

DEVELOPMENTS IN AGING
1966

A REPORT
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

PURSUANT TO

S. RES. 189, FEBRUARY 17, 1966
89TH CONGRESS

RESOLUTION EXTENDING THE TERM OF EXISTENCE OF
THE SPECIAL COMMITTEE ON AGING AND DIRECTING
IT TO STUDY AND INVESTIGATE PROBLEMS AND
OPPORTUNITIES OF THE AGED AND AGING

TOGETHER WITH

MINORITY VIEWS



APRIL 12, 1967.—Ordered to be printed

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WASHINGTON : 1967

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¹ Senator Smathers was chairman of the committee until he resigned the chairmanship on Jan. 16, 1967. Senator Williams became chairman on Jan. 17, 1967.

² Senator Pat McNamara, Michigan, first chairman of the special committee, served on the committee until his death on May 2, 1966. Senator Maurine Neuberger, Oregon, served on the special committee until the end of the 89th Congress. Senator Mondale was appointed to fill one of these vacancies at the beginning of the 90th Congress. The other vacancy was eliminated by a reduction in the committee membership from 21 to 20 and the reduction of majority Senators from 14 to 13, to reflect the change in party ratios in the Senate.

³ Senator Gordon Allott, Colorado, and Senator James B. Pearson, Kansas, served as members throughout the 89th Congress. They resigned their memberships at the beginning of the 90th Congress, and their vacancies were filled by Senators Morton and Hansen on Jan. 25, 1967.

⁴ Senators Mondale, Morton, and Hansen were added to the membership of the Subcommittee on Housing for the Elderly early in 1967. Senator Gordon Allott served on the subcommittee during the 89th Congress.

⁵ Prior to March 10, 1966, this subcommittee was known as the Subcommittee on Frauds and Misrepresentations Affecting the Elderly. On that date the committee changed its name to Subcommittee on Consumer Interests of the Elderly.

⁶ Senators Neuberger, Allott, and Pearson served on the Subcommittee on Consumer Interests of the Elderly during the 89th Congress. Senators Mondale, Carlson, Morton, and Hansen were added to the subcommittee early in 1967.

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FRANK C. FRANTZ, <i>Professional Staff Member</i>	

⁷ Senator Pearson served on the Subcommittee on Employment and Retirement Incomes and the Subcommittee on Federal, State, and Community Services during the 89th Congress. He was replaced on both subcommittees by Senator Miller early in 1967.

⁸ Senator McNamara served as chairman of the Subcommittee on Health of the Elderly until his death on May 2, 1966. He was succeeded as chairman by Senator Neuberger, who served in that capacity until her Senate term expired at the end of the 89th Congress. Senator Smathers succeeded to the chairmanship early in 1967.

⁹ Senators Kennedy and Mondale were appointed to the subcommittee early in 1967 to fill the vacancies left by Senators McNamara and Neuberger.

¹⁰ Senator Miller served on the subcommittee during the 89th Congress. Senator Morton succeeded him as a member of the subcommittee early in 1967.

¹¹ Senators McNamara, Neuberger, and Allott served on the Subcommittee on Long-Term Care during the 89th Congress. The Senators listed as subcommittee members also served on it during the 89th Congress and will continue to serve on it during the 90th Congress.

¹² The Subcommittee on Retirement and the Individual was created by a vote of the full committee in its meeting of March 9, 1967.

LETTER OF TRANSMITTAL

U.S. SENATE,
April 12, 1967.

HON. HUBERT H. HUMPHREY,
President, U.S. Senate.

DEAR MR. PRESIDENT: I have the honor of submitting to you the report of the Special Committee on Aging in compliance with the requirements of Senate Resolution 189, adopted February 17, 1966.

This document reports the activities and accomplishments of our committee and reviews developments in the field of aging since our last committee report "Developments in Aging, 1965" (S. Rept. No. 1073, Mar. 15, 1966).

The work of this committee is varied and extensive. President Johnson, in his message on older Americans on January 23, made it clear that much yet remains to be done in a nation of 19 million Americans who are 65 or older—a number equal to the combined populations of 20 States. Just before he described his proposals for specific legislation this year, he gave the following summary of the challenge facing our Nation:

One of the challenges of a great civilization is the compassion and respect shown to its elders. Too many of our senior citizens have been left behind by the progress they worked most of their lives to create. Too often the wisdom and experience of our senior citizens is lost or ignored. Many who are able and willing to work suffer the bitter rebuff of arbitrary and unjust job discrimination.

In this busy and productive Nation, the elderly are too frequently destined to lead empty, neglected lives:

5.3 million older Americans have yearly incomes below the poverty level.

Only one out of five has a job, often at low wages.

Over 2 million elderly citizens are on welfare.

Nearly 40 percent of our single older citizens have total assets of less than \$1,000.

Countless numbers dwell in city and rural slums, lonely and forgotten, isolated from the invigorating spirit of the American community. They suffer a disproportionate burden of bad housing, poor health facilities, inferior recreation and rehabilitation services.

The Special Committee on Aging, by seeking perspective on all Federal activities intended to help the elderly, can do much to give legislative committees and administrative agencies helpful facts and suggestions. It can also give intensive study to individual, specific problems that may not clearly fall within jurisdiction of standing committees. We shall certainly make all efforts to be a productive arm of the Senate.

On behalf of the other members of our committee and its staff, I should like to express to you and to the other officers of the Senate our appreciation for the cooperation and courtesies that have been consistently extended to us.

Sincerely,

HARRISON A. WILLIAMS, JR.,
Chairman, Special Committee on Aging.

SENATE RESOLUTION 189, 89TH CONGRESS, 2D SESSION

Resolved, That the Special Committee on Aging established by Senate Resolution 33, Eighty-seventh Congress, agreed to on February 13, 1961, as amended and supplemented, is hereby extended through January 31, 1967.

SEC. 2. It shall be the duty of such committee to make a full and complete study and investigation of any and all matters pertaining to problems and opportunities of older people, including but not limited to, problems and opportunities of maintaining health, of assuring adequate income, of finding employment, of engaging in productive and rewarding activity, of securing proper housing, and, when necessary, of obtaining care or assistance. No proposed legislation shall be referred to such committee, and such committee shall not have power to report by bill or otherwise have legislative jurisdiction.

SEC. 3. The said committee, or any duly authorized subcommittee thereof, is authorized to sit and act at such places and times during the sessions, recesses, and adjourned periods of the Senate, to require by subpoena or otherwise the attendance of such witnesses and the production of such books, papers, and documents, to administer such oaths, to take such testimony, to procure such printing and binding, and to make such expenditures as it deems advisable.

SEC. 4. A majority of the members of the committee or any subcommittee thereof shall constitute a quorum for the transaction of business, except that a lesser number, to be fixed by the committee, shall constitute a quorum for the purpose of taking sworn testimony.

SEC. 5. For purposes of this resolution, the committee is authorized (1) to employ on a temporary basis from February 1, 1966, through January 31, 1967, such technical, clerical, or other assistants, experts, and consultants as it deems advisable: *Provided*, That the minority is authorized to select one person for appointment, and the person so selected shall be appointed and his compensation shall be so fixed that his gross rate shall not be less by more than \$2,200 than the highest gross rate paid to any other employee; and (2) with the prior consent of the executive department or agency concerned and the Committee on Rules and Administration, to employ on a reimbursable basis such executive branch personnel as it deems advisable.

SEC. 6. The expenses of the committee, which shall not exceed \$221,000 from February 1, 1966, through January 31, 1967, shall be paid from the contingent fund of the Senate upon vouchers approved by the chairman of the committee.

SEC. 7. The committee shall report the results of its study and investigation, together with such recommendations as it may deem advisable, to the Senate at the earliest practicable date, but not later than January 31, 1967. The committee shall cease to exist at the close of business on January 31, 1967.

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DEVELOPMENTS IN AGING, 1966

APRIL 12, 1967.—Ordered to be printed

Mr. WILLIAMS of New Jersey, from the Special Committee on Aging,
submitted the following

R E P O R T

together with

MINORITY VIEWS

INTRODUCTION

This document reports action taken during 1966 to meet the challenges of aging in our Nation. It reviews not only the activities of our special committee to this end but also other major legislative and executive actions affecting older Americans.

During 1966, as in prior years, the Special Committee on Aging was organized into standing subcommittees to reflect the major areas of concern in the field of aging. The titles of the chapters which follow correspond roughly with the titles of these subcommittees and their jurisdictions.

CHAPTER I. DEVELOPMENTS IN HEALTH OF THE ELDERLY

SUBCOMMITTEE ON HEALTH OF THE ELDERLY

George A. Smathers, *Chairman*

Wayne Morse
Edmund S. Muskie
Edward V. Long
Frank E. Moss
Ralph Yarborough
Harrison A. Williams, Jr.
Edward M. Kennedy
Walter F. Mondale

Everett McKinley Dirksen
Frank Carlson
Hiram L. Fong
Thruston B. Morton

A. IMPLEMENTATION OF MEDICARE

The most significant development in the health of the elderly during 1966 was the implementation of the Medicare program. Virtually all of the approximately 19 million persons over 65 years of age now have health insurance protection which provides relief from a major part of the financial burden of illness in old age.

ENROLLMENT

Persons receiving social security or railroad retirement benefits were automatically enrolled for hospital insurance under Medicare. Others age 65 and over were eligible, but had to file applications and furnish proof of age. In addition all the aged had to be given an opportunity to participate in the voluntary medical insurance plan. To facilitate enrollment, a comprehensive program of communication with older persons was undertaken, resulting in personal contact by mail or word of mouth with almost all eligible persons. It soon became apparent that the enrollment termination date, March 31, 1966, as prescribed in Public Law 89-97, would not provide sufficient time for completion of the enrollment effort. Public Law 89-384 was passed extending the time for enrollment in the voluntary medical insurance plan to May 31, 1966.

The Office of Economic Opportunity provided poverty funds for community action agencies who were interested in participating in a project called "Operation Medicare Alert." This project employed elderly persons to seek out and inform the elderly of their rights and opportunities under Medicare and to assist where needed in the enrollment. Ample evidence of the astounding success of this program is that 3,841,027 older persons were contacted on an individual basis. The success of "Operation Medicare Alert" gives strong testimony to the effectiveness of senior citizens when their interest is aroused and their unique abilities challenged.

CERTIFICATION: HOSPITALS

On July 1, 1966, 6,800 hospitals had applied for participation in Medicare. Of this number, 6,116 had been surveyed and certified

for participation. By December 1, 1966, the number of certifications had increased to 6,673 hospitals, making available for use by patients covered under Medicare approximately 1,230,000 hospital beds.

HOME HEALTH AGENCIES

On July 1, 1966, 1,036 home health agencies had been certified for participation. As of December 1, 1966, certification had been extended to an additional 407 home health agencies. Fifty-eight percent of the certified home health agencies consisted of agencies with nongovernmental sponsorship.

There is definite need for more coordinated home health services. However, the development of coordinated home health services must be accompanied by a program to inform the medical community of the role of home health care in medical treatment programs.

EXTENDED CARE FACILITIES

While final figures are not available it was estimated that approximately 2,300 extended care facilities were certified by January 1, 1967. The certification of extended care facilities has been more difficult than the certification of hospitals and home health agencies. A complicating factor has been a tendency to consider "nursing home" as synonymous with "extended care facility." A great number of existing nursing homes are not equipped to give postacute sick care and thus have not been able to meet the conditions of participation for extended care facilities. There has also been widespread dissatisfaction among the proprietors of existing nursing homes with the principles of reimbursement for extended care facilities.

SUMMARY

In our opinion the implementation of the health insurance program has been surprisingly smooth. This could not have been accomplished without the patient and tolerant understanding of the Nation's elderly along with the active cooperation and participation of physicians, hospitals, home health agencies, and other interested persons. While there have been problems and misunderstandings, for the most part they are being solved and clarified as is evidenced by the progress in certifying hospitals and home health agencies as participants.

It is the opinion of the committee that continued attention should be given to the maintenance of high standards in the certification of provider agencies. We feel it appropriate to reiterate the statement of this committee contained in our last annual report, "Developments in Aging 1965," Senate Report 1073, 89th Congress:

Realistically, there are insufficient qualified home health programs and extended care facilities at the present time to meet the anticipated needs of beneficiaries. However, the availability of adequate reimbursement for care provided under the program will, undoubtedly, lead to new growth and upgrading of these necessary services.

Pending the development of new programs and the necessary facilities, there will probably be great pressure from

vested interests to relax standards during the interim. We cannot emphasize too strongly the need to maintain high standards of qualification for institutions and home health programs seeking to serve Medicare beneficiaries. Substandard and marginal facilities and programs cannot be tolerated—even for a so-called interim period. Experience has shown that, all too often, interims are extended, extended again, and eventually provisional acceptance becomes permanent. If we meet demand by permitting substandard institutions and organizations to participate, we will be building in a deterrent to the establishment, expansion, and construction of programs and facilities capable of meeting high professional standards.

B. COMPREHENSIVE HEALTH PLANNING AND PUBLIC HEALTH SERVICE AMENDMENTS OF 1966—PUBLIC LAW 89-749 (NOV. 3, 1966)

This new legislation is designed to assist the States in comprehensive and continued planning for their current and future health needs. The Surgeon General is authorized to make grants during the fiscal years ending June 30, 1967, and June 30, 1968, to:

(1) States which have submitted, and have had approved, State plans for comprehensive health planning.

(2) Any public or nonprofit private agency or organization to cover not more than 75 percent of the costs of developing or revising comprehensive regional, metropolitan area, or other local area plans for coordination of existing and planned health services. These grants are made with the approval of the State agency administering the State plan.

(3) Any public or nonprofit agency, institution, or other organization to cover all or any part of the costs of projects for training, studies or demonstrations looking toward the development of improved or more effective comprehensive health planning throughout the Nation.

This legislation authorizes two additional grants programs for the fiscal year ending June 30, 1968. These are:

(1) Grants to State health or mental health authorities to assist the States in establishing and maintaining adequate health services, including the training of personnel for State and local health work.

(2) Grants to any public or nonprofit agency, institution, or organization to cover part of the costs of—

(a) Providing services to meet health needs of limited geographic scope or of specialized regional or national significance.

(b) Stimulating and supporting for an initial period new programs of health services.

(c) Undertaking studies, demonstrations, or training to develop new methods or improving existing methods of providing health services.

While the foregoing legislation does not directly and immediately affect the health of the elderly, in our opinion its stimulus to health planning and development of new methods of providing health services will have substantial effect upon the health of the elderly population in the future.

C. OTHER LEGISLATION

1. ALLIED HEALTH PROFESSIONS PERSONNEL TRAINING ACT OF 1966—
PUBLIC LAW 89-751 (NOV. 3, 1966)

This legislation authorizes a new 3-year program of Federal assistance to schools and students for the expansion and improvement of training in the health professions. It provides for four kinds of grants to public or nonprofit private training centers, defined as junior colleges, colleges, or universities which provide or can provide programs leading to a baccalaureate, associate, or higher degree in the allied health professions. The grants are:

(1) Construction grants for replacing or renovating existing facilities for training the allied health professionals.

(2) Improvement grants to help schools improve the quality of their curriculum and instruction.

(3) Traineeships to cover tuition and fees and a stipend allowance for trainees to help prepare specific personnel such as teachers, administrators, and supervisors in the various allied health professions. The traineeships are administered through grants to schools providing advanced training.

(4) Project grants for the purpose of developing, demonstrating, or evaluating new methods of training new types of health technologists.

The legislation also provides for increased loan forgiveness and revision of student loan programs.

2. MILITARY MEDICAL BENEFITS ACT—PUBLIC LAW 89-614 (SEPT. 30, 1966)

Among other things, this legislation amends the Military Dependents Medicare Act to authorize medical and dental care for retired uniformed services personnel and their dependents in facilities of the Veterans' Administration on a "space available" basis. It also permits a limited program of construction of inpatient and outpatient space for retirees and their dependents in the future construction of health facilities of the uniformed services.

3. MEDICAL DEDUCTIONS

While the Foreign Investors Tax Act of 1966 was being considered in the Senate Finance Committee, it was amended to include an amendment sponsored by Senator Smathers to restore full income tax deductibility of medical, drug, and dental expenses of those over 65. This amendment would have eliminated a requirement, enacted as part of the Social Security Amendments of 1965, that the deduction for such expenses be reduced by specified percentages of adjusted gross income, as has long been required for such expenses of those under 65. In passing the amended bill on October 13, the Senate approved this amendment. However, it was deleted in the conference committee which reconciled differences in the bill, and thus failed of enactment.

4. DRUGS UNDER MEDICARE

An amendment to the Foreign Investors Tax Act of 1966 was adopted in the Senate Finance Committee to add as a covered item

of service under part B of Medicare (Public Law 89-97) the expense of drugs requiring a prescription. This amendment was passed by the Senate as a part of that bill, but was deleted in conference and thus failed to be enacted as a part of that act.¹

D. HEARING AND REPORT: HEALTH SCREENING AND CHRONIC DISEASE

The Subcommittee on Health of the Elderly of this committee held hearings in September 1966, on "Detection and Prevention of Chronic Disease Utilizing Multiphasic Health Screening Techniques." Economic data Presented to the subcommittee revealed that 83.4 percent of our 65 and over population suffer with one or more chronic conditions; the economic toll associated with illness, disability, and death due to chronic disease amounted to \$57.8 billion in 1963.

The hearing record and the report of the subcommittee were published on December 30, 1966. The report's findings:

1. Approximately 87,300,000 people in the United States suffer from at least one chronic condition; if the present trends continue, chronic disease will become an even greater problem.

2. Chronic disease costs our economy an estimated \$57.8 billion annually.

3. Chronic disease is the cause of tragic losses to society and human potential.

4. The heavy economic and social costs of chronic disease are preventable to some degree.

5. At best, less than \$3 billion is spent on all forms of preventive medicine. There is a great need for additional efforts to prevent chronic disease on a national scale. Early detection appears to offer the most practical approach.

6. Multiphasic screening shows great promise as a practical method for early detection of chronic disease. Widespread increases in multiphasic screening will result in technological advances and accelerated effectiveness.

7. Multiphasic screening could result in considerable time saving for physicians—an important consideration in the face of severe and growing medical manpower shortages.

8. The concept of early detection of chronic disease utilizing multiphasic health screening techniques was endorsed by each witness appearing before the subcommittee and almost all persons with whom the committee corresponded. However, some problems and reservations were pointed out.

9. Multiphasic health screening offers the possibility of converting "an ounce of prevention" from a proverb into an avenue of health for the Nation. Adequate planning, appropriate Government assistance, and the involvement of the medical profession will be necessary.

The report's recommendation:

Federal legislation should be enacted to establish a multiphasic health screening program on a large-scale basis with eventual expansion nationwide.

¹ The President, in his message to Congress of Jan. 23, 1967, on "Aid for the Aged," said, "I am directing the Secretary of Health, Education, and Welfare to undertake immediately a comprehensive study of the problems of including the cost of prescription drugs under Medicare."

E. GERONTOLOGY BRANCH

A report on the 1966 activities of the Gerontology Branch, U.S. Public Health Service, appears in appendix B, beginning on page 64.

F. AGING PROGRAM, NICHD

A report on the Aging Program, National Institute of Child Health and Human Development, appears in appendix B, beginning on page 68.

G. MENTAL HEALTH

A report describing the Aging Program of the National Institute of Mental Health, written by the Institute's Director, Dr. Stanley F. Yolles, at the request of the Committee on Aging, appears in appendix B, beginning on page 71.

H. RESEARCH

Various departments and agencies of the executive branch of the Federal Government during 1966 conducted research relating to the physiological and medical aspects of aging. Summaries of the principal research activities of this type appear in appendix B, beginning on page 76.

CHAPTER II. DEVELOPMENTS IN CONSUMER INTERESTS OF THE ELDERLY

SUBCOMMITTEE ON CONSUMER INTERESTS OF THE ELDERLY

Harrison A. Williams, Jr., *Chairman*

Wayne Morse
Frank Church
Edmund S. Muskie
Edward V. Long
Edward M. Kennedy
Ralph Yarborough
Walter F. Mondale

Hiram L. Fong
Frank Carlson
Thruston B. Morton
Clifford P. Hansen

A. SUBCOMMITTEE BROADENS SCOPE

The Subcommittee on Frauds and Misrepresentations Affecting the Elderly changed its name in 1966 and broadened the scope of its inquiries. Now called the Subcommittee on Consumer Interests of the Elderly, the subcommittee has added the following paragraph to the official description of its jurisdiction:

The subcommittee shall be authorized to inquire and report on any and all practices which relate to special problems or other circumstances affecting the elderly as consumers. This shall include but not be limited to studies of buying habits of the elderly, products offered to the elderly, products needed by the elderly but not offered to them, and marketing practices that affect the elderly.

The earlier jurisdiction—authorizing inquiries into any practices which would “seem to subject our older people to financial or other loss as a result of fraudulent or misleading representations”—remains unchanged.

REASONS FOR CHANGE

Senator Harrison A. Williams, subcommittee chairman, said that the change in name will “more adequately reflect the role of the subcommittee in its studies of problems that take precious dollars away from older Americans, who now have a total buying power of nearly \$40 billion a year.” He added that the subcommittee will maintain a “lively interest in outright frauds or deceptions that exploit the elderly,” but he also said:

The change in name will enable the subcommittee to study other problems that have a definite relationship to the elderly and what they get for their money.

INITIAL HEARINGS

On December 16, Senator Williams announced that the subcommittee would conduct hearings on January 17 and 18, 1967. He said he would call upon marketing specialists and representatives of

Government agencies concerned with consumer problems. They were to discuss the following basic questions:

- (1) How well equipped are our Federal agencies to deal with consumer problems of the elderly?
- (2) How well do older Americans spend their incomes?
- (3) What statistics and other information do we need for greater understanding of the elderly as consumers?
- (4) How can the Federal level help State governments be of greater service to consumers in general and the elderly in particular?
- (5) Is there great need for new products or private services designed expressly for the elderly?
- (6) What improvements should be made in governmental publications intended for consumers, with special reference to the elderly?

As soon as the subcommittee concludes this survey hearing, it will conduct hearings and studies into specific subjects, such as nutritional needs of the elderly and the use of hearing aids.

B. LEGISLATIVE ACTIVITY

Older Americans, as well as those in other age groups, will receive additional protection in the marketplace as a result of enactment of Public Law 89-755 (the truth-in-packaging bill), signed November 3, 1966.

The act declares that informed consumers are essential to the fair and efficient functioning of a free market economy, and that "packages and their labels should enable consumers to obtain accurate information as to the quantity of the contents and should facilitate value comparisons."

Among the provisions is a requirement that the net quantity of contents (in terms of weight, measure, or numerical count) shall be separately and accurately stated in a uniform location upon the principal display panel of that label. The label statement "shall appear in conspicuous and *easily legible* type in distinct contrast (by typography, layout, color, embossing, or molding) with other matters on the package." [Emphasis added.]

In some cases, voluntary standards will be established after review by the Secretary of Health, Education, and Welfare.

Other legislation related to consumer interests received some consideration during the last year of the 89th Congress.

S. 2275, (the truth-in-lending bill) was again introduced in the 89th Congress. Senate Joint Resolution 190, which would have established a special commission to report on flammability dangers in common household goods, will be reintroduced in 1967. S. 2672 to require Federal regulation of interstate land sales, was the subject of hearings by the Subcommittee on Securities in the Senate Committee on Banking and Currency on June 21, 22, and August 18, 1966; and was favorably reported by the subcommittee. Other bills introduced during the 89th Congress included: S. 2350, calling for premarket testing of therapeutic, diagnostic, and prosthetic devices, and S. 1364, to amend the postal administrative mail fraud statute.

C. MULTIAGENCY STUDY OF SUSCEPTIBILITY TO QUACKERY

In its report¹ of January 1965, the Subcommittee on Frauds and Misrepresentations Affecting the Elderly called for a broad study of consumer attitudes that contribute to the growth of quackery. This recommendation was based on extensive testimony which indicated that older Americans are major victims of questionable practitioners and medical products.

Eight Federal agencies announced on May 10, 1966, that they would sponsor such a study, with the Food and Drug Administration as coordinator. Joining with the FDA are the Administration on Aging, the National Institute of Child Health and Human Development, the National Institute of Mental Health, the Vocational Rehabilitation Administration, the Agricultural Research Service of the U.S. Department of Agriculture, and the Veterans' Administration. A number of private organizations, including the American Medical Association and the National Better Business Bureau, assisted in planning the study.

Researchers will study the influence of such factors as family and educational background; folk medicine customs; and health experiences on consumer attitudes toward health products, services, and information. The study will examine the extent to which such factors make some individuals prone to accept false and misleading promotions for health products and services, or resistant to sound medical and health information. Armed with such knowledge, the agencies hope to be able to devise more effective educational and other programs to protect the public against health frauds and quackery.

The study will involve over 3,000 personal interviews and will take 18 months to complete. A non-Government research agency, selected on a competitive basis, is conducting the survey.

D. ACTIONS BY FEDERAL AGENCIES

Additional attention to older Americans as consumers was given by several Federal agencies during 1966, in both organizational structure and in the initiation of new studies or projects.

THE ADMINISTRATION ON AGING

Established by the Older Americans Act of 1965, the Administration on Aging acted within its first year to establish the position of consumer program specialist within the Office of Program Planning and Information. Among the duties of this specialist: to provide liaison with other Government agencies which conduct consumer programs; to maintain close communication with private nonprofit and voluntary organizations serving the elderly; to initiate leadership guidance for professional and volunteer workers concerned about consumer education programs for the elderly; and to work with Administration on Aging information staff members in creating special pamphlets, films, and materials.

Administration on Aging Commissioner Bechill, in announcing the establishment of the office, said: "Ranking high among the many

¹ Frauds and deceptions affecting the elderly; investigations, findings, and recommendations, 1964, Jan. 31, 1965.

services which must be made available to our older citizens is the approach to many of their problems through an imaginative and effective consumer education program. It is not sufficient, for example, for those of us who serve older people to strive for income maintenance unless the recipient of improved income is given guidance and advice regarding its wise expenditure; the provision of food donation and meal distribution programs will not have full effectiveness if the importance of sound nutrition is not conveyed to those who receive; postretirement employment opportunities will lose their value if the rewards of this employment are wasted in today's complex marketplace; lastly, health, financial, and legal services can only be fully effective if accompanied by health, financial, and legal counseling * * *. It is vitally important that the older consumer, often a person with limited income and other resources, become informed about those matters which affect his physical, social, and economic well-being."

PUBLICATIONS AND PLANS FOR CONFERENCES

The Office of Program Planning and Information has published a leaflet called "Are You Planning on Living the Rest of Your Life," and it has reprinted "You, the Law and Retirement." Among publications now under preparation are an accident prevention booklet developed in conjunction with the Public Health Service and a consumer education pamphlet which will propose pertinent subjects for discussion with older persons.

It was agreed during 1966 that the Administration on Aging and the Food and Drug Administration will sponsor 18 leadership conferences within the first 6 months of 1967. The conferences will be directed at all professional workers who serve the elderly, as well as representatives of volunteer organizations.

Consumer education emphasis will be included in the Senior Citizen Month programs and publications this May.

THE FOOD AND DRUG ADMINISTRATION

James L. Goddard, M.D., Commissioner of Food and Drugs, announced on July 20, 1966, that the FDA was about to begin a new program to provide specific health facts for older Americans.

Commissioner Goddard's announcement noted that 10 percent of the people of the United States are past 65, and that they are often a target for deceptive, misleading, or fraudulent promotion of health products and devices because of their higher incidence of chronic disease and other health problems.

The FDA education program for the elderly operates largely through conferences, seminars, and workshops held throughout the country for professional groups and organizations. FDA consumer specialists in the agency's 18 field district offices meet with leaders and professionals in the area of aging. These leaders in turn carry the FDA message on safe and effective use of drugs, the wise selection of health products and services, and basic consumer information to the individual level.

Additional impetus was given the conference program in November 1966 when Commissioner Goddard and Commissioner William D.

Bechill, of the Administration on Aging, HEW, issued a statement that in the future FDA and AOA would cosponsor these conferences dealing with consumer problems of the older American.

THE FEDERAL TRADE COMMISSION

The Office of Federal-State Cooperation continued its program to encourage action at State and local level to stop the use of trade practices which occur primarily within a single State and which would be unlawful if used in interstate commerce.

The program has three objectives: to make certain that officials at all levels of government, State and local, know what public services are available from the Commission; to refer to State or local officials any complaints of unfair or deceptive practice which appear to be occurring primarily in intrastate or local commerce; and to give State officials a channel for reporting of any interstate violations affecting the people of their State. During a recent 9-month period, the FTC referred 63 matters to State or local authorities, but during the same period the Commission received 327 referrals from the States.

PROPOSED STATE LAWS

Commission Chairman Paul Rand Dixon announced in July that the FTC has urged the States to enact laws dealing with the following:

A. Consumer deception and unfair competitive practices.—The Commission is recommending that States adopt legislation similar to the Commission's own authority to prevent "unfair methods of competition and unfair or deceptive acts or practices in commerce." Chairman Dixon pointed out that a general law against "unfair" and "deceptive" practices has the advantages of extending to all lines of business, to the sale of merchandise as well as services, and includes all types of practices which may be deceptive to the consumer or unfair to competitors. It is sufficiently broad to reach practices such as "bait" advertising, deceptive guarantees, fictitious pricing, referral selling, oral misrepresentations by house-to-house salesmen, misbranding, sale of used products as new, false claims as to performance of products, price-fixing conspiracies, and boycotts to eliminate competition.

B. Licensing of hearing aid fitters and dealers.—The Commission recommends State action because investigations by the Commission over the years have shown considerable consumer dissatisfaction with hearing aids. Many complainants are older persons on limited incomes or public assistance, and they cannot afford to spend large sums for unsatisfactory hearing aids. Chairman Dixon said that the most common cause of complaints were promotional practices of local dealers and difficulties in fitting of devices. The proposed legislation is similar to an Oregon statute.

C. Control of correspondence and vocational schools.—The FTC explained that the purpose is not only to protect educationally disadvantaged persons from being exploited, but also to assure that the operators of such schools have instructional staffs and physical facilities adequate to fulfill objectives advertised for the courses offered for sale.

The three proposals have been forwarded to the Council of State Governments Committee on Suggested State Legislation.

On December 24, the FTC made public guides designed to eliminate unfair and deceptive practices being used by some retailers in making sales on credit.

THE PRESIDENT'S COMMITTEE ON CONSUMER INTERESTS

The Consumer's Advisory Council to the President's Committee made its report public in December 1966.¹

The Council offered many varying recommendations, including a proposal for establishment of a Cabinet-level Department of Consumers. Among the recommendations of direct interest to older Americans were the following dealing with health services:

Far-reaching concerted action by government, voluntary agencies, universities, and the health professions should be undertaken to improve health manpower and facilities, quantitatively and qualitatively. Specific measures should include—

Development of regional planning organizations for hospitals and extended-care facilities;

Encouragement of group practice arrangements;

Elimination of duplication and fragmentation of health services under piecemeal arrangements; and

More effective training and use of allied and middle-professional health personnel, thereby freeing physicians, dentists, and other professionals to do the tasks for which they were trained.

Support for, and expansion of, the social insurance principle of financing health care, and elimination of gaps in coverage should include—

Periodic reexamination of Medicare operations and administration, including adjustment of financing, if necessary; elimination of deductibles and coinsurance which complicate administration and work hardships on consumers, who find much of their bill uncovered; inclusion of preventive services; adjustment of Social Security financing, as necessary to accomplish this.

Extension of social insurance benefits coverage to enable many not now covered to be protected.

OTHER ACTIVITIES

During the past year the President's Committee on Consumer Interests has worked closely in an advisory capacity with Federal agencies and private organizations in attempting to alleviate the problems of older citizens.

On May 17, 1966, in speaking to the Annual State Executives on Aging Conference, the President's Special Assistant for Consumer Affairs, Mrs. Esther Peterson, called for—

1. Added services to the elderly, to make them less vulnerable to exploitation in the marketplace.

¹ Consumer Issues, 1966, "A report to the President from the Consumer's Advisory Council," No. GSA DC 66-17713.

2. Expanded consumer information and education programs for the elderly.

3. Expanded action by organizations now existing.

The President's Committee has worked closely with the American Association of Retired Persons in developing a pilot series of consumer information programs. These are centered around such subjects as credit, food, and medicine, and how to make the best use of one's income.

The Special Assistant for Consumer Affairs helped the American Association of Retired Persons and the District of Columbia Home Economics Committee open a consumer information center in Washington, D.C. At the same time, offices were opened in two other cities.

Acting on a suggestion from the President's Committee, the Government Printing Office published an appendix to Consumer Information (Public Law 86) including pamphlets of particular interest to older consumers, printed in extralarge type.

"Shopping Sense," issued this year by the President's Committee, is intended to help all consumers to spend their food dollars wisely, and is of relevance to older consumers.

CHAPTER III. DEVELOPMENTS IN EMPLOYMENT OF THE ELDERLY AND RETIREMENT INCOMES

SUBCOMMITTEE ON EMPLOYMENT AND RETIREMENT INCOMES

Jennings Randolph, *Chairman*

Frank Church
Alan Bible
Edward V. Long
Frank E. Moss

Winston L. Prouty
Hiram L. Fong
Jack Miller

A. SOCIAL SECURITY CASH BENEFITS FOR THE ELDERLY

1. BENEFITS FOR CERTAIN NONINSURED ELDERLY

On March 8, the Senate by a vote of 45 to 40 adopted the Prouty amendment to H.R. 12752 (the Tax Adjustment Act of 1966). This amendment provided social security benefits for almost all U.S. residents aged 70 or over who were not then eligible for social security benefits. The bill subsequently went to a Senate-House conference where differences in the two versions of the bill were ironed out. The conferees' report, filed on March 14, approved this provision with the following modifications:

SENATE-PASSED PROVISION	CONFERENCE COMMITTEE MODIFICATION
1. Minimum age at which benefits would be paid would be 70.	1. Minimum age raised to 72.
2. Basic monthly payment would be \$44.	2. Basic monthly payment reduced to \$35.
3. Open end eligibility period for persons who reach required age.	3. A transitional qualifying period of 2 years for all noninsured persons reaching age 72 in 1966 or 1967, with some social security coverage required for persons reaching 72 after 1967.
4. Persons receiving public assistance cash payments eligible for the special payment.	4. Persons receiving public assistance cash payments not eligible.
5. Full special benefits would be received by persons who receive Federal or State pensions, without reductions on account of such pensions.	5. Single persons receiving Federal or State pensions to receive special benefits only to the extent necessary to bring total retirement benefits up to \$35. Married persons receiving such pensions to receive special benefits only to the extent necessary to bring total retirement benefits up to \$52.50.

This agreed-upon conference compromise was approved on March 15 by the House by a vote of 228 to 102. Later that day, the Senate agreed to it by a vote of 72 to 5. Subsequently on the same day, the President signed H.R. 12752, which became Public Law 89-368.

