

SERVICES FOR SENIOR CITIZENS

HEARINGS
BEFORE THE
SUBCOMMITTEE ON FEDERAL, STATE, AND
COMMUNITY SERVICES
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
EIGHTY-EIGHTH CONGRESS
SECOND SESSION

Part 2.—Boston, Mass.

JANUARY 20, 1964

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SERVICES FOR SENIOR CITIZENS

MONDAY, JANUARY 20, 1964

SUBCOMMITTEE ON FEDERAL, STATE,
AND COMMUNITY SERVICES OF THE
SPECIAL COMMITTEE ON AGING,
Boston, Mass.

The subcommittee met at 10 a.m., pursuant to call, in the Gardner Auditorium of the Massachusetts Statehouse, Hon. Edward M. Kennedy (acting chairman of the subcommittee) presiding.

Present: Senator Kennedy and Senator Leverett Saltonstall.

Also present: J. William Norman, Jr., staff director; John Guy Miller, minority staff director; Patricia G. Slinkard, chief clerk.

Senator KENNEDY. The subcommittee will come to order. It is a pleasure to welcome you to this hearing of the Subcommittee on Federal, State, and Community Services. It was very kind of you—who share our concern for improving services to our senior citizens—to come here today and give us the benefit of your experienced judgment.

This is the first of a series of field hearings to be conducted by this subcommittee. Tomorrow we will go to Providence and in the weeks ahead we hope to hold additional hearings in other areas of the country. In these hearings we will gather information on the services now being provided for senior citizens at all levels of government and by private organizations. We will seek ways of improving these services and of stimulating new services. We will make recommendations for legislative and administrative action.

There is a need for progress on the problems of our senior citizens. Their difficulties are many. They are complex. They are serious. It is not enough to face only one of these problems, or a few of them. It is not enough to face and solve the needs of our older citizens for health care, for housing or for other material necessities, even though those objectives have the highest priority. A wider range of services is required if the needs of our older people are to be fairly met. This is the richest nation on earth and I do not believe that hardship and want should be the reward which we give our senior citizens, who have served us longest.

So today the subcommittee has invited testimony from a number of witnesses who are experienced in improving services for the elderly. We will also welcome comment on two bills, S. 1357 and S. 2000, which are relevant to our inquiry.

At this point we welcome our distinguished senior colleague, Senator Saltonstall, to these hearings to help and assist in this important undertaking. [Applause.]

I am confident that the information which we will compile, exchange, and evaluate in these hearings will help us to advance the quality of our lives. I am also confident that the Massachusetts experience, to be described today, will be especially useful to our subcommittee. For in the field of aging, Massachusetts is a unique State—unique in its problems, and unique in its promise of progress.

Massachusetts does have serious and extensive problems. This Commonwealth ranks among the top five in the Nation in the share of its people over 65. We have critical areas of unemployment, particularly in our older industries where the employees are often older. Many of our aging cities require urban renewal, which may result in severe personal dislocation for retired persons living on fixed incomes. These are matters of deep concern—concern to me and concern to this subcommittee.

But the experience of Massachusetts also gives cause for hope, and this is of special interest to Congress and the Nation. Massachusetts is making progress. Even though this progress is not nearly as comprehensive as it needs to be, and even though none of us is satisfied, our State is actually a leader in facing the problems of the elderly. The efforts being made in our State deserve wider recognition.

For example, in the last 14 months we have doubled the number of federally aided units of special housing for senior citizens. Only last month the Federal Housing and Home Finance Agency approved a \$932,000 senior citizens loan for an apartment house for elderly persons in Malden. An important study is now being conducted in Boston under a \$344,000 U.S. Public Health Service grant, to learn more about the pattern of living of people over 65.

Late in 1963 the Department of Labor and the National Council of Aging selected Boston as one of six areas in the United States for an extensive demonstration project involving recruitment, training, and placement of older workers. During the last year Massachusetts moved from virtually last place to the front rank among States in the utilization of Federal job retraining programs under the Manpower Development and Training Act, and over one-fifth of these trainees were older workers. Therefore, I am sure we will have a productive hearing today.

We welcome all those who have come here to give us the benefit of their testimony and the benefit of their experience in this important field:

Maybe Senator Saltonstall would like to make a comment at this time.

Senator SALTONSTALL. Mr. Chairman, I am not officially a member of your committee. You wrote me a letter and invited me to sit in on these hearings with you as long as I could, and I appreciate your courtesy. I am looking forward with a great deal of interest to listening to the testimony. As you have so well stated, Massachusetts ranks high among the States with respect to the number of its citizens who are over 65 and we want to do what we properly can to be of assistance. I thank you for inviting me here. [Applause.]

Senator KENNEDY. The first witness for the subcommittee will be the Honorable Endicott Peabody, Governor.

For the benefit of the subcommittee, I know in many instances you will have an interest in the comments and the people that do testify,

but I hope you will please refrain from applause. Governor Peabody.

Governor PEABODY. Senator Kennedy, Senator Saltonstall.

At the outset, may I welcome you both to the halls of the State House and to Gardner Auditorium, places to which you have both been often before, but today in your official capacity, holding hearings on behalf of the Federal, State, and Community Services Subcommittee of the Committee on the Aging. We are happy and delighted to have you here.

Senator Saltonstall, as ranking member of the minority of the Appropriation Committee, your indication of interest in this important subject bodes well for the success of future legislation when it may be considered.

(Governor Peabody's prepared remarks follow:)

STATEMENT OF HON. ENDICOTT PEABODY, GOVERNOR, COMMONWEALTH OF MASSACHUSETTS

Senator Kennedy and distinguished members of the U.S. Senate Committee on the Aging, Subcommittee on Federal, State, and Community Services. As Governor of the Commonwealth, let me welcome you to our statehouse—we are honored by your presence.

This committee is charged with the responsibility of studying services now being rendered senior citizens by all levels of government and by private organizations and businesses. Your task is to recommend action to stimulate and improve such services for the elderly.

We in Massachusetts continuously have stressed intelligent planning and programming for our elderly. In the past year, we passed legislation which will substantially reduce the property tax burden for many of our senior citizens.

We extended the Commonwealth's guarantee and subsidy for housing for the elderly.

We liberalized and strengthened the Commonwealth's retirement program.

We provided relocation assistance for persons affected by eminent domain action.

We liberalized and improved benefits in the old-age assistance program.

We protected the voting rights of older persons by permitting voter registration in nursing homes, hospitals, and similar places; and we provided increased safety and protection to residents of nursing homes.

In my annual message to the great and general court, delivered on January 2 of this month, we proposed two further programs for our senior citizens.

First is a "beefing up" of the staff of our Massachusetts Council for the Aging so it can help keep our older persons active and healthier, and provide less expensive home care for those in poor health. This would be accomplished by information and referral centers, home aid and housekeeper programs, foster home placements, part-time employment programs, recreation and volunteer activity programs, and health screening clinics. Our point here is that there are many programs and facilities, both public and private, available for our senior citizens. However, a single, easily accessible clearinghouse must be made available so our older people can readily find out about these programs and take advantage of them.

Secondly, the U.S. Congress has wisely and generously made substantial Federal funds available to the States on a matching basis for programs for our senior citizens. There are private funds also available on this matching basis. We have recommended this year in Massachusetts that we provide starter funds in order to attract this Federal and private money. We then can put the money to work in counseling and advising older persons on the use of available services and opportunities, and to accumulate information on the need for services not presently available.

Finally, we shall call a Governor's conference on the aging this year to examine our long-range needs and map further plans.

Because Federal and State programs to benefit our senior citizens are closely interrelated, I submit that it is of the utmost importance that there be a close working relationship between the Governor and the congressional delegation in each of our States.

Here in Massachusetts we have established just such a relationship through what we call a "partnership for progress." Through constant communication between Senator Kennedy, other members of our congressional delegation, and my office, we are able to work together effectively for the benefit of all our citizens.

On the Federal level this year, we are most hopeful that medical care for the aged under social security will be passed. Medicare will allow our senior citizens, who have contributed so much to making our country great, the dignity and security of their golden years.

We also are most interested in the legislation introduced in the Congress on April 24, 1963, known as the Senior Citizens Community Planning and Services Act of 1963. This bill carries out the five important recommendations in the late President Kennedy's special message on the needs of the elderly, which was sent to the Congress in February of last year. We heartily endorse its purposes which are:

1. To provide grants to the States to develop community services for older people;
2. To provide grants for demonstration and research projects;
3. To provide grants to encourage the training of persons working in the field of the aging;
4. To assist in building, renovating, and equipping multipurpose recreational activity centers; and
5. To stimulate employment opportunities for older people.

Passage of this legislation would be a tremendous step forward.

May I congratulate this distinguished committee through its chairman, Senator Kennedy, for taking the initiative to hold hearings in the communities which are so interested in helping their senior citizens. This gives the man in the street a fine opportunity to be heard. This is democracy in action in its finest sense. I think we will all learn much from the testimony given here today. Thank you so much for giving me the opportunity to testify before you.

Governor PEABODY. May I file, Mr. Chairman, two acts which we have submitted to the general court, which you might wish for your purposes?

Senator KENNEDY. The subcommittee will take these. Senator Saltonstall, do you have anything you wish to say?

Senator SALTONSTALL. I have no questions.

Senator KENNEDY. I want to thank you, Governor, for your extremely comprehensive, knowledgeable, and understanding statement. It certainly will be helpful to this subcommittee, because we know of your profound interest and concern on these matters concerning the senior citizens of the Commonwealth, and your information and testimony this morning will be extremely helpful to this subcommittee and to the Congress. I want to thank you, Governor, for coming down.

Governor PEABODY. Thank you, Senator.

Senator KENNEDY. The next witness before the committee will be Father Joseph Alves, chairman of the Massachusetts Council for the Aging. Father, we want to welcome you here this morning. We are keenly aware of the very profound interest that you have had in this field for the aging, the outstanding work that has been done by your group and by your committee, and the depth of your interest and comprehension of this program, the experience which you have obtained from your many years of concern with it. And your comments on it are appreciated by this subcommittee. So if you will proceed in your own way.

Reverend ALVES. Thank you, Mr. Chairman.

**STATEMENT OF REV. JOSEPH T. ALVES, CHAIRMAN,
MASSACHUSETTS COUNCIL FOR THE AGING**

Mr. Chairman and members of the U.S. Senate Special Committee on Aging, my name is Joseph T. Alves. I am the chairman of the Massachusetts Council for the Aging. As spokesman for the agency established by the Commonwealth to coordinate and stimulate programs for older persons, I am happy to welcome your committee to Boston. Your visit here is, from our point of view, very timely; coming at a time when I believe Massachusetts is preparing for a significant thrust forward in the field of improving and expanding services for the aging. It is my sincere hope that the Federal Government is similarly tooling up to tackle the plight of older Americans.

Browning's oft-repeated lines from Rabbi Ben Ezra, about the "last of life," are still an unattained promise for which we all share some responsibility. In my brief remarks today, I intend to be frankly critical of our progress toward our common goals—and they are common, because in the numerous statements from all sources, there is little, if any, disagreement on what we owe our older citizens. I am as aware as any, I believe, why our progress has been sluggish. As executive director of Catholic Family Counseling, Inc., in Boston, I am a daily witness to the full range of human problems and know the intense competition for interest and support among the many humane services. As we view the range of our social welfare concerns as a nation, problems attendant on aging have only recently attained substantial proportions.

Many of us thought the White House Conference on Aging in 1961 was to be the launching platform for a concerted attack by public and voluntary groups at a Federal, State, and local level on the disparities as well as the despairs of our older neighbors. Again, we all share some responsibility for either expecting too much or not working hard enough to turn our expectations into realities.

Unquestionably, much has been done in the intervening months since January 1961. A report of "Massachusetts Activities in Aging during 1962 and 1963," copies of which are herewith submitted for your perusal, clearly reveal a wide variety of activities and developments now in progress. What then is lacking? Do we just need larger measures of what we are now doing? This would undoubtedly move us along more rapidly to the common goals alluded to earlier—but it would not be the quickest or most effective way. The vital ingredient, I feel, is a more effective partnership between levels of government, each making the contribution most appropriate to the resources at its command. This is the fundamental element that mobilized so much action in preparing for the White House Conference. Leadership at the Federal level to mobilize 50 States, leadership at the State level, to mobilize hundreds of communities, leadership at the community level, to mobilize thousands of citizens, all sharing the strength that comes with fighting and working in unison to combat a common enemy.

Time limitations urge me to move on quickly to expand on my earlier mention of the timeliness of this hearing in Boston. I look back with a mixture of pride and pleasure on a series of events which I hope will eventuate in the more effective partnership between our three levels of government which I deem essential to real accomplishment.

Last February, just a few days before President Kennedy's historic message to Congress relating to our elderly citizens, the Massachusetts Council for the Aging submitted a proposal to our newly elected Governor Peabody. Our proposal to move Massachusetts ahead in aging did not compare in scope, nor depth, with the incisive delineation of this subject matter dealt with in the President's message. However, in the subject matter dealt with in common in both documents; that is, the area of fostering community services, there was a striking uniformity of recommendations. Copies of the Massachusetts proposal and an extract of comparative comments is herewith submitted.

Subsequently, the portions of the President's message to Congress dealing with community planning and services were presented to the Congress as S. 1357 and H.R. 5840. At Governor Peabody's direction, principal elements of the council's proposal have been drafted into legislation as part of S. 1 and presented to the current session of the Great and General Court of the Commonwealth. Today your committee will, I am sure, hear much favorable comment on S. 1357 and 1 week from tomorrow, a public hearing will be held in this statehouse on S. 1.

Passage of this kind of legislation at the Federal and State level will give us the tools to forge the kind of effective partnership between local, State, and Federal Governments that could make for a genuine Alliance for Action in Aging.

One of the common elements in S. 1 and S. 1357 in forging this Alliance for Action in Aging is the provision of seed money for the development of services at the community level. I feel that most communities will support needed services of demonstrated value. However, the competition for the tax dollar and the voluntary contribution is already straining community resources. Unless and until there is (a) experience, (b) acceptance, and (c) realization of the financial and human savings in more active, healthier, contributing older citizens, our communities will understandably continue their present piecemeal or postponement practices in meeting problems of the aging.

I think the respective roles of the Federal and State Governments in an Alliance for Action in Aging are adequately defined in the documents mentioned previously. I am now looking forward eagerly, as I am sure you are also, to hearing from, and learning from, those witnesses who are representing local communities.

In closing I would be remiss in representing the Massachusetts Council for the Aging if I did not mention the fact that I have limited my remarks on needed Federal action to those proposals for amendment of the Social Security Act as are contained in S. 1357. The council has previously endorsed, and will, when appropriate in the future, give further endorsement to other amendments to the Social Security Act to revise and extend the benefits of social insurance, including medical care.

Mr. Chairman and distinguished members of this subcommittee, I hope you share my sense of urgency that time is running against us if we are to fulfill our obligations to older persons in our society. Each passing day sees another cohort of 1,000 persons added to our present population of older Americans. I wonder how many of today's cohorts faced this event comfortably?

Thank you very kindly for inviting me here to appear before you.

Senator KENNEDY. We want to thank you for what I think has been an extremely illuminating outline of responsibilities of Federal, State, and community leadership in this alliance for action on the aging. And I think from this testimony and from your past writings and past communications, you have brought to bear enlightenment and an understanding of these responsibilities, and these observations I know are greatly welcomed by the subcommittee. I want to let you know how much we appreciate your coming here this morning and giving us the benefit of your very profound experience and your extremely sympathetic understanding of this very acute problem, one which I know you are interested in so deeply.

The next witness is Mrs. Harold Sanderson, chairman of the Commission on Services for Elderly Persons for the State of Connecticut.

**STATEMENT OF MRS. HAROLD SANDERSON, CHAIRMAN OF THE
COMMISSION ON SERVICES FOR ELDERLY PERSONS, CONNECTI-
CUT**

Mrs. SANDERSON. Senator Kennedy, Senator Saltonstall, members of the committee, I appreciate your courtesy in permitting me to come up from Connecticut to speak at this hearing today. This is an opportunity which we welcome, both to communicate our interests to you and also to commend your committee on what steps have already been taken.

I have filed an extensive statement with the clerk of the committee, and what I am now saying is in summary. Following my remarks, Dr. Hart of the Connecticut Department of Health wishes to briefly outline some special services which are being conducted by the Department in the interests of older citizens outside of the health area.

Senator KENNEDY. Mrs. Sanderson, your complete statement will be introduced in the record, and you will proceed as you outlined here in your summary of it.

Mrs. SANDERSON. Thank you. Connecticut governmental channels have begun to overcome local inertia and disinterest toward the problems of older citizens. Good and varied services are provided by State agencies, and more could well be developed if local-level interests stimulated boards and commissions as well as operating agencies at the State level to utilize Federal funds and private resources more extensively. The Commission on Services for Elderly Persons is a statutory body of 15 members. It is not an operating agency. But its statutory mandate does permit it to stimulate, interpret, counsel, and technically assist local communities to substantially advance to operating level any project or program needed for their citizens. To date, however, these special needs, so dramatic to those of us in day-to-day contact with elderly persons, have not moved local government or the general assembly to extensive practical action. The commission, by publishing a "Handbook of State Services for Older Persons," has given visibility and attention to what already exists, and expects through its use that the utilization of the public resources will be increased.

Governor Dempsey has already noted the importance of a State plan for older people, which, for the 1965 general assembly will pre-

sent a blueprint of action. In the meantime, the commission will continue with its limited staff to promote both town-by-town action and local commission organization.

Finally, it seems to be apparent that some specific projects must be undertaken as demonstrations, and that these must be evaluated for their importance to Connecticut and not according to the standard applied to the country at large. Supportive services, multipurpose centers, and information mechanisms are very effective in our State but extremely limited. Without funds to encourage substantial and visible improvement, the commission finds it difficult to move communities to action.

It seems important that services to persons of special needs is an area deserving attention of your committee. In addition to a program of protective services, we have begun to explore opportunities for outreach to persons of limited mobility, the lone man in urban areas, elderly persons presently unnecessarily hospitalized in mental institutions, because of the lack of community facilities in their own areas and, last, the elderly deaf. Preretirement counseling and education is requiring our attention as well, because here can be developed the beginnings of a new independence so important to the "young old."

We have the same general needs as other States: More staff with special skills to work with older persons; more specialized facilities, and more accessible and available physical facilities, especially in urban areas. And last we have the need to talk less and listen and reflect more upon who these people really are, what they have to contribute to our efforts in their behalf, and how they really feel about what is being done and what is specifically needed.

Thank you.

(Mrs. Sanderson's statement is as follows:)

STATEMENT OF MRS. HAROLD R. SANDERSON, CHAIRMAN, CONNECTICUT COMMISSION
ON SERVICES FOR ELDERLY PERSONS

To effectively appraise quantitatively or qualitatively the service rendered the aged in Connecticut is to examine in great detail the community structure of each of its 169 towns. In addition to being autonomous bodies these municipal units reflect a variety of structures both governmental and voluntary. Relationships are conditioned by the pressure of needs at the local level and the degree of communication established with them by operational agencies at the State level. Local health officers, first selectmen or their counterparts, local welfare officers, municipal authorities and individuals must request, or be individually encouraged to request, the assistance, direction, or counsel of the various State agencies if their constituents are to utilize the full resources the State has to offer to serve the older age group.

The Commission on Services for Elderly Persons is acutely aware that only a fraction of the State's 242,000 persons over age 65 or the 195,000 between the ages of 55 and 64 is receiving full benefits from or participating completely in the services available to them. Basic needs are being met, to be sure, but in a recent informal overview of program activity none of the towns listed with over-65 population as high as 26 percent indicated any planning or programing in the field of aging.

Town leaders in suburban areas of Greater Hartford, informally interviewed, reported regarding older persons in their towns that they did not feel they had any problems with their own aged people who either lived with relatives or else near them and therefore did things with their family group.

The commission has projected a program of local community organization through which every municipal unit, separately or with other units, is urged to organize a committee or council on aging in order to provide better service at

the level where the greatest number of persons can be most effectively reached. In moving in this direction the attitude "we prefer to do it ourselves" is a hindrance to immediate accomplishment. Communities to which staff of State agencies send information concerning the availability of assistance grants and resources designed to improve conditions and the general welfare of the older population retreat into the excuse, our "older population is well taken care of; it has no special need." Therefore, from the commission's position it is most disturbing to observe the numbers of older citizens who are deprived of opportunities for sociability, health services, supportive operations, and better living conditions simply because the power structure wishes to assume an "ostrich" attitude.

The Commission on Services for Elderly Persons is a statutory body among whose members are citizens with competence in the field of aging, members of the State general assembly, and chiefs of operating agencies; mental health, health, public works, education and welfare.

In its planning and activity, it cooperates with all State mechanisms, studies and analyzes the services provided by the various departments in order to present to the Governor and the general assembly the most clear-cut plans and programs possible. It seeks to find means of carrying these programs forward through a variety of promotional methods. Educational programs are continuously directed to governmental and voluntary groups at local levels. Informational materials, speakers on the problems of older citizens and the ways of solving them, consultative services which while limited in staff resources reach a number of communities each month, are gradually effecting positive action. Reviews of existing conditions, the establishing of priorities and the beginnings of local program planning are evidences of progress. Recently the commission published a guide, "State Services for Connecticut's Older Citizens." This comprehensive listing of information designed for and directed to older persons was prepared through an extensive process of interdepartmental communication. Useful counsel and advice in the most practical ways of finding solutions to individual problems was included. (A copy of this handbook is attached to this testimony as are examples of our other publications developed to provide information and guidance to older people and those interested in their welfare.)

STATE PLAN

Presently no State plan for the aged exists. In a recent speech Gov. John Dempsey noted that such a plan should be prepared by the commission for presentation to the 1965 general assembly. Two concepts are basic to Connecticut's program: first, that older people should be viewed as whole individuals with the same basic needs as all persons but with intensified problems in those areas conditioned by changes in economic, physical, social, and other characteristics. In effect, each person's problems are his own, the result of his personal growth and development. To live in housing for the elderly need not imply indigency; to need social contacts need not imply deterioration. The plan should, in the second place, emphasize services which will help the "young older person" to direct and/or conserve his strengths and abilities through efficient utilization of resources both existing and projected. To maintain each person as long as possible as an independent functioning organism through his own efforts, to put off dependency by the provision of proper services and to mobilize environmental mechanisms to the end that disheartening procedures which have heretofore hindered continuing self-direction and dignified living will be reversed. By the preparation of this type of constructive plan the roles of operating agencies educational institutions and voluntary resources can be coordinated to an efficient whole worthy of Connecticut's level of leadership in the field of human service.

Voluntary services, State level

A great number of statewide organizations are devoting attention to one and another type of services which are not unusual or particularly noteworthy for this paper.

The Connecticut Society of Gerontology, a State organization, whose statement of purpose gives it a directive to stimulate and encourage action in the field of aging has a clear mandate to service in planning.

To date its inability to crystallize its objectives into concrete action has left its annual contribution the providing of once-a-year statewide conference for older citizens.

A number of organizations of clubs for older adults function as discussion bodies and in some cases supporters of specific Federal legislation.

Project grant

Many State departments avail themselves of grant and project funds from the Federal Government. Connecticut's activities under the community health services and facilities program include two grants in the dental care area: one to the Hartford Health Department for a home-care program and a second providing a community demonstration of dental care for the long-term patient. All other projects approved for Connecticut have been made to the Connecticut State Department of Health for homemaker services, in the areas of promotion, evaluation, coordination, and training. These grants, though few in number, have had substantial impact on the clientele toward which they have been directed.

PUBLIC WELFARE SERVICES

The Connecticut State Welfare Department deals with approximately 35,000 aged persons each year—9,000 living in the community receiving old age assistance, medical assistance to the aged, aid to the disabled or aid to the blind; and to the aged. These figures represent total numbers in a changing group of applications, terminations, and replacements.

Under the MAA and OAA programs of the State welfare department, eligible beneficiaries are provided with comprehensive medical care of high quality adequate to maintain a degree of health equal to that of all strata of society. This includes physicians' and other practitioners' services in their office, the beneficiary's home and in medical facilities and general hospitals. Hospitalization in general and chronic disease hospitals is provided for as long a period as is necessary for definitive medical or surgical care. Nursing services through public health and visiting nursing associations are available when necessary to aged beneficiaries in their own home. Drugs prescribed by a beneficiary's physician are obtained from pharmacies, and sick room and medicine chest items may be obtained by the beneficiary from his award. Prostheses and appliances, when necessary, may be obtained for beneficiaries. Laboratory and X-ray services prescribed by a practitioner are available when necessary. Dental services prescribed by a dentist are provided to all beneficiaries. Clinics in hospitals and rehabilitation centers and, when necessary, transportation for medical services are provided for aged beneficiaries. When necessary, therapeutic diets may be provided to aged beneficiaries of the State welfare department.

MAA beneficiaries in convalescent hospitals and in their own homes, who may have a permanent impairment, are placed on the aid to disabled program concurrently with the MAA program so that services not provided under MAA will be available under the AD program. These services would include dental care, eye glasses, and hearing aids commonly needed by elderly persons. Practically all MAA beneficiaries in medical facilities are on the MAA-AD concurrent program.

As of November 1963, 4,500 beneficiaries of State welfare over 65 years were receiving full maintenance and medical care in licensed convalescent hospitals (nursing homes). These convalescent hospitals are licensed by the State department of health upon fulfillment of rigid basic requirements regarding physical plant, nursing services, medical supervision, dietary services and paramedical services. They are classified by a point system allotting points for extra services in addition to the basic requirements for licensure. Four thousand of these beneficiaries are cared for in the three highest classifications of convalescent hospitals. Classification of convalescent hospitals was begun in 1962 and the standards were elevated and services increased in these medical facilities to where the large majority are now in the three upper classifications. This is an indication of the high quality care received by these aged persons in convalescent hospitals which are among the best in the country. Payment for this care by the State welfare department is the highest of any State ranging from \$7.50 to \$9.40 in addition to which are added payment to physicians, dentists, drugs, and appliances.

An additional 150 over-65 beneficiaries of the State welfare department are in chronic disease hospitals operated by the State or by private enterprise. These hospitals are licensed by the State and are equipped and staffed to provide definitive medical and surgical care and rehabilitation services.

One hundred and fifty beneficiaries of the State welfare department over 65 years of age are in rest homes with nursing supervision licensed by the State department of health where excellent care is given to those who are in need of nursing supervision and a minimal amount of nursing care.

In recognition of the needs of older persons living in the community, the department has stimulated and participated in the development of homemaker services, meals-on-wheels, and home care programs and paid for such services provided to recipients of public assistance.

Social workers in district offices provide a variety of services, counsel, and information to assist the older person in finding the service or combination of services he needs. Staff especially assigned to developing service is available for planning with other groups.

LOCAL COMMUNITY SERVICES

1. Centers and clubs

Two multipurpose centers meet established professional standards under public auspices in Connecticut. The New Haven Senior Center has an excellent program of recreation, creative arts, education, counseling, and volunteer activities. The West Hartford center serves a suburban clientele and has crafts, educational and social programs. It has developed a unique series of public affairs discussions. Counseling is limited to referral to community health and social agencies. Neither center has a clinic or health evaluation program.

Some 125-150 social clubs and informal center programs operate in churches, union halls, public recreation departments, and libraries. Few, if any, of these have full-time paid directors and even fewer utilize the resources of the social, education, health, and welfare agencies to meet the needs of their constituents. The image of the Golden Age Club or senior center has driven into isolation many of these older adults who might use the services. Centers can and should provide a focus for all community services and the paths of those entering should be crossed and recrossed by those on staff and board reaching out into the community itself.

The use of the Red Feather Information and Referral Services in Connecticut for and in behalf of older persons has been outstanding. Coupled with volunteer bureaus in several cities they have stimulated community awareness of the needs and resources of older citizens and have kept the older person as a contributing member of society in the mainstream of community thinking. Bridgeport has developed an excellent program of this kind and has combined with it the administration of an areawide Council of Senior Citizens Clubs. One community has added a retired agency staff person to the volunteer direction of a senior citizen recreation center in order to develop an informal referral service. The same center has projected a nutrition program in order to supplement the diet limitations of its members. Such evidences of creative programming are few and most groups do not plan beyond the immediate interests of the more vocal elements in its membership.

2. Supportive services

The commission on services for elderly persons, the State welfare department and local councils of social agencies whose committees on aging represent the best leadership in their respective municipalities recognize the need in this area. One or more of the spectrum of supportive activities has been developed in most of the larger communities. Hartford has a program of portable meals (meals-on-wheels) and a home care plan.

Homemaker services through voluntary or public agencies and visiting nurse services are unevenly available across the State. Foster family homes, counseling, transportation to medical care, shopping centers, churches, and recreation centers, volunteer friendly visiting, telephone service to physically limited persons, shopping services, and loan closets are available in one or more communities.

3. Protective services

A great deal of concern in this area is being expressed by attorneys, financial interests, probate judges, and social agencies regarding the needs of older persons unable to completely manage their own affairs. Commitment to custodial facility is not always indicated and, in keeping with the practice of maintaining independence, every effort should be directed to a dignified community level solution. Presently a commission committee under the chairmanship of a citizen member, Judge George Schwolsky, is studying the problem

preparatory to drafting legislation clarifying guardianship practices. New approaches through existing public and private mechanisms is a program area that needs special study and financial undergirding through pilot or demonstration grants.

SERVICES TO PERSONS OF SPECIAL NEEDS

1. *Persons of limited mobility*

Voluntary agencies and service clubs in Bristol, Conn., are studying methods of mobilizing community resources to provide social events for older persons who, by reason of physical limitations are unable to participate in usual organizations of older people. A community conference will also assess the quality of local services.

2. *The lone man*

Substantial numbers of elderly men with limited incomes are found in most urban areas. This group is not usually served by the centers and clubs and does not fit into the "middle class" atmosphere of established groups. Community planning must take note of this and provide not only social contacts at the proper level but also case-finding, referral and/or counseling services in presently existing agencies. This need is clearly demonstrated in the industrialized areas where high rates of withdrawal and isolation occur.

3. *Elderly persons, presently hospitalized*

Forty-four percent of mental hospital geriatric cases suffer from chronic brain syndrome and are not considered to be in need of mental hospital care. This group is essentially "medically indigent". They are admitted to mental hospitals because there are very limited facilities in the community from which they come or because they lack personal funds for proper nursing home care, companion care, etc. The assumption that these people require long-term, terminal care in a State institution does not take into consideration their potential for rehabilitation and return to the community. Because of the provisions of the basic social security statement this group is excluded from present public assistance category which prevents participation in OAA and MAA programs.

Future legislation should make possible wider extension of services to this disadvantaged group. Provision for the establishment of local day care and other services to them in their own communities is essential.

4. *The elderly deaf*

Special services to the elderly deaf are being studied by the Commission on Services for Elderly Persons. This group, because of its difficulties in communication needs to be included in the planning of various out-of-hospital and community services. There is a strong feeling among the members of this group that, given basic aid in planning, they can move their own programs forward substantially.

PREPARATION FOR RETIREMENT

It would be amiss to discuss services for older people, efforts to maintain independence, and the extension of supportive activities without giving attention to certain preventative aspects. Chief of these is the growing need for pre-retirement education. The State of Connecticut through its comptroller's department (Public Act 380) has embarked upon a program of group counseling for State employees within 5 years of retirement. Necessary staff to develop a full program must await additional appropriation of funds for staff but in cooperation with the retirement division for State employees it provides a definite service.

Connecticut industry and business enterprises have progressed moderately in this area. Most counseling is in the form of financial planning although the Connecticut General Life Insurance Co. continues its health and legal services into the retirement period. The retirement counselor is also available and functions as a referral person to employees with problems. This company makes extensive use of community facilities during its preretirement and retirement interviews to render the greatest possible service to its people.

Preretirement education, according to a recent survey conducted by the Committee on Aging of the New Britain Community Council, is limited in its effect. Only 13 percent of the group interviewed indicated that they had made pre-retirement plans. Union groups, adult education departments where they exist, and some community councils give leadership training to counselors and supervisory personnel.

All of this adds up to the fact that a small proportion of the eligible group is receiving little specific assistance with which to facilitate adjustment to post-employment living.

SUMMARY

Connecticut's services to its older citizens are varied and extensive if unevenly distributed. State departments have individually availed themselves of Federal resources and have properly utilized this financial undergirding to improve those areas which are most closely related to their basic programs. Legislative support of budget for planning in the field of aging has been limited to date. Increased visibility of activity is helping to improve the climate for extending and deepening existing programs. Most local communities with community renewal programs are, except in the area of housing, omitting the elderly from their comprehensive plans. Concentrations of older persons in inner cities compete with minorities and disadvantaged individuals and families for services and facilities. Hartford (city) has approximately 35,000 persons over age 60 with no multipurpose center or health service designed to meet their specific needs. It has no public professionally directed recreation program for older people in its extensive department. Other metropolitan areas have parallel deficiencies although few are more dramatic. Connecticut's high-income level assures support of a wealth of voluntary services with outstanding work in health, mental health, and child welfare. In the days to come the older people of the State can be assured that the same high level of opportunity and services in all areas will be provided for them.

Senator KENNEDY. Mrs. Sanderson is accompanied by Dr. James C. Hart, of the Connecticut Department of Health.

STATEMENT OF JAMES C. HART, M.D., DIRECTOR, DIVISION OF PREVENTABLE DISEASES

DR. HART. I have submitted a statement, and I have been asked to limit my remarks to a summary of my statement. The reason the health department is represented here, first of all, is because we have been interested in problems of the older people for many years. As a matter of fact, our licensing of homes for the aged has gone back over 35 years. During the past 2 years, we have had a new program which has been helped by a Federal grant under the Community Health Services and Facilities Act of 1961, and this is what we call a patient activities program. We have two full-time persons who are coordinators and experts in the field of recreation, and they have stimulated a very active program among homes for the aged, for older people, to try to keep them in good mental and physical condition. It adds a great deal to the life of older people when they can be kept active both mentally and physically. During the past few years, we have now seen that program directors for this recreational program are working and carrying out programs in more than half of the nursing homes of the State. In addition we have employed a full-time nutritionist for guiding homeowners in feeding the older persons. They have come up with a diet book, a cookbook, and a manual on nutrition which is of great help for the people who have to take care of older individuals.

Connecticut has had some screening programs for older people, mostly in the line of diabetes detection, cancer detection, glaucoma, which are all necessary. I am sure there is a great need for much more than this. One of our better programs, also provided for by the Community Health Services and Facilities Act of 1961, has been a statewide plan and coordination for homemaker services, and we have a full-time person now who can guide local communities in the best

way to set up homemaker services. In addition, there is some financial assistance given on a matching basis, and in the last 2 years we have had such an increase in these homemaker programs that they now cover over half the towns of the State. There are two home-care programs providing medical care at home for citizens of two of the cities in Connecticut. We have had several dental studies on taking care of older people in the home, and we try to evaluate the needs, the acceptance of dental care, and also the means by which this can be carried out.

In addition, we have had a public nursing program for supervision of local nurses. We have had improvement in laboratory services, health education and medical-social consultations, all provided for by this Health Services and Facilities Act of 1961.

Senator KENNEDY. Doctor, I want to thank you, and I want to thank Mrs. Sanderson as well, for giving us the benefit of your experience in Connecticut. We have your complete statement, and it will certainly be included in the record. I think it is helpful to see the programs which have been initiated and have been successful in Connecticut because this subcommittee is interested in our neighboring State of Connecticut and the other New England areas. We have the State programs of the other 49 States, and the testimony of both of you has been extremely important in giving us a better view of the situation in Connecticut. I want to thank you both very much for coming here this morning.

Mrs. SANDERSON. Thank you, Senator.

(Dr. Hart's prepared statement follows:)

STATEMENT OF JAMES C. HART, M.D., DIRECTOR, DIVISION OF PREVENTABLE
DISEASES, CONNECTICUT STATE DEPARTMENT OF HEALTH

LICENSURE

The Connecticut State Department of Health has been concerned for many years with the well-being of older citizens and especially those who need boarding or nursing care. A licensing law for homes for the aged, rest homes, and chronic and convalescent hospitals has been in operation for a period of over 35 years. This activity is under the hospitals section of the State department of health. A State hospital plan has been prepared so that those involved in planning for the future can know where services are available and deficiencies of beds exist. This involves 446 homes having a total of 12,835 beds. Registered nurses regularly inspect and supervise the activities of these places and standards are set up and adhered to regarding adequate housing, fire safety, nursing care, and well-balanced diets for the inmates of whom 80 to 90 percent are over 65 years of age.

During the past 2 years a new program has been operated by the department using funds obtained under the Community Health Services and Facilities Act of 1961. This is called the patient activities program and is promoted in homes for the aged for the purpose of keeping older persons active to stimulate them mentally and keep them in good physical condition. It provides the individual with something worthwhile to do, something challenging to perform, and the chance to be free human beings with dignity and respect. As carried out the recreation stimulates, adds zest to life, encourages healthy attitudes toward physical disabilities and makes life worth living.

In the last 5 years in Connecticut, we have gone from zero nursing homes with supervised recreation programs to over 80 homes from 15 to 300 beds with paid program directors. Some are part time and some are full time. These program people have either had previous experience or they have received in-service training in one of the 12 supervised training sites. Over one-half of the total nursing-home patient in the State benefit from activities programs.

The department has produced a film of a typical recreational program and this film has been distributed all over the country.

Using funds from the same source a nutritionist has been employed for consultation with supervisors of homes for the aged. A nutrition manual is being prepared to provide information on diets and nutrition with a cookbook designed specifically for group feeding so that the administrator and cook can adequately feed older people with a reasonable cost for food.

KEEPING THE OLDER PERSON WELL

A great part of the program of the department is an attempt to prevent illness through education in the prevention of disease and by early detection of chronic illness, to prevent serious complications and thereby prolong life and health. The department provides annual testing programs for diabetes by urine and blood testing with emphasis on participation by older citizens who are much more susceptible to this condition. Likewise the department assists in glaucoma testing programs and cooperates with the Connecticut Society for Prevention of Blindness in their screening activities. It sets up courses in glaucoma education for physicians and provides instruments for screening programs. Information on cancer education obtained from our Connecticut cancer registry is utilized to inform physicians and educate the public on the needs for cancer prevention and early detection. Our registry likewise stimulates regular followup for all patients with the diagnosis of cancer which has a higher incidence among old people. Regular physical checkups by physicians for older people are encouraged.

HOMEMAKER SERVICES

In December 1960 the Connecticut Health League sponsored a statewide meeting on homemaker services. This conference pointed out the great interest and need for a statewide approach to foster such services on the local level. Shortly thereafter a staff member of the State department of health was designated to devote full-time attention to developing homemaker services. With the passage of the Community Health Services and Facilities Act of 1961 it was possible by obtaining a project grant for the department to set up a State program for helping local communities develop such service.

By use of consultation and a grant-in-aid program it has been possible to increase the existing services by the initiation of 11 new services which have been started in the past 2 years. At the present time approximately half of Connecticut's 169 towns receive some service and several others may soon be covered. The State department of health has furnished consultation and stimulation to the recently developed homemaker agencies. In addition it has provided assistance through funds of the Community Health Services and Facilities Act. In addition to a statewide plan for homemaker services, the department furnishes training for homemakers on an individual basis as the service starts and will provide regional training sessions for new homemakers as they are employed. A manual for suggested statistics and cost accounting for homemaker services has been prepared by the department and will be used by the homemaker agencies of the State. There is great need for an expansion of this program so that older persons in other towns in the State can receive similar services and remain at home.

HOME CARE

Two leading Connecticut cities have well-established home care plans that enable chronically ill patients to receive excellent professional care in their homes, where the surroundings are congenial and the cost much less than in a hospital.

In Greenwich and Hartford, one telephone call from a physician can bring to his patient's bedside not only home nursing but homemaker service, loan of a hospital bed, wheel chair, or other equipment; physical therapy, speech therapy, occupational therapy, health supervision and counseling, and social welfare assistance. These services are supplied by a number of specialized agencies working together in a concerted plan, with the patient's own physician in charge.

In this way home care focuses on each patient, in his own home, the services of the Visiting Nurse Association, Family Service Society, American Red Cross, or whatever cooperating organizations the patient's total situation suggests. Home care team members in both Hartford and Greenwich are convinced that "it is desirable for these persons to remain at home in the interest of their social, economic and physical welfare." At the same time the plan saves hospital beds for patients with acute conditions which require intensive treatment.

There is a need for further development of home-care services in other cities of the State. The State department of health coordinates the activities and helps with financial assistance. Both State and Federal funds are available.

DENTAL HOME CARE

The State department of health started a survey of the dental needs of home-bound older people to determine how acceptable was dental care—how it could be financed and to evaluate the results. As a further study two dental home-care programs have been made possible by project grants from the community health services and facilities program. One is being carried out in the City of Hartford by the Hartford City Health Department and the other has recently been initiated in the New Haven area by a grant to the Connecticut State Dental Association. From these studies will come an exact evaluation of the dental care needs of homebound older citizens, knowledge of the equipment required and cost of a program using practicing dentists with the ultimate goal of improving old people's nutritional status as well as social outlook on life.

PUBLIC HEALTH NURSING

Funds from the same health services and facilities program are being used to demonstrate the value of nursing supervision in upgrading public health nursing services and show how one supervisor could supervise the nurses of several small agencies; also to demonstrate the value of generalized public health nursing service, including nursing care of the sick, in towns without it.

ADDITIONAL PROGRAMS

Plans for other uses of community health services and facilities funds are for health education, improving laboratory services for the diagnosis of arthritis and diseases of the heart and arteries and providing medical social consultation for those who have been disabled by chronic illnesses.

Senator SALTONSTALL. Mr. Chairman, may I ask Father Alves one question very briefly?

What is the effect, in your opinion, of a provision, I think in the Federal law, with relation to the means test. Should that be eliminated? If it was eliminated would it be helpful?

Father ALVES. In general, I think the means test should be eliminated. The cost of enforcing the means test is exceedingly great. Secondly, it does prevent older people particularly from seeking services they desperately need because they don't want to face this kind of embarrassment, this kind of prejudice, this kind of inquiry.

Senator SALTONSTALL. In your opinion, it would be helpful to have it eliminated?

Father ALVES. Yes, Senator.

Senator KENNEDY. The next witness for the subcommittee is Dean Charles I. Schottland, of the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University.

STATEMENT OF DEAN CHARLES I. SCHOTTLAND, BRANDEIS UNIVERSITY

Dean SCHOTTLAND. Senator Kennedy and Senator Saltonstall, I appreciate the opportunity to appear before this subcommittee of the Senate Special Committee on Aging to discuss services to the aged, and particularly S. 1357. By way of identifying my interest in the aging, may I say that for 5 years, 1954 to 1959, I was Commissioner of Social Security in Washington, and prior to that I was director of the California Department of Social Welfare pursuant to appointment by the then Governor Earl Warren.

I know you have many witnesses, and so I shall summarize my presentation in the interests of brevity. The impact of our 18 million aged on our social, economic, and political institution constitutes one of the most significant social problems facing this country. Your Senate Committee on Aging, of which this committee is a subcommittee, has called these problems to the attention of the country forcefully and dramatically. There are many ways of classifying the problems of aging, but the major problems are the increase in longevity, the reduced income of the aged, their weakened family ties, isolation, housing, and medical care. I would like to comment just on two of these prior to discussing S. 1357.

First, the problem of unemployment, because the bill S. 1357, to which I limit my comments, attempts to do something about this problem. We are losing the battle to keep the aged employed in the United States. In 1900, two-thirds of our aged men were part of the labor force and gainfully employed. Today less than a third are gainfully employed. This is due to many reasons, including the prejudice against the aged on the part of our employers or labor unions. It is also due to the fact, with all due respect, that the Congress, the employers, and others continue to reduce the retirement age in those programs over which they have jurisdiction. And I think it is well that this bill attempts to tackle this problem of unemployment.

The second problem I'd like to mention because of President Johnson's interest in the elimination of poverty in the United States, is the question of reduced income of the aged. Too many of our aged are living in poverty and the aged constitute one of the most important groups in the poverty class. One-half of our aged have a total income of less than \$1,200 per year. Over 13 million are on social security, with an average monthly payment of about \$77, and more than 2 million are receiving old age assistance with an average benefit of \$76 a month. Since many of our aged depend primarily on social security or old age assistance, our programs are contributing to the poverty pool.

Now, S. 1357 provides some approaches to tackle this problem, particularly through its approach to State planning. I shall not discuss planning at the Federal level, but I would like to respectfully submit, that much remains to be done at the Federal level if we are to make any sense at the State and local level on the problems of aging and the many programs related to aging. For example, financial assistance to aged persons is available through 26 separate Federal programs in 8 Federal agencies, and since your committee is concerned with Federal services I merely mention it. But perhaps one of the greatest needs is coordination and planning at the State level, and S. 1357 tackles this.

Because most of the services for the aged are either operated by the State or are supported by the State or supervised by the State—old age assistance, medical assistance for the aged, employment of the aged through the State employment offices, licensing of old-age homes and nursing homes, and so forth. These are either State programs or supervised by the State. Yet there is no effective State planning mechanism for the aged in most of our States.

Now, we thought we had a start in connection with the 1961 White House Conference on Aging, and grants were then made to set up State commissions and some of these State commissions are still active today. Many States have commissions, 24 of them with full-time staffs, but most of them without any authority to do anything very effective, and most of them without programs other than the vague authority to try to coordinate existing programs of State agencies. The result is that each State agency makes its own plans with reference to the aging. The welfare department, the vocational rehabilitation department, and the mental health agencies all tackle this problem separately. Now, these agencies are interested primarily in their own programs. And what we need is a State planning agency interested primarily in the aging to be sure that the aged don't fall in between these various Federal, State, and local programs. The necessity to pinpoint specific responsibility for planning for the aged led our late beloved President to recommend steps for State planning for the aged now embodied in S. 1357.

Under S. 1357, we have a real opportunity to develop comprehensive planning for the aged on a statewide basis, because the bill provides for a single State agency to supervise and coordinate aging programs, and provides for consultation with, and utilization of, voluntary and other community agencies. And with a State agency charged with this responsibility as the core, we can proceed with other parts of the bill, such as the research and development projects which are proposed in the bill because we need to know much more than we do now.

