities are costing the Senior Citizen 25 percent to 30 percent of their income. Many cannot afford a telephone because of the installation cost and the continual increase in monthly rates. Foster Grandparents are working in the Grand Junction area for a stipend of \$1.60 per hour. This is the same hourly rate as when the program was initiated in 1973, yet the cost of living has increased many times. In other areas the stipend is supplemented by State or local funds to increase the amount somewhat.

Recommendation. Initiate cost-of-living increases semi-annually for those on Social Security, and establish a more equitable system concerning food stamps and other Welfare supplements to include all cost of living expenses, such as Housing and Public Utilities. A cost of living increase should be investigated for the stipend offered Foster Grandparents and Senior Companions.

Medical care. Doctors and Hospitals are nearly inaccessible to the rural aging, except in cases of emergency where an ambulance is warranted. County

Health offices and Health Nurses cannot provide visitation to all those who need it because of the lack of funds, the distances and the time involved.

Recommendation. Expand the Senior Companion program grants to include training of Senior Citizens to visit rural area homes, fix a meal, run necessary errands, and to help provide transportation for necessary medical help and shopping. A phone service could be provided daily for shut-ins and Seniors in isolated rural areas, as well as those with no family in constant contact. Hospital and Nursing Home Senior Companions are desperately needed for those who go for weeks with no family or friends to visit or help them. The Senior Companions would earn a stipend, thereby helping alleviate two problems; their own lack of income and by providing much needed services for other Seniors.

Medical expenses. Senior Citizens, because of their age, require more prescribed drugs than the average individual. In many instances the drugs prescribed by Doctors are of the most expensive type, when a less expensive drug would provide equal results. Hospitals and Doctors are also charging fees for services not rendered, resulting in increased medical insurance costs for everyone. Example: A recent hospital bill from the Grand Junction area reflected 8 dressings at \$15 each. 2 of the dressings were billed BEFORE surgery was even performed. The patient received only 2 of the 8 dressings charged. Medicare paid the bill for all eight dressings.

Recommendation. Encourage Doctors to prescribe the least expensive drugs that will attain the desired results. Investigate Hospital and Doctor billings to Medicare and Medicaid to insure the services charged for were actually rendered to the patient.

Summary. The Foster Grandparent and Senior Companion programs have proven to be extremely worthwhile and beneficial and should be increased tremendously in all areas. This could alleviate many of the problems of the Rural area Senior Citizen; specifically, those older adults capable of working within these programs would be provided with a stipend for their time and services, providing an income for their own living expenses, and at the same time providing a valuable service to others less fortunate. There is currently a long waiting list of qualified Senior Citizens that have applied to become either Foster Grandparents or Senior Companions. They are willing and capable, and offer a vast resource of services, experience and knowledge that should not be wasted. This group of people, more than any other age group in our nation, would rather earn their way than rely on their families for support. Give them a chance to serve those that are unable to help themselves, and at the same time reduce the community problems and Welfare roles.

Mr. ORIOR. I really admire that program. About ten years ago our committee, and I'm proud to say I had something to do with this, held hearings on the War on Poverty as it affects older Americans. At the time it wasn't giving much help to older Americans; of necessity, the major emphasis at the beginning was on youth. But there should also be emphasis on older people, and one of the ideas was what later became Foster Grandparents. Soon after that I went into a hospital where there was a group of Foster Grandparents working, and everywhere I went, even at that early stage, the hospital personnel told me, "That elderly lady over there has done more for that youngster than I've been able to do for years." And she says it's because of the hours-at-a-time attention, and the other word is love. It's good to have a federal program in which the word love fits. And that goes for so many other things going on in the field of aging. It's caring about people, and this is so precious. One of the things we must be certain to do is to keep doing the part that's right while correcting some of the other things.

Mr. Reyes, thank you so much, and the people who work with you. As I mentioned before, there were other scheduled witnesses, but I feel we should move right into statements from people who signed up. The first person I have is George Hanna, Grand Junction, AARP.

Mr. HANNA. Let me add my word about the Western Slope. My name is George Hanna. I live in Grand Junction. I'm retired from the U.S. Foreign Service, having last served in Nigeria. I'm a member of the State Legislative Committee of the National Retired Teachers Association and the American Association of Retired Persons. I'm also president of one of three local chapters of the American Association of Retired Persons here in Grand Junction, and I'm here today in behalf of my local chapters.

There are 302,000 people in Colorado over 60; 111,000 of that 302,000 belong to the NRTA or the AARP. The AARP was founded less than twenty years ago, and our membership nationally is over 10 million. Here in Colorado it is over 105,000. National membership is increasing at the rate of 130,000 a month. The NRTA's national membership is over 510,000 and in Colorado is over 6,500.

Today I wish to point out to you our concern in our meetings of the careful consideration being given to a growing problem of older Americans in rural areas. In this respect there are several problems. For example, Public Law 94135, enacted November 28, 1975, extends the Older Americans Act for three years. It designates transportation as one of its four priorities.

Among other things, the Revenue Sharing Amendment of 1976, Public Law 94488, enacted October 13, 1976, prohibits discrimination on the basis of age or handicap. It directs states and local governments to encourage elderly participation in hearings for fund application and allows the use of revenue sharing monies as matching funds for other federal programs.

The feeling among many of us in rural areas is that one way to seek relief for our transportation needs for older Americans is to use the revenue sharing funds. However, there is, as I understand it, a serious roadblock to the use of such funds.

I believe the roadblock is an administrative one. The roadblock has to do with the federal guidelines handed down to state and local governments for the use of revenue sharing money for older Americans, especially older Americans in rural areas. Therefore, I feel it would be of great assistance to a great number of older Americans if the guidelines could be reviewed and changed to include transportation for rural, older Americans.

I appreciate this opportunity to appear at this hearing on the problems of rural government. We want you, the committee, to know that we on the Western Slope of Colorado are interested in your work and want to do what we can to see that both the Senate and House committees on aging make this change.

On behalf of my Association, I express gratitude for the concern you have for us as shown by your taking time to hold this hearing in Grand Junction. Thank you.

Mr. ORIOL. Thank you for the statement of thanks for making the AARP and NRTA interest in our committee. Probably you know John Martin, who is a consultant for the AARP. He used to be the U.S. Commissioner on Aging. He was one of the team of people the AARP sent over to work directly in the Senate, speaking to individual senators, and we were very pleased to have that kind of concern. I'd like to ask you, if you can, to give me the specifics in the federal guidelines which in effect discriminate against rural elderly when it comes to revenue sharing supports for transportation.

Mr. HANNA. I'm sorry, I cannot do that.

Mr. ORIOL. Well, we will look into that.

Claudia Hawkins and Lorraine Chassey. I'm calling you together because you're both listed as Foster Grandparents of Grand Junction.

Ms. CHASSEY. One of the problems of senior citizens in rural areas is that doctors and hospitals are nearly inaccessible except in case of emergency when an ambulance is wanted. County health officers and health nurses cannot provide medication. We would recommend that they extend the Senior Companion Grant to include training of senior citizens to visit rural areas, perhaps fix a meal, run necessary errands, and provide transportation for necessary medical help and shopping.

A phone service could be provided daily for shut-ins and seniors in isolated rural areas, as well as those with no family in constant contact. Hospital and nursing home senior companions are desperately needed for those who go for weeks with no family or friends to drop in. The Senior Companions would earn stipends, thereby helping alleviate two problems: their own lack of income and by providing much needed services for other seniors.

In medical expenses, senior citizens, because of their age, require more prescribed drugs than the average individual. In many instances the drugs prescribed by doctors are the most expensive type, when a less expensive drug would provide equal results. Hospitals and doctors are charging fees for services not rendered, resulting in increased medical insurance costs for everyone. An example of this: a recent hospital bill from Grand Junction area reflected eight dressings at \$15 each. Two of these dressings were billed before

surgery was actually performed. The patient received only one of the dressings charged. Medicaid paid the bill for all eight dressings.

We would recommend encouraging doctors to prescribe the least expensive drug that would obtain the desired results, and investigate hospital and doctor bills to Medicare and Medicaid to ensure the services charged for were actually rendered.

In summary, I would like to say that the Foster Grandparents and Senior Companion programs have proven to be extremely worthwhile and beneficial, and should be increased tremendously in all areas. This could alleviate many of the problems of rural area senior citizens. Specifically, those older adults capable of working within these programs should be provided with a stipend for their time and services, thus providing an income for their own expenses and, at the same time, providing a matching service to others. There is currently a long waiting list of senior citizens who have applied to become either Foster Grandparents or Senior Companions. They are willing and capable and offer a vast resource of experience and knowledge that should not be wasted.

This group of people, more than any other age group in our nation, would rather earn their way than rely on their families for support. Give them a chance to care for those that are unable to help themselves and at the same time relieve some community problems and welfare rolls.

Thank you.

Mr. ORIOL. I have a few suggestions. For one thing, I'm worried about those dressings. You said eight dressings at \$15 each and the patient received only one. And Medicaid paid?

Ms. CHASSEY. Yes.

Mr. ORIOL. Well, I don't know what the situation is here, how this particular thing could happen, but we have become very concerned in general with some of the things that are happening in Medicaid. I'm not trying to draw comparisons, but we are taking a very close look at Medicaid reimbursement procedures. I'd like more on this if we could get it.

I would like to ask a tough question of Dave Norman. We just heard what sounded like a very good idea, that the Senior Companion monies be increased so that Senior Companions could help provide some of the home chores, as I understand it, enabling disabled persons to stay in their own homes. Mr. Reyes was talking about what I regard as a similar service, and, of course, we heard earlier from the County Health Department on the home health care program. Now, do you see a need for all these different, varying kinds of support and effort as long as there is a central clearing on what's being done to help people? How would you like to see this done?

Mr. NORMAN. First of all, I think a lot is going to have to be done in this state by changing the use of Title XX funds for the Maintenance of Effort within the State Department of Social Services to the use of either funding or pilot funding for special projects within the state. We would be talking about using pilot program or demonstration projects with the understanding that continued local support would be needed at the end of the demonstration.

As it stands now with our federal programs under Title XX and the Older Americans Act, comprehensive and Labor Department programs, every program is mandated to coordinate services. No program is given the authority to achieve coordinated or realistic funding. Coordination does assume certain administrative aspects. Neither the federal nor the state government wishes to fund administration. Everyone wants to fund services. Now the responsibility is on local government to achieve coordination of programs at their own expense.

Mr. ORIOL. One of the feelings I get is that there is communication in this area among all the organizations, agencies, and people who know what each other is doing.

Mr. NORMAN. Right now it's on an informal kind of basis with emphasis on providing administrative costs because nobody likes to fund administration. Everybody wants to fund the service, especially the federal government and state government. The initial cost is being borne by our local government.

Mr. ORIOL. The next person, Nellie Robbins, is from the RSVP program. How many RSVP people are there in your area?

Ms. EAMES. In Mesa County we have 325.

Mr. NORMAN. In Garfield County 225.

Ms. PFALZGRAFF. In Delta-Montrose we have 475.

[See item 5, p. 490, for statement of Ms. Pfalzgraff.]

Mr. ORIOL. I admire the spirit of people who work in RSVP, a program that is doing so much good, and the numbers—600, 300, 200, etc.—just indicate how popular that program really is.

The next person is Leola Miller of Grand Junction, representing Gray Gourmet.

Ms. MILLER. For three and a half years I was a member of the advisory board for Title VII Nutritional Program for Gray Gourmet. I am still a volunteer in the program and I have lunch at the mealsite several times a week. I'm here to let you know that this nutrition program gives me the opportunity to stay active, stay involved, and stay healthy. I don't like eating alone and I don't think anyone else does. In this meeting we can eat with our friends, enjoy their company, make new friends, visit with others, and have a good meal at the same time. It's a pleasure to work with the Gray Gourmet. I've been active all my life and I intend to remain active, because sitting in a chair at home doesn't do any of us any good. Thank you.

Mr. ORIOL. The next person has, in the interest of time, said that he (H. V. Alword) will submit in writing.

The next person is Cassy Jonas of Grand Junction, of Foster Grandparents.

Ms. JONAS. I'm a senior member of the Foster Grandparents program. I've been working with them for a little over two years and I appreciate the opportunity to perform in the way that we do. I wish to submit to you a petition that was passed in Grand Junction on February 27 and at the direction of the White House in Washington, D.C. The president of the United States has encouraged citizens to furnish the government our ideas for improvement of the welfare of citizens and the economic well-being of all. The persons signing this petition wish to express to the federal, state, and local governments their thoughts.

Mr. ORIOL. Thank you very much. The next person is Larry Oswalt of Palisades, whom we've already heard from.

Mr. OSWALT. I apologize for coming twice, especially when I'm not a senior citizen yet, but I hope to be one. In working with the Gray Gourmet and also in helping to set up the Mesa County council on aging, I have become aware, especially in our Palisade area, of housing needs. In the 1970 census we have over 1900 people in the Palisade section. The town of Palisade would be about half of that. But in that census section there are over 22 percent over 65, so we're one of those areas Mary Radjes was talking about, although the county itself isn't impacted with elderly. However, we are one of the regions that quite possibly might be.

Land speculation has been going on. Farmers are selling out because of low market prices and the drought. They are not only going to have to compromise but they're finding that there don't seem to be any alternatives between having their own homes and living in nursing homes. This intermediate area has perhaps thrown us. The HSA could speak on this with more knowledge. There don't seem to be funds available for housing with minimal supervision. We have had some such projects here in Grand Junction, but there doesn't seem to be any way of getting smaller projects set up in the outlying areas. Zoning is a problem too. Even if we could set up houses for, say, six or eight senior citizens to go in together and lean on each other, state fire and safety codes would not permit this.

Mr. ORIOL. Thank you very much. One point: there are some people in Pueblo whom I visited yesterday who have gone into detail on some of the legal problems you've gotten into, and Nitia Pachak can provide you with their names. It's a variation of what you're talking about but I think there are some lessons to be learned.

Do Pearl McHugh and William Rowe wish to appear together? You're both listed together. You're both from outside Grand Junction?

Ms. McHUGH. Yes, we're from the Cedaredge side. I represent the AARP-NRTA and Auxiliary Post 104, and that's all volunteer work and I'm very happy to work with it. I'm also chairman of the Nutrition Site.

We work together, and all of us have problems. I would like to urge you all to read the papers and find out what your senators and representatives do. In regard to the mention some time ago of passing a bill for senior citizens' hearing aids and eyeglasses, according to the last reading reported, they are favoring dentures and the other two will be scratched. I've been saying that

we'll be lucky to have dentures; we can get along without hearing or seeing, but without dentures we can't chew our best.

And this transportation, which Bill will talk about. I think everybody should have a bus. There are many people in areas that would come to eat. Some of them tell us, "We really don't like to eat alone."

Also, we have nursing homes, about five in our area, who would like service if some people had ways to reach them, also to take entertainment to them as well as work with them. The lonely people at home, senior citizens, need this, and I would like to suggest that if you have a teenager or a young married daughter, if you would go to see those people you'd find smiles and happiness.

Mr. ORIOL. I think the visitor gets as much out of it as the person visited. That's another thing I heard earlier.

Mr. Rowe.

Mr. ROWE. I'd like to ask about the availability of funds to build a senior citizens' Center in Cedaredge. We have been trying for two years and so far we haven't been able to raise any money.

Mr. ORIOL. I think that you're probably referring to this Title V, the Older Americans Act, which Congress finally voted some money for last year and which was on the books for a while. Dorothy Anders, wouldn't that be through your office, request for information about how Title V is being developed?

Ms. ANDERS. Yes.

Mr. ORIOL. The amounts are pretty small, but I think Congress will increase the money for it, and the way money can be used is rather limited. It's limited help, but at least it's a step forward.

Mr. ROWE. Thank you.

Mr. ORIOL. Dorothy Peercy testified yesterday before Senator Haskell on energy, which is certainly something of concern to us all. I should add that both Senator Haskell and Senator Horowitz expressed great interest in our hearings, and when I talked with Senator Haskell some months ago and he heard I was going to Colorado, I was impressed by his concerns about aging.

[See item 3, below for a statement of Dorothy Peercy.]

Mr. ORIOL. Budge Bingham.

Mr. BINGHAM. The items I had planned to discuss have been well taken care of with the exception of one that I can point out to you, Mr. Oriol, and that is the ceiling which is imposed on the VA pensioners. I find it extremely difficult to rationalize to some of the widows in my area, which is Pitkin County, the fact that when their Social Security goes up, their VA pension goes down. Some of these ladies are particularly disturbed because at the same time this is happening, the country seems to be making heroes out of draft dodgers. This is quite a problem for some of these oldsters on VA pensions.

Mr. ORIOL. Thank you. Again, there is a bill in to avoid this sort of problem, and maybe we can get some momentum on it. I know the veterans themselves are very active on it.

I would like to thank you all, not only for coming but being so obviously interested and helping us to do what we're supposed to do. I can't tell you how much I appreciate all the great work done to make this possible. Thanks again.

ITEM 3. STATEMENT OF DOROTHY PEERCY, ROCKY MOUNTAIN AREA AGENCY ON AGING, REGION 11, GRAND JUNCTION, COLO.

Senator Church, thank you for sending Mr. William E. Oriol to Grand Junction to listen to the problems of the elderly in our area. I am a consumer representative serving on the Western Colorado Health Systems Agency; also, a representative from region 11 on the Rocky Mountain Area Agency on Aging Board of Directors, and a member of this agency's Grant Review Committee. I was chairman for 2 years of the Garfield County Council on Aging and the Region 11 Council on Aging. I am on the board of directors for Rifle Senior Housing, Inc., and have been asked to serve on the Oil Shale Impact Committee formed by leaders of our community.

About a year ago a gentleman from the social security office said that there were in the neighborhood of 525 people within the city limits of Rifle who were receiving social security checks. In addition to those, there are recipients

of old age pension, other pensions, and those who have saved over their employed years and are now living on income from these savings.

Seniors, as with the rest of the population, can be classed in several different economic groups. However, this age group is unique in that they have needs that they cannot always meet regardless of the economic group to which they may relate. There are many seniors in this area who are in the low-income or moderate income group who cannot afford to hire help if and when it is needed. There are many with a higher income who cannot find people to hire who will do a creditable job.

My concerns for our senior citizens are in the areas of transportation, housing, health, senior centers, and inflation.

Public transportation on the western slope has been almost nonexistent until money was made available through the R.M.A.A.A. to the various county councils on aging to purchase vans for senior transportation. In most, if not all, of the counties where these vans have been placed, either the county commissioners or the city councils or both have been very supportive of the projects. When talking with Senator Haskell about the effect of energy growth on seniors, I voiced my concern about the increased volume of traffic on inadequate roads being a real hazard for older drivers. It might make it easier for them to give up driving if we are able to keep increasing public transportation for them to keep up with rapid growth and congestion.

Some of the cities in regions 10, 11, and 12 have senior housing. Rifle is one that does not. Several senior citizens got together here in the fall of 1974 to lay the groundwork for senior housing in Rifle. A limited profit corporation was formed, a board of directors elected, stock sold, ground purchased and annexed to the city, architect hired, and preliminary plans drawn. We had been working closely with FmHA. When the forms came back from people who were ready to move in as soon as the project was completed, FmHA decided the rents were going to be too high for the applicants to pay. The FmHA agent suggested the corporation form a nonprofit corporation so HUD could be approached for more subsidies for the tenants. At a meeting March 17, with the FmHA representative, Don Miller, it was further recommended that we push for a housing authority through the Rifle City Council.

Of the 200 units allotted by HUD for FmHA use in Colorado, 16 have been set aside for the Rifle housing project. This means that the entire project can be subsidized. To avoid further delays, the Rifle Senior Housing, Inc., voted to form another corporation with nonprofit status while pursuing the possibility of forming a Rifle Housing Authority so the architect could be instructed to proceed with finalizing the plans. The project should then be ready to go whether the housing authority has been accomplished or not. This means the building would begin within about 90 days. I wonder!

There are very few senior centers in the smaller towns of the western slope where seniors can get together to socialize, have meetings, and even be served a title VIII nutrition program meal once a day, 2 to 5 days a week.

The Rifle Senior Housing, Inc., board of directors would like to build such a building for all of the senior citizens of the Rifle area, but FmHA says furnishing meals once a day for two or three times a week constitutes a nursing home situation and they cannot loan money for nursing homes. I thought quite the opposite was true. I understood the title VII nutrition program was definitely meant to keep our elderly out of nursing homes. If you know of any program where grants can be secured for a senior center, I would appreciate the information very much.

The human resources director, Jim Shikles, of region XII, is working to receive a grant from title VII for a nutrition program. The requirement is to serve 100 meals a day and region XII does not have enough senior-citizens who could or would avail themselves of the program to meet that requirement. Since Garfield County is contiguous to region XII, he approached us to see if we would like to join the program. It was well received by representatives of the towns in the county. This is one of the main reasons Rifle is searching for money for a senior center as there are no buildings available and a senior center would seem to be the logical place to serve meals. The board of directors of the Rifle Senior Housing, Inc., has agreed to furnish the land if a grant can be made available for the building. The board cannot justify increasing its loan request to cover a senior center when the cost is already generating rents that are too high for the tenants without sizable subsidies. I am not sure what a housing authority would do to that offer. It is possible the

shareholders would have to vote on that since the remaining land will be theirs and the project will not be.

The health needs of our area as far as doctors and hospitals are concerned are being served fairly well. However, the costs of medical care and medication are almost overpowering for some of the seniors. I had one lady call me to see if I could do anything about cost of medication. She told me that her husband's and her medicine and doctor bills for 1976 was \$1,431.91. Their income was \$430.10 per month.

A widow lady had a \$100 utility bill. When she went to pay it she told the Public Service Co. employee that it was almost half of her check.

If there is an increase in taxes, utilities, telephone, food, and services, and we have been assured that these things are all going up, I shudder to think how the average American family will be able to cope with it, to say nothing about the retired people whose incomes rise very little or not at all.

I believe that insurance companies that write medicare supplement policies should be checked closer. Medicare only approves \$8 for a doctor's office call, many doctors charge more. The supplemental policies only pick up the \$20 of the part of the doctor's bill which medicare approves. Since medicare pays all of the hospital bill except the deductible. It would seem the insurance company could pay the deductible. Ten dollars an office call would be a more realistic amount for medicare to approve, then see that the insurance companies pay the \$20 they are supposed to. I had an operation May 19, 1976, and Blue Shield has never paid their 20 percent of the surgeon's fee nor anything on any of about 16 office calls. When I have mentioned it to my friends they just shrug their shoulders and indicate they have given up trying to get reimbursed; \$1.60 isn't much for one office call but multiply that by the thousands of claims Blue Shield must have, and it would make a right tidy sum for their company.

Our area has had a fantastic volunteer response to all of our programs for the elderly. The seniors themselves have responded and are doing a superb job with small but necessary community projects. The RSVP organized the projects and they are carried out entirely by seniors. The county councils are manned almost entirely by seniors. I think the majority of the seniors are against big "give away" programs, but the seniors have been terribly neglected always. We are just now being given the chance to prove that even though a person is over 60 years of age he does not have to be shoved aside. He has much to offer.

The R.M.A.A.A. has performed a very commendable service for the whole area by using one of the most fair computations for dividing the available money I have ever seen in any Federal program. Each county knows the amount of money available to that county and can present grant requests for the projects deemed by them to be the most pressing. This is why I suggested to Senator Haskell that if extra money is made available to the elderly because of energy development (both shale and coal) that the money be channeled through R.M.A.A.A. board—all made up of a majority of senior citizens but, better than that, taxpayers. They are not about to waste money. If more administrative money is needed you can be assured it would have to be a proven need because services are the main objectives of all of those groups. I might add that cooperation with existing services is also one of the big aims.

Thank you for giving me this opportunity to express my concerns for the future of our senior citizens and their programs. Please keep on working for us. We need you and your committee.

ITEM 4. REPORT COMPILED BY DAVE NORMAN, EXECUTIVE DIRECTOR, ROCKY MOUNTAIN AREA AGENCY ON AGING, GRAND JUNCTION, COLO.

ENERGY DEVELOPMENT AND THE IMPACT ON THE ELDERLY IN REGION II

The impact of energy development on the elderly is evident in secondary relationships. The elderly are living on fixed incomes; in region II—Mesa, Garfield, Rio Blanco, and Moffat Counties—more than 80 percent of the elderly have incomes of less than \$5,000 per year. The number of elderly in region II is 15,196.

In 1975, from a survey conducted by the Rocky Mountain Area Agency on Aging, the cost for housing had increased from \$21 to \$50 per year for more than 75 percent of the elderly. As impact continues, the amount of property taxation, special district assessments, and sales tax will increase for the elderly as they are asked to share in the responsibility of paying for increased services.

Almost 90 percent of the elderly own their homes at this time. Increasing housing costs will force many elderly to sell their homes and move to larger communities. They will be seeking lower cost housing with available services such as health, nutrition, and transportation. Most communities in region II do not have adequate housing available for the elderly who are moving into the cities from rural areas, or from outside the area.

As the population increases, the competition for health services, home care, day care, and transportation services will force many elderly to contemplate nursing home care before such skilled care is actually needed.

Most elderly persons (75 percent) own their own car, but increased traffic and road hazards will force them to become less mobile and more dependent on others for transportation.

The involvement of 80 percent of the elderly is centered around family activity, but as families work harder to secure needed services and competition for employment increases, family involvement with the elderly will decrease, resulting in loneliness and isolation, from family and community. And as families move to seek better paying jobs, the elderly are often left behind or there are not resources and services in the new area to accommodate them.

The committees of region II will need to develop well oldster clinics, day care, home care or homemaker programs, special residual housing units, and transportation services for the elderly. Volunteer services should be developed to engage the elderly in community activities and to form new associations and friendships as a replacement for family activities. Special consideration must be given to elderly so that they do not pay more than their share for needed community services.

ITEM 5. STATEMENT OF MARY PFALZGRAFF, PROJECT DIRECTOR, RSVP, DELTA, MONTROSE, AND GUNNISON COUNTIES, COLO.

I am Mary Pfalzgraff, project director of the retired senior volunteer program of Delta, Montrose, and Gunnison Counties. I am happy to speak to you as a representative of the rural Colorado RSVP projects. We agree with the testimony we have heard here, in Walsenburg, and Grand Junction regarding services needed in health care, transportation, winterization, and other concerns of the rural elderly. We want to address a different issue, that of a rural volunteer program. The purpose of RSVP is to provide meaningful volunteer opportunities to those over 60. While RSVP was designed as an urban concept, rural programs have the opportunity for significant impact on a greater percentage of their elderly population. We enjoy flexibility in the program which allows RSVP to adapt well to the rural environment.

As stated by so many others in these hearings, our key problem is transportation. In order to provide meaningful volunteer placements, which are limited in rural settings, volunteers must be brought into the communities. While transportation is necessary, van service is often impractical because of the vast sparsely populated service areas. Funds are required and currently not available to reimburse mileage expenses.

While funding is a problem with every agency, whether referring to in-kind support or cash to operate a program, resources are more limited in rural areas. Being predominantly lower income agricultural areas, many resources available in urban settings, simply do not exist.

Since programs were established, starting in 1971, there has been no increase in our Federal annualized rates. Our budgets are stretched to their limits, yet there is discussion about additional funding, when it becomes available, being applied to new projects rather than revitalizing existing programs. We question the wisdom of establishing new programs while established projects stagnate or die due to lack of funds.

In conclusion, the retired senior volunteer program has experienced phenomenal growth and success in the communities and additional funds are imperative for continued existence.

Thank you for this opportunity.

ITEM 6. LETTER FROM AUGIE REYES, EXECUTIVE DIRECTOR, COLORADO WEST COMMUNITY ACTION PROGRAM, GRAND JUNCTION, COLO., TO WILLIAM E. ORIOL, STAFF DIRECTOR, SENATE SPECIAL COMMITTEE ON AGING, DATED APRIL 20, 1977

DEAR MR. ORIOL: It was nice meeting you in Grand Junction. I would like to thank you for your interest in our housing program.

Mr. Oriol, as you probably are aware, we run a winterization program out of our agency. More than 50 percent of the applicants are elderly. However, we feel that we are not adequately serving all of the elderly because of the structure of the Community Services income guidelines. In order to adhere to their income criteria, we must count social security benefits as income. In many cases where an elderly couple live together, their combined social security benefits exceed the income guidelines by \$300 or \$400, making them ineligible for the program.

It is our feeling that social security benefits are dollars they paid for while working and, as such, are entitled to such benefits and should not be penalized for them.

We ask for your support in this matter so that we may better serve our elderly citizens.

If we can be of any assistance, please feel free to contact us.

Sincerely yours,

AUGIE REYES.

Appendix 2

MATERIAL PROVIDED BY COLORADO CONGRESS OF SENIOR ORGANIZATIONS

ITEM 1. STATEMENT OF THE COLORADO CONGRESS OF SENIOR ORGANIZATIONS, DENVER, COLO.

The Colorado Congress of Senior Organizations is a statewide advocacy body which provides a forum where the needs and recommendations of Colorado's older citizens may be heard. It was created soon after the White House Conference on Aging in 1971, in response to a felt need to provide a unified and articulate voice on behalf of older citizens, agencies representing the elderly, and other interested individuals.

It was soon apparent that CCSO could not effectively represent Colorado's older citizens and their concerns unless there was informed input from them, preferably via one-to-one contact. Thus, the program now known as Colorado's program for local service—Vista was created, and continues to function under CCSO's auspices. This network of older persons, recruited and serving in their own communities, has provided basis for countless community-supported efforts on behalf of their older residents throughout the state.

CCSO initiated biannual conferences which deal with the issues concerning the aging. The credo of the organization is "strength in numbers." We believe that change cannot be effected unless older citizens themselves act upon the issues, and that they will act upon those issues given accurate information in a timely manner. Generally, one conference per year has dealt with legislative issues of national import, and the second deals with State legislative priorities. The membership of the organization is polled to determine which priorities should be addressed; resource persons are provided to assist in discussion of these issues, resolutions and recommendations are formulated, the State legislators are invited to participate in the process, then are requested to assist in implementing the recommendations.

The December 1976 legislative priorities conference reflected a slightly different prioritization than in the past. (Conference announcements and agenda enclosed.) Of primary interest were the issues of dentures for the elderly and the increased impact of the energy crunch on older citizens. Colorado's medicaid program does not provide for purchase of dentures and prosthetic devices, and an oral health task force had been meeting for some months to substantiate need for such provision, culminating in SB-473, which will enable purchase of dentures.

In Colorado's more mountainous climes, the skyrocketing fuel costs are literally forcing low or fixed income individuals to be faced with "heat or eat." Both Public Service Co. and Mountain States Bell Telephone have increased rates in recent months, forcing a showdown of sorts with the Colorado Public Utilities Commission. Older citizens and other concerned community members have joined together in the "Colorado Utilities Task Force" (CUT), an activist group which is challenging the insensitivity of both the PUC and Colorado's elected officials. A random sampling has indicated that older citizens are paying an average of 26 percent of their income for utilities costs. In rural areas, where housing is already a critical problem for older citizens, it is compounded by the fact that such housing as does exist is old, ramshackle, not appropriately winterized or insulated, and expensive if not impossible to heat. PLS volunteers identify these situations and, if the local community action program has a home winterization program, immediately obtains assistance for that particular home. In the areas where winterization efforts are not in place, it then becomes a matter of garnering community resources to provide the needed assistance. A concerted effort is being maintained toward the initiation of Lifeline rates, but this appears to be a lengthy, difficult, uphill battle.

Another issue of immediate concern (a subject of vehement discussion and buckpassing in recent months) was the matter of property taxes. Colorado's State Board of Equalization mandated reassessment (in order to assist in financing of school districts) which resulted in property tax increases which, in some counties, may tax older, retired homeowners out of their homes. Needless to say, the sweet dispositions of many of Colorado's older residents were considerably altered, when faced with increases of up to 400 percent of their previous taxes. The issue quickly became more complex in that the State felt that the taxes would have to come from somewhere, resulting in two major tax reform packages (Republican and Democrat) which will probably be considered in interim study committees this summer. CCSO received stacks of correspondence attesting to the plight of its constituency. It was felt that one way the organization could assist would be to hold symposiums where the issue could be discussed and understood by all involved: taxpayer, State legislator, county tax assessor, State Board of Equalization, etc.

Always emerging as priority issues, but rarely being resolved, are the matters of rural transportation (or lack thereof), the need for increased homemaker services to enable older citizens to remain in their own homes, confusion about entitlements of social security, medicare/medicaid, and the ever-present need for more adequate health services.

It is the considered opinion of this organization that many of these problems, locally identified, can only be resolved locally. The multitude of regulations, mandates, guidelines, and rules imposed by the many layers of governments sometimes inhibit the problem-solving process, rather than eradicating the problems which so critically affect older citizens. It is amazing what can be accomplished by groups of people getting together, by that aphorism "Yankee ingenuity," and the clean, no-ulterior-motives audacity that comes with getting older. We have been admiring witnesses to older individuals getting transportation problems alleviated (if not solved), getting locally supported nutrition programs and homemaker programs going, obtaining access to services and buildings that they should have had years ago (but no one had thought to ask), and, in general, getting significant things accomplished mainly because no one told them they couldn't. Their approach is inordinately simpler than what we have to go through, for example, to get an integrated funding process between two Federal agencies going.

The staff, the board of directors, and the constituency of CCSO are excited and more than a bit proud of what we're doing. We hope that we'll be around for a long, long time—time enough, at least, to see the fruit of some of our labors.

Thank you again, Senator Church, for coming to Colorado.

ITEM 2. REPORT ON A SYMPOSIUM, "PROPERTY TAX RELIEF FOR SENIOR/LOW-INCOME CITIZENS," BY THE RESOLUTIONS COMMITTEE, CCSO

About 175 local residents of Weld and Larimer Counties braved heavy snowstorms April 2, 1977, to participate in a symposium on "Property Tax Relief for Senior/Low Income Citizens." A resolution committee of representatives of both Weld and Larimer Counties chaired by John Detmer, chairman of the board of directors for the sponsoring organization, Colorado Congress of Senior Organizations, proposed the following legislative mandates, which were unanimously adopted by the entire assembly:

(1) That fixed/limited-income citizens who own and live in their own homes or rent receive a total waiver from property tax assessed for school district general funds;

(2) That the legislature and Governor should address the current inequities between commercial, agricultural, and residential property taxation;

(3) That the income tax rebate of real property taxes be advertised by the State and county governments;

(4) That the income limitation in the real property tax rebate be raised substantially;

(5) That real property taxpayers who are entitled to claim a real property tax rebate be credited with the claimed amount of rebate at the time when real property taxes are due;

(6) That every fixed/limited-income renter be credited with his share of real property taxes paid by the landlord; the landlord to be required to declare to the county and State the taxes attributable to the rent from each tenant;

(7) That each participant in this symposium or other citizens concerned about the property tax issues write or personally contact his or her Representative to apprise him or her of the above resolutions.

Panalists at the symposium included J. D. MacFarlane, Colorado Attorney General and member of the State Board of Equalization, as well as Dr. Mary Burum, Dr. Pat McKee, and Dr. Cesar Puerta, all local residents representing humanistic academic disciplines. Representative Carl Gustafson, house majority leader (Republican), and Senator James Kadleck (Democrat) discussed their respective party views and proposals regarding property taxation. Master of ceremonies was Jack Redus, general manager of Station KUAD, Windsor Colo.

The symposium was supported by funds from a grant from the Colorado Humanities Program, whose purpose is to foster opportunities for the public and scholars in the humanities to gain a deeper understanding of contemporary public issues. CHP provides financial support for activities that bring the adult public together with historians, philosophers, and scholars of law, language, and the social sciences to discuss questions of human values and aspiration, rights and responsibilities, ethics, and historical perceptions as they relate to real public issues of our time. Grants are made available to nonprofit groups through the National Endowment for the Humanities State-based program. For information, contact the Colorado Humanities Program, 855 Broadway, Boulder, Colo. 80302.

ITEM 3. LETTER AND ENCLOSURES FROM WILLIAM J. HANNA, P.L.S., PROGRAM DIRECTOR, CCSO, DENVER, COLO., TO SENATOR FRANK CHURCH, DATED APRIL 21, 1977

DEAR SENATOR CHURCH: Thank you for your interest in the Colorado Program for Local Service (PLS) as expressed in your comments before the recent committee hearing in Denver. We were honored to have the PLS panel represent our organization and program, and to express both needs and solutions for the rural elderly of our State.

This additional testimony is in response to your letter of March 29, 1977, which requests greater details on (1) the size, structure, and goals of PLS, and (2) suggestions for modifications in ACTION rules to accommodate special PLS features.

SIZE, STRUCTURE, AND GOALS OF THE PLS

Size. Geographically, the PLS covers the entire State of Colorado. Volunteers are serving in each of the State's 13 planning regions. Presently there are 63 PLS-Vista volunteers enrolled, with plans to increase that number to about 75-80 in June. An additional 800 persons are assisting the PLS persons as part-time community volunteers. This large effort is coordinated centrally by the Colorado Congress of Senior Organizations and operates locally through affiliation with approximately 40 participating agencies who provide the specific direction in each community and the supervision of the volunteers. The total budget for the PLS program with its present fiscal year includes the following: \$255,000 from ACTION for a baseline of 50 Vista-grant volunteers; \$29,000 in local cash and in-kind support contributed by the various participating agencies; \$65,000 from ACTION for a baseline of 30 cost-shared VISTA-grant volunteers; an accompanying \$65,000 from a variety of local participating agencies to provide 50 percent matching money for the cost-shared volunteers.

Structure. A chart is attached which outlines the administrative and program relationships in the PLS. This program is matched and administered by the following staff: projector director; a program clerk; two half-time field representatives who are stationed on the eastern and western slopes, each covering half of the State; and a half-time fiscal officer. In addition to these positions which are funded through the grant, the program utilizes volunteer supervisors in each of the local agencies who assume this responsibility as part of their regular function, and are not funded through the grant. In many

cases, these local supervising persons are area agencies on aging directors. In all cases the program works in close coordination with the area agencies on aging. A statewide advisory committee composed of volunteers, supervisors, and area agencies on aging directors meets quarterly and assists in the determination of goals, policy, and administrative concerns. In addition, the program works closely with the State division of services for the aging. In fact, investigations are proceeding to establish even closer links to the State division and to the area agencies on aging, with the possible actual transfer of the program to the State division on aging. Finally, the volunteers are linked very closely to county councils on aging. In fact, approximately one-half of these PLS volunteers are working under the direct coordination of the county councils. In some cases personnel from the county councils become a direct first-line supervisor for the PLS volunteer.

Goals. The program for local service was developed in Colorado as part of a national demonstration program under the auspices of ACTION. The Colorado PLS was distinctive from a number of the other programs in many ways: It was statewide; its volunteers were selected from persons over the age of 55; its focus was on the betterment of life for older persons. In addition, the Colorado PLS had specific goals or task areas for its initial 2 years (September 1974 through October 1976). These goals were related to National and State aging priorities and requirements.

The first goal was the establishment of an information and referral service for older persons. The second goal was the establishment and implementation of outreach services for the isolated elderly; and the third was the establishment and support of county and areawide councils on aging.

In November of 1976 the program was transferred from title I, section C, of the Domestic Volunteer Service Act (special volunteer programs) to title I, section A (Vista). Our PLS, therefore, became one of the first Vista grants in the Nation and remains one of the select few.

With the establishment of the Vista funding and emphasis, our PLS became more specific and quantifiable in its program design and goals. In addition, it was necessary to develop a more concise statement of the problem to be addressed and the objectives to be accomplished which would impact on that problem. A copy of several pages from our grant application is attached to this testimony outlining the general statewide goals of the program. Each local area and participating agency in turn is responsible for the development of more localized statements of both the problem to be addressed and the objectives to be accomplished within the general outline established by the grant application. Therefore, a proper and complete understanding of the goals of the PLS would require a review of each of these local work plans.

Some of the common, local objectives include the following: Continued outreach activity; paralegal assistance; the development of transportation resources; the development and/or expansion of senior nutrition, including additional supportive services identified with title VII; and the development of new, local resources to address a wide variety of specific local needs (home-maker services, lawn care and snow removal, home winterization and repair, senior centers, etc.). Each of these projects is designed to increase the accessibility of older persons to existing services and resources, or to develop additional resources to meet identified, unmet needs.

SUGGESTIONS FOR MODIFICATIONS IN ACTION RULES

I would like to modify this question to make comments on a number of items about program design and policy, including modifications in ACTION regulations.

As mentioned previously, our PLS transferred from a national demonstration model to a Vista project after its second year of operation. The PLS model allowed a great flexibility in the determination of program goals and volunteer task descriptions. Our project was more specific than most in the Nation in that we had an "aging" concern and were generally working in the areas of information and referral, outreach, and the development of area councils on aging. The Vista program demands a more specific program identification and statement of objectives and, therefore, it was necessary for us to become much more precise in our application for the continuance of our PLS as a Vista project. While I support this emphasis in Vista, I also want to underscore the importance to our project of the flexibility available in the

PLS model. This flexibility was important in three ways: (1) It allowed our original PLS volunteers to become aging generalists in their local communities. Particularly in rural areas, there was an almost complete lack of any organized aging concerns or programs. Neither title VII nor title III of the Older Americans Act had reached into the more remote areas of the State. The area agencies on aging were just being established. Therefore, it was important that the initial PLS volunteers, working in their various communities, had the flexibility to explore both the unidentified needs and the untapped resources. Our initial task areas encouraged that kind of exploration. (2) It was only out of the more generalized task descriptions of the initial 2 years of the PLS that it was possible for us to give the necessary precision on a local and statewide basis to the problem statement that was to be addressed in our Vista project. (3) The Colorado PLS began in a time of confusion in the field of aging in the State due to the creation of area agencies on aging and the resultant struggle to clarify roles between the State and local aging coordinators. Cast in the midst of this, our program became a focal point for additional controversy. Had not the PLS model allowed sufficient local autonomy in the determination of program goals and administration, I am convinced we would not have survived.

My point in all this is to urge a maximum of local flexibility in the initial stages of program development. ACTION's PLS model allowed this. Should our experience be replicated elsewhere as a Vista grant, I would urge that same flexibility within Vista policy.

Aging Linkage. Although the PLS is an ACTION-sponsored program, and therefore a volunteer program, it is necessary to emphasize that ours is also an "aging" program. It is therefore important that a close relationship be developed and maintained with the Federal, State, and local area aging network (Administration on Aging, State office on aging, and area agencies on aging). This linkage should properly include all areas of the program's operation: program goal, administration, and funding. Our project has received funds and support from these agencies, and this has been vital to our success. We are presently seeking ongoing support from our State aging division and are also working to strengthen the ties with the total aging network.

Interagency agreements. The linkage to plans, programs, priorities, and funding of the Older Americans Act system would be facilitated if current Federal interagency agreements between organizations such as ACTION, the Administration on Aging, and the Community Services Administration had more teeth in them. These agreements need to include actual language about consolidated funding, programing and reporting. We have spent an inordinate amount of time in responding to the varied fiscal and program reporting requirements of every involved agency. But more important is the unified focus that could be assured by strong and effective Federal interagency agreements prior to local program initiation.

Early involvement of State aging office. The earliest involvement of the State aging office would be essential for the successful implementation of any new similar program in other States. Hopefully, this would include a joint funding request to ACTION and AoA for the support of the project, and the inclusion of the project goals in the State aging plan.

Statewide administration. Our project has demonstrated that an efficient statewide administration of the program from a central office can still maximize local autonomy and program emphasis. We feel we could do a better job, particularly if we are able to effect a closer coordination and agreement with the State division on aging and the local area agencies on aging, with respect to the goals and support of the project.

Volunteer transportation. Present ACTION guidelines greatly hinder the possibility of funding local volunteer transportation. In many areas this has caused difficulties for the local support of the project, or has resulted in a limitation on the effectiveness of the volunteer. Our initial funding included significant support for the local volunteer transportation. If this support had not been available initially I doubt we could have established the program in many areas of the State. Again, this is an issue that can be resolved by either a loosening of ACTION guidelines or the inclusion of funding support from sources available through the Older Americans Act.

Seniors serving seniors. We have nothing but enthusiastic support for the concept of older persons serving older persons. Our volunteers are generally at least 55, average 65 to 70, and have included persons to age 85.

Local recruitment. Locally recruited volunteers have also been important to the success of our project. This was a requirement of the original PLS and we have maintained it as an operating principle under our Vista-grant. Local people are also the ones who do the selection of volunteers to work in their community. These selections are monitored and confirmed by project and ACTION staff, but it is the local supervisor and other representatives from the organization with whom the volunteer will be working that really determine who is selected. The more traditional Vista approach is for volunteer selections to be done by ACTION personnel, with local confirmation. We feel this reversal in procedure has been vital to the support of the volunteer and the success of the project locally.

Physical exams. It is an ACTION requirement that persons 45 and over who desire to be full-time domestic volunteers be given an extensive physical examination prior to final clearance and approval. This process is very time consuming and complex, and we must applaud the responsiveness of ACTION Service Center personnel to our project's particular needs. Volunteers generally favor the physical examination, but urge modifications. The present examination form and requirement does not take sufficient cognizance of the tasks that the volunteers will be performing. Medical clearance should be based on the ability to do the locally determined task description, rather than on universal standards for all volunteer activities everywhere in the nation. The physical examination is also related to the ACTION health benefit package which the volunteers receive, and which is one of the strong selling points of the program. However, we have had some applicants medically disqualified by ACTION who would have been physically able to do the job, and would have gladly waived the insurance coverage to be able to serve in the program. Our recommendations are that the possibility of such a volunteer waiver be explored, and that there be an adjustment in the physical exam form to more adequately reflect the real needs and requirements for medical clearance.