2. BENEFIT INCREASES TO BE CONSIDERED IN 1967

The President, in his address in Baltimore at Social Security Administration headquarters on October 12, 1966, announced that he would send to Congress in January 1967 proposals to amend the Social Security Act to increase benefits, among other liberalizations.¹ After the President's speech, and before adjournment of the 89th Congress, Chairman Wilbur Mills of the House Ways and Means Committee announced that hearings on Social Security proposals would be one of the first items of business to be considered by that committee after convening of the 90th Congress in January 1967.²

B. AGE DISCRIMINATION IN EMPLOYMENT

An amendment to prohibit age discrimination in employment was added on the Senate floor to H.R. 13712, the Fair Labor Standards Amendments of 1966. Sponsors of the amendment were Senators Javits, Smathers, Murphy, Fannin, Prouty, and Griffin. The bill, as amended, was sent to a conference committee to iron out differences between the Senate and House versions. The compromise which came out of the conference was passed by the House and Senate and signed into law (Public Law 89-601) on September 23, 1966. The compromise provision relating to age discrimination is section 606, which directs the Secretary of Labor to submit to Congress not later than January 1, 1967, specific legislative recommendations for prohibiting age discrimination in employment.³

¹ The President, in his message to Congress of Jan. 23, 1967, entitled, "Aid For The Aged" outlined the following social security recommendations:

"I recommend effective July 1, 1967:

1. A 20-percent overall increase in social security payments.
2. An increase of 59 percent for the 2.5 million people now receiving minimum benefits—to \$70 for an individual and \$105 for a married couple.
3. An increase of at least 15 percent for the remaining 20.5 million beneficiaries.
4. An increase to \$150 in the monthly minimum benefit for a retired couple with 25 years of coverage—to \$100 a month for an individual.
5. An increase in the special benefits paid to more than 900,000 persons 72 or over, who have made little or no social security contribution—from \$35 to \$50 monthly for an individual from \$52.50 to \$75 for a couple.
6. Special benefits for an additional 200,000 persons 72 or over, who have never received benefits before.

"I recommend that—

- Social security benefits be extended to severely disabled widows under 62.
 The earnings exemption be increased by 12 percent, from \$125 to \$140 a month, from \$1,500 to \$1,680 a year.
 The amount above \$1,680 a year up to which a beneficiary can retain \$1 in payments for each \$2 in earnings be increased from \$2,700 to \$2,880.
 One-half million additional farmworkers be given social security coverage.
 Federal service be applied as social security credit for those employees who are not eligible for civil service benefits when they retire, become disabled, or die.

"I recommend—

- A three-step increase in the amount of annual earnings credited toward benefits—to \$7,800 in 1968; to \$9,000 in 1971; and to \$10,800 in 1974.
 That the scheduled rate increase to 4.4 percent in 1969 be revised to 4.5 percent; and that the increase to 4.85 percent in 1973 be revised to 5 percent."

² The Ways and Means Committee began social security hearings on Mar. 1, 1967.

³ The administration proposal which resulted was introduced by Senator Yarborough on Feb. 3, 1967, as S. 830, with the cosponsorship of Senators Williams of New Jersey, Randolph, Smathers, Morse, Bible, Long of Missouri, Kennedy of Massachusetts, Cannon, and Clark. An identical bill, H.R. 3651, was introduced in the House by Congressman Perkins.

S. 830 would prohibit employment discrimination, based on age, on the part of employment agencies, labor organizations, and employers, and would vest in the Secretary of Labor enforcement powers and responsibilities.

C. EMPLOYMENT SERVICES FOR OLDER WORKERS

1. APPROPRIATION FOR OLDER WORKER PROGRAM INCREASE

For an increase in the older worker program of the Bureau of Employment Security of the Department of Labor, \$2,500,000 was appropriated as an item in Public Law 89-787 (November 7, 1966), the fiscal 1967 Appropriation Act for the Departments of Labor and Health, Education, and Welfare. The Employment Service plans to use this additional appropriation for 291 additional positions to expand its program of intensified service to older workers to 20 additional cities. Among the intensified services to older jobseekers which will be provided in those cities are employment counseling, job development (including both full and part-time jobs), referral to training (such as that provided under the Manpower Development and Training Act) and job placement.

2. STRENGTHENING THE U.S. EMPLOYMENT SERVICE

On December 29, 1965, Labor Secretary Wirtz released a report by his Employment Service task force, which recommended various amendments to statutes under which the U.S. Employment Service operates. Subsequently, during March and April 1966, 10 days of joint hearings on proposals to amend manpower services statutes were held before the Subcommittee on Employment and Manpower of the Senate Committee on Labor and Public Welfare and the Select Subcommittee on Labor of the House Committee on Education and Labor. As a result, the Senate Committee on Labor and Public Welfare on June 27 reported S. 2971, which passed the Senate on June 29. No action was taken on the bill in the House, and it died with adjournment.

Among the provisions in the bill designed to strengthen the U.S. Employment Service were the following:

(a) Section 5 provided that with respect to persons or groups who are so disadvantaged in the labor market that they are, or are likely to become chronically unemployed, the services to be made available shall include (1) reaching out to such persons or groups, including the use of mobile units, and providing them with special counseling services in order to determine their needs; (2) plans for manpower services commensurate with individual needs, such as referral for remedial education, institutional training, or on-the-job training, rehabilitation, and medical examinations and care; (3) the development of employment opportunities, including opportunities for public service employment, commensurate with the capabilities of such persons; (4) the providing of job counseling and selective placement services for handicapped persons; and (5) the providing of supportive on-the-job and other followup services.

(b) Section 19 would have authorized the Secretary of Labor to provide loans to unemployed individuals who cannot find suitable employment in their community, have an offer of employment elsewhere, and cannot reasonably be expected to defray the costs of relocation. The Secretary would also have been authorized to provide funds for counseling and supportive services needed by those who relocate, to aid them in getting established.

3. DEPARTMENT OF LABOR REPORT

A report by the Department of Labor on its older worker service activities appears beginning on p. 89 as appendix C.

D. MANPOWER DEVELOPMENT AND TRAINING

The Manpower Development and Training Amendments of 1966, Public Law 89-792 (Nov. 7, 1966), among other provisions, directed the Secretary of Labor to "provide, where appropriate, a special program of testing, counseling, selection, and referral of persons 45 years of age or older for occupational training and further schooling designed to meet the special problems faced by such persons in the labor market."

The bill thus enacted was H.R. 16715, which passed the House on September 19, 1966, and the Senate on October 13.

E. UNEMPLOYMENT COMPENSATION

An amendment pertaining to unemployed workers between the ages of 60 and 65 was adopted by the Senate on August 8, 1966. The amendment, sponsored by Senators Javits and Hartke, was an amendment to H.R. 15119, the proposed Unemployment Insurance Amendments of 1966, which had passed the House on June 22, 1965. The bill, as amended by the Javits-Hartke amendment, passed the Senate on August 8, but died in conference.

The Javits-Hartke amendment would have provided extended unemployment compensation benefits to a worker who met the following requirements:

- (1) Is between the ages of 60 and 65;
- (2) Either (a) is an individual whose employment skills have become obsolete for reasons beyond his control, or (b) lives in a redevelopment area, and has no employment skill for which there is an unfulfilled demand where he lives or in an area in which he could feasibly be relocated; and
- (3) Is registered as a person seeking employment at his State or Federal employment office.

F. PRIVATE PENSION PLANS

I. EXTENSION OF PENSION COVERAGE FOR SELF-EMPLOYED AND THEIR EMPLOYEES

H.R. 10 was reported from the House Ways and Means Committee on May 26 and passed the House unanimously (291-0) on June 6. As passed by the House, it contained two provisions recommended by our Subcommittee on Employment and Retirement Incomes in its 1965 report, "Extending Private Pension Coverage":

(a) Elimination of the 50-percent limit on deductibility of contributions to qualified pension plans by self-employed persons for their own benefit in their capacity as employers; and

(b) Elimination of the provision specifying that where both capital and personal services are material income-producing factors in a trade or business, not more than 30 percent of the self-employed

taxpayer's net income from the trade or business may qualify as "earned income."

No further action was taken on the bill in the Senate. However, on October 12, the Senate, by a vote of 39 to 31 added its substance as an amendment to H.R. 13103, the Foreign Investors Tax Act of 1966, and this action was approved in conference.

The House agreed to the conference report on October 20, and the Senate on October 22, and the bill was signed into law on November 13 (Public Law 89-809). These two perfecting amendments to the Self-Employed Individuals Tax Retirement Act of 1962 (Smathers-Keogh Act) should encourage many more self-employed individuals to bring themselves and their employees under private pension coverage.

2. JOINT ECONOMIC COMMITTEE HEARINGS

Hearings on "Private Pension Plans" were held before the Subcommittee on Fiscal Policy of the Joint Economic Committee on April 26 and 27, and on May 2, 3, 9, 11, 16, and 20. The record of the hearings consists of 520 pages of statements, testimony, and exhibits. This study and additional hearings will be continued during 1967, after which it is planned to issue a report detailing the subcommittee's findings and recommendations.

3. PARTICIPATION SALES ACT OF 1966

Public Law 89-429 (May 24, 1966) authorized the sale to private investors, including private pension plans, of participation certificates based on a pool or pools of notes or other obligations representing loans made or otherwise acquired by Federal credit agencies. This, in effect, makes it possible for private pension plans and other private investors to acquire a high quality investment with high income yields.

The bill thus enacted was S. 3283, which passed the Senate May 5, 1966, and passed the House amended May 18, 1966. The Senate agreed to the House amendment on May 23, 1966.

4. HARTKE BILL HEARING

On August 15, 1966, the Senate Finance Committee held a hearing on S. 1575, Senator Hartke's bill to establish a self-supporting Federal reinsurance program to provide insurance for beneficiaries under private pension plans for certain losses of benefits to which they are entitled. No further action was taken on the bill, and it died with adjournment.

G. FEDERAL TAXES

1. FULL DEDUCTIBILITY OF MEDICAL AND DRUG EXPENSES

During Senate Finance Committee consideration of H.R. 13103, the Foreign Investors Tax Act of 1966, an amendment was added at the request of Senator Smathers to restore full income tax deductibility of medical, dental, and drug expenses of those over 65. If enacted, this amendment would have repealed the provision in the Social Security Amendments of 1965 (Public Law 89-97) which will require taxpayers over 65, effective for taxable years beginning on or after January 1, 1967, to exclude 3 percent of their adjusted gross incomes in computing

their Federal income tax deductions for medical and dental expenses and to exclude 1 percent of their adjusted gross incomes in computing their deductions for medicines and drugs.

H.R. 13103, with this amendment, was passed by the Senate on October 13. However, the conference committee deleted this amendment, thus killing it for the 89th Congress.

2. CONTRIBUTIONS TO ELDERLY RELATIVES

The Special Committee on Aging held a hearing on June 15 on "Tax Consequences of Contributions to Needy Older Relatives," and issued a report on this subject on October 13. The report contained the following findings and recommendations:

Findings

1. There are compelling reasons why more generous tax concessions should be enacted for taxpayers who contribute to the support of needy older relatives.

(a) They would be an effective stimulus for increased contributions from younger family members to older family members;

(b) They are needed to eliminate tax discriminations against taxpayers who contribute to the support of older family members, and would thus make Federal taxes more equitable, whether or not they would be an effective stimulus for increased contributions of this type; and

(c) They are an efficient alternative to public expenditures and promote desirable social objectives, abundantly justifying any "revenue loss" which may be entailed.

2. At present, Federal income tax statutes discriminate against taxpayers who contribute to the support of needy elderly relatives, and, in effect, punish and discourage such contributions. These statutes reward taxpayers who refuse to contribute to the support of needy elderly relatives and who force them to seek public assistance and assistance from private charities.

3. At present, Federal income tax statutes discriminate against families having members over 65 whose family incomes are derived from earnings of family members who are under 65.

4. At present, Federal income tax statutes discriminate against taxpayers who pay the medical expenses of their needy elderly relatives but who are prevented by technicalities from deducting such expenditures.

5. At present, Federal income tax statutes discriminate against taxpayers who contribute to dependent older relatives whose income is derived from rents, farming, businesses, and other sources which entail expenses to produce or collect income.

6. A few limited tax benefits are presently available to taxpayers who contribute to the support of needy older relatives.

Recommendations

1. The committee recommends that the income test for claiming relatives over 65 as dependents be increased from \$600 to \$1,200.

2. The committee recommends that taxpayers who have dependents

over 65 be given two personal exemptions for each such dependent, instead of one exemption, as at present.

3. The committee recommends that the Internal Revenue Code be amended to permit deduction by a taxpayer of his payments for medical expenses of a relative over 60 who had less than \$1,200 of gross income during the taxable year, even if the taxpayer did not contribute more than one-half of the support of the older relative during the year.

4. The committee recommends that the Internal Revenue Code be amended to relate the income test for claiming exemptions for dependents over 65 to adjusted gross income, rather than to gross income, as at present.

5. The committee recommends that Internal Revenue Code section 214 be simplified to make any taxpayer eligible for the deduction for care of a disabled dependent over 60 and that another amendment be enacted increasing from \$6,000 to \$7,000 the joint income allowed a taxpayer and spouse before reduction of the deduction where the dependent is over 60.

6. The committee recommends that Congress enact legislation authorizing a special issue of Federal savings bonds which could be purchased with a stipulation that the interest thereon be paid periodically to an individual age 60 or over, with the privilege reserved to the purchaser of the bond to cash it at any time and recover his investment, and that the Internal Revenue Code be amended to require that the interest be included in the gross income of the recipient, instead of in that of the purchaser of the bond.

7. The committee recommends that a proviso be added to Internal Revenue Code, section 677(b), to the effect that trust income paid to an individual over 60 cannot be included in the gross income of the settlor of the trust solely because he has a legal obligation to support the recipient of the income.

3. TAX TREATMENT OF SERVICEMEN'S FAMILY PROTECTION ELECTIONS

Public Law 89-365 (Mar. 8, 1966) amended the Internal Revenue Code to provide more generous tax treatment for servicemen who elect reductions in their retirement annuities to provide survivor benefits for their spouses and certain child beneficiaries. The tax treatment provided by the new statute is essentially the same as that which was already provided for beneficiaries of the civil service retirement program and other qualified pension plans. The tax benefit relates not only to Federal income taxes, but also to Federal estate and gift taxes.

The bill thus enacted was H.R. 10625, which passed the House on October 21, 1965 and the Senate, without amendment, on February 21, 1966.

H. RAILROAD RETIREMENT

H.R. 17285 passed the House on October 1 and the Senate on October 14, and was signed by the President on October 30 (Public Law 89-699). It increased railroad retirement benefits in two ways:

1. Established for a 5-year period a supplemental pension system for railroaders who retire on or after July 1, 1966, providing benefits of \$45 a month after 25 years' service, increased by \$5 a month for

each additional year's service up to a maximum of \$70 a month after 30 year's service. Such benefits would be in addition to regular annuities which were already provided.

2. Provided a general increase of 7 percent in benefits for those who are ineligible for the supplemental pension benefits. The 7-percent increase is reduced by the total of benefit increases which resulted from the Social Security Amendments of 1965.

I. VETERANS BENEFITS

H.R. 17488 would have provided an average overall increase of 5.4 percent in non-service-connected pensions payable under the "new law" to veterans, their widows, and their children. It passed the House on September 19, 1966, and was reported favorably by the Senate Finance Committee, with amendment, on October 18. No further action was taken in the Senate, and it expired with adjournment of the 89th Congress.

J. FEDERAL CIVIL SERVICE RETIREMENT

1. FEDERAL SALARY AND FRINGE BENEFITS ACT OF 1966

Public Law 89-504 (July 18, 1966) contained the following provisions relating to Federal civil service retirement cash benefits:

(a) Federal civil service employees were permitted to retire on a full annuity at age 55 after 30 years' service, or at age 60 after 20 years' service.

(b) A 10-percent annuity increase was provided for all widows and widowers (including future widows and widowers) whose annuities are based on an employee's death or retirement prior to October 11, 1962.

(c) A widow of a former Federal employee who dies or retires after July 18, 1966, is permitted to continue to receive her survivor annuity if she remarries after attaining age 60, or to have her annuity reinstated if a remarriage prior to age 60 is terminated. If such a widow has an election of survivor annuities under any Federal employee retirement program, she may elect which she wishes to receive, but cannot receive more than one.

The bill thus enacted was H.R. 14122, which passed the House on April 6, 1966, and the Senate, amended, on July 11. The House agreed to the Senate amendment on July 12.

2. AUTOMATIC COST-OF-LIVING BENEFIT INCREASE

The Consumer Price Index during the months of August, September, and October 1966, reached the level required by law for an automatic increase in civil service retirement benefits. Consequently a 3.9-percent increase went into effect on January 1, 1967.

CHAPTER IV. DEVELOPMENTS IN THE WAR ON POVERTY AS IT AFFECTS OLDER AMERICANS

A. HEARINGS AND REPORT

On January 19 and 20, the special committee held the third of a series of three hearings begun during 1965 on "The war on poverty as it affects older Americans," and its report¹ on this subject, based upon its studies and these hearings, was issued on June 20. The report's findings and recommendations:

Findings

1. There are compelling reasons why the elderly poor should be served by the war on poverty:

(a) Elderly individuals and families dependent upon elderly individuals are a major portion of the poor.

(b) The elderly poor are the most invisible of the invisible poor.

(c) The elderly are the most hopeless of the poor.

(d) The war on poverty can only be successful to the extent that it succeeds in lifting the elderly out of poverty.

2. When it passed the Economic Opportunity Act of 1964 and the Economic Opportunity Amendments of 1965, Congress intended that the programs authorized benefit the elderly as well as other age groups.

3. While there is ample room for future improvement and progress, a good beginning has been made under the war on poverty toward attacking the problem of poverty in old age.

4. There is much potential within the war on poverty to expand presently conducted programs and to inaugurate new programs serving the Nation's elderly.

5. That many elderly poor individuals cannot serve in programs providing gainful employment is no excuse for failure to provide such opportunities for those of the elderly who are capable of serving. As a matter of fact, providing such opportunities for those who can serve can benefit those who cannot.

6. There has been no position within the Office of Economic Opportunity with sufficient responsibility and authority to insure adequate attention to the elderly poor under the programs administered by that agency.

Recommendations

1. The committee recommends that, by administrative action or, if necessary, legislation, there be established within the Office of Economic Opportunity a high-level position or positions charged with responsibility and given authority to assure adequate considera-

¹ S. Rept. 1287, 89th Cong., 2d sess. For information on obtaining copies, see app. A.

tion of the needs of the elderly in conducting the war on poverty, with tenure and security for the occupant of this position.

2. The committee recommends that the Director of OEO make the Task Force on Programs for Older Persons permanent.

3. The committee recommends that the Office of Economic Opportunity develop to their full potential the elderly oriented programs which it has already begun.

4. The committee recommends that the Office of Economic Opportunity give to additional elderly oriented programs the same type of fund allocation and promotion efforts which made Medicare Alert the success it has been.

5. The committee recommends that the Office of Economic Opportunity further relax its requirement that applications represent a large population base, and that it permit some communities to organize and file applications apart from other nearby communities where organizational disputes and other difficulties in such nearby communities delay the establishment of community action agencies and otherwise impede community action programs.

6. The committee recommends that State and local commissions and councils on aging survey possibilities for utilizing the war on poverty to serve the elderly within their States and localities, and work with community action agencies and with State economic opportunity offices in an ongoing effort to make and keep this great national effort responsive to the needs of the elderly.

7. The committee recommends that OEO, local community action programs, and State commissions on aging sponsor or encourage regional meetings of community action program directors and summer training programs to provide trained personnel capable of directing programs intended partially or wholly for the elderly.

8. The committee recommends that community action agencies study the various model programs for the elderly and other possibilities for serving the elderly, decide which best fits the needs of their own elderly, and make application for war on poverty funds for such projects.

9. The committee recommends that senior citizens' organizations, and other private groups, continue to give their wholehearted cooperation in making the war on poverty successful as it affects older Americans.

10. The committee renews its recommendation that legislation be enacted to create a National Senior Service Corps to enlist the interest and energies of middle-aged and older persons in service in the communities where they reside.

11. The committee recommends that legislation be enacted authorizing the Administration on Aging to grant all or a portion of the matching funds required of sponsoring agencies that receive OEO funds when, in the opinion of the Commissioner of Aging, such grants will make a genuine contribution to the development of permanent service programs for the elderly.

12. The committee recommends that the OEO, the AoA, and other appropriate Federal agencies cooperate in establishing several "demonstration city" or "demonstration county" projects on a scale sufficient to show how Federal resources and Federal programs can be used most effectively and economically to help the elderly poor.

To implement our recommendation No. 1, an amendment was added to H.R. 15111 in the Senate authorizing the appointment by the

President, subject to Senate confirmation, of an Assistant Director of the Office of Economic Opportunity to be responsible for programs for the elderly poor. The amendment was sponsored by Senator Edward M. Kennedy, with the cosponsorship of Senators Williams of New Jersey and Smathers. The conference committee accepted the Senate amendment, and this provision appears as section 601 of the Economic Opportunity Amendments of 1966 (Public Law 89-794). Besides directing the appointment of an Assistant Director for the Elderly Poor, this section clarifies the responsibility of the OEO Director toward older persons, in the following language:

The Director shall carry out such investigations and studies, including consultations with appropriate agencies and organizations, as may be necessary (1) to develop programs providing employment opportunities, public service opportunities, and education for the elderly poor under the provisions of this act, and (2) to determine and recommend to the President and the Congress such programs requiring additional authority and the necessary legislation to provide such authority.

At the request of the Committee on Aging, OEO early in 1967 submitted the following report on its activities since we issued our report, with particular reference to action taken to implement our report's recommendations.

B. REPORT SUBMITTED BY OEO

"On earlier occasions, OEO has reported to the Special Committee on Aging of the Senate on its activities during the first half of 1966. (See S. Rept. No. 1287, "The War on Poverty as it Affects Older Americans," June 20, 1966.) This report and summary will serve to supplement that material.

"OEO program activities in the year 1966 represented an upswing in Economic Opportunity Act activities directed toward the Nation's older poor persons. As presented in our earlier reports to the committee, OEO engaged in significant new program approaches to the needs of the older poor through such national demonstration projects as Medicare Alert, Foster Grandparents, and Green Thumb. Since June of 1966, OEO has extended and expanded the Foster Grandparents and Green Thumb programs and further utilization of these program concepts are contemplated for 1967.

"In addition to the maintenance of program priorities for older poor persons in 1966, the Office of Economic Opportunity created a special unit for programs for older persons in the community action program of OEO. Since July of 1966, Mr. Daniel Schulder has functioned as director of older persons programs for CAP within the Office of Program Planning. As director of older persons programs, Mr. Schulder has inaugurated a comprehensive review of CAP activities on behalf of older persons and has directed the development of program policies and guides designed to assure that all components of CAP as well as other programs of OEO (such as VISTA, Headstart, etc.), serve the needs of older persons either through employment opportunities or through the redirection of program services. As a result of these activities, new program and policy guides on older persons programs will be issued in early 1967 to all community action

agencies to assist them in the development of new and expanded services for older persons at the local, community level.”

1. OEO TASK FORCE ON POVERTY AND THE OLDER PERSON

“In recognition of the need to review all aspects of OEO operations to assure that they serve the needs of older persons, Director Sargent Shriver reconstituted the OEO Task Force on Programs for Older Persons, formed in 1965, as a permanent OEO Advisory Committee on Poverty and Older Persons. In this new role, the Advisory Committee has been asked by Mr. Shriver to assist him, “in an evaluation of the total OEO program to assure that we meet our obligations to older persons within all components of our legislative and administrative mandate.”

“Dr. Harold Sheppard of the W. E. Upjohn Institute for Employment Research of Washington, D.C., member of the original task force, has been designated as Chairman of the Committee. Mr. Schulder of the CAP staff acts as executive secretary to the committee. The first report of the Advisory Committee is transmitted herewith.²”

“2. OEO RESPONSE TO THE RECOMMENDATIONS OF THE SENATE COMMITTEE ON AGING REPORT, “THE WAR ON POVERTY AS IT AFFECTS OLDER AMERICANS”

Recommendation No. 1. The committee recommends that by administrative action, or, if necessary, legislation, there be established within the Office of Economic Opportunity a high-level position or positions charged with responsibility and authority to assure adequate consideration of the needs of the elderly in conducting the war on poverty, with tenure and security for the occupant of this position.

“Congress itself determined that this recommendation become a part of the Economic Opportunity Act through its amendment to title VI creating an OEO Assistant Director for the Elderly. This position will be filled through presidential action in the near future. The new Assistant Director will be able to influence and direct all aspects of the economic opportunity program to meet the needs of older poor persons.”

Recommendation No. 2. The committee recommends that the Director of OEO make the Task Force on Programs for Older Persons permanent.

“As noted above, OEO has already made the task force permanent and has expanded its role in OEO policy and program determination.”

Recommendation No. 3. The committee recommends that the Office of Economic Opportunity develop to their full potential the elderly oriented programs which it has already begun.

“As noted earlier, OEO has conducted and expanded the Foster Grandparent Program. In December of 1966, OEO authorized \$6.5 million in new title II funds to continue and extend Foster Grandparent Programs. Project Green Thumb will continue as a major older persons program on a multistate basis. Negotiations are now underway with a number of community action programs to conduct

² The Advisory Committee report is in App. D, beginning on p. 93.

Project FIND in several communities around the Nation. Finally, OEO is continuing to encourage community action agencies to develop programs and components to serve older persons. Through its contract with the National Council on Aging, OEO has provided each community action agency with a variety of program models and will, shortly, issue a comprehensive program guide to assist community action and other agencies in the development of feasible programs."

"Recommendation No. 4. The committee recommends that the Office of Economic Opportunity give to additional elderly oriented programs the same type of fund allocation and promotion efforts which made Medicare Alert the success it has been.

"Under a proposed new contract with the National Council on Aging, new and innovated program designs to serve the needs of older persons will be developed and circulated to community action agencies for adoption. Policy guidelines to community action agencies³ encourage community action agencies to develop a variety of elderly oriented programs at the local level. In the coming year, OEO will greatly expand its training and technical assistance efforts to assure the success of such programs."

"Recommendation No. 5. The committee recommends that the Office of Economic Opportunity further relax its requirement that applications represent a large population base, permitting some communities to organize and file applications apart from other nearby communities where organizational disputes and other difficulties in such nearby communities delay the establishment of community action agencies and otherwise impede community action programs.

"The existing regulations of the community action program provide for the funding of single-purpose and neighborhood level programs through delegate agencies of community action programs. OEO is aware that such delegate agency programs often have a greater impact on local problems than do more widely based community action programs."

"Recommendation No. 6. The committee recommends that State and local commissions and councils on aging survey possibilities for utilizing the war on poverty to serve the elderly within their States and localities, and work with community action agencies and with State economic opportunity offices in an ongoing effort to make and keep this great national effort responsive to the needs of the elderly.

"Largely through its existing contract with the National Council on Aging as well as through increased liaison with the Administration on Aging, OEO has accelerated the linkage between community action agencies and local and State commissions and councils on aging. In a number of communities, CAA's have been the recipients of Administration on Aging, Older Americans Act grants to supplement OEO funds. The 1967 technical assistance and training plan of OEO projects a nationwide effort to increase this fruitful liaison between local and State aging units and community action groups."

"Recommendation No. 7. The committee recommends that OEO, local community action programs, and State commissions on aging sponsor or encourage regional meetings of community action program directors and summer training institutes or other training programs

³ The policy guidelines are reproduced in App. D, beginning on p. 95.

to provide trained personnel capable of directing programs intended partially or wholly for the elderly.

"As noted above, OEO in concert with the National Council on Aging has participated in a number of training programs to provide personnel capable of directing programs intended partially or wholly for the elderly. Such programs have been conducted in Washington, D.C.; Newark, N.J.; Madison, Wis., and in other places. The 1967 OEO training and technical assistance plan will greatly expand these initial efforts."

"Recommendation No. 8. The committee recommends that community action agencies study the various model programs for the elderly and other possibilities for serving the elderly, decide which best fit the needs of their own elderly and make application for war on poverty funds for such projects.

"As the report of the National Council on Aging . . . indicates, a large number of community action agencies have already utilized the program models developed by OEO and NCOA. Over 80 CAA's have indicated an interest in developing local Project FIND's. A number of agencies have instituted food programs, employment programs, and service center programs modeled after these circulated program designs. In all, some 35,000 copies of program designs for older persons have been distributed to community action and other agencies."

"Recommendation No. 9. The committee recommends that senior citizens organizations and other private groups continue to give their wholehearted cooperation on making the war on poverty successful as it affects older Americans.

"In 1966, OEO has increased its liaison with older persons groups through the appointment of a director of older persons programs in CAP. In response to the interest generated through these contacts, CAP will issue guidelines to assure that older persons organizations can participate in the policy and program deliberations of local community action agencies."

"Recommendation No. 10. The committee renews its recommendation that legislation be enacted to create a National Senior Service Corps to enlist the interest and energies of middle-aged and older persons in service in the communities where they reside.

"The OEO endorses and supports the concept of a National Senior Service Corps. OEO is currently developing a special program under VISTA which will test and implement many aspects of the National Senior Service Corps."

"Recommendation No. 11. The committee recommends that legislation be enacted authorizing the Administration on Aging to grant all or a portion of the matching funds required of sponsoring agencies that receive OEO funds when, in the opinion of the Commissioner of Aging, such grants will make a genuine contribution to the development of permanent service programs for the elderly.

"OEO and the Administration on Aging are jointly reviewing a number of proposals for possible joint funding. Through these reviews it is anticipated that procedures for extensive joint funding of programs may be possible in the coming fiscal year."

"Recommendation No. 12. The committee recommends that the OEO, the AoA, and other appropriate Federal agencies cooperate in establishing several "demonstration city" or "demonstration county"

projects on a scale sufficient to show how Federal resources and Federal programs can be used most effectively and economically to help the elderly poor.

“OEO has this recommendation under consideration. A number of community action agencies will receive planning grants to participate in local “model cities” programs. It is hoped that the Administration on Aging will be able to participate in the development of significant aging components within these planning grants.”

CHAPTER V. DEVELOPMENTS IN SERVICES

SUBCOMMITTEE ON FEDERAL, STATE, AND COMMUNITY SERVICES

Edward M. Kennedy, *Chairman*

Alan Bible
Ralph Yarborough
Stephen M. Young

Jack Miller
Everett McKinley Dirksen

A. IMPLEMENTATION OF OLDER AMERICANS ACT OF 1965 (PUBLIC LAW 89-73)

In appendix E, pp. 97-105, there is a summary of activities to implement the Older Americans Act during 1966, the first full year during which the act has been in effect. From that summary, it is evident that a dramatic improvement has been wrought in services to the elderly in States and communities throughout the Nation.

B. SERVICES TO THE ELDERLY ON PUBLIC ASSISTANCE

On March 23, 1966, the Subcommittee on Federal, State, and Community Services issued a report on "Services to the Elderly on Public Assistance," based upon its hearing on this subject on August 18 and 19, 1965. The report's findings and recommendations, as presented by Subcommittee Chairman Edward Kennedy to the full Committee:

Findings

1. A wide variety of services have been rendered to the elderly on public assistance since enactment of the Public Welfare Amendments of 1962.

2. Despite the growth of services programs in the States since 1962, the States are not approaching full development of services for the elderly on public assistance, and there remains much potential for growth.

3. The inadequacy of old-age assistance cash grants is a source of continued concern and is a basic drawback to better service programs.

4. There is a substantial body of informed opinion in favor of contributions from Federal general revenues to make possible more adequate OASDI cash benefit levels.

5. There is an acute shortage of trained social workers in the United States today; this shortage seriously impedes the development of service programs for the elderly on public assistance.

Recommendations

1. The subcommittee recommends that the Welfare Administration review its administratively established requirements (in connection with services programs) for keeping records, filing reports, and per-

forming other paperwork chores to determine whether these requirements can be made less burdensome and time consuming.

2. The subcommittee recommends that the services provisions of the Public Welfare Amendments of 1962 be amended to permit 75-percent Federal matching for the purchase from private nonprofit organizations of nonmedical services by State and local welfare agencies, with appropriate safeguards.

3. The subcommittee recommends that the Social Security Administration study the various proposals that would authorize contributions from Federal general revenues to the OASI program, and that it report to Congress its conclusions and recommendations resulting from the study of this issue.

4. The subcommittee recommends that Congress appropriate funds for "training grants for welfare personnel" as authorized by section 705 of the Social Security Act.

5. The subcommittee recommends that the National Defense Education Act of 1958 as amended be further amended to provide some degree of forgiveness of higher education loans to students who later serve in social work.

6. The subcommittee recommends that the Welfare Administration, in cooperation with the Office of Education and representatives of the social work profession and institutions of higher learning, develop standards and curriculums for training subprofessionals who can be assigned appropriate tasks in the public welfare services under the supervision of professionals.

A report by the Welfare Administration on 1966 developments regarding services to the elderly on public assistance appears in appendix E, beginning on page 106.

C. NEEDS FOR SERVICES REVEALED BY OPERATION MEDICARE ALERT

On June 2, 1966, Subcommittee Chairman Edward Kennedy called a hearing on "Needs for Services Revealed by Operation Medicare Alert," and the Subcommittee issued its report on this subject on October 27.

Operation Medicare Alert was a nationwide effort, financed with war on poverty funds, to inform the elderly of their rights and opportunities under the new medicare legislation, and to assist them in signing up for medicare benefits within the time limit set by law. While this was the primary purpose of Medicare Alert, a valuable byproduct was the opportunity given the elderly individuals on Medicare Alert visitation teams to visit with others of their age group in their own homes and to discuss their needs with them. Many of them testified at our hearing and provided the subcommittee an insight on which it based its report. The report's findings and recommendations:

Findings

1. Operation Medicare Alert was a success, both from the standpoint of the numbers of the elderly who were informed of their rights under medicare and who were assisted in signing up for benefits, and also from the standpoint of the insights gained into the needs of our Nation's elderly.

2. Loneliness is one of the most serious problems of many older Americans visited by Medicare Alert workers.

3. Many older Americans visited by Medicare Alert workers need homemaker services.

4. Among many older Americans, there is a need to be useful and active, and Operation Medicare Alert satisfied this need with respect to the relatively few elderly individuals who had the privilege of serving in it.

5. One of the services needed by older Americans visited by Medicare Alert workers is home repair and home maintenance service.

6. One of the services needed by older Americans visited by Medicare Alert workers is senior centers.

7. One of the needs found by Medicare Alert workers is the need for home health services and other health assistance.

8. One of the needs found by Medicare Alert workers is the need for better housing arrangements.

9. One of the service needs found by Medicare Alert workers is the need for adult education programs.

10. Operation Medicare Alert demonstrated the need for services to find elderly individuals who need services which are already available in their communities and to advise them of the availability of those services and of the steps which must be taken in obtaining them.

Recommendations

1. The subcommittee renews and reemphasizes its recommendation and the recommendation of its parent Committee on Aging, that legislation be enacted authorizing the establishment of a National Senior Service Corps or Talented American Service Corps.

2. The subcommittee renews and reemphasizes the recommendation of the Committee on Aging that the Office of Economic Opportunity approve Project FIND or some similar program for funding under the war on poverty.

D. ELDERLY SERVICE OPPORTUNITIES

A number of bills were introduced during 1966 to provide service opportunities for the elderly. Briefly summarized, the major bills on this subject were:

S. 2877, introduced by Senator Williams of New Jersey, with co-sponsorship of Senators Clark, Douglas, Fong, Hart, Hartke, Kennedy of Massachusetts, Kennedy of New York, Long of Missouri, Murphy, Muskie, Neuberger, Pell, Randolph, Ribicoff, Smathers, and Yarborough. Would authorize the establishment of an "Older Americans Community Service Program," under which the Administration on Aging would provide funds and technical assistance to nonprofit private organizations, municipalities, counties, and States for community service programs utilizing the abilities, enthusiasm, and energy of men and women of age 60 and over.

S. 3049 and S. 3326, introduced by Senator Smathers, with co-sponsorship of Senators Long of Missouri and Randolph. Would establish a Talented American Senior Corps to be composed of citizens age 55 and over who are able to provide needed services in the communities in which they live.

