

THE MULTIPLE HAZARDS OF
AGE AND RACE:

The Situation of Aged Blacks in the United States

A WORKING PAPER

A PRELIMINARY SURVEY FOR THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE



SEPTEMBER 1971

Printed for the use of Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 1971

SPECIAL COMMITTEE ON AGING

FRANK CHURCH, Idaho, *Chairman*

HARRISON A. WILLIAMS, Jr., New Jersey	WINSTON PROUTY, Vermont
ALAN BIBLE, Nevada	HIRAM L. FONG, Hawaii
JENNINGS RANDOLPH, West Virginia	JACK MILLER, Iowa
EDMUND S. MUSKIE, Maine	CLIFFORD P. HANSEN, Wyoming
FRANK E. MOSS, Utah	PAUL J. FANNIN, Arizona
EDWARD M. KENNEDY, Massachusetts	EDWARD J. GURNEY, Florida
WALTER F. MONDALE, Minnesota	WILLIAM B. SAXBE, Ohio
VANCE HARTEK, Indiana	EDWARD W. BROOKE, Massachusetts
CLAIBORNE PELL, Rhode Island	CHARLES H. PERCY, Illinois
THOMAS F. EAGLETON, Missouri	

WILLIAM E. ORIOL, *Staff Director*

DAVID A. AFFELDT, *Counsel*

JOHN GUY MILLER, *Minority Staff Director*

This Working Paper prepared by Inabel B. Lindsay, D.S.W., Consultant.

CONTENTS

	<i>Page</i>
Preface	v
Summary of Major Points in Report.....	vii
Recommendations	viii
Acknowledgements	ix
Introduction	1
Chapter I—Problems Related to Life Style: Material Factors.....	5
Selected Statistical Data.....	5
A. Population	6
B. Poverty	9
C. Residence and Race.....	10
D. Income	12
E. Employment and Unemployment.....	17
F. Health	20
G. Housing	23
Chapter II—Social and Emotional Factors.....	27
Urbanization	28
Chapter III—The Next Steps.....	33
Transportation	33

APPENDIXES

Appendix 1. Bibliography on the Black Aged.....	37
Appendix 2. "The Black Elderly".....	48
Appendix 3. Social Security Benefits and Earnings of Minority Groups in Covered Employment.....	50
Appendix 4. Growing Old Black: The People.....	53
Work and Educational Attainment.....	60
Social Security Benefits.....	61
Health Conditions.....	62
Conclusion	63
Appendix 5. Information About the National Caucus on the Black Aged: Item 1. An article prepared by Mr. Hobart Jackson, Caucus President, for publication in the Journal on Aging and Human Development, Wayne State University, Michigan, April 1971.....	65
Item 2. News article from the November 14, 1970, Philadelphia Trib- une, dealing with organization of the Black Caucus.....	71

PREFACE

Time and time again, the Senate Special Committee on Aging has heard testimony or published data on problems facing elderly Negroes.

Usually, such information deals with only one particular problem. In our Economics of Aging study, for example, we learned that the likelihood of elderly Negroes being poor is more than twice as great as for elderly whites.

That fact alone is staggering, and it is worth pondering in 1971, a year in which a White House Conference on Aging will take place.

But the full range of problems facing a large group of older Americans (7 percent of all persons 65 and older are Negro, about 1.4 million in all) cannot be expressed strictly in terms of the number living in statistical poverty.

It is necessary to understand, too, that for many the poverty of old age has been preceded by deprivation of adequate food, shelter, and income from the time of their birth.

They know what it means to spend a lifetime in substandard housing, isolation, loneliness, limited education, grossly inadequate income, poor health, malnutrition, and a dearth of urgently needed services.

With advancing age, the severity of poverty is intensified. In hidden hollows of rural America or in the crowded central cities of the metropolis, they have been left behind. Their needs have been largely overlooked because they are poor and old and because they are black.

Should their intense and in some ways unique problems receive special consideration by this Committee and by the White House Conference as well? Should the needs of other minority groups of older Americans receive similar attention?

With the publication of this working paper, the Senate Special Committee on Aging responds in the affirmative to both questions. This report is the first of several which will deal with those Americans who face multiple difficulties because of age and because they belong to population segments with a high incidence of problems which become especially acute in later years.

For minority groups the "later years" may occur much earlier in life than for the majority: the bitter deficiencies of the earlier years may limit the number of years in their lifetimes.

Why, many ask bitterly, must Social Security or Medicare begin after age 60, when so many minority persons never reach that age?

Because they do not fit into categories that serve the majority, should they not be served at all?

Answers to such questions do not come easily, but they are not likely to come at all unless Congress and the White House Conference on Aging give them more careful attention than has occurred thus far.

Fortunately, there are signs that these questions will receive the attention they deserve. The National Urban League, which published

the significant study on elderly Negroes called "Double Jeopardy" in 1964, has maintained a lively interest in the subject and has cooperated generously with the author of this paper. Social scientists and other researchers are turning more and more to the subject. A new National Caucus on the Black Aged* has been established and has attracted many distinguished members; the Caucus is also asking hard questions about the White House Conference and whether it really will be of much help to minority elderly.