Personnel policies. The PLS model allowed more local determination of personnel policies for the volunteers than is possible under the VISTA guidelines. We feel very strongly that most personnel policies (e.g., vacation, sick leave, holidays, etc.) should be determined by and be consistent with the normal policies of the local organization with whom the volunteer works. This would have several beneficial effects. It would reduce the amount of administrative paperwork on the part of local supervisors, project staff, and ACTION State and regional personnel. It would integrate the volunteers more closely into the fabric of their local organization and community. It would allow a closer relationship between the volunteer and his supervisor by reducing the amount of intervention from outside regulations and personnel. It would allow the volunteers to be more personally professional and responsible about the management of their own time. National guidelines could assure basic requirements and benefits, while not interfering with local management.

Multiple startup Dates. The traditional Vista method for starting volunteers on projects is based upon the establishment of specified dates and classes. While this model may be appropriate for nationally recruited volunteers, or for small local grants, it is cumbersome and difficult for a project such as ours. Present Vista-grant guidelines limit starting volunteers to once a year, with all volunteers in the project beginning their service on a single date. A 10 percent additional allowance in terms of numbers of volunteers is recommended in order to guarantee basic volunteer year quotas, and to predict project expenditures. This system is cumbersome for many reasons:

- (1) Significant preparation time is required before any one volunteer begins actual service. This process takes a varying length of time in different communities. The present system requires all areas to be ready at the same time, which is unrealistic. As a result, some communities are frustrated in delays waiting for their volunteer to be officially on board and others must start their volunteer before the community is really ready.
- (2) In a statewide, highly rural project the requirement to start all volunteers at one time means that a community can be left without the PLS resource for several months if health or other reasons necessitate the resignation or termination of the volunteer in that area. This then destroys the continuity of volunteer impact in that particular community. There is no feasible or equitable way to over-hire in various places around the State in order to predict such eventualities.

(3) The work load on the project and ACTION staff could be more gradual and consistent if it were possible to start volunteers at varying times during the year.

Grant mechanism. It has been our experience that the grant mechanism for managing the PLS has been effective and responsive. We urge its continuance under the Vista sponsorship. This responsiveness includes both programmatic (goals and objectives) and administrative (payroll) functions.

Administrative costs. Present Vista-grant guidelines are unrealistic about essential costs for the administration of the project. Such items as costs for computing, printing and mailing volunteer allowances are limited to only \$25 per volunteer per year. One solution is to encourage ACTION to be more realistic about actual project costs. A second refers back to joint funding with Federal and State agencies for the support of the project. My recommendation is to do both, and this is the direction we are pursuing.

The volunteer role. Some of the initial criticism of our project centered on the minimum allowances that the volunteers were receiving for the performance of their duties (presently \$272 per month plus other benefits). The argument was that the allowances were forcing exploitation of older persons. It is interesting that these comments have come from younger "aging" professionals, and not from our older volunteers. It must be recognized that there are some important pluses in the fact that the PLS'ers are volunteers, and not low-paid staff. There is a different spirit of commitment to the task which comes almost entirely from a service motivation. The PLS person is allowed to be a more direct advocate for the poor and needy, because he is not completely defined as the "staff" of a particular agency. We certainly can and do argue that there is a need for more senior employment, and we do recognize the positive value of income supplement that the PLS has offered to many, but we also strongly affirm the benefits that the volunteer nature of the PLS has had for both the participants and recipients of the project.

A nongovernmental sponsor. Earlier comments in this testimony have urged a much closer coordination with the aging network under the Federal, State, and area aging agencies. We are presently exploring the possibility of the actual transfer of the project's management to the State division on aging, and there are strong arguments for that administrative model. But we are also convinced that part of the reason for the vitality and success of our project is that it has been implemented by a private, nonprofit organization. To a significant extent, the project has been outside of the system. While this has sometimes caused problems, it has also facilitated a greater advocacy on behalf of our older clients.

Direct service vs. community organization. Vista requires an emphasis on problem resolution and resource mobilization, whereas the PLS model allowed a more service oriented job description for the volunteers. When we switched to the Vista grant, extensive and ongoing training was necessary to adjust the thinking and planning of both supervisors and volunteers toward long-term problem resolution and eventual project phase-out. Again, strong arguments can and have been made for each side of this issue. I would like to urge an appreciation and acceptance of a tension between the two. One-to-one service ought not to be the most important focus or vision of the project, but hard-core community organization is not always the most appropriate utilization of volunteer skills and desires, nor the best way to identify and resolve local community needs. We have been allowed to walk this tension, and we would encourage that wisdom under Vista. From a developmental perspective, our volunteers, participating agencies, and communities are now much more able to look at problem resolution as a focus of the PLS activity than would have been possible 2 years ago. Sensitivity to local needs and possibilities must be the guidepost.

Hatch Act. We urge either modifications in or a loose reading of the restrictions of the Hatch Act as they apply to PLS volunteers. This is particularly true of older, locally recruited volunteers. We believe that it is proper and essential that the volunteers continue or develop appropriate involvements in local governmental actions and decisions. We affirm the importance of remaining nonpartisan and nonsectarian, and feel that it can be possible to do this through appropriate project monitoring.

SUMMATION

Four general recommendations may summarize the comments made above:

(1) *Joint funding and coordination.* Efforts to duplicate appropriate aspects

of the Colorado PLS in other States, or to continue its role in Colorado, must have the joint support of both volunteer and aging agencies at the Federal, State, and local levels. This support must be expressed in a general philosophy and program goal statement; it must be concrete in terms of dollars and reports.

(2) *Volunteerism*. It is advantageous to retain the voluntary nature of the program. This is not to minimize the need for elderly job programs, but to highlight the distinctive vitality that is possible in a volunteer project.

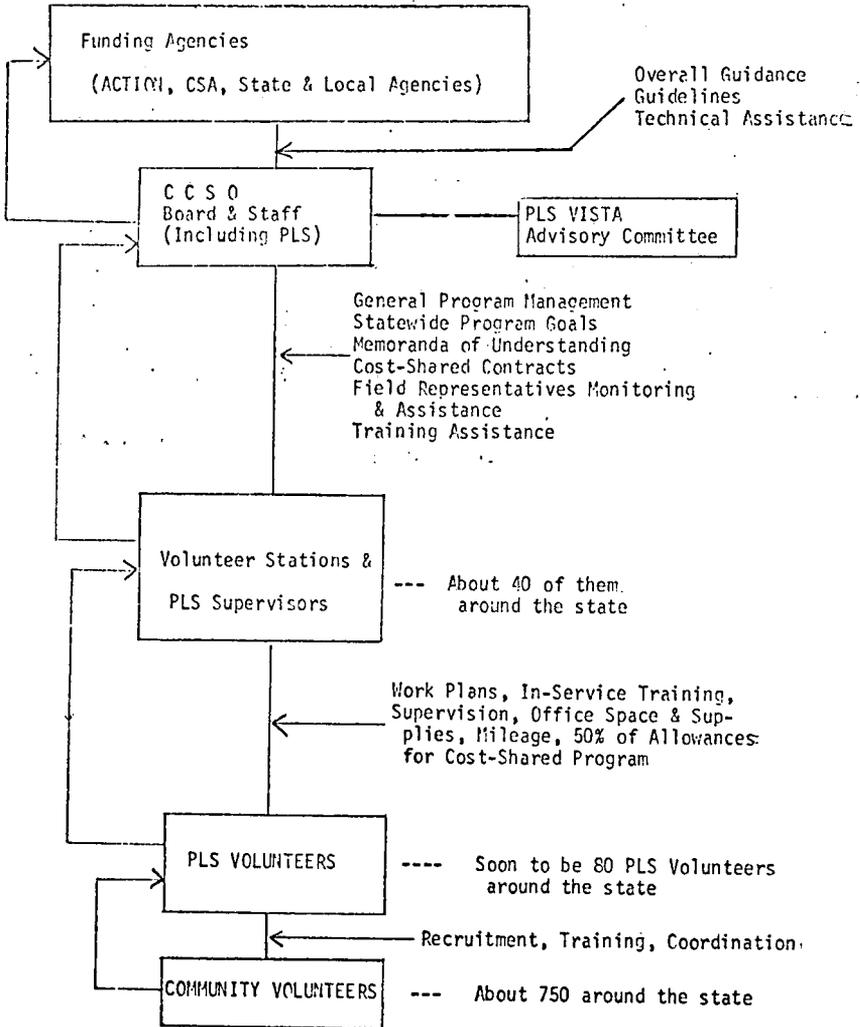
(3) *Seniors serving seniors*. While we are not urging a reverse age discrimination, we have been convinced of the distinctive benefits and accomplishments that the PLS has effected due to the fact that our volunteers have averaged 65 years of age. This combined with the remarkable quality of the persons who have served, has been the most important factor in the project's success.

(4) *Responsiveness to local communities*. Various suggestions have been offered to modify ACTION or other guidelines in the above comments. The common core in these recommendations is the enabling of more local autonomy and decisionmaking to design the project in concert with community needs and resources. We believe this local flexibility will enhance program effectiveness and minimize administrative difficulties. Thank you for your concern, and for this opportunity.

Respectfully submitted,

WILLIAM J. HANNA.

[Enclosures.]

CCSO/PLS ORGANIZATIONAL CHART

**STATEWIDE GOALS AND OBJECTIVES FOR THE COLORADO PROGRAM FOR LOCAL
SERVICE (PLS) VISTA-GRANT**

The following three pages are taken from the CCSO application to ACTION for our PLS Vista grant. They define, on a statewide basis, the problem we intend to work on through the efforts of Vista volunteers in all the areas of the State, and the goals and objectives for the project in as specific and measurable terms as possible.

Local work plans (job descriptions) for each volunteer have been or are being developed that define how these statewide goals and objectives are to be reached in each local area. Although local work plans may not use the same language as in the very general statewide statement, each work plan must be able to be related to either one or both of our statewide objectives.

The volunteer's supervisor and the PLS field representative can assist the volunteer in interpreting how his/her local work plan fits into the statewide goals and objectives.

[Attachments.]

SECTION II. PROJECT PLAN.— PART A. PROBLEM IDENTIFICATION AND ANALYSIS

Question 1. State the specific problem your proposed project will address using ACTION resources. Quantifiable, measurable terms should be used.

Answer. The elderly of Colorado, particularly those on low and limited incomes, are deprived of significant participation in the benefits, resources and opportunities that are available to the general society. The right of older people to security, health, independence, and happiness is in jeopardy when they are unable to participate.

Question 2. Fully describe the problem by providing additional information (including statistics) that supports and clarifies the problem statement.

Answer. Colorado has 325,018 persons over 60 years of age. Of these, 65,784 are below the poverty level; 29,684 are minority; 74,568 live in a rural situation. Many programs are funded for elderly persons, but even liberal estimates indicate that less than 10 percent participate. Title VII of the Older Americans Act, for example, served only 2,124 meals a day on September 12, 1975.

The Colorado Congress of Senior Organizations secured the services of a research consultant in the early spring to compile total statistics on the amount of money coming into the State of direct benefit to the elderly.

A week of full-time effort resulted in frustrated incompleteness. Currently, the State Legislature is involved in a comprehensive study of all aging programs and resources, and are coming up with the same frustrations. Pervasive around the State is the impression that what monies are available are going into inordinate administrative and coordinating costs, rather than into direct service benefits to older needy citizens. Aging plans that are developed in the planning areas of the State consistently mention the lack of many basic services—transportation, nutrition, isolation, health services, homemaker assistance, legal help. Each of these plans has been substantiated by needs surveys and consumer input. One thing that is certain, whatever is coming into the State, and whatever is being developed locally, an insufficient amount is impacting on the lives of older citizens.

Question 3. Describe the major causes of the problem.

Answer (1) Lack of accessibility. A variety of causes: transportation difficulties, physical barriers in the climate and geography, personal physical handicaps, communication (do not speak English), understanding (confusing and complex forms and procedures), learned behavior, cultural patterns, categorical programs that segment the service system, inadequate information, insufficient income, etc.

A further cause of inaccessibility is the lack of aging leadership in local communities. There is a need for persons who are aware of benefits, programs, and resources that are or might be available, and who have the capacity to aggressively plan, and implement these efforts. The PLS volunteers have begun to provide this resource to many remote and populated communities, and these efforts need to be continued, with an ever-increasing focus on the development of local ongoing leadership.

(2) Inadequate resources. As a largely rural State, Colorado has an inadequate supply of resources for the low-income elderly in areas of health, nutrition, dental, home care, housing, transportation, education, social involvement. Formulas for distribution of Federal funds are generally weighted toward areas of population density, thus leaving insufficient allocations to properly address many rural needs. A low tax base in many areas of arid or mountainous terrain (often with great percentages of national forest or grassland status) further prohibits the receipt of funds for lack of required match.

The resources of the cities are inaccessible to many elderly who live at a distance from the resources, are restricted in mobility, are lost in the complex living maze of the cities, or are unable to survive the long waits for service (e.g., a 2- to 4-year wait at one dental clinic for even necessary denture assistance).

Question 4. Describe the major consequences of the problem.

Answer. The inability to participate perpetuates enforced isolation and loneliness. It affects the health and well-being of those so restricted. It is a cause

of depression, frustration, confusion and hopelessness, particularly for those of low income. It deprives communities of the talents and contributions of their elderly citizens, and is conducive to premature institutionalization which result in greatly increased service delivery costs.

General statement on problem identification and analysis. A map is attached which outlines the major planning regions of the State. Also attached is a chart that indicates the numbers of persons over 60, those below the poverty level, numbers of minorities, etc. The focus of the program will be to make the greatest impact on those who are poor and near poor. It must be recognized, however, that many of the critical problems affecting older persons know no economic restraints. The lack of transportation, for instance, may particularly hinder the inclusion of the elderly poor in the general lifestream, but it also hits the more affluent who can no longer drive because of personal health factors.

A second factor which must be recognized is that this application is for a statewide program. Therefore, the problem statement and analysis is necessarily general. Adequate measureable data is generally available, but its inclusion would involve hundreds of pages. The procedure for this application has been to note a generalized problem and causes. The specifics in the statement must necessarily be developed in each local area, and are attached with this application. Transportation may be the major cause of inaccessibility in one area, while in another it is language or remote geographic isolation. The program staff, along with local volunteer supervisors and volunteers and consumer advisory groups, has been involved in the local description of these problem and cause analyses.

WORK PLAN

As described in the previous statement on problem identification and analysis, the statewide goals and objectives are necessarily general. They reflect a summary composite of multiple local goal and objective statements. As a generalization, they are not a description of the planned "solution" to the "problem." But as a summary they do indicate multiple solutions to the specific local causes which have been identified in each volunteer work plan. It is in that light that the following composite must be viewed, and can be interpreted as statewide targets and monitoring devices that assure local problems are being resolved. Additional comments in Section III, PROJECT MANAGEMENT, illustrate how these statewide goals and objectives can give assurance of problem resolution on the local and statewide levels, as well as how tracing of accomplishments relative to these goals and objectives will be monitored on a local and statewide basis.

GOALS AND OBJECTIVES

Cause No. 1. Lack of accessibility.

Goal No. 1. To create the accessibility necessary through the generation and development of a linkage between isolated persons and communities in need and the services, information and assistance available.

Cause No. 2. Inadequate resources.

Goal No. 2. To develop, mobilize, and coordinate additional economic, personal, and service resources addressed directly to the needs of the elderly.

PLANNED PERIOD OF ACCOMPLISHMENT

1st year: 30,000 new (unduplicated) linkages. 2nd year: 30,000. 3rd year: 45,000. 4th year: 50,000. Total: 165,000.

1st year: \$750,000 additional dollar value of resources. 2nd year: 1,000,000. 3rd year: 1,250,000. 4th year: 1,500,000. Total: \$4,500,000.

ORAL HEALTH CARE FOR OLDER CITIZENS

One of the great areas of unmet need for the elderly in Colorado is that of dental care. To this point in time, there is not and has not been a statewide program of dental care provided through medicaid or through any other comprehensive effort. Piecemeal approaches have been tried by the Denver General Hospital, the University of Colorado School of Dentistry, various neighborhood health clinics, voluntary assistance by local individual dentists, and a recent most laudatory effort by a Soroptomist Club under the leadership of Mrs. Mary Duty of Aurora, Colo. In addition to the service to individual clients that these

efforts have provided, their main outcome has been to underscore the need and the inadequacy of present resources.

An ad hoc organization of private citizens, agency professionals, State legislators and officials, and health care providers was formed to address this need and recommend solutions to the State legislature and administration. The report of this Colorado Oral Health Task Force was presented to a legislative interim joint study committee prior to the present legislative session, and with further modifications to the State Senate Health, Environment, Welfare and Institutions Committee. In essence, the report recommended a comprehensive dental care program for all persons classified as "categorically needy" who were over the age of 21, and therefore not eligible for the mandated early, periodic, screening, diagnosis, and treatment program. The program as recommended would be under the optional services of title XIX medicaid, with the State's fiscal share to be approximately \$1.6 million.

The Senate HEWI Committee, under the leadership of Republican Senator William Hughes of Colorado Springs, received our report, recognized the great need, but had some concerns about the funding, administration, range of services, and potential cost and cost-control problems in a very tight economy and conservative legislature. Some of their hesitations were the following:

The \$1.6 million cost would just not make it through the Appropriations Committee in the Senate.

The "image" of medicaid would be a further detriment.

Federal guidelines in medicaid did not allow sufficient State autonomy in program design. One particular concern was the inability to include any significant copayment on the part of the recipient, or on the part of voluntary organizations such as the Soroptomist Club, which would greatly reduce the fiscal impact and also allow recipients to participate in the cost of their service. It was felt that most elderly would desire to and be able to assist in the cost, and this would help remove the welfare stigma.

The real crunch and most politically salable service need was for senior citizens, and medicaid funding would require the inclusion of all medicaid eligibles.

An intent was expressed to try an alternative delivery system to the medicaid system, one that would enhance local initiative and client dignity, and that could potentially be a model for other service components.

The result of all this is the attached SB-473. The bill passed the HEWI Committee, and is presently before the Senate Appropriations Committee. It has strong statewide grass-roots support, and we are optimistic of its eventual passage.

FIRST REGULAR SESSION, FIFTY-FIRST GENERAL ASSEMBLY, STATE OF COLORADO
SENATE BILL No. 473

(By Senators Hughes, L. Fowler, Gallagher, McCormick, Phelps, P. Sandoval, and Woodard.)

A bill for an act concerning a dental care program for persons receiving old age pension public assistance, and making an appropriation therefor.

Bill Summary

(Note: *This summary applies to this bill as introduced and does not necessarily reflect any amendments which may be subsequently adopted.*)

Establishes a pilot program to be administered by the department of health for furnishing necessary dental appliances and services to persons receiving old age pension public assistance.

Be it enacted by the General Assembly of the State of Colorado:

Section 1. Title 25, Colorado Revised Statutes 1973, as amended, is amended by the addition of a new article to read:

[Capital letters indicate new material to be added to existing statute.]

ARTICLE 21

Dental Care

25-21-101. *Short title.* This article shall be known and may be cited as the "Colorado Dental Care Act of 1977".

25-21-102. *Legislative declaration.* (1) It is the purpose of this article to promote the public health and welfare of the people of Colorado by providing an alternative to the present medicaid system which will furnish necessary dental appliances and services to individuals sixty years of age or older whose income and resources are insufficient to meet the costs of such appliances and services, thereby enabling individuals and families to attain or retain their capabilities for independence and self-care.

(2) The objectives of this article shall be implemented through various executive departments, agencies, and political subdivisions of the state in cooperation with private individuals and organizations.

25-21-103. *Definition.* As used in this article, unless the context otherwise requires:

(1) "Department" means the department of health.

25-21-104. *Dental program—vendor payments—eligibility.* (1) The department shall administer a program of dental assistance to provide dentures, denture maintenance, and mouth preparation through vendor payments for persons receiving old age pension public assistance as defined in section 26-2-111 (2), C.R.S. 1973, and persons in nursing homes as old age pension recipients. The department shall promulgate necessary rules and regulations for the implementation of such program and may enter into contracts with dental laboratories in order to purchase dentures in volume at a lower cost.

(2) The department shall administer the program through the issuance of vendor payments to dentists licensed under the provisions of article 35 of title 12, C.R.S. 1973, and shall establish a central registry of dentists participating in the program.

(3) Any licensed dentist who participates in the program established in this article by providing services or appliances to any person presenting the appropriate certification obtained under section 25-21-105 (2), is eligible for vendor payments as stated in section 25-21-105 (3).

25-21-105. *Copayment schedule—committee—eligibility—maximum payments.* (1) A state and recipient copayment schedule, with a maximum state contribution of eighty percent, shall be established. The recipient's share of the copayment shall be based on a fee schedule established by a dental subcommittee of the area agency on aging located in each of the planning and management regions of this state. Each subcommittee shall consist of seven members appointed by the governor, the composition of which shall be three dentists, two consumers, and two at-large members, neither of whom shall be a dentist. All terms of service shall be at the pleasure of the governor. The subcommittee's duties shall be established by the department by rule and shall include among other duties: Accepting and approving applications; providing referrals to dentists; following up on vendor payments; and establishing a list of public and private dental resources in the county.

(2) Persons eligible for dental appliances and services under this article may apply for such to the appropriate subcommittee. The subcommittee shall contact the department of social services to determine eligibility of the applicant for the program and, upon receiving certification therefor, shall approve such application.

(3) The maximum fee for dental services shall be as follows:

- (a) Full dentures, upper and lower, including adjustments: \$350.
- (b) Single or partial dentures, including adjustments: \$175.
- (c) Repair of fractured dentures: \$15.
- (d) Replacement or repair of one broken tooth: \$15; and for each additional tooth: \$5.
- (e) Addition of a tooth to a partial denture to replace a natural tooth: \$25; and for each additional tooth: \$10.
- (f) Replacement of clasp, clasp intact: \$25.
- (g) Replacement of clasp, new clasp: \$35.
- (h) Relinement of dentures: \$45.
- (i) Removal of permanent tooth: \$8.
- (j) Surgical removal: \$15.

12-21-106. *Operation period of program—review.* (1) Claims by dentists for vendor payments under this article will be accepted for dental services rendered between October 1, 1977 and March 31, 1978. Claims may not be accepted by the department for services rendered before or after said dates.

(2) The legislative council is hereby directed to appoint an interim committee to review the dental care program and rules implemented pursuant to this

article and to evaluate the cost containment mechanisms, quality control, and performance of the program.

12-21-107. *Records—complaints.* (1) The department shall be responsible for keeping records on dental appliances and services provided under this article.

(2) The department shall designate a major association of dentists in this state, willing to do so, for the receiving and processing of complaints of persons applying for or receiving dental appliances or services under the provisions of this article.

(3) Each dental subcommittee of the area agencies on the aging shall submit a report to the department no later than April 30, 1978, on the dental program functions administered by it under the provisions of this article.

Section 2. *Appropriation.* There is hereby appropriated, out of any moneys in the state treasury not otherwise appropriated, to the department of health, for the fiscal year beginning July 1, 1977, the sum of five hundred forty-seven thousand five hundred dollars (\$547,500), or so much thereof as may be necessary for the implementation of this act.

Section 3. *Safety clause.* The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Appendix 3

POSITION PAPER PRESENTED AT THE WESTERN GERONTOLOGICAL SOCIETY MEETING ON MARCH 22, 1977, TOGETHER WITH COMMENTARY BY REPRESENTATIVES OF THE ADMINISTRATION ON AGING AND THE DEPARTMENT OF AGRICULTURE

ITEM 1. POSITION PAPER ENTITLED "COMMODITY MAINSTREAM," BY GLORIA DULGOV, DIRECTOR, SENIOR NOW GENERATION PROGRAMS, TUCSON, ARIZ.; SUBMITTED BY MARIAN LUPU¹

Webster's dictionary defines the current usage of commodity as that which affords ease, convenience, profit, or advantage; anything that is useful, particularly, in commerce, including everything movable that is bought and sold. The synonyms for commodity are merchandise, goods, wares, and stock. John Locke, the 19th century philosopher, said, "Commodities are movables, valuable by money, the common measure."

Legislative authority for donated foods is given in section 707 of title VII of the Older Americans Act of 1965, as amended. This authorizes the Secretary of Agriculture to donate foods acquired under section 32 of the act of August 24, 1933; under section 416 of the Agricultural Act of 1949, and under section 709 of the Food and Agricultural Act of 1965 (price supply and surplus removal legislation) to a recipient of a grant or contract to be used for providing nutritional services in accordance with the provisions of title VII of the Older Americans Act of 1965 as amended, hereinafter referred to as title VII. The legislation also provides that in donating foods pursuant to section 707, the Secretary shall maintain an annually programed level of food assistance of not less than 15 cents per meal for the period beginning July 1, 1975, and ending September 30, 1976. For the fiscal year ending September 30, 1977, the annually programed level of assistance shall not be less than 25 cents per meal. This amount shall be adjusted each fiscal year to reflect changes in the series for food away from home of the Consumer Price Index.

In addition, section 14 of the National School Lunch Act, as amended, requires the Secretary, until September 30, 1977, to make open market purchases, as necessary, of foods of the types customarily available under sections 32 and 416 in order to maintain the annually programed level of assistance for nutrition projects for the elderly (NPE) as well as for child nutrition programs.

Subchapter B, "General Regulations and Policies, Food Distribution: Part 250.8(h)" of the Agricultural Act establishes the NPE as a separate eligible recipient agency within each State as prescribed by the State aging agency or agencies in accordance with current regulations and guidelines as authorized by the Commissioner on Aging. This authorization for NPE allows the utilization of commodity food without regard to the individual needs of participants. NPE's are group eligibles for commodity food utilization.

Part 250.4(b) states that the value of high protein food, meat and meat alternates purchased with funds appropriated under section 707(c) of the Older Americans Act of 1965, as amended, shall not be included in computing the minimum value of commodities to be made available.

The appropriations authorized for title VII programs are stated in section 708 of the Older Americans Act. For the fiscal year ending September 30, 1977, \$250 million should be utilized to carry out the provisions of title VII other than section 707(c).

If we have interpreted the laws correctly in our brief synopsis, we have observed the following:

¹ See statement, p. 415.

(1) Title VII of the Older Americans Act is the only block grant that receives commodity foods.

(2) Title VII is the only nutritional grant administered by an agency other than the Department of Agriculture. (This may also apply to title XX.)

(3) Title VII use of commodity food allows for expansion of nutrition projects and does not utilize commodities in place of moneys allocated.

(4) High protein food, meat, and meat alternatives purchased are not included in commodity values available, if funds are appropriated under section 707(c) of the Older Americans Act. This could allow for additional food above title VII appropriations as well as above the 27 cents commodity allotment per meal.

The third and fourth observation could possibly double the national levels of meals served daily. If our observations are what the laws stated today intend to do, we (in the nutritional arena of title VII) should be pleased. Or do these observations raise administrative, moral, and conflicting values for our title VII projects?

Our laws on a national level are written with high ideals and with an approach to what is good for the majority of people in our country. But, in our continually changing society, we should be constantly aware of the varied needs of our population areas.

The Agricultural Act, as well as the Older Americans Act, gives the States the right to implement the laws based on their own needs. Both acts speak of quantity of donated foods, eligibility, State distributing agency and allocations, how to implement, when to implement, policies, procedures, rules, regulations, goals, but not quality and types of donated foods.

In dealing with commodity foods, there are four main areas title VII projects have concerns about: distribution, storage, quantity, and quality. These areas theoretically are dealt with by each State through interagency agreements, usually with the State office on aging and the State agency that handles commodity food for the national school lunch program.

In the western region there are 1,060,699 meals served monthly. Value of projected donated foods based on 27.25 cents per meal for the region is \$289,040 monthly; yearly, it is \$3,468,480. The quantity that is received is based on State meal allocations and what is available as donated foods.

As of October 1, 1976, Department of Agriculture policy states that all commodity foods offered to a State will be counted whether the State and/or projects does or does not accept the shipment. This could mean that the title VII projects might not use all of their commodities during the allotted time-span; and if they are used the meals could possibly lack variety and not be up to the recommended daily allowance (RDA) standards set forth under title VII guidelines.

The type of food offerings we have been receiving are varied, but some may not be suitable for use in senior citizens programs. Many elderly people cannot eat vacuum-packed or brine corn, peanut butter, and short-grain rice due to the condition of their digestive systems.

On the December 1, 1976, commodity wholesale price list for fiscal year 1977, all items except margarine were lower than local purveyors costs in Pima County, Arizona. When you add to these costs shipping and storage (paid for through State and local projects funds), the total cost figure for commodity foods are higher than what we could pay for locally purchased foods. [See chart I.]

Wholesale commodity prices, shipping and storage in many instances may not give us the total picture. Yields per pound in canned vegetables and fruit can also add or subtract from total cost.

CHART I.—COST ANALYSIS

Item	Unit size	Weight per case	USDA cost per case	USDA cost per pound	Adjusted cost ¹	Local cost per case	Local cost per pound
Fruit cocktail, canned....	6/#10	41.4	10.97	.2650	.3016	11.95	.2886
Green beans, canned.....	6/#10	38.0	6.00	.1580	.1978	7.35	.1934
Ground beef, frozen.....	55#	55.0	42.90	.78	.8076	48.40	.88
Margarine.....	30/#1	30.0	14.01	.467	.5176	10.12	.337
Peaches, canned.....	6/#10	40.0	9.11	.2277	.2657	10.35	.2587
Pears, canned.....	6/#10	40.0	9.20	.23	.268	9.43	.24
Purple plums.....	6/#10	41.4	7.91	.1910	.227	10.15	.2451

¹ Adding 1.50 per case shipping, plus 2 cents per case for storage based on Arizona cost for shipping and Pima County cost for storage.

In all our yield comparisons done through the process of cuttings of commodity cans and one or more locally purchased canned goods per item, the majority of locally purchased cans yielded more. These varied with the brands and are based on the same number of pounds.

An outstanding difference was in purple plums; commodity yield was 16, 4 ounce servings per can; locally purchased yield was 29, 4 ounce servings per can. [See chart II.]

CHART II.—YIELD COMPARISONS BETWEEN GOVERNMENT COMMODITIES AND STORE BRANDS

Item	Serving size	Government commodity servings per can	Glowing Star	Silver Ray	Table Queen	Western Valley	Del Monte	Frosty Acre
Green beans.....	4 oz.....	21	26	24	-----	-----	-----	-----
Green peas.....	4 oz.....	24	-----	-----	27	-----	-----	-----
Pears.....	4 oz. 2 halves.....	18	17	-----	-----	-----	-----	-----
Sliced peaches.....	4 oz.....	20	21	-----	-----	20	-----	-----
Fruit cocktail.....	4 oz. (ladles).....	18	-----	-----	-----	-----	20	15
Purple plums.....	4 oz. (3 plums).....	16	29	-----	-----	-----	-----	-----

The commodity beef that we utilize has a high fat and moisture content. In one shipment to Arizona, the fat and moisture content tested out at approximately 20 percent above the 30 percent amount prescribed by law. Locally purchased meat tested out to less than 15 percent fat and moisture content. The yield for the commodity beef was 8 ounces, which yields 2.75 servings; the yield for local meat was 14 ounces which yields 4.75 servings. In other words, we used twice as much per serving of the commodity meat at a higher cost per serving than the locally purchased meat.

We felt that if we had some concerns about commodity foods and the effects on title VII after analyzing our local situation, so would the other States in the USDA Western regional jurisdiction. To this end, we prepared a questionnaire on the four main areas of concern: distribution, storage, quantity and quality.

We have received 25 responses out of the 32 questionnaires sent out. Idaho, Oregon, Washington, Alaska, Arizona, Nevada, Hawaii have responded. California did send in one response. We did not include ourselves in the questionnaire on this paper.

Whether the distributing agency is the State Department of Education, Department of Aging, or other, the same problems seem to exist in different degrees in all distribution methods.

Fourteen respondents all stated that there was not a stated timely distribution on commodity foods, and that it is done when the school lunch distribution of commodities seems to take place. One community responded that the untimely distribution makes it difficult to plan menus.

All projects accept commodity foods as prescribed by law, but they do not accept all commodity foods offered. In Alaska, they only accept butter and cheese. In the State of Washington, they accept all foods allocated. If they didn't they would probably still have to pay for it.

In all the States, there is a system for returning commodity foods, but only if it can be redistributed to another project. If this is not possible, the project is charged for the unused food.

The commentary on the quality of commodity food was very varied. As for the quality of commodity foods, the majority of respondents said meat was average to good; vegetables, average to good; canned fruit and dairy products, excellent. The State of Washington said the quality could be somewhat better. Arizona said ground beef was high in fat content and canned beef is high in sodium. Nevada said canned poultry is stringy. Two States said the rice was bad. The majority of States seem to point to the lack of consistency in the quality of all commodity foods that are offered.

Most States do not seem to use a standardized method of portion control. There is a form of portion control on most nutrition sites on meal service but not entirely in food preparation. We also asked projects if they did canned cuttings to compare commodity food with locally purchased food yields. Seventy-

five percent of the projects did not do cuttings to find out yields per can and some did not know what canned cuttings were.

The only comprehensive systems in existence for distribution and delivery of commodity foods appear to be in Washington and Oregon. The other States have very little or no notification for commodity food distribution.

All projects responding, pay for both dry and cold storage space. One project even goes as far as renting small lockers which are very expensive for site prepared meals.

We asked the projects if they would prefer cash in lieu of commodities. Fifty percent preferred cash; the other 50 percent preferred commodities.

To complete our survey, we asked for any comments, suggestions and recommendations. There were varied subjective responses, depending upon each local projects ability to work cooperatively with the designated State distributing agency.

The 27 cents commodity cost per meal is unrealistically high according to calculations in the State of Washington. Their donated food amounted to only 5 cents per meal. This same data is true for Arizona.

Most States felt that commodity food could be a great help, but because of distribution, storage and shipping problems, it is a headache. Data collected points to the high administrative cost for title VII projects to utilize, store and ship commodity food properly. These factors add administrative burdens to any title VII project, whether it is rural or urban. These are the added administrative costs we are aware of. What we are not knowledgeable about are the hidden costs on all levels from the time of Federal purchasing of commodities to the time of local meal preparation.

The State of Oregon appears to have a system that is workable on a State level. They have a good relationship with the Department of Education, which is the commodity distributing agency. The Department of Education receives commodity foods at two warehouses, one in Northern Oregon, the other in Southern Oregon. Each recipient is notified of availability of foods for distribution. The Department of Education arranges for shipping to various parts of the State, charging a flat rate per unit of \$1 for dry storage and \$1.85 for frozen storage. These costs include all administration, handling, storage and shipping costs. We are assuming that this is only the State charge, and does not include the additional cost of local on site storage.

In the process of collecting data in this short period of time, we have come across a wide variety of information. Some, we have not stated, because it was not pertinent to our end goal.

From some of the information collected, we can draw basic assumptions:

- (1) There is very little systematic distribution of commodity foods on a national level.
- (2) Cost factors for administration, storage and shipping is not included in the cost of commodity foods paid by USDA. It is a definite hidden cost to all title VII projects.
- (3) Title VII projects look upon commodity food as free food and do not realize on the whole what it is costing them to store, ship, handle and administer.
- (4) The majority of title VII projects have not done any cost comparison with locally purchased wholesale foods.
- (5) Some commodity food is definitely not appropriate for title VII projects.
- (6) Fifty percent of the projects surveyed would like to have cash in lieu of commodities.
- (7) One hundred percent of the projects surveyed, whether it is rural or urban, has one or more problems in the handling, shipping, storage, quantity, distribution and/or quality of commodity foods.
- (8) The majority of respondents do not understand how commodity food is handled.

We've asked ourselves many times why should we worry about the commodity foods, its' quality and quantity, when all the title VII projects have to pay for are shipping and storage costs?

The answer is simple. Morality! We all pay our taxes and feel we should get the most for our dollar.

If the use of commodity food gives us additional resources to serve more meals above allocated funds, let's try and seek a way that will enable us to utilize these resources in a comprehensive, productive system that will be beneficial to all.

Our end goal in conceiving and developing this position paper is to utilize what laws currently are in existence that would enhance the use of commodity food or cash in lieu of the commodities offered in title VII projects.

Since by law, title VII is part of the commodity food portion of the Agricultural Act and the Older Americans Act, we would like to recommend a centralist approach in, with and for the use of commodity foods. Our recommendations are based partially on data collected through the questionnaire, through conversations with personnel in the school lunch programs, title VII and title III Project Directors, State Agencies on Aging and Department of Agriculture and Department of Education staff.

In order to give each State and its title VII projects an opportunity to serve more people, to cut administrative hidden costs, to subtract various levels of the bureaucracy, and to spur the national as well as the local economy, we recommend the formulation of a Chit System.

The Chit System as defined in Webster's dictionary is a voucher of a sum of money owed for food. Simply explained, this system would give each project, whether it is title VII, title XX or under the Child Nutrition Act, the flexibility to utilize monies on a local level for purchasing of commodity foods based upon bidding specs set out by the Commodity Credit Corporation as provided for and by the Agricultural Act for price support and surplus removal as stated in section 707 of the Older Americans Act of 1976 in section 32 of the Agricultural Act of 1935 in section 416 of the Agricultural Act of 1949 and in section 709 of the Food and Agricultural Act of 1965. The use of the Chit System will be able to take into consideration each States' needs based upon rural and urban population areas. This system will enable each area that has a title VII project to do the following:

(1) Save local projects and State distributing agencies storage, handling, administration and shipping costs, which then could be utilized in providing more monies for additional meals.

(2) Enable local as well as State purveyors an opportunity to be part of an economic system which, in turn, would give the State and local areas a better economic base.

(3) Develop a system of responsibility of each programs needs as well as developing an awareness of community needs for senior citizens.

(4) Develop accountability on a local and/or State level for quality of commodity foods.

(5) Alleviate unnecessary bureaucracy on a Federal and State level.

(6) Enable the local projects to develop, plan and implement proper nutritionally balanced meals based upon stated RDA standards.

(7) Allow for flexibility in purchasing foods based upon government requirements.

(8) Permit program individuality and needs and still be able at a Federal and regional level to designate what products are available and what areas of food market need price support and stabilization assistance.

The new Democratic administrations' thrust is towards reorganization of the government. By adopting a system of chits nationally for use of commodity foods, we would soon realize the expansion of needed meals for all nutrition projects through cost effectiveness, cost accountability, better local, State and national planning and most of all, provide a viable mechanism for our local, State and Federal economic climates.

ITEM 2. REACTION TO THE COMMODITY MAINSTREAM POSITION PAPER BY CHARLES E. WELLS, DEPUTY DIRECTOR, OFFICE OF STATE AND COMMUNITY PROGRAMS, ADMINISTRATION ON AGING

INTRODUCTION

I am pleased to have the opportunity to respond to the issues raised in the Commodity Mainstream Position Paper prepared by Ms. Gloria Dulgov.

By way of introduction to my remarks, it is important to remember that section 707 of the Older Americans Act, Availability of Surplus Commodities, is a major resource currently existing in the Older Americans Act for serving older persons. Under this provision in law, a value of approximately \$26 million will be available in fiscal year 1977 in donated foods to the title VII program. It

is the goal of the Administration on Aging to fully utilize every resource now available for serving older persons. Thus, while we know that there are problems associated with the donated foods program, it is our desire to identify and solve these problems, and make this program effective in serving older persons participating in the title VII program.

ISSUES

In reviewing the Commodity Mainstream paper, I note seven distinct issues. These issues, and my reaction to the issues, are set forth below:

Issue number 1: The donated foods program presents major logistical problems for title VII projects

We agree that at the present time the donated foods program does present logistical problems for title VII grantees in some States. These problems include: (a) foods arrive unexpectedly; (b) foods arrive in too large a quantity; (c) foods other than the kind expected arrive; and (d) inadequate storage space is available to store large quantities of donated foods. These problems are consistently mentioned by title VII project personnel.

We feel it is unfortunate that title VII project personnel have to deal with these types of problems on top of the difficult job of operating an effective nutrition project for older persons. It is our experience that in too many cases, title VII project personnel have been left to deal with the logistics of the donated foods program on an individual basis.

It is our belief that the State agency on aging should be directly involved with the State Agricultural Distributing Agent on behalf of title VII grantees in the State concerning donated foods issues. A firm plan should be in effect in each State which determines which project will receive foods, of what type, in what quantity, and at what intervals. On January 19, 1977, a communication was sent by the Administration on Aging to each State agency urging their direct involvement in the donated foods program on behalf of their title VII grantees. In addition, it is our understanding that a new food ordering system is under development by the USDA which would alleviate many of the logistical problems that have been mentioned.

Actions can be taken by State agencies on aging and the State distributing agent which will significantly reduce the logistical burdens now being faced by title VII grantees.

Issue number 2: The costs of donated foods exceed local food costs

There seems to be some confusion on this issue. The only cost to the title VII program for donated foods is for transportation and related storage costs of foods actually received. The transportation and storage costs of a case of frozen ground beef, as stated in the position paper, is \$1.52. This is the only cost to the title VII program for the case of beef—a real bargain.

However, it is very important that State agencies on aging plan for the transportation and storage costs for donated foods, and award funds to individual projects accordingly. Projects should not be required to meet such costs, unexpected, from their regular operating budget.

Issue number 3: In some States only a small portion of the value of donated foods is received

On a national basis, a value in donated foods of not less than 25¢ is available from USDA for each meal served under title VII. The current value being donated to title VII is 27¼¢ for each meal served. Under the operating level authorized this Fiscal Year, this would mean that the title VII program is entitled to approximately \$2.2 million worth of donated foods each month during Fiscal Year 1977.

In some cases however, projects have refused to accept donated foods. In others, because of projects being located great distances from food distribution points, they do not receive donated foods. However, in all cases where donated foods are not being used by a project, such foods should be utilized on behalf of older persons by other projects.

Once again, the answer to this problem seems to be the need for good prior planning and direct involvement by the State agency on aging in the food distribution process.

Issue number 4: The quality of donated foods is not up to local standards

The administration on aging has been in close contact with USDA on this issue. We have been assured that the quality of foods in the donated foods program is very high. In addition, investigators regularly check to assure that the standards established are met.

If an individual title VII project finds poor quality in a donated food item, the State agency on aging should be notified immediately, who will in turn notify the State distributing agent. We have been assured that USDA investigators will check all such complaints without delay, and take appropriate action.

Issue number 5: Use of donated foods makes it difficult to meet RDA standards

In discussing this issue with our nutritionists, they have indicated that more specific information is needed concerning the problem before a complete response can be made. However, if poor distribution procedures were being used, it is possible that large quantities of a given food could be delivered to an individual project, thus causing an imbalance in servings.

As indicated earlier, the proposed food ordering system now under consideration would do much to prevent this type of problem from developing. The close involvement of the State agency on aging in the distribution process is essential to prevent a build up of large quantities of a given food item by an individual project.

Issue number 6: Foods available are not suitable for consumption by older persons

The USDA has assured the administration on aging that the foods available in the donated foods program, in the proper quantities, are suitable for most older persons. Of course, there may be some exceptions because of health or diet considerations.

Once again, the proposed food ordering system would allow projects to order, in advance, the types of foods desired. In addition, a food processing plan is being explored by USDA. Rather than frozen beef and frozen turkey being offered, beef stew and turkey-a-la-king would be offered. Meetings between USDA and food processors have already taken place to explore this idea.

We are particularly concerned that the foods being offered to title VII projects are acceptable to older persons. If the foods are not acceptable to older persons, then they will not constitute a resource to our program.

Issue number 7: Adopt a "chit system" as an alternative to donated foods

As I understand the proposal, the authors suggest issuance of "chits" to title VII projects, which would in turn be used to purchase "excess foods" locally.

The adoption of such a proposal would require legislative action to amend the Older Americans Act and appropriate USDA legislation. Since this would constitute a major change in existing USDA food purchasing programs, I feel it most appropriate for USDA to comment on the feasibility and merits of this proposal.

Such a proposal would, in effect, be a cash-out option in lieu of donated foods. The State of Kansas already has such a cash-out option. As this proposal is explored further, it may be valuable to determine the experiences of the Kansas State Agency on Aging in this regard.

In any case, the administration on aging will implement any amendment the Congress decides to make in the donated foods program as it relates to the title VII nutrition program.

SUMMARY

The donated foods program is an existing resource for serving older persons under title VII of the Older Americans Act. While this resource is available, the administration on aging is dedicated to its effective use in serving older persons. We know that there are problems associated with the present program. We want to do everything possible to eliminate these problems. Activities are already underway by the USDA in this regard. In addition, we would strongly urge the active involvement of each State agency on aging in the decisions affecting the logistics associated with donated foods. It is our observation that many of the problems that have developed to date are the result of title VII projects being left to cope with the logistics of donated foods on an individual basis. This has resulted in donated foods resources not being fully utilized in the title VII program.

We are confident that the direct involvement of the State agency on aging in the donated food program on behalf of individual title VII projects will do much to alleviate the problems now being faced in the program.

ITEM 3. LETTER FROM JUAN DEL COSTILLO, ACTING ASSISTANT TO THE ADMINISTRATOR, FOOD AND NUTRITION SERVICE. DEPARTMENT OF AGRICULTURE, TO WILLIAM E. ORIOL, STAFF DIRECTOR, SENATE COMMITTEE ON AGING. DATED JUNE 20, 1977

DEAR MR. ORIOL: This is in response to your telephone conversation with Mr. Lynn Howe regarding the Title VII Elderly Feeding Program and the Department's response to the Commodity Mainstream paper presented at the Western Gerontological Society meeting held in Denver on March 22, 1977.