Hearings on these bills were held on May 24, May 25, and June 15 before a subcommittee of the Senate Committee on Labor and Public

Welfare. As a consequence, S. 2877 was reported favorably, with amendments, from the Senate Labor and Public Welfare Committee on October 13 (S. Rept. 1728), the bill passed the Senate on October 21, and was referred to the House Committee on Education and Labor on October 22.¹

Bills similar or identical to S. 2877 which were introduced in the House were H.R. 12462 (Bingham), H.R. 12495 (Rodino), H.R. 12611 (Nix), H.R. 12767 (Howard), H.R. 12771 (Multer), H.R. 12824 (Sickles), H.R. 12832 (Fino), H.R. 12836 (Halpern), H.R. 12843 (McGrath), H.R. 12898 (Gilbert), H.R. 12910 (Resnick), H.R. 12979 (Hawkins), H.R. 13018 (Edwards), H.R. 13082 (St Germain), H.R. 13260 (Olson), H.R. 13293 (Minish), H.R. 13314 (William D. Ford), H.R. 13354 (Schmidhauser), H.R. 13423 (Fascell), H.R. 13452 (Helstoski), H.R. 13474 (Krebs), H.R. 13726 (Patten), H.R. 14433 (Gray), H.R. 14551 (Corman), H.R. 14630 (Donohue), and H.R. 15794 (Rosenthal).

House bills similar or identical to S. 3049 and S. 3326 were H.R. 15756 (Bennett) and H.R. 16296 (Roybal).

E. EDUCATION

Included in the Elementary and Secondary Education Amendments of 1966 (Public Law 89-750, enacted Nov. 3, 1966) was title III, entitled "Adult Education." This title continues the adult basic education program which was established by title II-B of the Economic Opportunity Act of 1964, and, in effect, vests complete authority and responsibility for that program in the Office of Education, rather than in the Office of Economic Opportunity. The program is designed to provide education in elementary skills up to and including the eighth grade level for persons over 18 years of age, including older adults, who have not had such instruction. State education agencies administer the program by means of State plan arrangements with the Office of Education. That agency advises that approximately one student in five in adult basic education classes is in the age range of 45 and older.

Title III authorized \$40 million for this adult basic education program during the fiscal year ending June 30, 1967, of which \$30 million was appropriated.

A letter discussing this program and other programs and activities in the Office of Education affecting the elderly appears in the appendix on page 115.

F. LIBRARY SERVICES

The Library Services and Construction Act Amendments of 1966, Public Law 89-511 (July 19, 1966) contained an authorization for library services to the physically handicapped, which term was defined in the act as:

* * * the providing of library service * * * to physically handicapped persons (including the blind and visually handicapped) certified by competent authority as unable to read or to use conventional printed materials as a result of physical limitations.

¹ Senator Williams reintroduced this proposal on Jan. 12, 1967, as S. 276, in order that it may be considered during the 90th Congress.

This definition includes elderly individuals who can only read large type, and this new statute offers promise of improved library services to the Nation's elderly.

The letter from the Office of Education on p. 116 also discusses activities of its Library Services Branch in behalf of library services for the elderly.

G. PRESIDENT'S COUNCIL ON AGING

Activities of the President's Council on Aging during 1966 are discussed in a memorandum written for the committee by Commissioner William D. Bechill, chairman of its executive committee, which is reproduced on p. 119 of the appendix.

H. SENIOR CITIZENS' MONTH

By proclamation signed April 1, 1966, President Johnson designated May 1966 as Senior Citizens' Month.

CHAPTER VI. DEVELOPMENTS IN HOUSING FOR THE ELDERLY

SUBCOMMITTEE ON HOUSING FOR THE ELDERLY

Frank E. Moss, *Chairman*

Harrison A. Williams, Jr.
Frank Church -
Edmund S. Muskie
Stephen M. Young
Wayne Morse
Edward M. Kennedy
Walter F. Mondale

Frank Carlson
Winston L. Prouty
Thruston B. Morton
Clifford P. Hansen

A. DEMONSTRATION CITIES AND METROPOLITAN DEVELOPMENT ACT OF 1966, PUBLIC LAW 89-754 (NOV. 3, 1966)

1. COMPREHENSIVE CITY DEMONSTRATION PROGRAM

Title I of this new public law establishes a new program to assist both large and small cities in planning and executing comprehensive programs of improvement in designated city neighborhoods or areas. Such programs are directed to the improvement of the living environment and general welfare of the people living in such areas and call for a coordinated attack on the social, economic, and physical problems.

The Subcommittee on Housing for the Elderly has in previous reports called attention to the impact of existing urban renewal and redevelopment programs on low income elderly persons who frequently live in project areas. Apart from the problems occasioned by the displacement of longtime, older residents from their neighborhoods and the reuse of the land involved for commercial purposes or high cost housing, the possibilities inherent in these programs for making a positive contribution to the improvement of the housing and the living environment of the urban elderly have never received Administration attention.

The coordinated approach to social as well as economic and structural problems in urban neighborhoods called for in the comprehensive city demonstration program lends itself to the realization of these possibilities. A city demonstration agency, designated by the local governing body, may receive from the Department of Housing and Urban Development up to 80 percent of the costs of planning and developing a demonstration program. Programs so developed will deal with urban neighborhoods which are predominantly residential and will be directed toward achieving marked improvement not only in housing but social, educational, and health services for the residents of the affected area. The Department's regulations further provide that maximum opportunity be afforded residents of the area for participation in all phases of the program. For the execution of a demonstration project the Department is authorized to make grants for up to 80 percent of the costs of the project in excess of assistance received under other Federal programs.

It is too early to tell to what extent the interests of the urban elderly may be represented in the planning and execution of these demonstration programs. The subcommittee notes that in the Department's recently issued "Program Guide" no mention is made of the stake

elderly residents of cities have in model neighborhood demonstrations or of measures to reflect the interests of this population group in such plans.

On the other hand, the President stated in a recent message to Congress:

I am directing the Secretary of Housing and Urban Development to make certain that the model cities program gives special attention to the needs of older people in poor housing and decaying neighborhoods.

This is heartening reassurance. It is to be hoped that in urban areas where substantial numbers of elderly people make their homes a conscious effort will be made at all levels to realize the possibilities of this program for improvement of the housing and neighborhood environment of elderly urban residents of modest means.

2. DIRECT LOANS FOR RENTAL HOUSING FOR THE ELDERLY

Section 1001 of Public Law 89-754 amended section 105(b) of the Housing and Urban Development Act of 1965. Section 105(b) established the interest rate charged for loans to nonprofit sponsors of rental housing for the elderly under section 202 of the Housing Act of 1959 at 3 percent. The amendment made by Public Law 89-754 extends the benefit of this rate to projects for which loans were made prior to the effective date of the interest rate change (August 10, 1965) if construction had not been commenced before that date.

B. OPERATIONS UNDER PREVIOUSLY ENACTED PROGRAMS

Congress has recognized the need for increasing the supply of housing especially suited to the elderly at rents they can afford by enacting several programs of Federal assistance for the development of such housing. Estimates of the numbers of elderly persons and couples who need better housing, which have been published from time to time in reports by the committee, are of such magnitude that existing programs can make only a small impact. However, considerable progress has been made and levels of activity under these programs during 1966 have been gratifying.

1. PUBLIC HOUSING FOR THE ELDERLY

The low rent public housing program, initially authorized in 1937, was amended in 1956 to include the construction of public housing units especially for the elderly. That this phase of the public housing program was responsive to a need recognized in communities throughout the country is indicated by the fact that nearly half of the 100,000 units of public housing authorized by the Public Housing Act of 1961 were devoted to housing for the elderly. An additional 37,500 units were authorized by the Housing Act of 1964, and the 1965 act authorized 60,000 units per year for 4 years.

Progress in the use of these authorizations to provide standard housing for the low income elderly has continued unabated. At the end of 1964 approximately 81,000 units designated for the elderly had been placed under contract. During 1965 this figure rose to almost 100,000 units, and by December 31, 1966, 119,028 low rent housing units for the elderly were under contract, under construction,

or completed. Table 1 below shows numbers of projects and housing units accommodating the elderly in each State placed under contract since this phase of the public housing program was begun.

During 1966 more than half of the new public housing units placed under annual contributions contract were designated for occupancy by the elderly. Of the total of 32,967 units, 20,634, about 63 percent, will serve low income elderly persons and couples. Exhibit 1, which begins on page 120, shows the location and size of projects placed under contract in the past year and the number of units designated for the elderly.

TABLE 1.—*Federally aided public housing projects with all or some units designed specifically for the elderly with annual contribution contracts executed, cumulative through Dec. 31, 1966*

State or territory	Total public housing units for the elderly	Projects with all units for the elderly		Projects with some but not all units for the elderly	
		Number of projects	Number of units	Number of projects	Number of units for elderly
Total, United States and Puerto Rico	119,028	787	71,337	1,127	47,691
Alabama	2,294	13	691	81	1,603
Alaska	25			1	25
Arizona	61			2	61
Arkansas	2,443	21	1,146	68	1,297
California	3,250	17	1,117	17	2,133
Colorado	840	7	652	7	188
Connecticut	3,158	37	2,916	6	242
Delaware	209	1	149	2	60
District of Columbia	1,268	2	423	7	845
Florida	1,939	12	1,358	20	581
Georgia	3,255	18	1,680	79	1,575
Hawaii	493	2	231	5	262
Idaho	80	2	80		
Illinois	11,137	86	8,065	100	3,072
Indiana	3,014	16	2,076	14	938
Iowa	455	7	414	2	41
Kansas	601	1	301	2	300
Kentucky	2,908	15	1,663	63	1,245
Louisiana	2,016	10	352	37	1,664
Maine	260	2	260		
Maryland	1,101	4	350	4	751
Massachusetts	5,730	58	4,860	11	870
Michigan	2,854	30	2,182	18	672
Minnesota	4,568	24	3,274	10	1,294
Mississippi	125	1	30	8	95
Missouri	2,063	6	599	21	1,464
Montana	16			2	16
Nebraska	2,290	49	2,085	11	205
Nevada	476	2	275	2	201
New Hampshire	1,124	12	976	2	148
New Jersey	10,777	65	9,335	31	1,442
New Mexico	212	2	72	10	140
New York	13,552	32	4,095	85	9,457
North Carolina	1,554	11	890	42	664
North Dakota	212	4	152	6	60
Ohio	7,016	24	3,127	26	3,889
Oklahoma	744	2	350	15	394
Oregon	1,729	10	791	6	938
Pennsylvania	7,129	42	3,776	67	3,353
Puerto Rico	110			10	110
Rhode Island	3,218	27	3,068	1	150
South Carolina	297	4	27	3	70
South Dakota	137	2	73	8	64
Tennessee	2,490	17	1,596	59	894
Texas	5,240	54	2,571	119	2,669
Vermont	155	2	130	1	25
Virginia	182	1	50	4	132
Virgin Islands	158	1	84	7	74
Washington	1,626	16	1,397	6	229
West Virginia	738	4	350	11	388
Wisconsin	1,699	12	998	8	701

2. THE DIRECT LOAN PROGRAM

Section 202 of the Housing Act of 1959 authorized the Housing and Home Finance Administrator to make long-term, low-interest loans to nonprofit organizations, consumer cooperatives, and public bodies (except public housing authorities) to build rental housing for the elderly. Loans may be made for up to 50 years. This program now is administered by the Housing Assistance Administration of the Department of Housing and Urban Development. The Housing and Urban Development Act of 1965 established the interest rate for loans made under this program at 3 percent. As mentioned earlier, the Demonstration Cities and Metropolitan Development Act of 1966 amended the effective date of this rate.

The reduction of the interest rate to 3 percent has brought about a significant increase in the volume of activity under this program. During the 12-month period preceding the reduction of the interest rate there were a total of 44 applications from prospective sponsors for projects totaling about 6,500 units. In the 12-month period following the adoption of the 3-percent interest rate there were 69 applications for over 10,000 units. The reduced interest rate also makes possible the reduction of rent levels in these projects for the middle and lower middle income elderly. The amount required per unit to pay principal and interest in a project at the median development cost is reduced by \$6.25 per month.

The direct loan program has now been utilized by nonprofit sponsors on housing for the elderly in 40 States. As of December 31, 1966, loan approvals had been issued for 215 projects totaling 27,238 units. Table 2 shows the number of projects and units and the aggregate cost of projects for which loan approvals have been made in each State. During 1966 loan approvals have been issued for 48 projects which will provide nearly 8,000 units. Exhibit 2¹ lists by State the projects approved during the past year, their sizes and locations.

¹ See appendix, p. 126.

TABLE 2.—Senior citizens housing loan program summary of approved projects from inception of program through Dec. 31, 1966

State	Number of projects	Number of units	Aggregate project cost
Total	215	27, 238	\$325, 524, 866
Arizona.....	2	233	2, 728, 550
Arkansas.....	1	136	1, 640, 000
California.....	25	2, 912	34, 621, 484
Colorado.....	7	729	8, 355, 476
Connecticut.....	3	229	2, 720, 000
Florida.....	12	2, 325	27, 501, 000
Georgia.....	4	642	7, 394, 600
Illinois.....	7	498	6, 320, 905
Indiana.....	3	142	1, 798, 744
Iowa.....	8	646	7, 331, 050
Kansas.....	1	50	580, 000
Kentucky.....	1	143	1, 969, 000
Louisiana.....	1	62	660, 513
Maine.....	1	27	258, 000
Maryland.....	10	1, 854	23, 610, 009
Massachusetts.....	5	617	7, 288, 000
Michigan.....	8	923	10, 489, 713
Minnesota.....	14	1, 170	14, 255, 465
Mississippi.....	1	101	1, 015, 000
Missouri.....	5	724	8, 426, 300
Montana.....	6	484	5, 619, 680
Nebraska.....	1	56	630, 000
New Jersey.....	9	1, 719	20, 493, 500
New Mexico.....	2	153	1, 778, 000
New York.....	6	948	11, 841, 000
North Carolina.....	1	146	1, 314, 000
North Dakota.....	3	158	1, 643, 289
Ohio.....	15	2, 144	25, 066, 000
Oklahoma.....	4	402	4, 273, 444
Oregon.....	4	682	8, 198, 000
Pennsylvania.....	16	2, 983	38, 582, 000
South Dakota.....	3	120	1, 267, 576
Tennessee.....	3	415	4, 758, 522
Texas.....	6	839	8, 530, 766
Utah.....	2	334	4, 235, 000
Washington.....	6	806	9, 676, 000
West Virginia.....	1	46	600, 000
Wisconsin.....	1	104	1, 300, 000
Wyoming.....	3	175	2, 077, 300
Puerto Rico.....	4	361	4, 679, 000

3. FHA MORTGAGE INSURANCE OF RENTAL HOUSING FOR THE ELDERLY

The Federal Housing Administration is authorized to insure lenders against losses on mortgages for construction or rehabilitation of rental housing for the elderly. This authority is contained in section 231 which was added to the National Housing Act in 1959. The program provides mortgage insurance for 90 percent of replacement cost in the case of profitmaking sponsors and 100 percent of replacement cost for nonprofit sponsors. Mortgage terms may be for as much as 40 years and the allowable interest rate is currently at the statutory maximum; 5½ percent, plus a one-half of 1 percent mortgage insurance premium.

This program, which serves a somewhat higher income group among the elderly than that served by public housing or the direct loan program, has experienced a sharp decline in activity during the past year. By the end of 1965 approximately 41,000 units had been placed under construction and about 5,200 of those units had been started during that year. During 1966 commitments were issued for only five new projects totaling 565 units. As of December 31, 1966, mortgage insurance commitments had been issued on a total of 276 projects in 42 States and Puerto Rico. These projects will provide

42,749 living units for elderly persons and couples. Table 3 shows these projects by State developed since the inception of the program.² Table 4 lists the projects for which commitments were issued under section 231 during 1966.

TABLE 3.—*Mortgage insurance on rental housing for the elderly—Net commitments issued under secs. 207 and 231 through Dec. 31, 1966*

State	Projects	Units	Mortgage amount
Alabama.....	1	80	\$800,000
Alaska.....			
Arizona.....	16	4,289	48,152,829
Arkansas.....	2	139	1,446,000
California.....	49	9,273	122,023,368
Colorado.....	23	2,244	25,729,387
Connecticut.....	4	469	7,486,600
Delaware.....	1	234	3,271,000
District of Columbia.....	2	659	8,666,704
Florida.....	15	4,097	49,699,331
Georgia.....	1	48	436,800
Hawaii.....			
Idaho.....	1	32	311,000
Illinois.....	7	1,067	12,525,334
Indiana.....	3	407	5,900,000
Iowa.....	4	327	2,350,200
Kansas.....	6	663	8,835,500
Kentucky.....	7	764	8,869,050
Louisiana.....	5	324	3,761,400
Maine.....			
Maryland.....			
Massachusetts.....	1	25	225,000
Michigan.....	6	1,080	11,097,700
Minnesota.....	12	710	8,010,700
Mississippi.....	2	331	3,855,100
Missouri.....	5	944	12,928,789
Montana.....	2	158	2,115,000
Nebraska.....	8	895	11,525,305
Nevada.....	2	394	4,480,200
New Hampshire.....	1	170	1,379,100
New Jersey.....	3	621	7,459,200
New Mexico.....	1	60	787,000
New York.....	4	301	3,722,500
North Carolina.....	2	264	1,350,000
North Dakota.....	2	95	1,127,330
Ohio.....	9	1,343	14,797,100
Oklahoma.....	3	261	3,479,800
Oregon.....	10	1,598	18,204,500
Pennsylvania.....	2	442	5,902,300
Rhode Island.....			
South Carolina.....			
South Dakota.....	3	122	1,030,300
Tennessee.....	4	460	5,869,200
Texas.....	24	3,730	45,059,484
Utah.....	2	408	5,326,600
Vermont.....			
Virginia.....	2	763	9,800,000
Washington.....	9	1,685	20,653,200
West Virginia.....			
Wisconsin.....	8	524	5,424,507
Wyoming.....			
Puerto Rico.....	2	249	3,243,400
Virgin Islands.....			
U.S. total.....	276	42,749	519,117,798

² The Housing Act of 1956 authorized mortgage insurance for housing for the elderly developed by non-profit groups under sec. 207 of the National Housing Act. Table 3 includes a few such projects developed before the enactment of sec. 231.

TABLE 4.—Commitments issued during the year of 1966 on sec. 231 projects for the elderly

State	City	Name of project	Number of units for senior citizens	Replacement cost	Mortgage amount
California.....	Clearlake.....	Lakeside Haven.....	50	\$1,104,540	\$906,000
Kansas.....	Wichita.....	Wichita senior citizens housing.	60	759,921	750,000
Michigan.....	Grand Rapids..	Porter Hills Presbyterian Village.	170	4,223,047	3,735,600
New Hampshire...	Concord.....	United Church of Christ retirement community.	170	1,440,127	1,379,100
Tennessee.....	Knoxville.....	Presbyterian Homes, Inc.....	115	1,862,192	1,714,000
Total.....	565	9,389,827	8,484,700

The tight money market and associated high interest rates which prevailed during 1966 undoubtedly account for much of the dramatic decline in activity under this program. Mortgage funds available at the statutory maximum interest rate of 5½ percent in effect in this program have been very limited since higher yields have generally been available to lenders. However, another factor contributing to the decline in activity in this program undoubtedly has been FHA's unsatisfactory experience with many projects. By the end of 1966, 19 projects had been acquired by FHA after foreclosure, and in 24 other cases mortgagees had elected to assign the mortgage to FHA. A total of 49 projects had been taken over by FHA or were in default with foreclosure proceedings underway. This amounts to about 18 percent of all section 231 projects and represents an experience causing great concern both in the Department and in Congress. Thus, the relatively small number of commitments issued in the past year also reflects a much more careful and cautious approach to evaluating the feasibility of project proposals.

4. HOUSING FOR THE RURAL ELDERLY

The Senior Citizens Housing Act of 1962 authorized the Farmers Home Administration in the Department of Agriculture to make loans or insure mortgages to assist in financing the construction of rental housing for the elderly in rural communities. Although tailored to smaller projects, the provisions of these programs are substantially similar to the direct loan and mortgage insurance programs of the Department of Housing and Urban Development mentioned above. Under the definition of a rural area established in the Housing and Urban Development Act of 1965, the benefits of these programs of the Farmers Home Administration are available in communities of 5,500 or less in population if they are "rural in character."

The volume of activity in the mortgage insurance program appears to have been sustained during the past year despite the factors which have influenced the section 231 program. By the end of 1965, 67 mortgages had been insured for projects serving the rural elderly, and during 1966 mortgage insurance commitments were issued on 45 additional projects to be built by private sponsors. These projects will provide 214 units and involve an aggregate mortgage amount of about \$1,397,210.

Direct loans were made to nonprofit sponsors for 29 projects totaling 292 units. These projects bring the total for which loans have been made under this section of the Senior Citizens Housing Act to 68 providing, when completed, 747 units for the elderly.

5. RENT SUPPLEMENT PROGRAM

The elderly is one of the groups specifically enumerated as eligible for assistance under the rent supplement program established by the Housing and Urban Development Act of 1965. The act authorizes the Secretary of the Department of Housing and Urban Development to enter into contracts with nonprofit, cooperative, or limited dividend sponsors under which elderly and other eligible tenants will pay 25 percent of their income toward rent and the Department would pay the difference between that amount and established fair market rents. The program applies primarily to new housing constructed under section 221(d)(3) of the National Housing Act at the market rate of interest. However, rent supplements also are available on a limited basis in section 231 projects built and projects with direct loans under section 202. These are limited to 20 percent of the units in any project and 5 percent of the aggregate amount of rent supplements authorized.

This program was not funded until the early part of 1966 and since that time the difficulty of securing mortgage commitments at the maximum FHA interest rate has undoubtedly prevented some potential sponsors of housing for the elderly from following through on their applications. This difficulty was relieved to some degree when the President, on October 1, 1966, authorized the Federal National Mortgage Association to make advance commitments up to \$200 million to purchase mortgages on rent supplement housing. This financing is available both for projects serving all age groups and those serving the elderly only. At this time the Department reports that reservations have been made for payments under rent supplement contracts to ten projects to be financed under section 221(d)(3) designated for occupancy by the elderly. A total of about 950 units in these projects will be supplemented. In addition, during the past year rent supplement funds were reserved for 106 projects under the direct loan and section 231 programs which will provide rent supplement assistance to elderly occupants of about 2,100 units.

6. NEIGHBORHOOD FACILITIES

A program of grants to local public bodies or agencies to finance neighborhood facilities projects was established by section 703 of the Housing and Development Act of 1965. Grants may be made for two-thirds of the development cost of such facilities except in areas designated under the Area Redevelopment Act which may receive grants up to three-fourths of the development cost.

One of the possible uses foreseen for this program was the development of senior center facilities in conjunction with housing for the elderly. This combination has been developed in only one instance, that of the Astor Dowdy neighborhood center in High Point, N.C. This senior center facility will be constructed as a wing of a 106-unit, low-rent housing project for the elderly. The center is intended to

serve both the residents of the project and the elderly of the larger neighborhood.

Among the other grants made under this program during 1966 for neighborhood facilities planned in part to serve the elderly are the following:

<i>Location</i>	<i>Amount</i>
Washington Township, Wis.....	\$68, 944
Philadelphia, Pa.....	911, 393
Winston-Salem, N.C.....	116, 553
Oakland, Calif.....	298, 351
Flagstaff, Ariz.....	49, 879

MINORITY VIEWS OF MESSRS. DIRKSEN, CARLSON, PROUTY, FONG, MILLER, MORTON, AND HANSEN

INTRODUCTION

Every minority report of the Senate Special Committee on Aging since its inception in 1961 has recognized the special injury suffered by older Americans as a result of inflation occurring under Democratic administrations and Democratic-controlled Congresses.

We repeat our belief that inflation is the number 1 economic threat to the aging.

It is our conviction that those in control of the administration and the Congress should end the multi-billion dollar deficit spending, extravagance and waste by the Federal Government which continues to feed the fires of inflation.

Despite minority efforts on behalf of a stable dollar, evidence at hand suggests that further erosion of dollar values—with even greater losses to persons on fixed incomes—is probable.

The proposed spending and deficits in the President's budget confirm this fear. The Administration apparently plans to continue a "guns and butter" spending policy notwithstanding the deficits and inflation it produces.

While improvements in social security probably cannot fully compensate for all losses in purchasing power endured by older Americans, they comprise one area in which the Federal Government can and should act with dispatch to give older people more equitable treatment.

Changes in social security should aim at (a) general increases in benefit schedules, (b) higher minimum payments, (c) correction of current inequities, (d) greater flexibility in the system, and (e) its removal as far as possible from the realm of political expediency.

We offer eight recommendations, as listed below, subsequently discussed in this statement, which we believe will move toward these ends.

None of these has more long-range importance than the proposal, offered as bills in the 89th and 90th Congresses by well over 100 members of the minority, to provide for automatic cost-of-living increases.

Its enactment would avoid future losses in social security purchasing power such as those already suffered by current beneficiaries.

It would give assurance to young people that when they enter retirement, they will receive treatment in terms of actual purchasing power comparable to the dollars they paid in in social security taxes.

It would remove benefit increases from political whims of the moment by providing for immediate response to problems created by inflation.

Because of losses already suffered as a result of rising living costs, it becomes necessary immediately to compensate for such losses through increases in old-age, survivors and disability benefits.

From 1958 through 1964, inflation cost social security recipients roughly \$1.4 billion in purchasing power. Even with the 1965 7

percent increase, benefits did not have as much purchasing power as they did in 1958. In the last two years, 1965 and 1966, inflation has cost social security recipients another \$1½ billion or more.

We feel special attention also should be given to those receiving minimum payments and to widows within this context of immediate higher social security benefit schedules.

Our other social security proposals, dealing with other inequities within the system have, for certain groups and individuals, equally great significance.

We strongly recommend that the appropriate legislative committees of the Congress give early and productive consideration to the following improvements in social security:

1. Automatic upward adjustments in benefits equal to increases in living costs;
2. Across-the-board increases to all OASDI beneficiaries;
3. Higher minimum OASDI payments;
4. One hundred percent of primary benefits to older widows (instead of the present 82½ percent of the amount payable to surviving husbands);
5. Permit OASDI beneficiaries to earn at least \$2,100 a year without penalty (instead of the present \$1,500);
6. Upward adjustments in benefits for married couples both of whom work and thus often pay dual social security taxes without receiving higher payments when they become beneficiaries of OASDI;
7. Upward adjustments in benefits for persons who do not retire at 65, but who now receive no recognition for their added years of contributions to social security and to society;
8. Extension of OASDI to more people on an adequately funded basis.

Important as these are, social security amendments are not enough by themselves to meet needs of all older Americans. Other approaches, too, are required.

We also recommend, therefore, action on the following:

1. Vigorous efforts to expand and improve America's unique private pension system;
2. Preservation and development of appropriate tax relief measures for older Americans at all levels of government;
3. More liberal income tax considerations for persons who contribute substantially to the support of needy older relatives;
4. Assurance of adequate old-age assistance programs;
5. Expansion of job opportunities, full-time and part-time, for older persons desiring employment;
6. Effective "sheltered care" programs for the aged whose infirmities require such service;
7. More effective State and local programs for older people such as were envisioned when the Congress gave almost unanimous support to enactment of the Older Americans Act of 1965.

We are disturbed, regarding the last recommendation, by signs of slippage in work and plans of State commissions on aging.

It appears that at least some of the momentum for these agencies, designed to serve all older people, is being lost. Part of this apparently is due to "dollar competition" being offered by programs, such as the so-called "war on poverty" which have tighter Federal controls.

There are indications, too, that "war on poverty" funds are possibly being diverted to uses which can only be described as political in a strictly partisan sense. Such practices are indefensible.

In connection with our position on taxing older people, it should be noted here that we are completely opposed to administration plans (1) to make social security benefits taxable, and (2) to eliminate the double income tax exemption now available to persons past 65.

The 15 recommendations mentioned in this introduction will each be discussed in greater detail in pages that follow. Several things, however, appear clear at the outset.

Not the least of these is the fact that in many subject areas there is need for more complete, more accurate information. Without it, achievement of the best possible solutions to current and future problems is impossible.

State and local governments, and private corporate institutions—both profit-making and non-profit—all have responsibilities in the field of aging. These they should neither avoid voluntarily, nor surrender under pressure to anyone, including the Federal Government.

AUTOMATIC OASDI COST-OF LIVING INCREASES

No amendment is more necessary to achievement of a truly sound and equitable social security system, in our opinion, than enactment of automatic cost-of-living increases in old-age, survivors and disability insurance benefits.

The arguments in its favor are so apparent, and possible arguments against it—including cost—are so negligible, that we are a little amazed that it has not received universal acceptance.

Failure of the present administration to endorse it—last year and now—is especially regrettable. Such endorsement—coupled with the overwhelming minority support for the proposal in both House and Senate—would assure its enactment without delay.

Rapid acceleration of the inflation process during the past 3 or 4 years, of course, has heightened the need for automatic cost-of-living increases.

First introduced by Senator Jack Miller, the automatic adjustment proposal was promptly recognized by minority members of the Congress as a badly needed OASDI reform.

Over 100 minority members introduced or cosponsored such legislation during the 89th Congress. It was endorsed by a number of others including all minority members of the Senate Special Committee on Aging. Many additional Members of Congress have introduced or cosponsored the legislation during the current 90th Congress.

In general, the bills propose that whenever the consumer price index rises as much as 3 percent, social security benefits shall automatically be adjusted proportionately. Ample precedent is found in 1962 congressional action on civil service pensions.

It is common knowledge that increases in social security payments voted by the Congress characteristically are deficient in two major respects: (1) they usually fail to compensate fully for living costs in terms of percentage increases, and (2) the time lag before their enactment results in nonrecoverable losses to beneficiaries.

The average benefit paid to a person who retired in 1959 was \$89. If the 1958 amendments had included a provision for adjusting benefits to increases in the cost of living, this benefit would have been increased to \$92.40 when the consumer price index reached 103.9 in December 1960. A further increase to \$95.30 (the amount he gets under present law) would have occurred when the index reached 107.1 in July 1963. The increase in the price index to 110.2 in September 1965 and to 113.3 in July 1966 would have called for additional increases to \$98 and \$100.80.

The validity of these observations is further attested by the experience from 1954 to September 1966. During that period, the cost of living rose 21.9 percent, a rise of more than 50 percent higher than increases in social security average benefits. The latter rose only 14.1 percent.

No increase in social security tax rates would be necessary to finance the automatic increases according to Social Security Administration actuaries because inflation would push up the wages and salaries subject to the tax.

With no tax increase necessary, it becomes doubly difficult to understand why others do not join the minority in support of automatic increases in OASDI benefits.

The view has been expressed that some opponents may prefer the delayed, inadequate, periodic OASDI benefit adjustment by the Congress in order to derive personal political gain from support of such actions. If this is true, it is most unfortunate.

We believe the social security system, now in its 28th year of benefit payments, has become a mature part of our economic and social structure and should be so treated. Adoption of the cost-of-living adjustment proposal would serve to emphasize that maturity—part of which should include removal of the system from partisan politics as fully as possible.

In addition to benefiting persons now receiving OASDI payments, adoption of this proposal—by giving the system such maturity—would also well serve those who will become beneficiaries in years ahead. It would give them, no matter how young they may be, assurances that when they retire, they would receive units of purchasing power comparable to those being paid today.

We believe social security is here to stay. But in a very real sense, as has been observed repeatedly by distinguished economists appearing before the Committee on Aging and elsewhere, its continuation—like that of any pension system—depends on the willingness of those whose taxes are providing the benefits to continue to share the fruits of their labor. Such willingness, in turn, depends on the contributor's confidence that the system will meet his need when his turn comes.

Adoption of the automatic cost-of-living adjustment will go far toward inspiring such confidence among the young.

HIGHER MINIMUM BENEFITS AND GENERAL OASDI INCREASES

Even if provision for automatic cost-of-living increases were adopted effective January 1, 1967—as advocated in numerous bills before the 90th Congress—there would still be need to repair so far as practical the damage done to older Americans' incomes by inflation prior to that date.

How extensive that injury has been, was documented at some length in the Minority Report of this Committee published in March 1966. Its true character has been further enlarged upon in the foregoing section on automatic living cost adjustments.

Fair treatment of current beneficiaries of Old-Age, Survivors, and Disability Insurance requires an increase in benefits across the board.

Minority members of the Committee on Aging, as attested in all previous reports, also have been and are now deeply concerned about the adequacy of minimum benefits.

As observed last year, there is serious doubt that the primary minimum benefit of \$44 a month is compatible with the accepted concept that social security should provide a realistic floor of protection below which virtually no person can fall.

Granted that other income and resources are taken into account in arriving at this floor of protection, the fact remains that \$44 a month is hardly realistic. Especially is this so when one considers that the typical person drawing the minimum benefit is probably that person who has had the least opportunity to accumulate other resources and income to supplement social security.

To what point this admittedly low minimum benefit should be raised is a complex question. It is made complex by variations in living costs resulting from cultural and geographical patterns as well as a number of other factors. No matter what figure might be advanced as an appropriate minimum there would be some who say, it is too high and others, it is too low.

Despite these difficulties, however, we believe that there should be a comprehensive review of this question so that the most reasonable standard can be developed. Conceivably such a review might demonstrate the need for some entirely new approaches to achieving our society's universal desire that no older person be deprived of a satisfying, independent life, and consideration of financing such increases out of the general fund to the extent they are not funded by social security taxes.

In the context of immediate legislative considerations, the needs of the poorest among the aged will probably have to be balanced against what constitutes equity for all. Thus, actions by the 90th Congress will perhaps reflect a compromise between the two.

We recommend that appropriate legislative committees of the Congress give favorable and productive consideration to:

1. A substantial increase in payments to all OASDI beneficiaries, and
2. A meaningful increase in minimum benefits beyond the current \$44 a month.

In so doing, we recognize that consideration must also be given to the tax burden which may properly be imposed on those now in the work force. We believe that most older Americans share the view that tax burdens on the young should not be pushed to excessive levels.

A number of specific proposals have been introduced to provide for higher minimums and across-the-board increases in social security along the lines of our recommendation. It would be impractical to review them all, but one that deserves careful consideration is S. 787, introduced by Senator Winston L. Prouty. Senator Prouty's bill, in part, calls for a \$70 a month minimum payment and increases for other beneficiaries averaging approximately 15 percent.

Senator Prouty's bill also calls for payment of minimum social security benefits to persons age 70 and over even though they have not paid social security taxes during their earlier years. This "blanketing in feature" touches on another aspect of the problem which has received minority support in the past.

100 PERCENT OF PRIMARY BENEFITS FOR WIDOWS

One of the most serious inequities in the present social security system, in our opinion, is the one which provides that widows shall receive only 82½ percent of the primary benefit earned by their husbands. We urge productive consideration of the proposal to increase these benefits to 100 percent at the earliest practical moment.

In so doing, we are reiterating our position taken in earlier minority views.

In them we pointed out that, on the average, lower incomes are received by women than men. Part of this differential is attributable to the current discrimination against widows of primary beneficiaries.

If a man's primary benefit is \$100 a month, while he and his wife both live, their total benefits would be \$150. Should the wife die in such a situation, the widower would revert to a payment of \$100 a month. If the husband should die, however, the widow would only receive \$82.50 a month.

In earlier statements by the minority, we have discussed the impropriety of the outmoded 18th century concept that the breadwinner should receive preferential treatment. It needs no elaboration here.

If anything, the widow, with an average greater life expectancy than the widower and thus subject to the hazards of inflation over a longer period of time, may have a greater need for her social security benefits. To this must be added recognition that her opportunities to supplement social security with other income often may be less.