At Brandeis University, we have been fortunate to get a substantial grant from the Ford Foundation to study problems of the aging, and we have been studying them in Colorado, Minnesota, Kansas, California, Missouri, and our own State of Massachusetts.

The bill also provides for training grants, which I think is extremely important. Aging today is a complicated business. We need professional medical men and others. We are far behind many other countries, particularly the Western European countries, in training persons in problems of the aged.

Another part of the bill provides for the construction of recreational activity centers. At least, that is the title. However, the bill provides much more and provides that these centers shall have information services, counselling and other activities. And finally the bill provides for the stimulating of employment opportunities.

In conclusion, one of our greatest gaps in services to the aging is a State planning mechanism. This, I think, is the most important part of the bill, in my opinion. President Johnson has indicated the importance he attaches to the attack on poverty. Well, the aged constitutes one of the largest groups contributing to the poverty class. We assist in their poverty through grants in social security and other public programs. We are spending billions of dollars on health and medical care. Here is a group which, because of age, are beset with chronic illnesses and major health problems. We are spending billions on housing. Here is a group with millions poorly housed. And unemployment among the aged continues to rise.

I have already exceeded my time, but I think S. 1357 should pass, because it will make a real contribution to one of our most important and most pressing problems of our time.

Senator KENNEDY. I want to thank you for your extremely illuminating and thoughtful testimony here this morning. I would like to just ask you, in your study of S. 2000, could you give us the benefit of your opinion about the establishment of a Commissioner on Aging within the Department of Health, Education, and Welfare? This subcommittee has heard a variety of opinions on that important matter, and when it reaches the basic question of the organization of the program, which you have demonstrated such an understanding of certainty, and pointed out the need at the State level, I was wondering if you could give us the benefit of your guidance.

Dean SCHOTTLAND. I will be very glad to, Senator. I am torn between the merits of the proposal and the way of bringing it about. On the merits, I think the proposal is an excellent one. I think that until we have a special group interested in the problems of the aging, many of these problems will fall between the various programs. With the great bureaucracy built up in connection with various programs of the aging, it is essential that a strong central body study, plan, coordinate among these various programs, and I think that a commission of the type proposed in S. 2000 is an excellent device to accomplish this result.

I am torn as a student of public administration by the question of whether it is good sound policy, with which I am sure that the Senators will disagree, for the Congress to dictate to the executive branch its internal administrative organization. This, I think, raises a grave question of the separation of powers. With this one exception and with this one problem that bothers me in connection with the bill, I think the proposal is excellent and I am heartily in favor of the establishment of the Commission.

Senator KENNEDY. Thank you very much again.

The next witness will be Mr. Mel Basel, manager of the RKO Keith-Memorial Theater.

Mr. Basel, we welcome you here to tell this subcommittee about your rather unique program.

STATEMENT OF MEL BASEL, MANAGER, RKO KEITH-MEMORIAL THEATER

Mr. BASEL. The RKO Golden Age Club is one that has proved of great value to the theater, as well as the senior citizens. It gives the older people who might not be able to afford to attend the theater a chance to see the best entertainment possible at a price they can afford to pay, and at the same time it increases the gross of the theater as the Golden Ager's usually attend the shows that are not crowded and, therefore, it is additional revenue to the theater. And the way the club works, any senior citizen may register at the theater and will receive a card that entitles them to attend the morning performance for only 50 cents, whereas the regular morning prices range anywhere from 90 cents to \$1.25. In the afternoon, the Golden Ager's card is honored for 75 cents, whereas the regular price ranges anywhere from \$1.25 to \$1.80. At the present time, at RKO we have 11,624 registered senior citizens. Last year we had 22,164 total senior citizens' attendance, with a gross to the theater of over \$12,000. It is my feeling that if these figures were actually made known to various theaters and other

forms of entertainment, I think that you would find greater cooperation with these other entertainments.

Incidentally, I have traveled over the country in the various promotions, and here in Massachusetts I think the golden age program handled by the recreation directors in each city and town is about the finest I have seen. Actually, that is done in groups whereas in the theater it is done individually because we realize that many of these Golden Agers do not belong to clubs and, therefore, we register them on an individual basis.

Just to give you an idea of how we feel about this program, on the idea that we like them coming into the theater, as I think it helps us function, we go out of our way with a little more unique program than most theaters. On their birthday every year we send them a birthday card, and we invite them to bring a guest free to the theater on their birthday. We feel it is a worthwhile program. I am sure, as I mentioned before, if the other theaters had an idea of the amount of money that is realized from this, they would go along with the same type of program.

Senator KENNEDY. I want to thank you very much, Mr. Basel. It certainly is a unique program. From your own testimony, you have indicated the great success of it. And since this subcommittee is interested in bringing this kind of information to other such enterprises, I think your testimony has been extremely valuable and I want to thank you very much for coming here this morning.

Mr. BASEL. Thank you, Senators. [Applause.]

Senator KENNEDY. The next witness will be Mrs. Ruth Cain, chairman of the Weymouth Council for the Aging.

STATEMENT OF RUTH K. CAIN, CHAIRMAN, WEYMOUTH COUNCIL FOR THE AGING

Mrs. CAIN. Senator Kennedy, Senator Saltonstall, friends, the Weymouth Council for the Aging is a town-authorized official board of 11 members, set up under chapter 40 of the general laws of the State to "coordinate and carry out programs designed to meet the problems of the aging." An appropriation has been made by the town each year (\$1,000 in 1963) to meet necessary expenses. Meetings are held monthly for the purpose of keeping informed on activities concerned with our older citizens whether carried out by town departments or by private groups. Endorsement and support are given to worthwhile endeavors. New services are encouraged. We make use of existing organizations wherever possible.

The council maintains a file of all persons over 60 living in Weymouth with whom we communicate by mail upon occasion. First we compiled a pamphlet called "Services and Opportunities Available to the Aging" which told of the many agencies in our town or vicinity which could provide assistance along the lines of health, education, recreation, welfare, and avenues of volunteer service. This was followed a year later by a survey to find out what needs were not being met and what help these people might be willing to give to others. The answers to these questions have provided guidelines for the council. Many of the answers required immediate attention to personal needs while others called for communitywide planning and long-range programs.

At present we are planning a supplement to our first pamphlet to tell of additional services and opportunities which we wish to call to their attention. For example, Weymouth is about to build its first State-financed housing project for the low-income elderly, new laws have been passed regarding tax abatement for those over 70, and so on.

Annually, during Senior Citizens Week, the council has cooperated with the public libraries in exhibiting displays of senior arts and crafts, hobbies, and treasures. At times library rooms have been used mornings on a weekly basis for handiwork classes. Home delivery of library books is provided for those who want and need it. Monthly deposits of books are made at any nursing homes that request them.

Two of our churches have sponsored nonsectarian friendship groups for older citizens which meet weekly or biweekly for social and recreational purposes. These have received an enthusiastic response.

We have had for many years a Senior Citizens Recreation Club sponsored by the park commissioners under the leadership of the town recreation director. Its present membership is over 500. It holds monthly meetings and also attends interesting events such as ball-games, iceshows, movies, and fairs. Bus transportation is provided sometimes by the club, sometimes by the town. In the latter case, the trip is available to all older citizens on equal terms.

Under the auspices of the South Shore Federation of Church Councils a 6-week training program has been held annually to help volunteers become more effective friendly visitors to those who are sick or shut in, whether in their own homes, the hospital, or the nursing homes.

Two clinics that have been helpful to older people as well as to those who are younger have been the glaucoma clinic provided by the Lion's Club and the hearing clinic provided by the Boston Guild for the Hard of Hearing, both in cooperation with the board of health.

Our council is indebted to our State council for the aging for information regarding activities of other councils and news of pending legislation. We are indebted to the U.S. Department of Health, Education, and Welfare for its monthly publication "Aging" which each of our council members receives and which provides an overall view of what is being done by and for older people throughout the country. We value the literature that came out as a result of the White House Conference on Aging and other related publications that are issued from time to time.

We are fortunate in having had the assistance of Dr. Marvin Taves, Chief of the Division of Field Services, Special Staff on Aging, Washington, D.C., whose office prepared a statistical summary of the data received in our 1962 survey. This was arranged for by our regional representative James C. Hunt.

Our council believes that many more well-trained local leaders are needed as directors of recreational activity in nursing homes, golden age clubs or drop-in centers, as enlists and coordinators of senior volunteers to help in many capacities, as counselors and teachers of adult classes who know the problems and interests of older persons. These leaders must be people with a sensitive awareness of the physical, mental, and emotional needs of those they are to serve and with a desire to help them maintain their dignity and integrity to the end.

If the State or Federal Government could help set up adequate training programs and financial assistance for providing such qualified personnel, this would be very helpful. Helpful also would be financial assistance toward the rental and maintenance of suitable quarters in which to carry on many of these programs.

We believe that it is essential to have a continuing organized group of people in each community or group of communities whose function it is to be concerned with the well-being of our ever larger number of older citizens and to stimulate whatever agencies the community has or can provide to work constructively in their behalf.

Senator KENNEDY. I want to thank you, Mrs. Cain, for giving us the benefit of what has been a very active program that has been taking place in Weymouth. Certainly, your understanding and interest in this brings to this subcommittee some unique information.

I would like to ask Father Alves if he, as the chairman of the Massachusetts Council for the Aging, would care to comment on the main theme of Dean Schottland's observations with regard to the importance of State planning and State programing. Since this is an area in which he has such a unique understanding, I think it would be helpful to this subcommittee if he could just in this area direct some observations from his experience.

Father ALVES. Senator Kennedy, I enthusiastically endorse and support the statement of Dean Schottland. Dean Schottland knows very well, because of his past professional experience and present academic experience and his past association with the State council for the aging here in Massachusetts, what are some of the major problems in getting community services going. One of them is to have some kind of institution on the State level that assumes responsibility, has enough staff, financial resources, and so forth, to get programs going on the local levels. There are 300-odd local communities around Massachusetts. We feel there is a great need for some kind of seed money as well as State leadership. This bill you are holding hearings on provides the State with some money to start and to tool up on the State level, so it then can get activities going in local communities.

Senator KENNEDY. Thank you very much, Father. We appreciate that.

I want to ask Dr. Samuel Bachrach, who is president of the Age Center of Worcester Area, Inc., to appear as the next witness.

**STATEMENT OF SAMUEL BACHRACH, M.D., PRESIDENT, AGE
CENTER OF WORCESTER AREA, INC.**

Dr. BACHRACH. Senator Kennedy, Senator Saltonstall, I am happy to appear here today to have the opportunity to talk to you about the following: As you know, I am the president of the Age Center of Worcester Area, Inc. This is a private, nonprofit, full-time health and welfare agency devoted to services for the aging. Our philosophy has been that there has to be a partnership between Government and private sources as well as facilities. I believe that the planning we have done in Worcester has demonstrated this very fully in the organization of the Age Center of Worcester Area, Inc. Specifically I want to talk to you about the nature of the services planned and rendered, the difficulties and obstacles encountered in rendering serv-

ices; the assistance received from the Federal Government, and what action by the Federal Government would help to provide more or better services of this type to senior citizens of our Nation.

The prepared statement which I have passed on to you contains a full bibliography which will attest to the great deal of study that has gone into the work in Worcester.

Worcester is the second largest city in the Commonwealth, and has a higher than average older population of about 13.6 percent. I will not go further into the history of the age center because it is in the prepared statement. I would, however, like to give you a brief background of how we came into being.

Dean Schottland referred to the money which the Ford Foundation gave in the form of grants. Worcester was one of the cities that received one of those grants. It enabled us to employ a full-time worker to coordinate the planning in the field of aging in Worcester. If there was one thing that came out of that particular study, it was that a full-time person is needed. It also demonstrated the fact that there is a shortage of this type of personnel in the country, and that more training must be given for people in this area.

Now, in Worcester we have an area which is given us in the new YWCA of about 5,000 square feet. This particular floorspace enables us to carry on an ongoing service of an information and referral center which we have, through the help of Community Services of Greater Worcester, demonstrated as a very practical type of service for older people. This particular service was established with voluntary receptionists, and because of lack of funds loaned professional staff people. There are 23 agencies in the community that loan their staff people to place this particular service on a professional basis. I believe this experience is important.

For a long time we worked in a sort of ghost area. Funds were hard to come by to establish our age center. Community funds are not inexhaustible, and though they were not forthcoming our committee working in this field planned to continue the ongoing service of the information and referral center as well as some of the other services that are shortly to come into being.

Our faith in our project is starting to pay off. We have had money given to us by business and industry and several private individuals in order to get us off the ground. This enabled us not only to move into our new space but also to engage a full-time executive director social worker with group work experience, Mr. Sol E. Boskind. We have also been accepted as a nonfund agency of the Community Services of Greater Worcester.

Dean Schottland has referred to the summary of the Senate bill 1357, in which attention was called to the need for development of recreation activity centers. I believe that more accurately this should be, as it is stated in the late President Kennedy's classic message to Congress, "The elderly citizens of our Nation," activity and recreational centers. I feel we must go beyond the recreational phases of programs for the elderly. We must start putting some of the scientific knowledge, not only in the scientific field but also in the social field, into use.

Our ongoing and planned services are as follows: Information, short-term counseling, and referral services which are open to any

person regardless of age; these attract groups not usually seen. Pre-retirement and retirement counseling will be added.

An evaluation study under the supervision of Brandeis University has been carried on as far as this particular service is concerned. Very shortly we are going to activate our senior service corps, which is under the cosponsorship of the Worcester section of the National Council of Jewish Women and one local industry. Recruit volunteers have been gotten, and they are going to be trained and placed by the age center staff, and you have the history of this in the annual report.

In February a retail shop called "Creative Hands," which will be a year-round sales outlet to supplement income of older people who make things and want to sell them, will become active. This, we feel will help to restore the feeling of usefulness and accomplishment. The objects for sale in this shop will be juried. In other words, we feel that by jurying the articles for sale, it will help increase the salability of these items.

We are also sponsoring with the Committee on Aging of Community Services of Greater Worcester, a senior hobby and crafts show in May.

We will eventually give guidance in nutrition, special diets, household management, where possible, integrated with guidance on other matters. We have experience in Worcester in the recreational therapy program in nursing homes. We have the experience of five nursing homes, private nursing homes, giving money to run a demonstration project by hiring a full-time recreational therapist to demonstrate the usefulness of this particular service in nursing homes. We are going to continue training in the friendly visitors program, which is more than just taking flowers to persons in their homes, but rather to have people on a "one to one" basis, that goes between a friendly visitor and the person visited, and extends over a long period of time. We also expect to extend this to nursing homes.

We are going to carry on refresher courses for institutions dealing with the elderly to train employees in newer concepts and techniques which will give more satisfaction and less turnover of personnel.

Now, I'd like to speak on the next point—the difficulties of putting this program into effect. I have already spoken about the community funds not being inexhaustible. One example of this is that a 1962 priority study of the Community Services of Greater Worcester, although stating in strong language the need of the elderly, was not able to fund the services for a program such as that of the age center. The dollar collected through community services gives 46 percent to youth and less than 8 percent to the aged. Again, I reiterate that there is a lack of sufficiently trained personnel in all aging categories as well as difficulty in finding part-time trained people. There is difficulty in getting community awareness and financial support for services for the aging. We have done this slowly and gradually through radio and TV programs, through good press coverage in the Worcester papers, and through legislative discussions such as the hearings that are being held here today.

We also expect to have difficulty in finding ways of locating the isolates and acquiring funds and staff for taking services to them and to the nonambulatory. There is also a reluctance on the part of established agencies in Worcester—and I imagine this is the experience in

other communities—to shift the emphasis from one age group to the older age groups. There is also general misconception regarding the behavior of older people, where older people are not desired in certain buildings, for example. There is also lack of concern on the part of groups, providing a particular service, to coordinate with others for social needs. I feel that this is due to the lack of imagination and the feeling of self-satisfaction with what they are doing at the present time, as well as the feeling that they have no further responsibility for carrying out these services.

I would like to conclude by telling you about the assistance we have received from the Federal Government.

As the result of help from Dr. Frechette's department, the Massachusetts Department of Public Health, and, specifically, the division of chronic illness, which is headed up by Dr. Harry Phillips, we have been given a grant to help staff our information and referral center. They have also encouraged us and given us help in making applications for Federal grants.

On the question of what action by the Federal Government would be more useful in providing more and better services, I would specifically emphasize the need for grants for facilities and staff to get programs off the ground for services as well as research; the coordinating and disseminating of knowledge; grants for projects to stimulate employment opportunities to focus on the elderly who are motivated for employment; and, lastly, the change of the penalty for being employed while receiving social security and pensions. A letter about this from Mr. Lewis Wald is enclosed in the prepared testimony.

In conclusion, though the board of directors of the age center has not had an opportunity to meet and act on Senate bill 1357, I personally feel that they would support it since they have sought Federal aid. I personally want to give endorsement for this particular act. Lastly, I hope that the funds that are appropriated or made available under this bill will not go just to the larger cities because if it does it means that the program will be stymied in the smaller cities and in other areas of the country that need help for the programs on aging. I detect, as I see what is happening, that emphasis of allocation of some of the money is going to our larger cities. My final plea is please do not forget that help should go to communities other than the larger cities.

I want to thank you for inviting me to be here today.

Senator KENNEDY. Thank you very much. The subcommittee will include in the record your complete statement here this morning. I want to thank you for giving us the benefit of your illuminating experience.

(The statement follows:)

STATEMENT OF SAMUEL BACHRACH, M.D., PRESIDENT, AGE CENTER OF WORCESTER AREA, INC.

I am happy to have this opportunity to appear before your committee as president of the Age Center of Worcester Area, Inc., to tell you about the following:

1. The background history of the Age Center of Worcester Area, Inc.
2. The nature of the services planned and rendered.
3. The difficulties and obstacles encountered in rendering services.
4. The assistance received from the Federal Government.

5. What action by the Federal Government would help to provide more or better services of this type to senior citizens of our Nation.

The Age Center of Worcester Area, Inc., celebrated its first birthday in November 1963. It is a young agency with a background of study, work, and experience leading up to its organization. It received its charter as a nonprofit, health and welfare agency in March 1963. At the present time we occupy 5,000 square feet of space on the ground floor of the new YWCA in the central core of the city. The five census tracts within this area contain the highest percentage of elderly people. We were given permission to occupy this space for 2 years and moved in on October 1, 1963. The space at the present time is being made usable for our program. A reasonable amount is paid to the YWCA for maintaining our space. With the help of local industrial leaders we are about to begin a community fund drive for operational expenses.

BACKGROUND: EXPERIENCES OF THE COMMITTEE ON AGING

Before describing the nature of the services rendered and planned for the age center, I believe it would be helpful to relate our background history. Worcester has a metropolitan population of 500,000 and a city population of about 187,000. The city of Worcester has 26,000, about 13.6 percent, 65 years of age and older, which is higher than the national average. About 17 percent of the people 65 and over are employed and about 15 percent are recipients of public assistance.

In 1957 when I became chairman of the Committee on Aging of Community Services of Greater Worcester, Inc., our local Golden Rule organization, the committee on aging's function was factfinding, education, and planning. There were in existence about 20 social clubs for elderly people that met 1 day a week in various parts of the city. In order to broaden the scope of our activity to help older people gain the needed services which would make them an integral, healthy, self-respecting segment of the community, we found we had an educational job to do. We had to make the community first aware that its responsibility to the aging involved more than providing recreational services.

The committee was composed of a healthy balance of professional health and social service workers and civic-minded citizens anxious to find answers by which the community could be awakened to the need for action in the aging field. This enabled us to collect facts, study needs, and present recommendations for needed services. Educational programs by means of workshops, conferences, institutes, speakers' bureau, and radio and press coverage helped to awaken an interest on the part of the community. In the field of action it was slow progress.

Because Community Services had no organized media for presenting to the community the news and work in the field of aging, the New England Adage was founded in 1959. It is a bimonthly magazine focusing interest on the entire field of aging. As publisher and editor I feel that it has helped to enlighten our community and other communities with its nationwide circulation.

Although there were services being offered by some agencies in the communities, the people who needed the services had difficulty in locating them. On a minimum budget provided by Community Services in 1960 the information and referral service on aging began as a demonstration project. Its street floor, 610 Main Street location, and the large sign over the door made it noticeable by passers-by. Radio spot broadcasts helped to publicize its existence. It was manned by volunteer receptionists and trained professional consultants loaned by 23 health and social welfare agencies in the community. The volunteer receptionists, as well as the professional consultants, were trained in group workshops pertaining to their particular function. The extension of this service is explained in our program, which I will cover, and the enclosures.¹

In 1960, the committee on aging received a 3-year grant from the Ford Foundation. This enabled us to employ Mr. Richard Steinman as full-time director of that project. Finding a professional staff worker with experience in the field of aging was not an easy task. I would like to add here that our committee has held to the conviction that we needed knowledgeable, trained people in whatever areas we covered. This was why we insisted on trained social workers as consultants for our information and referral service. It was found that many of the inquiries of our clients did not reveal the underlying problem

¹ 1st Annual Report, Age Center of Worcester Area, Inc., November 1963, New England Adage, January-February 1962, November-December 1963.

by the original information sought. A study of the utilization pattern of clients of the information and referral center was done by a sociologist. We expect that our age center will be able to train qualified people to work with the elderly.

With the services of a full-time staff person we were able to adequately and fully explore the other areas we had been studying: housing, health, employment, nursing homes, education, the problem of the isolated, preretirement and retirement counseling, etc. Since the charge to your committee excluded housing and health I will not discuss these fields fully.

In the field of employment we aimed at attaining a more flexible retirement policy and instituting preretirement and retirement counseling. We found we were able to make no headway in assembling personnel managers to discuss these problems. We were able to hold a conference when we aimed it at top-level management chaired by top-level management. Experience in this area was available because Worcester was one of the seven cities involved in the classic seven cities studies on the employment of the older worker by the Department of Labor. There has also been a followup study. There is more work to be done in this area and it is part of the program planned for the age center.

Five nursing homes contributed to the cost of employing the services of a trained recreational therapist for the purpose of providing recreation in the nursing homes. This was a 1-year demonstration project.

Aimed at helping the isolated we held a workshop at our annual conference on the new concept of friendly visiting. Because of aroused interest, indicated by the response to the questionnaire we circulated to organizations in the community, we ran a five-session workshop to train people to run such a program in their organizations.

As a start we interested one industry and one service club to give a scholarship at our craft center to an elderly person. Our annual hobby show became a hobby and craft show with demonstrations.

Through our study and work in the various fields of aging we became aware that we were not going to make any headway in solving the problems of the aging without a central agency focused on the needs of older people with coordinating, training, and service responsibilities.

In the fall of 1962, members of the committee on aging with other interested citizens brought into being a multiservice agency, the Age Center of Worcester Area, Inc. We assumed the responsibility for operating the information and referral service, with community services agreeing to pay the rent until the end of the lease, September 1, 1963. We worked in a ghost area for a long time with only faith in the project and in future financial community support. Initial donations and pledges came in from business, industry, and private individuals. We had explored the possibility of a grant with Dr. Harry Phillips of the Massachusetts Department of Public Health, Chronic Disease Division. We engaged Mr. Sol S. Boskind, an experienced director. We moved into our present quarters. We were accepted as a nonfund agency by Community Services.

PROGRAM : ONGOING AND PLANNED SERVICES OF THE AGE CENTER

The concept of the Age Center of Worcester Area, Inc., is not the same as many centers throughout the country. We have gone a step beyond a multiservice started from a recreational basis. We are putting into action the scientific knowledge that is available today. While learning our way—as all centers are doing—we are accumulating more knowledge for the future. We are planning for services based not only on the needs of this generation but also on the needs of the next generation. We hope what we are doing is preventive social service. We aim to help the older citizens help himself, which will make him a continuing, contributing, productive member of the community. Being an elder citizen today, especially without wealth, education, or skill, is not an enviable position.

The following are the ongoing and planned services of the age center. (Those services which are still in the discussion stage are not included.) :

1. The information, short-term counseling, and referral service, an extension and improvement of the information service for aging is open to any person coming to the center—regardless of age. Assistance is offered on questions of physical health, mental health, living arrangements, employment or purposeful activity, financial support, etc. Where indicated, several interviews are held, but the general rule is to refer to appropriate community agencies all those who require prolonged contact or intensive counseling. Persons apparently in need of a medical examination are helped in obtaining it. Particular attention will be

paid to attracting groups not usually seen at a center for the aging, such as workers nearing retirement age, residents of homes for the aged, and retired persons tending toward isolation. With the cooperation of some employers in the Greater Worcester Area, preretirement counseling will be added to the standard services. It is hoped that this can be expanded substantially within the next 3 years. Through arrangements with homes for the aged, it should be possible to extend counseling service to their residents.

This service is staffed by a caseworker and the entire program will participate in an evaluation study, a project under the supervision of Brandeis University.

Most of these improvements are being made possible with a grant from the Chronic Disease Division of the Massachusetts State Department of Public Health. We have had a great deal of assistance from Dr. Harry Phillips, director of the chronic disease division, and his staff.

2. The age center is developing a volunteer service corps under the cosponsorship of the National Council of Jewish Women and one local industry. This project will recruit older people for volunteer service and locate institutions and agencies where their services are needed.

The training, supervision, and placement of the members of this volunteer corps will be provided by the age center's staff. A training course for the organizing committee was given by a professional staff worker of the National Council of Jewish Women. (History of this program in annual report.)

3. Creative hands, our retail shop, will open in February 1964, to help people sell their handiwork on a year-round basis. Its purpose is not only to help people to supplement their income but also to restore their feeling of usefulness and accomplishment. A jury will approve each item. This should act as a stimulus for improving the quality and saleability of all items being offered. The jury committee is composed of local store buyers, people with merchandising experience, and the director of the Worcester Art Museum school. The age center will also run workshops for older people who want to make items which will sell. The shop will be staffed by volunteers.

4. The annual hobby and craft show, started under the committee on aging of Community Services, will be jointly sponsored this year with the Age Center of Worcester Area, Inc.

5. A program of guidance in nutrition, special diets, and household management, and where feasible, will be integrated with guidance on other matters. Upon request, consultant services on nutrition will be available to nursing and resthomes.

6. In an effort to contribute to the best possible care in nursing homes, residents of all such homes in the area will be offered the opportunity to obtain consultation services of a nurse, nutritionist, and a social worker on the staff of the center. In addition, certain homes will receive the services of a physical therapist, and a recreational therapist, to be assigned on a regular basis. This kind of policy should serve, not only to achieve maximum functional ability for a number of patients, but also alert the personnel of these homes to the importance of applying this type of service at the earliest possible moment.

It is expected that once their value has been demonstrated, many, if not all of the high standard nursing homes in the area will wish to include physical and recreational therapy in their services.

7. The friendly visiting program, in its new concept of a "one-to-one" basis over an extended period, will be continued. In cooperation with other local organizations, an effort will be made to have residents in nursing homes receive friendly visitors.

8. Members of the staffs of nursing homes, homes for the aged, and similar institutions will be offered the opportunity to enroll in short-term refresher courses to be held at the center. Such courses may be focused on the interests of administrators, professional, and practical nurses, or nurses aids and attendants. They will be designed to acquaint employees with newer concepts and techniques. Joint training is likely to lead to more satisfaction among staffs, less turnover, and therefore less disruption of services for the patients.

9. Educational activities on a regular basis will be conducted at the center for groups of older people. They will deal with current events, and other topics chosen according to the interest of the participants. The activities will be designed to furnish factual information and to stimulate activity compensating for impairment of physical capacities.

Also under consideration is the establishment of discussion groups for relatives of elderly persons, so as to interpret the special situations confronting them, and to help them in solving their problems. It is possible this could develop into units for group therapy.

10. Group work will be offered at the center to provide opportunities for fellowship among contemporaries of similar interests.

11. A speakers' bureau is being developed in answer to requests from a cross section of organizations to interpret the problems and needs of older adults to their membership. A group of professional and lay people will be trained and provided with material to meet these requests.

DIFFICULTIES

1. The major one was funds coupled with understanding. Community services funds are not inexhaustible and some communities need to see a service in action before they can realize its need. Since collected funds have to be allocated to continue existing services it is difficult to interject a new service for high priority. A priority study published by Community Services of Worcester in 1962 described in strong language the need for serving older people but did not place it in a high enough priority to fund services. An analysis of their allocations showed that 46 percent of their funds were for youth and 8 percent for services for the aged in participating agencies.

2. There is a lack of sufficiently trained personnel, not only in the aging field, where it is the greatest, but in all the social services fields. We have had difficulty finding a part-time trained social worker. Last week we were finally able to find a person in our local community. If we had funds to engage a full-time worker instead of a part-time worker it would not have been as difficult. The public and private agencies in the community which were loaning their professional staff had been feeling the extra load almost beyond their capability—for they too did not have sufficient funds for an adequate staff or the training of staff.

3. Community awareness of the problems of older people and community financial support for these services took great effort and a long time. The general awakening throughout the country, the legislative discussions, and radio and TV programs on the needs of the elderly have helped to reinforce what we have been saying to our community.

4. The interpretation of services to older people themselves and the hesitation, reluctance of older people to first admit they need the service was also a difficulty in providing service.

5. Locating the isolates and acquiring staff and funds for taking services to them and the nonambulatory citizens in our community will not be easy.

6. We have found that there is a reluctance on the part of the community to accept the knowledge and experience that older people have.

7. There is not sufficient scientific knowledge pulled together to provide models or guides for service. There is inadequate pooling of information.

8. There is reluctance on the part of established agencies to shift from service emphasized on other age groups to serving the older adult.

9. There is a general misconception regarding the behavior of older people which results in their exclusion or the lack of providing facilities for them.

10. There seems to be a lack of concern of established agencies, such as hospitals, housing authorities, homes for the aged and such, to participate in plans for social needs. Each seems to feel that they are doing their job when they provide their particular service. There is a reluctance to take into consideration the total needs and the responsibility of coordinating and working with other agencies. This may be due to lack of imagination, it may be due to wanting to assume no further responsibility, it may be due to a need for further education. Or it may be due to a feeling of self-satisfaction and "what we're doing is all that is needed."

11. Recreation in the minds of many is the only valid service.

These attitudes and difficulties are only surmountable with effort and funds. And often it becomes a circle. Without changing attitudes and awakening an awareness and interest you cannot get funds, and without funds you cannot do the educational job.

WHAT ASSISTANCE IS GIVEN BY THE FEDERAL GOVERNMENT IN RENDERING SERVICES

1. A grant as the result of the Federal Communities and Facilities Act of 1961 helps us to provide a professionally staffed information and referral service.

2. The Chronic Disease Division, Massachusetts State Department of Public Health has encouraged the development of services for the aged by helping with the application for grants.

3. We have applied for a Federal grant from the U.S. Public Health Service which will make it possible for us to add needed professional staff to carry out our coordinating and demonstrating role in the field of health and welfare.

WHAT ACTION BY THE FEDERAL GOVERNMENT WOULD BE MOST HELPFUL IN PROVIDING MORE AND BETTER SERVICES TO OLDER CITIZENS

1. Grants for facilities and staff to get programs off the ground.
2. The coordinating and disseminating of knowledge.
3. Change the penalty for being employed while receiving social security and pensions. (Letter enclosed from Mr. L. Wald states situation.)
4. Grants for projects to stimulate employment opportunities focused at elderly who are motivated for employment.

IN CONCLUSION

The world famous surgeon, Wilder Penfield, has stated that every man of 40 should be preparing for a new career after retirement. "Every year from birth to death has its purposes and should have its use."

Although the board of directors of the Age Center of Worcester Area, Inc., has not had a chance to meet to discuss the Senior Citizens Community Planning and Services Act of 1963, it can be noted that Federal aid has been sought by the board of directors of the age center. I am expressing my personal support for the Senior Citizens Community Planning and Services Act of 1963.

It can be noted that the Age Center of Worcester Area had made good progress in implementing as well as planning for future services in line with the recommendations made by President Kennedy in his great message on the needs of the elderly which was sent to the Congress on February 21, 1963. I refer to section VI community action of that message. Here I would point out that President Kennedy recommended the construction of multipurpose activity centers and not multipurpose recreational activity centers as stated in the summary of the proposed Senior Citizens Community Planning and Services Act of 1963. The multipurpose activity centers, as he stated, are what are needed when they include a program of the scope of our Age Center of Worcester Area.

To the points I have made regarding assistance given by the Federal Government as well as what action by the Federal Government would help in providing more and better services I would point out this special warning. Great care must be taken for an equitable distribution of funds to cities and areas so that all the funds do not go to just the largest cities. The program for the aging will be stymied in smaller communities and areas where the need is just as great.

BIBLIOGRAPHY

1. Prepared Statement of Samuel Bachrach, M.D. on "Community Needs of the Aging" for the U.S. Senate Special Committee on Aging Hearing, Senator Pat McNamara, State House, Boston, Mass., Oct. 15, 1959.

2. "Need for an Information and Referral Service," report of study by research and advisory committee, Worcester Committee on Aging, K. I. E. Macleod, M.D., 1958.

3. "Study of Utilization Patterns of the Information Service for the Aging," Peter New, Ph. D., assistant professor of sociology, University of Pittsburgh Graduate School of Public Health, June 1961.

4. "A Blue Print for Community Efforts To Provide Better Services to the Aging," Marie C. Lepore. Given at Massachusetts Conference on Social Work, Nov. 2, 1961. New England Adage, January-February 1962.

5. Prepared statement by Richard Steinman, project director, Greater Worcester Project on Aging, Committee on Aging for U.S. Senate Special Committee on Aging, Hearing on Nursing Homes, State House, Boston, Mass., Dec. 1, 1961.

6. "A Proposal for Worcester: A Multiservice Center for the Aging," John W. Spillane, chairman, unoccupied time section, Worcester Committee on Aging, Jan. 10, 1962.

7. "Can Community Services Provide the Needed Services for the Aging?" Samuel Bachrach, M.D., chairman, committee on aging, Community Services of Greater Worcester, annual meeting, New England Adage, July-August 1962, p. 3.

8. "A Senior Service Corps, Proceedings of the Institute," National Council of Jewish Women, January 1963.

9. First Annual Report, Age Center of Worcester Area, November 1963.

10. "Golden Years?" Ford Foundation Report LCC No. 63-22356, November 1963.

11. "New Vistas in Community Geriatric Care," Sol. S. Boskind, ACSW, executive director, Age Center of Worcester Area, Inc. Given at Massachusetts Public Health Association conference, October 1963. New England Adage, November-December 1963, p. 5.

Senator KENNEDY. The next witness before the subcommittee will be Sister Baptista Maria, to tell us about the friendly visitor program, which is an extremely unique kind of program in the field, and the subcommittee welcomes Sister here. She is the supervisor of Services for Older Persons in Catholic Family Counseling. We welcome you here, Sister.

STATEMENT OF SISTER BAPTISTA MARIA, CATHOLIC FAMILY COUNSELING, INC.

Sister BAPTISTA MARIA. Mr. Chairman and members of the U.S. Senate Subcommittee on Federal, State, and Community Services for the Elderly. I appreciate the privilege of receiving an invitation to participate in your hearings and present our view. First, I will identify myself. My name is Sister Baptista Maria. I coordinate and supervise a counseling service unit for older clients at Catholic Family Counseling, Inc. This organization, an accredited family counseling agency, offers professional casework service to individuals and families in the metropolitan area of Boston. The overall service of the agency, including the function of the unit of services to people over 60 years of age, is accredited by Family Service Association of America, the national crediting body in the family counseling area of social work.

My purpose here today is to address myself to the problem of social isolation of older people and the utilization of volunteers as a means of amelioration. I will consider it first from the standpoint of those living in the community, second, as it relates to the isolated older person living in a nursing home. We have been acutely aware of the discrepancy between available health and welfare services and the ever-increasing needs of the community. We have had ample time and opportunity to both observe and experience the impact of this in the everyday work with clients. An examination of our caseload indicated that a significant number of clients manifested a tendency to prolong the relationship with the agency unnecessarily and beyond the appropriate function of the helping person. We speculated that these were usually isolated elderly people whose capacity to benefit from everyday interaction with other people had always been marginal. They generally manifested an inability to form and maintain meaningful relationships and at this time of their lives had no significant family contacts or friends.

The elderly clientele with whom we are concerned come from that group described by the Census Bureau as "unrelated individuals." In other words, older people living alone or in rooming houses with no blood relationships in residence. This group nationally numbers something in excess of 20 percent of our population over 65 years of age—almost 4 million people.

In an effort to sustain the well-being of our clients and preserve staff time, a modest pilot program was inaugurated in 1961 experimenting with the use of nonprofessional volunteers as an adjunct to services for certain of our elderly clients.

Each volunteer applicant was carefully screened as to motivation, emotional stability, capacity for relating and practical feasibility to make an open-ended commitment to befriend one elderly client. They were provided with opportunities for intellectual stimuli and motivation and in general their orientation to the program.

The use of adequately informed lay volunteers as here suggested relies heavily on the universal truth that man is a social being. His level of wellness at any state in life will in great measure be adversely or positively influenced by his ability and opportunity to satisfy this universal need. This influence becomes even more critical at that time in life when the natural process of aging brings to bear additional strains upon the individual's adaptive capacities. Tendencies to withdraw and isolate one's self from contact with others, adaptive patterns that are the product of earlier life experience, often become reinforced and spread to all areas of the individual's life at this time with disastrous results.

Being cognizant of this need, society has instituted many opportunities for the elderly to participate in the mainstream of life such as day centers, recreational activities, etc.

It is our impression that these opportunities are useful, but chiefly for those individuals who can reach out for them. We are concerned here with these individuals who need to be reached out to. We feel that the adequately informed lay volunteer makes this possible. The use of volunteers has the additional attraction of making possible a meaningful service to a hitherto unserved portion of the community at relatively little cost. Some of the benefits observed during the first year have been improvement of out-of-hospital functioning, more appropriate use of community resources, and economy of professional time. In addition, our experience led us to speculate that these relationships can be a significant contribution to the older person's overall well-being that there are benefits to the volunteer, that it is practical to incorporate a limited program of this type within the existing administrative structure of a family counseling agency, and that the results achieved in the pilot effort called for a documented demonstration of such a program that appeared to meet the needs of socially isolated elderly people living in the community. In January 1961, assisted by a grant under the Hospital Facilities Act, through Massachusetts Public Health Department, Division of Chronic Diseases, we began a 3-year formal study of the effectiveness of such an effort in conserving and reinforcing the potential of socially isolated elderly people to maintain a functioning adaptation in the community.

We anticipate that the demonstration will confirm the value of volunteers as a supplementary service in meeting the need of some older

clients. In doing so, the agency will be justified in freeing professional help so that their professional skills may be applied in areas that are appropriate to casework treatment thereby serving a larger number of clients.

I will now consider the socially isolated elderly population of nursing homes. These older people are socially isolated first of all because they have been removed from the community. In addition, we have the isolated person that we have talked about and who now has the stresses of an environment he has been having difficulty with during his lifetime; that is, his relationship with other people. All have varying degrees of isolation. There are an estimated 350,000 Americans being cared for in nursing homes. These do not include related facilities—boarding homes, rest homes, convalescent homes, hospitals, and so on. The average age of the nursing home population is 80 years. Approximately 50 percent are ambulatory to some extent, and mentally alert.

I am a volunteer coordinator for a volunteer program that operates within the metropolitan area of Boston. The purpose of their activity is to provide personal relationships to the elderly confined to nursing homes in a planned, consistent, and persistent way. A group is assigned to one nursing home and continues visiting the same nursing home at regular intervals. Knowledge and understanding of their task is implemented through a monthly discussion session. This channel also provides the emotional support the volunteers need. The volunteers tend to continue year after year and a sizable number have been participating in the program for 8, 9, 10 years and more. This is a strong factor in the effectiveness of the program to the elderly person. More than 1,500 older people who are patients in nursing homes are visited regularly each month, in the metropolitan area of Boston.

We are beginning to realize more perhaps that the nursing home is not the panacea in the lives of older people that it was hailed for. These other programs, preventive in the sense that they can prevent or at least delay the need for nursing care, or rehabilitative in the sense that they can establish an older person in the community after a needed temporary stay home, are equally important. Many of us here today have been faced with the need to find a suitable home for a parent or grandparent, an aunt or uncle, a brother or sister. As aging citizens ourselves, a number of us will need nursing home care for months at a stretch or even year after year during our own later years. We all therefore have a direct personal interest—however remote it may seem to us at the moment—in the development of any aspect that will contribute to the well-being of the older population who are patients in nursing homes and who are isolated from the community and their interpersonal relationships.

I know that the evidence is not conclusive, but there is considerable to indicate that wherever people of advanced age have the motivation to look forward to something in their daily lives, they appear to possess a much better component of emotional health in their makeup. We think that this is being accomplished in many instances by these volunteers in their sustained interpersonal relationships with hundreds of elderly people in nursing homes, and that the well-being of the elderly people is being promoted.

SUMMARY

While communities in the Commonwealth have instituted programs to prevent destitution and to provide the beginnings of adequate medical care for the older population, they have done very little by way of inaugurating programs to gratify their need for interpersonal relationships. This is especially true for the isolated elderly. The need for such programs is imperative because protracted isolation results in psychological withdrawal and progressive impairment of their capacity to function. Carried to the extreme, there are two serious consequences:

- (1) Physical self-neglect growing out of their indifference.
- (2) Mental deterioration from lack of social stimulation.

Both of these consequences can be documented time and again, but perhaps the most significant example to illustrate this is the fact that during the past 20 years the 65-year-and-over age group committed to mental hospitals has significantly increased, despite the fact that all other age groups show a decrease. Moreover, 27 percent of all first admissions to public mental hospitals are 65 and over. On a projected basis, there will be a 35-percent increase in the number of aging persons in our public mental hospitals by the year 1970.

The utilization of volunteers to promote the well-being of the older population is a highly effective means of alleviating one of the greatest problems faced by the older age group and the handicapped, isolation and loneliness. There is a very real reciprocity in the process of the interaction of volunteer and older person. The volunteer is a very natural instrument for this activity in that his own wellness is abetted.

Training is essential to the success of any volunteer program. Persons knowledgeable in the fields of psychiatry, social work, mental health, psychology, sociology, and community resources must be made available for this purpose. Equally important is the dissemination of validated findings. There is a further need in this area to study the best method of integrating this knowledge so that it becomes a tool for the volunteer to do an effective job.

Relating to the problem for the elderly in nursing homes, there is need to give attention to adequate screening of the older person and to periodic assessment of the individual's potential for optimal functioning, whether in a protective setting or re-establishment in the community. In short, the nursing home has ceased to project the image of terminal care.

Lastly, there is need to give consideration to reopening communication between older and younger generations. Unless efforts are made to bridge this gap we are sacrificing not only our cultural continuum but failing in our responsibility to make all our years meaningful. The utilization of volunteers to promote the well-being of the older age group makes a contribution in this area. It is a warm-hearted human program that fulfills a need in human values that is profoundly therapeutic to both the younger and older generation and enables the isolated lonely person to draw new life and courage through interaction with healthy normal people.

Senator KENNEDY. Sister, I want to thank you for your extremely perceptive testimony here this morning on the role of the volunteer in this program. I think your experience in this field is something

from which all of us can benefit, and I want to thank you very much for coming here and sharing with the subcommittee your many years of dedication and interest in this area.

We will hear now from Dr. Alfred Frechette.

**STATEMENT OF DR. ALFRED L. FRECHETTE, MASSACHUSETTS
COMMISSIONER OF PUBLIC HEALTH**

Dr. FRECHETTE. Senator Kennedy, I am Alfred L. Frechette, Massachusetts commissioner of public health.

I welcome this opportunity to tell you of the activities of the Massachusetts Department of Public Health which are designed to help the aged and chronically ill by increasing the availability, broadening the scope, and improving the quality of health services in the Commonwealth.

One of the recent developments in this area is the transformation of many of our tuberculosis sanatoriums, which are no longer needed to treat the tuberculosis patients, into chronic hospitals to provide care necessary for the chronically ill.

Through the chronic disease hospitals and the department's district offices, there exists a mechanism which could be expanded so that nursing, medical social work, health education, nutrition, and other health services could be extended to all communities of the Commonwealth.

The aged chronically ill represent the largest sector of the nursing home patients. A recent study showed that 93 percent of patients were 65 or over. Through raising our minimum standards, we are improving the physical facilities of our nursing homes and recodifying the regulations to emphasize the need for improved care. It is also hoped that we may bring the nursing homes closer to the other community health services so that more effective use can be made of scarce resources in the area of out-of-hospital community health services.

The health department has demonstrated particular interest in the aging by assisting a number of agencies or universities in studies and demonstrations to improve the services to this particular group. These activities have largely been made possible through assistance given to the department through the formula grants of the Community Health Services and Facilities Act.

Assistance has been given to the Catholic Family Counseling Service in Boston to explore the feasibility of training volunteers to act as aids in the care of elderly persons with health problems.

Brandeis University has for 3 years been closely involved in exploring the possibilities of using elderly volunteers in community services. These studies have been supported by grants from the Medical Foundation, the Public Health Service and our own health department.

Information and referral services for the older group have been supported in two communities, and a byproduct has been the opportunity to test uniform recording and reporting procedures for these services.

The department has thus far assisted by means of modest financial support with the organization of 3 new homemaker services serving 9 communities and is working toward 4 more programs to serve over 35 more towns in the Commonwealth. In each service emphasis

is placed on meeting the health needs of older persons in their own homes through educational and consultation efforts.

Many bedside nursing services have been made aware of the rehabilitation aspects of nursing in caring for the chronically ill. Several of the projects are concerned with rehabilitation of the older patient through extending services into the community or helping the handicapped homemaker improve her ability to care for her own home.

We are collaborating with the postgraduate medical education program of the Massachusetts Medical Society with financial support and consultation on the need to inform physicians about community health services which can assist them in caring for their chronically ill patients at home.