The paper outlined problems that some of the local elderly feeding programs were experiencing using USDA-donated foods. Specifically, the problems centered around the specifications and quantity of USDA foods, timeliness of shipments and distribution.

All USDA foods purchased for distribution to the elderly feeding programs are acquired under specifications that are equal or superior in quality to those available on the commercial market. Periodically these foods are reevaluated to determine their desirability and utilization in all food assistance programs. Modifications to the specifications are made as necessary. Canned beef with natural juices and canned boned poultry are two of the commodities presently being reevaluated at this time. Also, we want to point out that the survey portion of the Commodity Mainstream paper indicated that over 80 percent of the projects responding felt USDA foods were of excellent and good quality.

Present legislation requires the Department to provide 27.25 cents of USDA-donated food for each meal served in the Title VII Elderly Feeding Program during Fiscal Year 1977. This is an increase of over 10 cents per meal from Fiscal Year 1976. Because of the large increase of food donations, we surveyed the States to ascertain the amounts and varieties of Title VII foods in inventory. The survey showed that some States had large inventories and, therefore, some of the food would have to be transferred to other eligible outlets. For the most part, States with the largest inventories were those that employed food-service management companies which apparently have been reluctant to utilize all of the foods donated by the Department in preparation of the meals. The States that had onsite preparation of meals reported no inventory problems.

In light of these findings and our interest in assuring that USDA foods allocated to these Title VII feeding projects are used for the purpose intended, we are in consultation with the Administration on Aging, Department of Health, Education, and Welfare (DHEW), and are reviewing our method of food allocation to these projects. Under consideration is a more flexible allocation system, similar to that used in Fiscal Year 1976, under which a State could select, against a total dollar equivalent entitlement, the kinds and quantities of foods offered. Further, we are considering additional and processed table-ready food items for these projects.

The Department has recently taken steps to improve the timeliness of food deliveries. As an example, the shipping periods for fruits and vegetables have been extended from five weeks to five months. Within the five-month shipping period, States may request shipments during any of the two-week periods that would be most convenient for their food assistance programs. We feel this change will greatly reduce the huge inventories at the State and project levels.

The distribution of these USDA-donated foods within the States is the responsibility of the State Distributing Agency. Each State Distributing Agency has full responsibility to ensure that the distribution, protection, and use of federally-donated food are carried out within the terms and conditions of its agreement with USDA. The State Distributing Agencies are required to distribute USDA foods to individual Title VII projects based on guidance received from the State Agency on Aging. The distribution of USDA-donated foods does vary from State to State.

The Food and Nutrition Service is making every effort to improve communications with the various agencies with the Title VII Elderly Feeding Program to ensure optimum results. A National Food Distribution Workshop will be

held again this year in Minneapolis during the middle of July. At this Workshop a two and one half day discussion will be held on donations of foods to the Title VII Elderly Feeding Programs. In attendance at this meeting will be all State Directors of Food Distribution, several State Agencies on Aging, and representatives from the Administration on Aging, DHEW, and the Department. We plan to discuss and examine all areas of the Title VII Elderly Feeding Program, including those outlined in the Commodity Mainstream paper.

JUAN DEL COSTILLO.

Appendix 4

SELECTED PAPERS ON RURAL ISSUES PRESENTED AT THE 23d ANNUAL MEETING OF THE WESTERN GERON- TOLOGICAL SOCIETY, MARCH 20-23, 1977, DENVER, COLO.

ITEM 1. ADDRESS, "PERSPECTIVES FROM A RURAL AREA AGENCY ON AGING," BY ROBERT L. NEWHART¹

Thank you for this opportunity to speak with you about the problems of planning and delivering services to the elderly in rural America.

Growing older in rural America can be miserable and the problems facing the rural elderly and their Area Agencies on Aging are immense; hard-nosed solutions are required.

The numbers of the rural elderly may seem inconsequential when compared with the Nation's urban areas, yet when viewed in the context of the rural county we see that the proportion of elderly within a county may easily reach as high as 25 percent and 30 percent. There are few urban areas which have that type of proportional impact.

While the aged are a higher percentage of the total population in rural areas than they are in urbanized areas, they have fewer public services available to them. We need to understand that in order to meet the specialized needs of our rural elderly we must locate expanded funding for tailor-made programs which fit the rural lifestyle.

The wide range of facilities and services available to the elderly in high population areas should also be available to the elderly living in rural and remote areas. The rural elderly should not be penalized because of where they live. Their needs are as great—if not greater—due to their isolation.

The question is: do the 9+ million older Americans living outside metropolitan areas receive their fair share of the problem solving monies? They certainly have their share of the problems.

We need to ask and answer many questions. What about areas of the country where there really aren't doctors, dentists, transportation, or even a "downtown"; a taxi service, a fire department, a telephone service after 6:00 p.m.; what about these areas? Are the elderly living in remote rural areas to be treated as second class citizens not worthy of such services because of the high per unit cost or because they are not a large enough voting block?

And what about the Indian populations? Most western states have a number of tribes and reservations within their boundaries. How do we adequately serve the Indian elderly? Within the seven county area in Idaho that we serve there is the largest Indian population in the state. But do we have the funding required for some of the specialized programs which these elderly deserve? No. Will Congress provide the necessary funding? Perhaps Indian tribes should receive their own directly funded Area Agencies on Aging? Who understands the needs better? And what about the definition of "elderly"? When life expectancy for many tribes isn't past age 50, of what use are a bunch of programs for which a person must be over age 60?

We must, or the Congress must in its good judgment, carefully consider the problems and obstacles associated with service planning and delivery in our remote and isolated areas as compared to service planning and delivery in highly concentrated population areas. Certainly, we and the Congress realize that the administrative costs and the per-unit costs of service delivery have to be much less in those areas that have a high concentration of population.

It is not realistic to expect that one person, such as myself, can cover over ten thousand square miles, seven counties, 23 cities and properly serve over

¹ See statement, p. 454.

15,000 elderly. Do we even need Area Agencies on Aging in rural areas? And if so, what type of organization can function under these constraints? My answer to the first question is a definite yes! The need for AAAs is probably more crucial in rural areas than in urban areas. Unless there is one identifiable organization responsible for solving some of the problems facing the rural elderly they will never be addressed. Rural areas require the focus which an Area Agency brings to the problems of their older persons. You can't create the solution to problems you don't live with. You can't innovate on local problems from the state capital or from the nation's capital.

If an Area Agency doesn't exist in an urban area, I suspect that many programs still happen; many things still get done. Services will get delivered. Where do you think Congress got the idea for AAAs to begin with? Large city mayors have known for a long time that their elderly have substantial needs as well as substantial voting power.

Again, what type of organization can function in the rural setting? What organizational structure will best implement solutions to the problems facing rural elderly? My experience has been that besides the requirement of adequate funding, perhaps the single most important factor for an AAA is its relationship with local elected officials. Can the AAA work directly with local elected officials? It is only through this direct contact with elected officials that the services will be picked up and implemented should Area Agencies ever disappear. Only if local elected officials feel a part of the programs—a pride of ownership—will the programs ever receive appropriate attention. So the AAA must be close to local government. To me this means linking up to a local Council of Governments. What else? The AAA must be located in an organization which not only works daily with elected officials but which also provides a multi-purpose setting and an agency which has other staff and equipment resources which can be "borrowed" by the Area Agency on Aging.

Let me illustrate: in our seven county area it has not been unusual to find a water quality/land use planner delivering commodities on behalf of the out-stationed nutrition coordinator (even though such tasks are clearly not part of the approved 208 water quality planning program). And of course the AAA director has been spotted more than once at a public hearing or similar meeting on an optimum land use plan. Why? No, not because I showed up at the wrong meeting. What is the result of this sort of coordination among seemingly unrelated planning activities?

I suppose the best example of why—as an Area Agency director. I am just as concerned about an Optimum Land Use Plan as I am about the Title XX plan—is what happened in Power County, Idaho. On page 22 of what is entitled the Optimum Land Use Plan for Power County/American Falls, the reader will find a recommendation which specifically addresses rural elderly issues. It reads as follows: "Alternatives to institutionalization such as home health care should be developed and encouraged in Power County." And the senior citizens of Power County have already put that statement to work by suggesting to the Power County Commissioners that an excellent way to provide alternatives to institutionalization was to invest more hard dollars in their meals and transportation programs. The County Commissioners heeded the recommendation of their own Land Use Plan and the senior citizens.

Maybe this illustration points to some characteristics which are essential for successful Area Agency staffs.

I have a list of four:

(1) You must be optimistic. When there are going to be only 150 rural demonstration transportation projects in the United States, don't let anyone tell you that you'll never pull one off in rural Southeast Idaho. We have.

(2) Never take no for an answer. Three years before the Congress saw fit to mandate home health services, we were doing it. And what did the Feds say—"No, it can't be done, don't try it." And what did our state office say "Go slow." By the way, because of staff changes we now have a supportive state office.

(3) Don't let the federal and state regs stand in the way of getting the job done. There is always a way around a rule or reg. It just might take enormous amounts of energy to find it. When the General Accounting Office asked me which regs I follow; state or federal, when there is a conflict between them, my answer was "whichever meets our area needs."

(4) Look for action in unlikely places. Improvise. In Franklin County, Idaho, I discovered that the place to decide where a senior citizens center would be located and how it would be managed was not the usual senior citizens meeting

or even a county commissioners meeting, but a meeting of the local Resource Conservation and Development District. It turned out to be one of their highest priorities.

But, even if the Area Agency staff has mastered these four characteristics, they can't do it alone. If the rural Area Agencies are going to succeed at the job of coordinating and developing services, they require the full support of the state agencies, the Administration on Aging, and the Congress. Any and all programs which are intended to impact the problems of the elderly in rural areas ought to be channeled through the Area Agency on Aging network.

All titles of the Older American's Act, especially Titles III and VII should be granted to one Area Agency on Aging for the planning and administration. RSVP, Foster Grandparent, and other programs ought to be strongly and effectively tied with the AAA as the single focal point for planning and delivering services to the elderly. Only in this way, can a coordinated approach to local government and the service agencies be developed which avoids duplication, gives a focal point to aging issues, assures older adults a significant voice in influencing the development of priority services, and encourages older adults to act as advocates in their own interests.

The triple-A's need more encouragement for integrating planning and delivery systems. It seems that no matter how hard we try, there are still regulations which interfere with effective integration of services and planning programs with other agencies and organizations. AAA's need the freedom and resources to fulfill their mandate to coordinate across departmental, agency, and planning lines. What we don't need is what happened with the Joint Funding Simplification Act. The Administration on Aging sought and obtained an exemption from having any part in integrative planning and management systems; systems which have as their purpose the saving of tax dollars and the development of results-oriented planning and service delivery.

How about the attempt to utilize Title III as "seed money" and getting all programs onto local resources within three years? Yes, it's a noble concept which we want to implement. But consider a shrinking tax base in rural counties, consider that the Federal and State Governments own three-fourths of all the land area in your State, consider that the last thing a rural local elected official needs to hear is that we have this nice carrot to offer for maybe three years or so, just long enough for everyone to get accustomed to eating, and then we want you to go ahead and continue to improve all these programs on your own. It does not place the AAA in a very stable or long-lasting stature—here today and gone tomorrow.

Why not amend the Older Americans act so that Older Americans Act funds could be utilized as matching funds to draw in title XX and other resources to provide essential home services? I am not asking that a precedent be set; we did it for model cities, it's being done for the Appalachian Regional Commission, why not for the rural elderly?

And what about the way Older Americans Act funds are distributed? A new formula for the distribution of Older Americans Act funds ought to be developed giving careful consideration not only to the actual number of elderly living within a State but also to the type and extent of need. The present formula follows a rationale that the needs of older persons living in Beverly Hills are the same as the needs of older persons living in Appalachia. Even worse, the current regulations and "national priorities" lead one to believe that somehow the problems faced by either group ought to be solved through essentially identical programs.

A new formula could examine special needs, maybe include such items as percent of elderly living alone, percent of elderly over age 75, percent of elderly living on a poverty level income, percent of the elderly who are of a racial or ethnic minority, or density, or on and on . . . And how about a factor based upon performance? Perhaps a factor relating to how many dollars an Area Agency or State agency has pooled during the previous funding cycle, or how many transportation units or how many meals served to how many unduplicated persons?

Maybe I shouldn't raise this last point, especially with the Administration on Aging being involved, but I want to make the point clear: we in rural areas need a redistribution of the wealth. Our per unit costs are, as is to be expected, higher. But with the odds we face, I suspect we pool resources more successfully than do many urban areas.

Speaking of funding formulas, title V could be prioritized for rural areas. Rural areas often don't even have the facilities required to serve the elderly in a multi-purpose environment. So, when we finally get the resources and programs together to deliver the services, it sure would be helpful to have more than \$5,000 title V available to develop multi-purpose facilities to deliver the services in.

Rural areas have been left out of the major Federal grant-in-aid programs that are allocated to local jurisdictions merely on the basis of population. General Revenue Sharing, CETA, and the Housing and Community Development Act, are relevant examples. Thus, where urban areas are able to tap into these funding sources in concert with title III and VII programs, the same process is substantially more difficult in rural areas.

Our efforts probably ought to be placed not only on a restructuring of the allocation formula or perhaps a higher minimum funding level, but also on convincing the Congress that more funding is needed nationwide, urban and rural, to adequately meet the needs of the growing aged population.

Our challenge is that of trying to meet the critical needs of the present aging population, while at the same time trying to identify and plan primary intervention strategies for the future. What about retirement planning or educational programs which start in primary school to change the image of aging in America and especially in rural America? How about using telecommunications to supplement transportation? We must meet this challenge, not through being extensions of the Administration on Aging, managing only Older Americans Act funds, but through responsible policy analysis and strategic planning. We must work as leaders with our elderly citizens; as agents of change.

Why do we have national priorities? Who says that Montpelier, Idaho, needs an I&R service, or legal services, or any particular service? What happened to people defining their own priorities and their own objectives for service delivery? In fact, why do we even have titles (i.e. title III and title VII)? Why not a block grant for aging planning and service delivery? Why not fund the services which the people want and need? Why must we have uniformity of program solution when we don't have uniformity of need? Whatever happened to consumer control and input into programs? I guess it's like a lady in one of our more rural counties telling her grandson when he asked what is elderly? She replied: "Elderly is when you have lived so long that you have all the answers, but no one is asking the questions."

What we need are block grants, channeled through the states, directly to the Area Agencies on Aging with strong local elected official input and senior citizen control. These block grants need fewer regulations and those few regs which are written should directly reflect an understanding of the urban/rural dichotomy in planning and delivering services. In other words, a set of regs for urban areas and a set of regs for rural areas are needed when distinct differences occur.

This leads me to ask what the definition of rural is? Perhaps this is something that can be addressed in our workshops? Rural areas are described in the eastern States as when your next-door neighbor is as much as one-half mile down the road, whereas in western States (such as Montana, Wyoming, Idaho, Utah, Nevada, Colorado, and so on) there may be one older person, or for that matter one person of any age, for every 15 or 20 square miles.

I certainly don't want to leave a gloomy picture of the possibilities in rural America. We can deliver; we have in fact been delivering. Perhaps, the leanness of our budgets and staff has made us mean enough to hustle at a level which many urban areas are hard-pressed to match. During the first year of our Area Agency's existence the regional aging council was frustrated with the mandated services and all the required activities. They kept a keen eye on the budget process and when all mandated services were finally accounted for, they went on to see what they could do about their real concerns. They had only \$14,000 title III dollars left for "gap filling." With nothing but that \$14,000 the regional aging council tried to pull off the one program that was *their* priority: Homemaker Home Health Aid. And not just for one or two counties, they wanted all seven counties covered. Today, I am happy to tell you that last year the council cut their title III support to the Homemaker program to \$5,000, not because they no longer see the need for the service, but because the service has been picked up by the local district health department and it is now about a \$100,000 program enjoying substantial financial support from county govern-

ments. So we can get the job done, even with limited resources, if we get to work on our own self-defined needs and priorities.

There are opportunities in many places. How will the rural Area Agency impact Public Law 93-641? The present distribution of health care services is similar to other services. Because of the lack of services or their inaccessibility in rural areas, the rural elderly must often delay routine health maintenance functions until a catastrophic illness necessitates their finding emergency care. The distribution of health care services in rural areas perpetuates a system which provides an "all or nothing" (zero-sum) health care situation.

The choice becomes either total care such as in an institution, or little or no care such as in sparsely populated areas. AAAs must impact the health planning process as never before. Perhaps this is a case where the Federal regulations could be revised allowing the use of Older Americans Act funds as match for the Area Health Services Development funds becoming available to the nation's Health Systems Agencies. This would encourage HSAs and AAAs to work closely on the formulation of plans which impact the health needs of the rural elderly in under-served rural areas. Of course, it goes without saying that the same criteria for area agency boundaries should have been mandated by Congress instead of the one HSA per each 500,000 population, which certainly leaves rural people in the dark.

The Administration on Aging and the Congress need to help us in our efforts. They should continue to look at and resolve conflicting Federal regulations, not only within the Older Americans Act itself, but in other Federal programs as well. We have a bus in one of our southern counties which was acquired through a 16(b)2 Federal Highway Administration grant which requires that the bus spend 50 percent of its time in an urban area of 5,000 persons. The closest one is about 75 miles away and is not a city which the county's residents wish to visit regularly. But they do need a bus! The rural areas need less regulation and more stimulation.

The last area which I told Paul Stuetze I would speak about—and I think it appropriate given that this is a gerontological meeting—is the great need for a RURAL gerontology. Before coming to Denver, I searched the recent and not-so-recent literature looking for gerontological studies and research covering topics generic to rural elderly problems. Needless to say, I found almost nothing. I looked in books and publications which were published as recently as this year and many 1976 publications and found that most did not even list the word "rural" in their index. It became clearer to me what I already knew. There really isn't any rural gerontology out there. There isn't any gerontology which helps us to deal with the problems and possibilities of growing older in rural America. Nothing which recognizes the rugged pioneer attitude in rural America. Nothing which helps us understand and encourages us to use the strong family unit and neighborly approach so prevalent in rural America. How does an AAA effectively utilize the limited resources at its disposal and link them up with the very real pioneer spirit of the rural elderly, especially given the regulations which are written for planning and delivering services in urban settings? We need help in identifying methods and programs which build upon the self-sufficient life-style of the rural elderly.

We need help in providing training and knowledge *directly* to the community; to the elderly living there. In rural areas we are closer to seeing the causes and effects. We understand what the problems are and maybe how to solve them—what the rural elderly and their AAAs need now is the means. We need the means to build upon the existing natural helping networks. But it shouldn't surprise us that this need has been neglected. Gerontologists aren't expected to behave any differently from anyone else. The rural elderly have been short-changed by almost every vendor. Perhaps the Administration on Aging—through the use of title IV funds—can place a stronger commitment on generic rural research which utilizes the existing real-world of rural America as its context and solution base.

So, it takes a concerted effort—we need the gerontologists, the Administration on Aging, the State Units on Aging, the Area Agencies, the Congress, and most important the elderly themselves to solve the problems facing rural elderly.

We need AAA planning before State planning and State planning before Federal planning. And above all, rural AAAs need breathing room. We need an environment at the Federal and State level which permits flexibility, innovation and creativity.

I am left with a last question: why haven't we proceeded any further than we are today? The things which I have said here today aren't much different from what I would have said two or three years ago! Perhaps we can address this question again during our workshops and develop strategies to accelerate the changes we seek.

ITEM 2. STATEMENT OF MELVIN A. WHITE, Ph.D., ROCKY MOUNTAIN GERONTOLOGY CENTER, UNIVERSITY OF UTAH, SALT LAKE CITY, UTAH

VALUES OF THE RURAL AGED

Any discussion of values of the rural aged requires a word of caution and recognition of several factors:

(1) Those living on farms and in small towns are not, and never have been, homogenous in nature. Common threads of accepted values may be identified but are never totally representative of all people residing in the area under survey.

(2) Good empirical studies of the values of the rural aged are almost non-existent. There not only exists a dearth of studies, but also a lack of discussion of the issue in current professional literature.

(3) There is great cultural diversity in rural America. Studies by Odea et al clearly indicate that different rural areas have their own unique subculture which reflects the background, religious beliefs and other characteristics of those who settled the farms and communities.

(4) There is considerable overlapping of cultural values with those who reside in urban areas which result from:

(a) Migration from rural to urban areas. The small town boy may later be counted as an urbanite but adheres to many common rural values.

(b) Improved transportation eliminating much of the isolation common to those in rural areas fifty years ago.

(c) Increased mass communication via TV, newspapers, magazines and movies which tend to bring about a cross-fertilization of cultural values.

(d) Small towns become urban centers. Many of today's older generation were born and raised in small towns. These towns have subsequently become urban centers. The value orientation of the seniors, who now reside in the small-towns-grown-into-cities, retain their rural value.

5. The impact of transportation and mass communication has had less impact on value systems of the present "rural aged" than will be seen in the next generation of "oldsters." Many of the values of today's older persons were internalized while rural America was less subject to the effects of modern technology.

COMMON VALUES OF RURAL AGED

Keeping the above words of caution in mind, let me venture out and suggest several values of rural aged most frequently mentioned in existing research studies and the literature on rural America. The values listed are not in any rank order of importance.

(1) *Independent* (self-reliant, self-sufficient). This value reflects the traditional American value of being master over one's destiny. The individual who, for whatever reason, is dependent upon the church, family or state for support seldom enjoys the status accorded the man "who made it on his own." Loss of status is particularly pronounced when dependency needs become chronic rather than acute. Many rural values reflect a positive image to cooperative arrangements or interdependency. Cooperation has greater acceptance since one returns payment in kind for services provided by another.

The continuing importance of this value is reflected in a study by Osgood on the differences between urban and rural attitudes toward welfare. Rural attitudes were far more negative and restrictive than those in urban areas.

(2) *Ambitious* (hard working, aspiring). Closely related to the value of independence is the protestant work ethic. Independence and self-sufficiency are achieved through hard work that is goal directed. Conversely, failure in life is frequently associated with laziness or the lack of willingness to put forth the necessary effort to succeed. Through hard work one is able to shape and control the world.

(3) *Freedom* (free choice). This value, like "ambitious" is closely related to independence. To be independent one must be free to make choices. It is the

freedom of choice that allows one to rise beyond his present status in life and to enjoy the non-interference of others. The ideological battle between major farm organizations over governmental involvement in farming attests to the continued intensity of this value.

(4) *Sense of accomplishment* (lasting contribution). Generations of farmers have struggled with the land and with pride have turned over their accomplishments to their children. The children, in turn, continue to build on what their forefathers developed. Although many farms are now cooperatives, the basic value of expending effort to achieve a lasting contribution prevails.

(5) *Logical* (consistent, rational). "Down to earth" is perhaps a common expression of the value. Early sociologists, such as Simmel, defined rural life as holistic and conjunctive in nature rather than analytical. The rural person is frequently described as being concrete and realistic in their approach to the solution of problems rather than the intellectualization approach of the urban dweller.

(6) *Conservative* (resistance to change, status quo). Political conservatism is the most obvious outward manifestation of this value. Rural areas historically have voted for the "conservative candidate." However, conservatism is also related to every aspect of life. The question exists as to what extent conservatism is due to aging or internalization of the rural value. The major changes that are taking place in rural areas of America raise serious doubts about the intensity and extensiveness of the conservative value today.

(7) *Integrity* (honest, sincere, truthful). A man's word is as good as his bond. Personal honesty and integrity are basic American values that permeate rural areas. Until recent years, few rural dwellers locked their homes, cars or other possessions when not in use. The rapid increase in crime in both urban and rural areas is radically changing overt behavior. The basic value, however, prevails.

(8) *Responsibility* (dependable, reliable). Closely related to integrity is the value of being dependable and reliable. If a commitment is made, that commitment should be fulfilled.

VALUE JUDGMENTS OF VALUES

Rural aged, because of their value systems, have been called rigid, inflexible, and not in tune with what is in their best interest. The implication of such statements is that rural values must shift in the direction of urban value systems. Whether such a change is in the best interest of the rural aged, and the nation as a whole, remains to be seen.

IMPLICATIONS OF VALUES OF RURAL AGING ON SOCIAL SERVICE AND HEALTH PROGRAMS

(1) The rural aged should be encouraged to take an active role in the development and operations of all programs that are for their benefit.

(2) The "dole" system—giving something for nothing—should be utilized only when no other course of action is possible to meet the need.

(3) Local communities should be encouraged to take the leadership to develop, operate and monitor programs with minimal direction from state and federal governments. Federal regulations, frequently developed around urban models, may be inappropriate if not impossible to implement in rural areas. In the past, failure of rural areas to be cognizant of the needs of the elderly, the lack of resources, or the failure to take action, has resulted in increased stated Federal involvement.

(4) The formula of allocating funds to area agencies, and other organizations serving the rural elderly, based on population figures over 65 alone, may not adequately serve the needs of rural areas.

(5) The basic values of the rural aging must be recognized and supported. Within this value system, programs to meet the needs of the elderly should be developed.

(6) Rural elderly are generally better off financially and in terms of the availability of health and social services than in the past. Because of improvement, many rural elderly compare their position in life to what they have rather than to what is possible. This results in complacency and perhaps retards changes that would be to their benefit.

(7) Because of the low density of population in rural areas, greater emphasis must be placed upon the family and other primary organizations to provide the necessary services for the elderly in their community.

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ITEM 3. PAPER SUBMITTED BY GARY E. MEANS, DSW; JOSEPH MANN, MSW; AND DAVID VAN DYK

The rural elderly face many barriers to their utilization of human services, not the least of which is the shortage of available services. Although this shortage is of critical importance, a concern of equal magnitude is that of the barriers to utilization encountered by the elderly in relation to existing services.

Factors which interfere with the elderly's desire or ability to utilize the available resources may be conceptualized as being utilization barriers. Although there may be a wide range of potential "barriers" to service utilization, viewing the elderly as "consumers" suggests the need to examine the individual "consumers" perception of barriers. Therefore, this study will examine barriers as the elderly from a rural area of Arizona perceived them.

In order to explore how these barriers effected service utilization, a series of tables will be exhibited and analyzed. Both objective and subjective data will be presented in order to solve the riddle of service non-utilization.

The data that is presented is based upon the survey responses of 122 randomly selected non-institutionalized persons over the age of 60. These respondents resided in two rural counties in the state of Arizona, Pinal and Gila counties. The survey was conducted in October to December, 1975.

Knowledge, or lack of knowledge of available services, may be a primary barrier. If a person does not know of the existence of a service, he or she will not be able to make a choice about seeking the service. In order to answer this question, each respondent was asked if they had heard of each of the twenty-two selected social services and programs. The average knowledge of the selected services was very low. An average of 42.7 percent of the elderly were knowledgeable of the services, while an average of 57.3 percent had no knowledge of the services.

The first table to be presented contains data given by the rural elderly as to why they did not utilize the limited available resources. The table presents a summary of the major categories of barrier areas which the elderly identified in response to the question, "If you need this service, what is the major reason you are not using the service?"

TABLE 1.—*Reasons given by the rural elderly for not utilizing services: Transportation, 50 percent; ill-health, 31.3 percent; self-identity, 18.7 percent*

From an examination of table 1, it can be observed that transportation was the major perceived barrier in the rural area (50 percent). For this table, "transportation" refers to problems in getting to and from the social service agencies. For many of the rural elderly, the services that were essential for solving problems may have been literally inaccessable. Many rural elderly also reported that their personal health interfered with the consuming problem solving resources. This is indicated by the responses from 31.3 percent of the elderly in the rural area who said that their health barred them from using the resources available to aid them in problem solving.

The third factor which the rural elderly expressed as a barrier to service utilization was their personal self-identity. This is the issue of the elderly's pride and cultural norms and values. After providing for their own needs and solving their own problems, many elderly in the rural region (18.7 percent) reported that not seeking out assistance was a matter of preserving their self-identity.

To gain a greater understanding of these barriers, individual tables dealing with the barriers will be presented. These tables will present data concerned with transportation, health, and self-identification related issues.

TABLE 2.—*Transportation modes of the rural elderly*¹ (*What means of transportation do you use most often?*)

	Percent
Respondent drives.....	61.7
Spouse drives.....	7.5
Family drives.....	22.5
Bus.....	.8
Taxi.....	.8
Walking.....	5.0
Other.....	1.7

¹ Taken from Means, Mann, 1976.

Table 2 indicates the percentages of the elderly population in the rural area who could not provide their own transportation and must depend upon others. It can be observed that in the rural area 38.3 percent of the elderly population studied was unable to personally provide for their own transportation needs. These rural elderly were without the problem solving asset of personal transportation. This is especially critical due to the paucity of public transportation in most rural areas. This absence of mobility may force these rural elderly into a position where they cannot utilize available resources even if they exist.

It has been demonstrated that lack of transportation may be associated with an interference in utilization of services. The elderly's health may also be considered a substantial utilization barrier. If an elderly individual's health is "poor," this may restrict their movements and bar them from seeking out available resources.

TABLE 3.—*Health status of the rural elderly* (*In general, would you say your health is:*)¹

	Percent
Very good.....	18.9
Good.....	29.5
Fair.....	38.5
Poor.....	7.4
Very poor.....	4.1
No response.....	1.6

¹ From Means, Mann, 1976.

Table 3 indicates that "poor" health effected an imposing segment of the rural elderly population studied. In the rural area 12 percent of the elderly considered their health to be either "poor" or "very poor." However, the limitations in seeking out services is not isolated to those with "poor" health. The elderly individual may perceive their health as "good" but still health problems may effect their ability to be consumers of problem solving resources.

TABLE 4.—*How far would you say you can walk without tiring?*

	Percent
3 mi-plus.....	15.6
1 to 3 mi.....	32.8
Less than 1 mi.....	47.5
No response.....	4.7

An observation of table 4 reveals that a majority of the rural elderly may be restricted in their ability to physically seek out problem solving resources especially with limited transportation available. The data reveals that 47.5 percent of the rural elderly were unable to walk one mile. This lack of physical stamina may force some elderly to restrict their physical mobility in their environment, thus further restricting their ability to utilize available services.

The barrier categorized as self-identity and cultural norms and values is one which is difficult to concisely focus upon. This category of responses generally had to do with personal feelings toward a particular service and is exemplified by comments such as, "I've too much pride," or "Who cares about old folks."

To aid in appreciating the elderly's impressions of "self-identity" two tables will be presented and analyzed. Self-identity is more than just the elderly individuals conception of himself; it also relates to the perceptions he feels

others have for him. If the elderly individual feels that others view him as being less than a citizen and without rights, he will view himself in that same manner. To focus on this issue, the first table presents data on how the elderly individuals studied viewed their peers.

TABLE 5.—PERCEPTIONS OF ELDERLY INDIVIDUALS HELD BY THE RURAL ELDERLY

[In percent]			
	Agree	Disagree	Depends
Most older people are annoying.....	11.9	63.6	24.5
The secret to successful old age is to take life easy and relax.....	45.6	36.8	17.6
Older people are valuable because of their experience.....	79.7	2.5	17.8
Older people are not useful to themselves or others.....	6.0	72.4	21.6

An examination of table 5 reveals that many elderly were ambivalent about their peers. For example, 24.5 percent of the rural elderly studied responded to the statement "most elderly people are annoying" that it "depends." The interesting facet of this response pattern is its ambiguity toward other elderly individuals; they may or may not be annoying. This is an indication that the elderly may feel that they are annoying to others and this conscience feeling may keep them from aggressively seeking out problem solving resources. The next table to be presented contains data on the elderly's perceptions of their own self-image.

TABLE 6.—SELF-IMAGE OF THE ELDERLY

[In percent]			
	Quite often	Sometimes	Hardly ever
Do you feel that things keep getting worse as you get older?.....	16.7	17.6	65.7
As you get older, do you feel less useful?.....	14.0	33.3	52.7

Table 6 demonstrates that the rural elderly individuals studied did not possess a productive self-image. This absence of a positive self image may bar the rural elderly individual from consuming problem solving resources. The response pattern to the question, "As you get older, do you feel less useful," indicates that over one third of the elderly in the rural area said they "quite often or sometimes" did not feel useful. The elderly's apparent difficulty in maintaining a positive self identity in an atmosphere where they are identified as being less than citizens may put constraints on their being active citizen consumers of problem solving resources.

Summary and Conclusions. This study has presented data on barriers which obstruct the elderly from consuming problem solving resources. The elderly population in the rural area reported they felt there were three major barriers to service utilization; (1) transportation, (2) poor health, and (3) self-identity.

The three barriers were analyzed with the use of supportive data to demonstrate the individuals effected by these barriers. The analysis revealed that roughly one third of the elderly individuals in the rural area may be barred from consuming problem solving resources due to lack of personal transportation and poor health which will not allow them to use the resource. A major barrier may well be the high percentage who had no knowledge of services available.

This paper on barriers was exploratory in nature. The barriers analyzed and discussed were the elderly's perceptions of why they did not consume services they needed. Although empirical study will be needed before the effects of barriers to service utilization can be fully understood, several implications are evident.

This study has found that a significant percentage of the elderly are not aware that many of the social service agencies even exist. This lack of awareness about the available problem solving resources is a paramount barrier which limits the elderly consumer in the selection of needed services. The significant point here is that present information dissemination channels are not

adequately meeting their objectives. Much more use of the media should be made in informing the elderly of services, especially the newspapers.

Even the most audible and diverse system of communications may not be able to insure that those elderly who need the service will consume it. For the elderly consumers have reported the existence of barriers which actively interfere with service utilization. To reach past these barriers, to the elderly consumers, should be the responsibility of the service providers. This may require a constant and aggressive outreach program to get the service out to the rural elderly as well as the development of more adequate transportation systems. It might be well to consider taking the service to the elderly instead of making them travel long arduous distances to the service. This latter approach, even with a well developed transportation system, might well be a major barrier to service utilization. These programs should be designed to construct passages of hope through the barbed barriers of isolation.

With the application of these multi-dimensional communication and outreach systems on a continuous basis, the service providers may take the first step in treating the elderly as citizen consumers and not as custodial clients or patients. It should be the responsibility of the area agencies to coordinate the combination of outreach and communication systems. Along with the development of these applied systems, the Area Agencies on Aging might also develop a comprehensive program of studying, implementing, and evaluating their communication and outreach systems.

Can we deliver services to rural America? This question may be mute in its first analysis, however, it is not "can we" but how do we. A system of communication must be developed with the elderly in mind. But communication systems are only a start, aggressive outreach programs must be developed to reach beyond the barriers of distance and scarcity. The rural elderly have been expected to reach out to the service delivery system, now is the time for this system to reach out to the rural elderly.

ITEM 4. PAPER PRESENTED BY PAUL WINDLEY, ARCH. D., AND LARRY STEEL, KANSAS STATE UNIVERSITY DEPARTMENT OF ARCHITECTURE

INDEPENDENT LIVING FOR THE RURAL ELDERLY THROUGH HOME ALTERATION

The purpose of this proposed project is to further develop the notion of home alteration as one means of promoting independent living among the elderly. In addition to appealing directly to the elderly to make home alterations, we are also interested in appealing to a broader range of people who often become directly involved in the home alteration problem. Some examples of these individuals are children of the elderly, volunteer workers, friends and maintenance and repair people.

BACKGROUND

Many elderly people living in small communities are confronted with the problem of remaining independent in their own homes while coping with the inevitable social, psychological, and physiological changes associated with aging. This aging process occurs in an unchanging and often resource poor physical environment. A gap then develops between one's changing needs and the degree to which the setting is able to support them. Many elderly are, however, reluctant to leave their homes because of strong attachments to familiar neighborhoods, dwellings and friends, as well as fond memories associated with their home environment. In addition, many elderly are reluctant to move because the only other living arrangement available in the community is a nursing home. The negative image held by many urban, as well as small community residents regarding any alternative living arrangement keeps many elderly in substandard and nonsupportive single family dwellings. Consequently, many elderly have extreme difficulty with such tasks as bathing, cooking, housekeeping and minor home repair. In many cases minor alterations of bathrooms or kitchens enables the resident to live independently in their homes for a considerably longer period of time.

Some preliminary investigation into this problem has already been accomplished. During the summer of 1976, a case study survey of rural and small town elderly people residing in their own homes was conducted (report available

upon request). The intent of the survey was to assess the extent to which environmental problems confronting the elderly were capable of solution through home alteration. The intensive interviews and photographic documentation of their current living conditions resulted in two conclusions: (1) many of the residents' problems could definitely be solved through minor home alteration, and (2) the major deterrent to home alteration seemed to be a lack of knowledge about available solutions to specific problems rather than lack of money for such alterations.

FOCUS OF THE STUDY

There are several publications currently available that deal with home alteration for the handicapped. We feel, however, that most of these publications fall short of their intended purpose by treating the problem in an isolated and overly technical manner. A simple example is the well meaning repairman who installs a lever type doorknob for his elderly, arthritic friend not realizing that perhaps eliminating the door altogether would have been a more appropriate solution.

A second concern we have with the current literature is that some of the proposed solutions for handicapped people in general are not appropriate for the elderly handicapped. For example, the assumption is often made that wheelchair-bound individuals are still capable of bending, lifting and reaching. This is often not the case for the elderly. Moreover, unlike most younger handicapped individuals, many elderly suffer multiple deficits such as poor eye sight and hearing and reduced muscular strength which affects their use of the environment.

A third concern is that much of the literature is in diverse places, difficult to locate, and does not often give the reader names and addresses of manufacturers, etc., who handle special equipment or materials illustrated.

SPECIFIC OBJECTIVES OF THE PROJECT

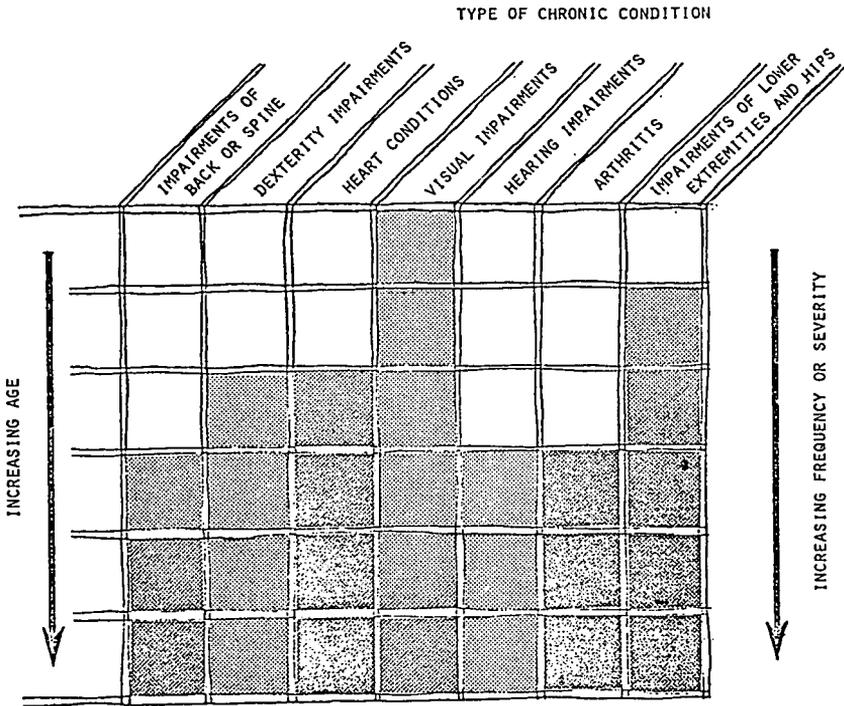
Our intent is to specifically accomplish the following:

(1) We propose to consolidate and redirect selected literature currently available into a more wholistic, analytic and diagnostic form. This would include a cross referencing of types of handicap with specific spaces such as bathrooms, kitchens, and living rooms.

(2) We propose to translate home alteration solutions suggested for handicapped people in general to address those specific problems facing an elderly population.

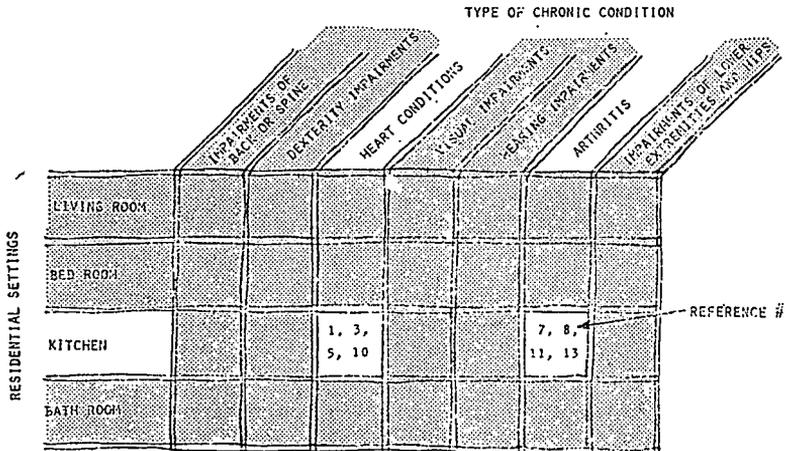
(3) It would then be our intent to assemble these materials into a camera ready format complete with graphic examples of home alteration ideals, an index of manufacturers, and a man-hour estimate of cost for such alterations.

We envision at least two possible approaches through which these materials may be communicated: (1) either as a complete source book at first printing, or (2) small portions of the material disseminated over time through monthly periodicals.



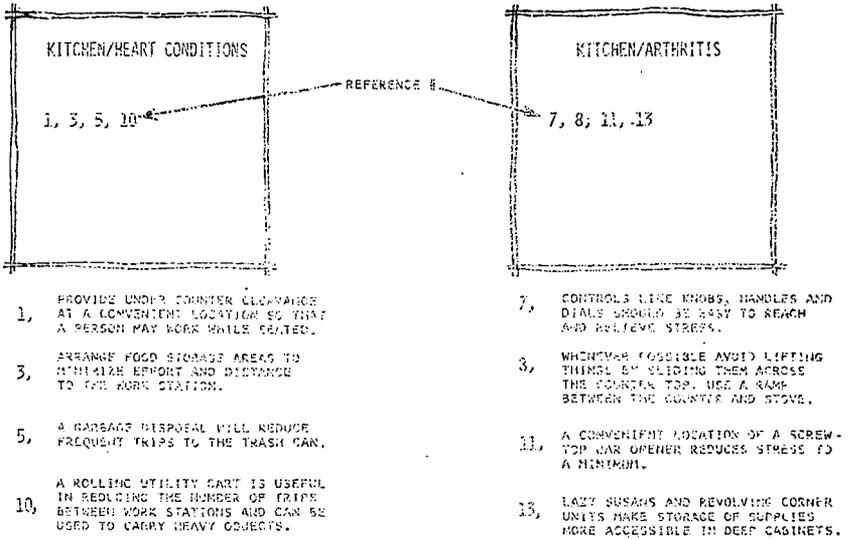
ABSTRACT MATRIX SHOWING FREQUENCY AND SEVERITY OF CHRONIC ILLNESSES BY AGE

FIG. 1



RECOMMENDED ALTERATIONS TO SOME RESIDENTIAL SETTINGS ACCORDING TO THE TYPE OF CHRONIC CONDITION(S).

FIG. 2



RECOMMENDED ALTERATIONS TO SOME RESIDENTIAL SETTINGS ACCORDING TO THE TYPE OF CHRONIC CONDITION(S)

FIG. 3

ITEM 5. ADDRESS BY ROBERT A. HAROOTYAN, RESEARCH ASSOCIATE, ANDRUS GERONTOLOGY CENTER, UNIVERSITY OF SOUTHERN CALIFORNIA

GROWING OLDER IN RURAL AMERICA; DEMOGRAPHIC TRENDS AND SOCIAL POLICY ISSUES

INTRODUCTION

Demographic and socioeconomic data concerning older persons in rural areas suggest that this group of older Americans is especially disadvantaged in various spheres of their lives. This paper reviews some of the demographic trends in aging, especially with respect to the relative status of older people in rural areas of the United States, and highlights the special problems facing the rural elderly in five general areas of concern: 1) economic status, 2) educational attainment, 3) health care, 4) housing, and 5) transportation.

Following this review of available data we present a discussion of public policy issues which we consider important for improving the general well-being of older Americans living in rural or nonmetropolitan areas. Particular attention is paid to the provisions contained in selected areas of Federal legislation which specifically target the rural older population. These legislative programs are then assessed in terms of their potential impact on the rural elderly as well as problems of implementation which may be encountered.

Throughout this paper the terms rural and nonmetropolitan are used interchangeably. While earlier demographic analyses and data from the U.S. Bureau of the Census used only the urban-rural distinction, the terms metropolitan and nonmetropolitan have become more prevalent over the past few years. The older urban-rural distinction is primarily based on the population and spatial

characteristics of an area. In general, demographic use of the term rural refers to populations in places having less than 2,500 inhabitants. A similar definition prevails in most Federal legislation which makes urban-rural distinctions. Although an overly simplified explanation, the term nonmetropolitan is generally used to reflect the non-urban economic and social characteristics of a county. Nonmetropolitan counties are those which do not have a large urban center within them (i.e., one having 50,000 or more inhabitants) and are not integrally linked with metropolitan counties as part of a Standard Metropolitan Statistical Area (SMSA). At the same time, a nonmetropolitan county may include one or more cities having over 2,500 people but less than 50,000 inhabitants. Thus, nonmetropolitan counties can contain both rural and smaller urban areas, as these are traditionally defined. Where necessary, we will point out these distinctions in the discussion which follows.