We believe this discrimination to be unfair and urge its correction

MAJOR LIBERALIZATION OF OASDI "WORK TEST"

Assignment of priorities to various social security amendments is always difficult, but one which we have always believed to be extremely important has been contained in every minority report published by this committee. We believe and recommend again that the present \$1,500 limitation on earnings by social security beneficiaries should be eliminated or substantially liberalized.

We have been gratified that our position throughout the years has coincided with the wishes of older people themselves as repeatedly expressed in correspondence, individual conferences, and committee hearings.

Not all older Americans want employment. We respect their right to a full retirement, retirement which often is devoted to service without remuneration.

A large number of persons past 65, however, do want to continue gainful work; some on a full-time basis, some part-time. We believe that the present provisions in social security which unduly penalize them for doing so is contrary to good public policy and the best interests of the individual.

At the present time an older individual may receive any amount of money—\$50,000 or \$1 million a year—from investments, pension funds, or other “nonemployment” income and still receive every penny of the OASDI benefits. If an older person works, however, and earns more than \$1,500 a year, he loses his social security benefits, partly or completely depending on how much he earns.

With present wage scales and high living costs, we believe this limitation is intolerable. With a wage of \$2 an hour, more than 15 hours work a week will force him above the point where penalties begin. If his skills warrant a higher pay-scale, of course, the limit is reached much more rapidly.

Instances have been cited to the committee of people whose income has actually been held down to the level imposed by the social security regulations even though they are working full time and would be paid a higher amount were the regulations liberalized.

Roughly 300,000 persons drawing OASDI benefits earn an amount just below the wage level where penalties begin.

These facts suggest that the penalty provision may not only interfere with the freedom of older people, but possibly act in some cases as a depressant on the labor market, thus creating lower wages for younger workers, too.

Ideally, it probably would be best to eliminate completely penalties applied to social security beneficiaries who work. There is considerable support, among young and old, for such a position. Social Security Administration actuaries, however, inform us that such action would “cost the system” in excess of \$2 billion year. Such funds might be applied to the cost of other improvements in the system. Regrettably, almost every change except the cost-of-living automatic adjustment would require additional funds. Once more the question of balancing one improvement against another in the spirit of realistic compromise becomes necessary.

Completely unknown, of course, is how much in earnings may be lost to OASDI beneficiaries in loss of earnings because the penalty provision encourages them to avoid work which they otherwise would like to accept.

It would appear appropriate to make a thorough investigation of both sides of this “cost” question. It might show a net benefit to the nation from complete elimination of the “work test” even with a \$2 billion cost to social security. Possibly additional income taxes realized from higher earnings might offset the increased load on the social security system.

Pending such investigation, we believe some liberalization, without undue cost to the social security system, is badly needed.

We recommend that appropriate legislative committees of the Congress give serious consideration to raising the maximum amount a social security beneficiary can earn, without penalty, to at least \$2,100 a year, or \$175 a month.

This would be an increase of \$50 a month, at the least, over what is permitted now.

Permitting a higher level of unpenalized earnings would do more than help older people. Such liberalization would also be of great assistance to many young families which have lost their father.

Social security payments, quite properly, are made for dependent surviving children and their mothers. The concept of thus preserving

the family by permitting the mother to give her primary attention to the children is most desirable. Laudable as this purpose is, however, its meaningful benefits are often lost because of the \$1,500 limitation.

Many such families badly need income supplementation. Many mothers—especially after children have reached school age—could easily earn far in excess of \$1,500 a year with no reduction in their ability to care for the children.

Congressman Gerald R. Ford and others have recognized this by advocating liberalizing the earnings limitation to \$3,600 a year in such cases.

While this problem is technically not within the province of a report on aging, it is essential to a discussion of the present earnings limitation under social security. We would feel remiss in our total responsibility if we did not invite attention to it.

Some minority members of the Committee on Aging feel that the earnings limitation should be raised to a figure substantially above \$2,100 a year or even completely eliminated right now. There is complete agreement, however, that the \$50 minimum increase should be enacted without delay.

The American Association of Retired Persons and the National Retired Teachers Association have advocated liberalizing the "work test" so as to permit unpenalized earnings of \$2,400 a year.

In previous minority reports of the Committee on Aging, we have suggested that beneficiaries might be permitted to receive a total of social security benefits and earnings combined in the amount of \$3,600 a year without penalty.

Whatever precise figure may be used, the liberalization should be substantial. The impact of inflation in recent years makes it even more imperative than in the past.

We regret that the present administration is willing to support what amounts to little more than a token liberalization in unpenalized earnings of \$15 a month, to \$1,680 a year. Last year the Senate on bi-partisan lines, voted for an increase to \$1,800 a year.

We believe that any increase of less than \$50 a month would have little meaning for the older Americans who most desire and need liberalization.

OASDI RECOGNITION FOR PERSONS WHO DEFER RETIREMENT

Every Minority report of the Committee on Aging has urged that efforts be made to make retirement benefits under social security more flexible so that older Americans can best tailor them to their own needs and desires.

One way that this might be accomplished is through permitting persons who defer retirement to an age beyond 65 to receive higher benefits.

Quite obviously the average number of years for which OASDI payments would be made to a group of people retiring at age 68, for example, would be less than for a group retiring at 65.

Equally obvious is the fact that retirees at 68 would have paid social security taxes for a longer period than retirees at 65.

Recognition is given to the principles inherent in these observations with regard to those who begin to receive social security retirement benefits before age 65. If they so elect, their benefits are reduced accordingly.

We believe such flexibility should work both ways.

One very simple way of accomplishing this would be to increase the social security retirement benefit by a specified percent for each year the beneficiary defers retirement. The annual increment percentage might be 4 percent, 8 percent, or some other figure. Senator Gordon Allott is preparing a bill along these lines.

Under such an approach, using 4 percent as an example, the retiree entitled to \$100 a month in benefits at age 65 could, by deferring retirement to age 70, increase his benefits to \$120 a month. His earnings during the 5-year period would probably permit additional savings by him which would increase his ability to meet his needs and desires in retirement years.

Our advocacy of some type of concession in higher benefits does not in any way constitute objection to retirement at 65—for those who want it, and many do.

We do believe, however, that this option should be available so that those who choose to defer retirement will not lose by their desire to continue in employment.

The extra contribution to society by those who continue full productivity beyond age 65 can be great. In times of skilled manpower shortages, it may even be crucial to social and economic progress.

There are millions of persons now past 65 who are making such contributions, some in lofty positions, some in small. Had there been such flexibility in social security during years past, there might be millions more.

When such a choice is made, we believe it completely improper to penalize the person who defers retirement.

OASDI DISCRIMINATION AGAINST WORKING COUPLES

As indicated in other minority recommendations, we are deeply concerned about inequities in the social security system. We believe that searching inquiry should be made to uncover all such instances to the end that fair treatment be given to all. One inequity, with which we have become increasingly disturbed, is that imposed on working couples.

It is common practice today for both husband and wife to work—and pay social security taxes. Sometimes such dual taxation continues throughout their adult life. Sometimes the wife is in the work force until a baby arrives and then resumes employment after the children have grown up or entered high school or college.

In most cases, little or no additional retirement benefits are received as a result of this dual contribution.

An example can illustrate the inequity.

Let us assume one couple (A) in which the husband, on reaching retirement, has average earnings, subject to social security taxes, of \$4,000 a year. His wife has had such average earnings of \$2,000 a year.

Another couple (B) is one in which only the husband has been employed—with average earnings of \$6,000 a year subject to social security taxes.

The couples have made identical contributions to the system, but benefits payable at 65 discriminate sharply against couple (A).

Couple (A), assuming both receive benefits, will be paid \$179.85 a month. Should the wife die first, the husband's benefits would

then drop to \$119.90 a month. If the husband dies first, his widow's payments would be \$104.90 a month.

In contrast, couple (B) would receive \$235.50 a month. If the wife dies, the husband will receive \$157.00 a month. If the husband dies, his widow will receive \$137.50 a month.

This problem hardly existed prior to World War II. Since then the working wife, for part or all of her married life, has become an increasingly important factor in our economy.

Already, there are many retirees who have been injured by this treatment of working couples. The number in the future will be even greater.

We believe that this inequity is completely contrary to the original spirit of social security and we urge appropriate legislative committees of the Congress to take suitable action toward its correction.

EXTENSION OF OASDI TO MORE PEOPLE

In the past Minority Views of the Senate Special Committee on Aging have recommended extension of old-age, survivors, and disability insurance to more people, both as contributors to the trust fund and as beneficiaries.

Since no legislative action has been forthcoming on this subject since we last expressed our beliefs on this matter in the Committee report published in March 1966, we believe reproduction of part of the statement we made on this subject then is appropriate.

Senators Winston L. Prouty, Hiram L. Fong, and others introduced a bill during the 89th Congress to extend social security benefits to all over 70. It was adopted by the Senate as an amendment to an administration-supported \$6 billion tax increase bill. Changes in conference with the House of Representatives included provision of OASDI benefits only to persons over 72. Its adoption would not, however, meet the whole problem. Consideration should also be given to extending social security to categories of currently employed and self-employed not now covered.

This action has long been advocated by the U.S. Chamber of Commerce. The AFL-CIO and others have also traditionally supported extending social security to the broadest possible base.

Extension of old-age, survivors and disability insurance to all people not covered by railroad retirement, civil service or similar adequate retirement systems, both the present aged and those who will come after them, might reduce the need for welfare programs which many people feel carries a stigma.

Every effort should be made to achieve the best possible balance between responsibilities of the government to the taxpayer and the human needs of older people. Social security expansion might provide part of this approach. Consideration should be given, within this context, to possible use of the general fund of the Treasury as a source of revenue to accomplish this purpose to the extent added coverage is not adequately funded.

EXPANSION OF PRIVATE PENSION PLANS NEEDED

One of the elements in the American socio-economic picture which sharply distinguishes it from many other nations of the world has been the extent to which our citizens, individually and collectively,

have availed themselves of opportunities to participate in private pension plans.

The real momentum for the private pension system has largely come only during the past 20 years or so. During that period, its growth has been rapid, as has been noted in previous Committee on Aging reports.

Because private pensions have been a relatively recent development on a truly mass scale, many persons now past 65 have not had the benefits of the system. As additional people have entered retirement the number covered by private plans has risen sharply. It may be expected that the future will see even more growth.

One factor which may contribute substantially to this growth in the future was adoption by the 89th Congress of Public Law 89-809 which strengthened the Self-Employed Individuals Tax Retirement Act of 1962. The latter, and the perfecting amendments adopted by the 89th Congress, both are designed to stimulate, through reasonable tax concessions, the growth of pension programs for self-employed persons and their employees.

Effect of these actions is to provide some equalization of tax treatment for the small business, farm or professional man comparable to that long available to large corporations.

Farmers and operators of small proprietorships—and their employees—constitute the largest groups which might take advantage of these provisions in the tax law.

We believe that the substantial progress made in sound private pension plans of all types should be encouraged. To the extent that they are more successful there will be a lightening of the burden on the public sector to provide income adequacy, for older Americans, and, as we have said so many times in the past, adequate incomes for older people constitutes their prime need.

TAX CONCESSIONS TO HELP OLDER AMERICANS

One of the most effective methods of helping millions of older Americans to preserve the integrity of their incomes is through special provisions in tax laws. This is true at Federal, State and local levels.

With regard to Federal taxes, it is appropriate to reproduce here part of our statement which appeared in the Committee on Aging Minority Views published in March, 1965.

Assurance of opportunity for adequate incomes among older people should be the major concern of society and of Government.

Government has a special responsibility, in addition, to preserve the integrity of incomes older people have provided for themselves.

Intelligent personal planning for later years calls for assurance that individual income will then be adequate. The greatest single obstacle is the problem of knowing what Government, itself, will do.

Rising taxes reduce, both directly and indirectly, the real income available to older persons.

Even more significant for those on fixed incomes is the erosion of the purchasing power which accompanies inflation created by excessive Government spending and manipulation of the tax structure.

Nothing will be of greater help to all older people, today and tomorrow, than public policies aimed at fighting inflation.

This responsibility which falls heavily on Members of Congress, calls for most careful scrutiny of Federal expenditures.

Beyond this, however, there is need for special consideration of older people because of economic injury already suffered by them as a result of rising living costs.

One method is through special tax relief.

This was recognized by the 80th Congress when it amended Federal income tax law to give persons over 65 a double personal exemption.

Tax relief was discussed further in the minority views of an interim report by the Committee on Aging published in October, 1966.

Retirees, living on fixed incomes, have been hit most heavily by this loss in real income due to inflation. This is true for those who have succeeded in achieving economic independence. It is doubly true for those whose incomes were already inadequate.

Since older Americans are least able to share in higher wages which usually but not always accompany inflation, they are confronted with this hidden tax with little or no compensating increase in ability to pay.

More and more those who had achieved economic independence find it necessary to turn to others for help.

As a matter of fairness, it would appear that adjustments are necessary. One way is through modification of other tax burdens relating to both independent and dependent older persons.

For the former, we suggest a review of the special income tax exemptions for those over 65. If the double exemption was valid when enacted by the 80th Congress in 1948, as we believe it was, it would appear that current living costs justify a new appraisal of its adequacy.

The "new appraisal" for which we call in the foregoing statement is not intended as an excuse to increase the tax burden of older people, but the contrary.

We are disturbed, therefore, by recent recommendations by the administration to eliminate some of the tax considerations now being given.

We strongly oppose the President's proposals:

1. To make social security income subject to Federal income tax, and

2. To repeal the present double personal income tax exemption afforded people over 65.

The two proposals would strike at both retirees and employed people past 65, but they may be particularly hard on the latter.

This appears to be part of a movement to increase pressures that would force people past 65 out of the work force. It is curious that it is recommended by a President who but a few months ago stated that in our Nation's current full employment situation, which needs more skilled people, there is much work that can and should be done by older persons.

We have no choice but to recommend defeat of these two proposals.

Another important Federal tax matter which deserves attention is the one related to the special medical expense deduction provision for people past 65 which was eliminated from the Internal Revenue Code, effective January 1, 1967, by the 89th Congress.

Senators Dirksen and others have introduced bills to restore this needed tax concession to older Americans.

We urge favorable, productive consideration of this restoration.

TAX TREATMENT—AID TO ELDERLY RELATIVES

Despite savings, private pension plans, social security, old age assistance and other private or public mechanisms to provide income to older people, there remain a number who require financial help from their sons, daughters, or other relatives.

We believe that family responsibility should be encouraged. One way to do so is through the tax structure. At the same time we feel that relatives willing to assume responsibility for care of needy, elderly people should not be unduly penalized through taxation.

We therefore recommend, again, that appropriate legislative committees of the Congress give productive consideration to proposals which would:

1. Permit taxpayers to claim an exemption for dependent relatives over 65 with incomes in excess of \$600 when providing more than half of their support.

2. Provide recognition, through tax concessions, to persons who provide necessary assistance to elderly relatives even when this is less than half the older person's total income.

3. Amend the Internal Revenue Code to base the income test for claiming deductions, credits, or exemptions on the adjusted gross income of the older person receiving support instead of his gross income. This can be of particular help to low-income older people whose income is derived from small business or farming.

4. Liberalize deductions or establish credits relative to payment of medical costs on behalf of older relatives.

5. Develop ways of giving taxpayers who provide assistance to older relatives living in other households consideration comparable to that afforded when needy relatives are in the taxpayer's own home.

The precise changes in tax laws, both Federal and State, to provide maximum equity for those giving help to elderly relatives should be the result of more comprehensive study than the Committee on Aging has been able to make.

STATE PROPERTY TAX CONCESSIONS

Some of the tax problems creating special difficulties for older people of modest means are not subject to solution at the Federal level, but require State or local action.

A major concern of older people, frequently reported in past hearings of the Committee on Aging, is the threat to carefully developed retirement income programs produced by substantial increases in property taxes.

Such increases are another consequence of inflation. Unlike other living costs, however, they are responsive only to relief measures by the State and local governments.

Often older people have developed living budgets which just balance their income and find that sharp rises in taxes on the home completely disrupt them. Unlike some other cost-of-living items, there is no way personal adjustment can be made.

We believe that every effort should be made when such taxes on the homestead work undue hardship on older Americans to provide relief through State action.

A number of States have already done this. We applaud their action. A summary of such provisions, State by State, is to be found in Appendix G of this report, beginning on page 127.

ADEQUATE OLD-AGE ASSISTANCE PROGRAMS

There are at present approximately two million older Americans who receive subsistence payments through State old-age assistance programs which are provided with the help of Federal grants.

Many of these OAA recipients are people who receive minimum or near minimum benefits under old-age, survivors and disability insurance program of the Social Security Act. Others are persons who now receive no OASDI benefits.

Previous minority reports of this committee have voiced our deep concern at the inadequacies of many of these OAA programs. Documentation has been presented to show that most States are failing to meet minimum subsistence standards which they, themselves, established as being necessary for their older citizens.

We repeat now our recommendation, made previously, that action should be taken by the States, and if necessary, the Federal Government, to see that the needs of these more than two million people are met.

SHELTERED CARE

Some progress has been made in the provision of sheltered care for the aged whose physical, social or mental infirmities make supervised living services necessary.

Church and fraternal groups have, through their homes for the aged and other institutions, continued to provide leadership in this field as they have for more than 100 years. Their efforts should be applauded and encouraged.

Despite impediments to many of their plans as a result of administration conduct of housing programs, such as those detailed in minority views of the Special Committee on Aging report published in March 1965, these groups have continued their fine work.

Even though progress has been made, we believe it appropriate to repeat our observations which appeared in minority views of the Committee on Aging report published last year.

Most older people are capable of caring for themselves. There is a small percentage, however, who need relatively constant and special care on a continuing basis. Sometimes the disability of an individual who needs such care springs from physical problems, sometime psychological and sometimes social. Whatever may be the cause, we reiterate sheltered care for those needing it deserves a high priority.

This need is often the source of serious financial problems for the individual and his family.

While typically encountered only with advanced age, sheltered care may be required by some for a number of years.

Viewed through the eyes of an individual or family, the possibility that such care may eventually be needed poses a financial threat which creates a most serious specter for older people. That it does not strike most people, in no way diminishes the fear.

We believe that older Americans who require sheltered care should have it fully available to them (1) in a manner which assures highest quality of service, and (2) in an environment which affords them dignity and honor.

This calls (1) for facilities that are safe and attractive, (2) for individual services that are adequate to needs, and (3) above all else, for loving care.

For some the need will be for constant nursing service and medical supervision of a type most appropriate in a nursing home. For many others, the need will be for decent food and shelter in safety, and for essentially nonmedical personal services such as those offered in homes for the aged operated by churches, fraternal orders, and other philanthropic voluntary groups.

Present sheltered care programs do not meet this need adequately; nor do those relating to housing or those recently created for health care.

Individual projects afford excellent examples of what can be done. No one denies, however, that they but scratch the surface of existing need.

Ways to finance sheltered care service without undue hardship on individual and family must be found.

We urge, again, that the best possible answers to this problem be developed and acted upon without delay.

EMPLOYMENT OF OLDER WORKERS

Throughout these minority views we have repeatedly indicated our belief that every older person who wants to work should be encouraged to do so.

We have cited numerous impediments to employment of persons who have usable skills and want to use them on full-time or part-time jobs.

We are committed, in principle, to the belief that there should be no employment discrimination based on age.

Employment difficulties as a result of age, however, are not confined to those past 60, 65, or 70. They are confronted by some persons in their 40's and 50's.

Considerable effort, time and money have been spent in attempts to solve these problems. For many, of course, there is need for re-training, particularly among those too young to consider retirement. There is need for education, too, of employers regarding the stability and demonstrated capability of older workers. Personnel practices related to matters other than job performance should perhaps be reviewed. There need to be more effective employment services for both the people in mid-years and those past 65.

The complexities involved suggest that national approaches may be inherently inadequate. More emphasis is probably needed in efforts by business and voluntary organizations at national, State, and local levels.

We strongly recommend this as an area for serious attention by State commissions on aging. This would be in keeping with the intent of the Congress in enacting the Older Americans Act of 1965. State commissions could be extremely effective in encouraging voluntary non-governmental services to help older people seeking work. They likewise, through stimulation of community education programs, could do much in the important task of reeducating both employers and prospective employees.

State employment services, as public agencies, should meet their responsibilities to older workers. There appears to be a common failure to meet this obligation in most States.

We strongly recommend that these deficiencies be corrected at the State and local level. Special efforts should be made regarding placement services to persons who want part-time work. The latter is an area which has been almost completely neglected.

OLDER AMERICANS ACT OF 1965

Creation of an independent Administration on Aging was a major recommendation of the White House Conference on Aging held during the Eisenhower administration.

Implementation of this concept began following the adoption of the Older Americans Act of 1965 with unanimous support from the Congress. This act created the Administration on Aging and provided for Federal assistance to State commissions on aging.

We have been pleased with the attitudes and expressions of the Administration on Aging Commissioner, William D. Bechill, which reflect his apparent beliefs that all kinds of older Americans in all types of situations should be served and that such services can best be provided through State and community action.

We are disturbed, however, that actual performance appears to be falling short of Congressional intent.

A number of straws in the wind indicate that adoption of the Older Americans Act of 1965 has not been followed by what the Congress hoped for. On the contrary, there are signs of actual diminution of State effort on behalf of the aged, especially as reflected in several States.

Two such States are Indiana and Wisconsin, both of which have excellent Commission-directed programs on aging and have compiled splendid records of achievement. Some reports indicate that there may be other States where such elimination of aging programs is being considered.

Good State administration of the Older Americans Act is imperative to achievement of congressional intent. We recommend that every State give recognition to this.

Even in States which apparently have no intention of abandoning use of the State commission on aging to serve older people, there appear to be problems resulting from policies of the national administration. These have been described by some interested people as seriously impeding State efforts.

It should be noted that a relatively modest sum was made available by the Congress to encourage practical programs at State and community levels. The act provided that when funds were not used by a particular State, they might be reallocated to other States with vigorous, effective programs.

The national administration has taken a position which has resulted in a freezing of such unused funds. We believe that States with desirable programs should have such "frozen funds" made available for the benefit of their older citizens.

The present administration seems to prefer pushing programs, such as the so-called "war on poverty", which afford tighter Federal controls than are provided in the Older Americans Act. The more ready availability of money appears to be the way in which such emphasis is achieved.

In hearings before the Congress, in the press, and in congressional correspondence, the "war on poverty" and the Office of Economic

Opportunity, which administers it, have been repeatedly criticized for waste, misdirection of efforts, and, indeed, engagement in partisan politics.

If this discredited conduct is to be extended by the Office of Economic Opportunity to older people, especially to the detriment of sound implementation of the Older Americans Act, it will be truly unfortunate for the Nation. If this office is to be used as a political base to capture older Americans, and there is some indication that this is intended, it will be doubly regrettable.

We believe that a thorough examination should be made of possible partisan political use of the Office of Economic Opportunity funds among the elderly and the extent to which the Office of Economic Opportunity, or other Federal programs may be interfering with congressional intent to develop and maintain effective State commissions on aging.

CONCLUSION

Throughout this minority report the over-all emphasis has been on the economic needs of older Americans.

This is appropriate because of our firm conviction that older people want and should have maximum independence.

For most, the basic problem is one of dollars—either their achievement, or their retention in terms of real purchasing power.

While we feel strongly in favor of our specific legislative proposals to help the aged in this primary need for income—and other proposals we have and will support to meet special problems—we cannot conclude this statement without reiterating our concern about inflation.

We repeat our pledge to continue our fight for a stable dollar, as the greatest single step which government can take on behalf of all our citizens, but especially older Americans.

EVERETT MCKINLEY DIRKSEN.

FRANK CARLSON.

WINSTON L. PROUTY.

HIRAM L. FONG.

JACK MILLER.

THRUSTON B. MORTON.

CLIFFORD P. HANSEN.

APPENDICES

APPENDIX A

COMMITTEE AND SUBCOMMITTEE PUBLICATIONS DURING 1966 AND EARLY 1967¹

Single copies of the following publications beside which no asterisk appears are available free of charge from the Senate Special Committee on Aging while the supply lasts. Publications indicated by an asterisk are available for purchase only from the Superintendent of Documents, Government Printing Office, Washington, D.C., 20402.

COMMITTEE PRINTS AND REPORTS OF 1966

- *"Developments in Aging—1965" (S. Rept. 1073), March 15, 1966 (Catalog No. 89/2:1073, 25 cents).
- "Services to the Elderly on Public Assistance," committee print, report of the Subcommittee on Federal, State, and Community Services, March 1966 (Catalog No. Y4.Ag4:SE6/3, 15 cents).
- "War on Poverty as It Affects Older Americans" (S. Rept. 1289), March 1966 (Catalog No. 89/2: S. Rept. 1289, 45 cents).
- "Tax Consequences of Contributions to Needy Older Relatives," (S. Rept. 1721), October 3, 1966 (Catalog No. 89/2:S. Rept. 1721, 15 cents).
- "Needs for Services Revealed by Operation Medicare Alert," committee print, report of the Subcommittee on Federal, State, and Community Services, October 1966 (Catalog No. Y4.Ag4:SE6/5, 10 cents).
- "Detection and Prevention of Chronic Disease Utilizing Multiphasic Health Screening Techniques," committee print, report by the Subcommittee on Health of the Elderly, December 30, 1966 (Catalog No. Y4.Ag4:D63/2, 15 cents).

HEARINGS

- "War on Poverty as It Affects Older Americans" (Catalog No. Y4. Ag4: R86/parts) pt. 3. Washington, D.C., January 19–20, 1966 (\$1).
- "Tax Consequences of Contributions to Needy Older Relatives" (Catalog No. Y4.Ag4:T19), Washington, D.C., June 15, 1966 (30 cents).
- *"Needs for Services Revealed by Operation Medicare Alert" (Catalog No. Y4.Ag4:SE6/4), Washington, D.C., June 2, 1966 (30 cents).
- "Detection and Prevention of Chronic Disease Utilizing Multiphasic Health Screening Techniques" (Catalog No. Y4.Ag4:D63), Washington, D.C., September 20, 21, and 22, 1966 (\$1.75).
- "Consumer Interests of the Elderly" (Catalog No. Y4.Ag4:C78/pt.1), Washington, D.C., January 17, 18, 1967.

¹ Complete list of committee publications issued during previous years available upon request.

APPENDIX B

MATERIALS TO WHICH REFERENCE WAS MADE IN CHAPTER I

REPORT ON 1966 ACTIVITIES, GERONTOLOGY BRANCH, PUBLIC HEALTH SERVICE¹

The passage of Medicare was an important step forward in meeting the health needs of the sick aged in the population. However, provision of therapeutic services for the aged is only part of a comprehensive health program for this age group. Another vitally important facet of such a program is the provision of preventive services to protect the health of the majority of the elderly who are in apparent good health. Early detection and prompt management of chronic diseases can do much to prevent or minimize disability that would otherwise occur. Moreover, since chronic diseases frequently have their onset during the middle years, disease detection activities for adults can be viewed as a crucial health conservation measure which can have a positive influence on health status in the later years. During the past year the Gerontology Branch has focused its activities on the development of health protection programs for adults, including the aging and the aged, and on the training and orientation of health practitioners who serve the health needs of individuals in these age groups.

Health protection for the well aging

A major objective of the Gerontology Branch in 1966 was to assist States and communities in the development, improvement, or expansion of effective health services, particularly health protection services, for the aging and aged.

Major efforts were directed to laying the groundwork for the development of demonstration adult health maintenance programs. These demonstrations are of particular significance inasmuch as they are designed to utilize, to the extent feasible, the automated equipment and computer techniques developed through the research and development activity conducted by the Kaiser Permanente Health Plan and supported by a Division of Chronic Diseases research grant. In the opinion of experts, such use of automation in a health protection center can permit optimum utilization of the time of physicians and other health workers, and can make it possible to conduct health assessment of large numbers of adults in an economic and effective manner.

With the essential groundwork completed, contracts were negotiated for four adult health protection centers. In New Orleans, La., the program will be carried out by Tulane University School of Medicine,

¹ Prepared by Dr. Austin B. Chinn, Chief, Gerontology Branch, at request of Committee on Aging. Due to reorganization, Dr. Chinn's organization is now known as the Adult Health Protection and Aging Branch, Division of Medical Care Administration, Public Health Service.

Department of Public Health. The Milwaukee, Wis., demonstration will be conducted under the auspices of the city health department. In Providence, R.I., the adult health protection center will be developed by the State health department, working in conjunction with the Rhode Island Hospital. A fourth program in Brooklyn, N.Y., is to be based in the Brookdale Hospital Center.

Professional interest in health protection methods has been stimulated by a Gerontology Branch exhibit entitled "Office Evaluation of the Aging Patient: Disease Detection in Persons Over 45." The exhibit is aimed at encouraging physicians to use a series of high-yield diagnostic tests and laboratory procedures as an integral part of regular health appraisals of persons in this age group. The message is contained in a 12-minute taped recording synchronized with a series of slides. The exhibit has been shown at National and State medical meetings. An illustrated publication also has been prepared on this subject.

In response to a request for an exhibit to encourage executives to have periodic health appraisals, the above exhibit is being adapted for use at the canners convention and the National Exposition for Food Processors. The title will be changed to "Are You Jeopardizing Your Income—Health?" ("Income" and "health" are to be lighted in sequence.) A taped message and accompanying slides, which are appropriate for this audience, are in preparation.

A Gerontology Branch film entitled "The Critical Decades" stresses the need for health protection during the forties and fifties to insure good health in the later years. This film continues to be in great demand for showings before both professional and lay audiences.

Health maintenance for the well aged

Contracts have been negotiated for the development of health maintenance activities for the aged in communities located in a variety of geographic settings and serving various population groups. For example, in Dade County, Fla., support has been given for an adult health maintenance clinic to be administered by the county health department in the South Miami Beach area for a high density, elderly population which is largely foreign born. In contrast, another demonstration is being developed in a sparsely populated, economically depressed rural area in northern New Mexico for a predominantly Spanish-speaking population. A survey was conducted last year in a rural area in North Carolina to determine the health status and health needs of the aged in a low-income public housing project and in a small township. Results of the survey underscored the need for health maintenance services, and led to the establishment through support of the Gerontology Branch of health maintenance clinics throughout the county. Adult health maintenance clinics also are being established in an industrial area in Connecticut.

Gerontology Branch-supported demonstrations have been established in Milwaukee, Peoria, and New Orleans, where the Public Health Service, with the cooperation of the Social Security Administration, is providing health counseling to applicants for Social Security benefits. Preliminary findings indicate that following counseling, there is a substantial increase in the number of persons who carry out adequate personal health maintenance programs. It is anticipated that four additional programs will be established in

the coming year. These demonstrations are expected to provide revealing information on health counseling needs of the aged and on the relative effectiveness of various health counseling techniques.

An illustrated brochure entitled "The Dexter Manor Story" describes a Gerontology Branch-supported demonstration in which a public health nurse and part-time social worker provided health maintenance services in a public housing project for the elderly in Providence, R.I. The demonstration was so successful that the program has been continued with local support, and several similar projects have been undertaken in the State. It is expected that the publication will do much to stimulate the interest of communities throughout the Nation in further investigation of this approach.

The Gerontology Branch also prepared and distributed a publication entitled "Aging Center at Sinai Hospital" describing a Gerontology Branch-supported demonstration in which a variety of health maintenance and care services were offered by a community hospital in Baltimore to the medically indigent aged in the area. The publication has been in great demand by health, medical, and social welfare organizations.

The film "Ready for Edna," prepared for the Gerontology Branch, depicts the broad range of health services needed for the aged and encourages community support in the creation of these services. Between 50 and 100 requests for showing of the film are received each month from schools of nursing, health departments, hospitals, visiting nurse associations, medical schools, training and audiovisual centers throughout the Nation.

Orientation and training of health professionals

Considerable attention was focused on the development of many approaches to improve the capabilities of practitioners to deal with the health problems of the aged. During 1966 education activities of the Gerontology Branch have been successful in providing valuable training to hundreds of future and practicing professionals. The various programs are being developed to provide effective blueprints for the development of similar activities throughout the Nation.

Activities at the undergraduate level

The Gerontology Branch has undertaken a limited number of activities aimed at enrichment of curriculums in professional schools as a means of reaching future practitioners. The long-term goal of this effort is to improve health services rendered to the aging and aged through influencing the training of persons who will provide the services.

A significant step in the direction of enriching the curriculums of medical schools was taken when a contract was negotiated with the University of Missouri Medical School for the development of an experimental model for a medical school undergraduate teaching program in adult health management. Several other medical schools have expressed active interest in the development of similar programs. Through this activity, future physicians will receive training in the management of the problems of the aging patient, and will be oriented to community services which can be utilized in the course of treatment.

The only medical school geriatric clinic in the Nation has been established with Gerontology Branch support at Tulane University School of Medicine. Through this activity, future physicians are

receiving specialized experience in working with the aged, with direction and consultation from physicians especially interested and knowledgeable in this area.

An annual faculty seminar series in gerontology was initiated at the University of Pennsylvania School of Social Work. In addition, a student field placement program for supervised work with the aging also has been established.

Continuing education for practitioners

Centers for gerontological studies in university-based schools of continuing education were established with Gerontology Branch support at the Universities of Georgia and Oklahoma. At the University of Oklahoma, nursing, social welfare, and medical advisory groups were formed to determine continuing education needs of the practitioners in Oklahoma and surrounding States, and five courses or series of courses have been presented. At the University of Georgia, about 70 leaders in health and related professions participated in a 3-day conference early in the year to study and determine training needs. Subsequently, a series of fifteen 1-day seminars in all aspects of aging was held for the faculty who will be teaching both the continuing education courses and other undergraduate and graduate courses related to the university's new gerontology program. Planning and administration of the center are funded through the Gerontology Branch. The courses offered are funded largely by Public Health Service short-term training grants.

In the development stage are plans for the establishment of several additional gerontological centers. It is expected that such centers will serve as a valuable resource through which practicing professionals can receive continuing education in gerontology.

A continuing education project at the University of North Carolina School of Nursing trained approximately 100 nurses in a variety of positions—teaching, supervisory, and staff—to better understand and work with problems of the aging, and further helped to train them to teach their colleagues. As part of the project, a manual is being developed which will analyze the methods and tools of instruction that were used in this teaching program.

"The Practitioner and the Elderly," the first in a series of four volumes to be published under the title "Working With Older People: A Guide to Practice," was made available for distribution in the fall. It is expected that the additional volumes will be completed during the coming year. The second volume will be concerned with the biological, sociological, and psychological aspects of aging; the third volume will contain groups of syllabuses dealing with specific clinical aspects of aging; and the fourth volume will deal with social welfare as it relates to the health status of the elderly. The original body of knowledge upon which the volumes are based was prepared for the Gerontology Branch by the Gerontological Society, Inc., an organization which has in its membership outstanding authorities in the many disciplines concerned with health of the aging.

During the past year the Gerontological Society worked in conjunction with the Gerontology Branch in efforts to implement the newly developed curriculum training activities. Consultative services in the development of short-term courses in gerontology for practitioners were provided to schools of medicine, hospitals, community health and

welfare councils, medical associations, and other interested organizations. The veritable flood of requests for assistance in setting up courses received by the Gerontological Society reveals a growing awareness of the need for continuing education activities. A contract has been negotiated with the Jewish Hospital of St. Louis to evaluate the newly developed training sessions in order to determine the most effective forms of presentation of the curriculum material.