We are engaged in some factfinding studies, in collaboration with hospitals and other agencies, to delineate the needs of the chronically ill and aged with some special emphasis on what happens to patients after they are discharged from acute or chronic hospitals. One of these will be a followup study from the Shattuck Hospital and the other is concerned primarily with the facilities and services available to care for the terminally ill patient, both hospitalized and non-hospitalized.

One of our major interests is in trying to coordinate the activities of this department with governmental and other voluntary agencies in order that we may avoid duplication and most efficiently use the manpower which is available. In addition, we think it is important to point out to the appropriate officials the kind of services that are difficult to inaugurate because of the lack of skilled personnel. We also believe it is necessary to explore the use of persons with lesser training, such as homemakers, to relieve the skilled workers for those duties which require their more extensive training.

The division of chronic disease of the department of public health is responsible for providing diagnostic services for persons who are suspected of having cancer, either through the State-aided tumor services or through the tumor diagnosis service. This division also assists the State-aided cardiac clinics by providing funds for social work services.

The division has been concerned with the training curriculum for homemakers and has, through some surveys, attempted to determine what were the areas in which the homemaker served and what was the training that was needed to assist them in these areas. The committee, with increased representation, is now attempting to determine what agency standards are necessary for a good homemaker service. We believe that this is a unique effort and should be extremely fruitful.

In summary, we realize that there are many activities which have not yet come to fruition, but we feel that the department is moving ahead in the most vital area, which is services to people.

We are happy to collaborate closely with the Council for the Aging in developing community health services for the chronically ill and aging.

SENATOR KENNEDY. Doctor, I want to thank you for your extremely informative and helpful testimony on what your department is doing in this State in this important field. It was extremely helpful and illuminating. I want to thank you for coming.

I want at this time to excuse my senior colleague, Senator Saltonstall. I want to say how much I appreciate his appearance here today at these hearings. He has a really unique understanding of these problems. He has dealt with them for many years, as Senator from Massachusetts, and as a former Governor. I think all of us in Massachusetts who are interested in its problems are greatly appreciative of his appearance here today, and the benefit of his experience in this field. He has to be excused now, but this subcommittee appreciates his presence here this morning. [Applause.]

I want to ask Robert Maher, who is a member of the Greater Worcester Community Services Committee on Aging and chairman of the education section, to appear as our next witness.

STATEMENT OF ROBERT C. MAHER, CHAIRMAN, EDUCATION SECTION, GREATER WORCESTER COMMUNITY SERVICES COMMITTEE ON AGING

Mr. MAHER. Mr. Chairman and members of the subcommittee of the U.S. Senate Special Committee on Aging, I am Robert C. Maher, a member of the committee on aging, chairman of the education section of the Community Services of Greater Worcester, Inc. I am a director of the Age Center of Worcester, Inc.

On behalf of Dr. James E. Grainger, chairman of the committee on aging, and myself, the following context represents our convictions in reference to the report we are presenting to the subcommittee. Dr. Grainger was unavoidably unable to be here today.

The inception of the committee on aging was formulated as a result of small groups of lay people interested in the special needs of the senior citizens in Worcester—dating back to the late summer of 1948. This small but dedicated group evolving from the Worcester State Hospital, the YWCA, and the local chapter of the National Council of Jewish Women, was the original nucleus for the committee on aging. Their needs were made known to, and were quickly sponsored by, the Community Services of Greater Worcester, Inc.

This volunteer committee, commencing with its initial chairman, the farsighted Mr. Philip M. Morgan, rapidly expanded and became broadly representative of all interests in the community to further study, stimulate, and educate senior citizens' community planning and to correlate ever increasing senior citizen needs.

This committee on aging from its very inception to this day has never at any time but intensely dedicated itself to the unending duty and obligation to develop and stimulate the needs of its senior citizens.

It represents a vital and determined force to continually fulfill the obligation of the special needs of senior citizens for which it was dedicated. Comprising at least 100 prominent citizens, as well as an untold number of volunteers, the committee represents private industries, city planning, public and private agencies. As a functioning committee, it has gone forward with innumerable meetings and conferences with resource people, and those with specialized knowledge in the fields of health, education, welfare, housing, economics, employment, and social services.

The Worcester area committee on aging and subcommittee, based on special needs, was divided into the following sections:

- (1) Health-therapeutic recreation.
 - (2) Annual hobby show for senior citizens.
 - (3) Information service for the aging.
 - (4) Social services.
 - (5) Friendly visitors.
 - (6) Education—including the annual conference on aging and a citywide speaker's bureau.
 - (7) Committee to plan organizations for a multiservice center.
 - (8) Senior citizens interclubs.
1. This is our organization.
 2. This is our committee for community planning services and training.
 3. This is the partial fulfillment of the committee's duty and obligations—a "rallying and focal point for all citizens," constantly striving for the best solution to the special problems of the senior citizens.

In reference to this planning, I have purposefully omitted any referral to our multiservice center which the committee on aging has indeed found its most prideful and satisfying accomplishment, the official establishment of the Age Center of the Worcester Area, Inc., which was incorporated in March 1963 under the dynamic championship of our immediate past chairman, Dr. Samuel Bachrach, now president of the age center. The volunteer work of 15 years was bearing some fruit. This, of course, was aided and brought to fulfillment by a grant from the Ford Foundation, under the auspices of the Community Services of Greater Worcester, Inc. This has been reported to you by Dr. Bachrach.

The purpose of this brief history of the background of our committee is to point out the varied planning that has resulted in our accomplishment in the Greater Worcester area for its senior citizens and again set our goals for the future.

In submitting this brief background, the Committee on Aging of the Greater Worcester Area, Inc., under the chairmanship of Dr. James E. Grainger, felt that it was necessary to detail the ever-changing "crossroads," determined by need of its 15 years' experience in the field of aging. In summary we have brought to your attention our—

- (1) Initial inception.
- (2) Committees and their continual broadening of scope to meet the special needs of our senior citizens.
- (3) Concrete results accomplished as the result of our studies and evaluation to meet the challenge of the changing requirements of the senior citizens.

Therefore, we arrive at our conclusions and recommendations for the proposals by our Committee on Aging of the Community Services of Greater Worcester, Inc., and the special needs we strongly feel are basic and necessary requirements under the Senior Citizens Community Planning and Services Act of 1963 as recommended by the late President John F. Kennedy.

1. We have attempted to accomplish on the citizen level all our efforts to forge ahead on the special needs for senior citizens.

2. We have recognized through our study, experience, and evaluation their special needs and the committee on aging has established the following programs:

- (a) An information and referral service.
- (b) A volunteer service corps.
- (c) An elderly craft sales shop.
- (d) A guidance in nutrition, household management, and special diets.
- (e) A friendly visitor's training.
- (f) A preretirement and retirement counseling.
- (g) A vocational retraining.
- (h) A consultant and training service to nursing and rest homes and service to "homebounds."
- (i) A physical therapist and public health nurse service.
- (j) A group work and recreational activities.
- (k) An education program—the theme to "educate up" of all citizens to problems of senior citizens and an overall education to senior citizens as to the awareness of their special needs.

3. We have realized and concluded that grants from the Community Services of Greater Worcester, Inc., private industries, and public-spirited individuals are not sufficient or adequate to fulfill our long-range goal.

So therefore, the Senior Citizens Community Planning and Services Act of 1963 with its five important recommendations are vitally needed in order for us to continue our duty and obligations to the senior citizens of greater Worcester.

We need the grants to the States to develop community services for the older people and the funds for the required staff to render these special needs.

We need the grant for demonstration and research projects for our annual conference on aging, speakers bureau, and citizen education.

We need the grants to encourage the training of persons in the field of aging.

We need the further grants for the Age Center of Worcester, Inc., to fully render the services expected and required of its charter.

We need the grants to stimulate opportunities for older people.

At the present, we are truly limited and curtailed for the immediate and urgent special needs of our senior citizens.

Thus, with these grants, the Committee on Aging of Greater Worcester, Inc., could more quickly and efficiently follow through with the recommendations under the proposed bill "Senior Citizens Community Planning and Services Act of 1963."

This bill is designed to channel to existing experienced local agencies enabling them to carry out the work necessary to handle this problem. It would provide the most efficient and economical approach.

This is of the essence, and no time should be lost because of lack of funds to encompass all special needs in our obligation and duty.

It is indeed a further tribute to the late President John F. Kennedy. He truly epitomized the interests of all people from our young to all of us, who will sooner than we realize, be counted among senior citizens.

Is there not one of us that has not been affected by the problem of the aging? I do not think so.

Thank you most kindly.

Senator KENNEDY. I want to thank you very much for coming this morning and giving this testimony to the subcommittee. We certainly appreciate your appearance here.

We have Lt. Gov. Francis X. Bellotti here today, and I know how busy he is with his activities and responsibilities, so with the permission of the rest of the witnesses I will ask Lieutenant Governor Bellotti to appear as our next witness, and ask him to proceed in his own way.

STATEMENT OF LT. GOV. FRANCIS X. BELLOTTI, MASSACHUSETTS

Lieutenant Governor BELLOTTI. Thank you very much, Mr. Chairman. I will be brief.

I would like at the outset to say that I am unequivocally in favor of the Senior Citizens Community Planning and Services Act. One of the great areas that has always interested me is the proper use of the potential of the tremendous wealth of experience we have in this particular group. I suppose that if we once admit that we face tremendous challenges, not only in this Commonwealth but all over the world, that it must follow logically that we would use the fullest intellectual and physical potential of our entire society, which would necessarily include what we call aged. It is also inconceivable to me that almost all of the people have contributed to a great extent a lifetime of toil to the creation of our State and national product. Suddenly they become old. And suddenly we don't seem to have the concern for them that we did have.

I think again it would follow logically that it is inconceivable in a society as affluent, as wealthy as ours, that we still require that an aged person take what they call a means test or, more succinctly a pauper's or beggar's oath before he can receive medical care. This, I think, is not consistent with the value we place upon human dignity. Proper employment, ability to supplement the social security income with an adequate subsidiary income—this is an essential in my opinion. I don't think you are ever going to arrive at this unless you have such an agency which can coordinate all of these problems, coordinate all of these studies, and, equally important, be able to speak out as an agency in an unbiased fashion so its voice could be heard all over this country. A meaningful activity is set forth in one of these statements that I read. I think this is extremely significant. When you reach retirement age, there are many, many reasons why in private industry you have to retire—pension plans, need for employment of younger people, all of these things—but people now, with the increases in our health potential, are retiring at an age when they have many, many productive years before them. This type of an agency is essential for the perpetuation of the solution of this problem, and it is far more than a local or a State problem. It has become a matter of national moment, and there are Federal funds needed to assist these programs in the State. These are challenges that face all of us as individuals.

You know, we all grow old, we hope. I think it is incumbent upon everyone to speak out in favor of this type of agency.

Senator KENNEDY. I want to thank you, Lieutenant Governor Bellotti, for coming down here this morning and talking and speaking about the subject matter before this subcommittee. I know very well of your interest in this field, your concern with the senior citizens of the Commonwealth, and your concern about a program which will address itself to meet their critical needs. Having your testimony here this morning and your complete support for these types of programs is something which, as Lieutenant Governor of our State, I think is extremely meaningful. I want to thank you very much for coming.

I'd like to say at this time the subcommittee will stay in session until about 25 after 12. We will hear as many of the remaining witnesses as we have time for. Then we will reconvene at 2 p.m. this afternoon and finish with the scheduled witnesses hopefully at about 3 o'clock. Then the subcommittee will have the open session in which we will welcome the comments of any of our senior citizens or senior citizens' representatives relative to this type of legislation. This subcommittee believes it is important not only to obtain the information which we have been able to obtain this morning and hope to in the early afternoon from people who have particular programs and particular experience in these fields, but also to collect and take this information from other people in the Commonwealth and any other New England area who are concerned as we are about this program. I know a number of you probably have to be leaving shortly, but this is generally the program for the subcommittee.

Now the next witness before this subcommittee is Sherman G. Sass, chairman, Committee on Aging, United Community Services of Greater Boston. We welcome him here this morning because the city of Boston has received a training grant and we are interested in his observations about the needs of our city and how this program can best be implemented. You can proceed now in your own way.

STATEMENT OF SHERMAN G. SASS, CHAIRMAN, COMMITTEE ON AGING, UNITED COMMUNITY SERVICES, BOSTON

Mr. SASS. Mr. Chairman, my own interest in the aging derives from my job. I have been for a number of years affiliated with and am now vice president of the Martin E. Segal Co., actuaries and consultants in the field of employee benefits. I appear here, however, in my capacity as chairman of the special project on aging of the United Community Services of Greater Boston.

The aging project committee of which I am chairman is a voluntary committee. Its membership comprises representatives of Government agencies and of interested welfare agencies; representatives of universities; and also civic leaders and prominent management and labor union representatives.

On behalf of my committee, I am authorized to testify here that the committee on aging endorses in principle S. 1357, the Senior Citizens Community Planning and Services Act.

We have submitted a rather detailed written statement which lists and summarizes the objectives of our committee, and which describes the focus of our activities both current and projected. These objec-

tives coincide, I submit, with the express purposes of S. 1357. First, and essentially, our committee is designed and acts to coordinate, to plan, and to establish liaison between existing operating agencies that are concerned with and active in the field of the aging.

We are especially concerned at present with the provision for—I should say with the absence of the provision for—social services and health services in public housing for the aged. And this is one area in which we are attempting to coordinate the efforts of interested agencies to bring the needed social services and health services to those older people who are living in special housing projects for the aged and to those aged who are living in “general” public housing projects.

A second area of our interest and attention is the training of personnel at all levels of professional competence and skill, for work with older people. We are engaged, together with some of the staff at the Boston University School of Social Work, principally Prof. Louis Lowy, in formulating a program for the training of personnel in public housing projects. In this project we are working in close cooperation with the Boston Housing Authority under the direction of Mr. Ellis Ash.

Without describing them, I just want to mention several other areas of activity, each of which is either referred to directly or alluded to in S. 1357. We are actively at work with one principal agency in the city of Boston to redirect that agency’s program for the aged along the lines of a multipurpose service center to be housed in the center of Boston.

We are interested and doing preliminary survey work in the possibilities of mustering the forces that are available and interested in sponsoring low rent private housing for older persons within Metropolitan Boston.

As you mentioned, Mr. Chairman, we are cooperating with the organization known as ABCD, Action for Boston Community Development, in its project for retraining of older workers. This project recently received approval of a training grant from the U.S. Department of Labor.

In these areas that we have mentioned we submit that the Federal Government grants as would be prescribed by S. 1357, could make a significant difference: a difference, if you will, when or even whether such projects which I have mentioned succeed. From our experience in this metropolitan area, we can attest that the problems of the aging, as an area of social concern, does not yet have the status of an equal competitor for the limited and scarce community resources, such as skilled and trained personnel, funds, civic leadership, the interests of service agencies and of philanthropic organizations. We propose that Federal aid as would be prescribed in the act is important not only for the assistance it would render in financing particular projects, but also because the participation, the further participation, of the Federal Government in these ways would attach added national importance and significance to this field. It would thereby strengthen the hand of community and political leaders in obtaining local support, through State and local governments, as well as support from community charities and philanthropic funds.

In closing, I would like to cite the several poignant words of a traditional Hebrew prayer which is recited at Jewish high holidays: al tashilochanu lias ziknah. The prayer says, "Do not forsake us in our old age."

I do not think it amiss to suggest that while this is a prayer to God, we as individuals with community responsibilities do what we can to listen and to answer that plea.

(The statement follows:)

STATEMENT OF SHERMAN G. SASS, CHAIRMAN, COMMITTEE ON AGING, UNITED
COMMUNITY SERVICES OF METROPOLITAN BOSTON

FUNCTION OF AGENCY

United Community Services is the overall central coordinating metropolitan health and welfare planning agency for the Boston area, covering 49 cities and towns with a population of 2,100,000. There are some 328 member agencies. UCS is linked to the total process of urban renewal and provides leadership in coordinating public and private agencies.

FINANCIAL SUPPORT

Comes from the United Fund, and grants from both public and private sources. UCS is a member of the United Community Funds and Councils of America, Inc.

FUNCTION OF UCS AGING PROJECT

To develop appropriate services to keep older people out of institutions and to make it possible for them to live in their own homes in a normal, familiar neighborhood environment as long as they can.

With the heavy commitments UCS already has for use of Red Feather money, it is proposed that the aging project primarily seek outside funds for major programs.

Needs highlighted by a study, "Services for Older People," completed in 1961 by Dean Emeritus Richard K. Conant, of Boston University School of Social Work, are receiving broad attention. The UCS aging project has adopted these problems as the focus of its attention.

1. *Public housing projects for the aging.*—Provision of needed social services, such as casework, group activities, health services.

2. *Training of personnel for working with older people.*—This is being developed with Boston University School of Social Work on various levels: (a) Updating personnel already working with older people, and (b) training new workers and volunteers.

3. *Older people living in family public housing projects.*—Developing demonstration health care and nursing services, as well as activities for leisure time.

4. *Establishment of a centrally located multipurpose senior citizens center.*—The center would provide counseling, group activities, information and referral services, and a health maintenance clinic.

5. Inclusion of needed services for the aging in neighborhood service centers.

6. *Provision of adequate low-rent housing for older people not eligible for admission to public housing projects.*—Recent surveys have highlighted this need. The aging project will identify groups needing such nonprofit or low-profit housing and areas in which they might be located; it will also identify organizations which might sponsor such housing. (NOTE.—During the past 3 years in Denver, Colo., 26 such housing developments were started under planning council leadership.)

7. *Training or retraining of middle-aged persons for appropriate employment in cooperation with Action for Boston Community Development (ABCD).*—A broadly based agency formed to serve as the conduit for a series of grants from the Ford Foundation and the Federal Government to finance a variety of experimental health, educational, and welfare projects in Boston.

8. Urban renewal program will require examination of existing services for older people and the determination of ways to alleviate problems where they occur and prevent their occurrence whenever possible.

Staffed by an associate director of UCS Department of Special Programs, with master's degree in social work, and training and experience in community organization.

MEMBERS OF THE UCS AGING PROJECT COMMITTEE

Miss Fannie L. Allen, South End House.
 Attorney Charles C. Cabot.
 Robert Gardiner, Fiduciary Trust Co.
 Mrs. W. Z. Goodman, National Council of Jewish Women.
 James C. Hunt, U.S. Department of Health, Education, and Welfare.
 Francis E. Lavigne, education director, State Labor Council, AFL-CIO.
 J. Kenneth Bennet, R. H. Stearns Co.
 Richard Conant, dean emeritus, School of Social Work, Boston University.
 Miss Mary M. Geaney, Boston Department of Public Welfare.
 Carleton Hunneman, Hunneman & Co., real estate.
 Mrs. Marion K. Larson, Family Service Association of Greater Boston.
 Frank W. Looney, director, Massachusetts Council for the Aging.
 Louis Lowy, associate professor, School of Social Work, Boston University.
 Sherman G. Sass (chairman) Martin E. Segal Co.
 Leslie Woods, consultant and labor adviser, Raytheon Co.
 Attorney David Pokross.
 Dr. Donald White, School of Business Administration, Boston College.

MEMBERS FROM UCS STAFF

Campbell Murphy, director, UCS Special Programs Department.
 Richard Scobie, associate director, UCS Special Programs Department.
 Mrs. Deborah Cohen, associate director, UCS Special Programs Department.
 Mrs. Michelina Towa, secretary, UCS Public Policy Committee.

II. INTRODUCTION

"Senior citizens are not just some indefinable group separate and apart. They are our mothers and our fathers. They are 'ourselves' in a few short years. They are those of us who have made a contribution to society, and to our country. They are those who have given their energies, their skills, and their children for the good of society. Society must not ignore them when their hair is gray and their shoulders bent."¹

For at least a decade, demographers and other social scientists have been pointing out that the rapid aging of the population of the United States is bringing about a "silent revolution" in our society which will have far-reaching effects throughout our economic system and social institutions. As yet there has been little indication that the Nation as a whole has understood the full significance of the marked shift in our population profile toward the older age brackets, or that it is prepared to face up to the social consequences of this shift.

The time has come for us all to take a fresh look at the over-65 age group, and to make special provisions now to "reintegrate" these individuals into our social system. Though in general it is appropriate for our health and social-welfare programs to be equally applicable and available to all age groups of our population, it is also appropriate that due attention be given to the special needs of certain age groups. It would seem, in this connection, that "crash" programs of various kinds directed toward the needs of the aging on a national scale are as warranted and necessary today as were the special efforts to further the health and welfare of children that were first undertaken in the 1920's, and that are still carried out today through the Children's Bureau of the Federal Government and other National and State agencies.

The United Community Service Committee on Aging has accepted this modern challenge to explore and experiment anew with aging, because it believes that care given the elderly may well be the measure of our civilization.

Dr. Louis I. Dublin, formerly with Metropolitan Life Insurance, found that the average lifespan of prehistoric man was only 18 years; few cavemen survived beyond the age of 40; in Roman times the average lifespan was 22 years; and in the Middle Ages in England the lifespan was 33 years. Compare a

¹ Senator George A. Smathers, Senate Special Committee on Aging, Apr. 24, 1963.

Churchill, Adenauer, Eisenhower, MacArthur, DeGaulle, Baruch, or Dr. Paul Dudley White to a William James who considered a person an old fogey at 25; to Casanova who began worrying about his age and loss of manhood at 38; and to Roger Bacon who believed that one was aged at 53.

Life expectancy in this country at birth is now 70 years; and there are now more than 6 million people in the United States aged 70 or over, and more than 10,000 people over the age of 100. By 1980, the over-65 age group will probably double, encompassing 16 percent of the population (1960 census).

In the United States older people constitute about 9.2 percent of the population. In the Boston metropolitan area, 282,000 people out of a total population of 2,589,000 are over 65, making 10.9 percent elderly; this is higher than the national average. In the central city of Boston, the percentage of elderly is even higher—12.3 percent.

The average income of the Nation's 17.5 million people over 65 is \$1,758, with 2 million older women having no income at all. In Massachusetts, there are 144,000 single people over 65 who live on less than \$1,000 a year.

We thus have a flood of factual data on problems of the aging, and the Committee on Aging has specific plans of action which seek to improve the well-being of many aged through broad-scale community programming. For this implementation we must have the kind of help outlined in the community services bill discussed here today.

III. PROBLEMS OF COMMUNITYWIDE PLANNING FOR THE AGED

The particular problems in Boston center around two facts:

- (1) The higher percentage of population over 65 than in most cities;
- (2) The tremendous population movements because of land taking for urban renewal, highways, etc. It is estimated that up to 50,000 families in the metropolitan area may be forcibly removed in the next few years. A large percentage will be older people. When the aged move, many will undergo the tensions of a displaced person. As if this were not difficult enough, there are not sufficient dwelling units available to house these people at rents they can afford to pay. Seventeen percent of the entire housing supply in the metropolitan area is either substandard or lacking basic facilities such as plumbing. The vacancy rate is less than 2 percent, whereas a normal housing shortage is based on 4 to 5 percent vacancy rate. In Boston, the 1960 census officially listed 30 percent of housing units as deficient, deteriorating, or dilapidated. Over 4,000 older adults live in lodging or rooming houses in the South End—just one part of Greater Boston.

As the laws of supply and demand function, the inevitable result is higher rent for more and more inadequate housing. These older people live in constant insecurity—they don't know from day to day if they will have to move, how to get help to move, and how to stretch their low budgets. There is no agency, no person, to whom they can turn for help. Many owners of lodging houses themselves don't know what will happen to their property; many need loans in order to repair and improve their buildings, but because of the uncertainty due to renewal, and the general blighted environment in which the property is located, these loans and insurance coverage are difficult to obtain. Even those fortunate people who live in safe and decent rooming houses are handicapped because of a lack of restaurant facilities. Thus there is need for broad community coordination and planning of all agencies and interested individuals, both public and private. These include the Boston Redevelopment Authority, private builders, real estate interests, social casework services, health, and recreation programs.

To date, there are 560 units of public housing for the aged, housing approximately 7,900 people. Under construction or planned are almost 700 more units. The waiting lists grow longer each day. Where are people to live?

The roles and functions of the UCS Committee on Aging can be illustrated by describing several specific programs:

1. *Training program for resident custodians and managers in charge of public housing units under the auspices of the Boston Housing Authority.*—UCS staff, member of the committee on aging, and Boston University School of Social Work personnel are involved in setting up informal seminars or forums, which will offer to housing personnel the kind of knowledge and understanding they need to be most helpful to tenants in housing for the aged. These housing custodians and managers are the first line of defense for the elderly, because there are pres-

ently no caseworkers, group workers, or health personnel assigned to these specific units for elderly, and few if any workers dealing with the many more older people living in other public family units.

A steering committee of housing personnel, selected by the director of the Boston Housing Authority, has been meeting at Boston University School of Social Work with Prof. Louis Lowy and Mrs. Deborah Cohen, associate director, UCS aging project. Together they are working on curriculums based on the particular problems facing the managers and resident custodians. These will cover behavior patterns of old age, common medical problems, how to become acquainted with and use neighborhood community services, how to arbitrate among tenants, how to set up and help carry on tenant self-government organizations, how to make the best use of their boards of directors, how to orient new tenants and encourage them to participate in tenant activities, and especially how to learn to help, but not to treat.

Once the curriculums and method of study are set up, the problem of implementation arises. Here is where the Community Services Act can be helpful. Funds will be needed for an administrator, instructors, and other personnel so that coordination and cooperation may be attained. Group workers will be needed to carry on the activities that managers are not able to perform because of lack of time and specific training. It will become necessary to train volunteers from the community to work with personnel in information and referral services, to assist with plans for leisuretime activities and tenant associations. Health maintenance will play an important role, and thus help must be sought from doctors, nurses, public health sources, as well as hospitals and clinics.

2. *Medford public housing project.*—In August 1962, Mr. Gerald Polombo, executive director of the Medford Housing Authority, requested assistance from the Medford Conference of Community Agencies and UCS in planning a new 200-unit building to house the elderly. This new center would include, together with living quarters, adequate health maintenance and recreational facilities to be made available to tenants and others outside the project. Thus, this facility will serve an expanded portion of the community.

The UCS, through its staff experts on urban development, public housing, health, and aging, provided the Medford Housing Authority with advice, design criteria, equipment requirements, and budget estimates for the construction and operation of the new facility.

On January 3, 1964, Mr. Polombo reported progress as follows:

(a) The architect has been alerted to the basic requirements in the preparation of the development program and preliminary drawings. The problems of additional space requirements were also considered.

(b) An estimate was obtained on the cost of equipment recommended as necessary for the operation of the community facility.

(c) A formal request for grant funds for building and equipment costs was made to the Permanent Charity Fund Committee in Boston.

(d) Coordination and liaison, and some financial assistance among voluntary social and welfare agencies and public authorities and agencies are being accomplished. They include the Medford Conference of Community Agencies, Visiting Nurse Association, Medford Housing Authority, Medford Department of Public Welfare, board of health, community centers in Medford, plus UCS staff experts on public housing, urban development, and aging.

Mr. Polombo is hopeful of the ultimate success of this experience in development of plans and support for adequate community facilities. However, success is not yet assured, because of dependence upon availability of funds for building space, equipment, and operation. This experience is undoubtedly typical of experiences that have been or will be observed in other communities in Greater Boston. (NOTE.—Mr. Polombo is available for questioning at the hearings.)

Richard S. Scobie, UCS associate director, services to public housing, has prepared some comments he thought would be helpful in this testimony:

The Medford experience can be used as an example of typical difficulties which are faced in almost every city in Massachusetts. A severe problem is the geographical distribution of the aged, and the difficulty of developing services for the aged in areas where there are no appropriate existing organizations on which to build. With the present lack of funds, such areas must just go without services. The suburbs are especially hard hit in this way.

Even with a very unusual and favorable set of circumstances—the cooperation and enthusiasm of the director of the housing authority—the following difficulties were encountered:

(a) General scarcity of resources: The settlement houses in Medford are small, weak, and limited in impact to their immediate neighborhoods. There is no public hospital in the city. The local public welfare department reflects the conditions in welfare departments throughout the State in that it is weak, rather inflexible, and in need of administrative reform. (This should in no way be interpreted as a comment on the individual welfare department employees or its director, but rather as a comment on the overall administrative situation faced statewide.)

(b) Understanding of the special needs of the aging is necessary before local agencies will be willing to reexamine their own programs or to make any changes; and this requires an extensive program of education and community organization for which there is little support.

(c) Lack of funds for the actual operation of facilities: Even where the physical facility has been arranged for, the possibility of finding funds for staffing it effectively is slim. The only possibilities are local service clubs, unable to provide large amounts of money on a continuing basis, the united fund, already overcommitted and unable to meet the program needs of existing high priority services, and local foundations, which are equipped only to underwrite isolated demonstrations on a short-range basis. Some additional moneys are available through the housing authority itself, but not enough to adequately staff the facility.

(d) Trained staff, with experience in working with older adults, are almost nonexistent. Even with the support from the community, and additional resources, and the moneys needed to support the operation of the program, it is extremely doubtful that thoroughly qualified staff could be found.

(e) The lack of research into the effectiveness of various program possibilities further complicates the picture, in that even with the resources, the interest, and the money and staff, it is extremely difficult to develop programs with any assurance that what you are doing is the most effective way to use your resources.

The Medford housing project can be used as an illustration of the significant role the Federal Government can play through the passage of S. 1357. By providing funds, and by attaching national importance to the field of aging, the passage of Federal legislation and the establishment of federally supported projects in communities throughout the States, should strengthen the hand of community and political leaders in obtaining support from State and local governments, community charities, and philanthropic funds.

May we conclude our testimony by quoting Rabbi Heschel's statement at the White House Conference on Aging:

"Old age is not a defeat, but a victory,
Not a punishment, but a privilege.
Old men need a vision, not only recreation,
Old men need a dream, not only a memory."

Senator KENNEDY. I want to thank you very much, Mr. Sass, for appearing before the subcommittee and giving us the benefit of your experience and interest.

The next witness, Mr. Augustus Soule, is chairman of the Brookline Council for the Aging. We know that Brookline has one of the highest proportions of senior citizens and also one of the most active programs in the State. This subcommittee is interested in hearing about them.

STATEMENT OF AUGUSTUS SOULE, CHAIRMAN, BROOKLINE COUNCIL FOR THE AGING

Mr. SOULE. I am very glad to appear here and will file with your committee as soon as I am through these two rather heavy documents. I have not prepared any statement myself. I am not going to say I am going to be short, but I will be short.

Senator KENNEDY. Mr. Soule, we will include those documents, or at least excerpts from them, in the appendix and they will be considered in drafting the committee report.

Mr. SOULE. Thank you. I think if we have any success in Brookline it may be because we started very cautiously. There has been a State act, as you know, permitting a council for the aging to be set up in various communities and we have adopted a bylaw of the town, which included in it, and I think it is important, the chairman of the board of selectmen, chairman of the recreation department, the director of public health, superintendent of schools, the head of the welfare department, and three to seven other individuals who are interested. I think that we did include purposely all those divisions of the town which were already carrying on programs for the aging. We had to delay a year or so because we asked for a change in the State law which was worded that you should conduct programs for the aging. We thought we should not conduct them, only coordinate them. Finally the law was changed. That has been the basis on which we proceeded.

We felt the actual work for the aging should be under the various departments who are specialists in that field, either education, health, welfare, or whatever it may be. We have met monthly and we have a good many ongoing programs which I think we perhaps should take some pride in. You have them all described in the material that has been filed with you.

The first thing we did, with the cooperation of the Subcommittee on Health of the Brookline Community Council was to compile a list of agencies, and I think there were about 200 of them, much to our surprise, who were offering some sort of services to the aging, not all in Brookline, because we have the benefit of being close to the city of Boston. Many of those services are furnished there. We did publish a directory of all sorts of agencies where things are available for the elderly.

The next and much more important thing is to have a person who wishes to have help know enough to go to some particular place and find out what help is available.

We do hope to have a room—we are building a new town hall—a room in the town hall where there will be a staff furnished by our own members to give information as to where these services can be obtained.

I think that the next thing that we did was to have a citizens meeting largely among the golden agers themselves, preparing for the conference in Washington, and then we had another meeting after it. We had 25 different projects which we thought were of importance to Brookline, and looking it over again this morning I find that we have activated more than half of them, perhaps 15 or 20 of those 25 projects.

I think our main problem, coming right down to money—I think we all would welcome money from the Federal Government. I know it is money we contribute from taxes; they don't have money of their own. I think, though, that is one of the things that is essential to get certain things started. We have been rather fortunate in the selectmen appropriating money for our projects. We have a drop-in center. Some cities and towns are not able to get the money locally that is needed to start one of those.

Brookline is only six and a quarter miles in area, and we have an unusual number of citizens of older age. Someone testified 14 percent; we have 16½ percent of all of our citizens 65 or older. I think we are rather fortunate in a way that we may have problems now which will later on be common to many cities, that we have already had them, and can perhaps help other communities to solve them.

The other thing I think—this had nothing to do with the subject—but I do think one of the things the Federal Government might be able to do toward Massachusetts is to give us another hospital. I believe you did give us Cushing Memorial Hospital. That is now staffed. I think at one time we almost were given the Murphy Hospital. I would suggest, without knowing what I am talking about, that would be welcomed by the State. There is a great need for a hospital setting for these elderly citizens. We happen to have 33 nursing homes in Brookline, so we are quite familiar with that problem. But I would leave that thought with your committee, if I may.

Senator KENNEDY. I want to thank you very much, Mr. Soule, for coming. You have had a very profound experience in Brookline, and to a great extent the success of these programs have been attributed to your interest and the interest of other citizens such as yourself who, through initiative and through great concern for the problems of our elderly citizens, have demonstrated the type of leadership which is so necessary for the success of these kinds of programs, and with which I think we in Massachusetts can be truly proud. I want to thank you for coming. I have had an opportunity to briefly look through the materials which you presented to us this morning and I know that this subcommittee will benefit greatly from this testimony and from the pictures which visually demonstrate many of the things which you have articulated so well this morning.

Mr. SOULE. Thank you, sir. We are very glad to come.

(See p. 212, appendix for material referred to by Mr. Soule.)

Senator KENNEDY. Mrs. Teresa Gainey, the assistant commissioner, Department of Labor and Industries of Massachusetts.

**STATEMENT OF MRS. TERESA GAINEY, ASSISTANT COMMISSIONER,
DEPARTMENT OF LABOR AND INDUSTRIES, MASSACHUSETTS**

Mrs. GAINEY. Senator Kennedy and the members of the committee, it is a privilege to be here this morning. As assistant commissioner of the department of labor and industries, and as administrator of the division on the employment of older workers, I am brought almost constantly in contact with a large number of our retired working people and as a result I have considerable knowledge of their needs and problems.

I want to go on record as favoring the Senior Citizens Community Planning and Services Act of 1963; that is, H.R. 5840 and S. 1357. From experience, I know the great need for coordinated local services, expanded programs of health, social services, employment, recreation, and education. There is a most urgent need for retirement educational programs. There is also an extremely urgent need for trained personnel, as outlined in the bill, as well as a better use of local volunteer help. Our local communities do not have the finances to promote action such as this bill would provide for.

Our State council for the aging, as well as the State departments of public health and mental health, have made great progress with their community programs. I feel the passage of this bill will further advance all our efforts on the local level as well as the State level.

I would like to move away from the bill itself, and point out to you, as the committee concerned with the needs of the aged, that there is an urgent need to increase retirement benefits under the social security program. I deplore the use of the means test. I feel that the Kerr-Mills bill is not nationally successful, which is all the more reason why we need a medical care bill which operates on the same basis of benefits in all our States.

Senator KENNEDY. I want to thank you, Teresa, for coming here this morning and making a very informative statement.

That concludes the official witness list. We will have some more this afternoon, but I invite for a very brief statement Mr. James P. Loughlin, who is secretary-treasurer of the Massachusetts State Labor Council, AFL-CIO, and Mr. Lawrence Sullivan, executive secretary-treasurer to the Greater Boston Labor Council. They have a very brief statement. They will appear together. Then we will adjourn until this afternoon. I will ask them if they will take the chair to summarize briefly their positions and opinions on this matter. We know how interested this organization, the State labor council, AFL-CIO, and the Greater Boston Labor Council, have been in this important area of legislation, and we welcome both you gentlemen here this morning.

Mr. SULLIVAN. I would like to thank the Senator and Senator Saltonstall for allowing us to speak here. This is a traditional bill that labor in the United States fosters and supports, and we are grateful here in the Massachusetts area that both of our representatives are so interested and taking such a firm position on this bill.

We would just like to reiterate labor's position that certainly anything that helps our aged, labor will support wholeheartedly both here and in the rest of the United States.

Senator KENNEDY. I want to thank you, Mr. Sullivan, for speaking out for the Greater Boston Labor Council, on this important matter and making extremely clear the position of the council on this legislation.

Now, I might ask Mr. Loughlin to make a comment if he would.

Mr. LOUGHLIN. Senator, Jimmy Loughlin, secretary, State AFL-CIO. Senator, labor is for our senior citizens. As the good sister said this morning, we do not do enough for them. I believe, Senator, you are well aware of our welfare operations. We positively do believe we don't do enough for our senior citizens. We have got to do much more. I hope this bill will pass, and we can go on further to aid our senior citizens. Thank you, sir.

Senator KENNEDY. That is a fine thought to end the morning hearings on, and we appreciate both those gentlemen coming here and speaking so briefly and concisely and to the point in support of this legislation.

The subcommittee stands adjourned until 2 o'clock this afternoon.

(Noon recess.)

AFTERNOON SESSION

(The subcommittee reconvened at 2 p.m.)

Senator KENNEDY. The subcommittee will come to order. We welcome all of you here this afternoon. We are certainly encouraged by the very good attendance, and I am personally encouraged by the very warm response the chairman received a few minutes ago. It is so wonderful for me personally to see so many friends gathered here today. I want to say we particularly appreciate it because one of the very important aspects of this committee hearing is the townhall aspect of it, in which we are going to invite as many of you as care to come before this committee and tell in your own words, your own personal opinions, about the legislation that is before this subcommittee, and other information which is relevant to our consideration. There has been a very enthusiastic interest in this part of the hearing, and we want to let you know right now we are going to welcome this testimony.

I personally feel this is one of the most important aspects of the subcommittee function, and it certainly is one of the most important aspects of the field trip which we are engaged in here today, to get the benefit of the ideas of the people that are here, and to know of their concerns. This, I think, is the function of the Congress and the Senate; it is the function of this subcommittee. We are going to welcome all of you to participate in this town hall portion of the hearing just as soon as we conclude our final four invited witnesses and then the few members of the general court who have indicated that they would like to express their ideas and their own personal commitments as well.

So we welcome you this afternoon and we appreciate your continued interest.

The first witness this afternoon will be Mr. Walter A. Kelly, Massachusetts Department of Public Welfare.

STATEMENT OF WALTER A. KELLY, DIRECTOR OF PUBLIC ASSISTANCE, MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

Mr. KELLY. Mr. Chairman and members of your committee, I am Walter A. Kelly, director of public assistance, Massachusetts Department of Public Welfare.

We are in full agreement with the various speakers today who have been advocating the enactment of the Senior Citizens Community Planning and Service Act, H.R. 5840 and S. 1357. Under the 1962 amendments to the Social Security Act, our department is committed to providing services to all public assistance recipients. These amendments were designed to enable States to provide social services, at least at a minimal base, with staff currently available but with the requirement that progress toward providing the full scope of services be made within the next 4 or 5 years. The needs of older persons, the general public interest, and the accelerated activity in their behalf on National, State, and local levels, requires that the public agency be a major source of direct service and of leadership in behalf of older persons. Experience has demonstrated that these two functions cannot be adequately performed without a knowledgeable and experienced staff who can devote full time to these agency responsibilities. Ade-

quate and trained staff is essential to effective leadership and coordination on the State level for the development and extension of service to older persons. We see the enactment of this bill as a definite aid in reaching our public welfare responsibilities.

In addition to our interest in these two bills, we would like to express our endorsement, at least in part, of the provisions of Senate bill 1358, a bill entitled, "The Senior Citizens Public Welfare Amendments of 1963."

The purpose of this bill is to provide a number of improvements in provisions of title I and title XVI of the Social Security Act which deal with the program of old-age assistance. The following are the major provisions of this bill:

The first would require States to provide medical assistance to recipients of old-age assistance which would be at least equal to the medical assistance provided under the new category, medical assistance for the aged, the so-called Kerr-Mills Act. This provision would make no change in Massachusetts since we already provide for the identical comprehensive, all-inclusive medical care program for our aged, whether they are aided under the provisions of the old-age assistance law or the medical assistance for the aged law.

The second provision of this bill calls for the elimination of the 42-day limitation on medical care in a general hospital for persons suffering from mental illness and tuberculosis. In recent years, there has been a marked change in the accepted methods of treatment of these two diseases. The tuberculosis death rate has been declining and many State and local hospitals for the care and treatment of patients afflicted with tuberculosis have been closing. The treatment of mental illness has changed substantially from what it was a decade ago. The movement is toward early short-term active therapy in general hospitals. Many of our general hospitals have been activating psychiatric units. In a recent medical publication, it was reported that over 90 percent of the practicing psychiatrists report that they use general hospitals in their practice. The 1960 amendments of the Social Security Act recognized these trends by making provision for up to 42 days of care in a general medical institution for a tubercular or psychotic patient. The elimination of the present 42-day limitation would be in accord with recommendations of professional, medical, and welfare experts and would greatly simplify administration.

The third provision calls for the establishment and maintaining of standards of health and safety for housing rented to recipients of old-age assistance. This proposal certainly is a step in the right direction toward providing better housing for the elderly. Not only are many old-age assistance recipients living in housing that does not meet even the barest minimum of health and safety but they frequently are paying exorbitant rentals for these grossly substandard quarters.

The fourth provision calls for the gradual reduction in the residence requirement to 1 year. This provision likewise would have no bearing on our Massachusetts program since we have already reduced our residence requirement to 1 year. We would further recommend that the residence requirement be completely eliminated so that in this society of mobility, a recipient of old-age assistance might travel to any State to spend his twilight years. Many aged people need to change their State residence in order to be near relatives who can offer care and

companionship. A complete elimination of the residence requirement would permit public assistance recipients to live in any State in the country just as does an individual who is receiving benefits under the old-age and survivors insurance title of the Social Security Act.

We appreciate this opportunity of being able to present our views before your distinguished committee and trust that it will be possible to enact these bills during the present session of Congress.

Senator KENNEDY. I want to thank you very much, Mr. Kelly, for giving us your position on this, and I cannot tell you how much we appreciate your coming.

Our next witness will be Dr. Dorathea Willgoose, chairman of the Needham Council for the Aging.

STATEMENT OF DR. DORATHEA WILLGOOSE, CHAIRMAN, NEEDHAM COUNCIL FOR THE AGING

Dr. WILLGOOSE. Senator Kennedy and friends, as chairman of the Needham Council for the Aging, I wish to bring the following facts to your attention, but in the interests of time I will confine my remarks to not more than 2 or 3 minutes, but I have here my complete report.

Senator KENNEDY. That complete, full report will be submitted for the record.

Dr. WILLGOOSE. Thank you. In my suburban town of Needham, we have over 3,000 residents aged 61 and over. Our total population is rapidly nearing 30,000, and we anticipate an increase in the number of retired people. In the year 1964 we plan to expand our Council for the Aging program, particularly in the field of education, part-time employment, and health. Previously, the council has worked only in the areas of recreation and low-cost housing, and it was responsible for spearheading the low-cost housing development in our town. We now have 72 units, and as many other names on the waiting list.

In order to make our services known to and available to the elderly, we plan to open an information and referral center in the business district of town. The YMCA has offered us the use of a room in their building, and this is indeed a generous gesture although not an ideal arrangement as the room is small, there are some stairs to climb, and the facilities are available to us only in the morning, because of the heavy afternoon and evening schedule of activities there. The cost of rent, heat, and so forth, makes the rental of any other available centrally located facility beyond our means.

Our 1964 budget is \$1,000, double that of previous years, but smaller than the amount we requested and need to carry out the full extension program. We plan to staff our information center with volunteers who will be the retired and semiretired people. This is consistent with our philosophy of having the elderly serve the elderly, and having the elderly execute their own programs. We have a strong feeling that the services we want to make available to our elderly citizens are preventive in type. For example, the opportunity to join a discussion group or a handicraft program is mentally stimulating. The opportunity to go on a birdwalk or a garden project which is geared to the abilities and time of the older person or to join a modified bowling or swimming group is a health promoting activity. A telephone call every day from an interested friend is a reassuring expe-

rience which does something to dispell threatened depression and feelings of neglect and loneliness. Available information on medical assistance to the aged forestalls the worry and dread of prolonged illness, which is ever present in the mind of many elderly, and as a former medical adviser to our welfare department for several years, I know these things to be true.

It is our expectation that our program will eventually become a communitywide project, participated in by organizations and societies as well as by individuals. Part of our prime objective is to function as a referral service, to direct individuals and organizations to an area where their particular skills can fairly fill a need, as well as to refer our elderly citizens themselves to activities in which they are interested. We would like to be able to function actively in the field of advising and counseling, but this demands trained personnel or available professional consultation service, and our funds do not permit this. Likewise, we are limited in rehabilitation procedures because of expense.

We hope to set up an adult education program in conjunction with the town's program, but we want to be able to have some courses of our own which would be specifically directed to the older people, and if our budget permitted we would have visiting lecturers occasionally. Part-time employment is a need which is apparent in some instances, and we plan to try to introduce this by means of a listing at our office of available jobs and of help wanted.

Even though our center is not yet opened and we are waiting for town meeting approval of our budget requests, questions are already coming in which substantiate the need for a broader program.

In order not to prolong this with further details regarding the kind of personal problems presented, I wish to reemphasize that our program is expanding, the need is growing, and our services are limited now only by funds. Older people want to serve each other, and the majority are able to do this, given the opportunities and the encouragement. Older people have a great deal to offer and a great deal to contribute to community living out of their vast wealth of information, experience, and judgment. Therefore, we would like more adequate facilities for our center, equipment and materials for our program, and professional assistance or consultation. Although the town is interested in the Council for the Aging program, an increase in funds is not readily available for us because of other local demands at the moment. And we hope that the bill, S. 1357, which is designed to provide grants to develop community services for older people, will be successful because, Mr. Senator, such services are preventive in nature. It seems reasonable to expect lessened demands in rehabilitation and therapeutic services later on, both in the field of mental as well as physical health for the aged.