DEMOGRAPHIC TRENDS IN THE DISTRIBUTION OF THE OLDER POPULATION

Trends in the residential distribution of the older population in the United States are best understood in relation to the more general changes which have occurred in population distribution. During the last three decades the population of the United States has become increasingly urbanized, characterized by rapid growth of central city and suburban areas. In general, this trend exemplified the expansion of metropolitan counties and the growth of SMSAs, a process which was due in large part to earlier high fertility rates combined with continuous in-migration from rural or nonmetropolitan areas throughout this century. These rural to urban in-migrants have been characteristically young and better educated persons seeking employment opportunities in the large urban labor markets.

One result of this new out-migration of the young was the steady aging of the population in nonmetropolitan areas. Were it not for the higher fertility rates in rural areas, especially among the farm population, this aging effect would have been even more pronounced. The increasing proportion of older rural people has been most prevalent in the nonmetropolitan counties of the midwestern states, which have high concentrations of counties with at least 15 percent of their total populations in the age 65 and older category. It is not uncommon to find counties with 30 percent or more of their total populations in the age 65 and over group. In 1970 these high aged density counties stretched in a concentrated band from Texas north to Minnesota and Wisconsin—the midwestern farm belt. It is in this section of the country that rural aspects of aging have been most noticeable.

By 1970 over 27 percent of the older population resided in rural areas of the country, a slight decrease from the 30.4 percent a decade earlier (see Table 1). Of this older rural group, over four-fifths (83.4 percent) resided in farm areas or rural villages rather than in rural towns. On the other hand, older people are underrepresented as a proportion of all residents in outlying rural areas (9.6 percent) while being overrepresented in rural places of 1,000 to 2,500 population (13.6 percent).

These data suggest that policy issues related to the older rural population may be best viewed from two perspectives: 1) the farm and nonfarm residential distribution within the older rural population, and 2) the proportion of older persons relative to all rural residents. If one is more concerned with reaching the largest number of rural elderly, these criteria suggest that efforts should be directed towards those persons in the smallest villages and outlying farm areas. But if one is concerned with serving rural areas where the elderly are overrepresented and geographically concentrated, then targeting older residents of small towns seems more appropriate. These decisions often rest upon the policy issue or program under concern, the per capita cost limitations which are imposed, and the type of organizational or administrative structure which is available for implementing that policy or program. The ultimate social policy goal is, of course, to meet the needs of all older rural persons who require some form of assistance.

An alternate approach to establishing a framework for defining and characterizing the rural elderly is to use the newer metropolitan-nonmetropolitan area distinctions. Table 2 indicates that in 1970 nonmetropolitan counties, as defined above, contained almost 36 percent of the total older population of the United States. Of this nonmetropolitan group, 43 percent resided in small urban places (i.e., those having populations ranging between 2,500 and 50,000) and

TABLE 1.—DISTRIBUTION BY THE POPULATION AGE 65 AND OVER BY URBAN AND RURAL AND BY SIZE OF PLACE IN THE UNITED STATES, 1970

Area	(Number in thousands)	As a percent of area population	As a percent of national older population
Urban total.....	14,631	9.8	72.9
Urbanized areas total.....	11,106	9.4	55.3
Central cities.....	6,842	10.7	34.1
Urban fringe (suburbs).....	4,264	7.8	21.2
Other places of: 10,000 or more.....	1,788	10.8	8.9
2,500 to 10,000.....	1,737	12.2	8.7
Rural total.....	5,434	10.1	27.1
Places of: 1,000 to 2,500.....	903	13.6	4.5
Other rural.....	4,532	9.6	22.6
Total.....	20,065	9.9	100.0

Source: U.S. Bureau of the Census. Census of Population: 1970, General Population Characteristics (Washington, D.C.: U.S. Government Printing Office.) Final Report, PC(1)-B1, 1973.

another 45 percent lived in rural nonfarm areas (generally, rural villages and towns with less than 2,500 residents). The remaining 12 percent were located in the more isolated rural farm areas.

Furthermore, a small proportion of the older population in metropolitan areas also live in rural nonfarm and farm areas within those counties (an additional 6.6 percent). When the total nonmetropolitan older population is combined with the metropolitan county older rural population, those residing in what are traditionally considered rural or small town areas represent over 42 percent of all older Americans. It is clear that regardless of which demographic approach is used, the older population living in areas which are not densely populated urban centers or conglomerations is sizeable.

TABLE 2.—DISTRIBUTION OF THE POPULATION AGE 65 AND OVER BY METROPOLITAN AND NONMETROPOLITAN AREAS IN THE UNITED STATES, 1970

Area	Number (in thousands)	As a percent of area population	As a percent of national older population
Metropolitan total.....	12,882	9.4	64.2
Central cities.....	6,842	10.7	34.1
Other urban.....	4,715	n.a.	23.5
Rural nonfarm.....	1,084	n.a.	5.4
Rural farm.....	241	n.a.	1.2
Nonmetropolitan total.....	7,183	11.5	35.8
Urban.....	3,090	n.a.	15.4
Rural nonfarm.....	3,251	n.a.	16.2
Rural farm.....	842	n.a.	4.2
Total.....	20,065	9.9	100.0

Source: Adapted from U.S. Bureau of the Census. Census of Population: 1970, Detailed Characteristics (Washington, D.C.: U.S. Government Printing Office) Final Report, PC(1)-D1, 1973; Current Population Reports, Special Studies, Series P-23, No 57, "Social and Economic Characteristics of the Older Population: 1974" (November 1975).

SOCIOECONOMIC CHARACTERISTICS OF THE RURAL OLDER POPULATION

Available data indicate that the rural or nonmetropolitan population as a whole, including the age 65 and over group, is relatively disadvantaged in terms of income, educational attainment, health, and other similar measures (Youmans, 1977, 1967; Morrison and Wheeler, 1976). These characteristics are largely the result of the historical out-migration from rural areas of the young

and better educated, a process often described as the loss of human capital. The most recent data for the 1970-75 period indicate that this situation persists. Those who continue to stay in rural or nonmetropolitan areas ("stayers"), as well as in-migrants to these areas, are generally lower in income, occupational status, and educational attainment than their urban or out-migrant counterparts.

At the same time, these stayers and rural newcomers are older in age. By 1975 the proportion of older people in the nonmetropolitan population had grown to 13.5 percent (as compared to 11.5 percent in 1970), even though these areas are for the first time in this century realizing net gains in all age categories. Between 1970 and 1975 nonmetropolitan areas in the United States gained 294,000 older people, a number which is 2.5 times larger than was expected from past trends.

This large increase in nonmetropolitan older migrants is especially relevant when one considers the overall low mobility rate characteristic of the age 65 and over group. During the entire 1970-1974 period, only 17 percent of the older population changed residence as compared with 37 percent for the population as a whole. And of those older people who moved, the majority (60 percent) stayed within the same county. This movement of older people is primarily into rural towns or villages and small urban places in nonmetropolitan counties.

The relative economic position of these older rural residents remains poor. Their relative disadvantage as a group arises from what may be called the double jeopardy situation. On the one hand the nonmetropolitan population as a whole is clearly in a poorer socioeconomic position when compared with their metropolitan counterparts. Secondly, the older population in general is poorer, less educated and less healthy than other age groups. When both of these factors are combined, older people in rural areas suffer disproportionately from this double jeopardy situation.

In 1973 over 16 percent of the total older population was below the low-income or poverty level. Although this proportion was noticeably smaller than the 24.5 percent in 1970, the nonmetropolitan elderly continue to have the highest proportion of poor persons. Table 3 shows that 22.5 percent of the rural older population was below the low-income level, a distinctly higher percentage than the 12.7 percent of the older population in metropolitan areas or even the 14.6 percent in central cities. Numerous other statistics are available which affirm the greater economic disadvantages of the rural elderly as a whole. In 1969 older rural males had a median annual income which was less than three-fourths that of their urban counterparts and only one-third of the median income for all urban females age 14 and over (U.S. Bureau of the Census, 1973a).

TABLE 3.—LOW-INCOME STATUS OF PERSONS AGE 65 AND OVER BY METROPOLITAN AND NONMETROPOLITAN AREAS IN THE UNITED STATES, 1973

Area	Total (in thousands)	Below the low-income level	
		Number (in thousands)	Percent of total
Metropolitan total.....	13, 099	1, 663	12. 7
In central cities.....	6, 659	974	14. 6
Outside central cities.....	6, 440	689	10. 7
Nonmetropolitan.....	7, 503	1, 691	22. 5
Total.....	20, 602	3, 354	16. 3

Source: U.S. Bureau of the Census. Current Population Reports, Special Studies, Series P-23, No. 57, "Social and Economic Characteristics of the Older Population: 1974" (Nov. 1975).

Similar disadvantages can be pointed out for median incomes of families headed by older persons and those for older persons living alone. These comparisons also indicate the lower average incomes of the rural elderly. Even when attempts are made to adjust for the expected lower cost of living in rural areas, the urban-rural differences are not eliminated. At best, it appears that cost of living adjustments make up for less than half of the urban-rural differences in actual income (Dillman and Tremblay, Jr., 1977).

Lower educational attainment also follows the double jeopardy thesis, with rural populations as a whole and older people in general having fewer years of schooling. In 1970 metropolitan area residents age 25 and over had a median of 12.2 years of completed schooling as compared to 11.2 for residents in non-metropolitan areas. Table 4 presents data on the distribution of educational attainment within the age 25 to 64 and the age 65 and over populations. Clearly, the older population currently suffers from lower educational levels than those in the younger ages. By 1975 the older population had a median of 9.0 years of schooling as compared to 12.3 for the total population age 25 and over. When age cohort differences are combined with those for urban versus rural residence, the rural elderly are clearly disadvantaged in education.

TABLE 4.—PERCENT DISTRIBUTION OF THE AGES 25 TO 64 AND AGE 65 AND OVER POPULATIONS BY YEARS OF SCHOOL COMPLETED, UNITED STATES, 1970

Age	Years of school completed			
	No school	Elementary— 1 to 8 years	High school—1 to 4 years or more	College—1 year or more
25 to 64.....	0.7	21.3	55.4	22.6
65 and over.....	3.1	56.7	28.3	11.9

Source: Adapted from U.S. Bureau of the Census. Current Population Reports, Series P-25, No. 476, "Demographic Projections for the United States," (Feb. 1972).

The health status of rural people in general, and older residents in particular, is also poorer than in urban areas. Despite the advantages of a cleaner environment and a more relaxed lifestyle, the rural elderly have been found to suffer greater incidence of chronic disease, including cardiovascular problems, arthritis, hypertension, urological disorders, and respiratory problems (Youmans, 1974).

The rural elderly also show higher proportions who assess their own health as poor, worse than at earlier ages, or having serious problems than do the urban elderly. Like their younger rural counterparts, they are generally in poorer health and suffer from a higher incidence of chronic disease (Morrison, et al., 1974). These findings reflect the direct relationship of low income and low educational levels with poor health. The poorest and the least educated, among whom are the rural elderly, receive the least amount of preventive and other forms of health care. The lack of adequate medical care facilities and personnel in rural areas only serves to exacerbate the poorer health conditions among older rural residents (Martin, 1975; Ellenbogen, 1967). In 1970 non-metropolitan areas had less than half the number of physicians per 100,000 people than did metropolitan areas. And the smaller the population of a non-metropolitan county, the less likely it was to have a physician at all. In this case, the triple jeopardy of old age, low socioeconomic status, and inadequate medical care creates especially severe health problems for older persons in rural areas.

Another area of concern regarding the rural elderly is housing. The housing situation in rural areas presents some conflicting characteristics. In 1970 a higher proportion of residents in nonmetropolitan counties owned their own homes than did those in metropolitan counties (70 percent and 60 percent, respectively). Part of this difference is an artifact of urban-rural differences in family or marital status, age structure, and the availability of rental housing. Rural housing is also less costly than urban housing, with median property values in 1970 of \$12,200 and \$19,000, respectively (U.S. Bureau of the Census, 1971). The generally lower property tax rates and school assessments in rural areas may also influence the higher incidence of homeownership in those areas.

On the other hand, the quality of rural housing remains problematical. Available data for 1970 indicate that almost two-thirds of all housing with inadequate plumbing was located in nonmetropolitan areas. Nonmetropolitan households also tend to be more crowded, due in part to extended family living arrangements and the larger average family size in rural areas (U.S. Bureau of the Census, 1971).

Although limited with respect to urban-rural differences, national data on the housing status of older Americans compare favorably with that of the population as a whole. Over 68 percent of all households with heads age 65 or over were owner-occupied in 1970, the large majority of which were units built prior to 1950. Although the rural elderly have distinctly lower incomes than those in urban areas, the lower cost of rural housing and the likelihood of long-term residence in the area suggest that up to three-fourths of older people in nonmetropolitan areas own their own homes.

Housing problems for older Americans in nonmetropolitan areas tend to be concentrated among single-person male and female households. Particularly problematic is the relative scarcity of small housing units for renters in rural areas. The general movement of older people from outlying rural areas to villages and towns within nonmetropolitan counties, especially among those older people who have lost their spouses, has created a tight housing market for this type of rental unit. The response to this need for small rental units, especially in multi-unit complexes, has not been strong in the private sector. The general shortage of credit for housing construction or purchase, the small profit margins, and the absence of building codes have each helped to limit the amount or quality of rental housing which is available in rural areas. These shortcomings in nonmetropolitan housing for older Americans should form the basis for evaluating current housing policies in the United States.

A final major problem for nonmetropolitan areas in general and for older rural residents in particular is inadequate or nonexistent public transportation. Rural areas often lack the population density which makes widespread mass transportation systems feasible. Such systems tend to require fairly densely populated communities of at least 25,000 people. Rural farm areas, villages, and smaller towns cannot provide this type of transportation system, despite the concentration of older people who may need such service in those communities.

Public transportation systems are needed not only within rural communities but between them as well. An intercommunity transportation network within a nonmetropolitan county would permit older rural persons who are in need to obtain various services which are often not available in outlying rural areas or villages. The provision of services, such as medical clinics, in smaller cities does little good unless those older people in outlying areas have access to them. The policy problem then becomes one of balancing the differences between economic feasibility and human need.

Another aspect of the need for transportation services among rural older persons is the indirect effect it may have in reducing potential isolation, loneliness, and inactivity. Given the opportunity to be more active in their communities, which often requires assistance in transportation, many older people in rural areas could lead more fulfilling lives.

This section of the paper has reviewed five major areas of concern regarding the general status and well-being of older Americans living in rural or nonmetropolitan areas. Depending on which demographic criterion is used to specify rural areas of the country, in 1975 the number of people age 65 and over who are included in these areas ranges from 6 to 9.5 million persons. Based on the estimated total of 22.4 million people age 65 and over in 1975 (U.S. Bureau of the Census, 1976) and the residential distribution of the older population in 1970, the number of older people defined as rural residents would be over 6 million (as rural is defined in Table 1). However, using the nonmetropolitan group as the criterion (as in Table 2) the elderly population living in these areas would number over 8 million. And if the older residents in rural areas of metropolitan counties were also included, the figure would reach 9.5 million for 1975.

Perhaps even more relevant is a definition of the older population which uses age 60 and over as its criterion. This chronological definition of the elderly would be consistent with ones contained in most Federal legislation, including the Older Americans Act of 1965. Inclusion of the age 60-64 group would add 3.8 million more persons to the rural or nonmetropolitan older population.

Clearly, these demographic and socioeconomic characteristics point to the special problems of the nonmetropolitan older population of the United States. In the following section we briefly review selected provisions in Federal legislation which pertain to the problems of the rural elderly.

FEDERAL LEGISLATION AND SOCIAL POLICIES RELATED TO THE RURAL ELDERLY

Various sections of Federal legislation have established programs and specified priorities in social policy which in some way affect older rural Americans.

This section briefly reviews some of the legislation which addresses the problems noted above. Data for this review are taken from an annotated index to Federal legislation affecting older Americans (Harootyan, 1977).

The disadvantaged economic position of many older rural residents can be ameliorated through various Federal income assistance programs. Although Federal income assistance legislation generally utilizes universal eligibility criteria for older persons and others in need, some of the provisions may be especially applicable to needy older persons in rural areas. We need not review here the Old Age, Survivors, and Disability Insurance (OASDI) provisions under title II of the Social Security Act, since its benefit structure applies to all older people who are eligible. It might be mentioned that the rural elderly, many of whom are or were self-employed farmers or small businessmen, must qualify for OASDI benefits under rules pertaining to net earnings, quarters of coverage, and elective benefits.

Given the income disadvantages of older rural people as a group, the Supplemental Security Income (SSI) program is important to consider. SSI provides a guaranteed minimum income through State programs of cash assistance for those age 65 and over, as well as for the blind and disabled, who have little or no income and resources. However, individuals with some resources or income may be eligible for benefits depending on their gross business income, including that from farming. Not included in determination of income for eligibility purposes is the value of home-grown produce which is consumed in the household. Thus, older rural residents in need may qualify for SSI benefits if they produce food for their own consumption and do not have gross incomes from self-employment which exceed the maximum set out in Federal regulations.

Other Federal legislation which is of particular relevance to the needy rural aged is the Food Stamp Act of 1964, which subsidizes the food purchasing power of economically disadvantaged persons. Special eligibility provisions for those age 60 and over allow them to be members of households containing other non-related persons. Also relevant is the provision which allows the use of food stamp coupons to purchase seeds and plants to grow food for personal household consumption. Especially important to those older people most in need is the ruling that no eligible household can be charged more than 30 percent of its income to purchase food stamps.

Whether we are discussing SSI or food stamp benefits, it remains a challenge to assure that all elderly persons, rural or urban, who are eligible actually receive those benefits to which they are entitled. The rural elderly, particularly those who have poor educational backgrounds or are physically isolated in outlying areas, may not be aware of or understand their entitlement to these benefits. Outreach programs aimed specifically at this group of older people should be strengthened and expanded to avoid this potential problem.

As noted above, the lower general educational level of some older rural people can be a serious disadvantage in their ability to learn of benefits and programs for which they may be eligible. Strong outreach efforts by service delivery personnel are clearly necessary. At the same time, these educationally disadvantaged older people could be provided the opportunity to improve their education through completion of a number of programs authorized in existent Federal legislation.

One program is included in the Adult Education Act amendments of 1973, which authorizes Federal grants to state and local educational agencies or other public or nonprofit private agencies to provide educational programs for older people whose ability to read and speak English is limited and who are living in an area with a culture different from their own. The intent is to assist these older people in meeting their everyday needs, including knowledge about benefits from public assistance, social security, and other services. But no money has been appropriated nor have any requests for funding been made for this program.

The Library Services and Construction Act has established library-based programs aimed at serving older handicapped persons. One of the special projects calls for a books-by-mail service aimed especially at isolated, rural, and handicapped older people. Other efforts are now underway to expand these programs by providing older persons with transportation services to and from libraries, delivering library materials to neighborhoods, and conducting a variety of group education programs.

These efforts could be better implemented through coordination with title VII of the Older Americans Comprehensive Services Amendments of 1973, which authorized grants to institutions of higher education to establish pro-

grams for the elderly. These programs are supposed to pay particular attention to the transportation and housing problems of older people in rural and isolated areas. Unfortunately, as with other legislation which holds potential educational benefits to rural older people, no funds have been requested or appropriated for this section of the act.

Another program, authorized under the Adult Education Act of 1966, provides grants to permit adults to continue their education in order to reach at least the high school graduate level. States are required to pay only 10 percent of the costs in matching share funds. In 1975 only 22,500 out of 750,000 participants in this program (or only 3 percent) were age 65 and over. As indicated earlier in reference to Table 3, the majority of people age 65 and over have not completed high school. Certainly, this program could reach a much larger number of older persons, including those in rural areas.

Stronger lobbying efforts are needed to gain Federal funding appropriations for these programs. Most of these educational programs could benefit older rural Americans if concerted efforts were made by agencies in nonmetropolitan counties to secure funds for them. The most promising point for implementation might be through State and community colleges or other agencies located in nonmetropolitan counties. Similarly, more small community libraries could increase their efforts to secure funds to establish the library service programs authorized in the Federal legislation outlined above.

Federal legislation has also provided a variety of housing assistance programs, some of which directly benefit older rural Americans. Although we cannot here discuss all the forms of assistance, particular attention is paid to a few sections of the National Housing Acts of various years and to other housing-related legislation. These areas of legislation provide direct and indirect assistance to homeowners, renters, and rural people, and include provisions for the elderly.

The section 202 program of the National Housing Act of 1959, as amended, provides Federal assistance to housing for the elderly and the handicapped. The program remained essentially unused since 1969 until its funding was recently revived. Its purpose is to grant long-term, low interest loans to various types of nonprofit sponsors to encourage the provision of housing projects for the elderly. These funds subsidize mortgages for multi-unit projects in order to minimize the costs to residents and to enable the project to provide various support services and facilities.

Under provisions of the Housing and Community Development Act of 1974, the amount of section 202 assistance allocated to nonmetropolitan areas must be at least 20 percent and no more than 25 percent of the total allocations during any fiscal year. Allocations are based primarily on regional characteristics related to households having heads age 62 and over, the lack of plumbing facilities, and regionally adjusted poverty levels. Given these basic criteria, nonmetropolitan areas surely need more section 202 housing assistance. But guidelines for selection of sponsors tend to discriminate against rural areas. Because sponsor selection criteria include such factors as economy of scale, special ability to provide support services to the elderly, and prior experience with such housing, rural sponsors of small scale housing projects for the elderly are often considered unqualified for assistance.

Under these circumstances, housing needed for the rural elderly often does not get built. The smaller the community, the smaller the project, and the less experienced the sponsor—all of which apply to many rural areas—the less likely for section 202 assistance to be provided. In fact, the most recent allocations under section 202 did not quite meet the 20 percent minimum fair share requirement for nonmetropolitan areas (Select Committee on Aging, 1977).

A similar housing program benefiting the elderly is section 236 of the National Housing Act of 1968, which provides mortgage interest reduction subsidies to sponsors of multi-unit housing for the elderly. The program aims at reducing the rents which would otherwise be charged to low-income residents. Eligible older persons and families include all people age 62 and over whose incomes are below 80 percent of the area's median income. Provision of support facilities and services is also encouraged and in some cases units within projects may be sold to low-income older families. In keeping with the priority for older needy people, no more than 10 percent of the units in any project can be occupied by low-income persons under the age of 62. Supplemental Federal assistance is also authorized in the legislation, through payments to the project's sponsor, to further subsidize up to 20 percent of the units. This additional

subsidy is intended to assure that no older person must pay more than 25 percent of his or her income for rental costs.

The section 236 program, like section 202, has provided sorely needed housing assistance for older Americans. The need, however, has not been nearly met by these and other housing programs, as attested by the long waiting lists of eligible older people. Even more problematical, potential smaller scale projects in nonmetropolitan areas tend to be thwarted by sponsor approval requirements similar to those under section 202 housing.

One other housing assistance program, perhaps of most relevance to the rural elderly, is contained in title III of the National Housing Act of 1949, as amended. This program provides financial assistance through the Department of Agriculture and the Farmers Home Administration (FaHA) to enable farmers and the rural elderly to construct or improve farm housing and buildings. Loans are also available to provide rental or cooperative housing for older persons in rural areas.

The FaHA program extends low-interest loans to farm owners, owners of rural real estate, farmers in need of refinancing, and elderly persons or heads of household age 62 or over. Eligible recipients of this assistance must exhibit financial need and the inability to obtain financing from other sources. These rules assure that only those most in need will receive these benefits. Also included are loans or grants for up to \$5,000 to improve the quality of rural housing, such as repairing roofs and installing adequate plumbing facilities.

Rental assistance is indirectly provided by loans to owners of rental and cooperative housing. However, the program specifies that such assistance is available only when subsidies through other programs, such as section 236 and section 202 projects, cannot be secured. Notwithstanding these requirements, the FaHA program does offer rural area sponsors the added opportunity to provide rental or cooperative housing for low-income older people.

Our review of housing programs has not covered the universe of available assistance, but it does suggest that rural areas could receive greater assistance from far more equitable distribution of available Federal funds. It also seems reasonable to suggest that adjustments in sponsorship criteria for funding allocations be made to allow more multi-unit projects of smaller scale to be undertaken in rural towns and villages. Given that demographic data indicate upwards of 40 percent of the elderly live in nonmetropolitan and rural areas, the 20-25 percent allocation formula for section 202 projects in nonmetropolitan areas needs to be revised upward. Such a revision seems entirely appropriate when one considers that the rural elderly are also at a greater economic disadvantage.

Greater flexibility in Federal guidelines, rules, and regulations in housing assistance programs would also benefit older rural people. Maximization of local options for use of Federal assistance funds in line with broad policy objectives would maximize the opportunity to improve the housing situation among the rural elderly. Given the poorer quality and older average age of rural housing, such programs as FaHA home improvement loans could be broadened in scope to include energy-savings improvements. This emphasis would not only improve the quality of rural housing but would also reduce the increasing financial burden being felt by older needy rural homeowners from ever-higher heating fuel costs.

Social policy issues concerning the relatively poor health status of rural older people are more difficult to discuss. By and large, the health care profession remains a private enterprise, with public policy largely a matter of providing individuals with financial assistance to help meet their health care costs. The title XVIII Medicare program under the Social Security Act provides insurance to help meet the costs of hospitalization and other medical care. Eligibility for these benefits under Part A coverage is linked to OASDI benefit eligibility as well as voluntary participation through premium payments for Part B coverage. To that extent the rural elderly should receive the same degree of protection as do older people in general. But an expansion of Medicare coverage to encompass more preventative types of health care services would be especially beneficial to older rural persons, since they suffer more in terms of inadequate regular medical care.

The title XX Medicaid program provides medical cost assistance to the needy through state programs. Variation exists among the States in the types of benefits provided beyond those services required by Federal legislation. In general, however, services covered under Medicaid programs tend to provide a broader

range of preventative care than do those under Medicare. Because almost one-fourth of all older persons in rural areas have incomes below the poverty line and because the older rural population has greater incidence of many chronic diseases, stronger community-based outreach efforts should be undertaken to assure that those who are eligible for Medicaid assistance will receive the benefits to which they are entitled.

It appears that efforts to improve health care among rural older people depend in large part on improving their accessibility to medical services. One approach is to initiate or expand home health care services, which would especially benefit those in outlying rural areas. As noted below, this type of assistance can be provided through projects funded under title XX of the Social Security Act. Another major policy question is to assure that the disproportionately large group of needy older persons in rural areas has knowledge of their eligibility for Medicaid benefits and then are able to receive that assistance. For these reasons we also relate this issue to the need for transportation and other social services in rural areas.

Numerous Federal programs can be discussed which in some way could provide special services to older rural persons in need. Among these are the Housing and Community Development Act of 1974 (HCDA), the State and Local Assistance Act of 1972 (revenue sharing), and the title XX Grants to States for Social Services program under the Social Security Act. Each program provides funds to localities to support projects which are aimed at those with special needs. Under revenue sharing, project priorities are determined at the local level and include services directed towards older people. The HCDA program provides funds to cities and metropolitan areas, but also includes places of less than 25,000 population. Approved projects under the HCDA include the establishment of multipurpose senior centers. Title XX projects can include services to older adults such as home maintenance, day care, transportation, health support, and home delivery of meals. The title XX program has great potential benefit to older persons in all types of areas, given local resources to implement such projects. Nonmetropolitan areas are especially challenged to implement title XX services for their older populations in need.

One program of special relevance to the transportation needs of rural areas is contained in the Federal-Aid Highway Act of 1973. Section 147 of this act provides funding for rural highway public transportation demonstration programs. The intent is to enhance the access of rural populations to employment, health care, retail centers, education and public services. The elderly in rural areas would especially benefit from these new transportation systems. Also, title VI of the Urban Mass Transportation Act (UMTA) requires that all Federally-assisted transportation systems implement design changes which accommodate the special needs of the elderly and the handicapped.

The UMTA also stresses that particular attention be paid to providing transportation services where concentrations of older people exist. As noted earlier, many nonmetropolitan counties and rural towns have particularly high concentrations of older residents, making these areas likely candidates for these types of demonstration programs. Title VI of UMTA also authorizes grants or loans to nonprofit organizations to assist them in providing special transportation services to the elderly and the handicapped who are not being adequately served by public mass transportation systems. Again, many nonmetropolitan areas are likely candidates for this type of assistance, given the existence of a local organization which can implement such special transportation programs.

Perhaps most important to the general health and well-being of rural older Americans is title II of the Older Americans Act, which provides grants for state and community programs on aging. Amendments to the act in 1974 and 1975 expanded the goals of the program. Not only was special consideration to be given to homeowner's problems of rehabilitation, to older person's continuing education needs, and to the special assistance required by physically handicapped older persons, but also to the special problems of older persons in rural areas. One of the specific goals regarding the latter is to provide transportation services where they are most needed. Funding authorization for this special program specifies that State and Area Agencies on Aging give priority to transportation programs which serve areas where no public transportation exists or where existing services are inadequate to meet the need. These goals coincide with those specified in the transportation legislation reviewed above.

Rural and nonmetropolitan areas are prime candidates for these types of programs and should be given special attention. Area Agencies on Aging (AAA)

which serve nonmetropolitan counties should be at the forefront in seeking funds for and helping other agencies in establishing these special transportation programs. Coordination of these services with other programs such as the title VII nutrition projects, which also call for transportation assistance to nutrition project sites for those who need it, seems a most important element in reducing the isolation of the rural elderly from their peers and from access to needed services of all kinds.

This type of coordination of available funds, resources, personnel and services is especially important in nonmetropolitan areas. The organizational structure and the legislated mission of Area Agencies on Aging provide a focus and catalyst for the improvement of the general well-being of older rural persons. For that reason special consideration should be given in social policy development to evaluating the efficiency and, if appropriate, to expanding the role of Area Agencies for meeting the needs of this particularly disadvantaged group of older Americans. Just as important is the need for organizations and public agencies in nonmetropolitan areas without an AAA to be aware of the wide ranging and often overlapping programs of Federal and State assistance which hold potential benefits for older rural Americans.

Our review of the demographic characteristics of the older rural population, of the socioeconomic and health disadvantages of older rural persons as a whole, of the problems of limited resources and past inequities in the distribution of Federal assistance, and the inadequate or total lack of funding for Federally authorized programs which would benefit the rural elderly suggests that greater attention to the needs of this segment of the older population is long overdue. So long as most social policy and legislation is directed towards categorical groups, and in light of the particular disadvantages faced by older rural Americans as one of these categorical groups, our conclusions regarding past inequities and recommendations to meet current needs should receive priority attention.

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Appendix 5

LETTERS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. LETTER FROM HELEN M. HAWKINS, ALTERNATE, CCSO BOARD OF DIRECTORS, HILLSIDE, COLO., TO SENATOR FRANK CHURCH, DATED MARCH 12, 1977

GENTLEMEN: The problems of the elderly in rural America are much greater than those of the inner city. Because of their remoteness, the services available to the city dwellers do not sift down to them. However, the one item they have in common is a meager income.

In the south central area of Colorado, in Fremont County, many senior citizens are living in a subdivision known as Colorado Acres. They are living here simply because they cannot afford to live anywhere else. The land was relatively inexpensive, and the cost of a small cabin or trailer was very low. Most have lived in this place approximately 8 to 10 years.

There were no interior roads, no utilities, no water, no police or fire protection, no mail route; in fact, nothing but cheap land. But these elderly people had no other choice. They are all social security recipients trying valiantly to live on the social security checks.

They thought it was indeed a blessing when the Sangre De Cristo Electric, Inc., a rural electrification nonprofit organization, agreed to bring electricity to the area. This was short-lived happiness for these people, however, when the shocking facts pertaining to the costs were revealed. Every one receiving electrical energy was expected to pay all of the costs for building his own line. These costs ran extremely high, some as high as \$5,000. You can imagine the shock wave when these figures were quoted, inasmuch as the normal procedure throughout the United States requires only a membership fee.

Another problem these independent oldsters face is the long trek each day for their mail. There are approximately 20 families scattered throughout this Colorado Acres settlement, some of whom drive 12 miles one way to Texas Creek for mail; others on the southern end drive to Westcliffe, a distance of 15 miles each way. Still others drive to Hillside, which is 9 miles one way. They have asked that they be given a mail route, but the request has been ignored completely. A mail route to this area would not only be a convenience for these golden agers, but also would save untold gallons of gasoline during this critical energy crunch.

Health care in this area is also nonexistent. The nearest doctor is at Westcliffe, a distance of 15 miles. I'm sure you will agree that this would be a long, long trip in case of an emergency.

The development is bordered on three sides by county roads, and these are maintained fairly well. Snow removal is adequate on the county portion; however, the county commissioner in charge of this area, Roy Canterbury, refuses to allow the snow plows to remove any snow from driveways or roads into the interior of the project. They plow the snow from the county roads, mounding up several feet of snow across the driveways of these old people, and there it is left. Many of these people have offered to pay for snow removal, but were refused. Custer County, however, does provide this service for all of its citizens. It seems a little ridiculous to plow the roads, when it is impossible at times to reach the roads because of the drifts.

Low property taxes was one of the prime reasons that most of the senior citizens located in this area. However, that has all gone by the board, also. One of the seniors has property on which he has a trailer. Last year, he reports, the real estate tax on his land was \$25 per year. This year, the taxes have skyrocketed to an unbelievable \$100. This, on top of the tax on the trailer. His minimum electric bill is \$45 per month for 5 years, until his line construction costs are paid. He is permitted to use this much electricity each month, but you must see that this is an impossibility.

These people are all living without any subsistence payments from anybody. They have worked hard all of their lives and tried as well as they could to prepare for their own retirement, only to find themselves living on the outer fringes of society. They are far below the so-called poverty level, yet ask for nothing.

This is only one minute pocket of poverty in this great country of ours. How many more are there who are existing, eking out an existence with never a murmur. I say there are plenty. I ask you to remember, gentlemen, that the senior citizens of today are the greatest group of people that America has ever produced. They are the ones who gave us such things as atomic power, jet planes, Moon shots, television, computer science, and the highest standard of living ever known. Do we not owe them more than the opportunity to live out their lives in poverty? I, for one, believe we do.

Thank you, gentlemen, for allowing this one segment of the country to be heard from. Together, we may be able to do something.

Sincerely,

HELEN M. HAWKINS.

ITEM 2. LETTER FROM EUNICE BERTRAND, PRESIDENT, REGIONAL COUNCIL FOR THE AGED, TRI-COUNTY SENIOR CITIZENS' CENTER, INC., MONTE VISTA, COLO., DATED MARCH 14, 1977

To Whom It May Concern

At this time it appears that additional transportation is the No. 1 need of a large number of senior citizens of the San Luis Valley, which is a six-county area in the south-central part of Colorado, approximately 220 miles southwest of Denver. There is a definite need for cars or minibuses to operate over various routes within this area, taking the aged people to town from the country, and to other, larger towns than the ones of their residence. They need to go to the other towns for the purpose of keeping doctors' appointments, consulting with legal authorities, and shopping for various items which are not available in their own towns. At present, the San Luis Valley has been allocated, through a government grant, funds to purchase one minibus. This is a fine start. but we estimate that it would take at least three such buses to adequately serve the San Luis Valley area.

The solution to this problem would probably seem to be for the Federal and/or State agencies to appropriate additional moneys to purchase two more minibuses. We do believe that the minibus is the ideal type of vehicle to answer the need for additional transportation as they operate quite economically and with a capacity of 14 passengers each one accommodates several more people than even a three-seat station wagon. We ask that some consideration be given this request. No doubt, other areas in the State and in the western part of the Nation have the same problem.

We believe that probably the next most pressing need of our oldsters in this area is some kind of relief from the steadily increasing size of their utility bills especially the charge for natural gas—or bottled gas, where applicable—and for electricity. Both of these commodities are necessary for the operation of even the smallest homes in this area and since 99 percent of these commodities are furnished by one or more government-sponsored monopolies, there is no opportunity for the consumer to shop around for a better price. It has apparently been the policy of the Public Utilities Commission to give more-or-less automatic approval for the companies to raise their rates whenever they request a raise. The steadily increasing costs of these commodities has caused a real hardship on the majority of our older people who are living on social security payments or State pensions. It is serious enough to have caused the death by freezing of some of these people during the past winter. If some substantial relief from this problem is not given in the future, it is likely that we will read about and see on TV, documentary evidence of a greater number of such deaths, in the future.

Two solutions to this problem come readily to mind. One would be to adopt the so-called lifeline concept of billing for these two commodities, wherein the lowest rate per unit are given to the ones who use the smallest amount of gas and/or electricity, instead of these people being charged the highest rate per unit, which is the present custom. A second solution, and one which would not require a great amount of bookkeeping, would be for the Public Service Co. to grant an automatic credit of \$20 to \$40 on each bill they send to individual

households. (Or, to any user of gas and/or electricity, for that matter.) The amount of, say, \$30 per month credit on the total bill would not be of much significance per month to a business or to the owner of a large home or mansion, but would be a real help to the person who has an average bill for utilities of, say, \$50 per month and is trying to live and pay all expenses from a total income of approximately \$200 per month, which many of our older people are trying to do.

There are many other real problems of our aged who are on small, fixed incomes. Some of these are sales taxes, property taxes, health care, home maintenance, and others. We obviously do not have room to discuss all these other problems.

We do believe that the two discussed above are the most pressing problems of the majority of the aged persons in the San Luis Valley. We feel that the solutions which we have proposed could be provided at a reasonable amount of expense.

Respectfully yours,

EUNICE BERTRAND.

ITEM 3. LETTER FROM M. N. ADELMAN, DENVER, COLO., TO SENATOR FRANK CHURCH, DATED MARCH 22, 1977

DEAR SENATOR CHURCH: You are asking for written testimony which will be entered into the record regarding our low-income senior citizens.

I have been a volunteer worker for low-income senior citizens in metropolitan Denver for many years. I will not go into how many committees I have been on and what has been accomplished by these committees—and all this was done by volunteer workers—but what has been done is done; but the needs for our low-income seniors has much, much more to be done.

And the only way it will ever be done is by getting rid of about 80 percent of the agencies (Federal and State financed) that are supposed to be doing for our low-income senior citizens; but instead of helping they are blocking this progress with their falsifying and stretching out reports so they can keep their lucrative high-paying jobs. Have you, or anybody connected to you, ever tried to call an agency to get information for a low-income senior citizen regarding housing, nutrition, health, transportation, etc., and be told by one agency after another to go to another agency till you are directed to the agency you first called. Yet, when these agencies put out a report, they will tell what great services they are doing for our low-income senior citizens. I would say that 90 percent of all the good that is being done for our low-income senior citizens, as far as legislation is concerned, is done by the volunteers, yet the agencies always take the credit for it.

In metro Denver, we could build new housing for 200 low-income senior citizens a year for what these agencies spend running over each other doing nothing and I am sure this is true in all the larger cities.

I am enclosing a doctor's bill¹ that one of the people I use to gather information on for the wrongdoing to our low-income senior citizens. She gets this kind of bill every month. Can you imagine the visits on 1 day!

The only way to stop this kind of goings on against our low-income senior citizens is to pass laws making it a felony to serve at least 10 years (and large fines) behind bars—not just a slap on the wrist. This also, should apply to pharmacists, nursing homes, hospitals, or any agency giving services to our low-income senior citizens.

I could go on writing and give facts on slum landlords, insurances, food programs, and so forth and so forth.

If the Government doesn't correct the way things are going on regarding our low-income senior citizens, they may wake up in the near future to a very rude awakening and then it will be too late.

I am sure you are well aware of what is happening by overlooking the environment, the pollution, the energy problems that are now facing our Nation, but unless something is done to correct the needs of our low-income senior citizens, these things will look like nothing.

The President is suggesting a \$50 refund for all persons filing an income tax return. Have you or the Congress given a thought that the most needy needing

¹ Retained in committee files.

money are our low-income senior citizens who are trying to get along on their social security or old age pension moneys, or those on welfare, sick, or disabled? These people do not file income tax returns and will not receive anything. Would it not have been better to help the economy if all in the low-income bracket living on social security or old age pension or welfare to have gotten \$100 or more to help defer the high cost of food and energy, etc? This money would be spent within 60 days. What does \$50 mean to a person earning \$15,000 or more a year?

I would be glad to spell out and discuss ways on how we can make the twilight years of our low-income senior citizens a better place and way to live.

Yours truly,

M. N. ADELMAN.

ITEM 4. LETTER FROM ROBERT W. McCULLOCH, LEGISLATIVE CHAIRMAN, REGION 10 COUNCIL ON AGING, GUNNISON, COLO., TO SENATOR FRANK CHURCH, DATED MARCH 26, 1977

DEAR SENATOR CHURCH: The Region 10 (of Colorado) Council on Aging has directed me to write to you for inclusion in the record of the hearings of the Special Committee on Aging being held on problems of the aging in rural areas. Region 10 represents six Colorado rural counties: Delta, Gunnison, Hinsdale, Montrose, and San Miguel.

The regional council on aging wishes to indicate to your committee what we consider the priorities of the councils on aging in this region which are represented in the regional council. These priorities reflect the areas which we consider most important for improving the quality of life of senior citizens in this rural area. These are the areas which we think merit attention in helping senior citizens in our area:

Assistance for independent living:

(1) Adequate transportation, including equipment and operating and maintenance expenses;

(2) Winterization of homes, assistance in maintaining and operating independent homes for senior citizens;

(3) Housing for those who need it because of age or low income. We think mobile home housing in pleasant parks would be more economical for many senior citizens;

(4) Improvement of medicare so that it would cover the ever-increasing costs of medical and health maintenance for the elderly—specifically to reduce front end deduction rather than increasing it as has been the case in the last few years, to cover drugs more completely, to cover dental expenses, to cover eye examinations and cost of glasses, to cover hearing examination and prescribed hearing aids.

Sincerely,

ROBERT W. McCULLOCH.

ITEM 5. LETTER FROM EDWARD M. KREUTZER, VISTA P.L.S. VOLUNTEER, FORT COLLINS, COLO., TO SENATOR FRANK CHURCH, DATED MARCH 28, 1977

DEAR MR. CHAIRMAN: I want to express my gratitude in being able to talk to you for a short time in Denver on March 23, 1977, about our winterization program in Larimer County, Colo. As you know, most of us VISTA-PLS volunteers have a great latitude in developing programs throughout this State.

Be assured, Senator Church, that this realistic, down-to-earth program is par excellent in all respects. I would never have chosen it for my number one program during 1976 if it were otherwise. I helped set up about 60 senior families for winterization this spring and summer of 1976. I checked up on a number of them during January 1977 when our Colorado weather was the coldest. It really was a pleasure to hear them talk about those nice storm windows and all. Our oldsters said they did not have to huddle around the stove, close off the north and west rooms, or sacrifice food money to pay utility bills.

I am happy to report that the Larimer County Department of Human Development, the sponsoring agency, put this infant program over with a bang in 1976. Director Andres Zamora; Assistant Director Bob Keister; Senior Citizen Coordi-

nator Anita Arnold; and Secretary Marilyn Kahler all contributed more than their share in bringing happiness to 54 senior families.

I informed you, Senator Church, that the county winterization program became inactive in November 1976 and started up again in February 1977. I understand that this layoff was caused by lack of funds to operate the necessary labor component of the program. It seems to me that this worthwhile program should never have lost one day. There was a waiting list of senior families who could never understand why this occurred. Please do all you can to streamline winterization for seniors, especially in the area of a complimentary labor component.

Bob Keister, in charge of the program, has compiled some tabulations, which, I am sure you will find interesting as follows:

Based on the first 92 homes winterized:

Average age of head of household—61.3 years.

Percent service to persons 60-plus— $54/92 = 58\%$.

Age group vs. income:

Age group:	Average family income
90 to 99	\$2, 265
80 to 89	2, 609
70 to 79	2, 745
60 to 69	3, 178
50 to 59	3, 855
40 to 49	4, 291
30 to 39	5, 488
20 to 29	4, 051

Clearly, it can be said that the older you are, the poorer you are. Even though the prices of food, heating fuel, property taxes, etc., continue to rise.

Sincerely yours,

EDWARD M. KREUTZER.

ITEM 6. LETTER FROM ROBERT C. AGARD, DIRECTOR, LA PLATA-SAN JUAN COUNTY DEPARTMENTS OF SOCIAL SERVICES, DURANGO, COLO., TO SENATOR FRANK CHURCH, DATED APRIL 5, 1977

DEAR SENATOR CHURCH: Recently you conducted hearings in Denver on the plight of the rural aged in America. I contacted your staff director, Mr. William Oriol, and asked him if I could be scheduled to address you on the day of the hearing. Mr. Oriol, dressed in a posh, pin-striped, vested garment native to his environment, asked me what I planned to say to you. I, dressed in an open shirt and sleeveless ski vest native to my environment, told him what I planned to say. He then replied that it would not be possible for me to be one of the scheduled speakers at the hearing. I did not bother to tell Mr. Oriol that I am the director of social services in two rural southwestern Colorado counties. Had I told Mr. Oriol what my "title" was, I probably would have been scheduled. I feel, however, that my ideas were worth expressing, regardless of my title.

I am writing this letter so that you can personally receive the comments that I would have given verbally to you in Denver, and I am asking that you include my comments as an integral part of the testimony you are taking on the rural aged.

I believe that the best thing Congress can do to help the rural aged is to support President Carter in his efforts to reduce the bureaucracy. I think that all of the "aging" programs at the Federal, State, and local levels should be eliminated, and replaced with direct money payments to the rural aged. If the rural aged had the financial wherewithall, they could purchase their own services from private sources and not have to be so dependent on paternalistic government programs.