A conference on terminal illness and impending death among the aged was held to explore the potentials for programing, training, and education of persons who work with the terminally ill. Participants were unanimous in underscoring the need for further work in this area, spearheaded by the Gerontology Branch. Plans are underway to implement specific recommendations made at the conference.

Research

A project funded by the Gerontology Branch was developed on a contract with Washington University in St. Louis, calling for a national survey of physicians' attitudes toward aging and care of the aged, and the impact of these attitudes on the services rendered.

Another research project supported by the Gerontology Branch is a study of nurses' attitudes toward caring for the aged. This project is now in its third year. Data from the first year's survey of nursing attitudes toward aged patients and their care is being analyzed and will subsequently be published. Efforts are now focused on the development of methods of measuring attitudes of nursing personnel toward specific patients and their care as well as nurse-patient behavior and interaction. These methods will be pretested.

A contract was awarded to Community Studies, Inc., of Kansas City, Mo., to develop the design and methodology for a study to determine the effect of changing socioeconomic forces on the utilization and provision of health services for the aged. The effect of Medicare was a prime factor to be taken into consideration in this study. Following completion of the study protocol, research grant support was requested and awarded for the recommended investigation. This study is particularly significant because it concerns itself with a hitherto neglected area and offers a valuable opportunity to effectively evaluate these forces at the time of the most radical change in the financing of medical care that has ever occurred in this Nation.

AGING PROGRAM, NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT²

The National Institute of Child Health and Human Development (NICHD) established in 1963 within the NIH has among its aims the encouragement, development, and support of programs directed toward an understanding of developmental and retrogressive changes occurring throughout the entire lifespan. The aging program, NICHD, is responsible for research and training for research relevant to the entire period of the adult years from early maturity to the latter years. The area of research covered is broad extending from molecular and cellular aspects of aging through physiological and medi-

² Prepared by Dr. Leroy E. Duncan, Jr., acting director, Aging Program, at the request of the Committee on Aging.

cal aspects, to analysis of the problems of aging by the behavioral and social sciences.

The Aging Program, NICHD, supports research and training for research through a variety of mechanisms. In fiscal year 1966 there were 64 research grants involving support at a total amount of \$3,210,554. Approximately one quarter of the funds were expended for behavioral and social research. The other three quarters of the funds supported biological research. There were 16 training grants supported at a cost of \$1,301,515. One-half of this money supported training for research in the biological aspects of aging. The other half supported training for research in the behavioral and social aspects of aging. There were six fellowships supported at a cost of \$65,238 and five research career development awards supported at a cost of \$84,441.

In addition to the support of research by the grants-in-aid to investigators in universities, medical schools, and research institutions throughout the country, the NICHD also supports direct research on aging at the Gerontology Branch located at the Baltimore City Hospitals in Baltimore, Md. This Branch was transferred from the National Heart Institute to the NICHD in December 1965 and now constitutes the major intramural activity of the NICHD in the field of aging. This direct research activity which began in 1940 with only one investigator and one technician has expanded to its present staff of about 90 persons. A new building of approximately 90,000 square feet of net space to house this research operation is under construction on the grounds of the Baltimore City Hospitals and should be completed late in 1967. This building will also provide space for collaborative studies with the staff of the Baltimore City Hospitals, the Johns Hopkins School of Medicine, and the University of Maryland School of Medicine. The studies underway at the Gerontology Branch include investigations of the chemical changes that occur in the cells and tissues with age, changes in the function of the organ systems with age, and changes in the behavioral capacities of humans as they age. Studies are conducted in a variety of animals and in men. A colony of rats is maintained with animals ranging from infancy to senescence. Men from a volunteer population ranging in age from the late teens to over 100 years of age visit the Branch periodically for studies of various medical, biochemical, physiological, and psychological functions. In these studies normal changes that occur over the lifespan are being carefully characterized.

One of the great handicaps to the development of large-scale research programs in the medical and social problems of aging is the shortage of trained investigators in these fields. The Aging Program, NICHD, is placing emphasis on the development of university based training programs to alleviate this shortage. The number of training programs was doubled in 1966. These programs support graduate students and postgraduate students who are learning to do research that bears on the problems of aging in a great many fields. The graduates of these programs will contribute in future years to research on many aspects of aging.

In order to provide the type of communication that is so useful in this type of activity, the Aging Program sponsored a conference of training grant directors. The training grant directors, the members of the committee that reviewed their grants, and the staff on the Aging

Program attended this conference. The organization of training programs, the development of curriculums, and the interrelationship of research and training were discussed. The conference provided a useful base for the further development of training activities.

Because of the importance of training for the future development of research, considerable importance is attached to planning of future training. A contract has been let to the Gerontological Society to conduct a survey and produce a report on research training needs and mechanisms in gerontology. The desired information is currently being developed by conferences of scientists and educators interested in aging, questionnaires to individuals and institutions involved in training, and intensive interviews of personnel at selected training sites. The final report will contain a summary of expert opinion on the training needs in the relevant sciences and a projection of the number and type of trainees required in each area.

The ability to maintain effective coverage of the scientific literature in the field of aging is an important aid in the development of new knowledge. The NICHD has supported the preparation and publication of bibliographic aids that facilitate the maintenance of such coverage by scientists. One of these is "Current Publications in Gerontology and Geriatrics" which consists of approximately 3,000 citations annually and is published in the "Journal of Gerontology." This bibliographic information has been published in that journal for many years and provides a readily accessible source of information on research on aging. The Aging Program also supports the publication of the abstract journal "Gerontology and Geriatrics" which is prepared by the Excerpta Medica Foundation. Approximately 3,000 journals, in addition to books, reports, and other appropriate publications related to the basic and clinical sciences in gerontology and geriatrics, are reviewed and abstracted in this journal.

In order to make possible even more effective utilization of the world's literature on aging the NICHD is creating an Aging Information Center. The personnel of this Center will scan the periodical literature relevant to the problems of aging, identify communications that bear on aging, abstract them, and store the abstracts on tapes for computer processing. These abstracts will be published in periodic journals developed for this purpose. In addition qualified institutions and investigators may have the tapes searched for specific types of information that they desire.

The Aging Program has as one of its functions the support of symposia and conferences to permit an interchange of ideas on research in aging and to stimulate additional research. A series of seminars and a symposium on the biology of aging were held at the Salk Institute in La Jolla, Calif., under a contract with the Aging Program. Each of the three seminars consisted of a presentation by a distinguished scientist of his work in the field and a discussion of that work and related work by a number of other scientists. The final symposium lasted for 3 days and consisted of presentations by an outstanding group of scientists. The presentations defined the status of our present knowledge of many aspects of the biology of aging and suggested new avenues of approach. The proceedings of the symposium are now in the process of publication. A 2-day conference entitled, "A Study of Psychological Reactions to Physiological Changes in Aging" was held

at the Mayo Foundation. Experts in the effects of human aging from both medical and behavioral disciplines were brought together to discuss the subject matter with the object of stimulating research and achieving a better understanding of the problems in the area under discussion. The proceedings of the conference will appear in the proceedings of the Mayo Foundation.

There has been a great need for a directory that would provide information on persons and institutions interested in the field of aging. Such a document—a Directory of International Resources in Gerontology—is being prepared under a contract with the Gerontological Society. The directory will consist of listings and descriptions of personnel involved in gerontological research, institutions with major commitments to research in aging and to training for such research, scientific and professional organizations concerned with research and training for research in areas relevant to the problems of aging, and resources of value in aging research such as colonies of old animals.

AGING PROGRAM OF THE NATIONAL INSTITUTE OF MENTAL HEALTH¹

In keeping with its mandate to develop a national mental health program, the National Institute of Mental Health has made use of various program mechanisms to carry out this mission in relation to the mental health of older citizens.

A wide variety of programs is carried out in the fields of research, training, and consultation. These programs will be described and some indications of their application will be cited below.

The National Institute of Mental Health supports a broad range of research related to the etiology, diagnosis, treatment, prevention, and control of mental illness and the promotion of mental health. Basic research is supported, as well as applied and clinical studies, to increase our understanding of the nature of human behavior, including the causes and conditions of mental illness, their treatment, control, and prevention. Grants are awarded to individual investigators, to universities, hospitals, medical schools, and other nonprofit institutions. Applications are reviewed three times a year by panels of non-Federal scientific advisers and by the National Advisory Mental Health Council. Funds for all programs are appropriated annually by Congress, and grantee institutions are required to contribute to the cost of the research. Types of grants of special interest to behavioral scientists include:

Research project grant.—an award for a discrete research project carried out by an investigator in a specific area of research interest. Projects may vary from exploratory studies, requiring relatively small amounts of money for short periods of time, to long-term projects requiring considerable amounts of support. Awards are made for periods of up to 7 years, and application may be made for continued support.

Research program, project grant.—An award for a broadly based and usually long-term program of research activity. A program-project is flexible in nature, may require a relatively large sum of money, and, typically, involves the organized efforts of a large group.

¹ Prepared and submitted by Dr. Stanley F. Yolles, Director, National Institute of Mental Health, at the request of the Committee on Aging.

The program is usually directed toward a range of problems within a broad area, having a central research focus, rather than being for work on a circumscribed problem. An award is usually made for an initial period of 5 to 7 years, with renewal possible for 5-year periods thereafter.

Mental health project grant (title V).—An award for an experiment, demonstration, or study designed to improve methods of care, treatment, and rehabilitation of the mentally ill, to develop methods for prevention of mental illness, or to initiate or strengthen programs to promote better mental health. Institutional projects designed to improve administrative and operational procedures, develop new concepts and methods for the treatment of patients, or to better integrate the institution with the community are eligible for consideration. Awards may range from small to relatively large amounts, and are made for periods varying from 1 to 5 years.

Mental health small grant.—An award designed to provide support in a relatively quick and flexible manner for the small-scale study requiring limited funds, for an exploratory or pilot study, to exploit an unexpected research opportunity, or to analyze data previously collected. Applications for small grants are accepted at any time and are reviewed six times a year. Support may be requested for up to 1 year and for a total of no more than \$4,200, including direct and indirect costs.

These grants are administered by the various branches of the Division of Extramural Research Programs.

The Behavioral Sciences Research Branch stimulates and supports research in the behavioral sciences through a variety of research grant mechanisms, including research project grants, program-project grants, small grants, special research grants, and research contracts. Areas supported by the Branch cover a wide range of topics in psychology, psychophysiology, neuropsychology, and the social sciences, relevant to an understanding of behavior.

The Clinical Research Branch provides administrative support for the research grant program in the areas of the epidemiology, etiology, diagnosis and descriptive features, disturbed functions, and treatment of the various types of mental illnesses. Studies may be psychiatric, psychological, biological, or in related fields.

The Psychopharmacology Research Branch is responsible for a broad program of research on the clinical efficacy and safety of known and newly emerging psychoactive drugs. This work includes both regular research grants and special collaborative studies evaluating drugs in a variety of psychiatric conditions and the support of early clinical drug evaluation units. In addition, more basic research on the mechanisms of drug action is supported at the clinical, normal human, animal behavioral, pharmacologic and biochemical levels, including studies of drug metabolism and the development of better methods for measuring drugs and their metabolites in biological fluids. The development of new methods needed either in clinical or basic psychopharmacology is also supported.

During the present fiscal year 26 basic research projects were supported in the field of aging. A wide range of interest and approaches are represented in these endeavors. Six studies are concerned with physiological changes accompanying aging and physiological correlates of mental illness in the old. Two studies concern themselves

with the psychophysiology of sleep and dreaming. Three studies are devoted to pharmacology and the evaluation of various drugs. One study is of epidemiological interest, one project addresses itself to the problem of staff development, while the remaining seven studies are directed to uncovering new knowledge about the basic psychological processes.

The Applied Research Branch program supports projects to develop knowledge toward the point of having practical application value in increasing mental health. Specific mental health problems needing special emphasis are a particular focus of interest in this program. Twenty-one applied research projects in the field of aging were supported in fiscal 1966. Several of these have resulted in reports which have been widely and favorably received. An approach which is being carried out at the University of California, Los Angeles, at the school of public health, has resulted in publication of a volume describing in considerable detail the various types of living conditions available for retired persons in that State. This volume was based on the first phase of a longer project which will now undertake the determination of the effects of various kinds of housing and the social and psychological adjustment of residents.

An attempt to make use of the talents of retired persons in needed community service activities was made by the Senior Citizens Center of Nashville, Tenn., supported by a mental health project grant. Sixty-eight individuals were included in this program with only five of them failing to become actively engaged in community services following the Training Institute. Those who were trained in this project are now engaged in a wide variety of activities including the establishment and direction of senior citizen centers, working with geriatric patients in mental hospitals, caring for retarded and handicapped children, and tutoring culturally deprived children and adolescents. The directors of this project are experiencing considerable national demand to assist in establishing similar programs in other parts of the country.

A project being carried out at the Philadelphia Geriatric Center is studying the possibility of preventing voluntary institutionalization of elderly individuals by providing them with an active program of counseling and group activity. Twenty-five individuals were selected from the waiting list of those seeking admission to a home for the aged, and offered an opportunity to live in the community with various physical and psychological supports being provided by a team of mental health personnel. After 1 year's time, only five of this group have chosen to enter the home even though immediate admission to the home has been offered to the entire group. The investigators determined that the greatest need exhibited by these individuals was for satisfactory social contacts and for activities which they considered to be satisfying and fulfilling.

Hospital improvement grants program

The hospital improvement grants program is specifically focused on use of current knowledge in the demonstration of improved services and care programs carried out within the program of a State mental hospital. These grants are intended to assist in the improvement of the quality of patient care in each State hospital for the mentally ill. This program is administered by the Division of Mental Health Service Programs of the National Institute of Mental Health.

An individual State hospital or institution can receive support under this aspect of the mental health project grants program for a period of up to 10 years. Institutions may develop a series of individual projects lasting from 3 to 5 years. The amount of the grant is appropriate to the size and scope of the project up to a maximum amount of \$100,000 to any one hospital or institution in any one year. Grants are awarded by the Surgeon General on the basis of merit upon recommendation of the National Advisory Mental Health Council.

During fiscal 1966, a total of 17 hospital improvement program projects dealing with the geriatric population were supported. Most of these projects recognized the tremendous problem posed by the steadily increasing number of aged residents in institutions for the mentally ill. All of these projects include intensive efforts at medical and psychiatric diagnoses and comprehensive individual planning for the treatment of the patient. Most of them gave close attention to milieu and stress active remotivation programs. Attempts are being made to involve families and friends of the patient and to emphasize strengthened relations with community agencies. Several include preadmission screening and referral programs and several include supportive followup services to community care facilities. Some projects address themselves to specific segments of the geriatric population, such as the most severely debilitated patients requiring considerable nursing care, the chronic patient who has been long institutionalized, the recent geriatric admissions, and those patients showing the best chance of living independently outside the hospital.

The hospital improvement program at Kentucky State Hospital is concerned with the most severely disabled infirm patients who require large amounts of staff nursing time. The attempts that have been made in this project to direct staff energies toward rehabilitation and to emphasize attention to the physical, social, and psychological needs of the patients have resulted in 1 year's time in a noticeable reduction of physical dependence and an increase in participation in social and recreational programs.

At Mendota, Wis. State Hospital, hospital improvement funds were used to establish a Geriatric Treatment Center. Patients entering the center were classified on the basis of their abilities to cope with the demands of the environment and an individual plan is drawn up for each patient to strengthen his coping ability. Emphasis is placed upon providing a cheerful and informal, family-like atmosphere in which the patient is encouraged to assert his independence and to maintain his contacts with his family, friends, and activities outside the hospital. Of the patients admitted to the Geriatric Treatment Center since its inception, experience has shown that two out of three can be returned to the community within 3 months. Consultation is provided by the hospital staff to homes for the aged accepting patients from this program and an active program of community relations and consultation is provided.

Results from the hospital improvement program projects in geriatrics that have been funded so far have been most encouraging. It has been a common experience that this patient group responds most favorably to individual comprehensive treatment and that the situation is not as hopeless as is often thought.

The development of trained manpower to carry out mental health programs has been a continuing interest of the National Institute of Mental Health. The Division of Manpower and Training Programs administers a broad range of activities to increase the national supply of trained scientists, teachers, physicians, and allied personnel in mental health related fields. Grants are available for training personnel from the traditional mental health disciplines of psychiatry, psychology, social work and psychiatric nursing in gerontology to prepare them for work with older people and also to provide training in mental health for professional individuals from other fields.

In general, the objectives of the training programs of the National Institute of Mental Health are to improve the quality of mental health training; to enlarge the capacity for training people; to help in the development of specialized training programs; and to enable a greater number of persons to pursue careers in the mental health disciplines and related areas such as aging.

To accomplish these objectives, public and private nonprofit training institutions may request funds to defray teaching costs and to provide trainee stipends for individuals enrolled in the training programs.

An example of a typical training program supported by the National Institute of Mental Health is one which provides funds for faculty and field instruction in a graduate school of social work and five student stipends.

This project carries forward a well-developed interest in aging stemming from the work of a senior faculty member in aging. Students are placed in a special services to older people unit in a nonsectarian family agency. Under supervision of a faculty field instructor supported by the grant, the students carry selected caseloads of elderly clients. Part of the field experience involves contact with older persons served by a social settlement house in an urban area with typical problems of poverty, cultural conflict, and social pathology. The school also trains group work students in the settlement house and in the geriatric unit of a psychiatric hospital. Students obtain practical experience in dealing with intrafamily conflicts and problems of personal adjustment of the aged. Intensive casework is provided for the aged and for others in their environment in a position to influence their social and mental well-being.

A second phase of this project is concerned with the permeation of content on gerontology in the social work curriculum for all graduate students. This involves development of teaching case records and the improved integration of content on geriatrics in the human growth and behavior content in the curriculum. Special emphasis is given to including knowledge of aging in the social welfare, casework, group work, community organization, and research sequences.

Moreover, the school uses summer institutes as a means of increasing the knowledge of practicing social workers regarding social phenomena affecting the aged.

The comprehensive community mental health centers which are being established throughout the country will provide a very important resource for the mental health of older people. The Community Mental Health Centers Act authorizes the National Institute of Mental Health to assist communities in the construction and staffing of the centers.

The basic concept of the community mental health centers is the provision of comprehensive treatment provided in the community for all who need it. Each community mental health center will provide the essential elements of comprehensive services so that treatment can be individually tailored to each patient's needs. The intention is to maintain the patient in his community rather than to isolate him from it as is often the case when a person is institutionalized.

An active program of consultation is carried out by the consultant on aging of the division of special mental health programs. Consultation around program development, the development of studies and research and the general programs of the National Institute of Mental Health is provided. Consultation is also available from the mental health staff of the various regional offices of the Department of Health, Education, and Welfare.

VETERANS' ADMINISTRATION,
OFFICE OF THE ADMINISTRATOR OF VETERANS' AFFAIRS,
Washington, D.C., January 3, 1967.

Mr. J. WILLIAM NORMAN,
Staff Director, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR MR. NORMAN: In response to your request of December 1, 1966, I am pleased to send you information on medical research programs underway in the Veterans' Administration which relate to the process of aging and health problems resulting from aging. It might be possible to identify as aging research all of the programs which relate to studies of diseases common to older people; however, an attempt has been made to include only those programs which have important implications on the aging process itself.

Research in aging has been a major objective of the medical research program in the Veterans' Administration for many years because of the mission of the agency to provide the best of care for veterans, many of whom are in older age groups.

Sincerely,

W. J. DRIVER, *Administrator.*

RESEARCH IN AGING IN VETERANS' ADMINISTRATION

Information is listed on 44 individual medical research programs in aging and two cooperative studies which were supported in fiscal year 1966. All of these programs have been continued into fiscal year 1967.

Two new programs have been initiated since the end of fiscal year 1966:

1. VAH (Leech Farm Road), Pittsburgh, Pa. Research in aging of nervous system and muscle. Dr. A. Lansing, principal investigator fiscal year 1967 support, \$28,000.
2. VAH, Durham, N.C. Research in strokes. Dr. A. Heyman, principal investigator. Fiscal year 1967 support, \$22,000.

Research in aging, fiscal year 1966

Hospital	Principal investigator	Cost of program		Title and description of program
		Fiscal year 1966	Fiscal year 1967	
VAC, Hampton, Va.....	Dr. Nell Coppinger.....	\$77,547	\$80,816	Research in aging: Primary emphasis of this laboratory for the past several years has been in the areas of learning, institutionalization, and perceptual deficit. Several completed studies from this laboratory support the position that in the learning process the material to be learned is not being perceived and comprehended by the older person. This has led this laboratory to attempt to find methods for lessening this deficit, one successful procedure being self-pacing, i.e., allowing the older person to control the rate at which material to be learned is presented to him. This unit continues to relate psychological factors to factors involved in institutional living. In addition to exploring age-related differences this laboratory is seeking to identify the source of these differences.
VAH, Jefferson Barracks, Mo....	Dr. L. F. Jakubczak.....	31,239	25,277	Gerontological psychology laboratory: Systematically investigating the extent to which observed age-decrements in learning performance are due to changes in capacity to learn, and to what extent they are due to changes in motivation. The laboratory is using a comparative physiological approach and promising leads are being followed up.
VAC, Los Angeles (Wadsworth), Calif.	Dr. Allan E. Edwards.....	40,960	41,900	Psychology laboratory: Development of a totally automated behavioral assessment system, specifically designed for an older population as means of stimulating research and encouraging activity with older patients. A completed study found about two-thirds of the measures in the automated system had adequate reliabilities. A second study still in progress is attempting to maintain intellectual performance against age decline by utilizing cerebral vasodilators.
VAH, Albany, N.Y.....	Dr. D. E. Cameron.....	72,200	72,000	Psychiatry and aging research laboratory: Significant work is underway in this laboratory to evaluate whether or not memory can be improved by a drug. Preliminary results indicate varying degrees of improvement with different levels of memory impairment. Also, some gains in social behavior and ability to handle day-to-day situations have been observed. Study is continuing.
VAH, Jefferson Barracks, Mo.....	Edmond Phillips.....	12,681	12,679	Social Work Research: This program is trying to identify the social behavioral factors that contribute to the aging process or delay of the aging process. It is hypothesized that characteristic patterns of behavior can be shown to be related to "slow agers" in comparison to "rapid agers."
VAH, Coral Gables, Fla.....	Margaret W. Linn.....	13,803	19,584	Social work research: 2 studies are dealing with key sociomedical problems. 1 is concerned with the factors related to contract nursing home effectiveness and is studying the influence on nursing home effectiveness of variation in physical activities. The second study is concerned with the relationship of socio-environmental stress to the aging process. As a product of these studies, a rating scale has been developed to measure the quality of nursing home care.

Research in aging, fiscal year 1966—Continued

Hospital	Principal investigator	Cost of program		Title and description of program
		Fiscal year 1966	Fiscal year 1967	
VA OPC, Boston, Mass.	Dr. Benjamin Bell.	\$112, 432	\$117, 903	Normative aging study: this is a long-term study to investigate the effect of aging and to establish norms of subtle physiologic processes on a cross-section of Veterans' Administration populations by means of a longitudinal, comprehensive and multidisciplinary approach. The ultimate goal is 1,500 subjects. These subjects are being recruited and screened, study techniques are being refined, and a data processing system has been installed. No conclusions are possible this early in the study.
VAH, Houston, Tex.	Dr. Samuel F. Boushy.	37, 801	36, 000	Emphysema research program: Program includes 2 projects involving longitudinal studies of aging of lung. The major effort concerns a correlative study of clinical, physiologic, and morphologic aspects of chronic obstructive pulmonary disease as observed in veteran patients. Early results suggest that prognostic criteria can be developed for clinical detection of emphysema as distinguished from bronchitis. Also, a group of patients with bullous emphysema is being followed to observe progression with age, results of surgical excision and influence of intercurrent infection.
VAH, Indianapolis, Ind.	Dr. Kent N. Sullivan.	8, 638	14, 729	Emphysema research program: Aging of lung is interrelated with degenerative changes complicated by air pollution, recurrent infection, and pulmonary vascular disease. This program involves detailed studies of the cardiovascular aspects of chronic obstructive pulmonary disease, particularly the effect of lung disease on the right ventricle resulting in heart failure. Angiographic techniques are also being developed for diagnostic and prognostic study of degenerative lung disease.
Do.	Dr. F. Manfredi.	23, 534	28, 534	Aging research program: This program involves a histochemical study of lung tissue obtained surgically to evaluate tissue changes resulting from age and disease, particularly chronic obstructive pulmonary disease. Correlation is made with clinical and radiologic manifestations. Only 45 lung specimens have been studied and no analysis has been made on this small sample.
VAH, Madison, Wis.	Dr. Edna Cree.	17, 463	16, 410	Emphysema research program: Pulmonary emphysema is a disorder of aging white men. The Madison research program has primarily evaluated treatment methods used for emphysema. It has been shown that antibiotic use is often overemphasized, that successful use of respiratory support equipment is dependent on consistent application of physiologic principles and that coordinated therapeutic efforts can significantly improve the prognosis of patients with chronic obstructive pulmonary disease.
VAH, Spokane, Wash.	Dr. Roswell Phillips.	3, 670	3, 945	Emphysema research program: A continuing survey is being conducted to study the age-related incidence of chronic obstructive pulmonary disease. The influence of smoking, recurrent infection, occupational factors, and other etiologic clues are being considered. Smoking has shown the highest correlation other than age with the onset of chronic obstructive pulmonary disease.

VAH, Baltimore, Md.....	R. J. Hay, Ph. D., and B. L. Strehler, Ph. D.	84, 845	83, 390	Gerontology research program: The aging research laboratory of the Baltimore VA hospital represents a collaborative effort between scientists in the gerontology research program of the NIH, NICHD (Intramural), and VA scientists. The research approach of the laboratory is the testing of specific fundamental cellular hypotheses of the aging process. Basic studies of age-related changes in cells, both deteriorative and developmental, as well as the influence of environmental factors on lifespan and cellular function are being conducted.
VAH, Bay Pines, Fla.....	J. F. Conner, M.D., and R. L. Davis, Sc. D.	68, 137	72, 739	The aging program: This program is concerned with basic research in the learning ability in the elderly. Other programs are studying the metabolism of vitamin B ₁₂ in aged subjects.
VAH, Birmingham, Ala.....	R. H. Lindsay, Ph. D.....	9, 464	10, 217	Research in aging: An area of interest in aging at this station is the study of effects of antithyroid drugs on pyrimidine utilization and nucleic acid synthesis.
VAH, Buffalo, N. Y.....	Kuang Mei Hsieh Wang, Ph. D.....	47, 578	35, 516	Research in aging: In essence, Dr. Wang's research in aging involves the relationship of aging to protein synthesis stemming from the fact that as people get older there is muscle wasting. There is some evidence that this is due to a deficiency in nutrition or a deficiency in certain hormones. There is also some evidence that as some cells survive aging, they are not utilized properly to build muscle. This may be due to altered structure within enzymes.
VAH, Coral Gables, Fla.....	A. T. Soldo, Ph. D.....	26, 485	29, 178	Research in aging: The investigator has initiated an investigation of the effects of radiation on aging, protein, and nucleic acid synthesis in the development of chick embryo.
VAH, Downey, Ill.....	A. Vies, Ph. D., Z. Felsner, Ph. D., H. G. Weinstein, M. Breen, Ph. D., B. E. Breicha, M.D., and M. Schwartz, M.D.	81, 701	90, 030	Research in aging: A series of 4 basic studies are devoted to investigating the molecular makeup of selected human tissues. The tissues are of unusual interest because although similar in embryological origin, they differ in biological function and maturity. Such tissues include human sclera, cornea, and dermis from either exposed or nonexposed skin. Human erythrocytes from donors of different ages are being used to study the effects of senescence on cellular integrity. The research in aging and psychology research laboratories are jointly studying the relationships between blood vitamin B ₁₂ levels and neuromotor coordination in man.
VAH, Hines, Ill.....	A. Kahn, M.D.....	29, 220	29, 750	Research in aging: The investigator is interested in the effect on the development and subsequent decay of hemoglobin levels of imposition of certain conditions during embryogenesis. The purpose of this study is to determine whether the pattern of decline in level of activity of a physiologic parameter with age is determined by antigeny.
VAH, Jackson, Miss.....	J. L. Haining, Ph. D.....	48, 468	51, 882	Research in aging: This investigator is carrying on 2 programs in aging. One is the study of aging on organs and tissue blood flow, the other is the effect of aging on enzyme depletion and repletion.
VAH, Jefferson Barracks, Mo.....	B. N. Premachandra, Ph. D.....	37, 321	35, 330	Research in aging: This research physiologist is interested in the endocrine system and aging. Two areas of interest are thyroid function, thyroxine metabolism and age-related obesity; the other is the physiological and biochemical aspects of thyroglobulin (thyroid) immunity.
VAH, Lexington, Ky.....	P. A. Thornton, Ph. D.....	40, 721	27, 467	Research in aging: The investigator is studying bone tissue metabolism in chronic and acute atrophy. Results of his research suggests that immobilization of the limb, in the adult guinea pig, initiated both an increased rate of bone tissue formation and destruction.
VAH, Long Beach, Calif.....	H. Walter, Ph. D.....	35, 305	37, 702	Research in aging: Due to the development of centrifugal and hemolytic techniques for the separation of young and old erythrocytes, this investigator is currently studying the biochemical differences between young and old molecules of the same species.

Research in aging fiscal year 1966—Continued

Hospital	Principal investigator	Cost of program		Title and description of program
		Fiscal year 1966	Fiscal year 1967	
VAH, Martinsburg, W. Va.....	Hung-Ying Kao, M.D., and L. McGavack, Ph. D.	\$82,950	\$85,461	Research in aging: This program is investigating the effects of aging in connective tissue. This study is planned to (1) determine the distribution of subunits in various collagens; (2) determine the amino acid composition of such subunits; (3) characterize their physicochemical properties; and investigate the relationship between subunits and animal age.
VAH, Omaha, Nebr.....	F. L. Humoller, M.D.....	67,777	65,837	Research in aging: This investigator has developed a practical system for analyzing serum and tissue samples for metals in trace amounts, using the atomic absorption spectrophotometer. This method at the present time is being used in a project dealing with copper metabolism and its relation to the process of aging.
VAH, Sepulveda, Calif.....	A. Cherkin, Ph. D., L. Pilo, Ph. D., R. P. Huemer, M.D., and F. Sobel, Ph. D.	306,968	262,757	Research in aging: <ol style="list-style-type: none"> 1. The general objective of one aspect of research in aging at this station is to add to the facts known about memory, learning, and behavior, with the belief that application of those facts will contribute to prevention and cure of mental and physical diseases of the aged. 2. Another objective will be to carry on studies on the mechanisms of cellular interactions in higher animals, and the ways in which such interactions may be related to aging, carcinogenesis, and autoimmune disorders. 3. A program is also underway to investigate age changes in skin and to study the metabolic changes in skin of mice when in a nitrogen-losing state. The thesis proposes that the extent to which an individual has lost nitrogen from his prime state is a measure of the extent to which the aging syndrome has processed.
VAH, Temple, Tex.....	B. A. Swanson, Ph. D.....	43,996	47,690	Research in aging: The research activities of this investigator have confirmed the presence of lysosomes in lenticular epithelium cells, chemically, histologically, and by electron microscopy. This gives a new hypothesis to the formation of cataracts. Extension of these studies and findings are expected to assist in arriving at an explanation of the role of aging on tissues other than lens.
VAH, Marlon, Ill.....	Dimitrie Gostimirovich, M.D.....	23,617	23,617	Research in aging: Studies have sought to evaluate the role of estrogens and other sex steroids, diet, vitamins, drugs, alcohol and RNA in the development and reversal of atherosclerosis in rabbits.
VAH, New York, N.Y.....	S. L. Wilens, M.D.....	24,899	18,466	Experimental atherosclerosis program: Studies of rabbits maintained in high-cholesterol diets, renal thickening, fibrosis, narrowing of lumen, and splitting of elastic fibers in splenic arterioles. High-calcium diets are being added to determine whether calcium deposits will develop in the arterial plaques.
VAH, Bedford, Mass.....	G. H. Stidworthy, Ph. D., R. L. Herman, Ph. D., and A. Russel, Ph. D.	56,933	71,699	Research in aging: This laboratory is investigating the result of accumulation in the genetic code of cells of "nonsense" information that sets the biological mechanism to synthesizing slightly altered, but nonetheless abnormal, components which over time lead to cell death.

VAH, Iowa City, Iowa.....	Fred E. Abbo, M.D.....	\$25,539	\$4,800	Research in aging: A study of adrenal hormone levels showed a decline with age which could be modified by a vigorous exercise program as well as by cholesterol-lowering program.
VAC, Bath, N.Y.....	Chester Soles, M.D.....	20,975	9,667	Arteriosclerosis, from a metabolic viewpoint: Attempted to correlate post-mortem findings of arteriosclerosis in the heart and large blood vessels with the metabolic status of patients, while living. Terminated, fiscal year 1966.
VAC, Bay Pines, Fla.....	James F. Conner, M.D.....	5,000	35,000	Exercise and coronary heart disease: Patients with a documented myocardial infarction history will be studied by coronary arteriography before and after a 1-year period of physical training involving a graduated exercise. The study has not progressed to the point of results at this time.
VAH OPC Boston, Mass.....	Looney Bell.....	9,180	9,559	Research in aging: A study of fat components in the blood of patients with cardiovascular disease has been amalgamated with an ongoing longitudinal investigation of the health status of a large group of elderly male veterans. Serial observations are being documented regarding their health status, health needs, and ways in which these are being met.
VAH, Cincinnati, Ohio.....	Richard T. Marnell, M.D.....	14,982	15,260	Liposomal stability in white blood cells: A study of the effects of steroid hormones on the stability of integral elements of white blood cells in patients with malignancy. Liposomes are involved in the process of cell division, and possible alteration of this function in the cancer process is being investigated. It has been demonstrated in the test tube, already, that steroid hormones increase the stability of liposomes, and the possibility of translating this salutary effect in cancer patients is being tested.
VAC, Los Angeles, Calif.....	Dr. Seymour Dayton and Dr. Morton L. Pearce.....	158,329	162,419	Domiciliary diet fat study: This study has under observation 400 domiciliary members whose diets have been altered so that normal fat has been 1/2 replaced by unsaturated fats, in such a way that these diets are indistinguishable from those partaken by 400 normal control subjects. The study is "double-blind," which means that neither the patients nor their doctors know which patient is receiving the experimental diet and which the regular diet. The study has been in progress for several years, and should settle the problem of the value of unsaturated fat in preventing or ameliorating arteriosclerosis in the human arteries.
VAC, Los Angeles, Calif.....	Dr. Seymour Dayton.....	12,468	13,064	Metabolism of arterial tissue in arteriosclerosis is being investigated in conjunction with the domiciliary diet fat study, with appropriate laboratory and pathological observations of patients with arteriosclerosis.
VAH, Newington, Conn.....	Dr. Philip Lipton.....	20,166	22,500	Cholesterol and blood fats in patients with heart disease: Several titles, all related to the study of cholesterol and blood fats in patients with heart disease, and the cholesterol lowering effects of several chemicals in the blood and vascular tissue of rabbits with atherosclerosis. Practically terminated by end of fiscal year.
VAH, Oteen, N.C.....	Edgar A. Hines, Jr., M.D.....	15,421	12,273	Small artery in normal and peripheral vascular disease patients: An investigation to develop better methods of visualizing these small blood vessels in such patients, utilizing arteriography with radiographic magnification, and to correlate these findings with other measurements of vascular integrity, such as basal skin temperature and sweating. The effects of "Hypertension II and Standard Blood Pressure Raising Tests on Circulatory Responses" is a comparative study of normal and hypertensive patients, aimed at elucidating some of the basic alterations leading to elevated blood pressure in humans.