And I do thank you for this opportunity to be heard, and we are glad our Senator does have a sincere interest in the welfare of our retired citizens. [Applause.]

Senator KENNEDY. I do want to say, before you leave, I personally want to express by appreciation, as well as the appreciation of the subcommittee for giving us the benefit of your experience, knowing full well the interest which you have had in this problem for so many years. And to gather the crux of your presentation here about the

need for funds for the development of these community activities, community centers, this is something which I think is extremely important. This subcommittee has your statement in its entirety and certainly it will be included and, I know, it will be of considerable interest to the rest of the members of the subcommittee. And we want to thank you for coming today.

(The statement follows:)

STATEMENT OF DORATHEA WILLGOOSE, M.D., CHAIRMAN OF NEEDHAM COUNCIL FOR THE AGING

As chairman of the Needham Council for the Aging and in connection with your Senate subcommittee hearing in Boston today on Senior Citizens' Community Planning and Services Act of 1963, I wish to bring the following facts to your attention.

In this suburban town of Needham we have over 3,000 residents age 62 and over. Our total population is rapidly nearing 30,000 and we anticipate an increase in the number of retired persons.

In the year 1964 we plan to expand our Council for the Aging program, particularly in the fields of education, part-time employment, and health. Previously the council has worked only in the areas of recreation and low-cost housing, and was responsible for spearheading the low-cost housing development here. (We have 72 units and as many on the waiting list.)

In order to make services known to and available to the elderly we plan to open an information and referral service center in the business district of town. The YMCA has offered us the use of a room in their building. This is a generous gesture although not an ideal arrangement as the room is small, there are some stairs to climb, and the facilities are available to us only in the mornings because of the "Y's" heavy afternoon and evening schedule of activities. The cost of rent, heat, etc., elsewhere makes the rental of any other available local facility beyond our means.

Our 1964 budget of \$1,000 is double that of previous years but smaller than the amount we requested, and need, to carry out a full expansion program.

We plan to staff our information center with volunteers who will be mostly retired and semiretired people. This procedure is consistent with our philosophy of having the elderly serve the elderly and execute their own program.

We have a strong feeling that the services we want to make available to our elderly citizens are preventive in kind. For example, the opportunity to join a discussion group or a handicraft group is mentally stimulating. The opportunity to go on a bird walk or a garden project which is geared to the abilities and time of the older person, or to join a modified bowling or swimming group, is a health-promoting activity. A telephone call every day from an interested friend is a reassuring experience which does something to dispel threatened depression and feelings of neglect and loneliness. Readily available information on such programs as medical assistance to the aged forestalls the worry and dread of prolonged illness which is ever present in the minds of many elderly.

It is our expectation that our program will eventually become a townwide project, participated in by organizations and societies as well as by individuals. Part of our prime objective is to function as a referral service to direct individuals and/or organizations to an area where their particular skills can fill a need, as well as to refer to our elderly citizens themselves to activities in which they are interested. This will require careful correlation and coordination of all local services available to the retired.

We would like to be able to function actively in the field of advising and counseling but this demands trained personnel or available professional consultation service. Our funds do not permit this. Likewise we are limited in rehabilitation procedures because of expense.

We hope to set up an adult education program in conjunction with the YMCA or with the town's program. We want to be able to have some courses of our own also, specifically directed to our older people, and if our budget permits we will have visiting lecturers occasionally.

Part-time employment is a need which is apparent in some instances and we plan to try to introduce this by means of a "listing" at our office of available jobs and of help wanted.

Even though our center is not yet opened (we are waiting for town meeting approval of budget), questions and requests are already coming in which substantiate the need for a broad program. Such problems as the following are presented.

"I have brought my mother from New Jersey to live with me here. How can she get acquainted with people of her own age in Needham?"

"My 88-year-old father has arthritis in his hands. The doctor recommends that he try hooking rugs. Is anyone available to teach him at home?"

"Could anyone sit with my neighbor an hour or two after the Red Cross car brings her home from an outpatient visit to the hospital? She always feels weak and dreads being alone."

"My eyesight is poor so I cannot drive my car or go out alone. Is there any telephone service I could render to anyone?"

"My brother and I give my mother a total of \$50 per week for rent, food, etc. We can afford no more. She has no other resources. What could be provided if she were ill?"

"Where could I take a course in current events? I have no car."

"Is there a book review or play reading group I could join in the daytime?"

"My son and I have had a disagreement. Could I talk this over with someone? I need advice."

In order not to prolong this with further details, I wish to reemphasize that our program is expanding, the need is growing, and our services are limited only by lack of funds. Older people want to serve each other and the majority are able to do this if given the opportunities and encouragement. Older people have a great deal to contribute to community living out of that vast wealth of information, experience, and judgment.

Therefore, we would like more adequate facilities for our center, equipment and materials for our program, and professional assistance or consultation. Although our town is interested in the Council for the Aging program an increase in funds is not readily available.

We hope that the bill S. 1357 which is designed to provide grants to develop community services for older people will be successful.

Because such services are preventive in nature it seems reasonable to expect lessened demands in rehabilitation and therapeutic services later on both in the field of mental as well as physical health for the aged.

Thank you for this opportunity to be heard. I am glad our Senator has a sincere interest in the welfare of our retired citizens.

Senator KENNEDY. Mr. George F. Mack, chairman of the Springfield Council on Aging.

STATEMENT OF GEORGE F. MACK, CHAIRMAN, SPRINGFIELD COUNCIL FOR THE AGING

Mr. MACK. Senator Kennedy, before getting along with my remarks, I just want to say that I have no secretary who does typing, so I had to write out my speech in longhand. And before reading my speech, my humble opinion is that most of our aging people who are retired seek out independence and security. That is what we are after more than anything else. If we can get that, and get us away from that worry that is causing a lot of loneliness and trouble, it is the real reason why I am here today.

On receiving your letter asking me to appear before your subcommittee on Federal, State, Community Services for Senior Citizens, I wonder what I might add to previous testimony now on record.

Springfield Council for the Aging is composed of five members, and is probably the first council organized in Massachusetts, being appointed by former Mayor Brunton. We held our first meeting in November 1954. The original council was composed of Mrs. Madlyn McNiff, Mr. Claud Blair, Mr. Everett Thompson, Mr. Seth Clark, and myself.

Mr. Blair and Mr. Thompson have passed away, while Mr. Clarke became ill and resigned. The above, as well as our present council, are all people who are dedicated to give wholehearted support to those elderly who are lonely, need help, guidance, and advice.

We have handled some 8,000 cases since organized, and through self-sacrifice for those who are less fortunate than we, get a good deal of satisfaction doing our humble bit to help them.

The council also, through sacrifice, has been able to keep the cost to taxpayers of the city of Springfield to a minimum. It has cost the city of Springfield \$452.70 for the 9 years we have been organized, according to the city auditor's office statement I received last Friday.

We may be questioned why the cost is so low. Part of the reason is the park department sponsors our Golden Age Clubs. They are self-supporting, with the exception of the salaries of the executive director and assistant.

The Hobby Club is a Red Feather Agency, mostly self-supporting.

Our first Golden Age Club was formed in 1952 and has grown tremendously through the efforts of Mrs. McNiff, the executive secretary, and her assistant, Mrs. Rovelli. It being so successful, the park department asked her to form more clubs. This project was started during the past year, and we now have six Golden Age Clubs in the city. All this was accomplished through the efforts of Mrs. McNiff, Mrs. Rovelli, and Mr. Patrick Kenny, president of the mother Golden Age Club. The mother club is located on the corner of Broadway and Court Street, and is known as the Drop-In Center, and was given to us by the city of Springfield.

The activities going on are the making of bandages for the Red Cross, planning and lining up members for the many trips we take, rehearsal of the Melody Boys and Melody Girls. Both groups go to different hospitals and institutions to entertain those not as fortunate as we. Meetings are held at the GAR Hall on State Street every Friday afternoon as the center is too small to hold the 300 or more who attend.

We were told when the Golden Age Club was looking for a larger meeting place and the GAR building was suggested that we would never get into the Veterans Building. The council for the aging being challenged, we took the matter up with the mayor, commander, and directors of Post 21. The veterans were rather cool at first, but when we confronted them with the statement of who are any better veterans than the mothers and fathers of the veterans—and many of our members are veterans of World War I and Gold Star mothers—that statement seemed to turn the trick for the meeting place, and now we are welcome tenants in that building, helping to keep the place up, and it is in better condition that it ever was before we became tenants.

The different Golden Age Clubs are financed by card parties, rummage sales, and the annual bazaar. The highlight of the financing comes from the program of the annual golden age show. This show packs a seating capacity of some 3,200 people in our municipal auditorium. All actors and actresses are over 65 years of age. To see them perform, you would think they were teenagers.

Our Hobby Club was organized in 1946, and Miss Leone Avery has been the executive director since the start.

This club is now located in its third home at 85 Hillman Street, the YMCA building.

The organization is partly supported by United Fund. Other revenue comes from parties, rummage sales, and the annual hobby club show held in the Springfield Auditorium, sales of articles made by the members at the store at Christmastime, as well as articles sold at our display room at the club. Members put a price tag on the articles to be sold, and then when sold 10 cents of the dollar goes to the club treasurer. Our store on Main Street at Christmastime has been donated for the past 2 years by the Springfield newspapers.

Our Hobby Club is opened from 9 a.m. to 5 p.m. and on Saturdays to 9 p.m. for dancing, with music furnished by the club's own orchestra. For other recreation, there is a pool table, shuffleboard, and a library of 1,500 books, all donated and indexed by the members.

A luncheon is served every day with food bought and cooked and served by members at a nominal cost. Some of the food is grown by members, brought to the club, preserved, and canned for the lunches and suppers that are held on special occasions.

Weekly programs carried out on Monday through Friday are as follows: choral group and orchestra rehearsal on Monday; Tuesday, the teaching of hooking and braiding of rugs; Wednesday, different methods of caning chairs; Thursday, making of dolls and sewing; Friday, ceramics. This group has grown so large a separate room had to be devoted to this project and instruction is given every day. Another project sponsored under club guidance is the housing of 60 elderly at a hotel.

The civic organizations have been exceptionally good to the club with needed articles, such as the kiln for the ceramics, refrigerator, gas range, television, et cetera, card tables, chairs, machines for the men's workshop were donated by the Dexter and Glickman funds.

Not forgetting that an automobile was given to us recently by the Junior League that does noble service transporting the elderly. I know of no other car that is any more needed than an ambulance.

Besides being connected with our clubs for the aging, our members are busy with other activities. Mrs. Madlyn McNiff is secretary of our council, program director of the park department, as well as Co-ordinator for the State Council of the Aging for Western Massachusetts. Mr. Kenny, a retired fireman, is president of our mother club of golden agers, and did yeoman work in helping Mrs. McNiff organize five other Golden Age Clubs in Springfield, as well as to find time to be a member of the committee doing a survey of the Springfield area on community health service.

Miss Avery, besides being executive director of the Hobby Club, is the past president of the Quota Club, did occupation therapy work voluntarily at the municipal hospital for the past 16 years. She was awarded this year a well deserved medal by the Springfield Advertising Club in recognition of the outstanding services rendered to the community.

Dr. Elizabeth Sullivan on our council is a practicing physician for over 50 years, has done noble service and liaison work between the doctors and hospitals as well as giving grateful assistance to those who need it. We will miss Dr. Sullivan tremendously. The amount of

good this woman did will never be known and we sincerely regret she can no longer be with us, as she is now confined to a nursing home. Her term having expired, we expected a new appointee shortly.

Yours truly is a former teacher of printing in the Trade High School, and has been trying to do some public relations work. This is being done by giving talks before different church, fraternal, and civic groups, also serving with panels and discussion groups.

Just to mention a few that we have participated in are the Massachusetts State College Nursing Group, training at the Springfield Hospital, Springfield college social workers classes, and classes in Our Lady of the Elms in social endeavors.

In recording a statement some time ago, we listed problems of the aging in the order we saw them at that time. We are now revising the order slightly, and are listing them as follows: Medical, loneliness or companionship, transportation, housing, recreation, education, and work.

Your memorandum states your subcommittee's jurisdiction does not cover health and housing. I will state we consider the Kerr-Mills bill a welfare act, and I believe quotations from the former Secretary of Health, Education, and Welfare, Mr. Marion Folsom, bears out the fact when he said, "Asking charity when ill is not the American way of life."

On housing, we have two finished projects, and the third is under construction. These housing units did not come easy, as we had our innings with the real estate folks.

Loneliness and recreation, I previously mentioned, and no one needs to be lonely in Springfield who once becomes affiliated with any of our clubs, as shut-ins, sick at home, or in the hospital, all are visited and cheer-up cards are sent to them.

Transportation costs is a real problem, and we have noticed since the bus company has been granted a raise in fare our gatherings of the citizens have been dropping off. Where many of the members dropped in almost every day, they now come around two or three times a week, some only once a week. With the average social security for Hampden County \$80 a month, and widows having an average of \$65 a month, and those on old-age assistance being allowed \$5 a month—how in God's name can a person with that income afford 60 cents a day for a round trip to go downtown?

A helping hand might be extended from your committee to the Hobby Club. Help us to have our surplus food restored, which was recently taken away after two auditors from the Agriculture Department visited Boston. A letter received from Mr. Roy Lennartson, Associate Administrator of the Agricultural Marketing Service, sent to Congressman Boland and forwarded to us, with a copy of those eligible to receive the surplus food. We still think we should have it. Our schools, hospitals, community centers, old-age homes all receive surplus food, and many parents of our schoolchildren can well afford to pay regular prices better than the elderly who are on set low incomes.

We are trying to help people keep off relief by these luncheons in our Hobby Club, as well as to give them a balanced meal that older folks need badly, especially if they live alone.

We are not opposed to the above setup as we consider them excellent programs and want them continued regardless of our outcome that we

hope will be favorable. Our good friend, Congressman Boland, is working on this project for us.

Another project is our Senior Haven. This building consists of 155 apartments that might be occupied by any senior citizen and be the home of the Hobby Club, which can serve as a recreation center for the housing project for the elderly, now in the development stage.

Plans are already drawn, and the authority in New York looked it over and were favorably impressed. We are waiting for urban renewal to give us a site for the building. The United Fund has OK'd the building. Let us hope your committee might add its OK also. Senator Saltonstall and your predecessor, Senator Smith, and Congressman Boland, have given it their blessings.

Meals on wheels is to be started shortly in Springfield for senior folks that are convalescing and shut-ins. Mrs. McNiff and Miss Avery helped in putting this project across.

Education is well in hand through Massachusetts extension courses, adult education classes, and our Golden Age and Hobby Clubs.

We have done some placement work for our senior citizens; our stores and factories have called us for part-time work during busy seasons. Eastern States Exposition time we have made placements and also during the Christmas holidays, several were working.

The most pathetic problem confronting the aging is when an elderly person becomes a little senile and is brought before the court. There is no place to my knowledge where they can be committed except to a mental institution. Here many times they can be helped and returned to society but where can they go on being discharged? Is it any wonder that 34 percent of the patients in our mental institutions are over 65 years of age?

Other problems confronting us recently have been with insurance agents selling widows policies they cannot afford and apartment owners that fail to heat apartments satisfactorily.

I will skip other parts of this. Hoping this will give you an idea of how Springfield's population of 22,000 elderly is being serviced, hoping you will help us, with every good wish to your committee, and God bless you all. [Applause.]

Senator KENNEDY. Thank you very much.

Mr. Mack, we particularly appreciate your coming here, and once more adding so much to the very splendid information that this subcommittee has received during the day. Particularly Congressman Eddie Boland, who is the distinguished Representative of the Springfield area—I know personally of his great concern and interest in the programs which you have outlined. I am glad that you are able to come to us today, and to bring us this information and we will include your address and your report in its entirety in the record.

(The statement follows:)

STATEMENT OF GEORGE F. MACK, CHAIRMAN, SPRINGFIELD COUNCIL FOR THE AGING

Senator Kennedy, on receiving your letter asking me to appear before your subcommittee on Federal, State, and community services for senior citizens, I wondered what I might add to previous testimony now on record before the Senator McNamara committee, Senator Smith, audit of State needs for Massachusetts senior citizens, as well as help prepare our State's recommendations for the White House conference on senior folks' problems.

Springfield's council for the aging is composed of five members and was probably the first council organized in Massachusetts. Being appointed by

former Mayor Brunton, we held our first meeting in November 1954. The original council consisted of Mrs. Madlyn McNiff, Mr. Claud Blair, Mr. Everett Thompson, Mr. Seth Clark, and myself. Mr. Blair and Mr. Thompson have passed away, while Mr. Clark became ill and resigned.

The above as well as our present council are all people dedicated to give wholeheartedly their services in the interest of our elderly that are lonely, need help, guidance, and advice.

We have handled some 8,000 cases since organized and through self-sacrifice for those who are less fortunate than we, get a great deal of satisfaction in doing our humble bit to help them.

The council has also through sacrifice been able to keep the cost to the taxpayers of the city of Springfield to a minimum. It has cost the city \$452.70 for the 9 years we have been organized, according to the city auditor's office statement I received last Friday.

We may be questioned how our cost is so low. Part of the reason is that the park department sponsors the Golden Age Club that is self-supporting except for executive director's salary and that of the assistant.

The Hobby Club is mostly self-supporting but does receive some financial aid from the United Fund and is classified as a Red Feather Agency.

Our first Golden Age Club was formed in 1952 and has grown tremendously through the efforts of Mrs. McNiff, its executive director and a member of our council. This club was so successful the park department asked her to form more clubs. This was started during the past year and we now have six Golden Age Clubs in the city. All this was accomplished through the efforts of Mrs. McNiff, ably assisted by Mr. Patrick Kenny, the president of the mother Golden Age Club, and Mrs. Joyce Rovelli, assistant to Mrs. McNiff. This mother club is located at the corner of Broadway and Court Streets and is known as the Drop-In Center. Activities going on at this club are the making of bandages for the Red Cross, tally cards for whist parties, planning rummage sales, lining up members for the many trips, rehearsal of the "Melody Boys" and "Melody Girls" choral groups. Both of these groups entertain at many churches, institutions, clubs, and fraternal organizations throughout the area.

Meetings are held at the GAR Hall on State Street, as the center is too small to hold the 300 or more that attend these meetings.

Our council was told when the Golden Age Club was looking for a larger meeting place, and the GAR Hall was suggested, we were told that we would never get into this veterans' building to meet.

The Council for the Aging, being challenged, took the matter up with the then Mayor Thomas O'Connor and the directors of Post 21, American Legion, and put the matter up to them. They, the veterans, were rather cool at first, but when we confronted them with the statement "who are any better veterans than we," being the mothers and fathers of veterans and some members are veterans of World War I, and the membership of the club include Gold Star Mothers. That statement seemed to turn the trick for us meeting in the GAR Hall, and we are now welcome tenants.

The different Golden Age Clubs are financed by card parties, rummage sales, annual bazaar, etc. The highlight of the financing comes from the program of the annual Golden Age show. This show packs the seating capacity of some 3,200 at our municipal auditorium. All actors and actresses are over 65 years of age, but to see them perform that night you would think they were back to their life of teenagers.

Our Hobby Club is headed by Miss Leone Avery, the executive director, and was organized in 1946. The club is now located in its third home at 85 Hillman Street, the YMCA Building.

This organization is partly supported by the United Fund. Other revenue comes from card parties, rummage sales, annual Hobby Club show of articles made by the club members held in the Springfield auditorium. Articles made by the club members are also sold at a store on Main Street at Christmastime donated by the Springfield newspapers. The articles are on display also in the store at the center and sold daily from there. Revenue for the club is obtained by members making articles, placing a price tag on them, to be sold, and when sold 10 cents on the dollar goes to the club treasury.

Our Hobby Club is open daily from 9 a.m. to 5 p.m. and on Saturdays until 9 p.m. for dancing. Other recreation at the club is a pool table, a shuffleboard, and a library of 1,500 books all donated and indexed by the members.

A luncheon is served every day with food bought, cooked, and served by the members at a nominal cost. Some of this food is grown by the members, brought to the club and preserved and canned for the luncheons or the suppers that are held on special occasions.

A weekly program is carried on Monday through Friday as follows:

Monday, choral and orchestra rehearsals; Tuesday, teaching of braiding and hooking rugs; Wednesday, different methods of caning chairs; Thursday, making of dolls and sewing; and Friday, ceramics. This group grew so large that a separate room had to be devoted to this project and instruction is given every day.

Another project through the club guidance is the housing for some 60 elderly at a local hotel.

The civic organizations have been exceptionally good to the club with needed articles such as kiln for ceramics, refrigerator, gas range, television, etc. Two funds have helped out; namely, the Dexter and Glickman, with the donation of card tables and chairs and the machines for the men's woodworking shop. Last but not least, an automobile was donated by the junior league. This car does more good than any vehicle on wheels, with the possible exception of an ambulance. It is used to take elderly members from their home to the doctor or dentist, downtown shopping, or home if taken ill at the club, and many other deeds.

Our council of the aging members are busy with other activities. Mrs. McNiff is our secretary, executive director of Golden Age Club, a social worker, program director of the park department, as well as coordinator for the State Council for the Aging for Western Massachusetts.

Mr. Kenny, a retired fireman, is president of the mother Golden Age Club who did yeoman work in helping Mrs. McNiff form the other five clubs in Springfield, as well as to find time to be a member of the survey of the Springfield area on community health service.

Miss Avery, besides being executive director of Hobby Club, is past president of the Quota Club; has done occupational therapy voluntarily at our municipal hospital for the past 16 years. A well-deserved reward for Miss Avery was the Pynchon Award this past year given by the Springfield Advertising Club in recognition of outstanding services rendered to the community.

Dr. Elizabeth Sullivan, a practicing physician for over 50 years in our city, has done noble service in a liaison capacity between the doctors and hospitals, as well as giving unselfishly her own personal talent to those who needed it. We will miss Dr. Sullivan tremendously. The amount of work this woman did will never be known. We sincerely regret that she can no longer be a member of our council, as she has been confined to a rest home for some time. As her term has expired, we expect a new appointment from Mayor Ryan shortly.

Yours truly is a former teacher of printing at Trade High School who has been trying to do some public-relations work for our senior folks. This is being done by the way of newspaper articles and giving talks before different church, fraternal, and civic groups; also serving on panels and discussion groups.

All the council has helped along this line in no small way. Just to mention a few that I have participated with Miss Avery and Mrs. McNiff are a nursing group from Massachusetts State College, Springfield College social workers classes, and the classes of Our Lady of the Elms College in social endeavors.

In recording a statement some time ago we listed major problems for the aging in the order we saw them at that time. We are now revising the order slightly and are listing them as follows:

- (1) Medical;
- (2) Loneliness, or companionship;
- (3) Transportation;
- (4) Housing;
- (5) Recreation;
- (6) Education; and
- (7) Work.

Your memorandum states you do not want to extend the study of health services and housing. I will state that we consider the Kerr-Mills legislation a welfare act and I believe a quotation from the former Health, Education, and Welfare Commissioner Mr. Marion Folsom bears out the fact when he said, "asking charity when ill is not the American way of life."

On housing we have two finished projects and the third under construction. These housing units did not come easy, as we had our innings with the real estate folks.

Loneliness and recreation I previously mentioned in connection with the Golden Age and Hobby Clubs, and no one need be lonely in Springfield once they become affiliated with any of our senior citizens groups, as shut-ins, the sick at home or hospital patients are all visited and cheer-up cards are sent to them.

Transportation cost is a real problem and we have noticed since the bus company has been granted a raise in fare our gatherings at the senior centers have been dropping off. Where many of the members would drop in almost every day, they now come around twice or three times a week, and some only once a week.

With the average social security for Hampden County (Holyoke not included) is \$80 a month, and with widows having an average of \$65 a month, and the old-age assistance person being allowed \$5 for transportation, how can a person with this income afford 60 cents a day for round trip transportation?

A helping hand might be extended from your committee to help the Hobby Club have its surplus food restored that was recently taken away, after two auditors from the Agricultural Department visited Boston. In a letter received from Mr. Roy Lennartson, Associate Administrator of the Agricultural Market Service, sent to Congressman Boland and forwarded to us with a copy of those eligible to receive surplus food, we still think we qualify.

Our schools, hospitals, community centers, old-age homes—all receive surplus food and many parents of our schoolchildren can well afford to pay regular prices better than the elderly on set low income.

We were not only trying to keep people off of relief but our Hobby Club was also giving them a balanced diet that the older folks need badly, especially if they live alone.

We are not opposed to the above setup of the institutions and schools receiving the food, as we consider it an excellent program and want it continued regardless of our outcome, which we hope will be favorable.

Our good friend Congressman Boland is working on this project for us.

Another project we would like to interest your committee in is our Seniority House. This building consists of 155 apartments that might be occupied by any senior citizen in the community, and be the home of the Hobby Club and could serve as a recreation center for the housing project for the elderly now in the development stage. This building would be self-sustaining. Plans are already drawn and the housing authority in New York has looked them over and were favorably impressed. We are waiting for urban renewal to give us a site on which to build. The United Fund has OK'd the building and let us hope your committee might add its OK. Senator Saltonstall knows about the project and your predecessor Senator Smith and Congressman Boland have given their blessing.

Meals on Wheels is to be started shortly in Springfield for senior folks that are convalescing or shut-ins. Mrs. McNiff and Miss Avery helped in putting this project across.

Education is well in hand through Massachusetts extension courses, adult education classes and our Golden Age and Hobby Club setups.

We have done some placement work for our senior citizens; our stores and factories have called us for part-time work during the busy seasons; at Eastern States Exposition time we have made placements and during the Christmas holidays several were working.

The most pathetic problem confronting the aging is when an elderly person becomes senile and is brought before the court. There is no place to my knowledge where they can be committed except a mental institution. Here they many times can be helped and return to society, but where can they go on being discharged? Is it any wonder that 34 percent of the patients in our mental institutions are over 65 years of age.

Other problems confronting us recently have been with insurance agents selling widows policies they cannot afford and apartment owners that failed to heat apartments satisfactorily.

Hoping this will give you an idea how Springfield's population of some 22,000 elderly is being serviced by our council and hoping you will help us in what we have asked. With every good wish for your committee's success and God bless you all is my sincerest wish.

Senator KENNEDY. Now, we have eight or nine other witnesses who have asked the subcommittee for an opportunity to appear and they will certainly be heard. Then we are going to ask the members of the great and general court, a number of whom have indicated they wanted to make a presentation. They will have an opportunity to do so. A number of others have indicated their positions in support of this legislation which we are hearing today, and they will be recorded as well in those areas. As far as the members of the general court, we thought we would have the opportunity to hear from some of the Brookline group first, and that we would notify the members of the general court, because we know that they are in session and they are busy and tied up—I have asked the staff to give them a notice so that they can continue on with their present responsibilities and their business, and then they will be given notice so they can come down here and make their presentation to this committee. So we have got a full afternoon ahead of us, but we do want to provide for the benefit of this committee information from those that are here.

Because of scheduling, I know that many of you have come at considerable inconvenience to yourself, and have come a long way from the various corners of our State. We know that once again you are going to have to embark upon your return to your hometowns and communities, and we want to give you every opportunity, you who are so interested in this legislation, to come forward and give us the benefit of your ideas. I know there is a group from Brookline; there is a group from Lowell; there is a group from Springfield. And I want to give this opportunity now for some of the Golden Agers and other senior citizens' groups that are here today, either through official designation or through voluntary commitment that they are representing their own organization, to at least indicate to this committee who their groups are whom they are representing here, because I want to make sure that in this record we have a complete record of all those groups which are represented here today.

Now, the Brookline group, those who are interested in coming forward and giving us the benefit of their information. If they will be kind enough to come up to the microphone and to give their names and their addresses, this subcommittee will be delighted to hear from them. Before they do, are there any other groups that should be recognized, as the Brookline group is coming forward?

The following groups answered: Council for the Aged, city of Lawrence; South Boston group; Golden Age Club of Everett; YMHA, Hecht House in Dorchester; group from Weymouth; Golden Agers from Brookline; Golden Agers from Fitchburg; two officers from the American Association of Retired People in Worcester; Retired Men's Club of Greendale, Worcester; the Somerville Old Age Club; group from Amherst; Lowell Golden Agers; Billerica Golden Agers; Randolph Council for the Aging; group from Quincy; Lynn Golden Age Club; Medford Group of Senior Citizens; groups from Framingham and Roxbury; Springfield Golden Age Club; Chicopee Council for the Aging; Greenfield Golden Age Club.

Senator KENNEDY. If you will remain standing, I will ask one of the members of the staff to go by and visit and get the representation so this committee has the proper representation. We will go forward with the Brookline group. I am going to ask, since there has been such

an indication of interest in testifying by the members of the Brookline group, that each person limit his remarks to 2 minutes.

Mrs. TUSHIN. Senator Kennedy and members of the committee, I am Mrs. Tushin, president of the Golden Age Council of Greater Boston, representing about 3,800 members. I do come here to make an urgent plea on behalf of the people of Brookline, Brighton, Allston, as well as all other senior adults in the Greater Boston area. We have centers that meet twice and three times a week, which is very inadequate. For example, I live in a project on the Commonwealth Avenue line. We have about 650 families, over 350 senior citizens. They gather from bench to bench in the nice weather, and in the wintertime those poor lonely souls have no place to go. I would recommend that you see that we have Drop In Centers where we may meet and congregate to seek companionship. Many of these senior citizens are poor, lonely souls. They have limited incomes. Many are depressed because after having worked hard all their lives and being productive, they find that communities throughout this State have not made adequate provisions for the increased amount of leisure time. A first step in meeting our recreational needs would be to get permanent buildings for these people. There are about 2,000 senior citizens in the Brookline, Brighton, Allston area alone who have no place to go. Please see if your subcommittee can act on that. I thank you very much.

Senator KENNEDY. Thank you very much. Anyone else from Brookline?

Mr. DYER. Senator Kennedy and the rest of the committee, my name is Madison P. Dyer from Brookline.

I represent the Brookline Golden Agers; you can call them senior citizens if you want to. Some people seem to think that makes a difference—a rose by any other name.

We have a clubhouse that we call the Drop In Center, which is open every day of the week, 9 to 5. We have two rooms there, consisting of a cardroom or gameroom, and we have a room where the ladies congregate and gossip, and we have also a kitchen. We have many activities there. We have arts and crafts, and once a week we have meetings. Every day there is somebody there. Also, we have a painting class there. And also besides those activities, we try to help out the nursing homes and we also help out the health department when they want people to do clerical work, and we even help the schools out. We were Santa Claus at Christmas time. We have tried to do many things. Now, I am trying to make this short. These are things we are doing for our country. Now, we would like our country to do a few things for us.

One of the things that we want is that we need a little more money to pay for the buses during the summertime. We take day trips, as going to Old Orchard, Rye Beach, places like that, adjacent to Boston. We hire buses. We only charge a nominal rate for each person, a dollar. You can't take a trip for that. We'd like a little more money to help pay expenses.

Housing—Brookline has done pretty well with the housing. There is still a big problem. We need more money for that. I also have in my pocket—I don't think I had better read them; I haven't got the time—

Senator KENNEDY. I will tell you we would appreciate those letters if you can give them to us.

Mr. DYER. Yes, sir. I have a letter from a person here who is getting an allowance for living expenses, and the woman is sick and she hasn't got enough to pay for her food and board and medical expenses; things like that that we are getting all the time.

(The letter referred to follows:)

Mr. MADISON DYER,
Brookline, Mass.

DEAR MR. DYER: Due to an injury to my foot and leg I am unable to go to this meeting which I would so much like to. I am suggesting that the matter of rise in food prices be brought up. They have jumped 100 percent, in most cases some more. Rooms cost more. Podiatrists charge more. The amount now received by old agers is not adequate. It should be at least \$100 a month to meet the high cost of living. While all are grateful for what they do get, it is really not sufficient to live and clothe one's self on. Trust you may bring this up. Good luck.

Sincerely,

Mrs. ELLEN B. HARRIS.

Mr. DYER. Now, these are things that we would like our country to do for us. We would like, as I say, to get a larger State allowance. And, above all, this is my one point that I think is most important—is medicare. Whether this is the proper time to speak about this or not, I don't know.

Senator KENNEDY. It is always the proper time to speak about medicare.

Mr. DYER. I want a bill for medicare with dignity. In other words, I don't want to be bankrupt before I can apply. Now, it seems to me that you people could work out some sort of a bill where you don't have to spend all your money before you can get medical care. You take two people over 65, maybe they have lived together for 35 or 40 years. It seems to me they deserve a better fate than living with sons and daughters. I mean, if one gets sick, although they probably saved some money, sure they can get along. But if one has a serious illness, the savings will go for medical expenses, \$5,000 or \$10,000 in a year. That means you have got to have somebody help you. Who is going to help you if it isn't your children?

That is bad news if you have to do that. I know because I had my mother-in-law for 10 years. But, please don't get me wrong. She was a wonderful woman, God rest her soul. Even so, if one of you gets a serious illness, even with Blue Shield and Blue Cross, you haven't got a chance. You have eaten up your capital. All I want from you people is to get some kind of bill that will apply so you don't have to be dead broke before you ask for it. I think it should be put onto the social security. Perhaps 1 percent. I don't know. There seems to be something against that. That is for you fellows to figure out. If you remember, social security was considered as charity for anybody that took it. Now it is not. It is your right. Why can't we have the same for medicare when we pay for it ourselves? It is too late for me to pay. Other younger people can pay for it, which they resent.

That's all I have to say. Thank you very much.

Senator KENNEDY. Thank you. Are there any other groups whose buses are about to leave and who would like to come forward and speak out? We welcome this testimony. There is a gentleman, I'll bet he was formerly from Charlestown, Mass.

Mr. PALMER. That's right.

Senator KENNEDY. I'll bet he is 81 years old.

Mr. PALMER (nodding). I can tell you very briefly of a novel plan of the city of Malden. My name is Edwin Palmer. Representative O'Farrell, who is present, will probably recognize me. I am a member of the mayor's council for the aging committee. We have a Senior Citizens Center accommodating a hundred. It is open Monday through Friday from 12 noon to 4 p.m., with a program director, and different hostesses each week on a paid basis. We are financed by an appropriation of approximately \$675, by our city council for rent, light, and heat of the center. Also for 3 years our mayors have held a fall festival on October 12 with tickets sold at 99 cents, and net proceeds of around \$3,000 each year.

Our program at the center is whist on Tuesdays and movies on Fridays, with coffee and cakes, all without charge. We also hold community activities during the year and bus rides in the summer, without charge. We reach practically the entire cross section of race, creed, and color of our city, and it is probably one of the novel programs in our Commonwealth. Thank you. [Applause.]

Senator KENNEDY. Is there anyone else before the Brookline group leaves now? We want to thank all of them for coming here today and being with us. We want to express our appreciation to their spokesmen, and we hope and are confident that they will continue their interest in these important considerations before the Congress and the Senate. And I personally hope to get the benefit of their information. I think we ought to give that Brookline group a round of applause. [Applause.]

Mr. O'DONNELL. Charles A. O'Donnell, president of the Senior Citizens' Association of America.

Senator Kennedy and the honorable members of your committee; I have been here since 10 o'clock this morning listening to the various programs. Not one of them—yes, there was one, I think—a member of the cloth who has won decorations during the war—mentioned one word about any additional benefits for our retired elders. Recreation centers, everything else—what they need is bread and butter. [Applause.]

And I know your grandfather and all your family—they've got the milk of human kindness in their hearts. And when they take and digest all this, they will find out that about 85 percent of our elderly people now are maintaining a substandard of living. [Applause.] There is only one answer, that will give us our independence, that will give us our freedom, that will let us be free from the fear of welfare and want, and that is a national old-age pension of sufficient amount to maintain a standard of living compatible with the American standard of life. [Applause.]

You gentlemen in the House and Senate have done very well on the old-age assistance program. you have made additional grants to the various States. You know what happens to them. Well, even though we've got a wonderful legislature, one of the best in the world, nevertheless, when you sent that \$4.20 down, that idea in October, the Commonwealth of Massachusetts kept the entire amount. Not 1 cent was given to the elderly people until along in September. And how much do you think they give them? \$1. [Applause.]

The reason why they said they never gave them more was at that time we had a cost of living index which increased $5\frac{1}{10}$ percent. Just before that, you fine gentlemen in the Congress and the Senate, you decided to give the various States another dollar and a half. They kept the dollar and a half for a year, and finally after a fight, and we were opposed by our very fine members of the Welfare Departments, which I don't find fault with them—they are mighty good people—but they manage to get a dollar and the State profited 50 cents on every one of our blind, every one of our totally disabled, and every one of our old-age assistance recipients.

Now, there is only thing to do—give them the money. If you have got enough money to operate—never mind all these other doodads, all these other furnishings. Put it in the hands of the elderly themselves. They can take care of themselves. [Applause.]

Now, there has been criticism on the Kerr-Mills bill. I don't think they understand that. Of course, we want a medicare bill, Senator, but we want to keep the Kerr-Mills bills, too, because the medicare bill, understand, is a good bill. Don't think it isn't, but it only has a limited amount, 90 units, 90 days—90 days in the hospital or half a unit in the hospital. If you keep the Kerr-Mills bill and have this other, too, then you have a perfect situation unless you can turn around and combine them all in the one bill.

We realize, and I know that a lot of others want to speak—somehow or other, I feel, I don't know what makes me feel this way, but I have a very nice letter in my pocket from the late President Roosevelt, when he was Governor. I think when you are all through you are going to turn out to be one of the finest leaders. [Applause.] One of the finest leaders of the elderly people. You have the background of education; you also, in the short time that we have seen you, demonstrated good commonsense. That is one of the scarcest articles that a person can have, commonsense. It is something that, I don't know, it kind of comes to you. I have been going on 38 years. We have put five questions on the ballot, and we won. The people gave us the majority vote, four out of five. I lost one because I didn't ask for enough money.

Now, in closing, I know that there are some mighty fine representatives. I'd be terribly without gratitude if I didn't thank the Massachusetts members of the general court for their cooperation. And if you will allow me to say one word, I hope that the voters vote for their increase in salary because they are worth it.

Thank you, Senator, for everything you have done for us. And, good luck and God bless you.

Senator KENNEDY. Mr. O'Donnell, we appreciate your coming. I had a little visit with him right after the morning session. We talked a little bit about my grandfather, John Fitzgerald, who I think Charlie said he cast more than one vote for, so Charlie is an old friend of the family. But I think that there is no question but Mr. O'Donnell really put his finger on a number of things which are of the utmost importance. [Remarks off the record.]

I am going to ask Senator James McCormack, who is chairman of the Massachusetts Senate Committee on Old Age and Pensions, to come forward. He wanted to come and testify here today, and we want to hear from him. I know he is a familiar figure to many

of you, and we certainly welcome him here as we welcome the other members of the general court. They have been extremely patient, and I know they have a great deal of information. We will stay here to hear them all, as we will stay here to hear any who want to be recorded. And we appreciated their kindness.

Senator, just before you start, we have someone here who wants to be recognized. Senator McCormack has been extremely kind in yielding to Mr. Sullivan.

Mr. SULLIVAN. I am Allen Sullivan, representing the Golden Age Club of Fitchburg, Mass. One thing that concerns me more than anything else is to see the many speakers get on the platform today and tell you about recreation, swimming pools, nursing homes, and rest homes. But they never stop to dwell upon the proposition which is the most essential point of the whole situation—the money to pay for these different recreations. Talking about rest homes, nursing homes, the least you can have one of them for is \$40 a week. I quote the latest statistics on social security. The information from Washington quotes there are 13 million people on social security today, and 7 million of those people are receiving \$68 or less of social security. Now, my point in coming before you today is not seeking any political influence or any political job at all because I am 82 years of age, and I have gone beyond that. But the point I am getting at is this. Instead of wasting money in promoting propositions such as the Medicare bill and other incidentals, according to the best brains in the country if the medical bill goes through it will cost practically as much of our social security check as we poor devils have got at the present time. When you stop to think that a man gets 82 years of age—and I have been used to a good living all my life—what chance has he got if he is depending upon \$105 a month to live on; what kind of an existence would he have?

Now, what I believe—I strenuously believe in organized labor, and labor, for I was active in it, has always believed the same—that the American people today, regardless of their age, regardless of their color or their creed, are entitled in the last twilight of our lives at least to a decent living. And I really think we should forget these other propagandas and we should go to work and get that bill that I understand is in the Congress at the present time in the committee's hands, that they can't get it out onto the floor to be acted upon.

I really think if the Government turned around and made a stipulation that every single man and woman and every married couple—every single man should receive at least \$200 a month. [Applause.] Every married couple should at least receive \$300. Now, it is all well and good for you to talk about these wonderful things that they do about getting free lunches and recreation, and they are all right in their place, but if you are hungry you don't find any enjoyment in them, nor if you are living in a shack of a house that you can't have any heat in. You haven't got the money. I know women and men in my community who are trying to get by on \$48 a month at the present time, and if they are going to the welfare department they pick up the proposition that, "You are getting social security," and you have to crawl down on your knees to get anything.

So I am not going to take any more of your time. The only thing I say—we all want \$200 a month for single people. We want \$300 for married couples.

Senator KENNEDY. Thank you very much, Mr. Sullivan. It looks like you brought some people down from Fitchburg. Thank you very much. I will ask Senator McCormack to speak now.

Senator McCORMACK. Thank you, Mr. Chairman.

I don't intend to take up much time. I know you want to hear the elderly who came here to testify. The information they give you, as is the information they give me, is more important than our conversing between us.

We have here a tremendous problem. In 1900, there were about 3 million people over the age of 65. Today there are about 17 million, and in 20 years from now there will be 25 million people over that age. And to some degree or other, they all need help. And on the State and Federal level, where you people are working, this is, I think, our finest work—to try and help people that cannot help themselves.

As the committee chairman on pensions and old-age assistance in the State of Massachusetts, a new position, by the way, that I hold, I can state here that Massachusetts, proudly so, implements as many Federal laws probably as any State in the Union. I think we can be justly proud in the way we have tried to help our elderly citizens.

We have increased or tried to increase their pensions, their old-age assistance on every level. There will be many bills in the future, I am sure, to come before the Congress and the General Court here in Massachusetts where we can do more, where we must do more, and move forward. Perhaps the commonsense of Charlie O'Donnell's comments should be remembered by both of us, not only on the State but on the Federal level, that these people need money; that there are a lot of plans we can come up with for recreation and so forth, but the most important thing, the most important single thing these people need is the old dough.

We can't get way from that. We have to live up and face that responsibility on both the State and the local level and the Federal Government level.

I am sure that you will find in the future, whether it be medical aid to the aged or, as it has been, the Kerr-Mills bill, that we have implemented probably as much if not more, than any other State in the Union, that we will cooperate here on the State level. Thank you.

Senator KENNEDY. Thank you very much, Senator.

Senator Wall, of Lawrence.

Senator WALL. Acting U.S. Senate Chairman Edward M. Kennedy, members of the Subcommittee on Federal, State, and Community Services for the Elderly and the Aging, thank you for your invitation to speak on improving services for the elderly.

I concur with Senator Kennedy that the difficulties are many. They are complex. They are serious.

But, Mr. Chairman, as I stand here and refresh my memory and go back to the fourth floor in the State House, when I see the lobbyists up there for the telephone companies, the electric companies, the dog tracks, and the horse tracks, who do very, very well legislatively, and these elderly and aging citizens have no one, I think it is about time that the Congress and the Senate of the United States did something about it. This segment of our aged citizens have no such paid lobbyists. They have to depend upon the members of the U.S. Senate and the U.S. Congressmen.

Senator, the substantial growth in the total population found among senior adults, those who are 60 years and over, has given rise to many new laws and our conventional approaches to the entire area of health and welfare programs for the aged and all the chronically ill. Federal funds are expended to foreign countries who in return show no appreciation but lean toward communism. Let us spend some of these funds by increasing social security benefits. [Applause.]

Senator KENNEDY. Mrs. Dorothy Carlson is the acting executive director of the Women's Educational & Industrial Union.

Mrs. CARLSON. Senator Kennedy, I am afraid that what I have to say is not in line with what you have been listening to. I came to report on things that have been done for the aging over a long period by one of Boston's oldest social service organizations. The Women's Educational & Industrial Union was founded in 1877, and it has had the needs of the aging in its heart and on its agenda for all the intervening years. In 1910 we started an appointment bureau for women who are prepared by education or experience for business and the professions, women of all ages, including those over 60 who seek either full-time or part-time employment. Hand in hand with this we offer counseling services to middle-aged and older women who are suddenly widowed or who find it necessary to secure employment. Such counseling is solely in the field of job and educational guidance, not personal problems. No charge is made for this. It is perhaps one of the most useful things we do.

Then in 1930 we started the emergency employment bureau which places women in part-time work for 3 to 5 days a week to clean, launder, cook, serve a lunch or dinner, wait on table, do plain sewing, or babysitting. Others 60 years of age or over are sometimes placed to live in a small apartment in the Boston area to care for one person. We help on an average of 108 women a month in this age bracket, and their earnings last year amounted to \$81,000. These are women who want to work, women who do not want to go on relief.

We have several shops which serve as an outlet for work done by women in their homes. We sell articles such as handmade gifts, children's and babies' clothes, knitted things, and soft toys. All these consignments are subject to acceptance by a jury. Our food shop accepts for resale cookies, cakes, pies for the holidays, et cetera.

Senator KENNEDY. Mrs. Carlson, I can say of personal knowledge I am fully aware of how good those cakes have been over the years. They have been something that my mother and myself enjoy. She always, when she comes to Boston, stops in over there and gets something. I think all the members of our family can testify as to the wonderful quality of the goods.

Mrs. CARLSON. The Kennedy women are among our 2,700 members. Another thing that we do is to arrange a program for our members. We offer classes in hand skills. We also offer expeditions to places of educational and historical interest, all at low cost. The minimum membership fee is \$5.