The above is what needs to be done, but I am realistic enough to know that it won't happen, because the bureaucrats at all levels will mobilize the rural aged themselves to fight the cutbacks in the very programs which are keeping the rural aged dependent; therefore, since what needs to be done won't be done, my secondary recommendation is that whenever possible the Federal Government fund directly self-help groups of older people. In this way, bureaucracies would not continue to build up as they have been building up the last few years, and older people themselves would be in control.

The field of programs for the aged is jam-packed with fat-cat bureaucrats shuffling paper. The rural aged, on the other hand, continue to suffer from an income too low to enable them to maintain independence.

Very truly yours,

ROBERT C. AGARD.

ITEM 7. LETTER FROM VERNON SCHUPP,¹ PRESIDENT, ARAPAHOE COUNTY COUNCIL FOR SENIOR CITIZENS, AURORA, COLO., TO WILLIAM E. ORIOL, STAFF DIRECTOR, SPECIAL COMMITTEE ON AGING, DATED APRIL 8, 1977; AND REPLY, DATED JULY 13, 1977

DEAR MR. ORIOL: It was indeed a pleasure to meet you personally and attend several workshops with you during the Gerontological Society's workshop in Denver, Colo., and it is at your request that I write to give you the results of our survey of senior citizens' needs for homemakers in Arapahoe County. It was wonderful to speak to Senator Church during the closing session as well.

Arapahoe County is largely a rural area with lower population in the eastern two-thirds of the county, and with an urban population of over one-quarter of a million residents in the western one-third of the county. It has a senior citizen population of over 20,000 living throughout Arapahoe County.

Our three commissioners are vitally interested in helping seniors throughout the county, and they were concerned enough to put up \$2,740 for a survey to find the need for homemakers, to enable seniors to stay in their own home rather than be forced into nursing homes against their will or need for intensive care.

This survey was conducted by seniors contacting seniors and resulted in 1,100 plus seniors needing homemaking care to keep them in their homes. Therefore based upon this survey a grant of up to \$200,000 has been granted for a homemaker program in Arapahoe County.

This was possible by allocation of title VI funding by Vickie O'Quin, director of Arapahoe County Employment and Training Center. This grant is to run until March 1978.

This grant will permit those seniors not needing intensive care to remain in their homes by taking the impossible homemaking jobs off their hands. By impossible jobs, I refer to hygienically cleaning the bathroom tub and toilet; cleaning the vegetable drawer and other arduous tasks of refrigerators; mopping kitchen floors; cleaning under beds; and other jobs where many senior bodies cannot allow them to do the work. These are seniors who are able to do some work, wash dishes and do the lighter tasks in their own homes where they are happiest and which results in longer more pleasant years in their later days.

Should this homemaking program cease next March 1978 (because of a lack of funds), these seniors have no alternative but to be placed in nursing homes at taxpayers expense since nearly all of them have no other way to pay nursing home costs averaging at least \$550 per month. To maintain 1,000 of these services in nursing homes would cost the taxpayers \$550,000 per month or \$6,600,000 per year.

Obviously this nursing home cost would be out of the question for Arapahoe County or Colorado State taxpayers to meet, so eventually our President and Congress will be forced to meet this need. How much better to fund the homemaker program at 33 percent of the larger total.

I hope that I have been able to give you a clear picture of the problems of Arapahoe County as shown to be fact from our survey. Thank you, Mr. Oriol for the opportunity to present these facts for your use.

Sincerely,

G. VERNON SCHUPP, *President.*

DEAR MR. SCHUPP: Many thanks for forwarding all the new material on your homemaker program. It is clearly evident that you have much support, and I'm glad you agree to let us include your letter in our hearing record.

With best wishes,

Sincerely,

WILLIAM E. ORIOL, *Staff Director.*

¹ See statement, p. 436.

Appendix 6

STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. STATEMENT OF THE WELD COUNTY DIVISION OF HUMAN RESOURCES, GREELEY, COLO.

Weld County is located in the northeastern plains of Colorado, bounded by Wyoming and Nebraska, as well as five other Colorado counties. It covers an area of 4,004 square miles, a large portion of which is farm and ranch land. Despite the county's strong affiliation with agriculture, the population is still growing at about twice the rate of Colorado as a whole. Population estimates for Weld County (fiscal year 1977) has been revised upward to 124,408 residents. The senior citizens population (55 to 75+ years) averages 17 percent or more of the total population.

Greeley is located in the west central part of the county and is just 50 miles from Denver, the State capital. Within the county there are 28 incorporated towns and 18 unincorporated communities. In some of the eastern towns of Weld County, it is 60 to 65 miles to Greeley with no public transportation available.

BACKGROUND

The senior citizen population of Weld County has been provided with a multitude of programs and services. In the past, services to the senior citizen population have been generally restricted to the clients who resided within the city limits of Greeley.

The Weld County Division of Human Resources has identified and analyzed needs, resources, services, and programs for the senior citizen population. To actuate comprehensive delivery of services, the division of human resources has sought to coordinate senior citizen programs within Greeley and expand them to the rural communities.

SENIOR CITIZEN SERVICES

All senior citizen programs within the division of human resources are thoroughly integrated, resulting in quality services for both the rural and urban senior citizen. These services include transportation, nutrition services, information and referral, employment, and other resource activities.

The division of human resources offers four distinct programs that provide direct services to the senior citizen. These programs include the senior aide program, the minibus transportation program, and the winterization program.

Senior aides program

It is understood that, like people, there are no two communities exactly alike. Recognizing this fact, the PLS/ACTION volunteer has organized the senior aide program to encourage each community to develop its individual program to fit the needs of that community.

Senior aides (who are senior citizens, funded under the Comprehensive Employment and Training Act) are located throughout rural Weld County and provide a multitude of services for each incorporated town. These services include the dissemination of information on existing resources, development and expansion of local resources, and an advocacy for the rural senior citizen.

Volunteers are recruited for transportation, organize senior citizen centers and clubs, develop social activities, nutrition programs, classes in arts and crafts and educational programs. The senior aides program has coordinated principally with the division's senior nutrition, minibus transportation, and winterization programs.

Other services within the community have begun to expand into the rural areas through the senior aide program. Social services, Social Security Admin-

istration, legal aide, mental health, and the health department are beginning to utilize the senior aide stations for outreach and coordination.

The senior aide station will continue to expand to additional rural communities. Employment development for the older worker will be the major thrust of the senior aides program in 1977.

Senior nutrition program

The senior nutrition program began operations in 1976 and is the newest program within the division of human resources. The program provides congregate and home delivered meals to the elderly, provides supportive social services, and stimulates a better focusing of all existing nutritional programs in the community.

Eleven congregate meal sites were established in Milliken, Windsor, Johnstown, Platteville, LaSalle, Gilcrest, Greeley (4), and a cooperative Greeley nutrition site with school district No. 6. The senior nutrition program will serve 41,916 meals to 500 senior citizens by March 31, 1978. Transportation activities essential in the supportive social service area are coordinated through the minibus transportation system. Supportive social service areas include general and escort transportation, outreach, health and welfare counseling, nutrition education, shopping assistance, recreation, and information and referral. The University of Northern Colorado and the Weld County Health Department have been assisting the senior nutrition staff in providing these supportive services.

Minibus transportation

The minibus transportation program increases the mobility of both the urban and rural population. Senior citizens, the handicapped, and low-income families have better access to health care facilities, retail centers, social activities, and other community service organizations.

The minibus transportation program maintains an average of 1,450 passengers each month. Continued efforts are made to expand rural operations and service. An example of this effort is the Windsor pilot project and the tricity transportation project. Overall transportation needs for the division of human resources are met through the coordinated transportation system.

Winterization

The winterization program assists and enables those homeowners who are low-income, handicapped, elderly, and the rural population to participate in an energy conservation program.

The program reduces the infiltration of cold air into homes through the installation of storm doors and windows, caulking, and insulation materials. All homes must be approved for winterization by the winterization committee.

In 1976, 72 homes (rural and city) were winterized at an average cost of \$230 per home. The average cost is far below the national average of \$350 per home and resulted in more homes being winterized. The winterization program has coordinated labor activities with the Greeley Urban Renewal, Jaycees, and volunteers. Interoffice coordination with the senior aide program and minibus transportation has provided efficient services in the winterization program.

The winterization program will be expanded into areas not currently covered by the program. Specifically, these areas include the tricity area of Weld County. Emphasis will be placed on consumer information and education on energy conservation methods to clients.

PROBLEMS IN COORDINATION

Great strides have been made in recent years through laws to break away from traditional categorical programs. This approach allows for local decision-making to tailor programs to the needs of the community and to stress overall goals rather than specific programs. However, Federal and State regulations (interpretation of the law) and attitudes are still structured toward securing funding through highly visible separate programs. This approach causes "turf protection" and ambivalent attitudes toward comprehensive approaches in planning, administration, and coordination.

Federal, State, or local agencies that require highly visible separate programs also create wasteful use of administrative dollars. An example of this is the mandatory requirement to have separate directors for relatively small budget programs. This requirement depletes already limited budgets to satisfy require-

ments for funding. Comprehensive administration of these programs is met with resistance from Federal and State funding sources.

Although most equipment is obtained through the General Services Administration (GSA), inventories must be maintained separately. Again, Federal and State funding sources resist any comprehensive system to streamline the current duplicative and bulky system.

Many programs are structured on a national model basis. These programs may not necessarily meet the needs of specific communities. Nonessential limitations are imposed through Federal, State, and local regulations that cause disruptions in planning and programing. For example, the Comprehensive Employment and Training Act (CETA) limit participation of the old worker. Certain experimental and positive programs are affected by the stringent "cost per placement" concept which affects the performance rating of CETA prime sponsors.

SOLUTIONS

Effective management, planning, and delivery of services for the senior citizen can only be realized if National, State, and local governments demand comprehensive human services planning.

Local planning efforts must be generated through strong leadership from elected officials and from an effective administration. This is still limited in that National and State support must be generated for progressive efforts in the human service area.

The laws which stress coordination must be made a reality through regulations and Federal-State administration policies that reward and support coordination, not the reverse. The Joint Funding Simplification Act must be stressed and Federal regional councils should be monitored as to their attempts and success with integrated grant applications.

The coordination of senior citizen programs are an essential element in providing quality services at a low administrative cost.

ITEM 2. STATEMENT OF RENITA BOOTHE, WESTERN SLOPE REPRESENTATIVE FOR COLORADO HOUSING, INC.

My name is Renita Boothe and I am the western slope representative for Colorado Housing, Inc., which is a technical assistance, private, nonprofit, housing consultant and development corporation working in rural areas of Colorado. Its goal is to develop an affordable supply of adequate housing and housing choices for low- and moderate-income persons. I've been asked to testify to you today about housing and the elderly—the need and problems.

There is a lack of visibility of the problems of housing within rural communities. There are no vast ghettos. There are only dispersed examples of deteriorating and dilapidated houses which are overlooked as isolated examples within the community. Diversity of needs between rural communities, energy impact versus agriculture, are not recognized. There are cases of elderly persons living alone in a tiny, inadequate apartment with too many stairs to climb, but is all that a small, fixed income can buy. Low-cost mobile homes, while providing some advantages, are considered substandard housing according to minimum housing standards and mobile home "hustlers" are rampant. Not an adequate solution.

As we look at the governmental agencies whose job it is to deal with those problems, we see piecemeal and overlapping programs, multiplicity and frequent changes of those programs that have seemed to be designed to discourage rather than encourage the support to the communities for housing programs. Once a community finds a program or combination of programs that will work, the amount of redtape that must be ground out is appalling. Assuming that one can accept the redtape and delays, the tendency of the reviewing agencies to apply urban criteria to rural housing further frustrates communities. According to the 1970 census, close to 60 percent of the Nation's substandard housing was located in rural areas; with only one-third of the population, rural areas account for nearly two-thirds of the housing needs.

The two major Federal sources for dealing with low-income rural housing problems are the programs of USDA, FmHA, and of HUD. Unfortunately, not everyone knows about FmHA, but more importantly, the Congress has never authorized enough funds to allow FmHA to finance all of the desired housing, to pay the salaries of the FmHA staff necessary to implement these programs,

or to promote those programs that are available. For example, 504 grant—home and repair for the elderly. Further, knowing about FmHA is simply not enough for many people, especially those on small, fixed incomes—the elderly, the poor and the disabled. Those on fixed incomes must spend a very large percentage of their income on housing—more than those of middle or high income. Considering all of the other expenses for food, health, transportation, utilities, it's just too expensive for them to afford quality housing, even with the assistance of FmHA.

In short, while the Federal Government has provided a variety of programs which can be used to alleviate the housing problems of the rural poor, an urban bias at HUD and a staff shortage at FmHA hinders the Federal Government's response to rural housing problems.

There are some specific problems that can be addressed in relation to programs in rural housing for the elderly. Specifically, the HUD 202 program which was designed to house elderly and handicapped persons is largely unworkable in rural communities. The program, originally designed with its own built-in rental subsidy, now is complicated by necessitating two separate applications: one for 202 financing and one for section 8 housing assistance payments. The FmHA rent supplement program, initiated in 1974 to offset the rural rental housing program (515), has not been administered. A suit was filed by the Rocky Ford Colorado Housing Authority versus USDA, and on January 18 of this year a decision by U.S. District Court Judge Charles Richey found that USDA had exceeded its authority by refusing to carry out the program. Now Secretary Bergland has requested a 2-month delay to decide on the implementation of the rural rent supplement program. Meanwhile, 28 U.S. Senators, led by Senator Thomas Eagleton, urged Secretary Bergland to implement the rent supplement program immediately, calling it a "simpler and less expensive means" to deliver the rent subsidies in rural areas than section 8.

Congress has provided a program of public housing through HUD to provide housing at low enough costs that almost anyone could afford. Public housing, created in 1937, has been primarily an urban program where it has been plagued by all the urban problems. In the process it has acquired a bad, but often undeserved, image. In rural areas, while public housing has been too limited, it has generally been successful. But it, like other Federal housing programs, has never really had a fair chance in rural areas.

I am confident that over the next 4 years with a new administration, we will see much improvement in housing delivery services. It appears that the new Secretary of HUD, Patricia Harris, is dedicated to making the programs work again; we have seen a moratorium on all housing programs for too long.

Locally, I have witnessed that the most primary, dedicated effort in housing has been from the senior citizens. In communities such as Paonia, Hotchkiss, Montrose, Rifle, and Grand Junction, I am working with public housing authorities in various stages of development of housing for the elderly. It is an issue western, slope communities are very responsive to. These communities can go a long way, as can other communities, if their individual needs are recognized and if the programs we have been battling through since the Nixon administration's imposed 1973 housing moratorium and consequent inaction can be put into action.

ITEM 3. STATEMENT OF G. R. EISENBRAUN, DIRECTOR, SOUTH DAKOTA FARMERS UNION GREEN THUMB, SIOUX FALLS, S. DAK.

I am Gerry R. Eisenbraun, State director of the South Dakota Farmers Union Green Thumb program. South Dakota Farmers Union Green Thumb is a State unit of Green Thumb, Inc., a national contractor. I appreciate the opportunity to present testimony on "The Nation's Rural Elderly," their needs and problems as I see them in South Dakota.

South Dakota Farmers Union Green Thumb provides some 230 job opportunities for older low-income men and women in rural areas for a variety of community service and facility projects. These include outreach, counselling to disadvantaged citizens of rural communities, conservation and beautification of parks and roadsides, nutritional and library aids, and a host of other undertakings that span the entire range of social services and rural community betterment and development projects from law enforcement to preservation of historical sites and development of museums. The program is funded under appro-

priations made from title IX, Community Service Employment for Older Americans of the Older Americans Amendments of 1975 and title X of the Public Works and Economic Development Act, as amended. South Dakota Farmers Union Green Thumb also administers a small program of on-the-job training (OJT) from funds appropriated for title III of the Comprehensive Employment and Training Act.

The process of aging is, of course, as old as the human family. Life expectancy has been extended and presents our society with the opportunity to use the wisdom and experience of our senior citizens over a longer period of time. In the past many large parts of the population did not live past the active productive periods of their lives.

At the turn of the century, 95 percent of our population lived on farms and in very small rural towns. There was economic productive value in using the energies of our older men and women in an intensive, agricultural society with limited mechanization. A large family working the land provided greater "social security" for grandfathers, grandmothers, aunts, and uncles, an economically and socially useful place in the expanded family. And for those who were left behind in the move to new lands, or those who lost their farms in bankruptcy, there was some flexibility in the small town economy to absorb the extra manpower. Women's work was needed in the home and they had fewer economic opportunities, as well.

Many of the displaced farm people of yesterday are today the senior citizens who need the services of Green Thumb and other title IX programs. Over 230 of that group are Green Thumb workers in South Dakota, who are providing services to other poor people. And they are providing the leadership to run the programs efficiently and effectively in their counties and communities. Over 95 percent of all the organizational administrative, service, and technical positions in operation of the Green Thumb program in South Dakota are persons who, by virtue of advanced age and low income in relation to family size, are eligible for appointment as Green Thumb workers. These people draw on a lifetime of experience and skills to recruit and train workers, supervise their work, provide supportive services, help in the development of projects to serve rural communities and prepare the ever-present bureaucratic reports.

The number of senior citizens in our Nation is increasing rapidly. We must increase dramatically the services to make use of their skills and to provide them the services they need.

Of course we must train people to work in these fields and we support expansion of such training opportunities in our colleges and universities. But we need, also, to develop training opportunities for our older workers themselves to move up and use their experience to develop the most effective programs for their fellow senior citizens.

The need for programs like Green Thumb's worker assistant employment and placement program is now greater than at any other time in the history of America. In a study made by Dr. Max Rosenblum, consultant for the U.S. Senate Special Committee on Aging, it was found that the need for jobs for people over age 45 is now greater than at any time during the great depression of the 1930's. The depression of 1974-75 hit older and younger workers alike, but for those over age 45, the past years have been one of continued depression.

The distressing thing about this study was that it showed an increase in poverty of older persons as a major problem. Second, that increased unemployment does not improve with better business conditions; and that increasing numbers of 45 years and older workers are being pushed out of the labor force is a third.

The inability of the low-income unemployed middle-aged and elderly to find jobs after extended months and, yes, even years of searching is both discouraging and degrading. More, it means a lack of income to buy sufficient food, medical and health care, shelter and clothing. Here are a few of the grim employment and unemployment statistics.

The actual measured unemployment among workers 55 years and over is still growing, contrary to the current trends in the rest of the labor market. It's up 387,000 during the last 2 years and raised another 34,000 since last year, a period when the unemployment of younger workers fell. Over all unemployment fell by 4.5 percent but unemployment of those workers over age 55 rose 4.7 percent, or a differential of almost 10 percent.

There are 116,000 older workers in South Dakota, 31,000 of these are eligible for Green Thumb. At the present time Green Thumb reaches only .06 percent. Little wonder then that we have three applicants for each job and that 48 counties out of the 60 some in South Dakota have written letters requesting the services of Green Thumb.

Older South Dakotans have the same needs for familial and social relationship as the rest of the population. They need cultural and recreational activities, good housing, transportation, nutrition programs but, above all, they need jobs for adequate incomes. Given the opportunity they will be good employees, give more than an hour's work for an hour's pay, are willing to learn new jobs, are willing to teach others their skills, are dependable, loyal, and conscientious workers.

Unfortunately society tends to isolate or allows the isolation of large numbers of aged individuals. In South Dakota over one-fourth of the older citizens live alone.

Elderly Indians on the reservations are also in serious situations. Living in below-standard housing, no telephones, no running water, no sanitary or limited sanitary facilities. Nearly all persons living on reservations live on monthly incomes of less than one-half of the poverty level.

In a recent film a Green Thumber expressed the belief to many of his peers . . . had he not found a useful place in society, where he and others like him could regain their sense of worth, he would not be alive today.

More than just income is at stake; more than just exercise. Even more importantly, they need to be wanted, to have the thrill of continuing to contribute to community betterment and important to know that they are taking part.

ITEM 4. STATEMENT OF WYOMING SENIOR CITIZENS, INC., RIVERTON, WYO.

A preliminary study was conducted in 1976 that revealed need for at least 1,152 housing units in the rural communities of Wyoming (10,000 and under). With our limited staff of two it was not possible to really do anything beyond discovering this need and go on a program search for a funding source through which we could develop a program of assistance.

A demonstration project was subsequently designed which we submitted to AoA for funding under title III, section 308, of the Older Americans Act. Our intent is to more fully develop a picture of the human needs and demands for housing senior citizens and act as a facilitator for the local communities that have a concern for this need but seem unable to effectuate a plan to meet the need. Obstacles are created for the local people committed to housing programs by having to do battle with HUD and the urban perspective of FHA.

Congregate housing or housing units that are accessible to social, recreational, educational, commercial, and health facilities and services are generally not available to rural elderly. Several kinds of Federal programs exist that could be utilized to make such housing available. Connecting available program with discovered need could be accomplished, we feel, through a centrally located agency that would initiate and supervise the maze of preplanning and paperwork required.

Enthusiastic support for the project evolved from elected officials on the National, State, and local level as well as agency personnel who were eager to cooperate. Other State organizations such as ours expressed their interest because they could utilize our findings. We have tentative assurance of technical assistance from Housing Assistance Council, Inc., and National Association of Housing and Redevelopment Officials. Contacts with the field representatives of the various Federal agencies (FmHA, HUD, USDA) have been established. The Board of Wyoming Senior Citizens, Inc., generously provided staff time and travel to gain some advantage for the funding of the proposal.

Despite all the positive gestures and keen interest here in the West, Washington seems totally uninterested in such a venture. The system encountered at AoA in Washington seemed insensitive.

The purpose of our testimony here is to convey to the committee our feeling of discouragement, present the need for rural elderly housing, make you aware of our proposal, and seek your cooperation in your focus on the problems of the rural elderly.

Thank you for this opportunity to make known our concerns.

ITEM 5. STATEMENT OF HAROLD GARRETT, PRESIDENT, WYOMING SENIOR CITIZENS, INC., WHEATLAND, WYO.

Mr. Chairman and members of the Senate Committee on Aging, I am Harold Garrett of Wheatland, Wyo. I am a member of the legislative committee of Mountain Plains Congress of Senior Organizations, president of the Wyoming Senior Citizens, Inc., and president of our local senior advisory council.

The Wyoming Senior Citizens, Inc., is an active organization that has evolved into a strong voice for the needs of the elderly in Wyoming. We have helped a great deal by the University of Wyoming marching band which has for 2 years sponsored a senior citizen day at one University of Wyoming home football game. The band was able to do this by grants and money raised by them plus participation of Laramie merchants and the Laramie Senior Center.

This senior citizen day consisted of a State meeting of members the day prior to game day, a banquet, and entertainment and motel accommodations. Activities on game day started with breakfast at the Laramie Senior Center followed by the homecoming parade, brunch, and then topped by the game. We even had our own senior citizen cheer leader, Mary Ford—82 years young.

This 2-day meeting was available for a \$10 registration and subsidized \$15 per person up to 200 people. The second year, a legislative year, was very productive. Of the five main proposals stressed for the benefit of seniors, as voted by the group, two were passed. Two others of lesser importance were also passed.

Our membership, because of this activity, has grown each year and the senior citizen day has played an important part. We shall put more effort into expanding and continuing this activity.

ITEM 6. STATEMENT OF NOELLEEN THOMAS, BOARD MEMBER, UTAH STATE COALITION OF SENIOR CITIZENS, TOOELE, UTAH

I am Noelleen Thomas and my home is in Tooele, Utah. I am a board member of Utah State Coalition of Senior Citizens and am serving as a delegate to Mountains Plains Senior Organizations as vice president.

Belonging to the group of people in America whose opportunity to continue being gainfully employed was discontinued at age 65, I appreciate and consider it a privilege to be given another opportunity in life. We are working to better living conditions for the less fortunate in this fluid segment of American society—whose urgency in their lives is one of having been told, in a consoling attitude, "Don't regret growing old, it is a privilege denied to many." They are the ones who may not be here tomorrow to regret or rejoice. It is only proper we should advocate a better life for those who are denied an adequate income to supply the bare necessities of life.

It is amazing how far the tax dollars of our government reach around the world to help the impoverished in many countries, while our elderly are denied a life of dignity in growing old.

According to Readers Digest—and I'm sorry I don't have the exact month of the year—the report was made that there are many of our people employed in our bureaucracy who retire on pensions from our tax-supported unit of government service and soon are on the payroll of another branch of our government, adding to further pensions to be taken from more tax dollars. Having gained a wealth of experience from government employment, they should be forced into the private sector, if they wish to be employed, using their past experience in building a strong economy in our country. There should be an examination of this report of one government pension added to another. There are too many places these dollars can relieve the problems of older Americans, in dire need, to have them used to build unneeded affluence for some government employee who desires to become a perpetual member of the government working force.

ITEM 7. STATEMENT PRESENTED TO THE ENERGY COMMISSION, DENVER, COLO., MARCH 21, 1977, BY JOSEPHINE MARCHIORI, SUPERVISOR, SENIOR OPPORTUNITY SERVICES, HUERFANO-LAS ANIMAS COMMUNITY SERVICES DIVISION, WALSENBURG, COLO.

Members of the panel, I am Josephine Marchiori, from Walsenburg, Colo., a small town about 170 miles south of Denver. Walsenburg is in the center of a remote rural area, with little work opportunities.

I am vice chairman of the Colorado Congress of Senior Organizations and chairman of the Affairs Committee of the Mountain Plains Congress of Senior Organizations, a six-State organization. I have supervised a senior center in Walsenburg for 7 years. I am also site director for title VII nutrition program, preparing menus for the program at a State level. Menus must be graded and submitted as to nutrient value.

I am visiting 4 days a week with the low-income elderly. A great number of the people in my area are on fixed income—which is SSI, social security, or aide to dependent children. The total monthly income is \$205, which is below the Federal poverty level.

The price of natural gas for heating and the price of food and all commodities for living have increased so drastically (as much as 50 percent for natural gas alone) that they cannot buy the proper food to meet their health needs. The increasing cost of heat and rent leaves less and less for food.

Today's bare necessities are tomorrow's luxuries. Today's life line is tomorrow's bare existence. You know what the future looks like for the fixed income—bleak!

Solutions that we would suggest are:

- (1) Increasing SSI;
- (2) Allocating more money for senior housing with rent subsidies;
- (3) Allocating more money for winterization;
- (4) Subsidizing fuel costs for those who are unable to heat and also eat;
- (5) Work programs for those who are able and need to increase their income;
- (6) Remove limits on income without penalty of retired persons drawing social security; and
- (7) Changes in the medicare and medicaid policies to include vitamin shots and home health care.

On behalf of the panel and myself—Thank you.

ITEM 8. STATEMENT¹ PROVIDED BY JOHN W. GERDES, MOUNTAIN STATES HEALTH CORP., BOISE, IDAHO

Senators Clark, Church, and Metcalf: Thank you for the invitation to submit testimony in support of S. 708 at the hearing on March 29, 1977.

For the past 7 years the Mountain States Health Corp., a nonprofit organization devoted to improving the quality of health care in the rural mountain west, has been responsible for introducing family nurse practitioners into Idaho, Montana, Nevada, and Wyoming. We have recruited capable nurses from rural communities and used HEW funds to secure their education as nurse practitioners at established universities (Colorado, Utah, Stanford, North Dakota, Montana State, Arkansas). To assure success of these new health workers, we have helped residents and physicians in rural communities to accept this new health provider. Most of them have remained in their home community where their rancher and logger husbands make their living. They are serving in the underserved, rural hamlets that no longer attract and hold a physician. They are accepted providers of primary health care and should be paid for services they render to medicare patients.

We are presently introducing nurse practitioners to serve medically underserved rural population. Through a grant from the W. K. Kellogg Foundation, our staff has been recruiting nurses to be educated as geriatric nurse practitioners (GNP's). They will work on the staffs of 30 skilled nursing facilities in the mountain west. Upon completion of 1 year of special education and meet-

¹ Originally provided in support of S. 708, a bill to amend Title XVIII of the Social Security Act to provide payment for rural health clinic services; to the Committee on Finance.

ing State licensing or certifying requirements, these geriatric nurse practitioners care for medicare and medicaid patients in skilled nursing facilities. These are patients who, like those identified in S. 708, for the most part, are in rural, underserved areas. Their needs for primary health services are not adequately met by present physician visits at 30-, 60-, or 90-day intervals. These geriatric nurse practitioners work in concert with a physician. Their records are maintained and regularly reviewed by a physician. The SNF's have established admission relationships with hospitals. The GNP represents a major new hope for quality improvement in nursing homes—especially those in rural areas.

With emphasis on rehabilitation and preventive care, patients and staff will strive for maximum patient independence. Earlier discharges based on sound planning and GNP followup can be expected to increase. It is anticipated that many skilled nursing facilities with a GNP on the staff will begin to offer ambulatory health maintenance services to the elderly. This service will reduce the need for costly inpatient services and offer personal independence for many medicare patients.

Ten GNP students will have completed their didactic education at the University of Colorado in May of this year. They will return to places like Moscow (population 14,146), Twin Falls, Idaho (population 21,914), Bigfork (population 600), Livingston (population 6,883), and Bozeman, Mont. (population 18,670). Others are applying for education in the coming year.

The facilities in which they will work are the leaders in the nursing home field, committed to improving the quality of their services. They should be reimbursed by medicare funds for services they render.

It is in this connection that we wish to propose the following modifications in S. 708.

General: In addition to the reference to "rural health clinic services," we urge inclusion of "rural skilled nursing facilities."

Specific: New subsection (aa)(1) be amended as follows, adding the italic words, deleting those enclosed within brackets:

"(aa)(1) The term 'rural health clinic' or *'skilled nursing facility services'* means such services and supplies as would otherwise be covered (under subsection (s)(2)(A)) if furnished as an incident to a physician's professional service, [and] or such additional services provided by a physician extender, furnished by a rural health clinic or *skilled nursing facility* to an individual as a primary care patient."

"(2) The term 'rural health clinic' or *'skilled nursing facility'* means a facility which—(A) is primarily engaged in providing rural health clinic services or *skilled nursing facility services*; . . ."

Speaking only to the manner of reimbursement for services that have been provided by family or geriatric nurse practitioners, we suggest that it be based either on a fee for service or as a salary that is reimbursed to the facility as a part of its usual costs in a reimbursement claim. These two alternates should be available.

In all cases the nurse practitioner should have an established, written working relationship with a physician who serves as a knowledge resource and a colleague backup for the nurse practitioner. He must agree to accept referrals and be available for consultation and assistance. Part of his obligation is to regularly (at least monthly) review the records and work of the nurse practitioner. The nurse practitioner and the physician may be geographically separated, but they must be able to communicate by reliable telephone, radio, or interactive television. These conditions should be met to qualify for reimbursement. They are workable in the mountain west.

Each nurse practitioner should have completed a formal training program at an established institution of higher learning. The program should be at least 1 year, at a minimum, in length including a minimum of 3 months of didactic experience plus a preceptorship or supervised experience of at least 8 months. Until such time as a national standard or license is established, the nurse practitioner should be licensed as an RN and certified as a nurse practitioner within the State in which practice is planned, meeting applicable State license requirements.

So much of a continuing effort to improve the quality of care in rural SNF's rests upon the education and introduction of GNP's to those facilities. A substantial part of the success of this quality improvement effort depends upon recognition by medicare reimbursement. We strongly urge your favorable consideration of S. 708 and the suggested revisions in this testimony.

Thank you for this opportunity to comment.

Appendix 7

SUMMARY REPORT OF THE NATIONAL INDIAN CONFERENCE ON AGING, PHOENIX, ARIZ., JUNE 15-17, 1976, SUBMITTED BY JUANA LYON¹

The elderly Indian, down through the years, has been the preserver of the Indian race, Indian culture, Indian history. Indian people have never been ashamed of growing old. They merely accept it as a fact of life because they understand the forces of life and the forces of nature, that all and everything that lives also decays.

The Indian elders have always been a part of the extended family. Being the heart and the center of that Indian family, they bring into that family unit an experience, maturity. They also bring to us knowledge, wisdom.

One of the greatest values of the Indian elderly is that they represent to us a repository. All that we like to claim and talk about as Indian didn't come to us from the university or the high school; it came to us from the Indian elderly. All that we hold so dear and so precious in our Indianness comes from those who have gone before us. When we look at the Indian elderly, there is something in them, with them, that is so precious.

Today, we salute the Indian elder for preserving what is left of the Indianness. Let us continue to hold hands and join forces and, in the name of Indians, while this country is lost in red, white, and blue, let us become lost in our Indianness and maintain our identity in our Indian community.

*From the opening remarks of
Wendell Chino, President
National Tribal Chairmen's Association*

¹ See statement, p. 435.

Introduction

The first National Indian Conference on Aging was sponsored by the National Tribal Chairmen's Association in Phoenix, Arizona, on June 15-17, 1976.

Over one thousand Indian and Alaskan Native people representing 171 tribes came together to speak of their needs and present recommendations for action to improve the quality of their lives.

They made no extravagant demands. They asked only to live out their lives with the assurance that their most elementary needs will be met. In addition to the basic need for food, clothing, shelter, health care, etc., the Indian elderly named another: the need to remain Indian -- whether as sovereign nations insisting on the treaty commitments of the Federal Government or as individuals who want to pass on the heritage of their forefathers to their grandchildren.

Funding for the Conference was provided by the Administration on Aging under the direction of Commissioner Arthur S. Flemming. Substantial in-kind contributions were made by the Bureau of Indian Affairs, Phoenix Area Office, and by the Arizona Department of Economic Security. The volunteer efforts of many members of the Phoenix Indian community provided vital support of all Conference functions. Representatives of federal and state service provider agencies participated to offer information and serve as resource persons.

The recommendations and resolutions submitted into the Conference record are summarized in this report. They will be listed in greater detail in a later, more comprehensive report. Resolutions submitted by individual tribes relating only to those tribes are being submitted directly to agencies capable of providing the services requested.

The issues identified at the first National Indian Conference on Aging will be pursued by the National Indian Council on Aging which consists of thirty-five members elected at the Conference. It will be a long and difficult task requiring the continued interest and support of the national Indian community.

Background

A Special Concerns Session on The Elderly Indian at the 1971 White House Conference on Aging identified a number of issues which were subdivided into the following categories:

Income	Nursing Homes
Housing	Transportation
Legal	Education, Physical and
Nutrition	Spiritual Well-Being
Health	

In each of the identified subject areas, the Indian delegates made specific recommendations for remedial action. The recommendations were generally ignored.

In the years following, a number of Indian participants made repeated attempts to revive the vital issues they had raised on that occasion, all to no avail. In April of 1975, the issues surfaced again at a conference on "Indians and Aging" at Arizona State University. An Indian Caucus emerged at that conference, and a number of specific recommendations were formulated. One of these recommendations was to conduct a national Indian conference on aging to provide a forum for the Indian community nationwide to state its unmet needs, recommend remedial action, and press for implementation of that action. Another objective of the Arizona Caucus was to bring about legislative action which would make the provisions of the Older Americans Act more responsive to Indian needs.

A group of eight Indian people elected to pursue these objectives, formed a committee entitled "Arizona Indian Action for the Elderly", and elected Mrs. Alice S. Norris, Director of the Papago Tribe's Program for the Elderly ("The Wise Ones"), as chairperson. Mrs. Norris testified on the needs of the Indian elderly at the Senate Subcommittee hearings on the Older Americans Act Amendments during the fourth week of April, 1975. The only special provision for Indian tribes in the Older Americans Act, as amended, was made in Title III, and even that was of doubtful benefit to the Indian community.

The national Indian conference on aging objective was next on the list of Caucus priorities, and the Indian Specialist of the Arizona Department of Economic Security was requested to develop a proposal for such a conference. At the same time, the original committee of eight was enlarged to include representation from the Indian tribes of Arizona, Nevada, and Utah (Phoenix Area of the Bureau of Indian Affairs) and from the major Indian concentrations in urban areas.

Initial contact with the Administration on Aging in Washington on the subject of funding for a national conference established the necessity to have a national Indian organization serve as the conference sponsor. Mr. Wendell Chino, President of the National Tribal Chairmen's Association, deserves full credit for his immediate, wholehearted cooperation with the project when he was approached for support. The Board of Directors of the National Tribal Chairmen's Association officially agreed to accept sponsorship of the conference project and authorized the Arizona Indian Action for the Elderly Committee to form the nucleus of the planning effort and to take all necessary action to bring about a national conference which would provide a public forum for the Indian elderly.

In addition to the support of the National Tribal Chairmen's Association, substantial in-kind contributions to the project were committed by the Bureau of Indian Affairs, Phoenix Area Office, to provide office space, equipment, telephone service, and duplicating services. Following notification of the grant award by the Administration on Aging to the National Tribal Chairmen's Association, the Arizona Department of Economic Security assigned its Indian Specialist as Project Coordinator on loan to the National Tribal Chairmen's Association at the request of the Phoenix Area Indian tribes.

To ensure input from a cross-section of the national Indian Community*, a National Planning Committee for the conference was established on a basis of wide geographic representation to formulate the agenda and finalize all conference arrangements. At the same time, the first mailing of advance conference information went out nationwide to all segments of the Indian population, accompanied by a questionnaire focusing on subject areas which should be discussed at the conference. The answers received showed a remarkable similarity to the major issues identified by the Indian Caucus at the 1971 White House Conference on Aging. As a result, the National Planning Committee decided to have the 1976 National Indian Conference on Aging revive these issues and have the workshop groups organized along similar subject lines.

In order to allow the maximum amount of time for input by the Indian elderly participants, the National Planning Committee determined that one and one half days of the three days planned for the Conference should be scheduled for the individual workshop sessions and that the number of major addresses should be limited to opening and closing remarks by Mr. Wendell Chino, President of the sponsoring organization, and Dr. Arthur S. Flemming, Commissioner on Aging. Representatives of service provider agencies were invited to give brief overviews of the programs administered by them and to serve as resource persons in the workshop sessions.

The agencies participating in this category were:

1. U. S. Department of Agriculture
 - Extension Service
 - Farmers Home Administration
 - Food and Nutrition Service
2. Community Services Administration
3. Department of Health, Education, and Welfare
 - Administration on Aging
 - Indian Health Service
 - Office of Native American Programs
 - Social Security Administration
4. Department of Housing and Urban Development
5. U. S. Department of the Interior
 - Bureau of Indian Affairs
6. U. S. Department of Justice
 - Law Enforcement Assistance Administration
7. U. S. Department of Labor

*For purposes of this report, Alaska Natives are included in references to the national Indian population.

- 8. U. S. Department of Transportation
- 9. Veterans Administration
- 10. ACTION
- 11. National Council on the Aging

(Refer to Attachment A for the Conference agenda.)

Workshop Sessions

The five concurrent workshop sessions addressed themselves to the following topics:

I. INCOME

- A. Employment
- B. Training
- C. Education
- D. Social Security
 - a. Title XX
 - b. S.S.I.
- E. General Assistance (BIA)
- F. State Income Maintenance Programs
- G. TWEF Program
- H. Title IX
- I. CETA
- J. Retirement

II. ENVIRONMENT

- A. Nursing Homes
- B. Housing
- C. Home Repair and Maintenance
- D. Winterization; Heating-Cooling
- E. Sanitation
- F. Utilities-Water, Electricity, Gas
- G. Senior Citizen Centers
- H. Day Care
- I. Transportation
 - a. Escort Services
- J. Homemaker Services
 - a. Shopping Services
 - b. Laundry Services
 - c. House Cleaning Services

III. LEGAL PROBLEMS

- A. Legal Aid
- B. Ombudsman
- C. Guardianship
- D. Consumer Protection
- E. Discrimination on Basis of Age, Race
- F. Protective Services
- G. Availability of Bilingual Aides in Courts, Jails, on Law Enforcement Staffs

V. LEGISLATION

- A. Direct Funding
- B. Federal/Tribal Relationships
 - a. Tribal Sovereignty
 - b. Self-Determination
- C. State/Tribal Relationships
- D. Organizational Structure
- E. Agencies' Rules and Regulations
 - a. Law versus Policy
 - b. Criteria Invalid for Indian Programs
 - 1. Title VII
 - 2. Title XX
 - 3. Other Programs
 - 4. Age Limitations
 - c. Statistical Criteria
 - 1. Inadequacy of U. S. Census
 - 2. Acceptance of Tribal Statistics
 - 3. Use of Indian Population Statistics by Agencies to Justify Funding

IV. PHYSICAL WELL-BEING

- A. Health
 - a. Hospital Care
 - b. Out-Patient Care
 - 1. Clinic (General)
 - 2. Dental Care
 - 3. Eye Care, Glasses
 - 4. Hearing Aids; Prostheses
 - 5. Preventive Medicine
 - 6. Personal Hygiene
 - 7. Emergency Services
 - c. Medicaid-Medicare-Insurance
 - d. Mental Health
 - 1. Isolation (Alienation)
 - 2. Recreation; Crafts
 - 3. Counselling
 - 4. Community Involvement
 - e. Alcoholism and Drug Abuse Rehabilitation
 - f. In-Home Services
 - g. Escort Services
- B. Nutrition
 - a. "Meals on Wheels"; EFMS (Emergency Food & Medical Services)
 - b. Title VII Programs
 - c. Food Stamps-Commodities
 - d. Food Co-Ops
 - e. Acceptance of Traditional Foods

To facilitate participation in the discussions of the individual workshop sessions, moderators representing the National Tribal Chairmen's Association, the reservation groups, and the non-reservation groups, respectively, were designated for each workshop by the National Planning Committee and the NTCA Board. In this manner, individuals knowledgeable in conditions and problems of each of these groups were available to encourage and direct discussions. Participants with expertise in certain program areas, including representatives of Federal and State agencies, were encouraged to serve as resource persons.

Background of Conference Recommendations

In order to enable the reader to interpret Conference recommendations in their proper perspective, it is proper at this point to touch briefly on the subject of responsibility for services to Indian people. The history of Federal Indian policy can, for obvious reasons, not be reviewed in this report. There are many excellent sources available to the serious student of the subject.

The Indian and Alaska Native population of the United States falls into the following broad categories:

1. Federally recognized Indian tribes and Alaska Regional Corporations whose members may reside:
 - a. on Indian reservations or other trust land
 - b. in rural, non-reservation areas
 - c. in urban areas
2. Indian tribes or groups recognized as such by a State with members residing:
 - a. on State recognized reservations
 - b. in rural, non-reservation areas
 - c. in urban areas
3. Individuals not belonging to either of the previous categories but claiming to be of Indian descent or heritage.

It is not intended here to discuss the relative merits or potential inequities of these categorizations. For the purposes of this report it should be mentioned only that individuals in category one, above, are generally entitled to certain services of the Federal Government, based on their status as members of federally recognized entities which are, or are entitled to be, the beneficiaries of specific commitments made by the Federal Government in individual treaties, laws, and Executive Orders. These commitments are based on the special legal relationship between the Federal Government and the federally recognized tribes as quasi-autonomous sovereign entities which takes precedence over the laws of the individual States. The recommendations and demands voiced at the National Indian Conference on Aging by representatives of these tribes

must be interpreted in light of that special commitment of the Federal Government, which is increasingly being relegated to State and local governments over the protests of federally recognized Indian tribes.

Services to Indian people in categories two and three, above, are primarily the responsibility of the states, counties, and cities in which they reside under the same criteria applied to the general population and usually without regard to their ethnic background. Protests about the inequity of their status, as compared with members of federally recognized tribes, raised at the Conference by members of these groups have been noted and are included in the report on Conference recommendations. The resolution of that problem is, however, not within the scope of the Conference and must be pursued by the individuals affected through the legal and legislative avenues open to them.

Conference Recommendations

Recommendations made by Conference participants are listed in this report as they were expressed, without imposing any judgment as to their practicality or legality. In follow-up action with the appropriate agencies, these factors will be explored and action taken accordingly.

The recommendations formulated by the Session on the Elderly Indian at the 1971 White House Conference on Aging were summarily endorsed and reconfirmed by the participants in the 1976 National Indian Conference on Aging. As expected, many parallel recommendations emerged from the individual sessions. It became increasingly apparent that there exists strong consensus among all segments of the national Indian community on the basic, unmet needs of the Indian elderly and on the remedial action which must be taken to ensure that even the most elementary needs are served. The list of participants included in the appendix gives an overview of the nationwide scope of the input received at the Conference (Attachment B). Attachment C lists tribal affiliations of participants.

It was to be expected that individual expressions of concerns would not be strictly limited to the main subjects assigned to a particular workshop. It is not basically in the nature of Indian people to compartmentalize their thinking; no matter what their tribal origin, Indian people usually view the total scope of any subject. They are keenly aware of the interrelationships of conditions and problems and, consequently, their logical solutions. It is logical, then, that recommendations on all aspects of the needs of the Indian elderly emerged from all the workshop sessions and were also expressed in the resolutions adopted at the plenary session. Specific statements of unmet needs and recommendations for action, including those submitted in the form of resolutions, are, therefore, listed by subject and may have originated in any of the sessions at the Conference.

In addition to the summarized recommendations, two tribal resolutions and a position paper submitted by an urban organization, which were endorsed in the closing session of the Conference, are included in full.

Also included is a statement of the needs of the elderly in the Navajo Nation from representatives of the over 14,000 elderly Navajo people living in the tri-state area of Arizona, New Mexico and Utah.