Research in aging, fiscal year 1966—Continued

Hospital	Principal investigator	Cost of program		Title and description of program
		Fiscal year 1966	Fiscal year 1967	
VAH, Philadelphia, Pa.-----	Ralph M. Myerson, M.D.-----	\$6,389	\$5,649	Regulation of respiration in patients with obstructive lung disease: A study to characterize and differentiate between the physical and biochemical abnormalities in patients with chronic respiratory distress, due to emphysema or bronchitis. A better understanding of these disease processes may lead to further improvement in rational approaches to therapy of these common pulmonary disabilities.
VAH, Bronx, N.Y.-----	Ernest Schwartz, M.D.-----	45,070	46,436	The treatment of osteoporosis with intravenous calcium and anabolic agents: A study of the efficacy of these agents in arresting or reversing the common problem of "thinning" of the bones in older age, which leads to frequent and distressing disability in many of these patients. Encouraging results are being observed with administration of high dosage of calcium to such patients, but other factors, as yet unknown, have prevented fully adequate therapeutic response. The investigation continues.
VAH, Reno, Nev.-----	Edward P. Caffery, M.D.-----	5,072	5,096	A critical evaluation of acid phosphatase and prostatic acid phosphatase in men over 55: A study to determine the comparative reliability of these 2 laboratory tests which may direct suspicion to cancer of the prostate, and the need for subsequent tissue examination and definitive treatment of this malignancy, which is frequently occult in its early stages.
VAH, Wood, Wis.-----	Joseph J. Barboriak, M.D.-----	16,151	16,814	Research in aging: These studies are aimed at elucidating some of the mechanisms involved in the production of elevated blood fat in an elderly male population, and the metabolic and psychological effects of alcohol in similar subjects. The study continues, with no definitive results as yet.
VAH, Tomah, Wis.-----	N. O. Calloway, Ph. D.-----	12,885	11,740	Changes in collagen, elastin, and reticulin with age: A study of the supporting connective tissue in mice of varying ages, in an attempt to provide an experimental model to study the aging process which occurs in human tissue. No results as yet, but data are being accumulated.

DRUG LIPID COOPERATIVE STUDY

Description of study

Drug lipid cooperative study is designed to determine the beneficial effects, if any, of certain drugs on the course of atherosclerosis in cardiac patients. Such patients are being treated with estrogens, nicotinic acid or d-thyroxine, singly or in varying combination, in a double-blind manner; that is, neither patients nor their physicians are aware of the drug, or combination thereof that is being used. The incidence of death due to atherosclerosis and the rate of occurrence of new vascular catastrophes in this group is being compared to similar events occurring in a control group. Approximately 1,800 patients will be followed for a 5-year period.

Participating hospitals

Ann Arbor	Denver	Richmond
Bronx	Durham	Seattle
Brooklyn	Hines	Washington
Buffalo	Indianapolis	West Roxbury
Chicago (res.)	Jackson	Wood
Cleveland	Long Beach	
Coral Gables	Minneapolis	

Support

Fiscal year 1966	-----	\$233, 814
Fiscal year 1967	-----	259, 185

COOPERATIVE ON ENDOCRINE MORPHOLOGY OF AGING

Description of study

A feasibility study was conducted as a field trial exercise on 168 autopsy cases and was then utilized in 1964 and 1965 to establish a formal protocol for a study of the morphological alterations that accompany aging in the endocrine organs. Agreements have been made for the procedures for the collecting of material and for the histological preparations by various cooperative members. Sets of photographs representing typical histological appearances were prepared and compiled in an atlas, with grading instructions following a common protocol. Each of the collaborating hospitals has collected cases within the specified age groups so that by mid-January 1967 close to 100 autopsies will have been collected and examined by pathologists in nine hospitals, and each case then restudied by two other pathologists in the group, selected on a basis developed with the help of statistical consultants. After the initial experience, a larger scale study will take place during a 2-year period, and those changes, both gross and histologic, that take place in the endocrine and target organs in relation to age in man between the age levels of 50 and 75 will be delineated. The changes within the various disease categories will be particularly scrutinized.

A secondary purpose will be to attempt to detect any trends or relationships in the data which could be the basis for future separate studies designed to test specific hypotheses.

Participating hospitals

Butler	Lake City	Madison
Dallas	Little Rock	Martinsburg
Hampton	Livermore	Togus

Support

This activity has been supported from hospital operating funds.

No research funding has been provided in fiscal year 1966 or fiscal year 1967.

DIRECTOR OF DEFENSE RESEARCH AND ENGINEERING,
Washington, D.C., December 27, 1966.

Mr. J. WILLIAM NORMAN,
Staff Director, Special Committee on Aging, U.S. Senate.

DEAR MR. NORMAN: The Secretary of Defense has asked that I reply to your letter of December 1, 1966, regarding the Department of Defense research programs on aging.

There are only three research programs conducted by the Department of Defense related to aging. The Department of the Navy (enclosure 1) has a single program which was initiated in 1940 to develop and evaluate standards for the selection and retention of aviation personnel. (A joint report of September 1965, sponsored by the U.S. Navy, U.S. Public Health Service, and the National Aeronautics and Space Administration is attached.) The Department of the Air Force (enclosure 2) has two programs: the first, a cardiovascular disease followup study to develop the capability of predicting cardiovascular disease; and the second, a medical fitness study of flying personnel to assist in defining the natural history of developing diseases, their influence on disability and health maintenance, and the physiological effects of aging.

The additional information you requested is enclosed.

Sincerely yours,

JOHN S. FOSTER, JR

DEPARTMENT OF THE NAVY

1. Describe all programs of research on aging carried out during fiscal year 1966.

The Navy Department, through the Bureau of Medicine and Surgery, is conducting a single program of research related to aging. The program was initiated in 1940 to develop and evaluate standards for the selection and retention of aviation personnel. An original group of 1,056 naval aviators has been under study by the U.S. Naval Aerospace Medical Institute (NAMI) at the U.S. Naval Aviation Medical Center, Pensacola, Fla. The subjects have been studied by clinical and laboratory examination and by psychological and anthropometric measurements to provide information on a variety of physiological and psychological factors. Survivors of the initial group were reexamined in 1951, 1957, and 1963. It is planned to examine them again in 1969.

2. Cost of each program described.

The total cost of the program to date is about \$230,000. Expenditures are related only to the years when the survivors are reexamined, the next being planned in 1969.

3. Programs continued since fiscal year 1966.

The program is continuing.

4. Additional research programs on aging initiated since the end of fiscal year 1966.

None.

5. Findings and conclusions of above program.

To date the results of the program are that (1) the electrocardiographic abnormalities observed during the initial examination had no predictive value in terms of the occurrence of heart disease, (2) the group in the upper 20 percent in regard to level of blood pressure tended toward higher blood pressure with increasing age, (3) an increase in blood pressure over the period of observation was associated with weight gain and somato-type, (4) a shift to the left occurred in the mean frontal plane of the QRS vector in the group with advancing age, and (5) personality traits of individuals developing evidence of heart disease could be differentiated from those not developing heart disease. The frequency distribution and intercorrelation of 100 physiological, psychological, and anthropometric parameters have been published.

A copy of monograph 12 on the 1,000-aviator study, entitled "Distributions and Intercorrelations of Selected Variables," a joint report published by the Naval Aerospace Medical Institute, Public Health Service and National Aeronautics and Space Administration, dated September 1965, is attached for your information.

DEPARTMENT OF THE AIR FORCE

1. Describe all programs of research on aging carried out during fiscal year 1966.

(a) The USAF School of Aerospace Medicine (SAM) cardiovascular disease followup study. This program, sometimes called the West Point study, has as its objective, the determination of the values of cholesterol, phospholipids and lipoproteins in the sera of young men, for the purpose of developing the capability of predicting cardiovascular disease in later years. The study started with the 593 students who entered the U.S. Military Academy at West Point in 1952. Of these 480 graduated as the class of 1956, and by 1964 attrition had decreased the sample size to 398. The study is scheduled to continue until 1982, or 30 years from the date of its beginning.

(b) The aerospace medical fitness program. This study consists of an analysis of the results of a comprehensive physical evaluation of flying personnel required by Air Force Regulation 161-72. It provides for the examination and followup of 67,000 flying personnel who are being brought into the program over a 5-year period. The Air Force plans to continue the followup for 30 years. The objective of the program is to glean from these comprehensive examinations evidence to assist in defining not only the natural history of developing diseases and their influence on disability and health maintenance, but also the physiologic effects of aging in flight personnel. Such a study also provides cross-sectional data on the normal variations at different age groups. At the outset the program was coordinated with the Surgeon General, U.S. Public Health Service, the Assistant Director of the National Heart Institute, and the director of the heart disease control program. Furthermore there has been an exchange of information with Georgetown University which is conducting the Federal Aviation Agency study of aging in commercial pilots. This latter study has a different sample base and a different operational mission framework.

2. Cost of each program.

(a) SAM cardiovascular disease followup study:

Annual:

Salaries.....	\$28,000
Physical examinations.....	600
Supplies and equipment.....	2,500
Total.....	<u>31,100</u>
Total for 30 years.....	933,000

(b) Aerospace medical fitness program: Annual (including salaries supplies, equipment, and contractual services for microfilming of records), \$100,000.

3. Programs continued since fiscal year 1966:

(a) SAM cardiovascular disease followup study.

(b) Aerospace medical fitness program.

4. Programs initiated since end of fiscal year 1966.

None.

5. Findings and conclusions of above programs.

(a) SAM cardiovascular disease followup study:

Findings: In 1952 when the study was started, the class of 1956 had a mean age of 19.5 years and an average serum cholesterol level of 185 milligrams per 100 cubic centimeters. In 1958 the mean level was found to have risen to about 250 milligrams per 100 cubic centimeters. The upper limit of normal for this age group (25.5 years) is considered to be about 220 milligrams per 100 cubic centimeters. It cannot yet be determined whether stress, diet or other factors have contributed to this rise. It is known that this level was reached 2 years after graduation from the Academy, probably shortly after promotion to first lieutenant, and thus the stresses of initial active duty and increased responsibility upon promotion would have to be considered. The levels after 1958 began to drop, in contradiction to the expected gradual rise with advancing years. This has continued until at the present time the mean level is now close to 235 milligrams per 100 cubic centimeters. This level is more nearly normal, for the expected level for age 33.5 is between 220 and 230 milligram per 100 cubic centimeter.

A second finding of interest concerns the alpha or high-density lipoproteins, the measurement of which started after the program had been underway for a few years. Their level declined until about 1960 and then gradually started to rise again. The significance of this is not understood. It is known, however, that the administration of androgens and some diets will decrease the alpha lipoproteins, and the administration of estrogens will cause them to increase.

Conclusions: None are anticipated until the program is considerably older than it is at the present time. So far there has been only one cardiovascular incident in this population, and it was of such a nature as to make the exact diagnosis difficult to prove. It is expected that the population will have to move further into middle age before statistically significant conclusions can be expected.

(b) Aerospace medical fitness program:

There are not yet either findings nor conclusions. This program was started in December 1965 and the total effort to date is the accumulation of data; 13,500 additional rated personnel enter the program each year and will continue to do so until 1969. Findings

will commence as analysis of the accumulated data is begun after completion of the total sample population.

FEDERAL AVIATION AGENCY,
Washington, D.C., December 21, 1966.

MR. J. WILLIAM NORMAN,
Staff Director, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR MR. NORMAN: The Administrator has asked me to reply to your letter of December 1, 1966, concerning the Federal Aviation Agency's participation in research on aging.

The answers to your specific questions are as follows:

1. During fiscal year 1966 the Agency continued a program of research, begun in 1960, on the effect of aging on aircrew performance. The research was performed at our Georgetown Clinical Research Institute in Washington, D.C., in an attempt to establish physiological and psychological indexes of significant changes in performance capability with age. Comprehensive medical measurements were made on aircrew and nonaircrew subjects and results were recorded for comparison with data from the same subjects collected in prior years.

2. The cost of the program in fiscal year 1966 was approximately \$210,000.

3. The program has not been continued in fiscal year 1967 except for reduction of accumulated data.

4. No other research programs on aging have been initiated since the end of the fiscal year 1966. The research efforts of other Government and non-Government agencies are being monitored for possible application of the findings to aircrew aging problems.

5. Formal findings and conclusions of the research described above have not been developed. The research was planned to be a long-term program. During fiscal year 1966, a comprehensive review of the program was made to determine its scientific merit. As a part of this review it was concluded that no statistical design had been used in setting up the program, such that data could be analyzed in a manner which would yield sound conclusions. As a consequence a management decision was made to redefine and consolidate the clinical research functions at Georgetown with other Agency medical research at the Aeronautical Center in Oklahoma City. At the same time the formal program relating to a "physiological age rating" was terminated.

Data collected in the formal aging studies are now being analyzed by the U.S. Public Health Service, which will also continue to conduct periodic medical examinations on the persons who served as subjects under the prior program. Present and future analyses of such data are expected to provide a basis for some conclusions as to age changes of significance to aircrew performance.

I would be pleased to discuss this matter with you further if you would like.

Sincerely yours,

P. V. SIEGEL, M.D.,
Federal Air Surgeon.

U.S. ATOMIC ENERGY COMMISSION,
Washington, D.C., December, 21, 1966.

Mr. J. WILLIAM NORMAN,
Staff Director, Special Committee on Aging, U.S. Senate.

DEAR MR. NORMAN: In response to your inquiry of December 1, 1966, we are enclosing a list of the biomedical research programs supported by the Atomic Energy Commission which we consider to be oriented toward the aging process. The fiscal year 1966 cost of these research programs was approximately \$4,514,000.

Two projects on the enclosed list have been terminated during fiscal year 1967; namely:

1. Colorado State University, \$2,070. Study of the X-Ray Irradiation of the Developing Avian Embryo as a Factor of Aging—Principal investigator, Muller.

2. National Academy of Sciences, \$13,300 (supported jointly by the U.S. Public Health Service). Project for the Assembly of Data for a Study of Mortality and Morbidity in Radiologists—Principal investigator, Cannan.

One additional research project on aging has been initiated during fiscal year 1967:

Boston University, \$13,067. The State of Histone in the Aging Animal—Principal investigator, Sinex.

In addition to the specific projects, the Commission's biomedical research program includes a significant effort in the related areas of somatic and genetic effects of irradiation at all levels from subcellular to the whole organism. While these studies may not be as directly related to the problem of aging as those identified in the enclosed list, their results contribute to a better understanding of the aging process through the elucidation of the late effects of irradiation.

The findings which have been reached as a result of Commission-sponsored research fall into two groups. Irradiation-induced life shortening has been seen in experimental animals and studied mainly in the rodent. These studies taken as a group have furnished experimental data suggesting specific lines of research to be undertaken with large animals with longer lifespans. Taken by themselves, the rodent data will probably not provide completely definitive predictions of results to be expected from human exposure to irradiation.

Large animal studies, including studies in humans, comprise the second group of research projects. Human data bearing on the irradiation induced reduction in lifespan (accelerated aging) are few. Evidence obtained from the survivors of the atomic bomb explosions in Japan to date has not revealed a difference in the rate of aging between those exposed close to the hypocenter and those exposed at a more peripheral location. Mortality rate studies were begun by the Atomic Bomb Casualty Commission in 1950. It should be borne in mind that the majority of the study population are still living.

We trust this information will be of help to the committee in its study.

Cordially,

GLENN T. SEABORG, *Chairman.*

Enclosure: List of biomedical research programs (in committee files).

APPENDIX C

U.S. DEPARTMENT OF LABOR OLDER WORKER SERVICE ACTIVITIES ¹

Approximately 4 out of 10 workers in this country are over age 45—a total of 30 million older workers. This number is steadily increasing; for example, it is expected to reach 31½ million by 1969. Although the unemployment rate for this age group is relatively low, averaging 2.9 percent in 1965, unemployment, when it strikes, is usually a more severe problem than for other age groups. Recent statistics revealed that a third of the unemployed males 45 and over had been out of work for 15 weeks or more. This compares with the average incidence of long term unemployment of 21 percent for all age groups. Over one-fifth of the unemployed male older workers had been jobless for over 6 months, as compared to a 10 percent for the unemployed as a whole.

The Department of Labor's concern for the employment problems of the older worker was epitomized in the Secretary's June 1965 report to the Congress, "The Older American Worker." The report provided a comprehensive analysis and summary of the problems older workers face, and presented conclusions and recommendations for alleviating them.

Since the report was submitted, increasing emphasis has been placed on providing services to older workers in the form of implementation of some of the report's recommendations. The activities include not only direct services, but a variety of research efforts aimed at developing new service techniques and more comprehensive knowledge of the characteristics of the 45-plus age group. With the recent passage of the 1966 amendments to the Manpower Development and Training Act, with their accent on older worker services, plans are being developed to emphasize even more the training and job placement activities which can best fulfill the employment needs of older workers. In addition, the human resources development program, a new, individualized service approach of the Employment Service designed to reach the hard-core unemployed and underemployed in all age brackets, will add significantly to the scope of services available to the older worker group.

The Bureau of Employment Security and its component agency the U.S. Employment Service, through their affiliated State agencies, have been particularly active in the direct service aspects of the Department's older worker program. As an item in Public Law 89-787, the appropriation act of the Departments of Labor and Health, Education, and Welfare, and related agencies, \$2,500,000 was appropriated for fiscal 1967 to increase the services of the older worker program of the Bureau of Employment Security.

The funds are being used by the U.S. Employment Service to enable its affiliated State agencies to establish older worker service units in the local employment service offices of 20 major cities throughout

¹ Prepared by the Department of Labor at request of Committee on Aging.

the country. Previously, in fiscal 1966, such units had been established in five cities, on a project basis, to spearhead this form of service operation.

The general objective of the service unit operation is to provide intensified and expanded services to those persons who find their age to be a barrier to obtaining or maintaining suitable employment. Services emphasized include employment counseling, group guidance in job-finding techniques, determination of training needs, referral to training, job development (both part- and full-time) and job placement. When appropriate, applicants are also referred to other community agencies for needed social, welfare, or other supportive services which will improve their employability.

It is too early to make a valid judgment of the results of these new service efforts; considerable lead time is required to staff the service units and make them full functioning. However, the units are emphasizing individualized, qualitative service geared to meet the needs of each older worker applicant. A good indication of how significantly this is being accomplished is found in viewing some of the statistical trends in the service reports of the units. For example, the ratio of initial counseling interviews to new applicants for four of the units over a 3-month period is about 33 percent; the ratio of the same services, for age 45-plus applicants, in local offices nationwide was approximately 7 percent for calendar 1965, and 5 percent for calendar 1966 (through October). Another example of qualitative service is found in the success the Kansas City unit has had in placing applicants who lost their jobs in the Armour Co. mass layoff. Those they have placed have been the unusually hard to place applicants, the residue of a group of which the more employable members had already been placed.

In addition to the older worker service units, which are a part of regular Employment Service operations, experimental and demonstration projects are being conducted by the California and Kentucky State agencies in Sacramento and Louisville. These projects are funded under the Manpower Development and Training Act's title I, section 102(6) provision for experimental, developmental, demonstration and pilot projects through the Office of Manpower Policy, Evaluation, and Research and the Bureau of Employment Security. The projects are experimenting with the use of volunteers in extending employment services to older workers in neighborhood settings. The projects are of 1 year's duration, scheduled to conclude in early fall, 1967. Initial results are promising; if the projects are successful, their findings will be used to establish similar service efforts in other cities.

Regular services to older workers, an integral part of Employment Service operations for many years, are reflected in the following statistics for calendar years 1965 and 1966.

Calendar year 1965

	Total	Age 45-plus	Percent of total
New applications.....	10,900,130	1,633,663	15.0
Initial counseling.....	1,272,631	115,662	9.1
Nonagricultural placements.....	6,473,651	1,259,937	19.5

Calendar year 1966 (through October)

	Total	Age 45-plus	Percent of total
New applications.....	9,017,439	1,846,341	20.4
Initial counseling.....	1,049,232	101,955	9.6
Nonagricultural placements.....	5,559,794	1,116,420	20.0

Noteworthy is the significant increase in age 45-plus applicants as a proportion of applicant workload. Equally significant is the small but important increase in counseling interviews and placements for this age group. With current favorable economic conditions, the applicant group for whom these services are being provided consists of persons who are not easy to place; services to these people must be intensive, in-depth, and time-consuming.

The Office of Manpower Policy, Evaluation, and Research has been most concerned with research and demonstration projects related to older worker services. For example, the Office of Manpower Policy, Evaluation, and Research funded "Project 60," a project being conducted in San Francisco to demonstrate that the great need for employment by persons aged 60 and over can be met by mobilization and expansion of existing community resources to provide comprehensive services which meet the special requirements of members of this group. The project period is October 9, 1964, to July 31, 1967, at a cost of \$231,439.

Another significant and productive project was a national conference on manpower training and the older worker, held in Washington, D.C., in January 1966. The conference was sponsored by the National Council on the aging in cooperation with the Departments of Labor and Health, Education, and Welfare. Representatives from a variety of organizations, government agencies, and educational institutions were participants in the conference. Most of these people were national authorities or experts in their respective fields. The printed proceedings of the conference contain valuable conclusions and recommendations applicable to most facets of the older worker problem. Currently, efforts are being made to convert the conference's findings into a more convenient form for transmission to interested individuals as well as to service agencies and organizations.

Under an experimental and demonstration manpower contract with the Department of Labor, the National Council on the Aging has also sponsored a series of projects conducted in six cities (South Bend, Ind.; Baltimore, Md.; Boston, Mass.; Cleveland, Ohio; Asheville, N.C.; Milwaukee, Wis.) to explore the feasibility of helping unemployed older workers obtain jobs through a variety of techniques including testing, retraining where indicated, and special employment assistance. The projects were designed to mobilize supportive services around manpower efforts based on broad community involvement.

South Bend demonstrated to the Nation the effectiveness of community action in a crisis situation by mobilizing all community resources to meet sudden mass unemployment due to a plant shut-down (Studebaker). Union counselors, "lay-offs" themselves, were utilized because they had good rapport with the workers. These counselors assisted with recruiting, helped motivate workers who

needed retraining, and generally gave psychological support throughout. (The same techniques will alleviate the plight of the American Motors Corp. employees.)

Baltimore showed that through training and individual job development for qualified older workers, employers can be persuaded to relax previously established age restrictions.

Boston proved that total supportive services (including health, welfare, and legal referrals), provided together with employment services in a visible all-purpose neighborhood center, can make the difference between success or failure for older jobseekers. Group jobseeking clinics, especially for white-collar male jobseekers, are being used.

Cleveland demonstrated that recently unemployed older workers, reached before they fall into a continuing pattern of unemployment and supplied with closely coordinated supportive services, as needed, can be successfully placed in suitable jobs. This project has contracted with Goodwill Industries sheltered workshop to fill the "adjustment gap" between unemployment and new employment.

Asheville established that disadvantaged workers of limited education—mostly marginal farmers living in isolated areas—can be reached and motivated by nonprofessionals, neighbors who have received some special orientation and can be trained successfully for productive jobs including self-employment. Basic education training brought to the people in their own communities, followed by vocational education, is provided. An Employment Service counselor and a placement interviewer are attached to the project.

APPENDIX D

MATERIALS TO WHICH REFERENCE WAS MADE IN CHAPTER IV

REPORT AND RECOMMENDATIONS BY THE ADVISORY COUNCIL ON POVERTY AND THE OLDER AMERICANS, TO THE NATIONAL ADVISORY COUNCIL OF THE U.S. OFFICE OF ECONOMIC OPPORTUNITY, SEPTEMBER 10, 1966; DR. HAROLD L. SHEPPARD, CHAIRMAN

In August of 1966, Mr. Shriver reconstituted the OEO task force on poverty and the older person as a permanent Advisory Council on Poverty and the Older American. The original mission of the task force, which was formed in the spring of 1965, was to provide an action plan to OEO to meet both the basic needs of older poor persons as well as to develop programs of employment which would utilize their skills and talents in community service programs. In addition, the task force attempted to provide OEO with the basis of a strategy to utilize the legislative mandate of OEO to marshal and coordinate all available resources to meet the needs of older poor persons.

In the attached report, dated August 1965, the task force provided OEO with the basis for such a program of services, employment, and a strategy to meet the needs of older persons. Only to a very limited degree have these suggestions been utilized by OEO in the year since this report was issued.

In June of this year, Mr. Shriver provided testimony to a subcommittee of the Senate Special Committee on Aging, chaired by Senator Edward Kennedy, indicating the degree to which OEO has responded to the recommendations of the August 1965, report of the task force. This testimony is attached, along with my own testimony on the same day before that subcommittee. Equally important is the enclosed report of the full Senate special committee, "The War on Poverty as It Affects Older Americans," including recommendations and commentary of the committee regarding OEO's response to the task force's own findings and recommendations.

Basic to the problem of implementation of these recommendations has been the remarkable lack of adequate staffing by OEO to meet the demands of programs for older persons. It has only been within the past 2 months that a director of programs for older persons within the office of program planning of CAP has been appointed. While we believe that this is insufficient staffing for the task that confronts OEO, we believe that it represents a hopeful sign that OEO is now committed to upgrade its services to older persons.

In addition, we believe that the mandate that Mr. Shriver has given the Advisory Committee ("to assist me in an evaluation of the total OEO program to assure that we meet our obligation to older persons within all components of our legislative and administrative mandate") provides us with the authority to recommend meaningful administrative and policy proposals to Mr. Shriver to increase the probabilities that these obligations are met.

The first meeting of the new Advisory Council on Poverty and the Older American was held in South Bend, Ind., on August 22. The meeting was attended by 15 of the 18 council members. Mr. Theodore Berry, director of the community action program, and Mr. Hyman Bookbinder, of the director's office, participated in the conduct of the meeting. In addition, Mr. William Bechill, Commissioner for Aging, Mr. William Oriol of the staff of the Senate Special Committee on Aging, and representatives of other agencies interested in the problems of the aging also participated in the meeting.

In summary, the following represents the findings and recommendations of the first meeting of the Advisory Council on Poverty and the Older American. They constitute the initial attempts of the Advisory Council to assist the Director of the Office of Economic Opportunity to meet the Nation's obligations to its older poor persons. The Council sees its role as reviewing and evaluating all those Federal programs and policies which the Congress has authorized the Director of OEO to administer and coordinate in behalf of poor persons, specifically the older poor. Thus, we believe that the work of our Council will have a direct relevance to the interests and goals of the National Advisory Council.

1. The advisory committee finds that the staffing within OEO for programs for the aging is insufficient and recommends that additional staff be immediately allocated to programs for older persons. One person with a part-time secretary is woefully absurd.

2. The committee finds that, while there is no substitute for dollar and program commitment on behalf of older persons, it supports the intent of the amendment by Senator Edward Kennedy to create in OEO the position of an Assistant Director for Programs for the Elderly. Such a person would thereby be in the position of directly influencing the policies and practices of total OEO and not just CAP, for example.

3. The advisory committee recommends that OEO conduct a comprehensive training program on programs for older persons directed toward OEO regional staff, CAP staffs, and for other interested public and private groups. These training programs might be conducted in cooperation with the Administration on Aging.

4. The director of the Community Action Program should restate to all community action agencies that programs for poor older persons are necessary if these agencies are to meet their full responsibilities. In addition, the director of CAP should allocate fiscal 1967 OEO, title II funds to finance such national emphasis programs as Project Find on a par with such youth-oriented national emphasis programs as Operation Headstart, Upward Bound, et cetera.

5. The advisory committee strongly urges that program guides for CAA's which will assist them in the development of local programs on behalf of the older poor be produced and widely distributed, together with sufficient technical assistance at the local level.

6. The committee urges OEO to institute an immediate review of the employment policies of all of its directly administered and delegated programs to assure that an equitable proportion of employment opportunities in such programs as Headstart, the Neighborhood Youth Corps, VISTA, Job Corps, et cetera, are provided for older persons. I would like to recommend that a clearly enunciated decision be made to increase sharply the number of poor persons 50 or older

employed in OEO-financed programs and projects, including staffs of the Neighborhood Youth, Headstart, VISTA, et cetera. There is no reason why a minimum target of 7,000 jobs in New York City alone should not be achieved.

7. The advisory committee strongly recommends that OEO accelerate the funding of home health aid programs at least up to the level of \$20 million as originally announced by President Johnson in 1965.

8. The advisory committee recommends that OEO and the Administration on Aging more closely coordinate their activities at the national and regional levels. Specifically, there should be a regular interchange of information and plans between the agencies. In addition, OEO should more aggressively implement its coordinating role in the area of the older poor through the creation of appropriate liaisons and committees with those Federal, State, and local agencies (and other public and private bodies) which are concerned with the problems of the older poor.

Needless to say, I appreciate this opportunity to present these matters to you, on behalf of the Advisory Council on Poverty and the Older American. I hope that this occasion will be only the first of such opportunities, and that a more active liaison be established between the two separate councils concerned with the success of the war on poverty.

SERVICES TO OLDER PERSONS WITHIN COMMUNITY ACTION PROGRAM COMPONENTS

(Policy guidelines issued December 1966)

CAP policy

CAP encourages the development of older persons', section 205, programs through community action agencies. In many communities older poor persons constitute a large proportion of the poverty population. In such communities OEO has funded components designed to serve older persons exclusively or as the primary target group. CAP senior citizens centers, Nelson amendment older persons employment programs, consumer education programs, etc. have been funded based on the needs and plans of local CAA programs.

In fiscal year 1967, CAP will continue to encourage the development of such specialized older persons programs based on the priority needs of CAA's. It is recognized that the constrained fiscal year 1967 budget realities may prevent the development of major new ventures by CAA's which are designed to serve older persons exclusively. However, it is the policy of CAP to encourage and assure that older persons benefit from all aspects of CAP operations even though a CAA might not be able to develop a specifically designed older persons' component.

Employment

CAA's should make a special effort to utilize the skills of older persons in all aspects of CAA administration and programs.

(a) As demonstrated through the foster grandparents program, older persons constitute excellent personal resources for subprofessional positions in such child serving programs as Headstart, projects, etc.

(b) Older persons can provide needed short termed, or part-time skill development assistance in such programs as NYC or title V, work experience projects. Retired skilled craftsmen or teachers might be employed on a short-termed basis to provide NYC work crews with skill instruction or remedial educational services, etc.

(c) As was amply shown by the 14,500 older persons employed in Operation Medicare Alert, older persons can be employed as community aids in a variety of CAA components. Older persons often have wide contacts in the community and can reach other older persons now cut off from all community services.

Services

All applicable CAP services should be geared to serve the needs of older persons. In the conduct of CAA service programs, it must be constantly recognized that older poor persons are often the most isolated, uninformed, socially unorganized, and physically handicapped of all poverty target groups.

(a) *Legal programs.*—Older poor persons often have specialized legal problems relating to property, welfare rights, social security benefits, consumer frauds, etc.

(b) *Health.*—Despite the passage of medicare, older poor persons face great problems of inadequate health services. Homebound older persons cannot often come to a neighborhood health center and must have the services brought to them. The purchase of drugs is a major problem for older persons.

(c) *Employment and training.*—Older persons face the double jeopardy of employer bias against older persons together with a high proportion of illiteracy and loss of contact with the job market. Older persons require concentrated and different training and counseling than do youths and younger persons.

(d) *Housing.*—As a group, older poor persons, have severe housing problems. CAA housing programs must be sensitive to the special structural, service, and rent level problems of both older couples and single older persons.

(e) *Multipurpose neighborhood centers.*—CAA's should consider the possibility of separate facilities or space for specialized services to older persons and for activities and recreation purposes.

(f) *NYC, title V, Scheurer, Nelson, VISTA.*—CAA's are encouraged not only to hire older persons in the conduct of these programs but also to utilize these programs in direct services to older persons. NYC and title V programs could be conducted in public and nonprofit older persons nursing homes; title V work programs might be utilized to fix and repair the homes of poor older persons; Scheurer amendment projects might be directly related to new job roles serving older persons, etc.

Technical assistance available

CAA's are reminded that under its contract with U.S. OEO the National Council on the Aging OEO project is available to provide technical assistance and consultation to CAA's in developing and implementing programs such as those referred to above. The Council can be reached at 49 West 45th Street, New York City, phone number area code 212-581-3800. Jack Osssofsky is project director.

APPENDIX E

MATERIALS TO WHICH REFERENCE WAS MADE IN CHAPTER V

THE ADMINISTRATION ON AGING—1966¹

During the signing of the Older Americans Act of 1965, President Johnson said that this act "clearly affirms our Nation's high sense of responsibility toward the well-being of older citizens * * *. Under this program, every State and every community can move toward a coordinated program of both services and opportunities for older citizens."

The act established the Administration on Aging as the seventh operating agency within the Department of Health, Education, and Welfare. The Administration became operational on October 1, 1965. Its Commissioner, William D. Bechill, from California, was appointed by President Johnson on October 26, 1965.

The Administration serves as the central focus within the Federal Government in all areas of concern to older people, including adequate income, housing, health, job opportunities, and the need for opportunities to contribute meaningfully to the life of the community. The Administration is also the traffic center of ideas for improving the lives of older Americans and the central clearinghouse for information pertaining to the aged and aging. Among the Administration's most important responsibilities is the stimulation of the effective use of existing resources and programs in the Nation for developing services and opportunities for older people.

To carry out its responsibilities, the new agency was organized into five Offices: The Office of the Commissioner; the Office of State and Community Services; the Office of Program Policy and Information; the Office of Research, Demonstration, and Training; and an Office of Administration. In addition, operations in the field are facilitated through a regional staff in the nine regions of the department.

Under the Older Americans Act, the Administration on Aging administers three grant programs to aid States, communities, and nonprofit and public organizations to develop new approaches in meeting the needs of aging and older people, to develop new knowledge about the older population and their living conditions, and to train personnel who can provide the special services needed by the elderly.

Grants for community planning, services, and training

Title III of the Older Americans Act authorizes a program of grants to establish and strengthen State and local agencies on aging and to assist them in the development of services for the elderly and opportunities for older persons to contribute their skills to their local communities. Each State must designate a single agency with primary

¹ This discussion of the work of the Administration on Aging during 1966 was written by Hon. William D. Bechill, Commissioner of Aging, at the request of the Committee on Aging.

responsibility for the development and execution of a comprehensive plan designed to implement the Older Americans Act in the State. In addition, the State agency is charged with the responsibility of coordination of all State programs in aging relating to the purposes of the act.

By December 1, 1966, 49 of the 55 jurisdictions including the territories and the District of Columbia, had designated an agency to administer this program. The plans of 42 States and territories had been approved. These programs now underway were allocated approximately \$9.2 million of the \$11 million appropriated under title III for the States in fiscal years 1966 and 1967. Two additional plans were pending approval at the end of the year. (A table of provisional estimates of State allotments under title III follows.)