Finally I want you to know about these two booklets which we have prepared. One is called "If You Need a Nursing Home," the other is the second edition of "Rest Home Guide." These are concise, practical, and pertinent. They do not recommend homes, but tell all the necessary facts about them. In the preamble of 14 typed pages there

is so much practical information of use to people who are suddenly faced with the need of a home.

Our special services department helps men and women who are considering a change in their living arrangements to know the resources available in Boston, including hotels, rest homes, and convalescent homes. We have many calls for this sort of service. I thought you might be a little comforted to know that this work has been carried on for so long and financed by the women of Boston, not by Federal funds.

Senator KENNEDY. I want to thank you very, very much for coming and testifying here.

There is a South Weymouth group, which I understand has to be out at 3:30, and would like to have just a couple of minutes to testify. If any of them here want to speak out, we'd be delighted. We know you do have to go, and you are extremely well represented. We know that you have an active organization here and we'd be delighted to hear this gentleman, if he would be kind enough to give us his name and address and speak for the South Weymouth group.

Mr. WARD. Senator Kennedy, I deem it an extreme pleasure to have an opportunity to come before a committee from Washington of such a high type, and an outstanding committee as yours with such an interesting subject that is of such value to the people of the country. Now, I wish I had the opportunity to speak to the people here just before Mr. O'Donnell. Our theme before the 2 o'clock session was the theme that Mr. O'Donnell has chosen for his. Now I am going to be very, very brief in connection with what I have to say because I know there are other people to come before this audience.

This morning, ladies and gentleman, when I went out to lunch I felt despondent about the whole thing. I sat here for 3 hours, and I am only retired for 3 years, but I must say I worked 49 years for one organization. But when I left here at noontime and heard what I heard this morning about what I have looking me in the face in the future, all I really heard, Senator, was the percentage of people that are in mental institutions, the percentage of people that are in nursing homes, the percentage of senior citizens who are suffering, who are not having the joys that they should be enjoying in this late stage of their life. And I had a friend of mine at luncheon—that is just what I told him, that I didn't feel good.

To get away from that all, Mr. Senator, and to express what I want and the expression of the Weymouth Senior Citizens Committee, I feel that if we can give a lot of consideration to the people from 62 years of age on, to perhaps 70, and see that their health, their care, their financial difficulties are not broken down to the degree, Senator, where they are going to break down and become a mental case.

Now, in the final analysis I want to say to the people, the same as Mr. O'Donnell, the Weymouth committee has talked that to overcome all of these things, if the people had a dollar in their pocket, Senator, where they could hold their heads a little high, where they wouldn't have to worry to death about where the next dollar is going to come from, I think from a health situation that you are going to benefit

the senior citizens of the country. [Applause.] I am an ordinary layman. I am not a professional in any way, shape, or manner. I have just been an interested person who is pensioned.

I forgot to tell you my name is Arthur F. Ward. I live on Liberty Street in South Weymouth. I worked for an organization for 49 years. With all sincerity, Mr. Chairman, I hope to express and leave with you that I know the importance of this. If you kind of give the people over 65 a little more help, the country as a whole will benefit. And consider, please, if you will, the breakdown that you are getting in health between the ages of 62 and 70. I am 68. I am only a cub here, after I saw the ages of various people.

That, I think, is the expression of my outfit, Mr. Senator, and I consider it a real pleasure to come before your committee and say what I'd like to say.

Senator KENNEDY. Thank you very much. Here is the South Weymouth group around the floor now. Let's give them a round of applause. Thank you very much, Mr. Ward.

Representative Shea. Representative Shea is chairman of the House Committee on Pensions and Old-Age Assistance.

Representative SHEA. I have listened to the second speakers, I know they haven't stuck strictly to the legislation pending but rather have spoken generally about some of the problems concerning the aged. In 6 years on the committee in the legislature and in the previous 3 years in the city of Quincy, I have found the greatest problem the elderly people have had is money. It isn't money that is to be spent by someone else for them, but money that they need in their pocket. We all know Massachusetts has probably got one of the finest old-age programs. When we were down in Washington last year we were told 50 percent of all medical care funds appropriated for health came to Massachusetts because of the way we implemented the program. We do have problems. Perhaps this bill may be the basis for you to go back and to inform your colleagues of some of the problems besetting the elderly people.

I will try to be brief. In Massachusetts we have endeavored through the general court to eliminate the children's financial responsibility law, which has been eliminated in 15 States, including, of all States, Barry Goldwater's State, Arizona. So out of the 15 States they seem to be operating better for senior citizens, because no longer are children investigated, so I certainly think that in this bill, the two bills that you have before your committee, there must be some basis on the Federal level to make these laws uniform and eliminate children's financial responsibility forever for both the medical care program and the old-age assistance program. I certainly hope that in this bill there may be a basis found to increase the grants given to old-age recipients and in some way to increase the money given to social security recipients. In the Commonwealth of Massachusetts, \$66 million of our economy is money appropriated by our welfare department spent in Massachusetts firms, and certainly that money provides tremendous employment. And I think if these laws were made uniform throughout the Nation it would stimulate the economy of the Nation. After all these people do spend their money locally. Any liberalization of the old-age laws, the social security laws, that will help our senior citizens have a little more independence, a little more money in their pocket, is vitally necessary.

I commend you, Mr. Senator, for your strong interest in this field. I know that your heart goes out to them as does mine and many others. So I hope you will take the message back from Massachusetts that we have a good program and we want a better one. And we'd like to see every oldtimer and senior citizen in the United States reap the same benefits, no matter where they live. I think the best benefit we can give them is additional money in their pockets. Thank you very much.

Senator KENNEDY. Representative Shea, we appreciate your comments. As you may or may not know, Senator Goldwater is a member of the Special Committee on the Aging. As a matter of fact, he is a member of this subcommittee and he was invited to come here and listen to you people here in Massachusetts, but somehow he—he does have other commitments.

Mr. David Thompson has an urgent appointment. I am going to ask Mr. Thompson to speak. Then I am going to ask the Members of the House, who have been extremely kind in waiting so patiently.

Mr. THOMPSON. Well, there is one thing that I would like to say before I start off here. Sitting here all morning, it was a great pleasure to see two Senators from Washington sitting on the same platform.

Mr. President and members of this committee—

Senator KENNEDY. I might say I think when there is a matter which is of such urgency as the problems of our senior citizens, I don't think there is any such thing as partisanship. I think this is a matter for concern for all of us who are trying to effectively represent the State. So I know I am speaking quite genuinely for Senator Saltonstall as well.

Mr. THOMPSON. I agree with you, Senator. Back in 1961, along the Washington Library branch of the Boston Library, Old Colony Avenue, we used to have a lot of senior citizens around, both men and women. So they didn't know exactly what to do with themselves, because they had so much time on their hands. So in 1961, during the summer months, I had different outings for the senior citizens, where we went all over different parts of the State. And in 1961, in October, I talked to the senior citizens and asked them about organizing the club, and they all agreed to it. So we organized in October 1961.

We took in 200 members at the first meeting, and we have had meetings every month and we have had outings; we have had refreshments; we have penny sales; we have moving pictures; we had a buffet lunch. And I want to say right now here if it wasn't for Mr. Edward O'Brien, the manager of the South Boston Old Colony housing project, we wouldn't have a place to meet. So I went up and talked to Mr. O'Brien. He agreed to let us use the auditorium free of charge, electricity, light, heat, and everything. I signed an agreement to that effect, that we would have the auditorium the second Monday in every month. And that is the agreement that I signed with Mr. O'Brien so now we have a regular meeting place the second Monday in every month, and Mr. O'Brien has assured me that if we wanted to have any activities any day during the week we could do so. I want to say Mr. O'Brien is very cooperative with us, and, as I say, he is the manager of the Old Colony housing project.

Now, what I'd like to speak about now is medical care for the aged. I think the medical care for the aged is one of the greatest things that was ever put through or going to be put through for this country, and I think that when this bill is passed in Washington the senior citizens will have better medical care than they ever had before in their lives. And another thing on medical care, I think in the Commonwealth of Massachusetts we should have what we call a medical center so the people wouldn't have to be running back and forth to the hospitals, so that we could have one medical care center in the center of the Commonwealth of Massachusetts where these people could go and get medical care.

On the increase in social security, I am going to speak on that. I myself and my wife, we only receive \$60 a month, and that is very little to live on. And out of that \$60 a month, I have to pay \$47. The total that I have to live on for my wife and myself is \$84.40 a month to pay my telephone, insurance, laundry, so in other words, you see by only getting \$84.40 a month I don't have very much to live on. I hope that the Members of the Congress will put a bill through to increase social security so that decent, respectable people in the Commonwealth could have a decent living and have enough money to live on. And on social security, there are a good many people that are receiving social security that don't have enough to live on, and when the rent is taken out of it they have very little left. I know one woman in the housing project who receives \$38 every 2 weeks. Out of that she has to pay her rent. With an increase in social security, this would not only help her but it would help all the senior citizens.

Now, every year we have had donations coming in from different businessmen in South Boston. I'd like to mention this—that we have some donations coming in from the members of the general court, which helps to pay for these outings that we have. Last year we had 12 outings, and I think that is more than any organization in the Commonwealth has done, to have 12 outings in 1 year. These people have all enjoyed every outing that we went on. The week before Christmas I contacted the Red Feather Association up on Somerset Street, and I talked to Mrs.—I can't mention her name right off, it is such a long name—but she has agreed to get in touch with the Cardinal Cushing High School Glee Club of South Boston who every year for the last 3 years has put on a Christmas program for the senior citizens of South Boston, and I want to tell you right now they put on a wonderful program. Last year we had a hundred girls from the high school to put on this program.

Mr. Chairman, there is one other thing that I would like to show you here.

Senator KENNEDY. Would you care to submit that for the record?

Mr. THOMPSON. I haven't got a record of it, Senator, but I will see that you get a copy of it.

Senator KENNEDY. I would be delighted to include it as part of the official record of these hearings.

Mr. THOMPSON. I have something here that I would like to show the members of this committee. Senator, there is a picture of one of the outings down in North Easton, sponsored by Representative Condon of the house of representatives. Now, Mr. Condon, every year, has given these senior citizens an outing free of charge, with all they can

eat, free buses and everything else, and these people just love to go down to North Easton because they have a wonderful feed down there through the cooperation of Representative Condon.

Mr. CHAIRMAN. I am not going to take up any more of your time.

Senator KENNEDY. I want to thank you. I will take that picture and we will include it in the record and file any other material as well.



Our next witnesses will be the members of the great and general court.

We are going to take them in the order in which they signed up. Representative Davoren, of Milford, who is the majority leader of the house of representatives, will testify first.

Representative DAVOREN. John F. F. Davoren of Milford, ninth district of Worcester, majority leader of the house of representatives.

Mr. Chairman, I think, first, all of us here in Massachusetts who are interested in our elderly citizens, interested in doing something for them, should express a deep note of gratitude to you, Senator, and to your committee. We know how busy you are in Washington, how much you are attempting to do for the economic growth and future of Massachusetts, and your other duties in connection with the serious times that our Nation is facing at the present moment. So I feel very, very deeply, Senator, that all of us should express a deep note of gratitude to you for coming here to Massachusetts, this historic state-house, and giving all of the people an opportunity to express themselves on behalf of the problems of the elderly.

Of course, for probably the 10th or 11th or 12th time, I want, again, to go on record as urging the Congress to enact the legislation for so-called medicare that was so close to the heart of our late President, and that should be close to the heart of every person who calls himself a

Democrat, and every person who is interested in the problems of the elderly. I'd also like to urge upon your committee that they continue to urge the Congress to provide adequate housing for the elderly.

We are attempting to do as much in this area as we can in Massachusetts, but of course you know, Senator, only too well, our problems of taxation bring it down to a question of Federal aid. It may seem trite and easy to ask for more Federal aid, but I can promise you, Senator, and your colleagues in Congress, that we here in Massachusetts will continue to do all we possibly can for the elderly as our present Governor did during the last session of our own legislature, when, in the face of strenuous objection from certain quarters, he nevertheless went ahead and provided an abatement of up to \$4,000 for those of our elderly persons whose incomes are limited or fixed, who have reached the point in their lives where they are no longer able to go out and earn money, who yet are property owners, who have contributed their fair share of their taxes during the years when they were productive.

We will certainly, Senator, as members of the Democratic Party—which is still, thank heavens, in the majority in this Commonwealth—we will continue to do our level best if you will try to provide for us additional Federal aid for these problems.

Senator KENNEDY. Thank you very much.

Representative Robert Quinn, Dorchester, majority whip.

Representative QUINN. I guess there are a few senior citizens from the district, Senator.

I am Representative Robert H. Quinn, 12th Suffolk district, representative from ward 13, Boston. I am happy to have the opportunity to appear here before your Subcommittee on the Problems of the Aged, and I congratulate you, Senator Kennedy, on your personal interest and presence here today in this town meeting type of hearing. By this alone, as well as by your presence and record in your first year as a U.S. Senator from Massachusetts, you have "done more for Massachusetts." And in support of your position, the whole of the Commonwealth of Massachusetts was recorded as supporting the medicare program of our late President Kennedy last year when our Massachusetts House of Representatives overwhelmingly passed a resolution for favorable congressional action in this field. I express the wholehearted appreciation from my personal experience for the elderly housing program financed and forwarded by the Federal Congress, for our happy senior citizens who reside in such accommodations. I think particularly, Senator, that more 50-unit type developments that could blend into existing communities and thereby more likely keep these citizens young in spirit and lively in health, are to be ordered with the help of our Federal Congress. I think also a happier community for the elderly and for all citizens in our public housing could be effected by the simple expediency of broadening the scope for which public housing money could be spent. I think planning within our larger housing developments for modest recreation and assembly and more basic small shop enterprises, which, as I understand, is now not properly committed under the Housing Act, is nothing more than urban renewal without waiting for blight to occur.

I think Federal funds should be supplied to the cities and towns because of increasing financial burdens upon the cities and towns. The life of our inhabitants in their golden age should not rely on any

municipality's fiscal solvency. We have been fortunate in the recent establishment by Mayor Collins of space in municipal buildings around the city. Incidentally, one of those activity rooms is to be open in my own district in ward 13 at six. You are very welcome if you can attend. Such as these activity rooms could be and should be enlarged with added Federal funds.

I think also our Federal Congress should consider making available Federal funds for such tax abatements as were mentioned by Majority Leader Davoren. That, incidentally, was the Davoren bill, chapter 808 of the acts of 1963. The problem apparently is one of funds.

I think the problems of our senior citizens are a national problem, and I think therefore Federal funds are in order. Thank you very much.

Senator KENNEDY. We thank you very much for coming here with all the rest of the members of the court who have been concerned with this problem at the State level and have an intimate understanding of it, and we certainly appreciate your observations.

Representative Kramer of Chelsea was here, and I know he stood by for a considerable period of time. He was next on the list.

Representative Brett from Quincy, who is the chairman of the House Health and Welfare Committee.

Representative BRETT. Thank you very much, Mr. Senate Chairman. I am grateful to my constituents over there, who gave me a big hand.

I am Representative Joseph E. Brett of Quincy, and I am chairman of the House Committee on Public Welfare. But, of course, I want to clarify that to the extent that we are not only concerned with the elderly people who are receiving welfare aid, but we are generally concerned with the overall problem of the elderly people. I particularly am because I am reaching the brink of senior citizenship myself, so I am particularly concerned in that.

Now, I want to say from sitting here for a couple of hours, that I think Charlie O'Donnell, who is the president of the State Association of Senior Citizens, hit the keynote of this whole issue when he said it is a bread-and-butter issue. If we put the money in these people's pockets—what they want is the money in their pockets. They can take good care of themselves.

Along these lines, Mr. Senator, some years ago back in the thirties, there was a gentleman named Dr. Francis Townsend, who traveled up and down the breadth of this country, advocating a plan which at that time was to give every person over the age of 65 \$100 a month. Now, of course, \$100 a month would be ridiculously low in these times. I would certainly recommend some such program as advocated then by Dr. Townsend be instituted by the Federal Government and give each senior citizen a sum we might say is based on today's standard of living, at least \$300 a month.

Now, this might sound as though it would cost the Government a fantastic sum of money. That is not entirely so. This in many cases would supplement or take the place of many benefits these people would receive. It would eliminate the social security pension plan. If anybody was getting at present aid of more than \$300, it wouldn't affect him. I would think if we had a minimum of \$300, that would enable all of these elderly people to live in dignity and in places where

they want to live without having to be placed in nursing homes and other places not fit for human habitation.

I am trying to be brief. I want to close by commending to the committee this recent report published in Consumers Reports. It is the January issue. I don't know whether anybody has brought it out here today. There is an article in here about nursing homes. It is a very comprehensive article. It not only talks about the nursing home and how to improve them; it also tells what I think is a great deal more important; that is, how to keep these people out of the nursing homes. [Applause.] I certainly commend this article to the members of the subcommittee, Mr. Senator. I certainly hope it will be placed in the record as one of the matters of extreme importance which they will take under consideration when they are working out a program for the elderly people. I am certainly happy, although it is the only copy I have, to submit it.

Senator KENNEDY. The subcommittee staff can obtain another copy.

Representative BRETT. Thank you very much, and thank you for your time.

Senator KENNEDY. Our next witness is Representative Samuel Harmon, who is a member of the Pensions and Old-Age Assistance Committee.

We have two more groups that we know of, the Springfield group has to be out of here by 4:15 and the Lowell group by 4:30. We want to have representatives from both of these groups to give us a few words before they go, and we will get to them very shortly.

Representative HARMON. Senator Kennedy and members of this honorable subcommittee, I deem it a privilege and an honor to speak before this microphone to express my sentiments regarding the problems which confront our elderly today. I know that many matters have been touched upon. Therefore, my remarks here must of necessity be brief.

The first item which I should like to talk about is the often touched upon subject since Charles O'Donnell spoke, of putting a little extra money in the pockets of the elderly. What has been happening here in Massachusetts, as you know, Mr. Chairman, has been that for the last couple of years, for example, the legislature has been kind enough to add \$1 toward transportation allowance for people that are on old-age assistance, which is \$12 a year, or come in like they did last year and allow \$1 leisure time activity which is also \$12 a year, but not anywhere nearly enough regarding the troubles which confront our elderly senior citizens here today in Massachusetts.

I would like at this time to record the Boston YMHA Hecht House as favoring the items which are here today on the agenda.

But the problem basically in many areas of our Commonwealth in private housing is rent. What do you charge a month? I know that out in my own area I have been deluged by many people. The average rental is \$65 to \$75 a month, without heat, so that the total rental at the end of the month is in the vicinity of approximately \$90 to \$100. What is the average amount which a couple receives on social security and/or old-age assistance? Probably \$150 to \$160 a month. And the result is that for 30 days the person has to live on a dollar and a half a day average. This is nowhere near enough. I also feel on public

housing the funds should continue to come in. I know that in Boston we could stand 8,000 more housing for the elderly units and low-cost housing. I know that all over our Commonwealth it is safe to say probably 15,000 to 20,000 more low-cost and housing-for-the-elderly units would be readily acceptable and the demand is great. I know that the demand for housing for the elderly in Boston is great. Out in my own district, we are just completing 80 units. We have 2,000 applications for the housing for the elderly for those 80 units.

I know that the mayor of Boston has done an excellent job. In Boston we probably have had more housing for the elderly put up in the last 3 years than any other area in our Commonwealth. But we have got to move forward on these things.

I would also like to state that the legislature is trying its best. I know that there is legislation pending right now in this Commonwealth to amend the Constitution of the United States instead of memorializing Congress, which will give a \$200-a-month pension to people who are over 65 years of age and who are retirees. I am sure that this bill is commendable, Representative Brett having preceded me.

In closing, I would like to say as far as medicare is concerned, naturally the entire Massachusetts Legislature is on record, and I sincerely hope that Charlie O'Donnell's theme, "Put some more money into the pockets of our senior citizens—that is what they need most." Thank you very kindly, Senator Kennedy.

Senator KENNEDY. Thank you, Representative Harmon. The members of the Springfield group want to leave by 4:15. I want to ask Michael Dowd, to come forward and some of the others as well. They have been extremely interested. Also Patrick Kenny, who is the president of the Springfield Golden Age Club. If there is anyone else, we have 10 or 12 minutes before they have to go. We'd like to have them come forward and we would be delighted, Mr. Dowd, to include your complete statement in the record, for the benefit of the subcommittee. You have been extremely patient, as members of the general court have been, who have been in attendance since early this morning. We certainly appreciate your tolerance and understanding.

Mr. Dowd. Senator Kennedy and committee, I understand that the time is getting very brief and due to the fact that I traveled all across the State, from the New York border here, I feel a little bit offended that I am not allowed the full amount of time that the others have had, but I will leave my copy of the statement that I was to read to you to be put in the record. There are a few things here that I would like to bring out before you.

At the beginning, my name is Michael Dowd, of Amherst, Mass. I am the president of the Golden Age Club there. I have been president of the Pittsfield Golden Age Club for two terms in the past. I have been associated with the Golden Age people and the elderly since 1952, and I have created in my mind a lot of interest for the older people in our State.

I have three statements here I wish to bring out. But briefly I will tell you the first one was on a national basis, which was House bill 6185, introduced by Representative Charles S. Gubser, of California, on April 11, 1961, and it was followed by House bill 3404 introduced by Representative Carleton J. King, of New York, on February 5 in 1963. The bill was to permit an individual to obtain coverage under

title II of the Social Security Act on the basis of service which was not covered employment at the time it was performed, if service of that type has since become covered employment and such individual makes payment of the applicable social security taxes. So far as my checkup on this, I went before the librarian in the Amherst College there, and he went all through the records, so on and so forth. As far as he can find out it has been lost and nothing has been done about it. Inasmuch as I was personally interested in the two bills because I had worked for 10 years under these conditions, it seems a shame I have got to lose out because somebody didn't show interest enough in it. We will cut that one down, and you can read the balance of it in my record.

The second one I wish to bring out is on the Federal and State basis: Established clinics in several convenient towns or cities where the elderly of limited low income not on welfare or old-age assistance rolls could obtain a free preliminary consultation as to the probable seriousness of a slow-healing cut or bruise, pimples, or small lumps appearing suddenly. The American Cancer Association recommends early consultation, but this, too, involves expense and often travel to a distant hospital, which works a financial and physical hardship on the elderly. Often these lumps are painless until they reach a critical stage. Much suffering, time, and expense could be spared by prompt action.

These elderly people want to continue being independent, but after going through four major wars and their depressions, devaluation of the dollar, high medical costs, and the alltime high cost of living, there remains very little of the thriftily saved money which they had planned for their old age. Even the \$5 doctor's fee for an office visit has to be carefully considered before action is taken. I am told Worcester tried to establish a similar clinic but met with no support. I say why? That is my basis on that one.

Now, the next one is on a State basis. Several people in western Massachusetts have been concerned by the lack of action taken by the State council for the aging. It is not doing its job and hasn't been since it was established in 1954. Money was appropriated to establish an office in Boston to head up activities pertaining to the problems and activities of the elderly. Little of a constructive nature was undertaken until recently when several local councils were established. Theoretically, that would be the answer to solving some of the problems confronting the aged. Many of the members of these councils are actively employed and do not have the time to devote to services of this type gratis.

I was cosponsor of three bills in the State legislature dealing with the Boston office of the council for the aging. The first two limited the age of the directors to those of retirement age—62 years or more. The third bill asked for an investigation of the council. There was not time to consider this bill in the last session.

One of the most important changes I would suggest would be the division of the State into three sections, with an office in each section with salaried personnel, that would work in cooperation with the Boston office as headquarters. I suggest Lynn for the eastern part, Worcester for the central part, and Springfield for the western part. This plan would save much travel and expense to attend meetings, and the attendance would be thereby increased. For instance, Pittsfield is about 140 miles away from Boston, Amherst about 90, and Springfield

somewhat less. The council has been reporting activities of golden age clubs but very little from local councils.

Occasionally a questionnaire is mailed asking for information. I asked what was done with these reports. Were they compiled to make a preliminary survey of conditions in the State or simply filed? The reply was that nothing further was done after their receipt. I again say, "Why?"

Thank you very much for the opportunity.
(The statement follows:)

STATEMENT OF MICHAEL J. DOWD, PRESIDENT OF THE AMHERST GOLDEN AGE CLUB,
AMHERST, MASS.

Mr. Chairman, my name is Michael J. Dowd and I am president of the Amherst Golden Age Club of Amherst, Mass. I am past president of the Pittsfield Golden Age Club, having served two terms in that capacity.

I am, and have been for some years, very much interested in the elderly and their problems, several of which need prompt attention. I will mention three.

1. ON A NATIONAL BASIS

Gubser bill, House bill 6185 introduced by Representative Charles S. Gubser of California on April 11, 1961, and

House bill 3404 introduced by Representative Carleton J. King of New York on February 5, 1963:

"Bill to permit an individual to obtain coverage under title II of the Social Security Act on the basis of service which was not covered employment at the time it was performed, if service of that type has since become covered employment and such individual makes payment of the applicable social security taxes."

Inasmuch as I was personally interested in these two bills because I had worked for 10 years under these conditions, I wrote to the sponsors of the bills, our Senators, and Representatives asking their assistance. I was informed that the bills were in the House Ways and Means Committee and as soon as the bills were out of committee they individually would do what they could to put them through. My latest report is that these bills died in committee. There are other people besides the elderly who might benefit if these bills were enacted, especially those employed in colleges and hospitals previous to their being included in covered employment. Are these bills really dead or are they simply shelved to collect dust and eventually be destroyed? These two bills are extremely important.

2. ON FEDERAL OR STATE BASIS

Establish clinics in several convenient towns or cities where the elderly of limited low income not on welfare or old-age assistance rolls could obtain a free preliminary consultation as to the probable seriousness of a slow-healing cut or bruise, pimples or small lumps appearing suddenly. The American Cancer Association recommends early consultation but this, too, involves expense and often travel to a distant hospital which works a financial and physical hardship on the elderly. Often these lumps are painless until they reach a critical stage. Much suffering, time, and expense could be spared by prompt action. These elderly people want to continue being independent but after going through four major wars and their depressions, devaluation of the dollar, high medical costs and the alltime high cost of living, there remains very little of the thriftily saved money which they had planned for their old age. Even the \$5 doctor's fee for an office visit has to be carefully considered before action is taken. I am told Worcester tried to establish a similar clinic but met with no support. Why?

3. ON A STATE BASIS

Several people in western Massachusetts have been concerned by the lack of action taken by the State council for the aging. It is not doing its job and hasn't been since it was established in 1954. Money was appropriated to establish an office in Boston to head up activities pertaining to the problems and activities of the elderly. Little of a constructive nature was undertaken until recently when

several local councils were established. Theoretically that would be the answer to solving some of the problems confronting the aged. Many of the members of these councils are actively employed and do not have the time to devote to services of this type gratis.

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Thank you for listening.

Senator KENNEDY. There were members of the Springfield group who wanted to have a word here. First, Patrick Kenny.

Mr. KENNY. Senator Kennedy, Investigating Committee on the Needs of the Aged, my name is Patrick J. Kenny, retired fireman from the city of Springfield. I represent 3,000 people, and am the president of the Springfield Golden Age Club and I am also on the Council of the Aged.

My remarks are going to be very brief. I carried no literature with me. As I attended this hearing today it ran through my mind, after hearing such eloquent speakers tell about the needs of the aging, that I thought of those home in my area through no fault of their own but who were unable to come here due to the fact they did not have the money to pay for a trip to come here. My request is, Senator, that I hope that you will be able to come into our area, the western part of the State, so these hearings could be attended by our people in that area making travel much shorter and they could attend those hearings.

My second suggestion, where our doctors and medical men have spent so much of their untiring efforts so that our aged people are healthy today, their lifespan is extended 15 to 20 years, due to blood pressure pills and so forth, to enable them to enjoy a life that they would not have been able to enjoy probably 20 years ago. I think every city, every locality, should have a place where these people could go and get a checkup, and by the time they go to the doctor the diseases would not have a hold on them to such an extent that they have to go into a nursing home or hospital.

My next one is that we have the trouble of transportation and we hope that probably they will be able to reduce and sell to us tickets that the children enjoy. We don't want them for nothing. We are willing to pay the price that they sell them to children. That will enable a lot of our Golden Agers, senior citizens, to come down into the city and be able to go to the store and enjoy themselves.

The next one is when they talk about recreation, we do need it to keep the body strong. You talk to any doctor and he will tell you that an active mind is a healthy mind. And I know, I can cite you

many cases and one recently, where my niece lived, the woman wasn't feeling too well, and the doctor said to her, "Go join the Springfield Golden Agers."

Thank you, Senator, for this opportunity. I have got to rush and get back to Springfield.

Senator KENNEDY. Thank you very much for coming. There is the group now from Springfield. They are going on; they are waving to us. We want to give them a big round of applause for being here. [Applause.]

The next representative is Archie Kennefick from Lowell, Mass.

Representative KENNEFICK. Thank you, Mr. Chairman and members of the committee. As you state, I am Representative Archie Kennefick of Lowell, 14th Middlesex District. I am a member of the Council of the Aged, the Governor's Council. Last but not least, I am a member of the Golden Age Club of Lowell. We have 700-odd members in our Golden Age Club in Greater Lowell, and I am very happy to announce that during the past year the officers have formed five units surrounding the city of Lowell. Our club is so big that we have no quarters to hold them, and when I say that I really mean it. We never have under 325 to 375 members at 2 meetings a month, and I say that I represent those members and I think that I represent the members of all the senior citizens. And I know you, Mr. Chairman, have met many of our senior citizens and many of our workers during the past years. They look up to you; they look up to your committee for support.

I know that there are many difficulties and many complex problems, but I know that this committee will try to obtain favorable action on this legislation.

And last but not least I am not a poet but I would say that old age is not a defeat but a victory, not a punishment but a privilege. Old persons need a vision, not only recreation. Old persons need a dream, not only a memory.

Thank you, Mr. Chairman.

Senator KENNEDY. Thank you very much. I know that your Lowell group is still here, and you were an extremely forceful spokesman for them. Here they are down here. They have to go. You did a superlative job for them. If there are any of the others who want to have just a word, they may. Thanks very much for coming.

Representative George O'Farrell.

Representative O'FARRELL. Mr. Chairman, Honorable Senator Kennedy, members of the committee, I want to take this opportunity, in prefacing my remarks, by congratulating you and your subcommittee on the latitude you have given the speakers today. I think it is true democracy on the part of this subcommittee. I think likewise the demonstration put on here today on the part of the senior citizens, overflowing this auditorium, is an indication of their desire to bring over to you the need for the assistance that the Commonwealth of Massachusetts needs by the Federal Government to assist them.

I, of course, want to be recorded on the principles of the medicare plan for the aged. And it is amusing to me today, Mr. Chairman, to see conspicuous by their absence the outstanding exponents of the opposition, the American Medical Association, who would probably have this hearing in a telephone booth.

Mr. Chairman, I would have a suggestion if you don't mind. I am privileged to be chairman of the committee on mercantile affairs that considers all legislation with relationship to housing. In 1949, we enacted legislation providing \$200 million for veterans housing, and since 1953 we have provided some \$45 million for elderly housing. A Mr. Palmer, who happens to be a constituent of mine, spoke here earlier and indicated the unique program we have in Malden. I know that a 4½-percent subsidy is available by the Federal Government, whereas the Commonwealth of Massachusetts can only afford a 2½-percent subsidy. I would suggest, Mr. Chairman, that it might be advisable by your full committee or your subcommittee to consider the advisability of looking into the advisability of a coordinating group from Washington with the Federal Housing Agency, working in cooperation with the State housing board in setting up a pattern of coordination in the planing of housing for the elderly.

Senator KENNEDY. Representative Casey, of Lawrence, and Representative John Cronin are here and this subcommittee wants to recognize them. They have both indicated they wanted to be favorably recorded in support of this legislation. And we know that there is a group from Lawrence that has been in attendance here today and who have certainly indicated their support as well. We welcome both of them to this committee. Did you want to make any comments?

Representative CASEY. Senator Kennedy and members of your subcommittee looking into the problems of the aged. In order to be brief and expedite your hearings, I would just like to say that I am sincerely concerned with the problems of the aged and have been ever since I have been in the legislature. I want to commend your Commission and committee for being here today, and I am hopeful that something will result, some concrete results will come from your visit here to Boston and hearing these problems in relation to the aged. And I want to also record at this time Representative Michael Contino, who is strongly in favor of any beneficial legislation that will result from your appearance here. Representative Lemas from New Bedford asked me to record him, and I forgot to.

Representative CRONIN. Senator Kennedy, my name is John J. Cronin. I represent the Seventh Essex District in Lawrence. And I want to take this opportunity to thank you and your committee for coming to the State today to help our aged citizens. I am fully behind them, and all my colleagues in the House. I want to thank you very much.

Senator KENNEDY. Thanks very much, Mr. Cronin.

Representative Walter T. Burke, Natick.

Representative BURKE. Senator Kennedy and members of your subcommittee, for the record, I am Representative Walter T. Burke, from Natick, Mass. I serve on the Legislative Committee on Public Service. Senator Kennedy, I trust that as a result of your recommendations to the Congress that it will vote overwhelmingly in favor of well-deserved benefits for our senior citizens. Thank you very much.

Senator KENNEDY. I appreciate the significance that you put on my very warm support of this legislation, Walter. I hope if they do rely on this that this legislation will be overwhelmingly passed. I know you have been waiting for many hours, as all these very fine and wonderful citizens have been. I think it is a very great tribute to the

members of the general court that they would take the time to come down here and testify on this legislation in behalf of the people they represent, and spend the many hours it has taken us to reach them. I think it is a great tribute to their interest in this legislation. I want to extend my congratulations to all of them.

Representative Kramer is here. I believe he is from Chelsea. I think he is the last member of the great and general court who desires to testify today.

Representative KRAMER. Senator Kennedy, distinguished members of the committee, may I say first, Senator, that I want to express the sentiment of the people of Chelsea to you personally that the Senate's youngest citizen would have such a vast interest in the senior citizens. It is not surprising, knowing the interest and concern, sir, that you have had for the many people from many walks of life.

Senator, I assume the reason why the members of the legislature have had the privilege to precede many people who are here today is because perhaps we have the benefit of having talked to so many people in our districts who have come to us with problems who are of the aged and we express our personal belief in the problems which are pressing so many people and what their problems are. I have found that basically the concern of many people who have come to my office is one of losing their independence, because they have gotten old and the independence that they have lost is the result of the fact that the expenses have increased and the finances have gone down. Because they have gotten older they can't make the money they used to make. They can't work; they are compelled to retire. There is no one who wants to take a chance and hire them when they reach the age of 65. Yet at the same time as the income decreases, the opportunity of getting employment also decreases, but the expenses of living increase. Medical expenses go up when someone is injured, and also for the serious illnesses that come when you are older. What you have is that people are compelled to rely as they get older on sons and daughters on whom they have spent their lives. Because of the children they now have they know their sons and daughters now have their own personal responsibilities, and they feel a burden although it is an obligation to which they want to respond. It is a very difficult position for somebody who has spent a life of sacrifice when they reach the age of 60 or of 65 to have to rely for their independence and dignity on someone else.

When we talk of medicare, I know it is not the specific concern of this committee to that legislation—in part, if you are talking about some kind of a medical plan, what you do with the legislation before you may also depend on what you do on Federal aid. I would say this, I know of many specific instances of people going to the Massachusetts General Hospital who are entitled by that hospital plan to receive 50-percent off what their expenses now are because of the health program we have in Massachusetts. They say to these people, "You are over 65. Go down to the welfare department." They come to me, "Look, I don't want to go on welfare." It is a stigma. You are asking for charity. The people next door feel you are taking charity. In other words, they want the dignity to be able to say because of the lives they have spent, "We have earned it." This is the important element in legislation—is taking the dignity as well as the care and security of the people involved. It is not enough to call them "poor

old souls" because the people I have witnessed, who have come in contact with me, their minds are alert. The only thing that slows down is the walk.

I haven't seen the kind of outpouring, no matter what it has been, from the younger citizens as we have had today. If the younger citizens had the kind of responsibility and interest that the senior citizens show, I would think we would be far better off. It indicates an alertness, the desire to take part in the community, to take part in it personally, to let their wishes be known.

Because, in conclusion, Senator, I think what the important thing amounts to is this: Everybody wants to help senior citizens; everybody wants to help juvenile delinquency, but the Congress of the United States cannot spend infinite amounts of money for each cause. It becomes a matter of priority. In which direction of the national concern shall money go to assist people? Because certainly everybody has a good cause. It is a question of priority. When this committee goes back, its most important recommendation is to take—I hope there is the same response in other communities—that this is a cause which is of vital concern. It affects the resources of this country, which is important, and it affects the people who care, who are alert, and that is something on which this country can depend.

So, Senator, I urge this committee—I do not have to do it, because certainly you are the chairman of this committee in this meeting today, I know of your interest and your interest in the past—I just want to bring the people of Chelsea's thoughts to encourage you to urge the Congress to adopt this legislation and other legislation beneficial to people who are not just deserving but people who can make a great contribution if given the opportunity. Thank you, sir. [Applause.]

Senator KENNEDY. Thank you very much, Mr. Kramer, for speaking so forcefully and effectively on a matter which I can see is of deep concern to yourself.

We have received a letter from Senator Fred Lamson, of the Fourth Middlesex District, which will be included in the record at this point.

(The letter referred to follows:)

Senator EDWARD KENNEDY,
Washington, D.C.

DEAR SENATOR KENNEDY: I would hope that the U.S. Government would continue the Federal housing program for the elderly. Because of the long-term financing and the favorable interest rates, these projects seem to provide apartments for the needy elderly citizens at rents they can afford.

A substantial majority of the applicants for this housing are on fixed income, pensions, or annuities and cannot afford the present rentals that private housing is providing.

Sincerely,

Senator FRED LAMSON,
Fourth Middlesex District.

Senator KENNEDY. At this point in the record, there will be included a list of the other members of the legislature who wanted to be recorded in support of this legislation:

Representative Carl R. Johnson, Jr., of Braintree
Representative James R. McIntyre of Quincy
Representative Benjamin Klebanow of Dorchester
Senator Leslie B. Cutler of Needham

Representative Charles J. Buffone of Worcester
 Representative Leo J. Turo of Worcester
 Representative Vite J. Pigaga of Worcester
 Representative Joseph D. Saulnier of New Bedford
 Representative Ernest L. Goff, Jr., of Rehoboth
 Representative Frank F. Lemos of New Bedford
 Senator Joseph F. Gibney of Webster
 Senator James F. Burke of Brockton
 Senator George V. Kenneally, Jr., of Boston
 Senator Kevin B. Harrington of Salem
 Senator James J. Long of Woburn
 Senator Denis L. McKenna of Somerville

Now, Mr. Kraus, of the Hecht House. He was here. The Hecht House was very well represented. I know there was a group in the back who spoke in support of this. I will certainly take notice of that.

Mr. O'DONNELL. Senator, before you adjourn, would you permit us to give you a rising vote of thanks for having the patience of Job?

[Spectators arise and applaud.]

Senator KENNEDY. Thanks very much. We know that there are a number of people that do have to go for one reason or another, but there are a number of others that did indicate that they did want to continue to give the benefit of their testimony, so we will extend that patience a little further. Charlie, we hope you will attend as many of these meetings as possible in the future. You are always invited here. But I do know a number of people do have to go along. So we will have a 2- or 3-minute recess now, and then we will go back to hearing the other members who submitted their names and wanted to be heard. We will be delighted to hear from them and include in the record their testimony.

[Short recess.]

Senator KENNEDY. The subcommittee will come to order. We would like now if we could, to have you limit your comments to just a couple of minutes or so. If anyone has any information that he wants to have recorded in the record this subcommittee will take notice of it, because we want to give everybody the opportunity to speak that we do have time for, and we want to benefit from any information that they have. So we will go right along now to Mr. Harry Karpeles. He has submitted a report for the record on urban renewal and displacement of the elderly, and he is working for his doctorate at Brandeis University.

Mr. KARPELES. Senator, during these past few hours we have heard about many problems which are certainly basic and important to the older citizens of the country. Many of these, however, are not germane to the bill which I presumed was the one we were here to discuss. I should like, if I may, to get us back to that bill and to something which I think your committee may want to consider in connection with it.

Two of the important problem areas confronting the social welfare community of our country today are these: the provision of adequate social services for the rapidly expanding aged adult segment of our Nation, and the whole idea of renewing our deteriorating cities. At one point, these two subjects coincide and it is on this intersection of major problems that I should like to focus now.

It appears to me that urban renewal, highway programing, and other land takings by eminent domain procedures subject the elderly to severe and traumatic pressures for which they are, generally, quite unprepared. I should like to suggest, therefore, that Senate bill 1357 be reviewed for possible consideration of the inclusion of features which could alleviate the catastrophic consequences of enforced relocation to our aging people. In my prepared statement, which I have submitted, I have indicated how, unwittingly, the elderly have been made to suffer disproportionate physical, psychological, and financial harm when they are compelled to leave their homes in the later stages of their lives. Whether such dwellings represent the "snug havens" which provide an important feeling of security and comfort to people in their declining years, or are the grossly inadequate and degrading type of habitations unfit for any human being, the act of enforced departure imposes real emotional and practical privations. What makes this so vital a community concern is that these victims are by nature too vulnerable and too inadequate to cope with the sudden problem by themselves. They generally lack the family support, the financial resources, the aid of helping hands, and the body vigor with which to meet this urgent challenge to their normal daily existence.

There is at present, as we know, provision within urban renewal legislation for many kinds of social welfare assistance to those who need it. In many other eminent domain land taking situations, however, there are no adequate provisions for relocation assistance. It is my plea, today, that in reviewing S. 1357 consideration be given to the need for providing specifically and adequately for the elderly in connection with all their relocation problems.

It seems to me that two things are wanted. We already know how to take care of this problem—it is the implementation, rather than the theory, which represents the present difficulty. First we require authorization for special consideration through specific legislation. Secondly we need recognition by those concerned that this is a type of problem calling for skilled help. Only this morning we heard Dean Schottland call our attention to the urgent need for training people specifically for work with the elderly.

Here is one particular area in which the use of trained staff is most crucial. Without it we can be going through empty motions without really affecting the particular problems which concern us. Because this is a rapidly expanding problem area in America today, I urge the committee's careful consideration of the value of providing legislation which will be equal to the existing needs. If the physical improvement of our cities cannot be accomplished without social and emotional sacrifice of our aged citizens then, indeed, what availeth it?

Thank you very much.

Senator KENNEDY. I want to say that the Committee on the Aging held some hearings about a year ago on this matter which you have discussed. I think it is a very worthwhile suggestion, and I think it is one which the Congress certainly should examine in the greatest detail because I think it has a tremendous amount of appeal, and I think it is something which all of us ought to find out a good deal more about. I have asked the counsel here about it. He said there were hearings held on this and legislation has been introduced. I cannot give you the condition at the present time of such legislation, but I

would be delighted to correspond with you and let you know the latest on that matter because I do think you have brought an extremely important point to the attention of the subcommittee and I am interested myself to find out what has happened to it.

(The statement follows:)

STATEMENT OF HARRY D. KARPELES, MEMBER, MASSACHUSETTS ADVISORY COMMITTEE ON AGING; MEMBER, TASK FORCE ON AGING, MASSACHUSETTS MENTAL HEALTH PLANNING PROJECT

Gentlemen, the purpose of this presentation is to call your attention to a new and vexing problem even for those who are active in the relatively poorly developed area of social services for the elderly. The special focus of this subcommittee is on the achievements and the gaps in State and local services for our aged and aging, so it is appropriate to spend some time in considering this problem here because it is largely a creature of State and municipal policy decisions.

The problem I allude to is that of the catastrophic consequences of enforced dislocation of our elderly citizens in the wake of urban renewal, roadbuilding, and other eminent domain land-taking procedures. It would be wrong and useless to suggest that such legislative actions affect the aged only. What may be very important, however, is to underscore several aspects of relocation proceedings which do affect the elderly so severely as to warrant special attention.

The major emphasis on the renewal of decaying cities in America represents one of the challenges to our social welfare community. Within urban renewal it is recognized that the key problem is that of relocating the residents of the areas to be razed for future redevelopment. It is now some 18 years since urban renewal, as an official widespread program of the Federal Government, has been in operation. Since its inception the difficulty recognized by the experts and the lay public alike has been that of making adequate advanced provision so that the people whose homes are to be taken for some redevelopment purpose not become hapless victims of the so-called march toward progress. Unfortunately, this has been the case more often than not. Inadequate preparation for alternate housing and for the assistance required by many people who may never have undertaken a move in their entire lives or perhaps have had but little experience along these lines is widely accepted as the Achilles heel of renewal programs everywhere. Even despite more recent Federal Government requirements built into the urban renewal program there have been some tremendous gaps in this aspect of the revitalization of our larger cities and towns. Too frequently the presumed availability of adequate alternative housing arrangements has proved to be but a paper promise or an unrealized expectation. The more realistic approach of providing in advance of land taking for a substantial number of low-cost or public housing units has seldom been resorted to. There can be no question but that it is the failure along this dimension of the entire renewal program which accounts for the tremendous amount of vocal opposition and resistance encountered wherever urban renewal is considered for a particular area.

The substantial growth in the proportion of our total population found among senior adults, those who are 60 and over, has given rise to many new looks at our conventional approaches to the entire array of health and welfare programs. Although it may continue the unhealthy trend in social planning of fragmenting or categorizing types of services offered, there seems to be some valid reasoning behind the development of specific services for the elderly. This is being justified on the grounds that for too long this age segment within the total population has gone unrecognized and has, consequently, been subjected to many unique pressures and problems not intended by the sponsors of social welfare efforts. By most planners such separation out of a total effort on behalf of a particular age group—in this case the elderly—would be seen as a temporary expedient. As soon as real progress has been made on catching up with the lag which has unwittingly developed over the last two or three decades in this regard, it is hoped that there will be a reintegration of services for the elderly within the broader spectrum of social welfare programming. Until such a time, however, we must continue to explore the specific problems which appear to manifest themselves among the members of this age grouping and which warrant special consideration.