Although based on the needs of particular groups, these statements and recommendations have universal validity and illustrate the caliber of input participants were prepared to provide. Other resolutions by individual tribes and organizations submitted into the Conference record will be reproduced in their entirety in the comprehensive report issued later. The recommendations they contain were integrated into the following summary.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Income

Problem or Need	Recommendation for Action
<p>1. * (a) The elderly Indian citizen should have an income which would permit him to live the rest of his life in health, decency, and dignity.</p> <p>(b) The elderly Indian has never received due consideration for supportive services and minimum income.</p>	<p>1. * (a) Because of the past relationships between the Federal Government, through the Bureau of Indian Affairs, and the Indians, most of our people did not participate in retirement programs such as: company retirement plans, insurance plans, investing in income property and, in many cases, Social Security. Therefore, the sole source of income for many of the elderly is welfare and for those fortunate enough to reach 72, Social Security at the very minimum level. The elderly Indians must be permitted to work and earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.</p> <p>* (b) That the elderly and middle-aged Indian should be assisted in obtaining job information, training, counseling, placement, and other assistance which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive Social Security.</p> <p>(c) There should be jobs available on reservations, including part time employment, through special funding so that elderly people can work towards Social Security benefits.</p>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Income

Problem or Need	Recommendation for Action
(continued)	<p>(d) There should be outreach and referral services for the elderly for this purpose.</p> <p>* (e) That there be an equitable form of tax relief for the elderly Indian.</p> <p>* (f) That retirement plans be worked out in such a way that there is a guaranteed pension, that it be vested and with portability.</p> <p>* (g) That there be a Social Security "ALERT" to assure that all eligibles receive their entitlements.</p> <p>* (h) That a Federal policy be established which would state that judgment funds are not to be considered as assets or windfall, but rather the due allotment and recompense for misappropriated lands and rights. That this policy be binding to all State and local welfare agencies.</p> <p>(Part 233, Chapter II, Title 45 (Public Welfare) of the Code of Federal Regulations was amended to provide that, in determining need and amount of assistance, certain income and resources shall be disregarded. This amended Part is published in the Federal Register, Vol. 41, No. 62 - Tuesday, March 30, 1976. The income and resources to be disregarded include:</p>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Income

Problem or Need	Recommendation for Action
<p>(continued)</p> <p>2. (a) Many income problems of all Indians, but particularly those of Senior Citizens, are due to lack of knowledge and understanding of sources of funds and other assistance to alleviate hardship cases; this problem is intensified by isolation.</p> <p>(b) Elderly Indians often have language and cultural differences which make it difficult for them to converse with non-Indians.</p> <p>(c) Most Indians hesitate to visit agencies staffed by non-Indians or young Indians who show impatience in dealing with the Elderly.</p> <p>(d) Many offices are miles away from residences of the elderly, making it difficult for them to get there.</p>	<p>* (m) That manpower programs be designed to retain the people on or near the homelands of the elderly Indian.</p> <p>* (n) That these manpower programs be adequately funded to meet the employment needs of the Indian aged.</p> <p>2. (a) A program should be established for the purpose of disseminating information on income maintenance e.g. Social Security, S.S.I., Veterans Benefits, General Assistance, private retirement programs and other income sources to the elderly through home visits (outreach) and offices on or near reservations.</p> <p>(b) Workers employed for this purpose should be of Indian descent and, whenever possible, of Senior Citizen status.</p>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Income

Problem or Need	Recommendation for Action
<p>(continued)</p> <p>3. Certain agencies deduct income derived from the sale of arts and crafts (Example: General Assistance, Welfare Programs administered by local and state governments, Food Stamp program)</p> <p>Indians will be discouraged from continuing to perpetuate this talent unique to American Indians.</p> <p>4. The supplemental Security Income allocation of \$157.70 a month is insufficient to maintain a household. Tribal Councils have set aside monies from their own resources to supplement the income of their senior citizens from S.S.I., but the Social Security Administration includes this in its formula for deductions to reduce individual recipients' S.S.I. As a result, the individual receives less gross income than he/she did before supplemental funds were made available by the respective tribal councils to S.S.I. recipients.</p>	<p>3. (a) Agencies using this method to reduce income should be prevailed upon to desist from such practice.</p> <p>(b) The first \$2,500 of elderly Indians income should be disregarded in determining eligibility for social services.</p> <p>4. (a) The Social Security Administration should administer its S.S.I. program uniformly throughout all 50 states in accordance with (CM 12362) (20CFR-416, 1151) whereby supplemental benefits paid by state or local governments are excluded.</p> <p>(b) Extra benefits received by an individual under a general assistance program which counts S.S.I. as income and gives the individual the difference between his/her S.S.I. benefit and the G.A. standard should also be excluded.</p> <p>(c) The minimum age for S.S.I. benefits to Indians should be lowered.</p>

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Income

Problem or Need	Recommendation for Action
(continued)	
5. (a) In some cases, the lack of marriage certificates causes difficulties in obtaining some benefits. In the case of separation from (Indian common law) spouse, financial assistance is cut off.	5. (a) Statutes recognizing Indian traditional marriages should be enforced. (b) Establish a system providing emergency funds for such cases.
6. An elderly Indian person residing off-reservation and requiring 24-hour care has to pay someone to live in out of a meager pension or other small income.	6. There should be a program to pay for the live-in help.
7. Illegal use of old age pensions and Social Security benefits by persons other than recipients (in rest homes, by relatives, etc.)	7. Establish safeguards and educate the elderly in their application.
9. Opportunities for gainful employment of the Indian elderly are extremely limited, especially in isolated reservation areas.	8. Establish emergency funds for temporary disability. 9. Indian tribes and organizations should be funded for the establishment of arts and crafts projects which would supply materials to the elderly and assist in marketing the finished products. This type of program would (a) Provide gainful employment, making use of existing skills. (b) preserve traditional Indian crafts skills.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Personal Environment

Problem or Need	Recommendation for Action
<p data-bbox="437 251 754 269"><u>Nursing Homes and Alternatives</u></p> <p data-bbox="437 293 931 437">1. *Nursing homes or sheltered care facilities are urgently needed by Indian people. However, due to present funding systems for such facilities, Indian people have very little chance to obtain these facilities. The following examples pinpoint some specific problem areas.</p> <p data-bbox="481 460 922 561">*(a) Some states refuse to license nursing homes on reservations due to a question of jurisdiction and at the same time Federal funds will not be authorized unless the facility is licensed by the State.</p> <p data-bbox="481 586 931 793">*(b) Hill-Burton Funds are only made available to States for these projects. The States in turn establish advisory groups which dictate the use of such funds. Most advisory groups are composed of urban non-Indians with little or no sympathy for Indian projects, thereby making nursing homes or sheltered care facilities almost impossible to obtain by Indian people.</p>	<p data-bbox="984 293 1566 373">1. *Federal funds should be made available directly to Indian tribes or organizations for the design, construction, and operation of these facilities on the local level.</p>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Personal Environment

Problem or Need	Recommendation for Action
<p><u>Nursing Homes and Alternatives</u> (continued)</p> <p>2. *Some elderly Indian people live alone and are too incapacitated to live in existing private dwellings regardless of whether the home is adequate and modernized. Existing nursing homes and related facilities have not taken into consideration the social and emotional needs of the Indian people.</p> <p>*Indian Health Services are not governed by State regulations, and nursing homes or sheltered care facilities are similar in nature to Indian Health Service Hospitals.</p> <p>4. Many Indian elderly suffer emotional shock in nursing homes far from their familiar environment and integrated with patients from other ethnic groups. This often accelerates health problems and may lead to premature death due to a feeling of isolation from loved ones who are too far away to pay regular visits. (Aged Indians often state that they "want to die at home"!)</p>	<p>2. *(a) That on-site paraprofessional service staff be made available to assist the elderly Indian.</p> <p>* (b) That sufficient funds be provided for adequate care for Indian individuals in custodial or nursing homes.</p> <p>* (c) A system of advocacy be established and maintained for elderly care.</p> <p>3. *Indian nursing homes or sheltered care facilities on reservations should not have any State controls imposed on them, but Federal regulations should govern these facilities similar to the Indian Health Service Hospitals.</p> <p>4. Nursing homes must be established on the individual reservations or at least in close proximity, staffed by Indians with a local cultural background.</p>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Personal Environment

<u>Problem or Need</u>	<u>Recommendation for Action</u>
<p><u>Nursing Homes and Alternatives (continued)</u></p> <p>5. Increasingly, more Indian elderly are being left alone in their homes without being fed or cared for and without access to emergency services.</p>	<p>5. A system of advocacy for elderly in need of special services must be established and maintained.</p> <p>(a) For those elderly persons who are well enough to remain in their own homes, homemaker services should be provided as follows:</p> <ul style="list-style-type: none">(1) shopping services(2) house cleaning(3) laundry <p>(b) They should also be included in</p> <ul style="list-style-type: none">(1) visits by home health aides (or Community Health Representatives)(2) congregate feeding programs or "Meals on Wheels"(3) Escort service to medical and other services(4) reassurance and protection through contacts by tribal or project staff and regular (tribal) police patrols(5) telephone service where available

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Personal Environment

Problem or Need	Recommendation for Action
<u>Nursing Homes and Alternatives (continued)</u>	
6. Mileage allowances for outreach staff are often insufficient to reach every home. Geographic distances and isolation on Indian reservations are frequently not understood in Washington.	6. Mileage allowances must be realistic in relation to actual distances which must be covered to provide comprehensive outreach. 7. Day Care Centers (including 24-hour care as needed) under the administration of Indian tribes or organizations must be made available and accessible to the Indian elderly in their local areas. 8. Multi-purpose Indian Senior Citizen Centers should be established in Indian communities and staffed to provide comprehensive services.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Personal Environment

Problem or Need	Recommendation for Action
<u>Housing</u>	
<p>1. *(a) A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life.</p> <p>(b) Indian elders on a fixed income (Social Security and Supplemental Security Income) can't meet rise in rents, and some have to pay back-rent for several years.</p> <p>2. *Indian Senior Citizens have too little to say about the design, location, and construction of their homes and other types of living facilities.</p>	<p>1. *That program policies governing housing not be restrictive but adaptable to the elderly housing needs and the financial condition of individual Indian people and, wherever necessary, no cost housing should be provided.</p> <p>2. *(a) That full local participation of elderly individuals and organizations be assured in the designing, location, and construction of elderly Indian Housing projects.</p> <p>* (b) That all organizations dealing with elderly Indian projects have adequate representation of elderly Indians on their decision-making boards.</p> <p>* (c) Changes in Indian housing policy should not be accomplished without consultation with Indian people.</p> <p>(d) Housing should be designed to preserve the Indian heritage and architecture.</p>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Personal Environment

Problem or Need	Recommendation for Action
<u>Housing</u> (continued)	
3. *The allocation and actual application of funds for homes and other living facilities per year is not sufficient to meet the needs of the people. Lines of communication, coordination, and flow of existing funds are poor. There is need for direct funding to Indian groups.	3. *(a) Funds should be clearly identified for the elderly and should be made available in sufficient amounts to meet the housing needs of the elderly. (b) Indian tribes and organizations should be eligible for direct funding for housing projects from the national federal level. (c) The Congress of the United States is requested to establish an Indian Desk (staff group) composed of all Indian staff with adequate funding to directly distribute funds to all Indian tribes' elderly housing programs.
4. A HUD (Housing and Urban Development) requirement is that a person be at least 62 years old and in good health (able to care for himself) to qualify for a housing project.	4. The minimum age should be lowered; not too many Indian people can meet all the health requirements at that age.
5. Where Indian elderly people live in individual dwellings, they may suffer from ill health due to lack of heat, sanitation, safe or accessible water supply, poor condition of building.	5. Programs should be instituted to provide and maintain adequate and safe supplies of water, electricity and/or gas; home repair and maintenance should be provided on a regular basis, (including making homes structurally accessible to handicapped people).

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Personal Environment

Problem or Need	Recommendation for Action
<u>Transportation</u>	
<ol style="list-style-type: none">1. Transportation is a major area of need.2. *Because of the lack of transportation, the elderly American Indian cannot acquire those necessities which would assure him a normal and healthy life. This denies him the opportunity to obtain medical services, food, and clothing which are available to other citizens in the United States. In addition, poor road conditions, lack of communication systems, absence of public conveyances, and isolation compound the problem.	<ol style="list-style-type: none">1. Transportation should get priority funding from the Office on Aging and other appropriate agencies.2. *Funds should be allocated to assure elderly American Indians of their transportation needs. One of the ways the problem could be alleviated is by providing the vehicles deemed necessary to overcome the existing conditions cited (above). However, each Indian tribe or organization should define its own transportation requirements to fit its respective needs.3. Transportation services to the Indian elderly should include the provision of escort service and mobile chair (wheelchair) service to enable them to have access to necessary services.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Legal Problems

Problem or Need	Recommendation for Action
<p>1. *The elderly Indian people are not normally provided with legal services, therefore, many older Indians are taken advantage of because they are not familiar with legal matters.</p> <p>2. (a) Many elderly Indians confronted with non-Indian practices and non-tribal judicial and law enforcement systems are handicapped by ignorance of their rights, lack of understanding of the English language and of available support services.</p>	<p>1. *That legal services be made available to the elderly for the purposes of obtaining rights to Old Age Assistance, writing of wills, etc. These services should be made available in the local area rather than some far removed large metropolitan area.</p> <p>2. Recommend that there be direct funding from the Law Enforcement Assistance Administration to Indian tribes and organizations for advocacy for the Indian elderly in the court systems, in corrections, and for programs which would provide the following:</p> <p>(a) Education (orientation) in:</p> <ul style="list-style-type: none">(1) Personal (civil) rights(2) When a lawyer is needed, how to engage a lawyer, what a lawyer should be expected to accomplish(3) Hiring and training of bi-lingual Indian Legal Aid staff, court interpreters, law enforcement personnel(4) Hiring and training Indian individuals to serve as ombudsmen (provide advocacy) for Indians in jail or in other encounters with law enforcement authorities(5) Guardianship (trust)(6) Estate planning, wills, probate

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Legal Problems

Problem or Need	Recommendation for Action
(continued)	(7) Property rights (8) Rights relating to trust land (9) Credit (10) Taxes (11) Consumer fraud (12) Repossession
(b) Many elderly Indian defendants in non-tribal courts have no access to defender services and routinely plead guilty due to lack of funds for such services.	(b) Legal Aid
3. Elderly Indians living alone are often afraid of harrassment or violence.	3. Protection (security) through regular (tribal) police patrols or through special patrols established for that purpose.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being

Problem or Need	Recommendation for Action
<p><u>Health</u></p> <p>1. The state of health of the Indian elderly and care for the diseases of the aged is a continuous concern and need; there have never been sufficient funds to meet the total health care needs of the elderly. Due to inadequate funding levels, health needs of the Indian elderly are often given the lowest priority.</p> <p>2. *Indian people generally suffer deplorable health conditions when compared with other races in this country. This situation is compounded for the elderly Indian people. These conditions are further aggravated by the lack of funds for dental prosthetics, hearing aids, eyeglasses, psychological services, etc.</p>	<p>1. (a) Emphasis must be placed on comprehensive services for the Indian elderly in response to their special needs; these services must be better coordinated.</p> <p>(b) Each Indian Health Service Area should develop and implement comprehensive programs of geriatric medical care, either through direct service or through contract services.</p> <p>(c) All health service resources should be made known to the elderly before they need care for acute or chronic conditions. This service information should be disseminated and coordinated by a public service agency or the Social Security Administration.</p> <p>2. *That all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation of Hospitals.</p>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being

Problem or Need	Recommendation for Action
<p><u>Health</u> (continued)</p> <p>3. <i>*(a) Medical services for elderly Indians are at best inadequate to meet their needs. Several reasons for the above are: insufficient staffing, inadequate health facilities, and seeming lack of concern by the Administration, which is in a position to determine funding levels, for Indian Health Services.</i></p> <p><i>(b) The Indian Health Service needs increased funds for:</i></p> <p><i>Eye/hearing care</i> <i>Dental Care</i> <i>Care for chronic illnesses, e.g.</i> <i>arthritis, diabetes, cancer, etc.</i> <i>Preventive Care</i> <i>Follow-up Care</i> <i>Prosthetic devices</i></p> <p>4. <i>*There is a lack of Indian professional medical staff to assist in upgrading medical services to elderly Indian people.</i></p>	<p>3. <i>*(a) That sufficient funds be allocated to finance all aspects of health services so as to provide complete health coverage.</i></p> <p><i>(b) The Indian Health Service should be eligible for third party reimbursement under Medicare/Medicaid/Health-Accident Insurance so that the patient can remain in the local Indian health facility.</i></p> <p>4. <i>*(a) That educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.</i></p> <p><i>(b) Continuous training for health career development must be emphasized. The director of the Indian Health Service should establish a chair of geriatric medicine in each Indian Medical Center.</i></p>

**Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging*

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being.

Problem or Need	Recommendation for Action
<u>Health</u> (continued)	
5. There are apparent inconsistencies in eligibility criteria applied by the Indian Health Service in various parts of the country. In some areas, Indian people meeting all other criteria are no longer eligible after absence from their reservation for over a year.	5. (a) Eligibility criteria should be uniformly applied. (b) All United States Indians (and Alaska Natives) of $\frac{1}{4}$ or more degree of Indian blood should be issued I.D. cards by the Bureau of Indian Affairs, and a system should be established to enable them to receive free medical aid anywhere in the United States; this should include both reservation and urban Indians.
6. Indian people of all ages have, in the past, become ill with influenza much more frequently than the non-Indian population of the United States. Indian children and Indian elderly suffer many complications, and many die as a result of influenza.	(c) The elderly should be allowed to choose their physician.
7. Urban Indians are often excluded from services by the Indian Health Service, both direct and contract services.	6. All Indian people should be offered the influenza vaccine developed for high risk persons because all Indian people are at high risk in this regard.
	7. Support is expressed for the delivery of health services to Indians living in urban areas, for urban Indian health clinics and referral programs, and for services for special health needs.

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being

Problem or Need	Recommendation for Action
<i>Health (continued)</i>	
8. <i>Elderly Indian patients are often used as research subjects; there is usually no feedback on findings.</i>	8. <i>Elderly patients must be reassured and all procedures and diagnoses clearly explained to them.</i>
9. <i>Poor communication between Indian Health Service staff and patients; patients are often not informed of the significance of release documents signed for surgery; often there are religious conflicts (e.g. skin grafts in burn cases).</i>	9. <i>Interpreters must be made available to ensure elderly patients understand; medical staff must be trained in cultural sensitivities of patients; there is need for a patient advocate (ombudsman) in hospitals.</i>
10. <i>Very high incidence of diabetes and arthritis among the Indian elderly.</i>	10. <i>Special funds should be made available for arthritis and diabetes prevention and treatment.</i>
11. <i>In cases where initial emergency medical services are provided at non-IHS hospitals and the patient is transferred later to an IHS facility, the family is not always notified of the transfer.</i>	11. <i>The patient's family should be notified when a patient is transferred to another medical facility.</i>
12. <i>Lack of transportation and/or inadequate roads hamper the Indian elderly's access to health services and other complementary services.</i>	12. <i>(a) IHS facilities must be constructed so as to be accessible to Indian communities; there should be clinics in isolated areas. (The Northwest (Portland Area) e.g., is the only Indian Health Service Area which has no Indian hospital.)</i>

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being

<i>Problem or Need</i>	<i>Recommendation for Action</i>
<p><u>Health</u> (continued)</p>	<p>(b) Transportation must be made available for both emergency and non-emergency medical care, including preventive medical care programs and nutrition programs.</p> <p>(c) Roads which must be traveled to reach health services must be improved and maintained.</p>

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being

Problem or Need

Recommendation for Action

Mental Health

1. *The social, physical, and spiritual well-being is a very important aspect of the American Indian. There are no funds available to finance well-rounded social or culturally-oriented activities for elderly American Indians.

2. The elderly Indian has been neglected and is considered a valuable resource by Indian tribes which needs to be cultivated and utilized by Indian tribes. The Indian culture is dying; younger tribal members are becoming like the dominant society; grandchildren don't speak the tribal language; show no respect or concern for their elders. As a result, elderly often become lonely and depressed.

1. *That sufficient funds be allocated for the elderly American Indian to develop and assure the continuance of activities which he deems important to his physical, spiritual and cultural well-being. Such activities might include, but not be limited to:
 - (a) Clubs, such as social, sewing, cooking, arts and crafts, recreation, and gardening. These promote good health and keep the elderly from becoming lonely and depressed.
 - (b) In some cases, educational type sessions might be desirable to fulfill those activities selected by the elderly American Indian.

2. The Indian elderly must be helped to become a valued part of the Indian community again; Indian tribes and groups should receive funding to involve the elderly in programs encouraging the preservation of the tribal culture, e.g. teaching language and legends to students; teaching crafts.

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NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being

Problem or Need	Recommendation for Action
<u>Mental Health (continued)</u>	
3. Indian people from the same or similar tribal background are needed to work with Indian elders experiencing mental health problems; the values and behavior standards of the dominant culture as imposed by non-Indian counselors, social workers, and psychiatric staff often aggravate the problem and prevent its alleviation.	3. (a) Social services with Indian staff should be established on reservations.
4. Indian elderly people suffer emotional shock (isolation, language barrier) when removed from familiar environment to institutional shelter care.	(b) Para-professionals of similar tribal background can be of more real help to their elderly than outsiders with higher professional credits and project staff criteria should be established accordingly.
5. Alcoholism is a problem for many Indian elderly.	4. Establish programs and train Indian staff to provide services enabling the elderly to remain in their homes or, if they need 24-hour care, provide live-in help. As a last resort, provide nursing homes on or near reservation.
	5. Much greater emphasis must be placed on local alcoholism programs staffed with Indians and using traditional Indian methods to modify behavior (drinking habits).

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being

Problem or Need	Recommendation for Action
<p><u>Nutrition</u></p> <p>1. *Most older Indians are malnourished. This is the result of both an inadequate nutritional education program and lack of familiar and nutritional foods. Present Federal food programs are not designed to meet the nutritional needs of the elderly Indians.</p> <p>2. Poor nutrition contributes to poor health and lower life expectancy.</p>	<p>1. *(a) The U.S. Department of Agriculture and Office of Economic Opportunity (or its successor) must assist Indian tribes in developing a food program utilizing existing programs such as: commodity foods, food stamps, supplemental food, emergency food and medical services to fit the particular nutritional needs of the elderly Indian people.</p> <p>(b) The U.S. Department of Agriculture should contract directly with Indian tribes for administration of the Food Stamp Program.</p> <p>*(c) All Federal funds presently being allocated to existing nutritional education programs must be funded directly to Tribal groups or organizations to carry out the function of nutritional education to elderly Indians.</p> <p>*(d) That all nutritional programs be adequately funded to satisfy the nutritional needs of the elderly Indian.</p> <p>2. (a) Nutrition programs should be extended from once a week to at least five times a week.</p>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

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NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Physical Well-Being

Problem or Need	Recommendation for Action
<u>Nutrition (continued)</u>	(b) Nutrition programs should include social interaction among the elderly and coordination with other supportive services.
3. Many Indian elderly lack cash for purchase of food stamps; they don't keep records of expenses which are required for food stamp eligibility determination.	3. (a) There should be special exemptions or provisions for the Food Stamp Program for the elderly as many are unable to qualify because their income might be from \$.50 to \$3.00 over the eligibility limit. (b) Provision should be made to lower the price of food stamps for the Indian elderly and make eligibility criteria more flexible.
4. Many prefer surplus commodities because there is no cash payment required, but do not know how to use unfamiliar food items.	4. Training of recipients in the use of commodities should be provided.
5. (a) The Indian Health Service and the Bureau of Indian Affairs are shirking their responsibilities to the elderly in the area of nutrition. (b) Nutrition programs are not much use to persons without teeth!	5. (a) More emphasis should be placed by these agencies on nutrition related services, including instruction in the preparation of special diet meals. (b) Programs for the elderly must be comprehensive and include coordination with other services.
6. Food prices, especially at trading posts in remote reservation areas, are too high, many Indian elderly have no access to shopping facilities in the cities.	6. Tribal cooperative food stores or mobile food cooperatives would answer this need. Tribes should receive funding for this purpose.

Subject: Physical Well-Being

Problem or Need	Recommendation for Action
<u>Nutrition (continued)</u>	
7. There are frequent occurrences of Indian people becoming ill from unaccustomed foods (e.g. milk, spinach) which are part of a prescribed nutrition program menu.	7. Nutrition programs should be flexible to incorporate traditional Indian foods and should be staffed with Indian personnel who are familiar and supportive of the respective Indian culture, can integrate the accustomed foods into the menus and design programs to meet local Indian needs.
8. There are not enough feeding programs to serve elderly Indian needs.	8. More feeding sites for Indian reservations; separate sites for Indians in urban areas (Indians want to be with other Indians).
9. Congregate feeding site requirements are unrealistic for some reservation and rural areas where Indian people live miles apart and have no transportation.	9. More flexible options to provide "Meals on Wheels".

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Legislation

Problem or Need	Recommendation for Action
<p>1. Viable solutions must be found to the many and varied unmet needs of the Indian elderly. Legislation channeling funding for such services through the various states works against the best interests of the Indian people.</p>	<p>1. (a) Historically, Indian tribes and Nations have had a unique relationship with the government of the United States; the Congress of the United States is therefore petitioned to amend the Older Americans Act to provide direct funding of programs to serve Indian elders to Indian tribes, Inter-Tribal Organizations, Native Villages (Alaska), and Urban Indian organizations upon request of the respective Tribal Council and other Indian or Alaska Native governing body.</p> <p>(b) All enabling legislation should include specific language referring to federally recognized tribes and all other like tribes, Nations, etc. The words "Indian" and "Federally recognized Tribe" should be made a part of all grants to such tribes.</p> <p>(c) The Indian elderly should be involved in the design, formulation, and implementation of all programs, including the Older Americans Act, from which they could benefit. All regulations authorized under this legislation request should be submitted to the various Indian tribes for consideration and input into development of regulations.</p>

Subject: Legislation

Problem or Need	Recommendation for Action
(continued)	
<p>2. (a) <i>The Federal-Indian relationship and trust responsibility need to be continued and strengthened, which concept dictates the direct funding method for tribal jurisdictional areas.</i></p>	<p>2. <i>*The United States must reassure our elderly citizens that the policy concerning termination is no longer a national policy.</i></p>
<p>(b) <i>Although the Federal Government has publicly declared its termination policy to be discontinued, insistence by a number of Federal Agencies, including the Administration on Aging, on Indian tribes working through State and local levels for program funding pursues the same policy.</i></p>	
<p>3. (a) <i>The various states have never demonstrated the ability to deliver services to the Indian population, nor have they ever demonstrated any affirmative direction to provide services.</i></p>	<p>3. <i>*That sections 303 Part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, be revised so that Indian tribes no longer have to go through State agencies for funding. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.</i></p>
<p>(b) <i>Indian tribes are often excluded or assigned lowest priority by State and Area Agencies. The 1975 amendments to the Older Americans Act did not measurably improve the conditions for direct funding of Indian tribes.</i></p>	

**Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.*

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Legislation

Problem or Need	Recommendation for Action
<i>(continued)</i>	
<p>4. <i>Most federal legislation concerned with funding programs which could benefit Indian people either completely omits direct funding provisions for Indian tribes or, as in the Older Americans Act of 1965, as amended, makes direct funding provisions so restrictive as to discourage attempts by tribes to obtain direct federal funding.</i></p>	<p>4. (a) <i>A class action should be brought in Federal Court in behalf of federally recognized Indian tribes which would make possible unrestricted direct funding to tribes under the Older Americans Act and all other Federal legislation concerned with the funding of programs which could benefit Indian people.</i></p> <p>(b) (1) <i>Federal services to maintain and improve the health of the American Indian aging are mandated by the Federal government's historical and unique legal relationship with and resulting responsibility to the American Indian aging. The Congress of the United States and the respective officials are urged to adopt the following position with regard to State Plans under the Older Americans Act:</i></p> <p>(2) <i>State Agencies on Aging must include in their State Plans and proposals submitted for funding to the Federal Government a statement to the effect that they are not addressing the needs of the Indian elderly, thus making it possible for Indian tribes to receive direct funding, until such time as the necessary legislative amendments have been made.</i></p>

Subject: Legislation

Problem or Need	Recommendation for Action
(continued)	
<p>5. (a) Most Indian tribes and organizations experience great difficulty in securing adequate funding through State Agencies on Aging to provide necessary services for their elders.</p>	<p>5. (a) An agency should be created at the national level to administer programs to serve the elderly Indian.</p> <p>* (b) That an adequately staffed and funded Indian desk similar to Indian desks in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for the needs of the Indian elderly.</p> <p>(c) Establish an Indian Desk (staff group) in Washington which would specifically concern itself with all problems of the Indian aged, provide technical assistance, and coordinate with other human resource services, as well as directing all funds from the Federal Government directly to all Indian tribes, bands or organizations, regardless of their region or status and according to their individual needs.</p> <p>(d) The Administration on Aging should establish a system whereby Indian tribes receive continuous notification of available programs and other pertinent information relating to services to the elderly.</p>

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NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Legislation

Problem or Need	Recommendation for Action
(continued)	
<p>6. (a) Current funding levels are inadequate to serve actual needs.</p> <p>(b) Most Indian tribes and organizations lack adequate resources to fund services to the elderly themselves or to provide necessary matching funds for securing government funds.</p>	<p>6. *(a) That agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs.</p> <p>(b) There should be provisions for earmarked (set aside) allocations to Indian tribes and organizations, not requiring matching funds, specifically for services to the Indian elderly in all legislative acts affecting services to the elderly.</p> <p>(c) The Administration on Aging should make planning grants to Indian tribes to identify the particular needs of the elderly on each reservation.</p>
<p>7. Title III and Title VII programs of the Older Americans Act of 1965, as amended, restrict most Indian tribes and organizations because of the numerical language that would exclude tribes because of population criteria.</p>	<p>7. Appropriations by the Congress for Indian programs for services to the elderly shall be based on identified need rather than on any form of per capita basis.</p>
<p>8. One-year funding of projects is not sufficient to allow for full development of potential and leads to a built-in "failure factor".</p>	<p>8. The funding of all programs to serve Indian elders by the Administration on Aging or any other agency shall be for a minimum of five (5) years. Those programs which have demonstrated their effectiveness shall continue to be funded on an ongoing basis.</p>

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NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Legislation

Problem or Need	Recommendation for Action
<i>(continued)</i>	
9. <i>The criteria for the implementation of programs under the Older Americans Act are based on standard urban conditions and are not valid in Indian communities.</i>	9. (a) <i>Tribal statistical data should be considered a primary data source for programming data in lieu of the 1970 Census, which has proved to be inaccurate.</i> (b) <i>Tribal jurisdictional areas should be considered standard statistical areas where they are not now so considered.</i> (c) <i>The minimum age for eligibility for programs designed to serve the elderly should be lowered to 45 for the Indian elderly because of their lower life expectancy.</i> 10. <i>*That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian.</i> 11. <i>An update should be given to the national Indian community on the status of recommendations stemming from the 1971 White House Conference.</i>

**Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.*

NATIONAL INDIAN CONFERENCE ON AGING - 1976

Subject: Legislation

Problem or Need	Recommendation for Action
<i>(continued)</i>	<ol style="list-style-type: none"><li data-bbox="984 362 1571 423">12. <i>The National Indian Planning Committee (on Aging) should be assigned as a permanent Task Force on Aging with direct HEW funding.</i><li data-bbox="984 447 1571 529">13. <i>The Congress of the United States and the respective federal officials should keep the National Tribal Chairmen's Association informed of the status of these requests.</i>

HOPHI TRIBE
RESOLUTION
H-105-76

- WHEREAS, the Hopi Indian Tribe of Arizona is an independent, self-governing body politic by reason of its aboriginal right and existence and so recognized by the Government of the United States in its relations with the said Hopi Tribe; and,
- WHEREAS, in the exercise of this right of self-government the Hopi Tribe recognizes its duty to meet the special needs of its elderly citizens which include, but are not limited to, the needs in adequate housing, day care, nursing home care, adequate nutrition, education programs and access to convenient transportation; and,
- WHEREAS, these needs are viewed in the context of the Hopi way of life and therefore, must incorporate the cultural values and attitudes about aging and the role of the elderly in Hopi society within the structure of the clan and kinship system; and,
- WHEREAS, these cultural values and attitude are not given equal weight or consideration in priority in determining eligibility criteria for Federal programs to benefit the elderly in the general society of the United States and as a consequence, the needs and priorities of the Hopi people are not accomodated under these circumstances which recognize standards and criteria not suited to the way in which the Hopi people envision enjoyment of life in old age; and,
- WHEREAS, it is the belief and a right of the Hopi Tribe, that programs for the elderly, as well as all other tribal programs that benefit the Hopi people, are best achieved through the spirit and exercise of self-government as an incidence of its tribal sovereignty; and,
- WHEREAS, the Hopi Tribe, while given opportunity to participate in behalf of its elderly under the programs of the Administration on Aging, would be placed in a position of accepting programs and entitlements less than that to which the Hopi elderly have a right, because such programs of the Administration on Aging give States an intervening authority in determining programs for the tribal elderly which is contradictory to tribal-federal relations and because such programs rely on criteria, such as population statistics, which can be detrimental to Hopi opportunity for adequate benefits.

NOW THEREFORE BE IT RESOLVED, by the Hopi Tribal Council, that they approve and support any changes in the Older Americans Act of 1965, as amended, and related Acts, which will allow direct funding under the federal government for all programs to meet the special needs of its elderly, and to implement these programs consistent with its obligations to its citizens.

C E R T I F I C A T I O N

I hereby certify that the foregoing resolution was regularly adopted by the Hopi Tribal Council in accordance with Article VI, Section 1(a), of the Hopi Tribal Constitution, on the 9th day of September, 1976, by a vote of 11 in favor, 0 opposed, 0 abstaining, with the Vice-Chairman not voting after full and free discussion on its merits.

/s/ Alvin Dashee
Alvin Dashee, Vice-Chairman
Hopi Tribal Council

ATTEST:

/s/ Leona J. Natseway
Leona J. Natseway, Secretary
Hopi Tribal Council

SAN CARLOS APACHE TRIBE

San Carlos, Arizona

June 17, 1976

RESOLUTION:

WHEREAS, the delegates from the San Carlos Apache Tribe wish to avail themselves of the opportunity extended by officials of the National Indian Conference on Aging in expressing tribal needs and recommendations; and

WHEREAS, the San Carlos Apache Tribe has long recognized the inadequacies and critical shortages of funds and facilities in trying to meet the overwhelming needs of its own elderly people:

NOW THEREFORE BE IT RESOLVED, that the following recommendations be submitted as a part of the record of the NATIONAL INDIAN CONFERENCE ON AGING in the hope that these tribal appeals will be forwarded to all representatives of the Federal government responsible for meeting these needs:

1. In responding to the lack of sufficient transportation for our elders, we request additional funds from the Federal government for buses and vehicles to meet the needs of our Apache aging people;
2. In our attempts to strengthen the emotional needs of our elderly, most of whom live in isolation and economic deprivation far removed from the benefits of family integration and Apache communal living, we strongly recommend that at least two nursing homes be built on the San Carlos Apache Reservation through Federal programs involved and urge the support for more social, cultural, and recreational activities;
3. In providing for adequate living conditions for our elderly and in order to meet the minimum standards of living common to all American people, we demand that added Federal dollars, staff, facilities and equipment be provided for not less than five years for: a) improved personal hygiene; b) additional number of hot meals; c) expanded day care and homemaker services; d) increased home construction, and repair and maintenance services; e) sufficient water, electricity, gas and sanitation for Apache elderly homes; f) adequate eye, dental and medical care; g) added emergency services on a 24-hour basis and h) community education to help understand the unique needs of the elderly Apaches.

4. In our continuous effort to seek needed help for the Apache aged on our reservation, we ask that whenever possible, our Tribe be informed immediately about the various Federal and State programs (such as the "Green Thumb" program), as they become available and which may be of benefit to our elderly people;
5. In advocating for less and less red-tape by the various agencies involved, we request that more and more consideration be given to the elderly by giving the benefit of doubts to the aged by administrators of these agencies, rather than carry out Federal regulations in a stringent manner to the detriment of our elderly people, such as in setting eligibility standards, in weighing elderly income factors, in the use of "scare" tactics in the form of letters repeatedly sent to our elders, in determining criteria for buying food stamps, and in providing for minimum nutritional needs wherever surplus commodities are received by the elderly.
6. In pursuing the grave need for maintaining the sovereignty of our Apache Tribe which includes the sovereignty of our elderly, we strongly urge the support for the recognition of all tribal sovereignties wherever Federal and State programs for the elderly are involved.
7. In addition to the above recommendations we support the applicable concerns expressed by Indian delegates to the 1971 White House Conference on Aging and request that officials of this Conference be authorized to follow-up on measures to incorporate the 1971 Indian elderly concerns in all current Federal programs.
8. We further appeal to delegates of this Indian Conference on Indian aging that in carrying out all of our recommendations, we ask for the complete revision of proposed amendments to the Older Americans Act which will allow State governments to handle Elderly Indian programs, and in its place, we recommend that wording be included which would provide for direct funding to the various Indian tribes.

/s/ Buck Kitcheyan
Buck Kitcheyan
Tribal Chairman
SAN CARLOS APACHE TRIBE

STATEMENT
OF NEEDS OF THE
ELDERLY IN THE NAVAJO NATION

The following is a statement of needs of the elderly in the Navajo Reservation which was developed at the first National Indian Conference on Aging, sponsored by the National Tribal Chairmen's Association in Phoenix, Arizona, June 15, 16, 17, 1976.

Content for the Statement was developed by five caucus groups. Each of which considered the details of one of the five "Workshop Topics" of the Conference. The discussions were conducted entirely in the Navajo language with maximum involvement by the elderly representatives of the Delegation.

PRESENTED HEREIN IS:

- I. A resolution of the Navajo Delegation supporting legislation authorizing the Federal Government to provide direct funding to Indian Tribes for services for the Aging. (See Section VI)

Also herein presented are statements defining the specific needs of the elderly on the Navajo Reservation in the areas of: Physical well-being, Income, Environment and Legal problems.

II. PHYSICAL WELL-BEING

1. Hospital Care

- a. Old age Navajos in many cases are neglected in getting adequate medical care in PHS hospitals.
- b. The complaint of the elders are not heard by relatives as well as health and medical workers.
- c. When an old aged person is ill, he is not taken to a physician until he is seriously ill or developing complications.
- d. There is a serious lack of transportation that further contributes to delayed medical attention.
- e. It is considered that the elderly are not receiving adequate medical services on the reservation.

2. Outpatient Care

- a. The elderly are not receiving adequate service in dental care, life care, acquiring aids such as hearing aid, eye glasses, false teeth, etc.

- b. Educational information and instructions are not provided adequately in the areas of preventive medicines and personal hygiene due to lack of proper interpretation by Navajo health personnel.
- c. Emergency service is grossly inadequate on the Reservation.
- d. Regarding medicaid and medicare insurance, an intensive educational program should be developed to assist the old age who carry such insurance in understanding and using these insurances properly.
- e. Old age Navajos need Health diagnostic and treatment services in areas of diabetics, hypertension, obesity and nutrition.

3. Mental Health Services

It is recommended that mental health, social services of IDHS, Tribe, and BIA should in a cooperative manner develop and implement programs in recreational crafts, counseling and educational projects to foster more community involvement.

4. Alcoholism and Drug Abuse

- a. Mental Health and Social Service Agencies should work with other related agency in developing educational program and awareness of alcohol and drug abuse.
- b. Half-way houses and other necessary facilities where rehabilitation services can be provided should be established for the Navajo elderly on the reservation.

5. In-Home Services

- a. Care of elderly person in their own home is grossly lacking. The elders are without proper care due to neglect by the children and their inadequate knowledge in providing proper care. The children of the elderly person needs to be trained in providing proper home care, purchasing and preparation of foods.
- b. Educational research projects should be developed and conducted to further the benefits and improvements of our Navajo traditional foods.
- c. The combination of food stamps and commodity surplus food services should be made available to the Navajo elderly.

6. Communications

- a. The elderly in the more rural areas of the reservation are isolated and lack communication with others.

- b. Due to lack of electrical power there is no television or radio and thus are further isolated.
 - c. The elderly need visitation contact by outreach workers who can stop by to bring news and at the same time to check on the immediate needs of the elderly.
7. Final Expenses
- a. Final expenses create real hardship for the families of the elderly. Resources are needed to help meet these rising expenses, at present only those with very low incomes are assisted.
8. Equipment for the Sick
- a. There is urgent equipment needs for the sick and disabled. For example: artificial limbs, walkers, hospital type beds, and portable toilets, etc.
9. Nutrition:
- a. Malnutrition is a pressing and continuing problem among the Navajo elderly. There is a need for additional nutrition program to supplement the three Title VII Nutrition programs on the reservation. Because of the vast distances on the reservation, there is no way to provide either congregate site meals or meals on wheels for many older persons who are not getting adequate nutrition to stay healthy. The present three programs also need additional funding.

III. INCOME

- a. The elderly Navajo should have an income which would permit him to live the rest of his life in health, decency, and dignity.
- b. That benefits be extended to all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment.
- c. A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life. The employment needs of the Indian elderly are not met.
- d. The elderly Indians must be permitted to work or earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.

- e. That manpower programs be designed to retain the people on or near the homelands of the elderly.

IV. ENVIRONMENT

1. Nursing Homes

- a. There is a need for nursing homes to be located in close proximity of the home community of the older person so he could stay in touch with family and friends.
- b. Federal funds should be made available to the Navajo Nation for the design, construction and operations of these facilities on the local levels.
- c. Indian Nursing Homes or Sheltered Care Facilities on the reservation should not have any state controls imposed on them, rather federal regulations should govern these facilities, similar to the Indian Health Service Hospitals.
- d. Navajo design of nursing homes are important because present models do not take consideration of the social, emotional and physical needs of the Navajo elderly.

2. Housing

- a. A large percentage of elderly Navajos do not have sufficient income to cover for the cost of housing and utilities.
- b. Program policies governing housing should not be restricted but should be adaptable to the housing needs of the elderly and their financial capability. Wherever necessary, provisions of housing at no cost should be provided for the Navajo elderly.

3. Home Repairs and Maintenance

- a. We urge the continuation of present ONEO assistance in repairs and maintenance of dwellings. More resources of this type are needed particularly for hogan type homes.

4. Winterization and Weatherization of Homes

- a. Many Navajo elderly live in inadequate housing that is too cold in winter and too hot in the summer.
- b. There is a need for material and labor to make homes safer and more healthful for older people who cannot afford to improve their homes themselves.

5. Fuel

- a. Lack of electricity and fuel cause serious needs among the elderly for heating and cooking purposes.
- b. Funds are needed for the purchase and delivery of fuels to aging persons who have no means of obtaining them for themselves.

6. Water

- a. We urge the implementation and extension of public law 86-121 to provide water for the elderly Navajos.

7. Electricity

- a. Although huge power lines cover the Reservation, many Navajo families are entirely without access to these power resources.
- b. This hardship is especially difficult for the elderly because it means that refrigeration is not available to them for preserving food and budget meals.
- c. They have no recreational means of radio and television, nor do they have physical comforts of lights, fans, etc., which are basic comforts for people outside the reservation.

8. Senior Citizens Centers

- a. Social and recreational opportunities should seriously be established for the elderly.
- b. These centers can serve dual purposes of providing supportive services, and a constructive means of helping the elderly maintain the customs of the culture.

9. Day Care Centers

- a. There is a need for several kinds of Day Care Centers that would provide the maximum of benefits for the elderly:
 - 1. Community Day Care Centers for children but where the elderly can serve in taking care of the young ones.
 - 2. Visitation Day Care Service where outreach workers can call on the elderly to assist in their needs and problems.

3. *Day Care Facilities where the aging can spend the entire day or stay overnight for short periods of time without the lack of care or companionship.*
 - b. *These facilities need to be built near Chapter Houses and utilities sources for maximum benefit and reduce mammoth problems of transportation.*
10. Transportation
- a. *There is a need for the construction and improving of roads in the entire reservation.*
 - b. *Transportation is very limited with no cross-reservation mobility sources. Most of the elderly are not in a position to drive or own a vehicle for their own transportation.*
 - c. *Because of this lack of transportation, the Navajo elderly cannot acquire those necessities and supplies which would assure them of a normal and healthy life.*
 - d. *There is a need for additional vehicles, mileage allowances, fuel and personnel to operate transportation services both in and outside the reservation*
11. Homemaker Services
- a. *The present ONEO Homemaker program should be continued and increased. Among the elderly there is a continual need for shopping, laundry, house cleaning, food preparations and moral support.*
- V. Legal
1. Legal Accessibility
 - a. *The elderly Navajo does not have local accessibility to legal services.*
 - b. *Because of language barriers and understanding of the process the elderly are a vulnerable target group.*
 - c. *Legal services would also afford the elderly with protection and an improved sense of security.*
 - d. *There is a need for elderly Navajos now residing in public domain land to secure releases for the purchase of land for home-sites.*

VI.

Proposed Resolution of the Navajo Delegation
Conference on Aging
National Tribal Chairmen's Association

Requesting the NTCA to Support Direct Funding of Older Americans'
Assistance Programs Within the Navajo Nation

WHEREAS:

1. There are over 14,000 older Navajo Americans residing within the Navajo Nation; and
2. The Navajo Nation extends over three different states, over ten Counties and three Federal Regions; and
3. State programs designed to assist Older Americans have often failed to provide equal opportunity for access to programs or equal levels of services to Navajo Older Americans; and
4. Federal and state regulations and guidelines are often inappropriate and unworkable in the unique environment of the Navajo Nation;
5. State programs have failed to take into account the special problems of Navajo Older Americans and Navajo input has not been used in designing these programs; and
6. The poverty which is an unwelcome companion of almost all Navajo Older Americans makes it critical that programs designed to relieve this poverty be made available to Navajo Older Americans; and
7. The direct funding of Older Americans' programs, specially designed to meet the unique problems of Navajo Older Americans, and uniformly available throughout the Navajo Nation under the sponsorship of an organization designated by the Navajo Tribal Council will make the lives of the affected Navajo people more meaningful and carry out the intent of the Congress as expressed in the Older Americans Act of 1965.