PROVISIONAL ESTIMATES

State allotments for fiscal years 1965-66 and 1966-67 under title II of the Older Americans Act of 1965

State	Total ¹		Fiscal year 1965-66 ¹		Fiscal year 1966-67 ¹	
	Total	Maximum for administrative costs	Total ²	Maximum for administrative costs ³	Total ²	Maximum for administrative costs ³
Total, 55 "States" -----	\$11,000,000	\$1,748,750	\$5,000,000	\$859,850	\$6,000,000	\$888,900
Alabama	189,200	30,000	86,000	15,000	103,200	15,000
Alaska	111,600	30,000	51,000	15,000	60,600	15,000
Arizona	141,400	30,000	64,000	15,000	77,400	15,000
Arkansas	168,300	30,000	76,500	15,000	91,800	15,000
California	546,300	54,630	247,500	24,750	298,800	29,880
Colorado	157,800	30,000	72,000	15,000	85,800	15,000
Connecticut	183,700	30,000	83,500	15,000	100,200	15,000
Delaware	121,000	30,000	55,000	15,000	66,000	15,000
District of Columbia	130,900	30,000	59,500	15,000	71,400	15,000
Florida	302,200	31,620	136,000	15,000	166,200	16,620
Georgia	199,100	30,000	90,500	15,000	108,600	15,000
Hawaii	119,900	30,000	54,500	15,000	65,400	15,000
Idaho	127,600	30,000	58,000	15,000	69,600	15,000
Illinois	403,600	40,360	184,000	18,400	219,600	21,960
Indiana	242,500	30,000	110,500	15,000	132,000	15,000
Iowa	206,800	30,000	94,000	15,000	112,800	15,000
Kansas	182,000	30,000	83,000	15,000	99,000	15,000
Kentucky	197,400	30,000	90,000	15,000	107,400	15,000
Louisiana	183,700	30,000	83,500	15,000	100,200	15,000
Maine	141,300	30,000	64,500	15,000	76,800	15,000
Maryland	181,000	30,000	82,000	15,000	99,000	15,000
Massachusetts	279,900	30,240	127,500	15,000	152,400	15,240
Michigan	305,800	31,680	139,000	15,000	166,800	16,680
Minnesota	218,900	30,000	99,500	15,000	119,400	15,000
Mississippi	166,600	30,000	76,000	15,000	90,600	15,000
Missouri	258,400	30,000	118,000	15,000	140,400	15,000
Montana	128,700	30,000	58,500	15,000	70,200	15,000
Nebraska	159,500	30,060	72,500	15,000	87,000	15,000
Nevada	116,100	30,000	52,500	15,000	63,600	15,000
New Hampshire	130,900	30,000	59,500	15,000	71,400	15,000
New Jersey	284,900	30,540	129,500	15,000	155,400	15,540
New Mexico	126,500	30,000	57,500	15,000	69,000	15,000
New York	627,600	62,760	285,000	28,500	342,600	34,260
North Carolina	207,900	30,000	94,500	15,000	113,400	15,000
North Dakota	127,600	30,000	58,000	15,000	69,600	15,000
Ohio	377,200	37,720	172,000	17,200	205,200	20,520
Oklahoma	184,800	30,000	84,000	15,000	100,800	15,000
Oregon	166,700	30,000	75,500	15,000	91,200	15,000
Pennsylvania	446,500	44,650	203,500	20,350	243,000	24,300
Rhode Island	137,000	30,000	62,000	15,000	75,000	15,000
South Carolina	157,300	30,000	71,500	15,000	85,800	15,000
South Dakota	132,000	30,000	60,000	15,000	72,000	15,000
Tennessee	203,500	30,000	92,500	15,000	111,000	15,000
Texas	345,500	34,550	156,500	15,650	189,000	18,900
Utah	128,700	30,000	58,500	15,000	70,200	15,000
Vermont	123,200	30,000	56,000	15,000	67,200	15,000
Virginia	199,100	30,000	90,500	15,000	108,600	15,000

See footnotes at end of table.

State allotments for fiscal years 1965-66 and 1966-67 under title III of the Older Americans Act of 1965

State	Total ¹		Fiscal year 1965-66 ¹		Fiscal year 1966-67 ¹	
	Total	Maximum for administrative costs	Total ²	Maximum for administrative costs ²	Total ²	Maximum for administrative costs ²
Washington.....	\$193,600	\$30,000	\$88,000	\$15,000	\$105,600	\$15,000
West Virginia.....	161,700	30,000	73,500	15,000	88,200	15,000
Wisconsin.....	233,200	30,000	106,000	15,000	127,200	15,000
Wyoming.....	117,700	30,000	53,500	15,000	64,200	15,000
American Samoa.....	55,500	30,000	25,500	15,000	30,000	15,000
Guam.....	55,000	30,000	25,000	15,000	30,000	15,000
Puerto Rico.....	150,200	30,000	68,000	15,000	82,200	15,000
Virgin Islands.....	55,000	30,000	25,000	15,000	30,000	15,000

¹ Sec. 302(c) of the act provides that a State's allotment for the 1st fiscal year, 1965-66, shall remain available to it during the 2d fiscal year, 1966-67, as well. State allotments for the 2d (1966-67) and subsequent fiscal years remain available only for the fiscal year for which they were appropriated by the Congress. Sec. 302(b) provides for reallocations of amounts which States release as not required for carrying out their State plans but such reallocations must be used before the end of the period for which they were appropriated.

² Sec. 302(a) of the act provides for allotment of: (1) $\frac{1}{4}$ of 1 percent of the total appropriated under sec. 301 to American Samoa, Guam, and the Virgin Islands and 1 percent to the remaining 52 "States"; and (2) an additional amount to each "State" equal to its proportion of the total 65-plus population in the 55 "States" applied to the remaining 46.5 percent of the appropriation.

³ 10 percent of the allotment or \$15,000, whichever is larger.

Source: Administration on Aging, Department of Health, Education, and Welfare, May 1966.

In keeping with the concept that programs for the elderly are best developed and supported in the communities where older people live, each community participating in the program is required to share in the cost of local projects and must eventually assume full responsibility for the program operation and support. During the first 11 months of the title III program, nearly 200 projects, offering a variety of services and activities for the aged, have been started across the Nation. In addition to the projects already begun, some 300 additional projects have been submitted to the State agencies for funding or are in various stages of development.

Many of the new programs supported by title III funds already reach individual older persons in the communities in which they live. In the past older people entering nursing homes often remained in these institutions until their stay became terminal. Programs are now underway in Westmoreland and Erie Counties in Pennsylvania and in Detroit, Mich. which arrange for foster homes to provide limited care to older people who are able to leave nursing homes. Without these programs, people who otherwise might be discharged might be compelled to remain institutionalized because of a lack of a place to go in the community.

Many older Americans live in rural areas, on small farms, or in isolated farming communities. These people live in dilapidated housing without potable drinking water and essential sanitary facilities. Some of the projects already approved are reaching these people and assisting them in obtaining needed personal services or home repairs.

Many of our large inner-city areas have high concentrations of older people who live in inadequate housing. The provision of services for these older people is made more difficult when large numbers of the persons do not speak English. Such a problem arose in helping the older residents of the Mission District of San Francisco. Under a title III project, bilingual persons help to bridge the language and

cultural barriers in order that these older residents may receive needed social services for the first time. Hot meals, for example, are being served for the older populace in accordance with individual ethnic tastes and customs.

Some title III programs recognize the need to help older people retain their dignity by earning their own way. The State of Maryland employs older persons on the staff of the State commission on aging. Many other communities like Federick, Md., Rusk County, Wis., and Maui County, Hawaii recognize the skills of older people as an untapped resource and employ the elderly in the community to provide needed services to other older people in their neighborhoods.

Most communities throughout the Nation have not had an organization at the local level which is concerned solely with the interests of older people. A large number of grants made under title III of the Older Americans Act have been for comprehensive planning and the development of local organizations on aging. Such projects have generally included the creation of a local planning body and the development of a comprehensive and coordinated plan for the provision of a variety of services to the aged in the community.

In other communities, where substantial progress has already been made in planning programs for older people, communities have chosen to implement these programs by providing direct services and activities for the elderly in the community. Many of the projects in these communities have focused on the organization and operation of multipurpose senior activity centers. Such multipurpose centers provide a variety of needed services and activities specifically for the older person in a wholesome and creative setting. The centers also provide older people with the opportunity to contribute their skills and talents to the community in a variety of ways.

Other projects, though not originating from a multipurpose center, have also been developed in communities to provide individual and group services for the aged in such areas as:

Training of specialized personnel, including older people, to serve other older persons in the community.

Organizing volunteer opportunities for older people to permit them to participate in such programs as friendly visiting, aiding teachers in the classroom, entertaining institutionalized older persons, and providing needed information to the aged in the community.

Providing transportation services to older persons to such places as shopping facilities, medical centers, recreation areas, and educational facilities.

Establishing one-stop information and referral centers for older people touching upon such matters as legal advice, housing information, employment opportunities, health services, and emergency aid.

Providing special services designed to assist the elderly who are confined to their homes, such as homemaker services in which certain household chores are periodically performed, routine social visits and telephone reassurance checks, and the provision of hot, well-balanced meals. Often these services are provided by specially trained older persons themselves.

The Administration on Aging has viewed 1966 as a tooling-up period for the title III grant program. During 1967 the Administration will

assist those States without State plans to develop operating programs for older people so that every older American will have the opportunity to benefit from the provisions of the Older Americans Act. As the title III programs moves toward full implementation in 1967, the Administration expects to see a tremendous increase in the interest and development of local programs for the aged throughout the United States.

Grants for research and development

Title IV of the Older Americans Act authorizes grants and contracts to develop new and better methods and facilities in meeting the needs of older people. These grants are made directly to, or through contract with, a public or nonprofit private agency, organization, or institution, and, in the case of a contract, with an individual.

During the first 11 months of operation, some 36 projects were selected for funding from among 103 project applicants. Many worthwhile projects could not be funded from existing allocations. Those projects which were funded represented a broad range of areas for study and exploration, demonstration, and application.

The kinds of demonstration projects currently being funded include:

Gathering and using reliable data in the planning of services for older people in intercounty communities and municipalities.

Designing and testing a mobile senior center concept to extend the center's resources into formerly isolated neighborhoods and small communities which normally lack sufficient community resources with which to provide needed services.

Adapting and revising television programing and community seminars to meet the informational and educational needs of older people, and to organize community action on behalf of the elderly in the community.

Training older persons to help reach other more isolated elderly with information, guidance, and personal service, and to stimulate their interest in community and group affairs.

Research studies are being conducted to determine:

The influence of different community structures upon the adjustment and integration of the aged into the community.

The factors which influence how community resources and services are allocated on behalf of older people.

The cultural patterns of the aged in various residential, racial, and ethnic settings.

The patterns of living among retired union members to analyze unmet needs confronting these retirees.

The effects of retirement upon the female worker.

The purpose of these demonstrations and studies is to gain additional knowledge which will provide the basis for reappraisal of existing services and facilities and development of new and different ways of improving the lives of the older American. Specific areas needing further study, development, and demonstration include: multipurpose centers for the aged, nutritional and dietary needs of older people, the mobility of the aged and their transportation requirements, the effect of income maintenance and employment programs, attitudes toward aging and the older population, the factors which shape the personal adjustment of older persons in our society, and ways of improving community planning and organization.

Grants for training

Title V of the Older Americans Act authorizes grants to support specialized training of persons employed in or preparing for employment in programs related to the broad purposes of the act. The Administration on Aging provides support to training professional and technical personnel in areas of aging not covered by other grant programs of the Federal Government.

In the first 11 months of 1966, 56 applications for projects were received. Fifteen of these projects (including three contracts) were funded and are either still underway or have been completed. Twelve additional applications were referred to other programs of the Government because of their relevance to those programs. Twenty-five of the applications were not recommended for funding by technical review committees which are convened to evaluate project proposals in terms of the needs and priorities for developing training programs in aging. Three other projects were still being reviewed and under consideration at the end of the year.

The Administration on Aging developed its priorities for the encouragement and support of education and training in aging on the basis of broad objectives and with careful regard for existing sources of support. The title V program has focused on areas within which there is a desperate need for personnel and for which support was either lacking or inadequate. Primary emphasis has been given to supporting:

Broad planning and administration in aging for work at Federal, State, and local levels.

Personnel for planning, administration, and management in the field of retirement housing and villages, and homes for the aged.

Planning, administration, and program supervision for personnel of multiservice centers for older people.

Training for specialists in aging within such professions as recreation, religion, adult education, architecture, and retirement preparation.

Preparation of faculty personnel in applied social gerontology and within the established professions.

Leadership training for members of State and community committees on aging and for older adults who wish to become active within their communities.

Training for semiprofessional and technical personnel to serve under professional direction as library and recreation aids, aids in housing projects, homes for the aged, in institutions, in home-making and meal services, and in a variety of other ways.

The Administration on Aging is continually working with universities to encourage the development of programs within some of these priority areas. Specific focus is being given to the development of institutes and centers on aging or gerontology within universities. The goal of such encouragement and support for such centers is to:

Provide a focal point within the institution for information on aging and to identify research and training needs as well as the resources for the support of such research and training.

Supply information about older people and the need for specific programs, to conduct surveys and studies to benefit the commun-

ity and to provide technical consultation to State and local organizations.

Organize and conduct short courses, conferences and institutes for professional, technical, and lay persons working with the aged.

Organize, stimulate and coordinate, or conduct career educational programs for the preparation of people to work in aging.

Offer core courses and seminars in gerontology for students in the basic science and professional fields who seek special knowledge about the aging process.

Provide a base for multidisciplinary research programs for faculty and graduate students in the field of aging.

At the end of 1966, the Administration on Aging training grant program was continuing to expand its operations. Several universities were already engaged in the creation of broad-based centers on aging.

The foster grandparent program

The Administration on Aging also administers a unique program which employs men and women, over the age of 60, whose incomes are below the poverty index to provide personal care and love to those children who have been deprived of the affections of a concerned adult.

The program, which is operated under contract with the Office of Economic Opportunity, was started in 1965. By the end of 1966, 37 project grants had been made which can employ 2,458 foster grandparents in over 85 institutions throughout the country. Over \$5.75 million in Federal funds are used to support these projects. Over 100 other communities, institutions, and other organizations have expressed an interest in starting foster grandparent programs, but limited funds make further projects impossible at this time.

The foster grandparents work in many different settings including founding hospitals, pediatric wards of general hospitals, institutions for retarded children, day-care centers, facilities for the physically handicapped, and in institutions for the emotionally disturbed. Experimental programs are also underway in special classes for the retarded, Headstart homes, and in correctional institutions.

The program has given new meaning to the lives of the grandparents and to the children. In addition to supplementing their incomes, the grandparents have found a new purpose in providing a valuable service to others.

Communities and institutions are taking a new look at the contributions which can be made by older people. A merchant in one community reported that he didn't think that these old people could be so useful and so motivated. One institution indicated that they have overlooked the skills of older people in the past, but plan now to hire some older persons as part of their regular staff.

Most encouraging, however, has been the improvement of the children cared for by these grandparents. Some retarded children have learned to walk; others have improved their personal habits since there is now someone who cares about them. Most of all, there are many children who have learned to smile again. The stereotypes of deprived children are being erased as the grandparents talk of the children they love and care for. The community itself is being awakened to the needs which these children share with all other youngsters.

The foster grandparent program has also uncovered a variety of barriers to the opportunities for older people to remain productive in community life. Transportation, for example, has been of major concern to many persons interested in participating in the program. Because of the low-income position of applicants to foster grandparent positions, many do not have automobiles. Many persons, particularly older women, have not learned how to drive.

Despite such problems as transportation, interest in the program on the part of older people is continually growing. It has been estimated that there have been at least eight applicants for each grandparent position available. One project reported that it had more than 500 applicants for 38 positions. Turnover has been very low, only about 10 percent. Absenteeism has been very low; institutions report that the absentee rate for grandparents is lower than for regular employees.

Activities with voluntary and religious organizations

Since the Older Americans Act makes Federal assistance available for the expansion and coordination of the services for older people in local communities, the interest and support of national voluntary organizations and their local affiliates have greatly increased. During 1966, the Administration on Aging has explored areas of mutual interest and concern with many of these organizations and has participated in the national meetings of the National Council of Senior Citizens, the National Council on Aging, and the National Association of State Units on Aging. The Administration has established relationships with the American Association of Retired Persons, the National Farmers Union, the National Association of Housing and Redevelopment Officials, the American Red Cross, the American Optometric Association, the American Psychiatric Association, the American Library Association, the National Recreation and Park Association, the National Association of Counties, the National Council of Jewish Women, B'nai B'rith Women, various service clubs, and major labor unions.

Activities with other Federal agencies

The Administration on Aging is charged with the responsibility to stimulate the more effective use of existing resources and available services for the aged and aging. In order to encourage closer coordination among Federal agencies which have programs affecting older people, the Commissioner on Aging has been designated the Chairman of the Executive Committee of the President's Council on Aging. This interdepartmental council, created by an Executive order of the President, serves as a means to keep Federal departments informed of developments in aging, for discussing proposed program operations, and for focusing particularly on those specific areas which require joint agency concern and action. Within the Department of Health, Education, and Welfare, the Departmental Committee on Aging serves to bring together the thinking and program planning of the constituent agencies, in order that gaps in services to the aged can be readily identified and action taken to fill these gaps. Each of these committees has met several times during 1966 with a view toward exchanging current information about programs for older people to study new ways to expand interdepartmental and interagency cooperation.

Cooperative activities of the Administration on Aging have included an agreement with the U.S. Public Health Service and the Office of Economic Opportunity in the development of a home health aid program. Other negotiations with the Public Health Service are underway to stimulate the creation of home health agencies. The Commissioner on Aging has joined with the Commissioner of Vocational Rehabilitation urging closer cooperation between State agencies on aging and State vocational rehabilitation agencies, particularly in the development of rehabilitation services for the older person. The Administration has joined with six other Government agencies in financing a survey called Susceptibility to Health Fallacies and Misrepresentations which will identify some of the reasons for the willingness of older people to accept the blandishments of the health quack. The Administration is currently working with the Bureau of Outdoor Recreation to develop a training program on the recreational needs of the elderly in urban areas. Other discussions are being held with the Department of Housing and Urban Development and private groups aimed at overcoming the architectural barriers which hamper the use of community facilities and other buildings by older people. In 1967, the Administration plans to expand these activities to include a variety of areas not now under adequate consideration by the Federal Government including the new Department of Transportation in the hope that action in these areas will help to meet the multiple and specialized needs of the Nation's elderly citizens.

The Advisory Committee on Older Americans

The Older Americans Act provides for a committee of 15 prominent citizens and leaders in the field of aging to advise the Secretary on matters relating to his responsibilities under the act. The advisory committee had held several meetings in 1966 to review the objectives of the act and to develop recommendations for the Secretary. The committee earlier in the year agreed to the following overall goals to the basic planning of present and future programs for older people:

Provisions for favorable social, economic, and political environments to enable the older American to participate fully in American life and in the society in which he lives.

Realistic programs for older people in health, housing, recreation, community service, employment, income maintenance, education, and rehabilitation.

Creation of real opportunities for older people to live more meaningful lives in retirement, to express themselves, to serve others, and to remain independent with dignity.

At the end of the year the advisory committee was in the process of preparing a number of recommendations to the Secretary for his consideration. These recommendations will be incorporated in a report to the Secretary to be made in the early part of 1967.

SUMMARY OF DEVELOPMENTS IN AGING IN THE PUBLIC ASSISTANCE PROGRAMS¹*I. Social services**A. Introduction*

As of December 1, 1966, 41 States had assumed responsibility to develop services in the adult categories in accordance with the 1962 Amendments to the Social Security Act. While progress in developing these services has been uneven, all of these States are committed to making these services available to all in need of them, by July 1, 1967; i.e., protective services for aged and disabled adults unable to manage their affairs or to protect themselves and services to enable aged and disabled persons to remain in or return to their own homes or community.

Administrative Reviews of Social Services in all of the States, by the Bureau of Family Services, Welfare Administration, of the Department of Health, Education, and Welfare, will be completed by January 1, 1967. While the data are not yet available on the total review findings, information from the first 23 States show that services provided most frequently are as follows: securing and using needed medical resources; enlistment of help of relatives and friends; help in securing and maintaining safe living conditions; and help with adaptation and management in the home.²

In addition, there is an increasing number of significant and innovative projects for the aging directly under public welfare auspices, or in cooperation with other agencies. The projects, cited below, are representative of many similar efforts across the Nation and are indicative of the increasing interest and concern of public welfare for the elderly.

B. Special projects in aging

1. *Comprehensive services unit for the aging, Forsyth County (N.C.), Department of Welfare.*—Special units within the county department provide broad scale, comprehensive services to the aging (including former and potential clients). Services include: homemaker services; help with housing (including relocation services for clients who must move); repair and rehabilitation of housing units; handy man services; attendant care services for those clients who do not require skilled homemaker services; friendly visiting services; meals-on-wheels; beautician services in selected nursing and old-age homes; joint American Red Cross-welfare department "candy strippers" in selected nursing and old-age homes; and shopping tours for the elderly residents of a home for the aged carried out in cooperation with local service clubs.

2. *Project to demonstrate the value of psychiatry to the aging, North Carolina.*—The Services to Aging Unit of the North Carolina State Board of Public Welfare, in cooperation with the Duke University Medical Center, is conducting a project to demonstrate the value of psychiatric services to elderly people. The project is financed by a 2-year grant from the North Carolina fund.

The project's objectives are to increase understanding of medical and surgical disorders, techniques of rehabilitation, and emotional

¹ This report was prepared by the Bureau of Family Services of the Welfare Administration, Department of Health, Education, and Welfare, at the request of the Committee on Aging.

² See attachment No. 1 (beginning on p. 113) for list of social services provided in the public assistance programs and available to older adults in the program.

problems of the aging. It will also explore attitudes toward aging and the impact of aging on society.

Under the project, members of the Duke psychiatric staff will participate in the in-service training program of the unit of services to aging, which includes specialists on aging in the 100 county departments of public welfare. Statewide coverage will be provided through institutes, workshops, and case consultation to welfare workers, operators of facilities giving care to older persons, and personnel of other agencies providing services to older adults. Special emphasis will be placed on the necessary skills for working with aging persons.

3. *Aitkin County Department of Welfare, Minnesota.*—The Aitkin County (Minn.) Department of Welfare has worked very closely with the local county council on aging and the Governor's citizens council on aging in establishing the Aitkin Senior Citizens Center. This is a very dynamic day center with a variety of programs and services for the elderly of Aitkin County.

The members of the center are now engaged in promoting a referendum on the need for low cost public housing. The welfare department utilizing its trained staff members, is carrying out a training program for all interviewers who will do a house to house survey as one part of the referendum process. All interviewers are drawn from the ranks of the aging in the county—many of whom are public welfare recipients.

The county department has also set up six treatment caseloads—limited to 35 family units—in order to provide intensive casework help to individuals and families who need this specialized assistance.

In addition, the county director has established a countywide utilization review committee under the supervision of a full-time public health nurse who is a staff member of the public welfare department. The utilization review committee—consisting of the nurse, the county director of welfare, the patient's physician and the director or head nurse of the extended medical care facility—sets down the goals for each patient admitted to the nursing home or extended medical care facility. The committee regularly reevaluates the patient's progress and the efforts being made to return the patient to his home or community.

4. *Linn County (Iowa) project on services for the aged, Cedar Rapids, Iowa.*—The Linn County (Iowa) project is carried out by the School of Social Work, State University of Iowa, with participation by the Iowa State Department of Social Welfare. The purposes of the project are:

(a) To provide graduate students with field work experience with older clients;

(b) To discover and demonstrate effective methods of helping older clients with the problems and needs which they have presented;

(c) On the basis of problems and needs presented, to work with community agencies and enlist their support in working with older clients;

(d) To conduct research related to older persons and their needs and resources available in meeting their needs;

(e) On the basis of the above, to gather knowledge about older people, their needs, and methods of helping for inclusion in the curriculum for use of others through publication.

The project provides comprehensive services to the aging in Linn County including: homemaker services; meals-on-wheels; telephone visitation (including round the clock emergency telephone service); handy man services; friendly visiting services; special social group work services in community nursing homes and homes for the aged; casework services under the direction of trained social work staff; "dial-a-friend" program whereby community volunteers telephone elderly county residents and extend invitations to the older person to accompany the friend to ball games, movies, to dine out, to shop, etc.

5. *Garrett County, Md., title V project.*—The Garrett County (Md.) Welfare Board has a title V work experience and training project which is innovative.

Under this project, 19 homes, several of them owned by elderly recipients of public assistance, were repaired last year. The repairs, averaging \$313 per house, have included replacement of porches and roofs, reinforcement of floors and walls, construction of room partitions, and rebuilding of unsafe chimneys.

6. *Denver County (Colo.).*—Denver County (Colo.) has a demonstration unit with a limited caseload which is giving protective services for adults. Under an 1115 demonstration project waiver, protective payments are being made through the county welfare department.

7. *Virgin Islands—Housing.*—The department of social welfare provided housing for 56 elderly individuals or couples who are able to take adequate care of themselves and maintain a home in a congregate living arrangement at the Cornairo Home in St. Thomas, and the Aldersville Home in St. Croix.

Congregate sanitary and laundry facilities are provided as well as cleaning services, dental and other health services, and planned recreational and special activities. Financial assistance and social services are provided, as needed, by the family service worker, as most of the residents are public assistance clients and social security recipients.

8. *Pennsylvania—Foster home care and home health services.*—The Office for the Aging of the Pennsylvania Department of Public Welfare cooperates with the Office of Public Assistance in making available to aged welfare recipients, certain services designed to help them remain in their own homes—namely, foster care and housekeeping services. In the adult foster home program, care is provided in a family setting for those persons: (1) who are limited in their capacity to manage independently or, (2) who may have received the maximum benefits of an institution but who may not be able to return to their own homes or to their individual places in the community. Bucks County provided 48 persons with 10,961 hours of foster care in 1965.

9. *Washington State Department of Public Assistance, Olympia, Wash.—Use of area consultant on aging.*—Three area consultants on aging have been appointed by the Washington State Department of Public Assistance, each covering six to eight county units, to give leadership and to assist in program development in the local welfare agencies. They will serve the area committees of the Governor's council on aging and will take responsibility in developing staff and community leadership to plan and develop services to meet the needs of older persons receiving public assistance.

10. *Texas State Department of Public Welfare—Social welfare services in public housing.*³—The Texas State Department of Public Welfare

³ Article in "Aging," published by Administration on Aging, U.S. Department of Health, Education, and Welfare, November 1966, vol. No. 145, p. 15.

has a demonstration project approved by the Bureau of Family Services, Welfare Administration, of the Department of Health, Education, and Welfare, to provide special social services in Dallas and Houston. The approval, made under the Bureau's demonstration project program initiated under section 1115 of the Welfare Amendments of 1962 will cover 100 percent of the cost of the project, i.e., \$100,000.

The funds will be used to place a staff consisting of a supervisor, three social workers, and two clerical persons in public housing projects in the two cities and to provide for contracting for certain additional services. The three workers will each carry a load of not more than 60 adult cases, whereas the regular public assistance workers in the cities carry undifferentiated caseloads of approximately 400. The lesser caseload will make it possible for the workers to devote time to help their clients, most of them aging people, with their problems and to identify their needs for services. The Dallas project staff will provide both specified and prescribed services; the Houston staff will provide prescribed services only; other services will be identified in both projects but usually not provided.

In addition, a faculty member from a Texas school of social work will be hired on a contract basis to devote full time to the project during the summer months and make periodic inspection visits and give consultation during the school year. He will also assume responsibility for the final evaluation of the project. Through this feature of the demonstration, new concepts in the administration of public welfare programs may be developed.

Finally, as with other similar demonstrations, the Texas Department of Public Welfare has stated its intention, if the project proves successful, to seek changes in the law and in the appropriation for public assistance programs so that the scope of public welfare services throughout the State may be broadened.

11. *Illinois Department of Public Aid—Homemaker services.*—There is an approved demonstration project to extend homemaker service in Fulton, Peoria, Tazewell, and Woodford Counties, Ill., amounting to \$107,419 in costs.

In announcing approval, Commissioner of Welfare, Dr. Ellen Winston pointed out that a trained homemaker can assist an aged person to get back on his feet after an operation and offer essential aid which will enable ill or handicapped persons to remain in their own homes.

In the four counties, homemakers are to be given training in such areas as nutrition and home management. They will be assigned to homes and supervised by a social worker. Understanding of the aged and disabled and their problems which the homemaker gains in her day-by-day visits will help the social worker determine which additional social services may be needed.

12. *Nevada Department of Health and Welfare—Services for the elderly.*—Another recent demonstration approval was one recently announced by the Commissioner of Welfare, on November 15, 1966: \$41,000 was authorized to help Nevada through its State welfare division to demonstrate the value of homemaker and other community services. Part of this grant will be used to help support needed services for the elderly, including: home nursing services, meals-on-wheels, neighborhood recreation centers, friendly visiting, leisure-

time activities in the home, counseling, and transportation. This part of the project will be carried out in cooperation with other public and voluntary organizations.

C. Specialists on services to the aged

Since the passage of the 1962 service amendments to the Social Security Act, there has been a gradual increase in the number of specialists on services to the aged, in State departments of public welfare. At this time, 21 State departments of public welfare have a specialist on aging position, or a distinct unit composed of specialists whose principal responsibility is in program development activities to develop and extend services to older clients in the public assistance program. Such staff work together with representatives of other State agencies, particularly State commissions on aging, in joint planning with and on behalf of older people in the State and in carrying out community planning activities on behalf of older clients. These States are: Maine, Rhode Island, Vermont, New York, Pennsylvania, District of Columbia, Maryland, North Carolina, Alabama, Florida, Mississippi, Illinois, Kansas, Minnesota, Nevada, New Mexico, Oklahoma, Texas, Utah, California, and Washington.

D. Homemaker services to the elderly

Since 1963, homemaker services in public welfare have more than tripled. At that time there were homemaker services available to the elderly, the ill and the disabled in 93 public welfare agencies. Today, there are at least 280 public welfare departments throughout the country which provide homemaker services to their clients, including the elderly. All but 11 States and other areas have at least one homemaker service program in public welfare.⁴ The Bureau of Family Services is working closely with the National Council on Homemaker Services in updating the National Directory on Homemaker Services. When finished, the directory will provide a complete nationwide listing of homemaker service activities, both public and private, including those in public welfare departments.

II. Developments since the passage of the social security amendments of 1965 (Public Law 89-97)

A. Title XIX—Activities of the 54 jurisdictions to put into effect the new medical assistance program

As of November 29, 1966, the following 26 jurisdictions had approved title XIX programs in operation: California, Connecticut, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virgin Islands, Washington, West Virginia, and Wisconsin.

The State plan for Guam's title XIX program has been approved, effective December 1, 1966.

The State of Delaware has a title XIX program in operation but its State plan has not as yet been approved.

The remainder of the jurisdictions will not implement the new medical assistance program at present. Most of this group are awaiting action by their respective State legislatures.

⁴ 11 States and other areas are: Alabama, Delaware, Maine, Michigan, Nebraska, Oklahoma, Rhode Island, Vermont, West Virginia, District of Columbia, Virgin Islands.

B. Persons 65 years of age and older in mental hospitals—payments in behalf of such persons

As of December 21, 1966, 24 States either have approved plans or are in the advanced stages of writing a plan. Some other five States are considering this program extension in connection with their title XIX plan, which is in advanced stages of preparation. (In some of these, legislation is needed and the plan submission will depend upon enactment.) In six other States the States are known to be interested, but the planning for this program extension is involved with title XIX planning, or legislation is needed. The reasons in the other 19 States are not precisely known to us in all instances. We know that several States need legislation and other States have postponed action on this program extension because they are not yet determined upon their plan under title XIX. We know that some States have not worked out, as yet, the fiscal relationship to put this into effect. In some States legislation is needed to bring this about.

C. Payments in behalf of aged persons in institutions for treatment of tuberculosis

The 1965 amendments to the Social Security Act included a provision for payments in behalf of patients in institutions for the treatment of tuberculosis. As of November 3, 1966, 15 jurisdictions, as listed, had made provision for such payments. These jurisdictions are: Title XIX; California;⁵ Kentucky, Maryland, Massachusetts,⁷ Minnesota, New Mexico, New York, Puerto Rico, and Rhode Island; Title XVI; Florida; Title I (MAA); Colorado,⁵ District of Columbia, Michigan,⁶ Missouri, and Nevada. Several additional States have submitted plan material or have plan material in preparation. The remaining jurisdictions are not implementing this provision at this time.

D. Title XVIII

Many nontitle XIX States have made changes in their State plans for medical and remedial care, and in the MAA programs as a result of the benefits available under title XVIII, part A.

As of September 30, 1966, 25 States had decided to "buy-in" under title XVIII, part B; 13 others had made definite decisions not to "buy-in," while 17 States which will not "buy-in" will increase public assistance grants for recipients who voluntarily enroll.

E. Impact on expenditures for medical assistance

It is to be noted that since December 1965, the month prior to the effective date of the medical assistance programs under title XIX of the Social Security Act, the monthly amount for medical vendor payments under all public assistance programs has increased by almost \$23 million in the 50 States reporting medical vendor payments for September 1966. This change—about 18 percent—is the net effect under the growth in volume of medical bills paid under the medical assistance programs (title XIX) and the decrease in such expenditures under other public assistance programs including general assistance.⁸

⁵ State plan has been amended to remove prohibition against such payment.

⁶ Plan submitted for title XIX includes this provision, effective Oct. 1, 1966.

⁷ Department of Public Welfare only: AB plan material in preparation as part of their title XIX plan.

⁸ Unpublished report, prepared by Division of Research, Bureau of Family Services, Welfare Administration, U.S. Department of Health, Education, and Welfare, Washington, D.C.

*III. Patterns of staffing and caseloads per caseworker**A. Caseworkers in the adult programs, 1962-65*

There has been only a minor increase in the number of caseworkers, nationally, assigned to adult caseloads. When we combine the OAA, AB, and APTD categories we find that the number of caseworkers increased from 13,211 in 1962 to 14,363 in 1965, an increase of 1,152. However, when we examine the data for each of the categories we note a decrease in the number of OAA caseworkers and slight increases in the number of AB and APTD caseworkers.

*Caseworkers*¹

	1962	1965
OAA.....	9,650.4	² 9,520.4
AB.....	598.5	³ 611.6
APTD.....	2,962.2	3,941.5
AABD.....		³ 290.4
3 programs combined.....	13,211.1	14,363.9

¹ Unpublished report, prepared by Division of Research, Bureau of Family Services, Welfare Administration, U.S. Department of Health, Education, and Welfare, Washington, D.C.

² Except Kentucky.

³ In Kentucky.

IV. Housing needs of OAA recipients

For the first time, national data is available on the housing conditions and living arrangements of OAA recipients.⁹

The picture is a distressing one. Nationwide, 40 percent of OAA recipients report one or more major defects in their housing with the Southern States showing percentages of 45 percent up to 79 percent recipients inadequately housed because of unsanitary and unsafe conditions or lack of plumbing or adequate heating facilities.

A table showing percent of OAA recipients reporting one or more housing defects by States is attached. Complete State tabulations on housing and facilities deficiencies and percentages reporting these effects will be made available shortly.¹⁰

The Bureau is deeply concerned with these findings and is actively planning to do all it can to improve the housing of the needy through the most effective use of Federal, State, and local resources.

State and local welfare departments are urged to make plans now to bring about improvements in the housing and living environments of the OAA recipients whose needs are now specifically known, including maximum cooperation with housing redevelopment and community renewal planning agencies.

This will require a program of improved and strengthened public welfare resources and services in relation to housing and living conditions of OAA recipients to bring about the needed changes.

⁹ The 1965 OAA mail survey conducted by the Bureau of Family Services, Welfare Administration Department of Health, Education, and Welfare, 1965.

¹⁰ See attachment No. II (beginning on p. 114)—Percent of old-age assistance recipients responding to the 1965 mail questionnaire who reported one or more housing defects by State, within census division.

[Attachment I]

SOCIAL SERVICES IN PUBLIC ASSISTANCE PROGRAMS

1. Range of services authorized and required under 1962 and 1965 medical care amendments

The 1962 amendments set forth the social purposes of each of the public assistance programs; requires all States to give particular attention to the needs of each dependent child, including the provision of needed social services; encourages States to develop and extend services under each of the programs by increasing Federal financial participation in the costs of certain services from 50 to 75 percent rate; and promotes early case finding and preventive efforts by authorizing the extension of services to other families and adults with marginal or low incomes. The 1965 legislation authorizing title XIX, medical assistance, defines the social purpose of this program and requires the development of comprehensive services by 1975.