To those who are familiar with the problems besetting the elderly, the entire subject of relocation presents many obvious threats to the security and state of mental health of older people. Their entire status within our society makes this likely. Overwhelmingly, they are a class of citizens with minimal means of support, they are disproportionately in poorer health than the rest of the population, they have less physical strength, they have less familial support, and their emotional and inner strength for dealing with most disruptive situations is recognizably lesser than that of younger adults within the community. Naturally, this cannot be said about all older adults, many of whom are quite self-sufficient. These are generalizations covering huge numbers of the elderly, and it is these about whom we must be concerned.

Experience has indicated that the effect of receiving a vacating notice upon the members of this age group can be devastating in several ways. To many of them, it represents still another blow to their limited emotional resources and inadequate self-images, which may have received many onslaughts over the course of their long lives. The deprivation, psychologically speaking, among these people is very great. Many have lost members of their intimate families; in several cases their spouses and children. Many more have experienced real economic hardship since their retirement from the field of work and have felt cut off from the circles of coworkers and colleagues who contributed to their feeling of self-esteem and accomplishment. Statistics indicate that better than 80 percent of this age group suffers severely from one or more chronic illnesses. Finally, it is characteristic of this age group that they tend to live in varying degrees of social isolation. Consequently, their ability to make plans on their own for removing to another residence is extremely limited. They do not have the network of friends, relatives and coworkers from whom to elicit leads as to where to look for the new home which they must have. It is not surprising, therefore, that a peremptory notice to vacate a home which may have many emotional attachments as well as representing a secure haven, may come as a shocking occurrence to the elderly recipient. A great many become completely immobilized—they respond by doing nothing, and suddenly becoming completely dependent upon whomever it is that picks up the burden, either out of compassion or the responsibility to get a moving job done. Many others treat the eviction notice as though it had never been received—they refuse to accept the fact and at the moment when the wrecking crew appears they might well be found going through the motions of ordinary daily living in their doomed domiciles. Those who are not harmfully apathetic are extremely bitter. Their feelings are intensified by the frustration coming from the inability to express themselves to anybody who cares. Despite the loud cries about the need for progress raised by those living at a distance from the scene of the crime, these older people feel that their rights as individuals and as people who have fulfilled their major functions and responsibilities in society are being thoughtlessly and unnecessarily violated. Such reactions result in tremendous difficulty in these people making the necessary adjustments to the relocation in which they are being involved. A rather common human problem thus becomes compounded by special factors and renders virtually impossible the job of those whose task it is to help all displaced people make an appropriate adjustment to the fact of relocation.

What can be done? Some recent experiences in various parts of the country, but also right here in Boston, give some clues as to how this particular element in the overall problem of relocation might be handled. Advanced notice and preparation of intentions is one way in which to help the older people to gird their few resources for the challenging effort they are being called upon to make. The availability of substantial trained manpower to deal with the physical, the financial and even the emotional aspects of their effort must be forthcoming. Due to their special physical and health needs much of what generally is available by way of relocation housing will be found to be inappropriate. Street level apartments are more in demand among these people because of wheelchair or cane and crutch problems which they possess. Otherwise, the availability of elevators is a must for people suffering from heart conditions, shortness of breath, lameness, etc., but such facilities rarely can be found at the rent levels they can afford. All this suggests the need for an intensified effort at finding adequate substitute housing for the elderly.

Availability of facilities is not enough in dealing with their problem. Because of the aforementioned reaction by many within this age group, wherein they refuse to acknowledge the inevitability of their move, it is not sufficient to provide services for those people who manifest an interest. Beyond this, the helping hand must be assertively extended in their direction—there must be an

aggressive reaching out to help even where interest is not manifested. This calls for much more and much better skilled help than is generally available. Only if such help is offered can the transition from their present locations to new and threatening living arrangements be affected with minimal trauma to many older people. Various ways of accomplishing this complex task have already been established by demonstrations in key cities where urban renewal has moved ahead. Here in Boston a demonstration project sponsored by the U.S. Public Health Service and directed by Miss Connie Williams of the Women's Educational & Industrial Union has given us an excellent basis for developing a substantial program which would appear to fulfill the needs of this perplexing problem. This demonstration established a great potential for using select college-level youths virtually as adopted children or grandchildren to the elderly couples or single folk, and having them perform many of the normal supportive tasks which would befall them if they were real kin. All this was done, of course, under direct, constant supervision of highly qualified social service staff. Other valid solutions have been developed and are known to social planners today. The concern, therefore, in dealing with this problem is not to ascertain how it is to be done, but how to assure ourselves that the need to do this job is recognized and dealt with.

There are two important components to what must be accomplished if a program for this purpose is successfully launched. First must come the recognition of the need and the authorization of such a special effort. When funds are made available to accomplish this task the implementation will then depend almost entirely upon the realization that dealing with the needs of the elderly involves special skills which only recently have been acquired by people in various aspects of community and social welfare work. Unless such individuals are sought out and offered the necessary inducement to undertake such programing, it is unlikely that the wish and expectation for such a worthwhile objective can ever be fully realized.

I beseech the interest and concern of this committee in seeking legislation and administrative authorization for the inclusion of such special programing into present Federal efforts in the field of urban renewal. Finally, I strongly urge a broadening of existing legislation pertaining to roadbuilding and mass transportation programs to include special provisions for the selective relocation of all people of retirement age who may be affected by eminent domain procedures. As has been well demonstrated to date, the readiness of the Federal Government to require social services as an adjunct to urban renewal programs has resulted in much wider use of such vital, humane efforts by States and municipalities. Leadership by the Federal Government in calling attention to the specific needs of the elderly in regard to all kinds of mandatory relocation is likely to produce similar desirable results.

Senator KENNEDY. Now, there is an Alice DelRossi who has to cook dinner for some wonderful children. Unless she gets home soon, she won't be able to get home at all. I don't want there to be any angry husbands.

Mrs. DELROSSI. Thank you, very much, Senator. I am not going to read this prepared speech. I think certainly there has been enough said on behalf of the golden agers. I am sure this committee is well aware of what the golden age committee had in mind. There is one point I would like to have in the record. I am not a member of the golden agers, nor do I head any organization. I am a member of my age group, the homemakers who are trying to educate their children. We are the ones who are paying the heaviest real estate taxes. This, of course, is fine, but we can't possibly educate our children and provide a decent home for them and for our parents. My husband makes a very good week's pay. If it came to a choice between my family's education and my mother's hospital bill, you know what would come first.

I represent 2,000 home owners from Stoneham, Mass., in the age bracket 30 to 45. The petition we signed in favor of medicare was sent to the Department of Health, Education, and Welfare. I won't

read any of these notes. I had such beautiful notes until Senator Kennedy broke me up with his introduction. They said the younger generation didn't show up today; most of them are home taking care of their children. The other half are supplementing their income out of necessity. The husbands are also working.

There is one thing that bothers me that hasn't been brought up, except by one member of the legislature, who did mention lobbyists. I have been here since 10 a.m. I didn't hear anybody from the insurance company speak for or against the bill on medicare. I think the people in this Commonwealth should be aware of the fact that the Health Insurance Association of America right in the city of Boston is paying \$3,120 a day for a full-page ad like that which I have submitted to the committee to advise against this bill, to write your legislature. "This is not the right thing for us!" they say, "You have the Kerr-Mills bill." They don't tell the people it is a permissive legislation and only 25 or 26 States have it. As it is, my mother resides in New Hampshire; they haven't adopted it. In whose interests are the insurance companies of America putting out \$3,120 a day per paper? Certainly not in the interests of the elderly.

I also have a copy here of a letter that the insurance companies of America sent. I will give it to you for the record.

(The letter follows:)

KEMPER INSURANCE,
Chicago, Ill., May 23, 1962.

Re King-Anderson bill—Extension of social security.

To Our Producers:

The most flamboyant campaign of its kind in our history is underway to jam a bill through Congress providing medical care under social security for everyone over 65. Headed by the President, it uses Cabinet officers, theatrical stars, the U.S. Navy Band, and Madison Square Garden rallies.

The Congress thus far has refused to be pressured into passing legislation just because the Washington planners are for it. The apparent purpose of this blitz campaign is to create the idea that everybody is for its "medical care" program and thus to influence the members of the House Ways and Means Committee and other Members of the House.

We think they should be made aware that there is strong opposition to the King-Anderson bill and that they have your support in resisting this pressure. We urge you to consider the following points and write to your Representatives in Congress, and particularly to the members of the House Ways and Means Committee, so they will not be misled.

1. "Medical care for the aged" is a clever and deliberate misnomer. The proponents say that if you oppose their bill you don't care about elderly people. That's nonsense. The issue is how to provide medical care, voluntarily or by Government compulsion. Most elderly people now own private insurance to take care of their medical needs. Those who can't afford insurance have the protection of the 1960 law passed by Congress to enable each State to guarantee necessary health care.

2. Medical care under social security does not provide a means for setting aside earnings in younger years to purchase protection against medical expenses in later years. Rather, it is a tax on working people to pay the cost of medical care for everyone over 65. It is a tax that must be paid by working people supporting families on small incomes to pay the cost of medical care to all persons over 65 under social security, many of whom are well prepared financially to take care of themselves.

3. The extension of social security providing medical care to everyone, needed or not, will impose a tremendous cost on the system and can very well bankrupt the present social security program. It is estimated that by 1968 the cost of the proposed bill added to other present social security benefits will bring the social security taxes to 10 percent of payroll.

4. And, finally, the most important consideration from the long-range standpoint of what we shall leave to our children, grandchildren, and those who follow them is the great and growing threat to their freedoms and rights as individuals through more and more concentration of authority and dependence on Government in Washington.

Some examples of how this will affect you and me personally:

1. As taxpayers—more money out of our pay to the Federal Government.
2. As patients—we will be treated in hospitals which will be looking to the Government for financing.
3. As family heads—the Federal Government system will replace a large part of the private business in which we earn our living.

The House Ways and Means Committee is considering the King-Anderson bill now and if you agree with our views, we ask that you write at once to your representatives and to the members of the Ways and Means Committee telling them of your opposition to the King-Anderson bill.

Attached is a list of the members of the committee. Address them at: House Office Building, Washington, D.C.

Cordially,

N. C. FLANAGIN, *President.*

HOUSE COMMITTEE ON WAYS AND MEANS

DEMOCRATS

Wilbur D. Mills (Arkansas), Chairman.
 Cecil R. King (California).
 Thomas J. O'Brien (Illinois).
 Hale Boggs (Louisiana).
 Eugene J. Keogh (New York).
 Burr P. Harrison (Virginia).
 Frank M. Karsten (Missouri).
 A. Sydney Herlong, Jr. (Florida).
 James B. Frazier, Jr. (Tennessee).
 William J. Green, Jr. (Pennsylvania).
 John C. Watts (Kentucky).
 Martha W. Griffiths (Michigan).
 Al Ullman (Oregon).
 James A. Burke (Massachusetts).
 Clark W. Thompson (Texas).

REPUBLICANS

Noah M. Mason (Illinois).
 John W. Byrnes (Wisconsin).
 Howard H. Baker (Tennessee).
 Thomas B. Curtis (Missouri).
 Victor A. Knox (Michigan).
 James B. Utt (California).
 Jackson E. Betts (Ohio).
 Bruce Alger (Texas).
 Steven B. Derounian (New York).
 Herman T. Schneebeli (Pennsylvania).

Mrs. DEL ROSSI. They give a list of the members of the House Committee on Ways and Means, and whom to write to opposing the bill. This is one of the reasons that they give, as to why agents should write to them: "As family heads, the Federal Government system will replace a large part of the private business in which we earn our living." But they will pay \$3,120 a day to put this propaganda in the paper and tell you this is not advisable; this is not what you will need. Then they write on the other hand that the Federal Government will be taking more money out of our pay.

I think this is important. They did not object to the Kerr-Mills bill because it was permissive legislation, but this, of course, would affect all of the States. I think this is important. I won't say any more about it, Senator.

Senator KENNEDY. You were wonderful to stay to testify. I appreciate your being here very much.

Mr. KERNER. Senator, my name is Miroslav Kerner. I am the supervisor of the Special Services to the Aged of the Jewish Family and Children's Service in the Greater Boston area. I submitted my report so that I won't say anything of what I said there.

I would like to make only two short comments.

One is that I would very much like to stress the same point as Dean Schottland did this morning, on the necessity of the coordination of the services to the aged.

And the second point that I would like to make is that I would not like to leave these hearings here today with the impression left maybe on many members here and outside, that aging is the effect of life with which only underprivileged are concerned. Just as mental retardation, mental sickness, other problems such as juvenile delinquency are not only a concern for the underprivileged. I would point out that we are getting more and more requests for services to the aging by the middle-class families in the Boston area. We should not forget that unless the successfully aged and the tycoons of our society will identify themselves with the aging, we will not be able to make progress in this field, and I am very much regretful that none of them appear in these hearings and speak on behalf of the aged and raise their voices with the other aged persons. Thank you very much.

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

(The statement follows:)

STATEMENT OF M. KERNER, SUPERVISOR, SPECIAL SERVICES TO THE AGED AND CHRONICALLY ILL, JEWISH FAMILY AND CHILDREN'S SERVICE, BOSTON, MASS.

The special commission to study convalescent or nursing homes under the chairmanship of Senator Powers did an excellent job. The recommendations of the commission represent a great step forward in the care for the aged, and all who are working in this field hope that they will be enacted by the State legislature as soon as possible.¹

The commission expressed in a most fitting way the basic principle for the care of the aged by stating: "In carrying out our mandate this commission has been guided by one paramount consideration already quoted above, the dignity and worth of every individual.

"What do we mean by dignity and worth of every individual and how should we strive for the objective in Massachusetts? We accept the principle that man is a rational animal who differs from the lower animal species not only in his faculty to think but in his possession of a noble spirit. History is replete with examples of man's ability to endure suffering, pain, and hunger without loss of his dignity. Thus, to this commission, the dignity of the individual patient means more than a veneer of mundane comfort; we do not equate human values with full dinner plates, attractive rooms, and clean linens. That is a concept of the materialist. So for those patients in the poorer nursing homes (as well as for those patients in the better nursing homes) who have been subjected to physical adversity, substituting material comfort is not enough.

"We believe that dignity begins with man's spirit; destroy his spirit, even though you provide him with earthly comforts, and you have destroyed his intrinsic worth. And while no man is an island, each man is as an individual entitled to individual care and treatment to meet his individual needs."

Following the commission's proper emphasis on "individual care and treatment to meet each aged person's individual needs," we would like to call to the attention of those concerned with the welfare of the aged some other problems in the total and integrated care of this group of our population.

¹ Second interim report of July 31, 1963.

Although the nursing home situation deserves attention and correction, we have always felt that it is not sufficient to single out but one problem when there are many which need to be corrected; problems of caring for the aged are interlocking one with the other.

Some of these problems are:

- I. Wide choice of living arrangements including rest homes, foster homes, etc.
- II. Complementary services such as homemaker service, friendly voluntary visiting, occupational programs, and companion registers.
- III. Protective services.
- IV. Day centers.

LIVING ARRANGEMENTS

1. Rest homes

The commission did not concern itself with rest homes. Nevertheless, its report states on page 24: "We could hope for nothing better than to have people placed in the precise facility where they belong." The commission pointed out the enormous increase in the number of nursing homes since 1949, the initial year of State regulation. Rest homes, on the other hand, had been on a relatively steady decreasing trend. While proprietary operation of rest homes prevails, there is a significant number of nonprofit homes as the following table indicates:

Number of nursing and rest homes in 3 selected communities

Community	Year	Nursing homes			Rest homes		
		Total	Proprietary	Non-profit	Total	Proprietary	Non-profit
Boston.....	1959 to 1960...	90	77	13	42	29	13
	1962 to 1963...	93	81	12	39	28	11
Brookline ^{1 2}	1959 to 1960...	27	26	1	2	2	0
	1962 to 1963...	23	22	1	1	1	0
Newton.....	1959 to 1960...	14	14	0	9	5	4
	1962 to 1963...	15	14	1	8	4	4

¹ Department of public health does not publish a register of licensed homes every year.

² In 1960 the number of nursing homes in Brookline temporarily increased to 42 and again dropped within a short time.

There is a direct relationship between the rates and number of nursing homes as the Brookline situation indicates, when there is enforcement of licensing regulations by an efficient local health department. Nursing home rates were increased by 70 percent, since 1954 (from \$28 to \$47.95 per week). Rest home rates in the same period changed from \$25 to \$29.75, an increase of but 12 percent.

This discrepancy in nursing and rest home rates means that most proprietors are attracted to the nursing home business. Even some nonprofit institutions originally operating on a rest home license, are changing their licenses to nursing home status so that higher fees may be charged in line with increasing operating costs. There is no Jewish rest home in the entire Greater Boston area. Recently a healthy man, 72 years old, had to leave the home of his married daughter. He was admitted into a nonprofit nursing home but he was repeatedly asked to leave when the home realized that the department of public welfare would not pay nursing home fees for this client who was in no need of nursing services. But there was no other accommodation available for him, not even a "foster home" for reasons we shall indicate later.

A recent study of Massachusetts nursing homes by the Boston College School of Nursing showed that 47 percent of all patients interviewed "were reported to be completely ambulatory."²

Miss Shaughnessey, one of the principal investigators, expressed the opinion that some 20 percent of the nursing home residents did not belong there. The exact number cannot be assessed, as the study states: "Lack of criteria results in the inappropriate placement of patients because their needs are primarily social, and therefore, do not require skilled nursing services."³

² "Factfinding Survey of Massachusetts Nursing Homes," Boston College, School of Nursing, 1963, p. 28.

³ *Ibid.*, p. 113.

The commission's recommendation for graduated fees will, no doubt, if enacted, result in improvement of nursing care in the homes. It is doubtful however that the lowest rate will go below the present one of \$6.85 per day. The great discrepancy between nursing home and rest home fees will tend to concentrate aged persons into nursing homes because of lack of choice.

Fully in accord with the commission's emphasis on "meeting individual needs," we urge that the program in Massachusetts enable the aged person to choose the living arrangement which is best suitable to him or her. An entire range of living arrangements should be available in every community, especially in the metropolitan areas. Many elderly persons are forced into nursing homes where they are fast deteriorating both physically and emotionally to the level of the majority of the bedridden patients confined in these nursing homes.

This is very unfortunate, and we would like to see many of these older ambulatory persons enabled to live in their own apartments, either in private houses or in publicly supported housing developments. Other elderly adults may continue to live in individual rooms, either in lodgings or with families, if they are capable of eating outside and do not require special diet. Another grouping of elderly may be satisfactorily placed in rooms with kitchen privileges or in room and board arrangements in cases where eating in restaurants would be too difficult or is not recommended medically. When neither of these arrangements can be used, but the older person is ambulatory, "foster home placement" may be recommended. If this cannot be provided, such persons should be offered the opportunity to live in a rest home where they can be served meals in a dining room and have adequate space for socializing in a lounge. Such homes can be located close to the downtown areas which will encourage residents to participate in community life as these residents will not be confined to the premises. The small rest home for 15 to 30 residents provides a much healthier living arrangement than the large home for the aged with population of several hundred. Admittance to a home for the aged calls for considerable readjustment on the part of the older person who is used to independent living and who now is forced into a group accommodation with many restrictions on accustomed liberties. Homes for the aged should be a matter of last choice when all other placements are unsuitable.

We should like to emphasize again that nursing home care is very essential for certain elderly citizens. However, concentrating on providing nursing home care which might be superior to the other possible placements, may aggravate the entire problem of providing comprehensive care for the aging. This probably again would force many people into nursing homes who should not be there, but should be encouraged to continue their independent way of life in the community as long as their health permits.

2. Foster homes

The previously mentioned man, who had to leave the daughter's home, longed for a substitute family. There are such families available but persons on old-age assistance cannot be placed in these so-called foster homes by social agencies.

Foster home programs were recommended by the Governor's Conference on Problems of the Aging in its preparatory report for the White House Conference on Problems of the Aging.⁴ The same recommendation was made by Dean Conant in his study of "Services for Older People" done for the United Community Service of Metropolitan Boston.⁵ Although several years elapsed since these recommendations were made, nothing was done and cannot be done because the Massachusetts legal situation prohibits it.

Old-age assistance recipients are considered as persons having rooms and eating in with an applicable budget of approximately \$105 a month. The lowest cost foster homes, however, call for board rate at approximately \$150 (paid by the U.S. Veterans Administration). Even if certain voluntary agencies would be willing to supplement the \$105 allotment this cannot be done for two reasons:

(a) It would be contrary to Massachusetts law and regulations.

(b) The cost of heavy supplementation is prohibitive for non-tax-supported agencies having severely limited budgets.

The city of New York has 1,500 private family foster home accommodations in its program as developed since 1945.⁶ The welfare budget provides \$155 per

⁴ Governor's Conference on Problems of the Aging, subcommittee reports, January 1961,

p. 20.

⁵ "Services for Older People," a study for the expansion of the work of the Committee on Aging, United Community Service of Metropolitan Boston, 1961, p. 3.

⁶ See "Aging," U.S. Department of Health, Education, and Welfare, April 1963, p. 3.

month for these persons, and voluntary agencies are permitted to supplement an additional \$25.

Pennsylvania has foster home programs in seven rural counties which provide payment to the foster home family of \$125 a month for one resident and \$225 for two persons who share a room.⁷

The North Carolina State Board of Public Welfare provides family care homes for elderly persons. Its purpose is "to provide domiciliary care for five or fewer persons in contrast to homes for the aged. * * * These smaller homes are designed to give a homelike atmosphere in which the residents are regarded as one of the family group."⁸

Anyone who is familiar with nursing homes knows how desperate are those residents of the homes who are there for one reason only: there was nothing else available. These persons go through immense anguish and emotional pressure by being exposed to the suffering of their fellow citizens which constantly reminds them of the fact that all this may be waiting for them. They rapidly deteriorate mentally and physically, and unnecessarily increase the number of seriously sick older persons. The foster home program is more expensive than board and room accomodation, now practically nonexistent, but it is humanely and financially much less expensive than nursing home placement for persons who really do not need nursing care.

3. *Complementary services*

Homemaker services increasingly are being accepted as one of the most effective services to the aged. This service enables many older individuals and couples to continue to live in their own homes for a much longer time than they would be able to otherwise.

Some volunteer agencies have developed well-organized homemaker service programs.⁹ Nevertheless, there is no statewide policy on the utilization of such programs, and these agencies are faced with the problem of meeting the increasing costs without being compensated by the departments of public welfare for homemaker services provided to the old-age assistance clients. Recipients of Massachusetts medical assistance to the aged are excluded from these homemaker services although these clients usually have insufficient funds to provide for these services.

The Homemaker Service of the Jewish Family and Children's Service of Boston served 134 family units in the fiscal year of 1962-63. The average length of service to the family in the 9 years since homemaker service was inaugurated is 19 months. The longest period of service in an individual case was 8 years. Altogether the agency has provided homemakers for an aggregate total equivalent to 1,500 months.

Assuming that at least half of these clients would have been forced into custodial care, the agency secured at least 50 additional years of independent living to these persons. Furthermore, this homemaker program saved many thousands of dollars in tax funds. Even with the recently adjusted prices of homemaker services, a monthly budget for two persons on old-age assistance (average \$170) complemented by homemaker service (two periods a week at \$7.90 each) amounts to \$241 against \$440 nursing home care (30 days at \$6.85) for two persons plus \$30 for personal needs). In addition intangible values of many days of independent life in an accustomed environment cannot be expressed wholly in dollars.

If voluntary agencies did not have to use their limited funds for homemaker services they could use available funds for development of additional services such as friendly volunteer visiting, occupational programs in private and nursing homes, and companion registers for those elderly persons who require someone to be with them when their own family members leave the home daily for employment or for occasional respite from the constant care required by certain senile parents.

4. *Protective services*

This is another need which poses a challenge to the knowledgeable and conscientious legislator. This type of problem has been extensively studied. On the local level, Mrs. Marian Larsen, director, Service for Older People, Family

⁷ "The Gerontologist, III," June 1963, p. 89, and "Aging," November 1963.

⁸ "Three Hundred Family Care Home Is Licensed," Public Welfare News, Raleigh, N.C., June 1963, vol. 27, No. 2.

⁹ See "Geriatric Homemaker Service," a report by the Jewish Family and Children's Service, Boston, 1962.

Service Association of Greater Boston, is most familiar with it. On the national level a study was undertaken by the National Council on the Aging whose findings recently were published.¹⁰

The problem consists, in short, in providing legal channels through which an individual or an agency may be appointed as guardian for the protection of the savings of elderly persons who are neither legally incompetent nor is there a need for declaring them to be so. Nevertheless, certain aged persons may act in a manner which may be extremely harmful to their interests.

Recently a bank in Somerville notified the local rabbi that an old lady wished to withdraw all of her savings because she planned to move to Florida. The account entailed a few thousand dollars. The bank, the rabbi, and the case-worker jointly arranged to protect this old lady's funds. Such protective service is not covered by law and therefore could have had serious legal consequences to the helping persons.

5. Day centers

The day center is another type of program which has proved its usefulness in many communities. Last year the Massachusetts Council for the Aging submitted a proposal for the development of this program, but the council was not able to obtain successful legislative action.

This year's Massachusetts Conference on Social Welfare devoted one session to this problem where a report on the very successful day center program in Nashville, Tenn., was presented. The National Council on the Aging gives high priority to the development of day centers because of their direct services to the aged persons on a 5-full-day basis. The development of this program was early recommended in the report of the special commission on audit of State needs of December 1958.¹¹

It would be presumptuous for us to suggest the most effective way of developing a better, more comprehensive and integrated program of care for the aged. Our only intention is to draw attention to the need of coping with the situation in its entirety rather than piecemeal. A broad integrated approach requires foresight, courage, and above all commitment to the services to the needy regardless of age. It seems, however, at this time that our aged fellow citizens require greater attention than those of the younger categories whose spokesmen often have been most vocal.

Summary

1. There is an urgent need for legislation to bring rest home fees for public assistance clients into more realistic relationship with the nursing home fees.

2. There is a need for legislation which would permit the development of foster home programs for the aged recipients of public assistance.

3. There is a need for legislation which would legalize protective services for elderly persons.

4. There is a need for legislation which would encourage development of day centers for the aged.

Senator KENNEDY. Our next witness is William Haseltine. Is he here?

Mr. HASELTINE. Yes. Senator Kennedy, earlier today I went down to the business branch of the Library to get some statistics on social security. I found four or five things that I submit might possibly be helpful. As of August 31 last year, 1963, 18,800,000 were receiving social security benefits.

The second point: As of August, 1963, 12,959,000 were 65 years or over, a surprisingly large number to me. And of that number—this is the third part—the average old-age benefit for retired workers was \$76.79 a month. The average disability benefit for disabled workers was \$90.42. For the richest country on the globe, I think those benefits are ridiculously small.

¹⁰ "Guardianship and Protective Services for Older People," by Virginia Lehman, edited by Geneva Mathlason, the National Council on the Aging, 1963, p. 184.

¹¹ Report of the special commission on audit of State needs. "Needs of Massachusetts Older Citizens," December 1958, p. 168 and following.

I am going to suggest three things to do about it: Revise the social security law to provide that any one reaching age 65 automatically receives social security benefits regardless of his or her other earnings. The second point: Double all social security benefits right off. The third point: How to get it? You raise this money in three ways. You ask the youth of the land or the younger people to contribute a little bit more. You ask industry to contribute a little bit more. And you reduce drastically the amount of money appropriated for military aid all over the globe, most of which is wasted and most of which provides arms for the Communists to fight our men. It is an asinine performance.

If those three changes were made, it would automatically provide enough for the increased appropriation which I suggest. Thank you.

Senator KENNEDY. Thank you very much, Mr. Haseltine, for taking the time to go out and get those statistics. Mr. Knowlton, of Worcester.

Mr. KNOWLTON. Senator Kennedy, members of the committee, my name is Bernard Knowlton, from Worcester, Mass. I am the president of the Worcester County chapter, American Association of Retired Persons. Also chairman of the Hospital, Medical, and Insurance Committee of the Greendale Retired Men's Club of Worcester with 553 members. I feel as I stand here right now saying to some of these people you should have been with us down in Washington years ago. My wife and I were being guided through the Senate, I said to our guide, "What's that guy doing down there, talking away to beat the band?" He had papers, and there was just a handful of people. They said to me, "Well, he is doing that for home consumption."

I am not doing this for home consumption. I am not here today to represent anybody. I am just an old buck, 73 years old.

I want to thank you, Senator Kennedy, for the opportunity to stand up here and tell you a few of the things that I find up in my district of Worcester County. The average citizen up in Worcester County does not look for or want charity. Whatever you can do to help us in one way or another about our taxes, hospitalization, medicare, whatever it happens to be, we'll appreciate it. Do not think that we are looking for charity. We want to stand on our own feet.

I didn't hear anybody speak of the American Association of Retired Persons this morning. I want to leave a magazine, Modern Maturity, with you, because this is a national nonprofit organization that I never heard of down in Washington, until about 4 years ago. This magazine is published every 2 months. You can also buy your drugs cheaper through this organization. All of these people that have gone home—instead of paying say \$3 for a drug prescription could get almost twice as much through the AARP drugstore for the same price. You probably know all about it, but there are thousands of people around here who have never heard about it. I wanted to say a word about it.

That and the fact you have been so kind to give us a chance to talk. I look around here and I thought, "Where in the heck are all of the professionals now?" They have gone home. We listened to them all morning long telling us what we want to do. I don't want to be led around by the nose, and they don't have to tell me what to eat. I know what to eat or I wouldn't be 73 years old and standing up down here. All of these professionals, they have their place, but we want to be independent.

I certainly appreciate the fact that you have given us, the old bucks and the old ladies, whatever you want to call us—they can have these fancy names; we are still old, but we learned a—

Senator KENNEDY. Old bucks and lovely ladies. [Laughter.]

Mr. KNOWLTON. We have certainly learned a lot through these years. Today we are down here on our own. Nobody has told us to come down here. I saw your smile back there this morning during the hearings. I can't say for sure just what this relationship is but we used to have registry of motor vehicle banquets downtown and there was a fellow they used to call Honey Fitz who would get up on the platform and in his Irish tenor sing a few songs. You make me think of him an awful lot. Thank you.

Senator KENNEDY. The next witness for the subcommittee is representing the golden agers in South Boston, Jack Cremens. He wanted to be recorded in support of this legislation.

Julius Ansel of Dorchester, who is chairman of the Public Service Commission.

Representative ANSEL. Senator Kennedy and members of the committee, I want to at the outset say you are to be applauded in spending this entire day here at Gardner Auditorium to hear public expression from our senior citizens. I think it is public service in its best tradition. I know it is greatly appreciated not only by those attending the hearing but the common gossip in the chamber and the House is commendation of this commission.

I am not going to bore you with lengthy testimony. I applaud the bill you have submitted and currently have under study. I think there is one avenue, however, that concerns every man in public life in this Commonwealth, and that is the concern for sufficient housing for the comfort and convenience of men and women in the twilight of their lives. If there is any one issue that has been rather overbearing to me, it is where hundreds of men and women during the year come to my home searching for a home, a roof over their heads, so they can live with some degree of tranquillity and comfort and not be subjected to look at four walls of a room in a lodging house where there is inadequate heating, where there are inadequate facilities. This is one subject matter of great concern.

I happened to serve as vice chairman on the committee on mercantile affairs. For the last 3 years we have made State appropriations of \$25 million, \$40 million, and \$25 million again. We earmarked several million dollars to be used specifically by Boston, and we just initiated last year and a half several developments for housing for the elderly. But, frankly, the demand is so heavy that it hasn't even scratched the surface.

I belong to a civic club in my community. There is a man there 80 years of age. We were closing the doors of that clubroom. He said to me, "I am going to get a cab to go home." I had to wait for the arrival of someone to take me home, and then he said to me, "I want to confess that I am going to sleep in this clubroom tonight because my room that I rent by the week is so cold I don't dare to go home to sleep." Now, that is a common situation in Boston. The G & G Delicatessen, with which you are familiar—you have visited that restaurant—which is the meeting place of many of our senior citizens, and there are many men and women that virtually stay there all day over a cup of coffee,

with inadequate recreation facilities, with inadequate housing facilities, so that they truly look as though they are forgotten children.

I know, Senator, that your dedication and your desire to provide a happy approach to this problem is what brought you here to your own city. I hope that your committee will urge the mayors, the boards of selectmen of the cities and towns of this Commonwealth, to step up public housing, to build homes for the elderly, to provide some degree of security to them in their final years here on earth. It is the old story: A mother and father can support 10 children, but 10 children unfortunately in this day and age in many instances don't accept the responsibility of caring for a mother and father. It is a sad tragedy. It is a sad commentary. We are losing human values, and the approach to the problem of men and women who have given much to our way of life and have contributed much to the culture and dignity of our city and community. And I hope that out of your bill we will be able to urge a complete transition, built homes.

Here we have in Boston under urban renewal one of the most ridiculous programs I have ever seen. I have chastised the program. I am not going to condemn anybody. But we have vast acres of land going to waste. They are taking down and tearing down. Not a single home has been constructed, and men and women who served the city and this legislature are daily being besieged for a place to live.

Senator, I commend you. I think you have given an added spurt of new hope to these men and women that have gathered here today. I hope that the evidence that has been offered will not only lead to fruitful action but will inspire you to wage the battle against the ills for which our political party has been noted. Let us say—I don't know how long God will give me life, but as long as I have life there are three things I want to have—a clean bed to sleep in, a proper roof over my head, and proper food to sustain me. With your leadership we will acquire that, God willing.

Thank you very much.

Senator KENNEDY. Julius, I know you will always have a host of friends as well.

The next witness is Catherine Tracey. She has gone home? Well, we will record Catherine Tracey, Massachusetts Founders of Widows of World War I, as in favor of this legislation.

Anna Shulman, Framingham. Is she here? [No response.]

Catherine Byron Buckley, Council for the Aging.

Mrs. BUCKLEY. Senator Kennedy and your committee, my name is Catherine Byron Buckley, senior vice president for the Council for the Aging and coordinator of the senior citizens in the city of Lawrence, Mass.

We have been operating for the past 11 years. And are open every day, Monday through Sunday. We have a membership of 912 and supply health, recreation, social services, and employment for our senior citizens. The city of Lawrence has been most generous to us. Three years ago they bought a building. Two years ago the building burned. Since then we have been in temporary quarters—two stores combined on Broadway, Lawrence, with applications for membership coming in that we cannot accommodate.

I represent, Senator Kennedy, the Council for the Aging, and the Senior Citizens of Lawrence, and I do hope that we can get some help from the Federal Government to reconstruct a building suitable for the

demands in our city. I know you are very familiar with what we do in the city of Lawrence for our aging, and I did hope you could sing that song this afternoon.

Senator KENNEDY. I remember visiting you up in your very fine meeting place a little over a year ago, and I met many of the members of your group. We had a most delightful, enjoyable visit. I know how active you have been, and I know of the efforts made by your mayor, Mayor Buckley, who has been working toward restoring a place for meetings of your club. We will have to hold the song, at least for some time, but I will certainly say I look forward to going back and meeting with your group, in the very near future.

Mrs. BUCKLEY. Thank you for the opportunity of speaking, Senator Kennedy.

Senator KENNEDY. Thank you. Mrs. Milo Balcom.

Mrs. BALCOM. Senator Kennedy, I came here before, at Senator Ben Smith's meeting, and I stayed all day. I have been here all day today, and I want to say that I am not a Democrat. Everybody today said, "We want to see the Democratic program go through." I am a registered Republican. I am heartily in agreement with your program now. I voted for President Kennedy; I voted for you. I certainly think I am going to turn Democratic because I am certainly for the Democratic program. Myself and my whole family are in favor of this MMA. I have a friend, a minister's wife, who fought social security. She did not vote for President Roosevelt. Her husband died last year, and she said the most wonderful thing that happens to her now is when the social security check comes each month. She is now for MMA and like myself and many of her friends, she is going to vote Democratic. We like the Democratic programs.

We certainly hope something is done soon to relieve us middle-aged group. Now, I have supported my mother and my father. I am now supporting my mother-in-law, who is 86 years old. My father-in-law had a nervous breakdown in 1938. They had some money saved; they had to use it. I have educated three sons. I have 10 grandchildren. And I still want to do for my mother-in-law. But what is going to happen to us? I don't want to have to ask my children to support me. I am very much in favor of MAA. I want this, for this segment of the population, the middle aged.

Senator KENNEDY. That was a wonderful statement, and you certainly deserve a great deal of credit for what you have been doing. I know you expressed it certainly for the benefit of this committee to illustrate some of the obligations that are certainly welcomed by you, and welcomed by any of us, but nevertheless puts the kind of burden upon our middle-aged citizens and mothers and fathers who have these other considerations of education of their children and other responsibilities to meet. And I certainly think it is helpful to this committee to have your kind of testimony because I think this dramatizes most effectively the concerns that our citizens have and the inadequacies of the present situation. So I want to thank you personally.

Mrs. BALCOM. Thank you. I didn't think it had been covered, so I waited.

Senator KENNEDY. Frank Haley, Senior Citizen from Hyannis.

[No response.]

Dr. Harvey. Dr. Harvey is from the Men's Club in Hyannis, too.

[No response.]

John Hanlon. John is from Medford, and represents 350 members.

Mr. HANLON. I am president of the Medford Senior Citizens, with 350 members. I just want to be recorded in favor of anything that you or your committee can do in our favor. I also want to thank you and the Senior Senator from Massachusetts for the wonderful interest you have taken in the senior citizens of the country. It is remarkable—as I understand it, that there are 615,000 senior citizens in Massachusetts. That is an enormous amount of senior citizens that have to look to you people for assistance. We are not looking for charity. We have brought our children into the world and they have grown up now, so that I am a grandfather of seven children. I have seen two World Wars and fought in one of them. We had worry then, a lot of worry. We got through it because we were young enough to carry on. Today worry makes us sick. Any doctor will tell you that worry brings on sickness, and we have reason to worry. When you go to the hospital today if you are lucky enough to have a few dollars in the bank—the first thing you know it is gone. I am talking from experience. A short while ago I was a patient in one of the great hospitals here in Boston. I was there for 20 days. It cost me, excluding my doctor's bill, \$826. What few dollars I had saved were wiped out. If I had received that bill and looked at it while I was still in the hospital I think that I would still be there. We all try to save for a rainy day. However, a hospital stay—for even a very short while—can wipe out one's savings almost overnight. Then what are you going to do? I am not on social security. I am just on an ordinary pension. We are not looking for charity. We never have asked for it and we are not going to ask for it now.

I am asking you—I don't really think, Senator, that I have to ask you—to do what you can for us senior citizens. Thank you and God bless you.

Senator KENNEDY. Thank you very much, John. I think that the facts that you mention about being in the hospital for 20 days and getting a bill for \$826 is an extremely graphic illustration of the tremendous cost of our present-day hospitalization and the various drugs which are so necessary for recovery, as well as the doctor's fees. And I think this is something which has been mentioned here today, and I think your example illustrates many of the things which have been mentioned here today and we appreciate your staying with us.

Mr. HANLON. I beg your pardon?

Senator KENNEDY. We appreciate your coming by here and offering your testimony. I think you illustrated a number of things by your example which have been mentioned in previous testimony and I want to personally thank you for coming by.

Mr. HANLON. Thank you, Senator, and God bless you.

Senator KENNEDY. Charlotte Goldberg.

SPECTATOR. She has left. She just wanted to place her name on record.

Senator KENNEDY. Fine. Charlotte Goldberg, of Lynn, will be recorded in favor of this.

Elizabeth Nelson of Peabody. [No response.]

Catherine Jones, Western Massachusetts Council for the Aged. [No response.] Well, they are from Springfield. I am sorry we didn't get to them.

Ruby Burke of Salem. [No response.]

Mary Rose Brooks.

Miss BROOKS. Senator Kennedy, members of the committee, I am speaking for those State employees who have retired and are receiving a pension of over \$300 a month. I retired 3 years ago and I am receiving a little over \$300 a month since. I don't find that this is a very large retirement at all to live on. My rent has gone up every year since I retired. Before I retired it was going up constantly. Food is going up. There certainly must be men who are working for the State who are getting that and have a wife to support. I don't see why our salaries have been cut off at \$300 so we can feel we never again will get any more than that; \$300 to me—I retired young because my health wasn't good, and I could be working for the State 2 years more. My salary would be right now about \$6,000 a year. I have lost at least \$20 a week. And the reason that I had to leave the office was because we were freezing cold all the time except in summer. We didn't have the proper room to work in, and it was like out in a ballfield. The windows were open on three sides and I had arthritis and I had a lot of trouble with my health. I have been doctoring with the same doctor ever since constantly. I can give you his name; one of the best doctors in the country. He wanted me to retire.

Many of the retired employees who are to receive increased pensions are very well off, indeed. One I know retired at 50 and has a fine husband working every day. She recently sold her home for about \$20,000. I know others who came to the State service for security when they were over 50. They would not work for the poor salaries we received in our day. They had big wages in private industry.

My mother lived to be 20 years older than I am now. If I live the next 20 years and can never get a raise in pension again I will be one of those indigent persons and I don't like to think of it. A woman who has always been ambitious and has given almost all her life in the service of her State should never be reduced to the status of an indigent person. We are not beggars. We earned our money. I think we should all get at least a certain part of that retirement increase. I agree these people getting those low pensions should certainly be boosted. I think we should get at least 10 percent of our pensions. I went to the trouble of having a college education. I took 22 civil service exams in the time I was working for the State, nearly 38 years. I worked with other girls who wouldn't take any examination. Some of them got into the State service even without an examination, and they would never consider taking an examination afterward. They would take no charge of people; they wanted no responsibility. I know those people are getting about \$125 a month right now. They are going to be raised to \$200 which is all right, because they can't live on less than \$200. However, I don't think ours should be cut off at \$300 per month.

For 30 years I was in charge of some help. I was in the State income tax office for 14 years, and at that time we were obliged to take an examination on the income tax law every year to hold our positions. In the division of employment security I took eight exams for promotion. These were all on law and management, etc.

When I first started working for the State I was getting \$600 a year for a number of years after the war (1918). That is the time a lady had to pay \$3 for a pair of silk stockings. If I didn't have a wonderful father and a home to be taken care of I couldn't afford to work for the State. It was just like volunteer work—\$12 a week. I did that for many years. Then I took one examination after the other to get up to where I was principal clerk for 14 years before I retired.

I don't think we should be shut off at \$300 monthly. The other people should go up but I think we should go up to a certain point too. Some of them are going up almost 100 percent. I don't think anybody should be shut off altogether. When we took stiff exams on law and management, we were not told that our retirement pensions would not be based on our salaries.

Senator KENNEDY. I want to thank you very much for being good enough to stop by and give us information on the problems of those living on fixed incomes.

Miss BROOKS. Another thing—my mother was sick for 14 years and I had that to take care of just previous to the time I retired. She had no one else to help her. I don't have much money left on account of that. I don't think that is fair. There must be a great many men in the State service who have wives to take care of on \$300 a month.

Senator KENNEDY. Thank you, Miss Brooks. Now, Joseph M. Binns.

Mr. BINNS. I would just like to say a few words of my understanding of how the old-age assistance is being administered in the State of Massachusetts. And I am sure that I do not think that you know of these facts that I am going to present.

You will find that the basic interest and need of the aged citizens is for security and an adequate income to maintain decency, dignity, and health. The old-age administration as it is administered in Massachusetts, is a system of administration marked by indifference to human needs or public opinion and by redtape. Its rules and regulations consider the human being in the light of a robot, one of a large number of artificially manufactured persons, mechanically efficient but devoid of sensibility—hence an automaton. The report of the White House Conference on Aging in 1961 stated that financial income for physical and emotional well-being of older persons undergoing old-age assistance should be at a level compatible with decency, dignity, and health. Any condition that causes pathological changes can create mental illness in the individual regardless of age.

The system has refused to take into account differences in living arrangements or the need for special diets to maintain health and prevent impairments or degenerative diseases from becoming serious disabilities. Up until the latter part of last year, elderly citizens were denied the benefit of special nursing services by the department of public welfare. And the Massachusetts General Hospital brought a case against the commissioner of public welfare in the equity court. The number of that case is 80378; superior court, equity session case 80378, in which Justice Frank E. Smith made his findings and order for decree on December 16, 1963. The court indicated that all rules and regulations promulgated by the department of public welfare on payments made under old-age assistance and medical care for the aged, without a public hearing and opportunity to be heard, as required by

general laws, chapter 121, section 3, are ineffective and void. General laws, chapter 18 established a department of public welfare, and provided for a commissioner and advisory board. Chapter 121, section 3, provided that the advisory board shall consider and hold public hearings on proposed rules and regulations of the department, and may by majority vote approve them. No public hearings have been held or opportunity to be heard by the department or by the advisory board. And the result is that nobody has had any opportunity to make any request in connection with any of the rules and regulations that have been promulgated by the department.

In other words, the senior citizens, the elderly citizens, are actually being mentally affected as a result of the conditions under which they have to live on the basis of the assistance they are getting. And people who are familiar with the assistance that is being given, certain people have stated that they would prefer to die rather than to apply for old-age assistance.

Thank you very much.

Senator KENNEDY. Thanks very much.

Sheldon Zakon.

Mr. ZAKON. Senator Kennedy, I would like to represent those disabled and weak people who are bedridden and are not able to be here today. I believe that they would appreciate the establishment of a voluntary Health Corps for the Aged to be actively recruited by the Government similar to the Peace Corps. This would be made up or part-time help to take care of the aged, to act as attendants, to do the little things for the aged, such as keeping them company, helping them to the washroom, keeping them from falling.

I have an uncle in a nursing home, whom I visit regularly, and I see these old people, really old—I think they are close to 90—and they go from their bedroom to the washroom. And I see these people come in from the washroom back to their bedroom. One old lady in particular has to lean against the wall to keep from falling. How in the world she makes it and doesn't break her hip or bones of some kind is beyond me.