NOW THEREFORE BE IT RESOLVED THAT:

The Navajo delegation to the Conference on Aging of the National Tribal Chairmen's Association, representing the Navajo Tribal Council and the Navajo people requests the NTCA to support the direct funding of Older Americans Assistance Programs within the Navajo Nation from the Federal Government to the Navajo people through the sponsorship of an organization designated by the Navajo Tribal Council.

Position Paper
by
Elsie Basque
Boston Indian Council

The first thing I would like to do is to express my thanks for this opportunity to speak to you on the feelings and needs of the more mature Indian people.

My name is Elsie Basque. I am a Micmac woman from Boston, Massachusetts. And like many other Native men and women of my age, I face the problems, the frustrations of being an older Native American. This does not mean that I am here to complain, to ask for sympathy for those of us who have lived more years than you. In the Indian world, it is not necessary to go begging. We are a proud people, no matter what age, what background. And yet, the facts of life are there. They can not be avoided. To speak of the past, of the time when age was equal to respect is not enough. It ignores the realities of a world where older people are treated as second-class citizens. Where our needs come last. Where our lives are placed on the shelf. Too often, we are expected to become spectators to the drama of life, not participants. We are put on the sidelines. Left on the bench.

There was a time when this was not true. When age and experience was a vital and dynamic part of the Native culture. Traditionally, the elders were held in high regard. They were listened to, honored, and included in the on-going life of the Indian community. There was no shame in having lived a good and full life. On the contrary, the older Indian was considered wise and knowledgeable. When problems arose, it was our answers, our advice and counsel, to which the people turned. We were the guides, the conscience, of the Indian nation. We were as much a part of tribal life as anyone else. We had our place, our home, among the family of Native people.

Now, the story has changed. Especially for those of us who must live in the cities. Our place has been lost. Our voice has been ignored. We find ourselves, like all older people, left with only pieces of life. There is no room in this society for us. We are extra, the stage props to a world concerned with youth, with what is new.

To speak more directly, to give you an idea of what I mean, I would like to outline three of the major areas of concern for the older Indian.

First, there is the question of adequate housing. It goes without saying that the majority of Native people in urban centers must live in substandard housing. In Boston, it is not uncommon to find

three or four families sharing the same apartment. Because of unemployment, which affects some 55% of our population, the Indian people are not able to afford decent living conditions. This is hard enough on younger men and women, but for the elderly, it is critical. It forces them to become dependent on those who can ill afford to share either the space or cost to maintain an elderly person. Compounding the problem is the fact that older Indian people do not have the income to help in supporting a household. On limited allowances, either from welfare or other sources, the more mature Native person becomes a charity case.

Special homes for the elderly, already overcrowded by non-Indians, are not the answer. In many instances, they are far too expensive for Native people to afford. And even if they can meet the cost, the older Indian finds the environment provided by these homes sterile and disorienting. The so-called "rest homes" or "nursing homes" are a poor substitute for the warmth and security of an Indian family. If anything, they only maximize the loneliness and frustration which older Native people must endure.

Housing is a number one priority for the older Indian. Restricted in movement and opportunity, the place where our elderly must live is critical. It is ridiculous to expect that such a person can find real peace of mind either in an alien environment or in the cramped living conditions provided by city slums. This situation is a breeding ground for despair. It robs the elderly of the one pleasure they need the most: a comfortable place in which to live.

For this reason, I would strongly recommend that special attention be paid to providing decent, secure housing for the older Indian. This could be done either by direct assistance to the elderly themselves, or by offering supplemental aid to those families which include an older man or woman in their household.

The second concern for the more mature Native person is health. For the non-Indian society, old age is often defined by a cut-off point that has no reference to Native life. By this, I mean that a non-Indian is considered elderly at the age of retirement, 60 or 65. But few of our people enjoy such longevity. Native people in an urban environment have a much shorter life expectancy than the dominant society. In Boston, the average is somewhere around age 50.

The reason for this is very complex. It involves a number of factors, and varies with each individual. But in general, it can be stated that poor nutrition, inadequate medical care, and alcoholism play a major role. In other words, the Native person grows old much sooner than the non-Indian. Physically and psychologically, the Indian man or woman experiences the damaging effects of a life of poverty, disease, and neglect.

The end result is that Indian people cannot be measured by the same standards as the rest of society. Their needs are not the same as those of other races or ethnic groups.

Suffering this condition, the older Indian person has special health needs. For one thing, proper treatment in anything other than a welfare clinic is so expensive that it excludes the older Indian. The long lines at most charity wards are not only humiliating, they are a direct threat to the health and well-being of Native people. Few Indian people, especially the elderly, will endure the gauntlet of waiting rooms and clinics. Consequently, the older person rarely receives the kind of medical attention adequate to their needs.

The other problem is the cost of prescriptions and drugs. Even with federal programs such as medicaid and medicare, the Indian man or woman remains isolated from proper treatment. Language difficulties, embarrassment, or ignorance keep our older people from enjoying the full benefits of such programs. Too often, the age restrictions on these programs restrict the Indian person. The alternative is the kind of medical isolation which accounts for the early death rate in our population.

The facts of life for health care in America are clear: it is an extremely expensive proposition. For this reason, I would also urge that more comprehensive programs be funded within the Indian community to provide preventive health care. This involves increased attention to both basic nutrition and alcoholism. Further, I would suggest that medical programs make special allowance for the Native American elderly by recognizing that our people reach old age at a much earlier time than is normal for the non-Indian. And finally, I believe it is essential that those older Native persons be granted the right to seek the services of the physician of their choice, rather than being subjected to the shame and discomfort of public clinics and hospital wards.

The third concern for the older Indian might be called the "happiness factor". This is not an idle issue. As I mentioned earlier, the traditional place of the more mature Indian was sound. In our society, the elders were an essential part of tribal life. This has been largely taken away by the dominant social order of the Europeans. Like the non-Indian, the older Native American must contend not only with health and living conditions, but with the more subtle problems of loneliness and alienation. To state it bluntly, the issue is a matter of personal value. The question which confronts the older Indian is where he or she fits in. What purpose they have in the youth oriented culture of modern America.

This difficulty cannot be solved by offering the elderly simple diversions. No amount of shuffleboard, checkers, or television can replace a lifetime of activity, of real meaning. What the older Indian needs is respect. A place in the Native community. A feeling of belonging.

Providing for this need is much more difficult than offering housing or health care. It is less tangible, but certainly no less real or necessary. In one way, it involves changing the mental attitude of the younger generations. But for Indian people, that is not as impossible as it may appear. Our culture has a tradition of respect for the elders. What we need is a chance to rekindle those ancient feelings. We need to return to the values of Native society.

To accomplish this, it will be necessary to provide for Indian culture. Let the older Indian have an opportunity to regain the dignity and purpose we once enjoyed. I would recommend that funds be set aside for this specific need. Indian centers, such as the one in Boston, should be able to offer meaningful employment to those older persons who want to share their experience and skills with the younger generations. And if employment is not the goal, then they should have the ability to provide social and recreational opportunities to the elderly. It is extremely important that Indian people have the chance to interact with one another. Programs for the more mature Indian people should be a definite priority for all Native American centers. If not, then the elderly are left idle and useless. They are forced into a kind of isolation that is dehumanizing and hopeless. The older Indian person has a lifetime of knowledge and experience. It is a sad waste to see this vital contribution ignored because of a lack of attention or money.

One final point that should be made is in regard to transportation. Few older Indian people have the means of transportation necessary to make their lives more enjoyable or productive. Either because of a lack of funds for public transportation or of private means, the elderly are kept immobile. Some allowance must be made for these people to have a way to get around. It's that simple. No one likes to be trapped in one room, but too often that is exactly the condition of our elderly. For this reason, special provision for transportation for the older generation is needed. This could be offered with a minimal amount of expense or inconvenience. And yet, without it, the elderly Indian man or woman must resign themselves to a world of four walls. I strongly recommend that transportation be made a top priority for all Indian programs. The older Indian person deserves this chance to enjoy the activity and pleasures which other people take for granted.

In conclusion, let me again thank you for this opportunity to speak on behalf of the elders of the Boston Indian community. As I have said, we do not come begging. We are proud of who and what we are. We are proud to be Native men and women. But it is time that our voice was heard. It is time we regained our rightful place in the Indian world.

Follow-Up

Follow-up on the recommendations will fall into three basic categories:

1. Advocacy for necessary legislative amendments opening legal avenues to remedial action.
2. Advocacy for changes in policy, criteria, and operating procedures of service provider agencies not requiring legislative changes.
3. Advocacy in specific cases of individual tribes and their members where conditions affecting them can be remedied through intercession with the appropriate agencies responsible for serving them.

Remedial action to serve the needs of the Indian elderly is not entirely contingent upon increased allocations of funds, although in a number of program areas this will undoubtedly be the case. A very important part of the total follow-up effort will consist of better coordination of the programs of a number of agencies and better utilization of available resources. (There are, e.g., many Indian elders who are unaware of their eligibility for certain Social Security or Veterans benefits.) Conversely, there may be Federal, State, or local agencies which, for one reason or another, have not assumed responsibility for serving the eligible Indian segment of their target populations.

Progress Report

Since adjournment of the National Indian Conference on Aging, the following actions have been taken in response to Conference recommendations:

The National Indian Task Force on Aging, which was elected at the Conference, met immediately following adjournment of the Conference, elected officers, and determined its broad objectives in line with the priorities identified by Conference participants. Officers elected were:

Don M. Mabray	Cherokee	Muskogee Area	Chairman
Robert Pinezaddleby	Kiowa	Anadarko Area	Vice-Chairman
Larry Curley	Navajo	Phoenix Area	Secretary
Madeline Colliflower	Gros Ventre	Billings Area	Treasurer

At a meeting in Tulsa, Oklahoma, on August 24 and 25, 1976, the Task Force elected eight additional members to its Board of Directors and voted to incorporate under the name "National Indian Council on Aging" as a non-profit corporation in the District of Columbia with headquarters in Albuquerque, New Mexico, and to submit a proposal for funding of a three-year follow-up project to the Administration on Aging.

Current members of the National Indian Council on Aging are:

<u>COUNCIL MEMBER:</u>	<u>TRIBAL AFFILIATION:</u>	<u>REPRESENTING:</u>
X Joseph F. Abeyta	Santa Clara Pueblo	Albuquerque Area*
XX Syble Askenette	Hoopa	Phoenix Area* (Nevada Indian Tribes)
XX Ramona Azure	Assiniboine	Billings Area* (Montana)
XX Cecelia Blanchard	Kickapoo of Oklahoma	Anadarko Area*
X Madeline Colliflower	Gros Ventre	Billings Area* (Montana)
X Larry Curley	Navajo	Phoenix Area* (Arizona)
XX Louva Dahozy	Navajo	Navajo Area*
Joseph De La Cruz	Quinault	Portland Area*
XX Claude Devers	Pauma	Sacramento Area*
Lorena L. Dixon	Luiseno Pauma	Sacramento Area* (Southern California)
X George Effman	Klamath	Sacramento Area* (California Bay Area)
Clarence Francis	Penobscot	New England Area
Josephine Goodwin	Chippewa	Minneapolis Area* (Minnesota)
Jennie Guillen	Chumash	California Urban Areas
Robert E. Holmes	Ottawa	Phoenix Area* (Utah)
XX Allan Jemison	Seneca	Central Area* (New York State)
Anna John	Oneida	Minneapolis Area* (Wisconsin)
George P. LaVatta	Shoshone-Bannock	Oregon Urban Areas

X - Denotes member, Board of Directors

XX - Denotes alternate, Board of Directors

*Denotes organizational areas of the National Tribal Chairmen's Association

<u>COUNCIL MEMBER:</u>	<u>TRIBAL AFFILIATION:</u>	<u>REPRESENTING:</u>
X Sherman Lillard	Eastern Cherokee	Central Area* (North Carolina)
X Don Mabray	Cherokee of Oklahoma	Muskogee Area*
Alvina Mofsie	Winnebago	New York Urban Areas
X Cecelia Montgomery	Oglala Sioux	Aberdeen Area* (South Dakota Urban Areas)
X Sharon Olin	Athabaskan	Juneau Area* (pending confirmation)
XX Theda M. Olson	Cheyenne River Sioux	Aberdeen Area*
Arlene Perry	Papago-Pima	Arizona Urban Areas
X Rev. Bob Pinezaddleby	Kiowa	Anadarko Area* (Oklahoma Urban Areas)
Jess J. Stevens	Apache	Phoenix Area* (Arizona)
X Sophie Thompson	Navajo	Navajo Area*
Winifred Tiger	Cherokee	Central Area* (Florida)
X Leonard Tomaskin	Yakima	Portland Area* (Washington)
XX Adeline Wanatee	Sac & Fox of the Mississippi	Minneapolis Area* (Iowa)
XX Pearl Warren	Makah	Washington State Urban Areas
X Chauncina White Horse	Oglala Sioux	Minneapolis Area* (Illinois Urban Areas)
Cecil Williams	Papago	Phoenix Area* (Arizona)
Vacant		Albuquerque Area (1 slot)
Vacant		Juneau Area (1 slot)
Vacant		Muskogee Area (1 slot)

X - Denotes member, Board of Directors

XX - Denotes alternate, Board of Directors

*Denotes organizational areas of the National Tribal Chairmen's Association

<u>COUNCIL MEMBER:</u>	<u>TRIBAL AFFILIATION:</u>	<u>REPRESENTING:</u>
Vacant		Urban Areas of Nevada (1 slot)
Vacant		California Tribes (1 slot)

Also at the Tulsa meeting, resolutions submitted at the National Indian Conference on Aging and referred to the Task Force for action were reviewed and voted on. Council members also adopted by-laws and Articles of Incorporation and approved a Letter of Agreement between the Council and the National Tribal Chairmen's Association delineating the continued close working relationship between the two organizations. A legal counsel based in Washington, D. C., was appointed by the Council to provide legal expertise and legislative liaison.

The Council Chairman and the Project Coordinator of the National Indian Conference on Aging project traveled to Washington, D. C., and met with representatives of the Administration on Aging, including the Commissioner, Dr. Arthur S. Flemming, and of the Indian Health Service, Law Enforcement Assistance Administration, the Intra-Departmental Council on Indian Affairs in the Department of Health, Education, and Welfare, and the Bureau of Indian Affairs to establish cooperation and bring about coordination of efforts with these agencies.

Follow-up on support of the Indian Health Care Improvement Act (S. B. 522) was conducted through Representative Theodore Risenhoover (Oklahoma) with the House Select Committee on Aging and through Senator Dewey Bartlett (Oklahoma) and staff of the Senate Subcommittee on Aging. A telegram was sent to the President, urging him to sign this legislation.

Consistent follow-up on all Conference recommendations is continuing, and the Indian community will be kept informed of developments through a newsletter which will be published by the National Indian Council on Aging.

Comprehensive Report To Be Issued

Following publication of this summary report on Conference proceedings, a more comprehensive report will be issued in printed form which will include in its appendix all input submitted by Indian tribes and individuals in written form. It will also include research material on the subject of the Indian elderly available to the project. It is hoped that this report will become a reference source on the Indian elderly.

In order to make the printed report as comprehensive as possible, we are requesting additional written input from Indian individuals and tribal governments, agencies serving the Indian elderly, and individuals who have prepared research papers on the subject of the unmet needs of the Indian elderly, remedial action required, and statistics reinforcing

these statements. The sources of such material will, of course, be indicated. Please address all such contributions no later than January 15, 1977, to:

National Indian Conference on Aging
P. O. Box 7007
Phoenix, Arizona 85011

Conclusion

The National Indian Conference on Aging held June 15-17, 1976, in Phoenix, Arizona, was the first of its kind. There were many expressions of gratitude to the National Tribal Chairmen's Association for its leadership role in serving as the catalyst for this historic gathering of the Indian elders and to Dr. Arthur S. Flemming, Commissioner on Aging, for his wholehearted support, both financially and philosophically, of the first National Indian Conference on Aging. (Refer to Attachment D for overview of Conference evaluations.)

As part of their evaluation of the Conference, participants overwhelmingly expressed the hope that there would be other, similar national conferences in the future to ensure the continuity of nationwide Indian involvement. The majority of members of the National Indian Council on Aging consider it premature to hold a follow-up conference before 1978 since the conditions requiring remedial action call for concentrated efforts over a period of several years. Council members feel confident that, by 1978, they will be able to report progress in many areas of services to the Indian elderly.

A number of facts about Conference participants emerged very early in the proceedings. There was generally expressed appreciation of the fact that, for the first time in the history of Indian conferences, individual Indian elders had the opportunity to express publicly their views on their problems, instead of being a captive audience for numbers of professional speakers.

The seriousness with which the Indian elders approached their participation could serve as a model to any group of conference participants. They demonstrated that they had given a great deal of thought to the subjects discussed and, in many cases, came prepared with resolutions and recommendations which had been developed at meetings of the elderly in individual Indian communities.

Another realization which emerged very clearly from the Conference was the fact that the Indian elders, who once occupied the place of honor in the Indian society, are worthy of regaining that stature in full measure. Under the pressures of the surrounding non-Indian society, the younger Indian generation has gradually begun to adopt an attitude of neglect and disrespect of its elders, never giving thought to the fact that, as President Wendell Chino of the National Tribal Chairmen's Association pointed out, the Indian elders are the guardians and the repository of that cultural tradition which makes the Indian people unique.

In addition to the tangible improvements in services to the Indian elderly which will be the objectives of the National Indian Council on Aging, renewed recognition of the value of the Indian elders to the Indian community is a goal which will be pursued at the same time.

Appendix 8

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 MR. CHAIRMAN: If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Denver, Colo., on March 23, 1977, I would have said:

The following replies were received:

RICHARD AMBROSIUS, SPENCER, IOWA

The greatest deterrent to the development of programs in rural America is the "ripoff" nationally by subcontractors, educational institutions, and associations. If these funds are for grass roots involvement, why aren't they appropriated accordingly? Many area agencies are currently attempting to deliver services over an expansive area with limited resources, while universities and national organizations are receiving millions of dollars to "study the problem" and "seek solutions." The seniors of rural America know what the problems are and could solve them with a well-funded, properly administered program.

I am not discounting the importance of research, but what is the real problem? It's time we stopped trying to legislate morality and professional competence and started serving people's needs.

LAMBERTO P. ARMIJO, DENVER, COLO.

The most destitute rural elderly in America are the Chicano and native American elderly. I believe that special hearings for these senior citizens, and for them only, should be held. I believe that you will find that their problems are far worse than the problems of the Anglo-American elderly.

Research moneys should also be allocated to do research work on these two groups so that their situation may be better understood.

VIRGINIA AUSTIN, MINNEAPOLIS, MINN.

After reading many hearings and reports from the committee, I appreciate the opportunity to observe one.

Thank you, too, for your efforts and interest in behalf of the elderly.

The testimony of audience participants was, as usual, revealing. How many times have we heard, and will still hear, about the same problems. At least this committee is making an effort to hear and act!

GUSTAV M. BACHARACH, VANCOUVER, WASH.

Transportation is of real concern to the rural elderly. It must be recognized that the cost per passenger mile is greater in rural areas than in urban areas, but the trip to the doctor's office is just as important to the rural citizen as it is to the urban citizen and maybe more so. (I support Mrs. Bates on this issue.)

Hospital costs and other medical costs would be reduced if someone would get the lawyers out of the malpractice suit business and pass laws limiting malpractice awards. Let's quit spending government funds putting out fires and get to the roots of our problems.

I am a retired senior citizen and an involved volunteer!

HELEN M. BARRETT, DENVER, COLO.

Something must be done about taxes on property. On a four-room apartment in Windsor Gardens I'm paying \$415. I'm on a two-party phone to save; the gas and electric rates are outrageous. Just what are senior citizens supposed to do?

Thank you for reading this.

CAROLE J. BAYER, DENVER, COLO.

The so-called medical model is not practical in rural areas. Please find a way to expand medicare funding regulations so that persons in rural areas can receive homemaker-home health aid without the many limits set by medicare. There are ways to train or use already-trained aides residing in those areas as paid, part-time or full-time employees to assist the elderly to remain independent and in their own homes.

Also, would you work for standards of care to be set nationally for home health care. At this time (in most States) any proprietary or nonprofit agencies can be set up with no standards as to training, professional supervision, or case load.

Thanks.

GWEN M. BEDFORD, PHOENIX, ARIZ.

Intensive effort should be directed to the development of methods for turning the whole planning/programming process for the aging population around so that all decisionmakers, especially politicians, are forced to look at the actual needs in the rural and metro areas instead of concentrating on the amount of money committed.

Since the dollar constraints determine the scope and character of the programs that can be offered to the elderly population, they are understandably paramount in thought in funding, planning, and programming. Lately, however, one gets the impression that the heavy emphasis on the dollars available has pushed needs far into the background almost out of the picture entirely.

The process starts with the total appropriated by the Congress for the cognizant Federal agencies. These agencies take a look at what they have and carve the total according to a formula based primarily on estimates of the 60+ or 65+ population. Thus, need, for the most part, is equated with the nose count. Within this construct of need, the Administration on Aging must also deal with set-asides for the national priorities specified in the Older Americans Act whether justified at the State and local levels or not. On occasion, AoA also directly funds a model project which may or may not fit the priorities set forth in the area plan for the planning and service area and the State plan.

At the State and territorial levels, the various agencies look at the amount of money in their allotment and proceed to carve it up for local allocation: again, primarily according to a formula based on funding level and nose count.

At the local level, the responsible agencies, in turn, take a look at their allocations and wrestle with the problem of making the dollars stretch to cover needs as best they can. Here at the bottom of the funding pyramid, for the first time, funding and actual need are in confrontation. Since the nose count construction has filtered down from the top along with the money, the major result of this confrontation in the 50 States and in some of the territories is the "tug-of-war for funds between metropolitan and the rural areas" referred to by Senator Church at the hearing in Denver on March 23.

Clearly, the realities of life in federally funded programs call for rational and well-thought-out measures—not simplistic solutions. AoA would be well advised to request a special appropriation for the purposes of:

- (1) Conducting a comparative evaluation of the allotments of Older Americans Act funds to States with relatively low density and highly dispersed populations contrasted with those to States receiving the lion's share;
- (2) Building a demonstration case for the injustice inherent in using the elderly person's place of residence as a determinant for access to services; and
- (3) Deriving the base (including the development of programs) for obtaining special funds—not set-asides from allocations to the metro areas—for providing services in rural areas which are commensurate with needs.

The Administration on Aging should initiate programs based on the free enterprise system as exemplified in the Canadian new horizons program.

One of the major obstacles to servicing the rural areas is lack of providers. With some startup money, the seniors themselves could form businesses (or agencies) which would be revenue- and service-producing. A revolving fund for seed money which could be paid back out of revenue might be one approach.

Somehow, some way, the Administration on Aging must be converted from "winterization" to "weatherization" with respect to providing programs for the insulation of housing.

In the Southwest, we have 6 months of hot weather with temperatures of 110 degrees common, and for days at a time. Insulation for cooling is urgently needed to keep utility bills down.

In a few cases of Easterners who view cooling as a luxury, we have had the opportunity to effect some conversions. One was left out in the middle of the San Carlos Reservation next to a limestone butte in the middle of July. Another was given a tour of Phoenix in August in a car without air-conditioning.

PERCY B. BELL, SEATTLE, WASH.

Congratulations on retaining the Senate Special Committee on Aging and we are glad you are chairman of it.

How do we get PLS—Vista volunteers working in States other than Colorado?

DR. RAYMOND J. BENNETT, MISSOULA, MONT.

Federal regulations relative to the standards for hospitals pose an extreme threat to the well-being of many of the hospitals in the State of Montana. These regulations, well-intentioned though they may be, are designed for hospitals in metropolitan areas and simply do not make allowances for those hospitals located in the rural areas of our country.

Although Montana's situation is not unique, the majority of the hospitals are extremely small. Approximately 40 percent of the hospitals in Montana have 25 beds or less. The feasibility of such small hospitals is questionable from either an economic or medical basis. The consideration of geography, however, provides an actual medical need for the existence of these institutions. For example, the community of Jordan has a hospital with an eight-bed capacity. It is probable that the per-bed costs of operating this hospital are considerably higher than the per-bed cost of operating a 250-bed hospital and the medical services provided are considerably fewer. If, however, this hospital did not exist, the nearest hospital facilities for the citizens of Jordan would be in Miles City, a distance of 86 highway miles.

It is imperative that the administrative agencies in promulgating rules and regulations recognize the problems existing in the provision of health care in the rural areas and make exceptions for the small rural institutions. If this is not done, the small rural hospital will cease to exist, as the cost of complying with Federal regulations will force them to discontinue operations.

MIKE BENTLEY, COOLIDGE, ARIZ.

I'm sorry for taking such a long time in responding to the above question but here goes.—Probably the major problem for rural Arizona elderly is avail-

ability of adequate transportation systems to meet their everyday needs (social, medical, etc.). Also, more programs or existing programs should have increased funding levels in order to place any willing senior adult in a service capacity in order that their lives would be more full and the later years of their lives would be their happiest ever. Mr. Chairman, I also feel that social security benefits should be increased to a level that the older American would be able to buy some of the things they want instead of only buying what they need.

I know that it would be hard to exist on \$200 to \$300 per month, which many of the foster grandparents do. I am greatly disturbed by the fact that you people in Washington, D.C., who are serving us are making \$50,000 to \$60,000 per year and expecting the elderly to get by on a very, very small fixed income.

FRED M. BETZ, JR., LAMAR, COLO.

I, Fred M. Betz, Jr., of Lamar, Colo., am presently serving as a board of regent member for the University of Colorado. I wish to state my concerns for rural elderly in America. While campaigning throughout the third congressional district of Colorado, through active planning for UCMC with Governor Lamm's rural health task force and by serving on the Division of Mental Health Rural Task Force, I have drawn the following conclusions:

(1) Rural elderly need to have all primary health care services close to their homestead or neighborhood. This means that rising health costs, travel to city providers, and a lack of adequate health professional and para-professional training in rural America does in fact result in American citizens, young and old, choosing or unknowingly going without needed health maintenance or correction.

(2) Mental health for elderly is a disgrace to our society which declares national security and economic stability as a Nation, yet has not addressed the uncoordinated total health care services necessary to make each human independently secure. For the elderly person we know that confusion within changing realities, fears of the unknown, and self-care determination are accepted by gerontological experts to be unresolved by Federal programs which are not coordinated on the State level thus cannot be coordinated on each local level.

(3) I am further convinced that the immediate emphasis must be on primary care services and personnel development for nonurban sites, therefore much, much less programing should be geared toward specialization and research. Too many people have almost no access to reasonable care, and the worst of these are the rural elderly.

I would recommend therefore that your Federal health care planning for short- and long-range Government assistance should dictate that States receive Federal moneys only if they demonstrate total health planning and can document appropriately implemented and coordinated physical and mental health services. I also believe that consumers, providers, and educational medical centers should be coordinated by mandate to avoid or reduce duplication on community, State and Federal levels. I further recommend that agencies, councils, and boards which plan and implement health services be monitored by local consumer-provider groups given authority to cut or combine service providers on the local level to reduce the elderly citizens' fear of fragmented Federal programs. It is clear at this point that coordinated programs effective in cities where all services are available from separate agencies do not work in rural areas where many services are not approved due to simply low populations. Allowing local consumer-provider boards to combine and coordinate efforts of many existing local agencies could allow better data for need justification and also share trained personnel for total physical-mental health services to all citizens, especially the elderly.

SIDNEY V. BINGHAM, ASPEN, COLO.

I was surprised to find out how many youngsters were in the aging bureaucracy and would like to see more old folks in the business.

I attended both your Denver hearing and Mr. Oriol's Grand Junction get-together, and thought that both were worthwhile, useful, and interesting. Keep up the good work.

PAT BLEDSOE, ARRIBA, COLO.

As I sat here listening to the panels and to the floor discussions I discovered that the needs I thought were important to the senior citizens are not as important as those that are starving.

I live in a very rural town of 300 people total. Seventy of the 300 are senior citizens. I coordinate a senior citizens center and this is one of the needs to which I am referring. Those who are lonely or alone need to have a place to go to visit, share with others who are the same. At the center, other needs are satisfied. I provide transportation to doctors to buy food, medicine, information is provided about medicare, medicaid, etc. Please, without funds for the centers, these needs cannot be satisfied. Help us (the young) to help the elderly. Come visit—eastern Colorado near Kansas.

JAMES W. BRITT, ROUNDUP, MONT.

I am the title XX coordinator for Area II Agency on Aging. Area II consists of 11 counties with a total of 22,200 elderly 60 years of age or older. My four programs are: meals-nutrition, health-homemaker, transportation, and home repairs.

I find that we are not reaching all that are in need so all of the senior programs need to be expanded. The people that I work with and for are a proud and dedicated group and do not wish to receive welfare, but when I explain to them that they will be getting back some of the taxes that they have paid for the past 40 or 45 years they think for awhile and then agree to accept these services. It is a proven fact that keeping the elderly in their own homes, seeing that they receive at least one good hot meal a day, transporting them to where the meals are served not only is much less expensive than a nursing home but the elderly live much longer. Programs that can keep them busy makes them feel wanted and important. Many of them have talents that can be brought forth so that everyone benefits from these talents. In one of the communities the senior group were getting ready to knock on every door to remind people to please get down to the polls and vote. That's dedication.

Thank you, Senator Church, for the chance to speak up for these people who, I hope, are my friends.

LANYA BUMP, GREELEY, COLO.

We need more funding under title IX Older Americans Act for the employment of the elderly in rural areas. This needs to be made more easily accessible.

Less restriction for CETA funding for jobs for the elderly.

More flexibility allowed so funding can be made to reach more people rather than being gobbled up in unneeded administrative costs and paper work.

HELEN CHABRON, DENVER, COLO.

We are so very often confused about the small amount of understanding we, the elderly, receive from the people you have placed in the local offices. As a Denver Gray Panther and 72 years old, I know (or maybe I should say we know) they do not think in terms that we know is correct. They do not understand. The most of us know we cannot reach most of them. We are very disillusioned.

TONI A. CHAPMAN, LONGMONT, COLO.

I was an interested bystander collecting data on the field which I hope to make my career. I am a business major at the University of Colorado with 12 years practical experience and hope to combine these with my keen interest in social gerontology. I found the hearing very educational.

PAT CHUMBLEY, GLENDALE, ARIZ.

I am leaving here with disturbed feelings about much of the mentality purported by Government speakers here. Mr. Robert Ball, National Academy of Sciences, Washington, D.C., supports the idea of continued employment for the elderly so they can continue to pay into the tax and social security base of our country. I have no objection to this, if it is left optional, but his rationale is what I object to. His reasons were that due to the increasing demographic imbalance of our country, the elderly will soon be the majority of our population, the younger working force—21 to 65—will not be able to support the dependent young and the dependent old. Therefore, the concerns should shift to the elderly rather than to children. I strongly object to this antibaby mentality. He gave no mention to the most obvious and logical solution to our social imbalance—and that is to encourage a higher fertility rate in our country. Only by reproducing ourselves can we hope for any viable future! We are fast approaching the day when abortions are equaling our number of live births! This record has already been reached in your own city—the Capital!

Millions of our Federal dollars are spent on family planning and abortion programs. If we would turn this around, our concerns for the demographic imbalance would not have to be. Let's use some common economical and sociological sense, and not repeat the experience of many other countries that had to learn that a country with predominantly old people is one whose history and future is in real jeopardy!

Let's restore the dignity and respect for our children—born and unborn!
Thank you.

WENDY GARTLEY COMSTOCK, COLFAX, WASH.

We know the problems of the rural aged. We know some of the solutions. I am concerned about obstacles to the solutions. As a new provider of services in rural Whitman County, Washington State, I have run headon into the power the private insurance industry has to impede delivery of services to senior citizens. Let me cite two examples: (1) It took over 4 months to find a physician who would serve as medical director for a mobile health screening program, in part because malpractice insurance companies told interested doctors not to participate. (2) Insurance for senior citizen transportation programs is prohibitive, when it is available at all. I pay \$1,300 per van for title III and title VII programs. This is our tax money. These programs do not have a lot of accidents, nor do they produce claims. The insurance companies claim "high risk" of elderly persons as the justification for the exorbitant rates. Is it the intention of Congress that Older Americans Act appropriations benefit the private insurance industry disproportionately to the real risks involved in these senior citizen transportation programs?

I propose a creative solution to this problem: that perhaps through Federal assistance, providers of senior citizen transportation from their own cooperative insurance pool. I am not suggesting government regulation of the insurance industry, since I do not believe that it works. I am suggesting that the government provide technical assistance and perhaps insurance guarantees (as it did for the swine flu immunization program) which would enable the services mandated in the Older Americans Act to be implemented in a responsible and secure fashion, without diverting unnecessarily large sums to private insurance companies which have something other than the transportation of senior citizens as their foremost interest, i.e., profit.

This is just one suggestion. Wiser heads than mine, I am sure, could develop good solutions to this problem once it is recognized as such.

Thank you for your attention.

ELLA C. COOPER, CENTER, COLO.

I am an assistant RSVP director for Saguache, Rio Grande, and Mineral Counties in Colorado. The following are concerned thoughts from 12 volunteers with this program:

- (1) Home health services.
- (2) Homemaker services.
- (3) Handyman services.

Thus leaving the elderly in their home's over a longer period of time. Cutting the high cost of in-care services.

(4) Utilities (all).

Many of these people are on fixed incomes. Last winter utilities took from one-half to three-fourths of their check.

(5) Dentures.

(6) Eyeglasses.

(7) Hearing aids.

Very few can pay such costs as rural elderly pay with so little computation.

(8) Transportation—with the cost of fuel we cannot afford to seek the services we all need.

(9) All feel welfare chiselers should be off welfare rolls.

It is our grandchildren and great grandchildren who must pay for all of this.

TOM COUNTS, HAYS, KANS.

I would have the committee to seriously consider my recommendation that all Federal employees pay into the social security program or system.

Rationale: A study referred to me by Robert M. Ball, senior scholar, Institute of Medicine, National Academy of Sciences, reveals that some 47 percent of former Federal employees, now receiving the benefit of the Federal retirement program, are also receiving social security benefits. They were able to receive the social security benefits because they took other jobs after retirement and thus paid enough into the program to enable them to become a part of the social security program at the age of 62 or 65. I have no objections to these receiving the social security program, but I believe it will help support the system if all Federal employees paid into the system while working for the Federal Government.

Incidentally, I pay into the social security system, but do not (cannot) pay into the State or Federal Civil Service retirement program and thus will not be able to have their retirement program.

SHIRLEY CRAIGHEAD, DENVER, COLO.

Feeding the rural, isolated elderly is my concern. Dollars are needed to provide transportation for the meals. Transportation for meals out could also benefit for return trips to those in need—therefore doubling the use of the vans.

AGNES CROW, BILLINGS, MONT.

My concern is lack of health care for the rural elderly. Where there are no doctors, nurses, etc., how can homemaking services be made available to aid in keeping the elderly in their homes if they do not need 24-hour care? In Montana I work as senior health coordinator in Area II Area Agency on Aging, which has 11 counties in it, with only 1 county having urban services. Yellowstone County has home health services and we are now in the process of satelliting into five counties, but we still have five counties that are rural—two have doctors but only one public health nurse; three have no doctors—so we have no way of getting medicare services for homemakers in five of the counties. Also, many elderly need homemakers that do not qualify under medicare. We have homemakers in most counties but not enough funds to keep a program going very long after we start it so are hesitant to make public announcements in local papers, etc., as we feel it would be like giving candy to a baby and pulling it away to start services we cannot continue. Many seniors want to pay some on homemakers but cannot pay the full amount; in fact, many will not accept the service unless they can pay some.

We have had 12 homemakers work 580 hours receiving \$2.30 an hour—\$1334; with 35 senior citizens that have been able to remain in their homes; plus 80 hours of satelliting homemaking health aides to five seniors at \$3 an hour—\$267.

Have had four diabetic education clinics with a fifth one coming up.

Have given nutrition education to 15 rural senior citizens centers, and 3 education programs on arthritis.

These education clinics aid in keeping seniors aware of health problems, symptoms, etc.

We also will be having a workshop on exercises for all centers in May.

LISA CUSHING, AGANA, GUAM

Although I did not come with a prepared presentation or position statement from the senior citizens of Guam, I am sure that the older adults in Guam have the same basic human needs as those Americans in the mainland, U.S.A. I would like, therefore, to request that your committee, in your efforts to meet the needs expressed by participants of this conference take into consideration the unique situation of the various communities and that the plans designed to meet the needs of the older Americans be flexible enough so that they can be made applicable to meeting the needs of the individual communities.

Also I would like to comment that the older Americans in Guam long have been—and continue to be—loyal Americans to this great Nation, the United States, and therefore, should not be forgotten and should continue to be entitled to the same equal opportunities and benefits as those older Americans in the mainland, United States.

WANDA L. DOPPLER, DICKINSON, N. DAK.

First of all, hello. I'm W. L. Doppler from Dickinson, N. Dak. I was one person who responded over a year ago—in 1975—to send to A. Beame, New York City, \$10 (WOW) to assist them with their bankruptcy—little did I realize my bucks must have been a very costly process!

Anyway, my statement is thus: Let it be so that each person be the measure of their worth—by the fact, truth, beauty, and reality that they are.

That measures of quantitative worth never impede the quality of life those over 60 (or whatever) cease the grace of liberation to become the fullness of who they are—my beloveds—wisdom, joy, patience, endurance, and all those other virtues which are only the test of time—golden!

P.S. Our greatest resource is our people—not our g dam project. (Tell Q. Burdick, Mark Andrews, Young, amen.) And we in the West N. Dak. are not happy being ignored—nor put to sleep. We do a lot of rain dancing!

ALLEN DRAPER, FOUNTAIN, COLO.

What impresses me, in a frightening sort of way, is the fact that everybody seems to be calling for “more of everything” from government. Does anybody consider what happens when the bills come due?

What we need is government that “butts out” of trying to legislate every aspect of the life of the individual. Government control breeds mediocrity; it takes away the challenges of living in an ever-changing world. It downgrades the life experience as a learning process. Get government off my back and I can contribute toward making my world a better place to live. Government is already a big enough coercive monopoly; there are other ways.

MRS. SAM FREIBERG, DENVER, COLO.

If Colorado Blue Cross-Blue Shield is doing as well as publicized in the March 20, 1977, Denver Post (Denver newspaper), section E, how can they justify their recent increase in their medicare supplemental insurance premiums?

Enclosed is Blue Cross-Blue Shield newspaper article and a copy of Blue Cross-Blue Shield letter dated February 28, 1977, notifying me of increase to \$18.35 per month.

As recently as June 1976 my medicare supplemental basic plan (quarterly) premium was increased from \$15.75 to \$22.74.

In December 1976 I changed to the newly offered high option plan at a (quarterly) premium of \$45.42.

Now, another increase effective April 1, 1977, to \$18.35 per month for high option plan.

Also, medicare B premiums have been increased regularly.

My current annual medical premiums are: \$18.35 per month for Blue Cross supplemental; \$7.70 per month medicare (effective June 1, 1977 and going up annually)—for a total of \$306.60 for this year.

Reimbursements from medicare are always slashed followed by notation "More than allowable amount."

In addition to all of the above, the in-patient hospital deductible has increased just about every year and was again increased from \$104 to \$124 effective January 1, 1977.

I am a widow on a fixed income.

How about some consideration for the older Americans now on fixed incomes?

May I please have your thoughts? Thank you.

MARIE FRIESE, GARRISON, N. DAK.

I am Marie Friese of Garrison, N. Dak. I am a member of the executive committee of North Dakota Seniors United, and a State delegate selected to the Mountain Plains Congress of Senior Organizations—a six-State group. I have also been president of our local club for 7 years.

My concerns are for the men or women who are receiving the lowest monthly checks from social security. When cost of living increase is figured, they, because of the small amount they receive, continue to receive less than the more fortunate recipients because the increase is figured on percentage. The inflated price of food costs is the same for all, but those who have never seemed to be in the right place at the right time when good fortune passed by once again receive much less than the more fortunate older Americans of today. Until we, as a segment of the population, take the well-known position of "all for one, and one for all," the inequity will continue.

The only fair way is a flat increase for all, whether it be 50¢ or \$5.

Thank you for listening.

LARRY GHAN, POCATELLO, IDAHO

I would urge that your committee support measures to add voluntary activities to the elderly and in the community at large. Volunteerism is fast becoming a major way for local communities to meet their social needs in a time of terrible cost increases which threaten the very existence of many vital services. Please consider the following points:

(1) To broaden the base and quality of voluntary programs from the public sector by permitting more moneys to flow into OAVP programs with Action.

(2) Allowing "tax breaks" and other similar economic considerations to be given to people who volunteer service in their communities.

(3) Stimulate wider varieties of volunteer activities which in the final analysis will improve the quality and quantity of life for all of us.

GOLDENROD SENIOR CITIZENS, SIMLA, COLO.

The main concern of the senior citizens of the Simla, Colo. area (known as the Goldenrod Senior Citizens) seems to be that of housing. Most senior citizens wish to remain in their homes, among their belongings and mementos, for as many years as possible.

It is therefore felt that any help that can be given to further this goal will be appreciated. This help would fall into the following categories:

(1) Help in maintaining livable conditions in, and to the home (maintenance).

(2) Help in the housekeeping of said home.

(3) Help in the security of said home.

(4) Help in avoiding isolation in said home.

Nora Anders.
 Oma Lord.
 Ruth Dennis.
 Irene Campbell.
 Lillian Thom.
 Maude Hopson.

Evelyn Hendricks.
 Jessie Glover.
 Erma Rickart.
 Grace Schuster.
 Etta Farnsworth.
 Mae Wilson.

 LOIS V. HAMER, VAN NUYS, CALIF.

Your willingness to listen to the specific problems of the rural elderly, even though they constitute a small voting block, is commendable.

The Nation's rural elderly have basically the same needs as the urban elderly. In some instances their needs are compounded by distance and lack of transportation. In some ways they are better off than the urban elderly, because they are able to produce some of their own food. If it is their choice to live in rural areas, their ability to participate in cultural and educational activities is probably no less than it was in their productive years. It is my opinion that their basic needs are the same as those of any other human being. It is to those basic needs that I wish to address a few remarks:

(1) Hasn't the time come to recognize the inadequacies of the present economic system and to begin to change, so that the comments of Robert Theobald become relevant, and that Government respond to the need for the dependability of income rather than the constant unease in which most citizens of the United States find themselves? I speak specifically of the substitution of a guaranteed annual income for everybody over 65 for the present social security system. Since most social security moneys and all supplemental security income moneys are paid from general revenue, why not be completely honest and develop a simple system which would eliminate the means test and the bureaucracy necessary to support it? By eliminating this bureaucracy and all other "welfare" programs for the aging, the government would no longer have to spend almost uncountable millions to deliver \$1 million to social security recipients.

(2) The rural elderly in particular are in need of adequate health care. The above concept of a guaranteed annual income, coupled with a national health program providing health maintenance care to all persons 65 years of age and over, would begin to demonstrate the value of such an approach to the Nation's rural elderly as well as the total citizenry.

I urge you to use your good offices to begin the process of establishing these two policies, in order that the Nation's rural elderly, together with all others 65 years of age and older, can be helped to increase the quality of life.

 CAROL HARRIETT HANSEN, DENVER, COLO.

I would like for you to take a second look at the people who are under 60 years old. When a wife puts in her lifetime for one husband and children, then when she is 58 and becomes a widow, the city and county of Denver say "OK. \$155 a month is plenty for you to live on." Then you have to sue the U.S. Government to get your SSI. Then at last you can have medicaid to help with the eyeglass program. Then as soon as you are 60 years old, they take away your medicaid because you now get \$223.90. So now my prescriptions are not paid for. I also had to take out Blue Cross and Blue Shield, \$48 per month, to have my hospital bills paid. I also have to pay taxes: \$300; \$208 for insurance. Plus the utility bills are out of sight. You have home repair. What I am trying to say is you have the same bills as you did when you're starting out in your younger years. I would not have had \$223.90 a month if my husband hadn't worked all of his life.

 JANE HARRIS, GREELEY, COLO.

I realize you have heard numerous times our plea for homemakers to help people stay in their own homes. I can only add my pleas for this. Our limited

homemaker staff is desperately over-worked and vastly under-staffed, especially to the rural elderly and/or poverty stricken persons.

Fuel costs have nearly made some persons move out of their own home to nursing homes, due to inadequate heat and lack of food, and due to needing to spend their food income for fuel. Please help us keep our natural resources in Colorado, as much as possible, so our rural poor elderly can stay in their own home.

VERA E. HEFLEY, PORT TOWNSEND, WASH.

I would have said that the rural elderly in Washington State would like to have a chance to be heard. Perhaps you could bring your committee hearings to Washington State one of these days. We have a good life here but many elderly need help with transportation, housing, medical bills, and income and tax problems the same as in other areas. For instance, when they raise social security they also raise the cost of food stamps, the cost of subsidized rentals for elderly, which does not really give them any more income. I am on SSI and only have this to live on—\$186 monthly, which is so little.

BEV HENDERSON, LA JUNTA, COLO.