To achieve the social purposes of the legislation, the following types of services have been authorized (those required for 75 percent Federal financial participation and under title XIX are indicated, the others are optional):

A. Casework and counseling, including assessment of capacities and needs, information and referral and counseling to assist in maintaining and strengthening individual and family functioning. (Required in respect to certain social problems of conditions).

B. Community planning—Leadership and participation in developing and extending needed community resources and services.

C. Croup service for purposes of information giving, education, and problem solving.

D. Homemaker service for purposes of training to upgrade home life and care of children and for maintenance of the home (development required under title XIX).

E. Volunteer service.

F. Foster care for children (services to children and parents required if State has such a program in AFDC).

G. Foster family care for adults (development required under title XIX).

H. Literacy training.

I. Training for employment, including work and training.

J. Training for self-care.

K. Information and referral (required for all assistance applicants and during initial contacts with recipients under title XIX).

L. Legal services.

M. Auxiliary services provided by staff with high school or less education; e.g., shoppers, baby sitters, attendants, and neighborhood workers.

N. Services for youth; e.g., out of work, out of school.

O. Emergency service, 24 hours, 7 days a week (required under title XIX).

P. Neighborhood centers and other outposts of service; e.g., in housing projects, deployment of staff to other agency settings.

Q. Health education through written materials and to groups (development required under title XIX).

R. Medical-social diagnosis of rehabilitation potentials for self-support (development required under title XIX).

S. Services to aged persons leaving mental hospitals—Placement and follow-up services in alternate care arrangements (required if States make payments to aged in institutions for mental diseases).

II. *Extent to which services are provided*

The Statistical Release on Social Services, dated August 4, 1965, reports 21 percent (356,800) of all adult cases with special problems requiring service and that 53 percent of these received some service during the quarter ending September 30, 1964 (table A-1).

There is considerable variation in the extent to which States provide the optional services. Homemaker service and work and/or training have had the most rapid expansion followed by group service and volunteer service.

[Attachment II]

Percent of old-age assistance recipients responding to the 1965 mail questionnaire who reported one or more housing defects, by State, within Census division

<i>Census division and State</i>	<i>Percent of recipients reporting one or more housing defects</i>
Total	40.0
New England	14.0
Maine	21.8
New Hampshire	20.6
Vermont	24.3
Massachusetts	11.0
Rhode Island	12.4
Connecticut	12.9
Middle Atlantic	20.2
New York	20.7
New Jersey	20.9
Pennsylvania	19.5
East North Central	25.3
Ohio	24.6
Indiana	29.8
Illinois	24.4
Michigan	26.6
Wisconsin	20.1
West North Central	36.0
Minnesota	23.3
Iowa	21.9
Missouri	45.4
North Dakota	32.5
South Dakota	30.8
Nebraska	25.5
Kansas	32.6
South Atlantic	50.5
Delaware	31.5
Maryland	20.2
District of Columbia	23.3
Virginia	41.6
West Virginia	53.9
North Carolina	54.8
South Carolina	63.1
Georgia	53.9
Florida	45.4

Percent of old-age assistance recipients responding to the 1965 mail questionnaire who reported one or more housing defects, by State, within Census division—Continued

Census division and State	Percent of recipients reporting one or more housing defects
East South Central.....	57.0
Kentucky.....	50.7
Tennessee.....	51.0
Alabama.....	53.7
Mississippi.....	70.4
West South Central.....	51.8
Arkansas.....	62.8
Louisiana.....	51.6
Oklahoma.....	48.8
Texas.....	50.0
Mountain.....	32.4
Montana.....	26.6
Idaho.....	34.1
Wyoming.....	21.2
Colorado.....	26.6
New Mexico.....	51.5
Arizona.....	39.0
Utah.....	36.6
Nevada.....	23.0
Pacific.....	23.7
Washington.....	28.6
Oregon.....	26.2
California.....	23.1
Alaska.....	(1)
Hawaii.....	(1)
Puerto Rico.....	(1)
Virgin Islands.....	(1)

¹ Data not reported.

DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE,
OFFICE OF EDUCATION,
Washington, D.C., December 21, 1966.

Mr. J. WILLIAM NORMAN,
Staff Director,
U.S. Senate Special Committee on Aging,
Washington, D.C.

DEAR MR. NORMAN: This will reply to your request dated December 7, 1966, to the Commissioner of Education, Harold Howe II, for information regarding programs and activities in the U.S. Office of Education affecting the elderly.

Major programs reaching a considerable number of older Americans are the adult basic education program, the manpower development and training program and the library services and building program.

The adult basic education program was established by title II-B of the Economic Opportunity Act of 1964, and is continued as the Adult Education Act of 1966, title III of the Elementary and Secondary Act, 1966 Amendments. The program is designed to provide education in elementary skills up to and including the eighth grade level for persons 18 years of age and older who have not had such instruction. Administration of the program is handled by State education agencies by means of State plan arrangements with the U.S. Office of Education and classes are conducted utilizing the facilities and resources of local public school systems, where available. Older adults are enrolled in adult basic education classes, approximately one student in five in the age range of 45 and older.

Special classes are not established for the older students, however, the Adult Education Branch which administers the adult basic education program has been active in the development of the educational aspects of services for the aging. Information and consultative services are provided, attention is given to the findings and recommendations of national conferences stressing need for research, curriculum and leadership development, educational materials and information services. Recognition is given to the special needs of this group for guidance and counseling and also to the opportunities for involving older adults as assistants such as teachers aids and recruiters.

The Manpower Development and Training Act provides for testing, counseling, and referral for unemployed or underemployed persons of all ages. Programs and activities have reached a number of older adults. Recognition of the special employment needs of older workers led to recent legislative action by which the following amendment was made a part of the Manpower Development and Training Act:

Title II, part A, section 202: "(c) The Secretary of Labor shall provide, where appropriate, a special program of testing, counseling, selection, and referral of persons forty-five years of age or older for occupational training and further schooling designed to meet the special problems faced by such persons in the labor market."

Funds under the Manpower Development and Training Act and the earlier Vocational Education Act of 1963 support work-study programs, teacher training, curriculum development, research, and experimentation.

The Library Services Branch provides assistance through a variety of activities, focused primarily on the needs of the elderly. The adult services specialist in the Branch serves as consultant to the Public Library Service to the Aging Committee of the Adult Services Division, American Library Association; gives advice and counsel to adult services librarians in State and metropolitan public libraries, particularly in Indiana, New York, and Ohio; interprets Federal legislation relating to older Americans through articles in the American Library Association bulletin and through panel discussions at institutes and conferences.

Several library projects have been funded through State grants under the Library Services and Construction Act. These projects in adult basic education, services to visually handicapped, and library personnel reach many older Americans. Both the Cleveland Public Library in the reading centers literacy program and the New York Public Library in an experimental program using large-print books are serving many older persons. In a special cooperative project, the Vermont Free Public Library Service, with grant funds from the Older American Act, is training elderly persons as aids and local consultants.

Other programs and activities in the Office of Education serve the needs of the older adults: Attention is given to the expanding need for personnel trained to work with older persons and staff members of the Office of Education have served as consultants for the Administration on Aging in the program providing grants for training personnel. Research and training projects are sponsored under Office of

Education programs to obtain information about adult learning for new understanding and for continuing education program planning.

The month of May was again designated as Senior Citizens' Month by the President. U.S. Office of Education participated in the promotion and information activities by distributing packets of information for use in publicity and program planning, furnishing news releases and photographs providing consultant services and speakers.

This will identify and briefly describe programs that include services and activities involving older adults. If we can be of further assistance, please do not hesitate to call on us.

Sincerely yours,

GRANT VENN,
Associate Commissioner,
Bureau of Adult and Vocational Education.

(The following memorandum was transmitted with the foregoing letter:)

ADULT BASIC EDUCATION UNDER TITLE III, ELEMENTARY AND
SECONDARY ACT

Administered by the U.S. Department of Health, Education, and Welfare through the Office of Education.

Establishes a State grant program in adult basic education on a 90-percent Federal, 10-percent State matching formula. Adult basic education classes have been established in 50 States; the District of Columbia, and three of the four territories.

Directs training the illiterate and the unemployed. Our mission is to train those over 18 years of age "whose ability to read and write the English language constitutes a substantial impairment of their ability to get or retain employment commensurate with their real ability * * * with a view to "making them better able to meet their adult responsibilities."¹ The objectives of the programs and the criteria by which they are measured are:

To equip the welfare recipient to become independent.

To prepare the unemployed to become employed.

To train the underemployed to upgrade their skills and job opportunities.

In the process of upgrading marketable skills our objectives are to improve reading, writing, and computational skills. These are additional, measurable criteria of success.

Further objectives include:

The development of informed, responsible citizens who participate in the democratic, decisionmaking process.

The improvement of family living through consumer, sex and health education, and counseling.

The long-range objective is to break the cycle of poverty and incorporate the disadvantaged into the "affluent society."

¹ Declaration of purpose.

Focuses on priorities in the target population

Our participants are both from rural and urban areas and include the following groups: Negro, native white, Mexican-American, American Indian, other foreign-language groups.

Programs shall be directed especially to:

- Unemployed workers.
- Underemployed workers.
- Public assistance recipients.
- Educationally handicapped youth.
- Heads of families.

General policies

A. Programs are directed to the undereducated poor.

B. Imaginative, innovative techniques of teaching that make use of modern technology are being encouraged. Teacher training is conducted by the Division of Adult Education with 10-20 percent of appropriated II-B funds.

C. A data bank of information dealing with our participants is being established.

D. Fiscal and program data are being systematically collected.

E. Evaluative procedures are being developed.

F. We encourage working with community action programs, title V, present programs and existing agencies, public and private.

Implementation of policies

A. The school systems of the Nation have been engrossed in the teaching of youth. Working through the State school systems as we do, we are working to "stretch" the school systems to serve the total community, including the disadvantaged adult who is sometimes the product of the failure of our school system. We encourage classes where the people are and not just in existing school buildings.

We are also collecting data that will indicate to us how well we are reaching people in poverty.

B. To improve the quality of education we have conducted nine regional teacher training institutes of a month's duration where 1,067 teachers or trainers of teachers attended. They were instructed in the latest techniques of education, including the use of programmed instruction, videotape recorders, other educational hardware and software, and offered practical work with low-income members of our target population. Our purpose was to train teacher trainers who would return to their home base where each in turn would train at least 20 teachers of adult basic education students. Potentially, the institutes will influence 20,000 adult basic education teachers. An evaluation of the trainees' activities subsequent to the institutes is now in progress. The participants in the teacher training institutes were trained to understand the culture of poverty and how to effectively communicate with the undereducated poor.

C. We are exploring the feasibility of establishing regional centers where the latest materials and techniques can be demonstrated.

D. We have pretested a demographic survey, are perfecting the final form, and expect to compile detailed data on the characteristics of our participants.

E. We are engaged in several studies to measure success in terms of our criteria of success. These studies include the evaluation of teaching systems, teaching techniques, and materials.

We have contracted with Basic Systems, Inc., for a detailed evaluation of 10 State systems, involving an analysis of the present students, past graduates, and people who have separated from the programs.

We are developing a management model for evaluation of present and future adult basic education programs.

F. Our students are often referred by other agencies, public and private. They are in title V programs, community action programs, and have often been referred by welfare agencies.

Summary

The task of upgrading the skills and, subsequently, economic opportunities of the undereducated is enormous. Here are some figures: 18 years and older, with less than sixth grade education, 11.5 million; 18 years and older, with less than an eighth grade education, 25 million.

The above figures are conservative. Many people who have spent 8 years or more in our schools have not attained the equivalent grade level of competence.

Our mission is to relieve the suffering of low educational achievement.

We have expanded from 38,000 students in 1965 to 373,000 in 1966. This is only 3.5 percent of the immediate target. Other programs, Federal, State, local, and private, serve parts of the target population, but only a beginning has been made.

THE PRESIDENT'S COUNCIL ON AGING¹

The President's Council on Aging was created in 1962 to maintain a continuing review of Federal responsibilities relating to America's older population and to encourage the coordination of Federal programs which affect the lives of our older citizens. The Council is composed of cabinet level officers who share a mutual interest and concern for improving the programs for the aged. The executive committee of the Council is chaired by the Commissioner on Aging.

In 1966, the President's Council on Aging, working through its executive committee met three times to discuss ways in which communications and closer cooperation among Federal agencies with programs for the aged could be improved. The Council explored in detail the existing procedures for the exchange of information about older people, including statistical data essential for the evaluation of existing programs, and for identifying gaps in these programs for the aged. The Council was exploring at the end of 1966 concrete proposals for improving the interchange of data now gathered from existing programs in aging at the Federal level.

The President's Council on Aging also worked to stimulate the observance of Senior Citizen's Month in May. The President proclaimed that a new day for older Americans is dawning. Using this theme, the President's Council was instrumental in calling upon every community in the Nation to move toward a coordinated program of services and opportunities for the older citizen.

¹ Written for this report by Commissioner William D. Bechill, Administration on Aging.

APPENDIX F

MATERIALS TO WHICH REFERENCE WAS MADE IN CHAPTER VI¹

EXHIBIT 1.—Low-rent public housing with some or all units designed specifically for elderly families for which annual contributions contracts were executed from Jan. 1 through Dec. 31, 1966

Location	Number of housing units		Total development cost (thousand)
	Total	Elderly	
Grant total.....	32,967	20,634	548,313
Alabama, total.....	898	214	13,174
Alexander City.....	400	70	5,685
Brilliant-Boston.....	16	10	200
Camp Hill-Opelika.....	36	8	575
Cedar Bluff.....	24	6	389
Childersburg.....	50	12	770
Detroit-Hamilton.....	12	4	195
Geneva.....	60	16	928
Hamilton.....	80	30	1,095
Monroeville.....	100	30	1,520
Ragland.....	20	12	289
Tallassee.....	100	16	1,528
Arkansas, total.....	574	348	8,520
Bald Knob.....	40	20	598
Camden.....	60	40	899
Clarendon.....	38	22	594
Clarksville.....	58	44	911
Crossett.....	64	24	1,008
Dover.....	20	14	300
Judsonia.....	26	16	386
Mammoth Spring.....	22	14	336
Newark.....	26	20	415
Ola.....	28	12	430
Osceola.....	20	20	306
Star City.....	26	6	371
Warren.....	146	96	1,966
California, total.....	4,102	1,902	72,275
Firebaugh.....	30	30	418
Homestead Valley.....	30	30	432
Los Angeles.....	1,000	500	15,112
Oakland.....	1,100	500	20,829
Pittsburgh West.....	50	50	726
San Francisco.....	106	106	1,898
San Jose.....	500	350	8,626
Santa Venetia.....	1,000	250	20,028
Vallejo.....	36	36	592
Vallejo.....	250	50	3,614
Colorado, total.....	130	120	1,990
Fort Morgan.....	90	90	1,371
Limon.....	40	30	619
Connecticut, total.....	433	383	7,644
Danbury.....	98	98	1,677
Milford.....	60	10	1,243
New Britain.....	100	100	1,768
New London.....	100	100	1,826
Stratford.....	75	75	1,130
District of Columbia, total.....	343	343	5,334
Washington.....	343	343	5,334

¹ Information in the exhibits in Appendix F was compiled by the Department of Housing and Urban Development at the request of the Committee on Aging.

EXHIBIT 1.—*Low-rent public housing with some or all units designed specifically for elderly families for which annual contributions contracts were executed from Jan. 1 through Dec. 31, 1966—Continued*

Location	Number of housing units		Total development cost (thousand)
	Total	Elderly	
Florida, total.....	235	75	3,585
Avon Park.....	130	50	1,982
Crestview.....	100	20	1,533
Miami.....	5	5	70
Georgia, total.....	1,144	256	18,656
Atlanta.....	350	16	6,262
Byron.....	300	35	4,835
Carrollton.....	32	12	493
Covington.....	80	70	1,167
Franklin.....	180	40	2,805
Helen-Clarksville.....	20	12	302
Jasper.....	20	8	324
Pelham.....	36	14	560
Wrens-Waynesboro.....	100	39	1,540
.....	26	10	368
Illinois, total.....	1,214	866	18,935
Bloomington.....	200	150	3,493
Cairo.....	20	20	339
Chicago.....	138	138	1,892
.....	118	100	1,658
.....	500	250	7,442
East St. Louis.....	98	98	1,649
Rock Falls.....	100	100	1,712
Vienna.....	40	10	750
Indiana, total.....	1,077	993	16,561
Bedford.....	190	126	3,204
East Chicago.....	108	108	1,920
Evansville.....	109	109	1,844
Huntingburg.....	50	30	829
Indianapolis.....	243	243	2,564
.....	257	257	4,269
Washington.....	120	120	1,931
Iowa, total.....	64	60	1,088
Hamburg.....	24	24	405
Sidney.....	20	16	345
Malvern.....	20	20	338
Kansas, total.....	699	300	9,821
Kansas City.....	199	100	3,013
Wichita.....	500	200	6,808
Kentucky, total.....	1,790	1,196	26,903
Benton.....	50	22	771
Berea.....	60	20	1,013
Burkesville.....	40	26	593
Cave City-Glasgow.....	20	4	320
Danville.....	60	60	876
Eddyville.....	50	50	672
Eminence.....	40	12	632
Fulton.....	50	36	748
Harlan.....	102	30	1,725
Hodgenville.....	30	10	455
Hopkinsville.....	80	80	1,036
Horse Cave.....	32	6	539
Louisville.....	200	200	2,956
Murray.....	50	50	648
Newport.....	200	200	2,743
Paducah.....	200	200	2,595
Paris.....	60	30	995
Princeton.....	66	20	1,011
Providence.....	60	20	977
Radcliff.....	40	10	647
Shelbyville.....	100	30	1,664
Winchester.....	200	80	3,287

EXHIBIT 1.—*Low-rent public housing with some or all units designed specifically for elderly families for which annual contributions contracts were executed from Jan. 1 through Dec. 31, 1966—Continued*

Location	Number of housing units		Total development cost (thousand)
	Total	Elderly	
Louisiana, total.....	758	396	11,568
De Ridder.....	100	50	1,539
Houma.....	600	300	9,055
Leonville.....	4	4	72
Melville.....	14	4	251
Palmetto.....	4	2	72
Westwego.....	36	36	579
Maryland, total.....	624	450	10,592
Baltimore.....	100	25	1,226
Hagerstown.....	429	330	7,896
.....	95	95	1,470
Massachusetts, total.....	2,115	1,255	46,238
Boston.....	150	70	2,747
.....	140	140	2,588
.....	1,000	400	26,344
Cambridge.....	67	67	1,106
Holyoke.....	130	100	2,404
.....	250	100	4,822
Malden.....	100	100	1,800
Worcester.....	200	200	3,268
.....	78	78	1,159
Michigan, total.....	344	344	5,684
Alpena.....	70	70	1,176
Belding.....	40	40	680
Bronson.....	20	20	339
Goldwater.....	100	100	1,564
Dearborn.....	8	8	143
Muskegon Heights.....	90	90	1,526
Ontonagon.....	10	10	159
St. Joseph.....	6	6	97
Minnesota, total.....	1,312	1,224	21,396
Bemidji.....	100	100	1,558
Fergus Falls.....	60	60	989
Moorhead.....	150	100	2,696
St. Paul.....	630	630	10,513
.....	200	200	2,823
Virginia.....	61	61	1,005
Wadena.....	61	61	1,002
White Earth Reservoir.....	50	12	810
Mississippi, total.....	25	10	358
Aberdeen.....	25	10	358
Missouri, total.....	914	538	14,182
Cardwell.....	22	18	327
Caruthersville.....	184	60	2,866
Clarkton.....	30	20	429
Clinton.....	150	100	2,318
Dexter.....	100	70	1,476
Holcomb.....	14	8	207
Homer.....	100	40	1,569
Hornersville.....	12	8	187
Malden.....	68	48	933
Mound City.....	40	40	670
Senath.....	32	22	454
Washington.....	12	4	216
West Plains.....	150	100	2,530
Nebraska, total.....	66	46	1,094
Emerson.....	20	12	340
Indianola.....	26	20	423
Oshkosh.....	20	14	331

EXHIBIT 1.—*Low-rent public housing with some or all units designed specifically for elderly families for which annual contributions contracts were executed from Jan. 1 through Dec. 31, 1966—Continued*

Location	Number of housing units		Total development cost (thousand)
	Total	Elderly	
New Hampshire, total.....	196	196	3,289
Laconia.....	96	96	1,580
Nashua.....	100	100	1,709
New Jersey, total.....	1,504	1,159	26,089
Asbury Park.....	110	110	1,888
Atlantic City.....	400	150	7,263
East Orange.....	149	149	2,765
Englewood.....	20	5	336
Garfield.....	100	100	1,721
Haddon Township.....	100	100	1,721
Millville.....	100	100	1,760
Passaic.....	100	100	1,641
Salem.....	125	45	2,186
Union City.....	100	100	1,502
West New York.....	200	200	3,306
New Mexico, total.....	164	52	2,601
Artesia.....	60	30	947
Springer Town.....	78	10	1,227
Springer Town.....	26	12	427
New York, total.....	1,824	1,038	33,734
Amsterdam.....	190	120	3,548
Batavia.....	150	150	2,776
Elmira.....	100	100	1,815
Gloversville.....	120	120	2,177
Long Beach.....	100	24	1,890
New York City.....	221	122	4,538
New York City.....	429	238	7,225
New York City.....	500	150	9,500
Syracuse.....	14	14	256
North Carolina, total.....	935	407	14,488
Asheville.....	100	100	1,611
Greensboro.....	150	150	2,007
Greenville.....	200	20	3,383
Hamlet.....	130	30	1,971
Mount Airy.....	40	20	612
Selma.....	40	8	619
Southern Pines.....	100	30	1,483
Rockingham.....	75	25	1,152
Valdese.....	100	24	1,640
North Dakota, total.....	160	75	2,582
Belcourt Community.....	40	5	660
Devils Lake.....	60	10	982
Southwest Fargo.....	60	60	940
Ohio, total.....	463	413	7,673
Columbus.....	120	120	2,031
Columbus.....	100	50	1,894
Lorain.....	50	50	683
Springfield.....	43	43	651
Warren.....	150	150	2,414
Oklahoma, total.....	1,650	804	23,549
Anadarko.....	80	30	1,147
Broken Bow.....	60	30	916
Cement.....	14	6	237
Comanche.....	36	30	536
Cysil.....	20	14	320
Drumright.....	58	44	894
Heavener.....	28	20	392
Idabel.....	100	60	1,576
Lawton.....	150	150	2,122
Oklahoma City.....	300	24	4,430
Oklahoma City.....	400	60	4,586
Oklahoma City.....	200	200	3,216

EXHIBIT 1.—*Low-rent public housing with some or all units designed specifically for elderly families for which annual contributions contracts were executed from Jan. 1 through Dec. 31, 1966—Continued*

Location	Number of housing units		Total development cost (thousand)
	Total	Elderly	
Oklahoma, total—Continued			
Picher.....	38	18	569
Prague.....	40	30	583
Snyder.....	28	16	441
Stigler.....	36	24	595
Temple.....	30	22	477
Walters.....	32	26	512
Oregon, total.....	1,128	798	18,655
Cottage Grove.....	60	60	1,030
Hermiston.....	32	18	496
Portland.....	1,000	700	16,519
Reedsport.....	36	20	610
Pennsylvania, total.....	1,566	1,206	28,534
Arnold.....	80	80	1,327
Butler City.....	160	160	2,719
Charleroi Boro.....	132	100	2,268
Coaldale Boro.....	48	24	839
Evans City.....	52	52	932
Freedom Boro.....	60	30	1,080
Huntingdon ¹	4	3	1,572
Lock Haven.....	60	22	1,113
Minersville.....	100	100	1,710
New Brighton.....	70	70	1,257
New Castle.....	120	30	2,036
Old Forge.....	125	75	2,191
Philadelphia.....	52	52	743
Pottsville.....	80	45	1,440
Rochester Boro.....	150	150	2,702
Sharon.....	75	45	1,350
Sharon.....	20	20	349
Uniontown.....	78	78	1,157
York.....	100	70	1,749
Rhode Island, total.....	648	648	11,542
Burrillville.....	76	76	1,321
Cumberland.....	76	76	1,394
Jamestown.....	35	35	661
Newport.....	1	1	19
Pawtucket.....	250	250	4,432
Smithfield.....	50	50	920
Warwick.....	100	100	1,657
Westerly.....	60	60	1,138
South Carolina, total.....	200	70	2,733
Marion.....	100	30	1,451
Rock Hill.....	50	20	641
Sumter.....	50	20	641
South Dakota, total.....	50	50	825
Pine Ridge Reservation.....	50	50	825
Tennessee, total.....	852	341	13,281
Alexandria.....	20	6	307
Athens.....	50	50	742
Dowelltown.....	12	4	190
Gordonsville.....	12	4	197
Hartsville.....	34	12	513
Lexington.....	60	24	956
Liberty.....	12	4	191
Maryville.....	150	50	2,394
Morristown.....	200	46	3,256
Portland.....	40	10	596
Ripley.....	40	40	567
Shelbyville.....	56	6	917
South Carthage.....	38	10	619
South Pittsburg.....	78	25	1,195
Union City.....	50	50	641

¹ Project name is Crawford Apartments.

EXHIBIT 1.—Low-rent public housing with some or all units designed specifically for elderly families for which annual contributions contracts were executed from Jan. 1 through Dec. 31, 1966—Continued

Location	Number of housing units		Total development cost (thousand)
	Total	Elderly	
Texas, total.....	1,640	1,131	25,035
Alto.....	20	16	302
Baird.....	12	10	193
Bartlett.....	26	12	399
Bastrop.....	50	30	774
Bronte.....	18	8	276
Corpus Christi.....	50	50	536
Del Rio.....	70	20	1,157
Dublin.....	14	14	236
Eden.....	22	14	316
Eldorado.....	24	10	361
Galveston.....	50	50	854
Gatesville.....	60	46	949
Georgetown.....	104	70	1,523
Goldthwaite.....	36	24	514
Gonzales.....	70	60	1,117
Grand Falls.....	10	2	156
Granger.....	26	14	407
Hale Center.....	46	18	670
Honey Grove.....	25	25	386
Howe.....	10	10	155
Karnes City.....	32	18	497
Kirbyville.....	34	24	501
Linden.....	12	12	186
Loraine.....	22	14	320
Madisonville.....	36	22	516
Marble Falls.....	50	34	777
Mason.....	30	22	427
Memphis.....	60	40	929
Mercedes.....	80	80	1,287
Meridian.....	24	16	356
Mineral Wells.....	60	60	774
Naples.....	10	10	154
Oglesby.....	14	10	215
Olney.....	40	40	612
Princeton.....	16	10	258
Robert Lee.....	18	8	289
Rocksprings.....	16	8	255
Rogers.....	20	14	294
Royce City.....	20	12	296
San Marcos.....	125	50	2,010
Seagraves.....	28	14	416
Smithville.....	50	36	808
Strawn.....	20	14	304
Teague.....	42	30	681
Tenaha.....	22	14	351
Whitewright.....	16	16	241
Virginia, total.....	150	86	2,439
Hampton.....	100	36	1,601
Point Pleasant.....	50	50	838
Washington, total.....	690	630	10,672
Bellingham.....	214	214	3,217
Coupeville area.....	86	86	1,314
Everett.....	20	20	321
Langlely.....	40	40	659
Oak Harbor.....	30	30	496
Pasco.....	100	40	1,680
Renton.....	50	50	815
Wisconsin, total.....	286	211	4,994
Amery.....	55	35	941
La Crosse.....	91	91	1,466
Madison.....	90	35	1,755
Plymouth.....	50	50	832

EXHIBIT 2.—Senior citizens housing loans program, approved projects, calendar year 1966

State and city	Name of project applicant	Aggregate project cost	Number of units
1966 program total		\$95,734,000	7,931
California:			
Costa Mesa	Bethel Towers of Costa Mesa	3,321,000	271
Los Angeles	Pilgrim's Senior Citizens Housing Development Corp.	1,567,000	112
San Diego	Grace Lutheran Development, Inc.	2,316,000	169
Colorado: Colorado Springs	Pikes Peak Odd Fellows Housing	1,894,000	145
Connecticut: Hartford	St. Christopher Apartments, Inc.	1,200,000	101
Florida:			
Daytona Beach	Louttit Manor, Inc.	2,000,000	177
Fort Myers	Presbyterian Homes of South Florida	1,832,000	168
Lake Worth	Lake Worth Towers	2,400,000	196
Orlando	Orlando Central Towers, Inc.	2,333,000	198
Sarasota	Jefferson Center, Inc.	2,358,000	211
St. Petersburg	Presbyterian Towers, Inc.	2,760,000	218
Do	Lutheran Residences	2,936,000	225
Illinois:			
Oak Brook	Franciscan Tertiary Prov. of Sacred Heart	970,000	65
Belvidere	Parkside Manor	1,280,000	100
Maryland:			
Baltimore	United Presbyterian Ministries of Maryland	3,850,000	302
Do	Concord Apartments, Inc.	2,780,000	222
Do	St. James Terrace Apartments Inc.	1,925,000	151
Rockville	Christian Church Facilities for the Aging	3,680,000	270
Sandy Spring	Friends House	900,000	75
Massachusetts: Haverhill	Bethany Homes, Inc.	1,800,000	150
Michigan: Midland	Cleveland Manor, Inc.	1,462,000	105
Missouri: Kansas City	John Calvin Manor, Inc.	1,042,000	100
New Jersey:			
Jersey City	Grand View Terrace	3,360,000	300
Camden	Beth-El Community Apartments	2,425,000	201
New York:			
Far Rockaway	Israel Senior Citizens Housing Corp.	2,999,000	256
Syracuse	Building Services Employees Citizens Center	1,730,000	145
North Carolina: Asheville	Vanderbilt Apartments	1,314,000	146
Ohio:			
Cleveland	Federation Towers, Inc.	3,100,000	278
Cuyahoga Falls	Cathedral Apartments, Inc.	2,263,000	202
Lakewood	Lakewood Senior Citizens	2,000,000	160
Montpelier	Glenview, Inc.	315,000	30
Toledo	Cincinnati Business and Professional Women's Retirement Housing	2,060,000	168
Wooster	Ohio Church Residences of Wooster	1,650,000	150
Oregon: Eugene	Evergreen Union Retirement Association	2,950,000	225
Pennsylvania:			
Norristown	Christian Concern, Inc.	2,170,000	164
New Castle	Lawrence County Building Trades	1,255,000	106
Philadelphia	Brith Sholom Foundation	4,460,000	312
Do	Ascension Manor, Inc.	1,935,000	141
Tennessee: Nashville	Trevecca Towers	2,125,000	207
Texas:			
Dallas	Forest Dale, Inc.	2,047,000	207
Do	Pythian Manor, Inc.	790,000	76
Sau Antonio ¹	Granada Trades Council Housing	2,100,000	250
Utah: Salt Lake City	Utah Odd Fellows Housing, Inc.	1,725,000	136
Washington:			
Seattle	Hilltop House, Inc.	1,870,000	144
Walla Walla	Mike Foye Home, Inc.	297,000	28
Warm Beach	Warm Beach Manor, Inc.	475,000	40
West Virginia: Morgantown	Friendship Homes, Inc.	600,000	46
Puerto Rico: Trujillo	Los Jardines, Inc.	1,103,000	82

¹ Conversion project.

APPENDIX G

TABLE TO WHICH REFERENCE WAS MADE IN MINORITY VIEWS

Summary of State real estate tax exemption provisions applicable to homesteads of older Americans, by State

State	Type of relief	Maximum amount	Limitations and requirements				Other exemptions	Miscellaneous
			Age	Residence	Maximum family income	Assessed value		
Alabama	Homestead exemption.	Up to \$2,000 of assessed value.						State taxes only.
Connecticut	Deferment.	Defer increases until death or transfer.	65	5 years.				Maximum 2-family home. Claimant not eligible for other exemptions.
Delaware	Exemption.	\$5,000 of assessed value; school taxes only.	65		\$3,000	\$5,000		
Florida	Homestead exemption.	Up to \$5,000 of assessed value.					Partial exemption to disabled veterans.	
Georgia	Exemption.	Up to \$2,000 of assessed value.	65		\$3,000	\$4,000		
	Homestead exemption.	All State and county ad valorem taxes to a valuation of \$4,000.						
Hawaii	Exemption.	Sliding scale based upon income and number of exemptions.	60					
	Homestead exemption.	1st \$1,500 and part of next \$3,500.					Partial exemption to disabled veterans.	
Indiana	Exemption.	\$1,000 from assessed value.	65	1 year.	\$2,500	\$5,000	do.	Do.
Iowa	Homestead tax credit.	\$62.50.					Partial exemption to veterans.	
Louisiana	Homestead exemption.	Up to \$2,000 of assessed value.					do.	State reimburses local government for tax loss.
Maryland	Credit or exemption by counties.	Various amounts.	65 to 68	5 to 10 years.	\$1,200 to \$4,000	\$5,000 to \$7,500.	Partial exemption to disabled veterans.	Local option.
Massachusetts	Exemption.	\$4,000 true cash value.	70	10 years in State and 5 years a property owner.	\$5,000, married; \$4,000, single.	\$14,000 for all property owned.	do.	
Michigan	do.	\$2,500 of State equalized value.	65	7 years.	\$5,000	\$10,000	do.	Claimant not eligible for other exemptions.

APPENDIX G

TABLE TO WHICH REFERENCE WAS MADE IN MINORITY VIEWS

Summary of State real estate tax exemption provisions applicable to homesteads of older Americans, by State—Continued

State	Type of relief	Maximum amount	Limitations and requirements				Other exemptions	Miscellaneous
			Age	Residence	Maximum family income	Assessed value		
Minnesota	Homestead exemption.	Up to \$4,000 of assessed value (full value).						State taxes only.
Mississippi	do.	Up to \$5,000 of assessed value.						Heads of families only; State reimburses local government for tax loss.
Montana	do.	Differential assessment rate; 20 percent on improvements.	62, widow; 65, widower; no limit if retired.		\$4,500 married; \$2,300 single.	\$15,000		
New Jersey	Credit	Up to \$80	65	3 years	\$5,000		Partial exemption to veterans.	Claimant not eligible for other exemptions.
New York	Exemption at local option.	50 percent of assessed value.	65	5 years	\$3,000		do.	Local option.
Oklahoma	Homestead exemption.	Up to \$1,000 of assessed value.						
Oregon	Exemption and deferment.	Percentage of true cash value based on age of claimant; deferment of tax on value over \$10,000.	65		\$2,500		Partial exemption to veterans.	State reimburses local government for tax loss.
Rhode Island	Exemption at local option.	Up to \$1,000 of assessed value.	65	0 to 5 years	Local option		Partial exemption to veterans.	Local option.
Texas	Homestead exemption.	Up to \$3,000 of assessed value.						
Washington	Exemption	First \$50 of property tax	65, male; 62, female.	10 years in State or 5 years a property owner.	\$3,000			Head of household must be retired; single family dwelling.
West Virginia	Homestead exemption.	Classified system on sliding scale.						
Wisconsin	Income tax credit and refunds.	Sliding scale based on taxes and household income.	65	1 year	\$3,500			Includes persons who rent; welfare recipients excluded; State sends refunds to claimants.

Source: January 1967, Legislative Report, National Retired Teachers Association and American Association of Retired Persons.