So I think if the Government could recruit these high school students who are idealistic and very sensitive, and also college students in the form of a corps similar to the Peace Corps to act as attendants, even if it was only for 3 hours a day—they could have a different student come in every day—as long as these people would not be unattended. The nurses in the nursing homes are overtaxed as things are now and they are overworked. The nurses are overworked, and it is impossible for them to give all these people in the nursing homes the attention they deserve. So anything the Government could do to recruit students on a part-time basis to act as attendants I think would be of tremendous help to these people.

Thank you.

Senator KENNEDY. Sheldon, that is a very excellent statement. I might just say that legislation has come before the Senate for a National Service Corps, which is the equivalent of a Domestic Service Peace Corps, which would address itself to many of these needs which you have outlined here. And I think this testimony is extremely helpful in support of the National Service Corps. The National Service Corps did pass the Senate by a very close vote. It hasn't been con-

sidered by the House of Representatives and I am certainly hopeful that it will be in this present session. But I think that includes the areas which you have outlined here this afternoon, and would include a number of other areas of great human welfare, as well as the mentally retarded, mentally ill in some of our communities; young people working on Indian reservations, for example, where young people really could participate in this. So I think your testimony is extremely helpful in demonstrating to this subcommittee the need for this kind of people in this area, to help and assist our senior and elderly citizens. I certainly welcome it.

Florence Helen Doe.

Miss Doe. Senator Kennedy, members of the subcommittee of the Senate Special Committee on Aging, officials of the Commonwealth, senior citizens, first may I congratulate you on the purpose of furthering improved programs and services for the elderly in Massachusetts. I hope that this will include the implementation of proposals for the Domestic Peace Corps. I am very enthusiastic in favor of special services available to elderly people in their homes, and not just based on institutions, as some specialists might sometimes visualize it. For example, take women over 65 living alone, in circumstances of heavy housecleaning or repairs in the home, or during temporary illness or recovery from foot surgery. I should have told you that I am 78 year old.

In fact, I have especially in mind, weekly massage treatment for the foot and ankle by trained students of the Sargent School for Physical Training connected with Boston University. Two years ago I needed this and did not have it, in connection with circulation dangers and the rehabilitation of the muscles and others, after returning home from the hospital, while living alone and dependent on two canes to walk around during a period of 6 months. I managed to worry through the experience alone, and recovered the use of my feet, but I still need this therapy, and it is hard work to do alone.

Foot therapy is very important for old people, and not always appreciated. A lot of people have a foot amputated because of poor circulation, and the streets of Boston are full of old men and women dragging themselves around on a cane.

Another suggestion is that the Massachusetts Council for the Aging give some attention to the individual needs and rehabilitation of the elderly, rather than spending all of its time and money in organizing and entertaining the senior clubs. The News Bulletin should come out monthly rather than quarterly, and contain news of all legislative actions and bills which concern the elderly, as well as news of the department of welfare relating to old-age assistance, and even comparable news from Washington. The ignorance of the elderly about their own public interests is nothing less than shocking.

The third point which I wish to make is the deficiencies of the standard budget of old-age assistance. It was not so bad when it was new, like an old model T Ford, but it is out of date and should be upgraded. For example, it makes no provision for the following necessities of modern life:

1. The budget allowance for rent in Boston has never been revised to catch up with the extraordinary skyrocketing of rents after the

removal of the rent ceilings by action of the great and general court in 1953 or thereabouts. The allowance for rent in Boston is now \$10 less than the rents charged for the same apartments for which the rents of these apartments were covered by the budget allowance of 11 years ago. In other words, whatever has been added to the budget allowance for rent in the past 11 years still leaves a deficiency of \$10 compared with the rent which is charged today for the apartment occupied 11 years ago by the social security recipient of OAA. In other words, the budget is deficient by \$10 every month to pay the rent, and the deficiency has to be paid out of clothing or whatnot, leaving not a stitch of clothing to be bought month after month and year after year by the 88,000-odd social security holders dependent on a supplement from OAA.

2. There is no provision for a telephone in the budget. Fancy living alone in a big apartment house with no public telephone in the house, and no phones accessible for any emergency, such as fire, sudden illness, appointments, or personal danger.

3. No allowance for upkeep of apartment, such as washing windows, curtains, heavy cleaning, repairs, and waxing of floors. A woman 80 and 90 living alone has to do all her heavy cleaning herself because she has no money to get anybody to help her do it, including washing the windows five stories over the street or washing the curtains or anything else.

4. Nothing for eating out like when downtown for the day on any kind of business, public or private, a church dinner or other group activity, a summer bus trip with senior club, class reunion, college club. One is simply cut off from all social activity. This is all the more ironic as the council for the aging with the generous help of the governments, both State and Federal, are spending all their time inventing ways to get old people to go out and spend money.

5. Nothing in the budget for the proposition that "man does not live by bread alone." Nothing for Christmas cards and postage stamps, other greeting cards, daily paper, books, magazines, vacation trips, theater, or even movies. We heard today about a reduction in the prices for the movies. Well, who can afford to go to the movies at all?

6. Nothing for extraordinary repairs and breakdowns, like the radio for which I have an unpaid bill in my pocket for \$11.85 for an entirely unexpected letdown, for which the man took it away and brought it back.

One year I paid \$25 suddenly and unexpectedly for a new thermostat for my refrigerator. The man even demanded cash.

The next year it was the light in the refrigerator that gave out, and another time it was the egg chute which accidentally broke and had to be replaced.

Last fall a leg suddenly broke off the large coffee table where I keep the radio and papers at my right hand. Repairing this was a job for an expert craftsman, and I gave the man \$10 for doing it right. Several years previously I had paid another man \$14 for practically the same job.

It costs \$11 to service a good wristwatch every 2 or 3 years, and about the same for an 8-day Swiss clock. There is nothing in the budget for any of these things.

The worst deficiency of OAA after the rent deficiency is the medical situation. It is not understood by either the public nor the governments concerned, nor by the doctors who consent to treat patients who get their money from OAA. The department tells the doctors how much they can charge, not only for the patient's visit, but for laboratory work, and annual health examinations. The doctors say they have never agreed to this nor even been notified by their own organizations. They think the customary fees should be paid.

The patient is not allowed to have a doctor who is a specialist in internal medicine, if his fees are more than the cut rates allowed for a general practitioner. The specialist in internal medicine is allowed no more for an annual checkup than is allowed for an ordinary office call to get a prescription for a cold. The doctor charges \$10 for the checkup instead of his usual office fee of \$6, and OAA allows \$4 for the annual checkup. The specialist in internal medicine who handles his own laboratory work or sends some of it "out," is allowed to receive only about half the cost of the laboratory work. Who pays the rest of the bill, or what is the alternative for the patient?

The alternative for the patient is to find an unskilled doctor, if there are any such to be had. It is not a question of saving money, or economy of any kind. It is purely an arbitrary regulation. If I can prove that it costs me less to pay the proper fees of my internal medicine specialist because I do not have to see him so often and have almost no expense for prescriptions, it profits me nothing, because these comparisons are not made, and the cheaper rates are insisted upon as a matter of bureaucratic policy.

The effects on the patients are disastrous. Some slide into chronic illness and land in expensive institutions. Others are forced into impossible situations causing friction with their doctors, and sometimes faced with the alternative of losing a good doctor or having no proper medical attention.

Why is it that so many of my friends are sick all the time while I go through the whole season without a scratch? Am I entitled to the doctor of my choice, or does the public believe this because that is what they have been told? That is the most crucial medical problem in this State.

Senator KENNEDY. I want to thank you very much personally, Florence, for staying and testifying, because I know that you have been here since the opening of the hearings, since 10 o'clock this morning.

Representative Doherty comes as representative from Charlestown and also as chairman of the Democratic State committee.

Representative DOHERRY. Senator, I will be very, very brief, but today I would like to speak to you in my capacity both as State representative and also chairman of the Democratic State committee. As one of the women spoke in terms of being a Democratic program, we feel it is not a Democratic program but a program of dignity, and we are very proud we have people like yourself and your late brother, who are willing to spearhead a program such as this. The Democratic Party feels that people who have made our society a strong society and a very viable society now in the twilight of their lives should have the opportunity to participate in the best things of our society. I sincerely hope others of the Democratic and Republican Parties will

imitate your example and show the patience and understanding that you have. Thank you very much, Senator.

Senator KENNEDY. Thank you very much, Representative Doherty, one of the finest statements we have had here today.

Mr. Ernest Gowen, Columbia Point Senior Citizens Group worker.

Ernest, we will take your statement and we will include that in the record. If you want to just summarize briefly—

Mr. GOWEN. That is fine. I didn't intend to read all of it. In fact, I was going to cut it completely out. All I want to do is reinforce Dean Schottland's remarks.

I am a social worker. I don't recall that we have heard from any others before today. My specialty has been for the last 6 years senior citizens. I have organized four senior citizens' groups in the Dorchester area. I have worked with the senior citizens at Dorchester House and Appley Housing for the Elderly, South Boston Senior Social Club, and my own group at Columbia Point. I know only too well in trying to get other people to help us out to succeed, where we opened doors for seniors, there is just a complete lack of people with the background and knowledge and know how or patience to work with seniors. And again I say I reinforce the words of Dean Scottland for more training, more senior citizens' specialists, people to work with these older citizens.

I'd like to echo the final sentence, a reminder to the respective Members of Congress: "Politicians don't fade away; they become senior citizens of tomorrow."

Senator KENNEDY. I want to thank you for your statement. The point that you stress, the importance of having trained personnel to work in this field, is something, of course, which this bill considers and I consider, as you do, one of the most important aspects of public legislation. I think the testimony that we have gathered throughout the day pointed out the importance of having trained personnel to work in this field, and your testimony is particularly applicable to this hearing and to the legislation which we are considering. And I know that the committee will benefit greatly from your more lengthy detailed statement, expanding and developing the observations which you made here. So I want to thank you and express our appreciation to you as the final witness to appear before us.

(The statement follows:)

STATEMENT OF ERNEST L. GOWEN, SENIOR CITIZENS GROUP WORKER,
COLUMBIA POINT CENTER

In our changing urban community, the number of older people faced with the problems of advancing years, are being faced with additional problems. Many are forced or led to retire at earlier ages; many live alone and are separated from families and friends by death, geographical distances; others are uprooted from familiar surroundings, and forced to seek housing commensurate with their reduced incomes. These elderly individuals are in need of the same services provided for others in the fields of health, welfare, and leisure-time activities. Loneliness among the aged is one of the most demanding for relief. However, there are other basic needs such as (1) need for achievement, (2) need for social acceptance and status, (3) need to gain, maintain, and sustain a position as a significant and contributing person in the community. Settlements in Boston are meeting these needs.

At Columbia Point Center, in the Columbia Point housing development, these needs are met in many ways. The Columbia Point housing development

consists of 1,504 apartments for low income. There are some 6,000 or more residents in this 12½-acre community. In this era of "compacts," this compacted community has many people past retirement age. The last housing census showed that there were some 475 in this group.

Columbia Point was formally opened for occupancy in 1954 and for the first 3 years, there was not much for anyone to do except attempt to adjust to this new mode of living. The site is bounded by Dorchester Bay on one side, up until this year, a municipal dumping ground and the city sewage pumping station on another, and Morrissey Boulevard and the southeast expressway on the third side. There is a single access road in and out of the area. The nearest MTA rapid transit station is a mile and a quarter away. Bus service, to and from the community runs from the point to Northampton MTA Station via Columbia Station, one every half hour. Shopping centers of any consequence are 3 and 4 miles away. The area itself contains a small grocery store, barbershop, drugstore, and a coffeeshop. How does one who is elderly and retired spend endless hours of enforced idleness in a situation such as this?

Through late 1957 and early in 1958, through the cooperation of the Boston Housing Authority, Dorchester House opened a community center at Columbia Point, next door to the administration building. The staff at that time, spent almost the entire first year, visiting, inviting, calling, and pleading with these senior citizens to come to the center and make use of the facilities. At first only a small handful of men were eager to accept. They were able to play pool, cards, dominoes, chat, or watch television. Gradually, formal membership increased, until 1959 when there were 35 enrolled. These 35 used the building and its facilities with some consistency. The summer of 1959 marked a turning point. Mr. Ernest Gowen, new to the agency staff, was assigned to the senior citizens. He spent about a week, just "getting acquainted." During this process, he found reference in a Boston newspaper to the Keith Memorial Theater's Golden Age Movie Club. He contacted Mr. Ben Domingo, the theater manager and determined that sole membership requirement was that the applicant be over 65 years of age. By agreement with Mr. Domingo, a quantity of applications were sent to the center, filled out by the members and returned to the theater. Each applicant received a lifetime discount pass to the theater, good at any performance. On the first birthday after original application, each member received two free tickets, to be used at the individual's convenience. Word of this small "bonanza" soon spread through the community, by word of mouth, and through a column in the weekly Dorchester Argus-Citizen column of Mr. Joseph DeCastro, one of the original members. In 3 months time, center membership in the senior citizens had increased from the previous 35 to 130. At present, peak enrollment stands at 175.

With this increase in membership, came new faces, new personalities, new ideas, and new life and vitality. The group was formally structured. They elected officers, plans were made and activated for trips, parties, and dances. "Monday Movies" were instituted, in conjunction with the Boston Public Library Film Library. They cussed and discussed the necessary ingredients for making a formal set of bylaws, the instrument by which they were to govern themselves and conduct their formal business meetings. Responsibilities of the various group officers were clearly defined. Setting up a rotating planning committee enabled all members to take turns at taking an active part in the total group programing. Dance parties were planned for at least once every month, set on a basic monthly theme. Having reached the point in their lives where birthdays don't mean that much anymore, they planned monthly birthday parties honoring all who had birthdays each month. A variety of craft projects and activities have been started from time to time. There has not been consistent activity, because, just as with other, younger groups, interests wane after a time. Various group members have contributed their particular knowledge and skills to these programs.

With the arrival of warmer weather, cookouts, bus trips, and excursions are planned. Every activity is planned to meet the stringent budget requirements of these limited income people. Wherever they go, the necessary contacts are made at destination, ahead of time, to insure the maximum available comfort, convenience, and interest. Wherever and whenever possible, group discount privileges have been sought. With each passing year, new places, new contacts, and new areas of entertainment and enjoyment have been uncovered.

THE SENIOR CITIZENS' SUMMER PROGRAM

The senior citizens, as a formally organized and recognized group, agency sponsored, have enjoyed many discount privileges, unavailable to individuals, or smaller neighborhood groups. Contacts have been made with the Provincetown and Nantasket Steamship Lines, and as a result, \$6.60 round trip fares to Provincetown have been reduced to \$3.30; while Nantasket fares at \$2.20 have been reduced to \$1 for them. Reduction considerations such as these have enabled senior citizens to enjoy a lot more, particularly in view of their limited income. Beyond these two "must" boat trips, arrangements have been made with Uneeda Bus Co. of Hull for low-cost bus rental. This is possible through extensive use of school buses, rather than luxury-type coachbuses. This is feasible because the trips seldom last longer than 2 actual hours on the road. The physical comfort is adequate and deemed worthwhile by the seniors themselves because of the savings involved. In planning the seniors summer schedule, several factors determine the destinations: (1) Limited income; (2) dates that checks are due; (3) distance; (4) attractiveness of places to be visited; (5) accommodations at destination; (6) balance of total program; (7) availability of rest-stop facilities en route.

(1) Retired persons are limited on income. There is no periodic increase due to cost of living raise for them. They are very careful about what they spend their money for. It has to provide them with personal pleasure, relaxation, interest, and activity. It must appeal to them or they just won't participate. In the last 2 years, the seniors' trips have covered over 1,500 miles (land and water) and the total cost to them, per person just for transportation, spread over an 8-week period, came to \$16.70. Add to this the cost of meals for each trip, plus "impulse" buying of mementoes and souvenirs and one can readily see that seniors are going to choose their recreational activity spending efforts carefully. In planning longer trips, such as the Eastern States Exposition in Springfield, or the Mohawk Trail foliage trip, coaches are used for comfort over a long distance. Here again, we have been fortunate in obtaining low rental rates, as an organized group.

(2) Some of the trips are more expensive than others, therefore, the planning gears these trips to "check time." That is the 1st and 15th of each month, when the senior citizens receive their SS or OAA checks. The less expensive, shorter trips are planned for the interim weeks. To facilitate financing the summer program a "tuckabuckaway bank" has been set up. This provides the seniors with the opportunity to "bank" any amount of money they wish to at the center for the summer. They may withdraw the money at any time for any reason, but the basic purpose remains. There is no interest given as a regular bank would. The sole interest is that we are interested in seeing the seniors have an enjoyable summer. When trip time comes, they merely notify the "banker" of their intention to make the particular trip, and sufficient withdrawal is made to cover the cost of the trip. Monthly statements are issued to the "depositors" to enable them to know where they stand in respect to up-coming trips.

(3) The distance involved on every trip requires planning "relief" stops. These stops are planned to include clean and adequate restroom facilities, plus light refreshments. They are, of necessity, meticulously planned, so that continuous travel is seldom over an hour long, and they are planned both going to and returning from any given destination. The extra effort involved in this sort of planning is far more preferable, rather than having someone, either ill or upset, because the "next stop" is too far away.

(4) Whenever possible, the entire group is briefed thoroughly before leaving on what sort of day to plan for, what to expect, to look for, restaurant accommodations, sights to see, places to go, and generally what to expect at destination. They want to know where the bus is going to be left, what time to plan to leave, what time they can expect to be returned to their respective homes. In general, they must know all they can about every individual trip. For their own peace of mind they are entitled to this information and should get it before the bus leaves the point of origin.

In telling them of the exact departure time to return home, they are always told 15 minutes ahead of the actual time. This precludes unnecessary delay and insures that all will be back at the proper time to insure their arrival home at the prestatd time. It might be well to note here that there are several contributing factors that should be mentioned. To avoid the situation of the younger and sprier members from always getting the so-called good seats all of the time, there is a deadline of payment, to give all members equal opportunity.

Since all of these trips occur on Saturdays, no one can pay in advance, until Monday of the week of the trip. There is a first-pay, first-seated plan. A floor plan chart of the bus is used to seat them as the seats are paid for. Then, every time the bus stops for either rest, relaxation, or browsing, and the passengers get off and on the bus, there is a rollcall from the seating chart, to insure that everyone is present and accounted for, and there is no accidental "left behind." This, we have found is a necessary procedure, because, first of all, some seniors are just like children in the nature of their complaints as to who is seated where and who has the best seat. They accept the first-pay, first-seated plan as being impartial and completely fair. Secondly, by taking the periodic rollcall, they have added assurance that whoever is responsible for the trip is really concerned about them as individuals. Also, repetition of the names, two or three times a trip, enables strangers to become fast friends by trip's end.

(5) Total program balance is achieved by alternating type of destination, insofar as possible. Rather than go to salt water seaside resorts weeks on end, a balance of salt water, fresh water resorts is worked out. Further, we try to balance the trips alternating north of Boston, south of Boston, etc.

(6) Availability of rest-stops en route is one of the prime determinants when planning a trip. This involves detailed planning, knowledge of routes and facilities available for each stop. These are most important. Since neither the driver, nor the group leader are qualified, medically, both must have fore-hand knowledge of availabilities for emergency stops. This knowledge has grown considerably over the past 4 years covering eastern Massachusetts, New Hampshire, southern Maine, and Rhode Island.

Typifying senior citizens trips are some of the places they have visited and the respective transportation costs:

	<i>Round trip</i>
Hampton Beach/Salisbury Beach-----	\$2.20
Brockton Fair (Golden Age Day)-----	.95
Gloucester (Rockport)-----	1.25
Plymouth-----	1.30
Rocky Point, R.I.-----	2.50
Newport, R.I.-----	2.50
Canobie Lake, N.H.-----	1.95
Jaffrey, N.H. (Cathedral of the Pines)-----	2.00
Topsfield Fair-----	1.55
Crescent Park, R.I.-----	2.00
York Beach, Maine-----	3.00

The fares on the bus are determined by the cost of the bus, divided by an anticipated minimum of 30 people going. The bus capacity is 39.

(7) In case of adverse or unfavorable weather conditions, all members have been told to listen to WHDH radio, the "Jess Cain Show," between 7:30 a.m. and 8:30 a.m. the day of the trip. Any cancellation notice will be announced through special arrangement with Mr. Cain. For this cooperation, Mr. Cain has been made an honorary senior citizen.

(8) To make these trips a little more pleasurable, every passenger is provided with a senior citizens "Sing-Song Sing-A-Long" book, a mimeographed collection of songs they all enjoy singing.

Important guiding factors to all who take seniors on bus outings: Remember, someday—you will be dependent on a younger person for your recreation. Conduct yourself accordingly. Stretch your patience to the extreme and then stretch it some more. Never lose your temper. Listen to griping with half an ear—it goes with age—but, keep your ear tuned for the infrequent "gripes" about physical discomfort or illness. Always be ready for anything—if you expect the unexpected, you will be properly prepared for any contingency. Be courteous and considerate to everyone—there is no room for particular favorites. All present are due and should receive equal treatment. However, deference to those with physical difficulty or infirmity should be shown. Be willing to do a lot of what seems to you to be a lot of needless, or petty running around. To you, it is needless or seemingly petty, but, to the seniors, it is important that young legs are able and willing to cover ground for them. Be there first, to help them get on the bus, boat, or whatever means of transportation is used. You are the last one on—be the first one off—so that you can give each a helping hand when they are dismounting. As far as each trip is concerned, dress appropriately for your destination, the weather and the circumstances of the trip—but most important of all—wear a smile at all times. The seniors are quick to sense things when

you don't respond. Know where you are going and what you plan to do when you get there. Let everyone know. They won't tag along, but, they feel better and more relaxed for knowing.

The highlight events of the trip season are two: the long, restful, and leisurely trip down to Provincetown is always popular. The other feature is the "mystery ride." The "mystery ride" always climaxes the summer season. They never know where they are going, but they are always given a general impression of what to anticipate, without being specific. In 3 years, they have been willing to pay the fare, and so far, no one has been disappointed yet.

In and around the regular summer activities, the seniors, as an organized group, have been able to take advantage of "Golden Age Days" at Brockton Fair, Topsfield Fair, Weymouth Fair, and at Hampton Beach; Fenway Park for ball games, and the mayor's annual Golden Age Party at Castle Island.

As an organized group in a Red Feather agency, individuals within the group have been able to utilize such Red Feather services as "Services to Older Persons" for speakers programs, counseling and a place to turn in time of trouble. They have received help in welfare, social security, medical, dental, and hospitalization problems. They have participated in the "Plus-60 Crafts Shows" with examples of the crafts and handiwork. They have recently set up a course of instruction in emergency first aid for senior citizens in conjunction with the Red Cross. They also plan a talk series on "You and Your Heart" through the Heart Association. They have aided in community efforts in United Fund, Heart and Cancer drives, voter registration, and of late, aided in notifying the community of the availability of the TB chest X-ray truck when it visited the area for 2 days. They have had instructors in vocal training come from Framingham State Teachers College to teach them community or group singing. They have had volunteers come in and teach them a variety of crafts, speak to them on individual hobbies and heard speakers from the League of Woman Voters. Since affiliating themselves with Columbia Point Center, they have enjoyed a fuller and more interesting life. This past season they have taken up bowling on a regular basis. It is interesting to note that the two oldest men in the group consistently bowl their ages. They are both 83. At a recent outing, one of the members emerged from a Golden Age bowling meet with the "high three string total." This is worth mentioning, because he is blind. He depends upon one of the other members as his "eyes."

Whatever success the Columbia Point Senior Citizens have enjoyed, has had a far-reaching effect, through their activities and through the publicity of these activities in the center's own newspaper column in the South Boston and Dorchester weekly newspapers. There have been innumerable phone calls, and letters of late, inquiring about membership, participation, but most important of all, "How do I start a group in my neighborhood?" Thus far four communities in the Dorchester area have been heard from. Each caller has been invited to the center, to meet the seniors, talk with them and receive as much advice as we can give on how to get a group started. Membership in the Columbia Point Seniors includes residents from the following communities: Mattapan, Milton, Roxbury, Hyde Park, Jamaica Plain, Somerville, Cambridge, Boston's North End, South Boston; and from the Dorchester area: Uphams Corner, Fields Corner, Codman Square, Ashmont, Lower Mills, and Neponset.

The Columbia Point Seniors seem to enjoy being called chickens and roosters, rather than ladies and gentlemen because, in true barnyard fashion the women outnumber the men 10 to 1. They resent the connotation "golden agers" or "senior citizens." They prefer "keen agers" because they have rekindled the spark of vigor, vitality, and spirit so vital to all of them. They are keen about living life to its fullest. No longer a forgotten segment, they are an inspiration to the entire Columbia Point community and the pride of Columbia Point Center.

Senator KENNEDY. Others who were here today have submitted statements, and we have also received statements from some who could not be here. Their statements will be included in the appendix of the hearing.

I want to thank our reporter who has been good enough to be with us here today, to express our appreciation to the police officers, to the court officers, and to all those, the sound technicians and the members

of the press, who have been with us from the early morning hours and have joined with us in this hearing today.

I thank all of you who have stayed with us all through this hearing. I think we had an excellent attendance here today. I think it demonstrates the great interest of the people of our State, not only our senior and elderly citizens, but all citizens of Massachusetts that came to testify and speak out and send their representatives to speak out on matters which this committee is undertaking and which we hope will be before the Congress very shortly.

I think Massachusetts has been well represented here today, and I think that the testimony itself will be extremely illuminating and helpful to the members of the committee in their deliberations on the legislation.

So the committee at this time will adjourn, and commence its hearing tomorrow morning at 10 o'clock in Providence.

(Whereupon, at 6 p.m., the hearing was adjourned to January 21, 1964, at 10 a.m., in Providence, R. I.)

A P P E N D I X

COUNCIL FOR THE AGING,
Fitchburg, Mass, January 18, 1964.

To the committee, chaired by Senator Edward Kennedy, considering bill S. 1357, 88th Congress, 1st session, and hearing any other testimony concerning senior citizens of the United States.

1. Thank you for inviting me to share in the hearings in Boston on January 20, 1964. My schedule for the day will not permit me the pleasure of presenting suggestions in person. I hope you will accept this written testimony.

2. My general opinion about S. 1357 is that it is well conceived and generously motivated and will obtain real benefits for our Nation.

3. I offer the following as possible refinements in S. 1357.

(a) (p. 3) Line 5, delete the word "The" at the end of the line and substitute the word "increased."

(b) (p. 3) Line 8, delete the vague phrase "among other things."

(c) (p. 4) Line 9, the word "minor" can cause haggling. Why not be specific and write in after the word "repairs" "not to exceed 20 percent of the appraised value of the property."

(d) (p. 4) Line 23, suggest the basis be the 1960 census as the time and expense to obtain the basis now proposed would be excessive.

4. As to the purposes of the hearings in this area may I suggest an opinion poll—a questionnaire which can be tabulated to give an objective measurement of attitudes and ideas. It seems to me that the more scientifically we define our problems and our programs to solve our problems that the progress is more rapid and the confusion is cut to a minimum.

Hearings so often become a waste of time for some "crack" to expound.

5. Whatever is achieved, I do hope that each step will bring our society closer to a forthright treatment available to senior citizens for it may soon be true that a civilization will rise or fall depending on how well it cares for its young and its old.

Sincerely,

REV. MILTON F. SCHADEGG,
Chairman.

STATEMENT OF J. SANBOURNE BOCKOVEN, M.D., SUPERINTENDENT OF CUSHING HOSPITAL, FRAMINGHAM, MASS.

CUSHING HOSPITAL OVERALL OBJECTIVES AND FUTURE SERVICES TO THE COMMUNITY

In the fall of 1957 the department of mental health opened the doors of a most modern facility; namely, Cushing Hospital. This hospital represented a first step in the direction of retooling and remodeling the department of mental health to provide the citizens of Massachusetts with all the new services which have been made possible by the rapid advances of the mental sciences in the past few decades.

Cushing Hospital differs, however, from the other institutions of the department of mental health in that it was assigned the specialized task of treating the mental and physical disorders characteristically associated with the later part of the human life span. The assignment of this task to Cushing Hospital is in itself an acknowledgment that these disorders had not been accorded the professional attention and scientific research they deserve. It is noteworthy that the Massachusetts Mental Health Center, the leading scientific and educational institution of the department of mental health, has, since its establishment 50 years ago, specifically excluded elderly patients from admission. Perhaps this exclusive policy was related in part to a medical attitude attributed to Dr. William Osler: human beings shouldn't live beyond 40, anyway.

It is common knowledge today, however, that the medical advances of the past half-century have made survival to twice age 40 and more a frequent occurrence. Indeed, the individuals in the United States who have reached or exceed 85 years of age number greater than 1 million. Furthermore, the average age of patients at Cushing Hospital itself is but a few months short of being 80 years.

Cushing Hospital is rapidly approaching the time when it will reach the peak of its capacity in terms of the number of resident patients which can be cared for at any one time. On January 1, 1962, the hospital reached a capacity of 712 beds. On May 1, 1962, the hospital reached a census of over 600 patients. An increase of about 50 more will bring it to its proper maximum patient load. Cushing's physical plant also reached completion in January 1962.

During the 5 years¹ Cushing Hospital has been in operation, its admission policies have been largely exploratory in nature and hence have changed from time to time. It was necessary that this be the case for the first few years to learn the needs of the community. Changes in policy have also doubtless fostered confusion, misunderstanding, and misinterpretation in many quarters with respect to the purpose Cushing Hospital serves.

In spite of these confusions, however, it is increasingly apparent that the public, at least the sophisticated public, has cast Cushing Hospital in a role which accords best with public wishes. In the public mind, judging from referrals, Cushing is cast in the role of a high-level and highly desirable nursing home for severely debilitated octogenarians. Indeed, in the minds of many, Cushing is ultimately destined to be a truly mammoth nursing home ranging in capacity from 1,700 to 2,200 beds.

History and present performance

Cushing Hospital was established by an act of Legislature of Massachusetts in the acts and resolves passed by the General Court of Massachusetts in the year 1954, chapter 469, an act "Establishing the Cushing Hospital for the care of elderly persons." By November of 1957 sufficient renovations had been completed to permit the hospital to receive its first patients. On the 18th day of that month, a bus load of 14 patients arrived from Westborough State Hospital. Shortly thereafter another complement of patients was admitted from Gardner State Hospital. Early in 1958 the hospital began admitting patients directly from the community.

In the 4 years which had elapsed since Cushing Hospital opened its doors 1,091 patients had been admitted (up to October 1, 1961). Of this number 340 had been discharged because of death, and 170 had been discharged to their homes, nursing homes, or other hospitals.

Detailed statistical study of 257 patients who were admitted to the hospital from January 1, 1958, to June 30, 1958, shows that as of January 1, 1962, those who had died numbered 139 or 54 percent. Twenty-eight patients (11 percent) had been discharged to other hospitals or nursing homes. Twenty-four patients, or only 9 percent, were discharged to their own homes.

Prior to the time Cushing Hospital was opened to receive patients it was estimated that 80 percent of the future patient population would be ambulatory and that 20 percent would require bed care. By July of 1958, however, the number of bed-care patients was 133 of a total patient population of 277, or 48 percent. By July of 1961 this figure had reached 75 percent (403 of a total patient population of 542).

In the course of the 5 years which have elapsed since Cushing's opening not only has it been necessary to make additional provisions for chronic bed-care patients, but it has also been necessary to set aside more and more beds and assign more nursing and medical personnel for the purpose of acute medical care. At present the number of beds set aside for care of acute illnesses is 97.

As it is presently constituted (spring of 1962), Cushing Hospital is in effect functioning as three institutions. In round figures its total population of over 600 patients is divided in the following groupings:

1. One hundred and fifty patients (25 percent) who are ambulatory but need institutional living due to varying degrees of senility.

2. Three hundred and fifty patients (nearly 60 percent) who are bedridden, or bed and chair ridden, who require round-the-clock nursing care because of incapacity resulting from chronic physical disease processes.

¹ As of November 1961.

3. One hundred patients (about 15 percent) who suffer acute illnesses in addition to chronic disease and require 24-hour-a-day care on acute medical wards. It is a matter of importance to remember that Cushing Hospital was originally established to serve patients with varying degrees of senility and thus prevent their being committed to State mental hospitals and suffering the stigma of being regarded as insane. It is noteworthy, therefore, that only one-quarter of Cushing's present population are in this category; i.e. group 1, ambulatory. It is of even greater significance to note that the large majority of this group are ex-patients of mental hospitals whose psychoses have subsided with aging and have been replaced by varying degrees of senility.

The above figures in the composition of the patient population of Cushing Hospital rather plainly confirms the view the public has of it as a nursing home for very elderly bed-care patients. The fact that three-quarters of Cushing's patients are nonambulatory is all the more significant in view of the hospital's admission policy of "ambulatory patients only" which has been in effect for the past year and one-half.² This results largely from pressure from many quarters to admit patients to Cushing Hospital who are at an advanced age and who are at best borderline ambulatory at time of original application and hence likely to become bedridden relatively soon after admission.

From the preceding discussion it would seem that one of the main experiences gained by Cushing Hospital in its first 5 years of operation is that the greatest need of the community in relation to aging is for bed-care facilities for infirm individuals who have reached the furthest extremes of the human lifespan. It would appear that the more insistent demands of friends and relatives to meet this need obscures from view the need for inpatient and other facilities for individuals in the early retirement years. It is of great importance to point out that these appearances are purely conjectural, and to point out further that their value lies in indicating a much needed area of investigation.

We refer here, in particular, to the need for accurate information on the health status of Massachusetts citizens who have reached or exceed retirement age. Factfinding surveys should be made of suitable samplings of communities in the Commonwealth. These surveys should determine the number of individuals in each 5-year age group of the second half of the human lifespan. They should provide basic data as to the number of individuals in each 5-year age group who (a) are bedridden and (b) are ambulatory. Under each of these headings it should be learned how many (1) are mentally intact, (2) are in the incipient stages of senility, (3) are in the incipient stages of psychosis, (4) suffer from fully established senility, or (5) suffer from fully established psychosis. The living conditions or, better still, the human ecology of individuals in each of these categories should be carefully described and properly classified.

The acquisition of data of the type indicated above is a prerequisite to making plans to care for incapacitated elderly persons which give due attention to those considerations which have been learned in the development of milieu therapy programs in our most advanced psychiatric treatment centers.

It might be taken for granted that ordinary respect for individual morale and mental health would dictate that mentally intact, elderly, infirm persons not be forced to spend their days and nights in proximity to noisy, rambling, demented patients. It might also be assumed that highly sensitive prepsychotic patients would not be placed in the company of other patients who are free of internal emotional turmoil but who are highly intolerant and rejecting of those who are not.

As obvious as these considerations might appear, however, it is extremely difficult in actual practice to achieve the benefits of therapeutic groupings of patients without encountering the damaging effects of segregation itself.

Cushing Hospital is presently confronted with a variety of problems of the type suggested in the preceding paragraphs. It is also confronted with public pressure to become an institution given over solely to terminal care; i.e., to deathbed nursing. If Cushing were to become such an institution it is difficult to see how it could acquire that stimulating climate of thought we believe necessary for scientific creativity. It is also difficult to see how prospective patients could, under such circumstances, view admission to Cushing Hospital as anything other than a death sentence. It would seem to be no gain at all to exchange whatever stigma is associated with the modern State mental hospital for that of the pesthouse of two centuries ago.

² As of November 1961.

It will require eternal vigilance in the administration of Cushing to prevent its becoming a place to die rather than a place to go with the hope of a change for the better. The former is likely to occur, however, if the public is encouraged to retain its image of Cushing as being basically a nursing home for those who have attained the furthest reaches of advanced age and hopeless infirmity.

THE FUTURE OF CUSHING HOSPITAL

Cushing Hospital was not established in the first place, however, as a nursing home. Full foresight was exercised in providing space, equipment, and personnel which form the basic essentials for the hospital to join in the front ranks of advancement in the medical, psychological, and social sciences. The time is now ripe for the adoption of admission policies which are consonant with the original purpose of the hospital when it was established, and which enable its professional staff and personnel to achieve the greatest results for the time and energy expended. It is perhaps self-evident but nevertheless worth stating that Cushing Hospital, like any other institution which is both part of our democratic society and a member of the scientific community, is obliged to bend its efforts toward finding the means for providing the greatest good to the greatest number in the area of its endeavors.

The area of endeavor assigned to Cushing Hospital is that of meeting the needs of those of our citizens who are incapacitated in ways directly related to aging. The greatest service which medical science can render in the field of aging is the detection of pathological processes in those phases of their development in which they are still reversible; namely, the early, first stages. By focusing our scientific eyes on the first stages of pathological processes we greatly increase the chances of learning how to prevent individuals from having to endure 10 years, or even 20 to 25 years, of a most prevalent form of suffering and one most damaging to human dignity; namely, that associated with mental deterioration compounded by emotional illness.

The role of Cushing Hospital in the general scheme of the department of mental health would be analogous to that of the Massachusetts Mental Health Center. Concentrated scientific labor would thereby be roughly divided between the two halves of the human lifespan, Massachusetts Mental Health Center devoting study to the first half of life, and Cushing Hospital to the second half.

In order to carry out this role properly Cushing Hospital should seek every means to assure referral of patients in their early postretirement years. Particular effort should be made to facilitate referral and ready admission to those patients who have the most acute need for skillfully combined medical and psychological care. We have reference here to those individuals whose capacity to adapt to psychological stresses is sharply limited because of physiologic changes resulting from disease processes underlying disorders such as arteriosclerosis, hypertension, cardiac decompensation, anemia, and diabetes. Many individuals, thus limited physiologically, have severe periods of depression or anxiety, or hallucinatory episodes in response to those sociological and psychological stresses which often lean heavily on them as elderly persons. Such individuals are not, however, psychotic, and furthermore, generally speaking, are not provided optimum care by being placed on the admission wards of mental hospitals in which the great majority of the other patients are not only psychotic but younger and more vigorous.

Success in admitting greater numbers in the earlier phases of pathological changes due to aging would of course greatly increase the proportion of treatable cases and with it the discharge rate. An increase in the discharge rate could feasibly result in an average length of stay of about 4 months. Cushing Hospital would then be able to serve in the vicinity of 20,000 patients in each decade, rather than the 3,500 it can now serve in a 10-year period, if one projects its present mode of functioning as a purely custodial institution.

NEW SERVICES TO BE ESTABLISHED AT CUSHING HOSPITAL

Research service

The fact of greater overlap of physical and mental disorders in the later years of life, compared with the early and middle years, places a double responsibility on institutions which confine themselves to the treatment of elderly patients. Such institutions must be prepared to provide two categories of service simultaneously—the medical service of a general hospital on the one hand, and the

psychiatric services of a mental hospital on the other. Both types of service require simultaneous application due to the inevitable blurring of clinical pictures which results from overlapping disease processes.

It is probably fair to say that professional workers are only beginning to appreciate the fact that they are dealing with problems of much greater complexity in their geriatric patients than in any other. The hope of acquiring greater control of pathogenic processes in older people requires that greater knowledge be acquired of the psychological as well as the physiological dynamics of the organism as a whole. Cushing Hospital enjoys geographic proximity to the universities, medical schools, and teaching hospitals of eastern Massachusetts. It has therefore an exceptionally good opportunity and with it an obligation to develop much-needed programs of research in geriatric medicine and gerontological psychiatry. The establishment of a research department with a full-time director is therefore a necessity.

Educational services

The appreciation among professional workers of the greater complexity of geriatric disorders, compared with those of younger people, requires that special training programs be instituted for each discipline serving elderly patients. There is great need for specialized work to be done in two particular areas. The first of these areas is the development of an educational psychology which is especially tailored to geriatric medicine and which takes into account the problems in motivation which are related to difficulties connected with the imminence of death and feelings of futility.

The second of these areas is the development of methods of recruitment and selection of personality types best suited to work with geriatric patients.

Diagnostic evaluation and recommendation service

There is a particular requirement among elderly patients for specially designed diagnostic services which are geared to their capacities as persons. Essentially two modes of diagnostic services are necessary. The first is the formation of home visit diagnostic teams which would be available to family physicians of the Commonwealth. Each team would be made up of a psychiatrist, registered nurse, and social worker. The goal of the team would be to achieve as full examination as possible and make recommendation as to disposition to the family physician. The second diagnostic service would be an in-service diagnostic unit which would admit patients with obscure or complex disorders for a full diagnostic workup.

Day care service

As yet an undetermined number of geriatric patients could benefit from the many facilities of Cushing Hospital without having to remain at the hospital overnight. There is also an undetermined number of families whose schedule of work and social obligations prevent their providing adequate care to their infirm elder member during the daytime hours but who are able to care for them evenings and nights.

In a few weeks³ renovations will be completed for a recreation center at Cushing Hospital which was originally designated as an employees recreation center. This center will be redesignated and activated as a patient recreation center and utilized for a day care service. This will not deny employees use of this area to any damaging extent, and will greatly increase the value of the original investment to the community.

Especially designed living accommodations

Although Cushing Hospital is well equipped, and although the basic necessities of life provided to patients are of a high quality, there are shortcomings which bear their mark of origin from the days when Cushing was a military hospital. The wards are all barracklike dormitories which require all but a few patients to live a completely communal existence day in and day out. The exceptions are patients who are critically ill or whose need for privacy has been particularly acute. The stressful effect of communal living on many elderly patients requires that special living accommodations with varying degrees of privacy be provided. There is a particular need for living units especially designed to enable two elderly patients to supervise and care for each other and benefit from privacy at the same time. At the present time there are a score of married couples who are both patients at Cushing Hospital but must live on separate wards.

³ As of November 1961.

Home care program

An unknown, but probably considerable number of elderly patients who are now hospitalized, would be able to reside in their own homes if trained personnel were available to provide particular services at well-spaced intervals. Such a program should be set up to serve family physicians.

The staff of a home care program should consist of registered nurses, social workers, licensed practical nurses, and attendants. The advantages of basing the program at Cushing Hospital are: (1) personnel well suited to work with geriatric patients can be selected from the Cushing staff to serve on the program; (2) senior staff members of several professional descriptions can be available to home care personnel for counseling and consultation; (3) research personnel at Cushing can assist in supervising the documentation and evaluation of the program.

Rehabilitation service

The admission of greater numbers of patients in the earlier phases of pathological changes due to aging will further increase the already existing need for expansion of occupational therapy, physiotherapy, and addition of other rehabilitation services. Particular efforts will be made to explore the development of services especially designed to provide patients with suitable productive employment. Our present thinking indicates that to be successful such a project should include a sheltered workshop as well as specialists in education, training, vocational counseling, and vocational placement.

Summary and conclusion

Cushing Hospital would appear to be on its way to becoming the forerunner of a new type of medical institution; that is, a geriatric services development center which bases its mode of operation on the recognition that psycho-social medical needs of patients in the latter decades of life differ from those of younger patients in a number of respects which require the services of a special "in between" medical installation. Its "in between" character derives from its having features of both the general hospital and the mental hospital. It also differs from both, particularly from the latter, in that it receives no committed patients; it differs from the former, however, in that it gives full attention to hospital environment itself as a therapeutic force.

MAYOR'S COUNCIL ON AGING STATEMENT BY ARMAND F. BOUDREAU, CHAIRMAN, NEW BEDFORD, MASS.

The six communities that make up greater New Bedford has about 17 percent of its population at age 60 or older, which represents some 25,000 men and women in our area.

During the past few years, our elder citizens have formed several golden age clubs, numbering some 700 people, organized for social and recreational purposes. During 1963, the city of New Bedford opened, and is now supporting a Senior Citizens Walk-In Center in downtown New Bedford. An average of 17 retired persons use this facility daily. Recently, the United Auto Workers Union has offered community assistance in planning to meet the needs of their retired members as well as those of the community at large.

For these senior citizens, there is, in my opinion, a need for more community awareness and planning. Golden agers in our area have contributed much to the textile and fishing industries, as well as to our economy. For the majority, of 20,085 they subsist through monthly social security payments, their housing ranging from fair to poor, they walk when they can't afford to ride, and seem to enjoy being with people. There has been demonstration that they want to help themselves, but somehow lack the knowledge and the skills to carry through projects on their own. To be kept busy in a constructive way that somehow benefits a fellow human being is likened to our residents.

Our area senior citizens needs could better be met through the development of community services brought about by trained people working in the field of aging. Sincere, dedicated people in this field could surely harness the awaiting cooperation of our senior citizens. Multipurpose activity centers planned and built with the interest, identification, and cooperation of our retired people will stand much longer in monument than the type created on a philanthropic drawing board.

Leadership, respect for minimum health and decency standards, medical care when needed, an opportunity to continue to be useful, accepted and belonging, even after age 65, are the needs of our senior citizens in Greater New Bedford.

STATEMENT OF FREDERICK H. LUTZ, CHAIRMAN, COUNCIL FOR THE AGING IN HOLBROOK, MASS.

Mr. Chairman, in a recent survey that I made in my hometown of Holbrook, Mass., it was established that 11.5 percent of the adult population of the town were 65 or more years old. I am sure that this 11.5 percent figure would be close to an average for every community in Massachusetts.

This is a large segment of our population who, either by law or for physical reasons have been forced into retirement. An entirely new and different way of living as compared with what they have been accustomed and one to which most of them come to unprepared.

It is natural for people not to think of getting old even though we all know that we cannot avoid it. Then the day comes when we arrive at the age of retirement, for whatever cause. The curtain is drawn on our active past and we are left in a new world with, in most cases, nothing planned.

Those who are homeowners will be able to occupy themselves a good part of their time about their home with repairs, maintenance, and gardening. The other half are in somewhat of a void as to what to do.

It is to the advantage of the Federal, State, and community government that an organized effort be made to keep these elderly people interested in living in their retirement occupied with hobbies and avocations and in productive work for those who would like to be so occupied.

To let these elderly people just sit around and worry through their retiring years could produce a mental, physical, or welfare burden to the community.

What shall we do to make these elderly years years of happiness and contentment for those people who have given about 50 years of productive work to our community?

A big share of these people were tradesmen, people who needed all or nearly all of their take-home income to raise and educate their families. Thus they have not been able to save and invest a part of their earnings to help supplement their retirement income.

Many of these people have to live on social security alone and that could not be called a living wage. Then too, many are receiving less than the maximum under social security because of many inequities in the social security law admitted by many legislators who apparently for some reason do not want to open up that law to correct these inequities.