I would like to thank you for taking steps toward assisting the elderly everywhere. As a director for the senior center in my town of 9,000 people, I find transportation to be a problem. We are not presently able to reach anyone outside our city limits—and we do not have a full-time van driver, or a part-time assistant who is paid. Instead, we use the qualified people from RSVP to help us.

SHIRLEY HICKS, HADLOCK, WASH.

I congratulate Congress on their efforts to continue this committee. As a retired senior volunteer program director in Washington State, I would like to echo Rabbi Feinberg's sentiments on our program. Our efforts to try and raise moneys for our programs hamper our efforts on behalf of the rural poor. I am very happy to serve my fellow man and hope the efforts of your committee will be able to effect some solid substantial programs that will help with the aging and their varied needs, whether they are rural or urban. We would love to see you come to Washington State. Thank you.

R. E. INGOLD, FEDERAL HEIGHTS, COLO.

I am glad that your committee has been extended as I believe you will be able to do a lot of good, with all the input you will receive.

We on a fixed income surely are suffering by the tremendous inflation we have. I am now 72 years old. When I retired I was doing well and thought retirement was great. But now I wish I had kept on working. The man that replaced me makes twice the salary I did.

But now I work a lot to help senior citizens who are worse off than I am. Thanks for a wonderful hearing.

VESTA H. KARLOWSKI, DENVER, COLO.

As a former director of a multiservice agency for older persons and an area agency on aging serving seven counties (largely rural) in southern Colorado, I would like to make the following suggestions regarding funding of programs in rural areas:

(1) If AAA's are to be viable planning agencies for the elderly all funds for programs and services should be funneled through them.

(a) Different regulations and guidelines of each Federal agency funding programs for the elderly make coordination of various services most difficult.

Interagency agreements on cooperation made at the Federal level are not sufficient. In the interest of economy and efficiency as well as human need, I would suggest that block grants be made to AAA's with general guidelines as to the kinds of services for which they may be used. Such block grants should facilitate the development of comprehensive service systems to enable older persons to remain in their own homes.

(b) Local matching fund requirements are frequently more difficult for rural communities to meet. I would suggest the lowering or elimination of the local match required using the proportion of poor elderly in the community as one criterion of the financial viability of a rural area.

(2) The needs of the rural elderly vary a great deal from one county to another, even within the same region. I would suggest that county councils should be largely responsible for setting priorities for the use of funds for services which are available for their counties. If you ask for grassroots input, you must respond to it.

(3) Again, in the interest of economy and of getting more of the appropriated moneys into direct services to the aging, I would suggest scaling down the size of either the Federal Regional Office of the Administration on Aging or the State Division of Services to the Aging. If the emphasis on regionalism is to continue and if your studies show that area agencies on aging are doing a competent job, I would recommend a large reduction in the staff of the State office.

(4) Community mental health centers and clinics are now under mandate to increase their services to the elderly. The need for such services is great among both rural and urban elderly. However, the mental health center staff will be able to meet this need only if they are permitted to serve older persons in their own homes. The stigma of mental illness is very great among the elderly, and very few of them would ever voluntarily seek help at a mental health clinic. Present restrictions on reimbursement for home visits prevent the mental health centers from properly serving older persons. Mental health services to the elderly will require new and innovative approaches and may in some instances have to be disguised as other kinds of services; therefore, regulations regarding the funding or reimbursement for services to the elderly will have to be most flexible.

KATHLEEN KENDZIORSKI, ISSAQUAH, WASH.

There is a dire need for national health insurance and a rural health care system. There is also a need to focus on preventive health care and health maintenance; e.g., health screening.

A need for an adequate income maintenance program exists. Income is our No. 1 problem.

There should be less Federal regulations and bureaucratic paperwork to receive public moneys.

We should begin to develop Federal agencies coordination to allow local level areas to maximally utilize Federal benefits and program financial assistance and decrease fragmentation.

JOAN N. KERR, SEATTLE, WASH.

Take health insurance and financing out of the profiteering sector of the society; allow for more latitude in service delivery--nurse practitioners, naturopaths, homeopaths. We don't all believe in allopathic medicine, but we all do need assistance in maintaining our health. How about having one of those vigorous and vocal elders on the staff of your committee?

Do something about private enterprise's unconscionable ripoff of all people. The outrageous cost of basic utilities, especially the telephone company, has severe and negative effects on older people in particular. How much profit will ever be enough for these people?

Thank you for your efforts. It is rare to be able to identify at all with any of the supposed representatives of the American people.

Thank you for coming.

JOE KREHBIEL, DENVER, COLO.

Thank you for the opportunity to comment.

Aging program funds come from a single source. They are disbursed at the Federal level to a variety of agencies, then they are all put back together at the local level. There could be greater efficiency in this practice. Those local groups which have the wisdom to put them all back together for a comprehensive program tend to have the best programs and the greatest local support. Could we help more community groups do the same?

I am reminded of a man who said: "I am the chairman of the Golden Ages, the chairman of the Seniors, the chairman of the RSVP, the chairman of title 3, the chairman of title 7, the chairman of seniors transportation, the chairman of senior opportunity service, the chairman of well oldsters, and anything else they come up with. Now how can I help you?"

C. LABORIA, DENVER, COLO.

What recourse does a consumer group have, with a bureaucracy whose well-honed indifference is only exceeded by its lack of substance?

MRS. H. A. BROCKETT LAMB, RAPID CITY, S. DAK.

In some small towns with biracial populations, various private and public organizations and programs have managed to overcome the "roadblocks" and conquer the hurdles to get services for native American and non-Indian senior citizens. Visit Rapid City, S. Dak., the Minneluzahan Senior Center, supported by the city, the county, the State (through title III Older Americans Act), and through the R.C. Indian Service Council, O.N.A.P., and the National Indian Council on Aging. The Minneluzahan Service Center could well repay a visit as a model of programs and people working together for programs for older people of both Indian and non-Indian background. It can be done, it is being done, and it works! Look into it.

ALMA L. LARK, SAN FRANCISCO, CALIF.

Unfortunately, staff persons in the aging field (across all departments)—middle managers—do not relate to the problems facing the rural elderly and urban elderly of our Nation.

FELICE LARSEN, DENVER, COLO.

As a member of the Denver Gray Panthers, I am concerned that senior citizens everywhere are given the opportunity to live with dignity. We must work against mandatory retirement. We must work for a livable income and to eliminate the inequities and confusion resulting from the different forms of financial assistance. We must work to provide alternatives to nursing home and provide public subsidies to encourage service to seniors in their own homes.

HELEN LINDGREN, DENVER, COLO.

Many things others have said should be listened to and acted upon by law. Instead of so many programs, so many titles, so many committees and officials, groups, etc., with paid staffs, offices, etc., little is left for the needy old, or young.

It's time you, Senator, and all of us fight for a national guaranteed living income—dignified income—a replacement of having, by law, taken away our salary at 65. The people that made the law are getting an increase of salary. So are others in high places, for a lifetime.

Mr. Senator Church, it is a discrimination against the wage earners—the poor, old people who did not earn enough to save for old age. The rich old can

have their income. They don't work for a living. It is against the civil rights of the aged to deny them to work for a living wage or get a dignified income—not handouts and regulations, as is now being done to us.

Senator Church, I am 83 years old—healthy and active. I had chosen you as my candidate as President, then voted for Jimmy Carter. I was afraid Ford would get in. He pardoned Nixon and helped big business—not we the people.

Please help Jimmy Carter to do what is right for we the people—not the few powerful over us.

DAVID LUNDBERG, WINDOW ROCK, ARIZ.

Do not forget the Indian nations when identifying the needs of America's rural population. The national network on aging established by the Older Americans Act has not reached the American Indian elderly of the United States. The Older Americans Act contains barriers to the full participation of Indian tribes (and Indian elderly) in the services and programs intended by Congress for all citizens of the United States who are elderly. These barriers must be removed. They are:

(1) The lack of recognition of Indian tribal governments and the special relationship we have to the U.S. Government based on the treaties signed by the tribes. This barrier can be removed by including the provision of direct funding to Indian nations by the Administration on Aging of Older Americans Act programs—and direct funding of all other service programs.

For example, the Navajo Nation extends into portions of Arizona, Utah, and New Mexico; these States are in three different Federal regions—and 10 counties. If the Navajo Tribe wishes to provide uniform services to the elderly, it must contract with and meet the requirements of the area agency on aging in the 10 counties, the 3 State offices on aging, and the 3 regional offices on aging. This can only occur if each administrative level is interested in or will allocate funds to Navajo elderly. If services of other State agencies are to be coordinated to the benefit of the elderly, the problem becomes more complex and the relationships more confusing. It is especially confusing for coordination of services of State agencies with Federal agencies, especially BIA and Indian Health Service, funded directly to the Indian nations by Congress.

(2) The program barriers, services needed by Indian elderly are being defined at the present by non-Indian people, the proliferation of unnecessary and inappropriate accountability requirements, the increasing and unnecessary sophistication of the already very technical application process, and the difficult requirement of raising the local match.

(3) The inadequate funds available to meet the critical needs of Indian elderly. For example, the Navajo Nation can serve less than 2 percent of the over 14,000 elderly a hot, nutritious lunch. Yet, 99 percent of these elderly are living far below the Federal poverty guideline. The elderly live in inadequate housing, without electricity or water, conditions unknown to most American elderly. The Navajo elderly do not want to spend their last years in nursing homes in Phoenix, Ariz. But at present, there are no alternatives.

The Navajo Tribe is ready to deliver services to its elderly citizens, if Congress will remove the barriers. To prepare for the honorable action of Congress in removing the barriers this year, the Navajo Tribal Council created a department on aging within the tribal governmental structure in July 1976. The Navajo elderly have formed a Navajo Nation Council on Aging and are preparing an aging plan. We now await comparable action by the Congress of the United States.

Thank you.

CLARA MADSEN, ENGLEWOOD, COLO.

It would be a great help for the middle-income people to be housed in a building such as the Bradley House near Littleton, Colo. Of course the elderly have the advantage of Bradley House. They are charged for rent as to their ability to pay. There are many who earn no more than \$2,500 to \$3,000 a year.

Homes are very expensive; thus, this would help those who cannot meet big payments each month. It would give these people a place to live until they could do better. This probably would help the rural elderly also.

ESTHER L. MAUL, HUDSON, COLO.

Articulate witnesses and panel members.

Awareness of the problems and needed efficiency in defining and integrating programs to alleviate the pressing needs should result from the hearings.

Keep up the good work. We are with you in your efforts.

ROBERT J. MORANSKI, PUEBLO, COLO.

Why is it that we are unable to get the bureaucracy to move on important matters (such as matters pertaining to the elderly) when there is much to be done at the grassroots level. Each of the professions bilks the Government out of all the money they can get (medicare, medicaid, legal fees, etc.) and the bureaucrats administering these programs sit on their hands, concerned only about how they can get a raise in pay for themselves.

I'm completely fed up with our country being the munitions supplier for all factions around the world, and the U.S. taxpayer (middle and lower class Americans mostly) paying the tab. If we took the funds for one B-1 bomber and put it into health care, we would all feel better tomorrow. Imagine what the funds for a dozen B-1's could do for us.

Keep an open eye for waste in all government programs, because there is a great deal at every level. I'm convinced that less government is the key to better government and the government we have should assume this watch-dog role.

NORMA NEWQUIST, HARTSEL, COLO.

I have heard numerous requests for more Federal moneys. As a general rule, more money in programs means higher taxes and the circle goes around and around. I would like to see a coordination of all the programs for the aging—this has got to cut down on administration costs and allow more money to drop down to the level of the recipients of the programs.

P.S. You said you voted against the pay raise—but you took it, didn't you?

JOYCE OLSON, MINOT, N. DAK.

If valid needs assessment input is to come from those elderly whose needs are being assessed, they must be trained to articulate their needs and to be aware of service options available to meet those needs. They also must be trained to mobilize all resources, political as well as service providers, at the local level in order to be effective self-advocates. Clinton Hess, region VIII director of AoA, has suggested that funded State-level training for the elderly themselves would be one method of accomplishing this. Your support of this concept, or a similar direct training of the elderly model, would indicate your concern for a legitimate grassroots needs determination procedure.

Federal mandates for interagency coordination (especially CSA with AoA) has very effectively served the needs of the rural elderly. Your support for these mandates is deeply appreciated. The CSA-SOS outreach worker has provided groundwork for an AoA title III meals program in Kenman, N. Dak. Congratulations for being a part of meeting a need.

HENRY J. O'NEILL, COLORADO SPRINGS, COLO.

Please discontinue the food stamp program. We are wasting the taxpayers' money. If people can afford a nice house and a late model vehicle, they can afford to buy their own food.

When members of the military establishment are eligible to receive food stamps and then use them in the commissary, there must be something wrong with the food stamp program. Military people are well paid these days.

Let's get back to basics. Help those who are truly in need. Provide jobs for the healthy. Provide financial help for the disabled and the elderly. Consolidate all social assistance programs under one department. Strive to remove any stigma from receiving social assistance—do away with the word "welfare." Only those who truly need help feel ashamed.

FLORENCE T. ORTEGA, GARCIA, COLO.

I would have liked to talk about the needs we have in our rural areas in the San Luis Valley, as I am a senior citizen of Castilla County and work with the senior citizens in the county. We need more help to give our seniors transportation, health care, and home health care. We do have a nutrition program and a senior center, but still that does not help out with all the needs of the elderly.

I enjoyed very much what was said at the hearing from all the people that spoke and all the workshops I attended. I also had part in one of them.

AUDREY J. OSTBERG, R.N., M.P.H., AURORA, COLO.

Thank you for being concerned.

Those of us who work closely with public health nurses in rural areas are very well aware of the health needs of the rural elderly.

We are aware of the interest and needs for primary care, i.e., local doctor and hospital within reasonable transportation access.

We are also aware of a greater need for the secondary prevention team to detect chronic disease early and get patients to utilize health care resources at a time when control measures can prevent disability.

We are also aware of the existence of public health nurses in remote areas, often the only health resource existing, and of our unfunded efforts to expand their role. We hope that somehow there will be recognition and funding for this often ignored, underutilized, and available resource.

Our nonfunded well oldster program, growing rapidly, documents not only demand, but needs and interest beyond medical care.

JANE F. PACE, LITTLETON, COLO.

On the news this morning I heard that transportation rates are to go up. It was mentioned that this will hurt some special interest groups, including the elderly. Is there anything your committee can do to help this situation?

With money at such a premium, how can the Congress of the United States face the elderly, retired, and disabled when the Congress gets such a tremendous salary increase and the needy sector gets a pittance—and the sneaky way Congress let it become law.

JANET J. PETERSON, BELLEVUE, NEBR.

There is a great need for more media participation in relaying information about the aging process and services offered. Motivation appears to be a major complaint of persons who are involved in providing education and service oriented programs. Any media time available is expensive to secure. Even the newspapers today are impossible for some elderly to obtain. Some efforts are being made but many programs are only presented at very late at night times or at the times which are not considered prime time. I really would like to see an accelerated effort made to change the image of the elderly by other age groups. If communication could become more fluid, perhaps we elderly could be better informed and become more motivated to take advantage of services available to remain active and alert. This, in turn, would help us to circulate among a society which I would hope could develop a better picture of the elderly population.

NATHAN POLLACK, M.D., DENVER, COLO.

Most all of us admit we are behind in our work (including Judith Lavor, representing HEW at this convention). My experience and the apparent concerns of those at this convention convince me that coordination of services is what is needed, rather than new services. Mr. Lavor makes clear that current Federal regulations and funding actually interfere with coordination of services (competition between medical and social programs). As you have pointed out today, rural populations lack not only coordination, but even basic services. Is there any reason to avoid formulating the general goal as development of regional (community) resources for coordination of services?

Is there any way the Federal governmental complex can promote the development of coordination of services to persons, rather than to oppose it? P.S. I note Governor Lamb and Mr. Foote second my concern.

DOROTHY RAWLE, GLENDIVE, MONT.

Thank you for being present to hear first-hand our needs for the elderly in our Western States. I also would advise you that the WGS workshops symposia roundtable discussions were very beneficial to we Montanans. The panelists and keynote speakers were professionals and experts in their fields. I thank you for lending your support and prestige. No, I am not a member. This was my first time to attend a WGS session, but realize this is the type of training that has not been available before. Remember our cause for the elderly. I am an RSVP director and, as everyone else, I am hampered by the funding freeze.

BILLIE J. ROBISON, FREMONT, CALIF.

I am compelled to speak after listening to the lady testify about her difficulty in obtaining health care for the elderly. Whether they live in urban or rural communities, it is very difficult for them to obtain timely and appropriate health care. I am an RN and a family nurse practitioner working with a family practice physician in our community at Fremont, Calif., attempting to provide quality health care to the most neglected population of elders—the extended care facility or nursing home patient. We believe we have developed a model for quality care to elders. Unfortunately, it is in violation of two regulations: One, a physician cannot receive reimbursement for a nurse practitioner's services; and two, regulations require a physician to visit patients in skilled nursing facilities or extended care facilities every 30 days. I am enclosing a copy of our article which will be published in the April Journal of Family Practice.

We would like the opportunity to review some of the problems raised. We wish to commend you on your distinguished service to our elders.

[Enclosure.]

EXPERIENCE OF A PHYSICIAN-NURSE PRACTITIONER TEAM IN CARE OF PATIENTS IN SKILLED NURSING FACILITIES

(By Phillip M. Loeb, MD, and Billie Joy Robison, RN, FNP, Fremont, Calif.)

The use of a physician-nurse practitioner team is advocated as an approach to delivering better health care to patients in skilled nursing facilities. The application of this approach in a young community with an inadequate supply of primary physicians and 596 extended care beds is discussed. Patients derive benefit from more comprehensive health care delivered with greater attention to individual needs. Staffs of skilled nursing facilities enjoy improved communication with the medical team and better compliance with legal requirements. The team physician is able to use his time more effectively and provide medical supervision for a greater number of patients by sharing responsibilities with a nurse practitioner.

Paper compliance, adherence to agency regulations, quality assurance, and payment are some of the problems encountered.

Fremont, Calif., a large suburban community in the San Francisco Bay area, suffers, as do many similar communities, from a shortage of primary care physicians. Although the average age of Fremont's population is 25 years, the community has six skilled nursing facilities (SNF's) with 596 licensed beds, the majority of which are filled from outside the community. Most local physicians care only for SNF patients generated by their own practices. Many are too busy to accept new patients at all. This situation creates a problem for elderly patients who must have a physician of record before they can be admitted to a SNF. The result is that an administrator may call 15 or more doctors in attempting to find one who will accept a skilled nursing candidate as a patient.

I found myself no less besieged by SNF patients than were my colleagues. I continued to accept SNF patients even though doing so caused a number of

problems. To avoid office-hour conflict, rounds were made before hours and on days off. The time pressures produced "jet-propelled" rounds and family conflicts. I often was unable to respond promptly to urgent calls at a SNF because I was swamped by younger patients whose problems were less profound, but whose rehabilitation potential seemed much greater. Gradually, it became clear that I was practicing two grades of medicine. My geriatric patients who could not come into the office received less than adequate care, although it was on a par with that generally provided for the SNF patient population.

Considering the problem of geriatric medicine in the SNF's, I also felt uneasy that insufficient physician participation might provide a lever for more rapid socialization of the private practice of medicine. I began searching for a way to meet the needs of the SNF patients while maintaining a full range family practice and my sanity.

It seemed sensible that a physician-nurse practitioner team approach could provide comparable basic medical care with greater attention to patients' total health requirements without a greater investment of physician time. The combination of the curing skills taught in traditional medical education and the caring skills taught in traditional nursing education, when combined in a SNF setting where the latter are often more appropriate than the former, might provide better care than had ever before been possible. The team concept was discussed with the physician members of a SNF utilization review committee who thought SNF's an excellent location in which to utilize the skills of a physician extender.

This paper will report the experience over a 1-year period of a physician-nurse practitioner team which was formed in July 1975.

DEVELOPMENT OF A TEAM APPROACH

On the date the family nurse practitioner (FNP) was to join me, I was providing a preceptorship for a Stanford physician's assistant (PA) student and had 6 weeks before completion of that commitment. The FNP used that time to familiarize herself with our convalescent hospital patients, key personnel, and the different hospital environments. She was able to do so under less pressure by not having to spend half of her time in the office. During lunch hours, we reviewed her patient assessments and revised their form and content until they communicated what I needed to know about each patient. We also discussed patient problems during these sessions, which allowed me to assess the FNP's skills and progress in delivering patient care and investigating problems.

After the first 6 weeks, the FNP team member worked half time in the office seeing a full range of family practice patients. She assisted with complete histories and physical examinations and performed physical assessments for insurance, annual well checks, and sports, well-baby, and obstetric examinations. She also dealt with routine sick checks and made housecalls. My interaction with her in the office setting provided the opportunity to assess and augment her clinical knowledge, skills, and judgment. That assessment and interaction provided the basis for the mutual trust and communication essential to work as a team when she was in the SNF and I was in the office. She functioned well in the SNF to the limits of her ability, confident that I was always available for immediate consultation and support.

Our care of each SNF patient began with the FNP performing an initial assessment and developing a problem list and an investigational workup or therapeutic plan which I promptly reviewed with her. She also made required monthly evaluations and updated annual physicals for the SNF patients. It is in the areas of initial assessment and routine visits that the largest savings of physician time has accrued.

Her recommendations were accepted as telephone orders from me. A telephone order form for the accepted orders was then dispatched to me for prompt signature and return. I countersigned each of her progress notes and signed orders monthly for each patient.

The FNP also made emergency calls on any patient who had an acute problem between the scheduled monthly visits and was constantly available for phone consultation. Additional important savings of physician time and improvement in promptness of response to patient needs were realized here. She also talked frequently and at length with the families of SNF patients. The FNP called for physician consultation for any patient who had complex or acute medical problems, or whose condition appeared terminal. She took first

call for the SNF patients, I took second, and the physician on call for our group took third.

In addition to her patient care responsibilities, she became involved with administrative tasks such as inservice teaching, discharge planning, obtaining paraprofessional services for patients, recordkeeping, and attendance at utilization review meetings.

We feel that our patients benefit most by the greater amount of time the nurse practitioner is able to spend with them. Each patient is helped to feel important as a person and is given time to express symptoms, feelings, fears, and questions. The FNP takes time to discuss with patients the rationale for a suggested regimen. In short, reduction of time pressure allows a more humanistic approach to this patient group.

Patients also benefit from the absence of an "I=thou" relationship which may unintentionally be generated when physician and patient are involved on a one-to-one basis. The FNP is greeted as often by a hug as by a handshake. She is an inveterate optimist whose conviction that each patient can improve is contagious.

A frustrating aspect of patient improvement is the reclassification of patients from skilled to intermediate levels of care, which sometimes results in their transfer to other facilities, often against their wishes. Even within the skilled nursing classification, however, patients are making improvement I was previously unable to obtain or recognize. By no means do all, or most, patients make the dramatic improvements of the examples we will cite, but an impressive number do. In attempting to determine what differences in care were responsible for the significant gains made by these patients, we submit that the team approach allows time for each component of patient health care to be identified, considered, and pursued by the FNP with her "care" oriented background and reviewed by the physician from his "cure" orientation.

Medications are not only reviewed on each visit, but also discussed with the patient and nursing staff to achieve maximal therapeutic response with the minimal number of medications. Over-medication is considered first as an explanation for untoward change in patient status. Nursing care plans are continually updated as improvement occurs or new patient problems develop. Restorative services are employed whenever possible and reconsidered as patient improvement permits. Personal contact with the restorative aide or physical therapist not only facilitates communication, but the "strokes" delivered in the exchange also involve the therapist more personally in the progress of the team's patient. These contacts allow intercourse regarding rehabilitation potential and specific attention to be drawn to each patients' strengths, weaknesses, and new developments that suggest progress that may be further pursued.

Dietary consultation by the FNP may include weight reduction to make walking a more realistic goal or to reduce the pain from arthritic, weight-bearing joints. The patient's dentition and neurologic status are considered and every possible consideration is given to patient food preferences and cultural background that might influence the adequacy of dietary intake. Each patient is started on multivitamins, as it has been our observation that failing appetite and limited food budget, frequently result in a diet high in carbohydrates and inadequate in vitamins.

Psychosocial aspects are explored at the time of the initial assessment with particular attention given to how the patient views self and his desires, needs, and goals. For example, Mrs. W had been bedfast for 2 years and required a Hoyer lift for transfer. Her major goal was to stand and walk. To make this possible, a reduction diet was started; physical therapy which the patient had previously refused was begun; and the nursing staff organized a step-by-step plan with a series of attainable goals. The patient learned to stand for 5 minutes using a walker for support and, though unable to walk, was able to transfer from bed with the assistance of aides. This improvement made it possible for her to go home for overnight visits with her family. Though she has since died, her family still expresses gratitude for the progress she was able to make.

Frequently the FNP encounters grief, despair, and anger. Sometimes, the patient's stated goal is to die. The FNP encourages venting of negative feelings while supporting and reinforcing anything that can be used as a handle to start rebuilding the patient's self-esteem. Sometimes, the anger and hostility a patient vents can serve as such a handle. Mrs. L, though withdrawn and in the fetal position, was characterized by her sister as never having been a "quitter." The FNP, armed with this information while visiting the patient, demanded to

know why she had suddenly become a quitter. A small voice responded, "I'm not a quitter!" Mrs. L climbed out of bed that night, has not resumed the fetal position, walks between parallel bars, and enjoys visiting with her family.

If significant others are involved with the patient, they are enlisted as allies in helping the patient reach a therapeutic goal. All patients are coerced to participate in any activity, consistent with physical limitations, that will provide stimulation and social interaction. We feel that sensory deprivation may be a commonly missed explanation for confusion in reclusive old people. Orientation to time and place may be an inadequate tool for evaluation of one whose friends are all dead; whose scope of life has narrowed to a room, a mailbox, and a grocery store; and whose failing health has resulted in transport to a hospital and later to a SNF where passage of time becomes meaningless.

Every patient is evaluated for potential discharge. Reevaluation for discharge when it becomes more feasible is an ongoing process that is pursued when the FNP makes her monthly visits. When discharge is a possibility, community resource persons are recruited to help prepare the patient for transition from the hospital to the community and to provide the services needed to maintain the patient within the community.

The involvement in all of these aspects of patient care often takes less time to accomplish than to describe. The FNP may be discussing a patient with the director of nursing when they are approached by a restorative aide. The resulting conversation, lasting no more than five minutes, could result in changes in several patients' care plans for restorative services. The key to these mini-conferences is the availability, accessibility, and flexibility of the FNP and her contact with the physician member of the team.

BENEFITS OF TEAM APPROACH

The following cases are illustrative of the kinds of improvement we have been able to obtain within our patient group using the principles outlined applied by a "care-cure" team. Mrs. C became our patient on transfer from an acute-care hospital. She arrived with the diagnoses of atrial fibrillation, insulin-dependent diabetes, and post-cerebrovascular accident with left hemiparesis. She was somnolent and the transferring physician considered her restorative potential to be poor. Observation of minimal responses suggested some restorative potential to the FNP and physical therapy was started. The patient had supportive family members who were included in her care plan. Under the physician's supervision, medications were adjusted and the atrial fibrillation stopped while the diabetes was brought under control. The patient continued to make progress in physical therapy and can now walk with the aid of a tripod cane. She is completely oriented and recently told the FNP team member an amusing story dealing appropriately with current events.

Another patient, Mr. M, came to the SNF totally confused, bedfast, and incontinent. He now reads, is alert, walks, and has been reclassified. A third patient, Mrs. C, was confined to a wheelchair and bed and had incessant complaints. Her complaints were reduced to her neuralgia, and she again walked without assistance. Before her death, her emotional tone was optimistic and she felt pride in her progress.

Our greatest therapeutic triumphs are the patients who improve enough to go home. Mrs. J, for example, was admitted from the acute-care hospital bedfast, psychotic, and incontinent. Six months later, she was discharged walking, oriented, and able to perform daily activities with minimal assistance. She now attends a weekly YMCA exercise group and helps with the household chores.

Mr. R had liver decompensation from cirrhosis and was totally confused, non-ambulatory, and incontinent. He was diagnosed as an insulin-dependent diabetic. He now enjoys reading, gives himself his own insulin, has abstained from alcohol while released on several visits home, and, with the help of a medical social worker, is being reintegrated into the community.

The patients profit from several technical aspects of our team approach. Patients' needs are more quickly met because of the FNP's mobility. Their problems are considered from two points of view and two backgrounds. The FNP team member, from her nursing experience, considers nursing roles in patient care more carefully than I was able to do, and her consideration results in improved communication with nursing staffs in the facilities.

We serve the families of the SNF patients by discussing care and treatment of their elders. We try to help them work through their feelings of guilt and

grief and accept the mortality of their relatives. Our support and reassurance sometimes make more acceptable the painful decision to place a loved one in a long-term care facility when home care is no longer possible.

Benefits to the SNF are more tangible than those to the patient or family. SNF administrators are reprimanded by inspectors if patients are not visited at prescribed intervals and if annual updates of physical assessments are not done in a timely fashion. We are to relieve the SNF administrators of that problem with our patients. The accessibility of the FNP improves communications, so SNF personnel feel more secure than when working with a physician whose availability is uncertain. Also, employees of SNFs are required by law to have an annual physical examination, a function we perform for all six facilities. Finally, teaching services are provided in each facility by the FNP.

I benefit from working with a nurse practitioner because I feel comfortable about the quality of care our patients receive. Combining our abilities in caring and curing seems especially useful when caring services may be the lion's share of what we can offer many patients. Without a physician extender, I was stressed to care for 50 SNF patients; as a team, we provide better care for 250. Interruption of my days off is rare, and I am almost never called by the SNF's at night. Though early in our relationship the FNP and I spent a great deal of time together working out policies, protocols, and procedures, we now share only 2 lunch hours a week discussing new patient workups and patient problems. To be sure, there are frequent hallway consultations and occasionally some by telephone, but my own expenditure of time is considerably less than that required to care for 50 SNF patients by myself. One of the greatest conveniences is being able to send the FNP team member to a SNF for assessment of an urgent problem while I stay behind to care for patients waiting in the office. Finally, more time can be spent with each patient and better communication with patient, family, and SNF staffs provides a broader data base for problem identification and treatment.

SOME PROBLEMS

I have emphasized the positive aspects of a team approach to elder care. There are also some problems. If a patient, who has not been visited by a physician within 20 days dies, the death is automatically a coroner's case, even though the patient's passing may have been anticipated. To reduce the incidence of this problem, I make a special effort to see any patient who is failing, even though the visit may add little to his overall medical care.

Because of the use of telephone order forms to assure prompt countersigning of orders initiated by the FNP, a constant stream of paper flows between my office and each SNF. The stream is larger now than before I worked with a nurse practitioner because of increasing the number of patients we supervise by 500 percent. Each month, I make a special trip to each SNF to sign the monthly order review and countersign each of the FNP's progress notes.

A minor, but annoying problem, is that of limited office space. The addition of another working person to a space already fully occupied requires understanding and good humor on both sides. This problem is diminished by a record-keeping system that is portable and concise and that allows me to keep current on patients and the FNP to work anywhere that she can find a phone.

OTHER ISSUES

Quality assurance for the services provided by the team is a subject that lies at the crux of evaluation of the quality of team care in the SNF. The team concept involves not only the physician and nurse practitioner, but also other members of the health-care community and provides a built-in system of checks and balances for attaining the goal of effective patient care. The physician member of the team is presently medical director of all SNFs in Fremont. In that role he is in continuous contact with the administrator and nursing staff of each facility. Any problems arising in patient care are freely and frequently discussed. Monthly chart review requiring cosignature of physical assessments, progress notes, and therapeutic recommendations offers additional opportunity for monitoring quality of care. Frequent medication reviews by the facility pharmacist serve as another check on appropriateness of therapy.

The problem of compensation is one that deserves consideration. The FNP team member started work at a salary lower than that usually paid nurse

practitioners, and lower than she had been offered elsewhere. She was started at \$1,200 monthly plus 25 percent of the net proceeds from her productivity. In the year we have worked together our patient load has increased from 50 to 250, but she has received neither bonus nor raise in salary. Our family practice group has underwritten the expense of hiring a FNP. At this point, cash received approximately equals expenses, but we have accounts receivable from medicare and Medi-Cal which, if collected at the rate prevailing so far, should yield \$10,000 to \$12,000. Clearly this form of health-care delivery is not a moneymaker in the beginning, but we are confident of a reasonable profit in time.

The chief problem is one of which the reader is probably well aware. Our office has collected only 37 percent of our total gross billing for team services in the SNF's because of the delay of the agencies in payment. Of the accounts for which we have been paid, we have collected 65 percent and must write off 35 percent. It is apparent that the lower overhead associated with a nurse practitioner is of benefit when trying to make financial sense of skilled nursing patient care.

COMMENT

In short, there exist a host of reasons that make physicians reluctant to care for SNF patients on the traditional fee-for-service basis. The drawbacks of a team approach are far outweighed by the advantages of this form of health-care delivery. The patients receive far more attention and time, the physician's time is spent much more efficiently, and the SNF's are aided by better compliance with regulations and better communication between the nursing staff and the nurse practitioner. We feel the team approach to care for skilled nursing patients is a most workable and effective solution to a prevalent problem.

GARY T. ROWSE, LOS ANGELES, CALIF.

The provision of services to the rural elderly has always posed specialized problems. In particular, the provision of legal services to the rural elderly is especially difficult. The factor of distance calls for creativity in the design of legal programs. The paucity of legal resources in rural areas, and in particular Legal Services Corporation funded projects, only complicates the problems. Restrictions on the use of paraprofessionals, such as exists in the State of Iowa, retards the development of a comprehensive legal services network. In this regard, I would hope that the Administration on Aging, the Legal Services Corporation, and this Senate committee will not cease in their efforts to develop the techniques and resources necessary to begin to alleviate this problem.

SALIDA SENIOR CITIZEN'S CENTER, SALIDA, COLO.

Transportation must be one of the primary solutions to be resolved for the elderly so that they can remain in their homes rather than becoming residents of nursing homes.

I would like to see housing projects for the elderly at reasonable price ranges so they can pay rent in 3- or 4-story buildings.

Would also like to see senior citizens be exempt from school taxes which we have been paying all our lives; lower medical prices, etc.; ceiling on hospital costs; help on dentist bills for elderly.

IRA W. MARTIN.
 RAYMOND J. MILLER.
 J. H. HEINZ.
 MR. AND MRS. A. J. GREENE.
 ELLEN WILLYARD.
 MAY GLENN.
 LAVENE REED.
 WILMA SWEET.
 ERMEL RRIIPP.
 CORIE HINTON.
 BERTHA HEINZ.

FRANK G. SANDOVAL, PUEBLO, COLO.

I could come up with statistics regarding senior citizens that are taking advantage of the centers for senior citizens, food stamps, meals-on-wheels, transportation, trips here and there, learning crafts keeping their minds occupied, and all areas having to do with the senior citizens, versus the imprisoned in their own homes or rented apartments without companionship, or confined because of chronic illness perhaps incurable, bedridden, or in a wheel chair.

Not too much emphasis is placed in this area if any. Meals-on-wheels, for example, is \$1.50 for one meal, while at the centers from free to \$.05 or more.

I feel that the imprisoned or shut-ins not only are forgotten, but also discriminated against. There are many in this category.

MARY ANN SEITZ, BOISE, IDAHO

I would hope that Senator Church and the Senate Committee on Aging pay special attention to the comments expressed here, by our elders, that focus on their own individual resource and creativity. As a professional working with senior citizens this past 5 years, I am convinced many solutions to meeting our country's needs constructively are locked up—or at least hidden from the mainstream—in our elders. Please make an effort to transport the creative maturity we know they have to the places where they may cooperate with the planners and decisionmakers to make more realistic implementation of congressional intent. Harnessing senior power and maturity with the energy and dedication of our younger professionals can make things like Green Thumb in Idaho and learning to use the telephone in Durango a reality.

AVANELLE M. SMITH, RESEDA, CALIF.

As the director of San Fernando Valley Interfaith Council which serves as an operating agency for several projects for the aging, there are three special concerns I would like to call to your attention:

(1) The unfairness of the social security system, which penalizes the persons who must continue to work to supplement their incomes. This is so unjust; I cannot understand why correcting it drags on year after year.

(2) The second concern is the high cost of medical care. In health screening at our senior centers we uncover great health problems—long neglected because there is never enough money for preventative medical care. Discomfort, pain, and early death are often the result. Reluctantly, I urge the study of more adequate and affordable government medical care.

(3) The third concern is housing. As elderly are forced to give up their homes, they are again penalized for being poor by the rules regarding the sale of property. For many, their homes are the main source of life savings. Why are they not allowed to have a nest egg to give them a feeling of independence and security? After they leave their homes (as homeowners) or as renters forced out by increasingly rising rents, where do they go? Back into the heart of Los Angeles in a cheap, firetrap hotel? Rent subsidies aren't enough. We need low-cost housing!

There are many other needs for the elderly we serve, so we'll settle for these temporarily. Thank you.

MR. SANDY STUTZ, SAN RAFAEL, CALIF.

At this point we seem to know what the major concerns are of our Nation's elderly, both rural and urban. Concerns such as more support for in-home care, accessible transportation, the right to employment.

Mr. Chairman, I could see from your reactions to the audience input that you are aware of these concerns. When will a reasonable amount of the allocated moneys for senior services ever filter down to the direct service level? After all, isn't that what this is all about?

I do have faith in your abilities, and in my mind you are one of the few politicians with ethics. I applaud you for this.

JOAN TADEO, MONTECITO, CALIF.

Service systems and special services in communities which are of a rural nature need specific consideration in funding formulas due to lack of resources and resource agencies which are available in more urbanized areas.

Regulations and standards for use of funds must consider feasibility for small communities to participate.

Multipurpose senior centers: Limited facilities and staff, as well as support funding, may not allow multiple, expensive, or full-time programs. These centers should be able to receive funds which will enable them to improve services.

These concerns carry over into many other alternative community services to assist persons to stay within their own homes, as well as other services such as transportation.

Singular funding sources with consolidated reporting systems will allow more time to be spent in planning, coordination of policy, and implementation of direct service programs.

FRANK TANNER, LARAMIE, WYO.

Wyoming communities, along with communities in several other States in this region, are currently undergoing or are facing the prospect of what is commonly referred to as "impact." This rapid growth, while it may prove beneficial in the long run, is having drastic consequences for many of the older people living in these communities. Small, fixed incomes do not go very far in offsetting the spiralling costs that seem to be the grim companion of impact.

Therefore, I would like to recommend that the Senate Special Committee on Aging either undertake or commission a study to determine the special problems of older people being caused by impact related to energy development projects and to develop a long-range plan for alleviating these problems. If an energy sufficient nation is the goal and this region is to prove the raw materials for much of that energy, then the nation has an obligation to see to it that the older people do not bear the brunt of something designed to benefit the entire nation.

Thank you for your consideration of this problem.

JOHN C. THOMAS, ENGLEWOOD, COLO.

As a member of State health facilities board, I see a marked lack of understanding (concerning the problems of rural elderly) between rural and urban people. Mostly I do not believe urban people understand rural people and their problems. As a member of Denver Gray Panthers, I sometimes wonder if health professionals understand the problems of older people, whether rural or urban.

As to this meeting—it is a tragedy that we listened to many, many speeches and very little from the people concerned. Namely, older Americans—rural and urban.

BOBBY TRIMBLE, JR., STRATTON, COLO.

I feel that something should be done about the rising cost of living because the people on fixed incomes are just barely surviving. A lot of them go without eating before they go without heat or a necessity of some kind. Loneliness is really a big problem in the rural area. If people would only open their eyes and realize that there are people in need of help. Some of the big shots should get off their dead asses and look at what is going on around them and try to help instead of just sitting around doing nothing.

Transportation is also a big problem in our area.

Keep up the good work, Senator.

CHARLOTTE TROPP, ARCATA, CALIF.

I would like to request that if new moneys are allocated for rural elderly programs, a separate set of guidelines and regulations could be developed which are specifically tailored to the unique circumstances of rural development. We

have spent 3 days at these sessions talking about the values of the rural elderly; i.e., their fierce sense of independence, resistance to anything Federal, conservatism, etc. Development and acceptance of help takes time. We cannot meet the needs of the rural elderly while at the same time play the numbers game. We must now play with urban programs and grants.

LUCILLE TWYMAN, TRINIDAD, COLO.

Too much paper work. We spend too much time in surveys with nothing accomplished by same. All talk and no action; always running out of funds before the job is completed.

I don't need to repeat what the elderly's needs are: money to carry on the programs.

Medicare constantly changing and rates increasing. Seniors on fixed incomes who are not on public assistance sure could use medicaid.

ANITA VAHLE, DENVER, COLO.

We need more senior high-rises like the Bradley House on Datura Street in Littleton. Since I was one of the last to speak, and time was running out, I promised to go into detail in a letter. Since we live on the very edge of Denver, I am not familiar with the needs of Denver proper, but I was referring to the Englewood, Littleton, and extreme southwest Denver area.

We especially need senior high-rises that have the same accommodations as the Bradley House for the low-middle income groups. The Bradley House offers a dining room with the noon meal served, courses in various subjects of interest to senior citizens—many of which are in conjunction with Arapahoe College—schedules lectures, different craft classes, card games, and many other activities.

The middle class citizens have carried the heaviest tax burden all their lives and I feel we should have the right to live in a place that offers the above opportunities as well as the very low income, without being expected to sacrifice a large amount of our savings and having to pay one-fourth of our income for rent. I don't feel the low-income citizen should be the responsibility of the low-middle income people who want to enjoy the privileges offered in one of these high-rises. I feel the low income should be all of societies' burden. I think these apartments should be rented to the low-middle income group for the same amount that a comparable apartment in that particular area rents for.

The way these high-rises are now set up, it gives the shrewd and clever a chance to dispose of their moneys in such a way that supposedly they have only their social security left to live on, of which they pay one-fourth for rent which, on an average, very often amounts to no more than \$50. Yet they have plenty of money to travel extensively, even to foreign countries, and do all the things the upper-middle class can do, by having their children control the purse strings. I don't feel it is fair that the lower middle class are put into this situation in order to live in a senior high-rise that provides the opportunities described above. Most of the lower-middle class either are not clever enough to know how to handle their moneys or are too honest to try to finagle, so consequently they are forced to pay very high rents, and/or part with most of their savings. I feel that we are really discriminated against and that something constructive should be done for the low-middle class senior citizen.

DELIA VICERRA, SAN FRANCISCO, CALIF.

In my experience with the State Department of Aging (in the position of consultant), I often travelled to the rural areas of California. The critical need is for technical assistance to program providers (and to the elder consumers themselves in terms of promoting their self-help potentials). Whether they be Older Americans Act-funded programs or otherwise was always one of the most overlooked aspects of program development in these remote areas. Although many States now have AAA's in rural areas—California still does not have AAA's in many rural areas and thus the State department retains direct

responsibility for serving those areas—I have heard in various workshops during this conference that adequate technical assistance is still largely unavailable to meet program needs—whether these be in terms of transportation, health services, housing, nutrition, special needs of minority elders, information and referral, home health services, legal services, and other critically needed services most frequently identified in rural areas. Technical assistance and program development and implementation tools are essential if the self-help potential of rural communities can be realized in any type of meaningful way and have impact on the needs.

Thank you for utilizing the WGS final session as the forum for focusing on this important issue in the development of national policy on aging. The needs of rural elders is an important need and one which this country is compelled to address—hopefully sooner rather than later.

R. WACKER, COLORADO SPRINGS, COLO.

Listen more ; More input from audience, please.

MRS. LESLIE V. WARD, GREELEY, COLO.

Our community and county have several minibuses to serve the seniors. It seems to me that more people could be served with less cost if family cars or station wagons could be used for much of the transportation because the buses travel many miles with only one or two passengers.

I would like to praise the services for the rural elderly blind. This team has searched out and provided services to elderly blind in northeast Colorado—a very necessary program and very successful.

GARY J. WEBSTER, AURORA, COLO.

I support the suggestion that a strong subcommittee on rural elderly be created (subordinate to your committee).

ROGER W. WETZEL, DEVILS LAKE, N. DAK.

There needs to be more coordination and integration of services to the aged. Consideration ought to be given to moving senior companions, Green Thumb, RSVP, and foster grandparents to the AoA instead of the current fragmentation situation.

Rural areas ought to receive a proportionately higher allotment of funding because of the higher cost of delivering services in rural areas.

The use of paraprofessionals and nonphysician health personnel needs to be encouraged, especially in rural areas.

Revenue sharing needs to be directed more toward human needs in rural areas.

JAN WILSON, LOVELAND, COLO.

The accessibility of Mr. Oriol of the Senate committee and Mr. Ed Howard of the House committee were greatly appreciated by myself and others. I'm sure the interchange of information, ideas, and concerns will prove to be beneficial for us all—especially the rural elderly.

MRS. H. H. WRENN, COOLIDGE, ARIZ.

Thank you for your kind and sympathetic attention to those who spoke at the hearing and for the many hours you spend on the Special Committee on Aging.

LUCILLE WRIGHT, NORTH HOLLYWOOD, CALIF.

Not only should medical practitioners in rural health care be funded by medicare, but mental health practitioners also. Many times if emotional problems can be handled there are fewer physical problems.

The whole Older Americans Act structure is getting more and more loaded with a bureaucratic structure that is getting more and more bulky. Can there be a definitive set of guidelines set before the bureaucracy is locked in cement and each arm is protecting its own turf so aggressively that more and more money is taken by "Old Man River" of the cartoon you showed?