We all have to pay the same amount for our groceries and necessities and for those who have to depend on social security alone to live it is a real hardship. It is hard to understand why maximum dues members do not all get the same amount.

Financial conditions are the first concern of all humans, young or old, but it becomes more so with advancing years. This therefore should be a major field of study for this committee.

Probably the second most important problem of the elderly people is the medical field. The high cost of hospitalization, medicine, and medical service are a great concern of all these people. The great majority of the elderly live in horror of a prolonged illness because of the high cost. Some type of medicare, preferably not Government administered, but rather on the type of Blue Cross would do much to make these folk happy.

Finally these people must have something to stimulate and keep active their mental attitude. A good comfortable home at a rental within their means, a referral and information center that will keep these people up to date, home aid and housekeeping programs, foster home placement, part-time employment programs, recreation and volunteer activity programs, and a health clinic. These are just a few of the many things that will help to keep our senior citizens keen minded, alert, and physically and mentally well.

TESTIMONY OF LEON J. TAUBENHAUS, M.D., M.P.H., DIRECTOR, BROOKLINE HEALTH DEPARTMENT

I am Dr. Leon J. Taubenhau, director of public health for the town of Brookline, Mass. I am also on the part-time faculties of the Harvard School of Public Health and the Brandeis University Florence Heller Graduate School for Advanced Studies in Social Welfare.

The Brookline Health Department has had for the past decade a major interest in the aging and their public health problems. We have carried out some interesting projects and studies in this connection. Aging is of more than academic interest to our town. In 1955 12½ percent of our population were age 65 years or older; by 1960 the percentage of aging in the population increased to 16 percent (8,902). Furthermore, we have 21 nursing homes in our town with a total of 569 beds. More than 1 percent of our total population (54,000) reside in nursing homes. We feel that these characteristics which today are unique in Brookline will in the near future exist in other communities as their aging population proportionately increases. We hope that our experiences in the field of aging and the programs we have developed will be of benefit to other communities.

In 1962 we completed a research study of our elderly noninstitutionalized population and their use of health resources.

A copy of our findings is being submitted to you. We interviewed 604 local residents over the age of 65 years. From these citizens we learned several important lessons for program planning. (1) The aging today are culturally and demographically similar to the general population of 30 years ago. Programs for the elderly, to be acceptable to the recipient, must take into account the cultural value systems of that generation. (2) The elderly as a group are far more self-sufficient than most professional workers realize. Their major desire is to maintain their self-sufficiency. We feel that public programs should have this objective as a major goal. Many programs tangential to the health fields such as adequate housing, employment, recreation, and activities which prevent the isolation of the elderly are therefore very important as a health measure. Likewise, in addition to programs providing medical care to the disabled, preventive health programs which maintain health and mobility are exceedingly important.

Our department has also carried out some direct service programs for the elderly. We have made available to the general adult public, without charge, screening and detection programs for diabetes, glaucoma, oral cancer, and respiratory diseases. Our object here is to detect these disabling conditions before the individual is aware of their presence so that corrective therapy can be applied before disability occurs. In the case of diabetes, glaucoma, and respiratory disease cure is often impossible, but physical disability can be prevented. In case of cancer, of course, early detection often leads to cure.

We are currently engaged in a demonstration program of mobilizing community resources to improve standards of nursing home care. We believe that a major obstacle to better levels of nursing home care is the isolation of the homes from the mainstream of medical care.

Although regulation of nursing homes is a necessary activity, it is equally important to remove the existing barriers between organized community health resources and individual proprietary nursing homes.

A major resource which must take a responsible role in relation to nursing homes is the community hospital. The convalescent patient who transfers to a nursing home after receiving the best scientific medicine the hospital has to offer is often abruptly cut off from this medical care when he is sent to the nursing home and his condition deteriorates.

In our program, the Peter Bent Brigham Hospital, a major teaching hospital of the Harvard Medical School complex, has given us their finest cooperation. They have supplied us with professional consultants in the field of medicine, nursing, and dietetics. Together with us and the nursing homes they have studied various problems of nursing home care and attempted practical solutions. In many of the cases, this has meant an adjustment in hospital practice as well as change in nursing home practice.

For example, we learned that special diets in most nursing homes were non-existent. The reason for this was that the diets prescribed by hospitals on the patient's discharge were too complicated for nursing home personnel to follow. Our consultant dietitian was able to develop a diet manual based on a realistic appraisal of the nursing home's capabilities.

We learned that although nursing home patients were frequently referred by nursing homes to hospital outpatient clinics there was no effective communication between these two institutions. The hospital often did not know why the patient was sent to the clinic and the nursing home didn't know what the hospital had recommended. By setting up a committee of nursing home owners and hospital personnel we have been able to develop a form which makes an exchange of this type of information practical and feasible. Although this sounds elementary, such communications did not exist in a practical way in this area until we developed them. We are now working with other agencies to try to bring about a wider use of this service.

In cooperation with interested nursing homes we jointly sponsor a 20-hour "Basic Nursing Course for Nursing Home Personnel" which is held in the hospital.

As a result of previous testimony before this committee when it was last in Boston, we joined forces with the dental society and did a dental survey of all the patients in Brookline nursing homes. We found a much smaller percentage of patients needed dental care than we anticipated and that most of this care was of a minor nature. The health department obtained portable dental equipment and 30 of the 100 dentists practicing in the town volunteered to provide the necessary care. Now dental care is available to any patient in a Brookline nursing home whenever he might need it. Before this program, dental care for nursing home patients was practically unavailable.

In the field of recreation we have also made real progress. This has been another partnership program in which the health department recruited part-time recreation personnel, the Brookline Recreation Department trained and supervised them, and the nursing homes, themselves, paid for them. Dr. Evelyn Kirrane, assistant superintendent of recreation, supervises the technical aspects of this program and is responsible for the magnificent contribution of the golden age clubs to nursing home care.

All of these programs to a large extent owe their start to financial aid through grants or contracts, often from the Public Health Service. Usually, when Government funds have been expended, the community has taken over the cost of the program.

In conclusion, I would like to make these recommendations regarding the role of the Federal Government in developing future programs for the aging. I think that Federal funds to States and localities for community-based demonstrations and research projects are essential. Where the money is allocated directly to a State agency, a certain proportion of it should be earmarked for further redistribution to communities as it is on the community level that an effective program can be carried out. I feel that these funds should be distributed by the U.S. Department of Health, Education, and Welfare, rather than through a new Federal agency. This will, I believe, allow for the best coordination of the activities of many existing agencies already conducting programs for the aging.

Secondly, I think that the Federal Government should insist that all programs it financially supports should be carried out by appropriate, qualified, professional personnel. In the past, Federal contracts and grants to State and local official agencies required that the agency adhere to the provisions of the State merit system. This is a very sound stipulation in those States where a true merit system exists. There are, unfortunately, some States like Massachusetts which operate under a civil service system that does not allow for the insistence of professional or educational qualifications. Those of us who operate grant programs in this State have had to work under severe personnel difficulties and have found that often our civil service regulations prevent us from obtaining the best available personnel. I am sure that the Federal Government does not wish to finance second-rate programs when at no additional cost it could get a first-rate program.

BROOKLINE, MASS., *January 20, 1964.*

Senator TED KENNEDY,
*U.S. Senate Hearing on Aged,
State House, Boston, Mass.*

DEAR SENATOR KENNEDY: My idea would be to create a voluntary Aged Help Corps actively recruited by the Government (same way recruited as Peace Corps) among the young in high school and college—to act as part-time help to the aged

in nursing homes, to do little things for the aged, keep them company, help them to the washroom, help them from falling, take them for walks, and give them a general feeling of security. Even if the volunteers offer 3 hours a day, 1 day a week, enough volunteers should be recruited so that everyone in a nursing home can have this assistance if they wish.

Most respectfully,

SHELDON ZAKON.

CAMBRIDGE, MASS., *January 20, 1964.*

Re housing for the aging.

Senator EDWARD KENNEDY,
*Chairman, U.S. Senate Committee on Aging,
State House, Boston, Mass.:*

As I shall not be in Boston the date of this hearing, I am putting my thoughts in writing for you to consider.

The cost of these projects are expensive with units costing some \$10,000 to \$15,000 and at the same time the needs will never be provided on this basis. In addition there are elderly persons who do not care to go to these projects but who would prefer to live in houses of their choosing, but should have the benefits of such units.

I submit that for such persons that they be permitted to enjoy such private facilities of their own choosing and only a part of such \$10,000 or \$15,000 required as at present would be needed to subsidize properly as required for such persons. Present conditions as they are are responsible for the plight of the aged.

Very truly yours,

HARRY I. BOYD,

Cambridge Retired Men's Association, YMCA.

ORCHARD PARK SENIOR CITIZENS,
Roxbury, Mass.

We are a group of 75 members and have been organized since October 1963. We pay \$1 a year for dues.

We live in the Orchard Park housing project.

We have two meetings a week which are held in our Administration Building. Our meetings are held on Tuesdays and Thursday afternoon. We have different speakers, movies, and games. We have one birthday party a month for the ones who have their birthdays that month.

On Tuesday we serve soup and Thursday a stew or some other meal. For this we pay 10 cents. Of course our funds are limited and we do the best we can.

Through the kindness and cooperation of our manager a kitchen was installed and we do our own cooking and serving. We have from 35 to 45 present at all meetings.

We keep in contact with our shut-ins who cannot get out.

We felt some of our members were not eating right, being alone. Our social service worker spoke to us about this, so this is how this program started.

We have many more things we have spoke about and hope to do.

We will let you know what we plan on doing for we will work this out with our executive committee.

Yours truly,

Mrs. GERTRUDE PRATT, *President.*

LYNN, MASS.

Senator EDWARD KENNEDY,
Gardner Auditorium, State House, Boston:

On behalf of Chapter 292, National Association of Retired Civil Employees of the Post Office we favor any legislation that comes up for action in the Committee for the Aged.

BENJAMIN HATHAWAY, *President, NARCE.*

BROOKVILLE, MASS.

SUGGESTIONS FOR HELPING SENIOR CITIZENS

HELPFUL INFORMATION AND RECOMMENDATION OF ACTION TO STIMULATE AND IMPROVE SERVICES FOR THE ELDERLY VETERAN. VETERANS' ORGANIZATIONS SHOULD BE MORE ALERT TO VETERANS' PROBLEMS

Mr. Sweeney, 60-year-old World War I veteran, sent to board at my home, from Boston State Hospital, under the family-care program, was taken from my home by Harold Walsh, social worker, and placed at slave labor to a family by name Keating on Beacon Street, Brookline, working 6 days and was paid \$5 per week. Slept under the stairway in the basement. Among the duties were to run the dog 1 hour in the morning; also was sent to Union Square to let apartments, had to stay until 8 o'clock in the evening; those days in Boston he had no dinner or supper and no money to buy food was given him, or furnished in any way.

Mr. Sweeney ran away from this intolerable condition.

Veterans' organizations should be made more alert to the welfare of our veterans and prohibit such treatment of any veteran in the United States and abolish the family-care program.

John P. Creeden, 62, a Boston firefighter, injured on duty, causing severe and prolonged injuries; sent to State hospital. Deserted by wife and son.

Was cheated by a superior, by settling his case for \$1,400 instead of the monthly pension, he should have had; of the first \$600 spent he received only \$15 for glasses and \$6 for canteen card—in all, he received only a small portion of this money, his death was partly due to being deceived by his guardian and the stigma of spending so many useless years in a State institution. A goodly amount of money from the \$1,400 went for life insurance for his wife and son when he died.

Please urge your committee to abolish mental health and put under medical health or public health to lessen the years the elderly are held in State institutions. Then the elderly men and women will be able to manage their own affairs. This man was not mental. Records can be found at Suffolk probate court, Boston, Mass.

JESSIE MACDONALD.

 THE GOLDEN YEARS OF SENIOR CITIZEN

The senior citizen meet once more
 To pray and think of the days of yore
 They have weathered the storms of many a day
 And now should be able to stop and play

We hope the future for them will bring
 Love and plenty of all good things
 The "Golden Years" so calm and sweet
 May lay her riches at their feet

The senior citizen once a sweet child
 Happy with pranks; elder folks to beguile
 Has grown to wisdom along the way
 So now is contented to watch and pray

May God be kind to the honored band
 And send his blessings far over the land
 To ease their pains, as the years slip by
 As they sit and smile and wonder why.

LUCY W. GOODWIN,
 Beverly, Mass.

INFORMATION ON ACTIVITIES OF BROOKLINE COUNCIL FOR THE AGING, SUBMITTED BY
AUGUSTUS W. SOULE, CHAIRMAN

A council for the aging was created in Brookline, Mass. in 1955. It was enlarged at the 1958 town meeting as follows:

"ARTICLE XV—C. COUNCIL FOR THE AGING

"There is hereby established a council for the aging consisting of the chairman of the board of selectmen, the chairman of the recreation commission, the director of public health, the superintendent of schools or their respective representatives and not less than three nor more than seven additional members appointed by the selectmen from the registered voters of the town. The chairman of the council shall be designated from time to time by the selectmen. Members shall hold office until their successors are appointed. The council may employ, with the approval of the selectmen such clerks and other employees as it may require.

"It shall be the duty of the council to coordinate programs dealing with problems of the aging and to promote facilities for the health, education, welfare, and recreation of the aging, all in coordination with programs of the council for the aging established under section 73 of chapter 6 of the general laws as most recently amended."

Members of the council represent the following different agencies in the town: School department, welfare department, housing authority, health department, recreation department, Golden Age Club, Friendly Society, and the Jewish Family Service.

The first conference on aging in Brookline was held on April 30, 1960. The report follows on the next page.

HIGHLIGHTS OF THE BROOKLINE CONFERENCE ON AGING, APRIL 30, 1960

Over 100 Brookline residents attended the recent Brookline Conference on Aging at the Heath School. The daylong meeting was sponsored by the Brookline Council for the Aging.

The keynote address was given by Elliot L. Richardson, former Assistant Secretary of the U.S. Department of Health, Education, and Welfare. Six special discussion groups provided a unique opportunity for older people to express their views.

According to Augustus W. Soule, chairman of the Brookline Council for the Aging, the following 25 major recommendations came out of the discussions and public participation:

1. Brookline's excellent resources and facilities for the aging need to be coordinated more to avoid duplication of effort.
2. More services need to be taken to those older people who are not able to travel to existing facilities. Examples of such services include recreation, education, library, homemaking, and shopping.
3. Since the facilities of many local agencies are not sufficiently well known, a directory of resources of services for older people should be developed.
4. A study should be made of the need for homemaking services. Senior citizens who are able to perform homemaking services might supplement their income and be of service to others.
5. Senior citizens are willing and anxious to perform volunteer services in community programs. However, materials and/or transportation should be provided by the agencies involved.
6. Church groups should be encouraged to provide visitors to elderly people in nursing homes.
7. Transportation of elderly volunteers and of older people to and from recreational, educational, and health facilities is a problem that should be studied. Some suggested solutions include a State subsidy, a volunteer driver's bureau, and taxi pools.
8. Brookline should have an outlet for older people to display and sell the results of their hobbies and crafts.
9. Local nursing homes should receive more inspections and closer supervision from the State department of public health.
10. A survey should be made of the housing needs of Brookline's older citizens in all financial brackets.

11. There should be greater flexibility in compulsory retirement ages with more individual evaluation after age 60.

12. The present \$1,200 ceiling on earned income of those receiving social security benefits should be raised.

13. Social security payments should be more flexible and tied in with cost of living.

14. Education is needed to help employees prepare for retirement.

15. More emphasis should be placed on individuals helping themselves at an earlier age.

16. A study should be made of the social service facilities for the aging in the Scandinavian countries where experience in this field antedates our own by a number of years.

17. Colleges should be encouraged to set up research projects to explore educational possibilities for older citizens including practical vocational courses.

18. A bureau of education should be established listing members over 65 whose experience and education could be utilized in local educational programming.

19. A clearing center for reading materials should be organized and these materials should be made available at the premises where older people gather.

20. More emphasis should be placed on methods to educate and inform senior citizens and their families about existing services. Among the techniques mentioned were notices with welfare checks, additional space in town bulletins, direct mailings, newspaper stories, and personal contacts.

21. The term "aging" rather than "aged" should be used when referring to people over 65 because it has a more positive connotation.

22. Additional organized physical activities for older people should be provided, such as more overnight camping trips, square dancing facilities, shuffleboard, horseshoe pitching, simple exercises at the drop-in center, and a special swimming period for senior citizens only.

23. Adequate medical care is both a necessity and a right of all old people. Since medical, hospital, and drug expenses seriously strain resources of the elderly and since existing insurance plans are discriminatory, a long-term disability insurance plan for the elderly should be made available. It should be subsidized and under the jurisdiction of the Federal Government.

24. Industries that presently provide group health insurance for their employees should be encouraged to continue to provide coverage for their retired workers so that these former employees can take advantage of lower rates and broader benefits.

25. Groups of older citizens should organize to study their total health problem in order to bring about solutions through legislation.

Since 1960 over 3,000 identification cards have been distributed by the council to senior citizens in the town. These cards have entitled the bearers to many special programs at reduced rates. The benefits are listed below. This list is revised from time to time and mailed to identification card holders.

The following is a list of special benefits to all Brookline residents, 65 years of age and over who are bearers of blue I.D. (identification) cards. These cards are not transferable and may be obtained at the Brookline Recreation Department, 70 Tappan Street, Brookline, and at the Brookline Public Library, 361 Washington Street, Brookline.

Theaters:

Coolidge Corner, 290 Harvard Street, Brookline; matinees, Monday through Friday, at children's prices.

Cleveland Circle, 399 Chestnut Hill Avenue, Brighton; matinees, Monday through Friday, at children's prices.

RKO Keith Memorial, 539 Washington Street, Boston; reduced admissions at all times; write to theater for special gold identification card for this theater only.

Boston (Cinerama),¹ 614 Washington Street, Boston; tickets at reduced rates at special times.

Fairs:¹ Brockton, Topsfield, Weymouth, and Springfield; admission is free on "Golden Age Day."

¹ Complete information will be mailed to all Brookline residents who have registered for I.D. cards regarding these special events. The exact dates and cost will be included.

Baseball:¹ Approximately 10 Red Sox games at a cost of 25 cents per game.

Boston Garden events:¹ Reduced rates on "Golden Age Day" to the ice follies, ice capades, circus, and other Boston Garden events.

Group travel:¹ Reduced rates will be available from time to time.

With the support of the Brookline Council for the Aging a directory of Brookline and Metropolitan Boston agencies serving Brookline's older citizens was compiled by the Subcouncil on Health of the Brookline Community Council in 1961. This directory has been of great value to organizations, town departments, hospitals, and many others who are concerned with serving our senior citizens.

* * * * *

The Brookline Council for the Aging and the health department sponsored a community conference on aging in the spring of 1963 to achieve the following purposes:

1. To study all available information on the health and use of health and related services by the aging in Brookline with special reference to the Brookline Health Department research project: The utilization of health and allied services by older persons.

2. To receive reports from local, regional, and State organizations providing services for Brookline's aging as to what programs they currently have and what programs they think are needed.

3. To suggest priorities for the establishment of new programs or revisions of existing ones in light of the research findings and the existing resources.

Please refer to reports that follow regarding this conference.

Brookline Conference on Aging, June 12, 1963, Hotel Beaconsfield

Forty-three representatives from 27 Brookline and Metropolitan Boston agencies serving Brookline's older citizens attended this conference. Mr. Augustus W. Soule, chairman of the Brookline Council for the Aging, presided.

Dr. Leon J. Taubenhaus, director of public health, reviewed the highlights of the study "The Utilization of Health and Allied Services by Older Persons."

Prof. Louis Lowy of the Boston University School of Social Work made the following comments on this study:

(a) Brookline's older residents are atypical of current stereotypes of the aging. Studies such as this one are helping to gradually refute many of our long-held stereotypes.

(b) Most of our services are geared to a small minority of older persons who are ill, maladjusted, and lonely. The self-perceptions of older people in this study were good. Those of us in the service professions often may project our stereotypes to those we serve.

(c) The nonuser of service is as important as the user and agencies should make an effort to identify and define the nonusers.

(d) We need to begin now to educate children and young adults about the truths of aging so that they will be able to judge the validity of current stereotypes.

(e) Today's older persons reflect a sense of independence because they grew up with different connotations about health, social service, education, and other community services.

(f) It is important that we attempt to reach older people where they are and that we strive to eliminate any barriers which impede their use of our services.

(g) Each of our organizations needs to reexamine its services in order to revise some, strengthen others, and perhaps add new activities.

(h) Social, health, and recreation services should be built into the various types of communal housing for the elderly.

(i) Adult education services should make a stronger appeal to older women.

(j) Recreation services should beware of attempting to overrecreate the elderly as some older people never had a chance during their earlier life to participate in any leisure-time activities.

(k) Health services should stress preventive aspects with emphasis on the functional implications of medicine.

¹ Complete information will be mailed to all Brookline residents who have registered for I.D. cards regarding these special events. The exact dates and cost will be included.

(l) Organized religions should make an effort to include older persons in their programs and not relegate them to the fringes of church activities.

(m) Social welfare services will need to increase their counseling services regarding three and four generation families living under the same roof. Currently, 10,000 people in this country are over 100 years of age and this group is increasing.

(n) Opportunities for employment are important. However, with appropriate counseling some older people might be directed to jobs, while others might be motivated to do volunteer work.

(o) Coordination: One of the major problems in the field of aging is the lack of coordination between organizations and agencies on all levels which provide services for the elderly.

Professor Lowy opened the general discussion with the following question: "As representatives of health and welfare agencies interested in Brookline's older citizens, what do the recommendations of this study mean to your agencies and the services which you provide"?

The following points were made by those attending:

1. Older people can be divided into three groups. The better known groups are the dependent and the independent self-starters. There is a third or middle group between these two extremes with which we need to work.

2. It is often not possible to clearly delineate these three groups of older persons as there is great mobility between the independent self-starters, the middle group, and the dependent group.

3. We should check with local employment agencies to see what opportunities are available to older citizens and then attempt to match the skills with the jobs.

4. A basic problem for us today is to determine ways to help older people maintain independence and self-sufficiency.

5. Older people choose lodgings because they are convenient and more reasonable than other type dwellings.

6. Philosophically, each of us needs to be certain that we are working "with" older persons, not doing "for" them.

7. The term "housing" is a generic term. It includes independent living, residence hotels, housing for the elderly, homes for the aged, and nursing homes. We always need to define which type of housing we mean.

8. If it is important to educate youth about the potential of the aging, why are not older persons discussed more in classes and in textbooks?

9. Almost the basic problem facing Brookline's elderly is the lack of convenient, reasonable, safe transportation to and from many of the activities and services available to them.

10. One way of bringing the generations closer together might be to provide opportunities for young and older people to jointly plan and carry out programs and activities.

11. Foster homes might be a partial solution between independent living and custodial care in nursing homes. It also might be possible to encourage more lodgings to convert to boarding homes.

12. The ministerial association knows of many church members who reside in Brookline nursing homes but who need some type of protective environment, not necessarily the full services provided by a nursing home.

13. The proposed homemaking service being started by four communities, including Brookline, may answer some of our problems involved in helping older people remain independent longer.

14. Perhaps a residence type of hotel in Brookline might meet the needs of some of the ambulatory patients now forced to enter nursing homes.

15. Older blind persons have a right to live alone if they so choose. There is ample evidence that blind people can function alone if given proper training and assistance which are available through various local organizations.

16. A formal recreation program is needed in the Coolidge Corner area since many older people reside there.

17. A new kind of senior citizen has been joining Golden Age Clubs lately. He is one with special talents and experiences which, if made known, could be put to good use in the community.

18. The large reservoir of healthy, independent, alert older persons in Brookline should be tapped to help solve some of our major community problems.

19. This study pointed out that those interviewed had a low level of expectations regarding health, social, and recreation services. As time goes on, the level of expectation of senior citizens will increase rather rapidly and agencies need to be prepared to handle their changing perceptions.

20. The Brookline Housing Authority will welcome assistance and guidance from other agencies and organizations in providing more services and activities for and with residents of housing for the elderly under their jurisdiction.

21. Some children appear to be dumping elderly parents into nursing homes thereby shirking their duty. If we crack down on such negligent children, will we need to increase the counseling services available to care for the resulting interpersonal problems.

It seemed to be the feeling of the participants at this conference that this meeting was only an icebreaker. Several participants suggested that regular interdisciplinary and interagency conferences on specific aspects of aging might be sponsored by the Brookline Council for the Aging in order to facilitate communication and coordination among others concerned with Brookline's 8,000-plus older residents.

Monthly meetings are held by the council at which times guest speakers are invited to describe various programs for senior citizens and to keep the council members well informed on the progress and needs of this age group.

The Council for the Aging in Brookline has made every effort to coordinate programs dealing with the problems of the aging and to promote facilities for the health, education, welfare, and recreation for the aging.

* * * * *

Recreation has become one of the most important forces in the later years of life. Recreation provides opportunities for men and women of the same age to laugh, work, play, and plan with one another. Realizing the need for recreation many communities have already taken the initiative. Recreation programs for this age group have been organized by a variety of organizations and agencies.

The most successful ones appear to be those sponsored by the local recreation department where professionally qualified leaders, adequate facilities and supplies are provided with local tax-supported funds. There must be financial support from the municipal government if the program is to be successful. However, other agencies and organizations have in many instances provided valuable programs of recreation for older people. Usually at the beginning people other than the "golden-agers" themselves must take the initiative. There must be careful planning and sound organization right from the start.

The writer at this point would like to introduce a brief summary of the recreation program for senior citizens in the town of Brookline, Mass., showing how the program was organized and developed over a period of 10 years.

Realizing the need for recreation for people over 60, and after due consideration, the recreation department decided to establish a program for this age group.

The professional staff, which was assigned to this program, presented the following basic needs for this age group as far as recreation was concerned: (1) The need to be wanted and to feel at home. Every member should have a share in the planning and operation of the program. (2) Need for interesting and creative activity; to take part in arts and crafts, music, dancing, parties, picnics, discussions, community service activities, movies, and dramatics. These people were not to be merely entertained but to take part themselves. (3) Need for companionship. Friendships formed in the club should have a carryover value into the home and community life of these people. (4) Need to be useful and important.

On May 18, 1953, an organizational meeting was held at the office of the superintendent of recreation. A committee of six people over 60 were invited to attend this meeting and help make plans for a picnic which was to be held at Larz Anderson Park on June 22. In addition to the six senior citizens the superintendent, assistant superintendent, and one professional recreation leader served on the committee. Next, the committee took a copy of the street listing, out of which a sampling of each section of the town was taken. A letter was sent to each one explaining the proposed recreation program and the forthcoming picnic. Enclosed was a post card which they were to fill out and return

if interested. An invitation was also printed in the local papers, and notices sent to the public and social agencies in the community.

After plans for the picnic were completed, final notices were sent to those interested. The group met in front of the main library where they were greeted individually by recreation personnel. They were then transported by bus to the park. The buses stopped on the top of the hill at the park, where 76 senior citizens were greeted by the superintendent of recreation. Next, a guide pointed out famous Boston Harbor and other historical places which could be seen from this location. After a tour of the Italian gardens the group walked down a few steps to the greenhouse where the women received corsages and the men a boutonniere; then a few steps to the auto museum where they were fascinated by seeing and sitting in some of the oldtime cars. Of particular interest was the one owned by the late Franklin Delano Roosevelt when he was President of the United States. The buses met them at the bottom of the hill and then took them to the campsite. There a program of fishing, horseshoes, rolling-pin throwing contests, whist, bridge, beano, beanbag shooting, croquet, and for some just a conversational period was offered. Local merchants donated prizes which were given to the oldest lady, oldest gentleman, most children, etc. The local mothers' clubs joined together to serve an excellent meal of sandwiches, coffee, cake, and ice cream. After supper the group took part in community singing and entertainment. The first experience was a most enjoyable one for all concerned.

The next special event was a band concert and in the fall a weekly program began. At the first meeting a candlelight ceremony was conducted by the golden-agers themselves in which they brought out the philosophy of the organization: Health, happiness, and friendship through the medium of recreation; then a "Know Your Town" series, in which a guest speaker explained to them what their particular department offered. The library department, the fire, the police, the park, the health, the welfare, and the Friendly Society all cooperated toward making this series a huge success. They were also taken on a trip via Travelogues to Ireland, Germany, Sweden, and other countries where many of these folks were born. Refreshments were served by their own committee at each meeting. They elected their own officers after the first month. A former fire lieutenant, president; a retired schoolteacher, vice president; a former mathematician, treasurer; and a housewife, secretary. Each member of the club was invited to serve on a committee, so that each one would have a share in the organization.

For the next 4 years meetings were conducted at the Brookline Avenue Recreation Center on Thursday evenings from 7 to 10 p.m. The program was divided as follows:

A. Social activities:

- Outings
- Dancing
- Television
- Holiday and seasonal parties
- Birthday parties
- Movies
- Coffee hours
- Teas
- Music
- Supper parties
- Gardening
- Conversational periods

B. Educational activities:

- Courses in arts and crafts
- Speakers
- Tours and trips to places of interest
- Movies and television
- Adult education programs

C. Participation activities:

- Citizenship
- Arts and crafts
- Hobbies
- Committees and self-government
- Games
- Creative dramatics
- Camping
- Trips and outings
- Singing
- Music

D. Services to others:

- Visiting the sick and shut-ins
- Volunteer services (hospitals, schools, united fund, and recreational department)

In 1955 a special playground was developed for the club by the park department at one of the local playgrounds. The playground is supervised for 6 weeks in the spring and 10 in the summer. Daily programs are conducted during this 16-week period in addition to special events. Facilities are available for shuffleboard, horseshoe pitching, table games, cookouts, and arts and crafts.

Finally in June of 1957 a drop-in center was provided by the town where a program is now being carried on Monday through Saturday from 9 a.m. until 7 p.m. in addition to weekly special events. The building is located in the center of the town, and consists of two large rooms, kitchen, coatroom, and restroom facilities. There is also a sufficient outdoor area in the rear of the building, which provides an area for games, sunning, cookouts, and crafts. The members themselves have done a great deal to beautify the center and outside area.

The town of Brookline pays for the rental cost for the drop-in center and in addition the cost of the following: Television set, radio, phonograph, chairs, tables, cooking utensils, table games, arts and craft materials, bus transportation for outings, and leadership.

Each member pays 25 cents per month throughout the calendar year. This money is used chiefly for refreshments.

Each member receives a membership card at the time he joins the club which entitles him to reduced rates at the movies and free admission to many other activities.

The present membership is now 360—70 percent women and 30 percent men.

The superintendent, the assistant superintendent, and one recreation leader devote time to this program each week, and give the group guidance, encouragement, and leadership when necessary.

* * * * *

Recreation programs are generally staffed by women leaders due to the fact that usually there are more women than men in the organization. The writer's experience has been that neither the sex nor the age of the leader is dominant in determining the success of the program but rather the individual himself.

With any well-organized organization there should be some guide for officers and members of the governing body in the form of a constitution or bylaws. The Golden Age Club of the town of Brookline adopted the following constitution which was prepared by the members:

Article 1. This club was formed under the direction and supervision of the Brookline Recreation Commission and shall be known as the Brookline Recreation Department Golden Age Club.

Article 2. Officers shall consist of president, vice president, secretary, treasurer, and executive committee, which shall consist of seven members, including officers and three members of the club.

Article 3. Persons 60 years of age or older shall be eligible for membership, provided they are residents of the town of Brookline.

Article 4. The dues for membership shall be 25 cents per month throughout the calendar year. Honorary members shall be admitted at the discretion of the recreation department and officers of the club.

Article 5. Regular meetings shall be held weekly, on Thursday evening, unless otherwise directed by the president. A daily program will be held at the Golden Age Center.

Article 6. The club shall be under the general supervision of the superintendent of recreation and shall be aided by any assistants whom he may designate.

Article 7. All activities of the club are open to members whose dues are paid in full.

Article 8. Participating in the community recreation services of the Boston Hobby Show shall be a regular feature of the club.

Article 9. The club shall use every effort to make itself felt as an important element in the life of Brookline and shall endeavor to prove its worth in good citizenship, also to bring companionship and happiness into the lives of the senior citizens.

Article 10. All forms of canvassing by outside organizations at or during club meetings shall be strictly prohibited.

Article 11. Any person who has been absent for an extended period of time shall be exempt from past dues at the discretion of the officers of the club.

Article 12. Duties of officers:

President: The president shall preside at all meetings. Vice president: In the absence of the president, the vice president shall assume the office with the same authority as the president. In the absence of the president and vice president, the secretary shall preside.

Treasurer: The treasurer shall receive all money belonging to the club, deposit the same in the savings bank, under the name of the Brookline Recreation Department Golden-Age Club. Withdrawals must be signed by the president and treasurer. The treasurer shall have at all times sufficient funds to pay all bills and receipts to show for such payments.

Secretary: The secretary shall record all meetings and answer all correspondence, send birthday, sympathy, and get well cards.

Article 13. The president shall appoint an auditing committee to audit the books once each year and said committee shall make a report at the annual meeting in October.

Article 14. The annual election of officers shall be held at the first meeting in October.

Article 15. The bylaws may be amended by a two-thirds vote of those present at any meeting and upon the approval of the recreation department. Notices shall be sent to the members 2 weeks before this meeting.

Article 16. The golden-age club will solicit money or donations of any kind only with the approval of the recreation department.

Publicity and recruitment

Publicity plays an important role in the continued success of the program as well as during the organizational period. There are many ways of publicizing the program but the best one is through personal contact. "A satisfied customer is the best medium of publicity." This is especially true with "golden agers." If they are enjoying the program they will be the first ones to go and tell others. Many clubs have a membership committee and also their own weekly newspaper. Special recognition and welcome should be given to new members to make them feel at home. Contacts for new members who are interested may be made through the following:

Industry	Public social agencies
Labor unions	Retired associations
Personal contact	Medical profession
The clergy	Hospital social service departments
Street lists	Newspapers
Radio	Television
Meetings	Lectures
Exhibits	Demonstrations
Tours	Special campaigns
Posters	Bulletins

The golden-agers like publicity. They like to see their names in the paper and to have their pictures taken. In addition to the club and the program, publicity also contributes toward giving the members a feeling of being important, useful, and part of the community.

The people in this age group need constant reminders about special programs and coming events. The writer suggests a weekly postcard or letter reminding the group about forthcoming events. This may be the only mail they will receive all week and they really look forward to it. All letters and cards sent to the members should be double spaced and in capital letters to make reading easy. As mentioned earlier, many of these people have some loss of vision. The members themselves should do as much of the publicity as possible. Also, the general public as well as the senior citizens themselves must be fully informed as to the local recreation services and their value to the community. Publicity should be systematic and well timed. The purposes are as follows:

1. To encourage the senior citizens to take part in wholesome recreational activities and to make use of the facilities that are available.
2. Impress the public that their money for this age group is well spent.
3. To educate the golden-agers and the general public as to the values and benefits of taking part in the program.

Publicity media should answer the familiar questions: Who, what, where, when, how, and why?

Many communities and State councils for the aging are preparing directories which explain and list the local and State recreation programs for people over 65. The bulletins usually explain the purpose of the organization, the officers and executive committee, describe the program and facilities; also, membership requirements, dues, meeting place, and program schedule by day and time.

Officers and committees

Every club should have its own officers and committees. Usually after the members of the group have had an opportunity to get to know each other is the best time to hold an election. A "job analysis" for each officer should be prepared by the recreation staff so that each one will know his duties and responsibilities. The term of office varies from club to club but is usually 2 years. So that each one will have a share in the program and club every member should be placed on a committee. Typical committees are as follows: Executive, membership, finance, program, refreshments, hospitality, publicity, cleanup, birthday, visiting the shut-ins, and service. Here again, the duties and responsibilities should be defined.

Naming the club

There are a great variety of names for the different organizations that provide recreation for this age group. The important point to remember is that the members should choose their own name. Typical of such names are as follows:

Golden age club	Senior citizens club
Sunset club	Senior recreation club
Senior league	Adult recreation club
Best years club	The 49'ers
Senior council	Golden-age council
Live long and like it club	Forget-me-not club
Friendly seniors	Retired live wires
Oldsters	Gay 60's
The second 60	Past 50
Young old timers	Jolly 60's
Good neighbors	Happy home club
The friendly club	Fourscore and 20 club
Retired years club	The busy club

Membership cards and pins

Senior citizens membership cards and pins are a must. Besides giving the individual recognition as belonging to the club, oftentimes, by showing these cards and pins, they receive reduced rates at theaters, sporting events, and other places where commercial recreation is provided. Local and State councils usually make arrangements for these reductions. The membership card should include the name of the organization, the sponsoring agency, and space for the president and member to sign their names.

Usually there is some sort of seal on the card and all printing is in very large letters.

Dues

Whether or not to pay dues should be left up to a majority vote of the club members. Members, however, in most cases prefer to pay dues. This gives them a feeling that they are helping to pay their way. Usually the amount is very small. A suggested amount is 25 cents a month. The dues collected may be used for refreshments, trips, birthday parties, or activities of their choice. The writer also recommends that each one has his own individual dues book. Scholarships are usually available for those who cannot pay their dues.

Time of meeting and how often

The ideal situation to have a program morning, afternoon, and evening all seasons of the year. This of course depends on the interests, needs, facilities, leadership, and budget available. The trend in most communities is to aim toward having a daily program with weekly special events being held either in the afternoon or evening.

Meeting place and facilities

Places to meet may be found in recreation buildings, libraries, churches, YMCA's, neighborhood houses, housing developments for the elderly, veterans' organizations, and service clubs. Basic requirements are as follows:

1. An attractive, large room with good lighting, ventilation, and heat. One that can be divided into sections or units by sliding doors is recommended if the building is also used as a "drop in center" for this age level.
2. Furniture which can be arranged for lounge activities or for auditorium use.

3. Excellent restroom facilities.
4. Kitchen facilities.
5. Access to public transportation; center of community is preferable.
6. Street floor rooms where possible, but, in any case, rooms which can be reached with a minimum of stair climbing.
7. In selecting a location, full consideration must be given to the space requirements of the activities planned and the reactions and ideas of the older adults themselves.
8. Additional rooms are recommended for small group activities such as playing cards, arts and crafts, and photography.
9. Adequate storage space for supplies.
10. Coat racks.
11. Outdoor space for gardening, sitting, sunning, cookouts, and outdoor games.
12. Good taste must be used in choosing drapes, curtains, color schemes, and other decorations. Members themselves should decorate the club.
13. Public address system.

Budget

Budget needs will vary from club to club and community to community. The sponsoring agency should be responsible for furnishing a meeting place and a staff to assist the group in its organization. On the whole, expenses to the town or city are only a very small percent of the total recreation budget in comparison with other age groups. The budget needed will depend on the scope of the program.

If a "drop-in center" is provided, the initial outlay may be rather high, but the majority of these items are permanent. Such items include the following: television, radio, record player, chairs, tables, cooking utensils, storage cabinets, and tools used for arts and crafts.

The following is a typical yearly budget provided by the town of Brookline for its golden-age group.

1. Leadership: Recreation supervisor, 6 hours per week at \$18 for 52 weeks-----	\$936. 00
2. Leadership: Recreation leader, 6 hours per week at \$14.20 for 53 weeks-----	739. 44
3. Leadership: Specialists-----	108. 00
4. Office staff, 2½ hours per week at \$3.93 for 52 weeks-----	204. 36
5. Maintenance staff, 2½ hours per week at \$3.30 for 30 weeks--	219. 44
6. Motion picture operator: 1 hour per week at \$2.63 for 15 weeks--	39. 45
7. Heat, light, rooms, kitchen facilities, and rent at the full-time "Drop-In Center"-----	900. 00
8. Heat, light, rooms, kitchen facilities at the center where the weekly special events are held-----	240. 00
9. Game supplies-----	40. 00
10. Arts and craft supplies-----	60. 00
11. Bus transportation for trips-----	406. 00
12. Cider, doughnuts for Halloween Party, and ice cream for Christmas Party-----	25. 00
13. Postage and stationary; mimeographing supplies-----	75. 00
Total (this budget was after the 1st year)-----	3, 967. 69

Additional budget items, which one must consider for a drop-in center at the very beginning are as follows:

1. Television set.
2. Radio.
3. Record player.
4. Storage cabinets.
5. Chairs and tables.
6. Tools for arts and crafts.

The members pay for all the yearly bulletins, dues books, refreshments at all meetings except Halloween and Christmas, flowers and cards sent to members that are ill, special gifts, additional transportation costs, camping trip, other special trips (Florida, Washington, D.C., etc.), birthday and anniversary cards, special supper parties, and cookouts.

Many items listed above are often donated, which reduces the cost to the town or city.

Volunteer leadership

Oftentimes there are many people in the community who volunteer their services to supplement the regular professional staff. It must be emphasized that they supplement, but in no case should take the place of, the trained professional worker. Volunteers should be required to take a short training course before they are permitted to work with this age group. Well-meaning people can, in many instances, do more harm than good when working with senior citizens. They must understand the objectives of the club, the aging process, and the philosophy of recreation. However, volunteer leadership can provide a very valuable service to the organization if geared in the right direction.

The professional recreation personnel working with senior citizens must be fully aware of the fundamentals of program planning.

First of all, the leader must investigate and familiarize himself with the general age, sex, interest, needs, and abilities of the participants.

He should then try to meet the needs and interests of all the participants by offering a program of well diversified activities under the following program features:

1. Relaxation: diversion through laughter, physical activity, informal singing, imagined experiences.
2. Mental stimulation: growth through discussions, lectures, reading, pictures, first-hand observations, mental games.
3. Appreciation of the beautiful: in music, art, literature, nature, etc.
4. Participation in the creative arts: music, dancing, dramatics, arts and crafts, graphic arts, hobbies.
5. Sociability: group participation in above activities, conversation, and parties.

As mentioned earlier, the participants should take a very active part in planning their own program. This will lead to self-government, hence a more enjoyable and a more beneficial program for the participants.

Recreation principles and program

1. Provide equality of opportunity for all. Facilities and programs should be sufficiently broad and well distributed to enable all the people to be served.
2. Provide a wide range of individual choices in different types of activities.
3. The program should continue throughout the year.
4. The program should equally provide for both sexes.
5. All existing facilities should be utilized.
6. Active as well as passive forms of recreation should be included.
7. Provide activities for different periods of free time.
8. Offer activities for varying degrees of skill, aptitudes, and capacities.
9. Encourage individuals and groups to provide their own activities.
10. Furnish outlets for the satisfaction of the desire for social relationships.
11. Recognize the different tastes and interests of the individual.
12. Give the people who participate a share in the planning and control.
13. Place recreational opportunities within the financial abilities of all the people.
14. Make possible the wisest use of available funds.
15. Provide outlets for creative expression.
16. Assure safe and healthful conditions for recreation activity.
17. Afford opportunities for developing good citizenship.
18. The program should be based upon the specific needs and interests of the people in different parts of the city.
19. The program should help the individual to discover which activities give him personal satisfaction.
20. Everyone should be encouraged to find one or more hobbies.

Factors affecting program planning

1. Interest: The program must be built around the desires and interests of the group to be served. A knowledge of neighborhood conditions is essential in planning the program for a particular group. The use of checklists on which people may indicate their choice of activities is a helpful means of determining recreation interests.

2. Age: Programs must take into account the characteristics of the particular age group to be served.

3. Sex: On the whole individual skills, habits, tastes, and interests exert a greater influence than sex in determining the activities in which senior citizens take part.

4. Place: Effective program planning involves a knowledge of the space requirements of various activities and a familiarity with the types which may be introduced successfully in available indoor and outdoor spaces.

5. Skill: Successful planning involves the selection or adaptation of activities to the skill or ability of the people who are to take part.

6. Time: Activities should follow in a reasonable progressive sequence without overcrowding of schedules or long periods of inactivity. Need to know how much time is required for developing an activity to a point where it may be carried on successfully. The working and living conditions and habits of the group served must be considered when selecting the time of day and day of the week for regular program features and for special events. Activities must begin and end on time.

7. Size of the group: Frequently influences the method of conducting an activity. The interests of the largest possible number of people deserve primary consideration and emphasis is laid on activities and events which have a wide appeal and benefit many. Still, the interests of relatively small groups must not be overlooked.

8. Type of organization: Purpose of organization is to enable people to secure the greatest values and enjoyment from recreation activities.

9. Type of community: Nationality, race, occupation, education, economic status, and standards of living are factors which must be known in planning a recreation program for the people of a city or neighborhood.

10. Purpose: To help individuals gain the greatest joy, satisfaction and benefit from their leisure time.

11. Leadership and funds available: The selection of persons with varying abilities, training, and experience. The available funds often determine whether or not a particular project can be carried on. Program planning also involves a consideration of the unit costs of different activities. The number of people a particular activity will serve; the extent to which it may lead to continuing self-activity; its contribution to individuals and the community in happiness, safety, health, or civic value; and its possibilities of becoming self-sustaining must be considered in relation to its cost.

12. Other local recreation programs: Recreational needs are so great that full use of the total resources of all agencies are essential.

The recreation department in cooperation with the Brookline Housing Authority is now conducting programs on a regular year-round basis at the Marion and Walnut Housing Developments for the elderly. The program includes the following: Arts and crafts, special events, games, movies, and educational activities. Both housing developments have community rooms equipped with kitchen, rest-rooms, television, storage facilities, tables, and chairs.

The recreation department in cooperation with the health department has made every effort to provide a freshly vigorous spirit and renewed interest in life to the residents of the town's nursing homes by drawing these people into the life of the community. The Golden Age Club was host last spring at a picnic at Larz Anderson Park. Transportation, cookout, visit to the auto museum, and entertainment was arranged by the Golden Age Club and recreation department. The next special event was a holiday party in December at a local hotel.

These special programs came about as the result of a program launched last year when the recreation department provided training for persons interested in carrying out recreation programs in the various nursing homes. The nursing home operators pay the salaries of these workers who are employed on a part-time basis. Monthly in-service training sessions are held once a month for the leaders in the seven nursing homes taking part in the program.