To raise questions about Federal policy and programs in this area—and to make a contribution to the dialogue that should take place in 1971 and beyond—this Committee asked Dr. Inabel Lindsay to prepare this working paper. We are grateful for her acceptance; her qualifications for such a task spring from many sources, including her position, until 1967, as Dean of the School of Social Work at Howard University. In her busy "retirement years," she now serves as a member of the Planning Board of the White House Conference on Aging, as a trustee of the National Urban League, as a board member of the National Council on the Aging, and in the other capacities.

As a social scientist and as an active participant in many efforts to help blacks of all ages, Dr. Lindsay makes it clear that she is disturbed—and angry—about several "information gaps" which confronted her in the preparation of this study. She is the first to admit that more hard facts are needed if our Nation is to come to grips with crucial issues besetting the aged in this minority group.

It is indeed unfortunate that efforts to close these gaps are not being pursued vigorously by appropriate government agencies in preparation for the White House Conference on Aging mentioned earlier. Dr. Lindsay pinpoints those gaps: her paper should be read by those now making final preparations for the White House Conference.

In addition to publication of this report, the Senate Special Committee on Aging will take other actions in this area. I am appointing an Advisory Council which will help this Committee to build upon the excellent work initiated by Dr. Lindsay. That Council will help, during the remaining months before the White House Conference, to assure that elderly black Americans are not overlooked in a Conference meant to serve and represent *all* elderly Americans.

—FRANK CHURCH, *Chairman*.

* For additional information on the National Caucus on the Black Aged see appendix 5, p. 65.

SUMMARY OF MAJOR POINTS IN REPORT

STATUS OF ELDERLY NEGROES

The majority of Negroes over 65 are less well educated, have less adequate income, suffer more illnesses and earlier death, have poorer quality housing and less choice as to where they live and where they work, and in general, have a less satisfying quality of life.

NUMBERS—Only 1,375,000 Negroes are 65-and-over, compared to 17,370,000 whites.

NORTH-SOUTH—Over half the total black population still resides in the South, but this increases to three-fifths for the elderly of both sexes.

URBAN-RURAL—Above age 55, whites are three times as likely as blacks to be living in suburbs, or in the ring surrounding the central cities of metropolitan areas.

Fifty-six percent of all Negroes are in central city areas, and 65+ Negroes make up 4 percent of all Negroes living in metropolitan areas.

POVERTY—Older Negroes are more than twice as likely as to be poor as elderly whites: 50 percent in poverty as compared to 23 percent for the whites. In rural areas the ratio is 66 percent for blacks and 31 percent for whites.

INCOME—50 percent of the black men and fourth-fifths of the black women between ages 55-64 had a total 1969 income of less than \$4,000. (This comparatively low wage during employment years certainly would reduce Social Security in retirement years.) For the 55-to-64 age group and the 65-and-over group, white males are receiving about twice as much as black males.

HEALTH—For the age groups 45-to-64, the mortality rate for Negroes is approximately twice as great for black women and more than 10 percent greater for black men than white in the age group 55-to-64. Although it appears that health problems among blacks are more intensive than among whites, utilization of medical resources is less.

HOUSING—All available evidence indicates striking inadequacy. One study of previous housing of blacks and whites who moved into public housing in a single year showed that 63 percent of elderly blacks were moved from substandard units as compared to 30 percent of the whites who were relocated.

RECOMMENDATIONS

STATISTICAL AND OTHER

1. A task force to investigate inadequacies in present knowledge about the elderly Negro, with specific instructions to report before this year's White House Conference on Aging.
2. An effort should be made to find ways to make existing services under Social Security programs aid this minority group.
3. The Senate Special Committee on Aging should consider amendments to the Social Security Act "to extend benefits at an earlier age for nonwhite minorities (as for women and the disabled) since fewer blacks—in view of their higher mortality and lower longevity—receive full benefit from past contributions."

ACKNOWLEDGEMENTS

Many persons have contributed generously of their time and knowledge to the preparation of this report. Although this report is preliminary and represents only a panoramic overview of the situation of a segment of the population, handicapped by age, race and poverty, the gathering of even this limited amount of information would not have been possible without the cooperation of many people. Chief among those to whom my warm appreciation is extended are Mrs. Esther Piovio, statistician, and Dr. Dorothy Newman, Chief of the Research Department of the National Urban League. Others who have responded graciously and generously to requests for information include Mr. Herman Brotman, Assistant to the Commissioner on Aging for Statistics and Analysis, and staff members of the National Council on Aging. By correspondence and long distance telephone communication, helpful information and valuable suggestions have come from Mr. Hobart Jackson, administrator of the Stephen Smith Geriatric Center in Philadelphia and Chairman of the National Caucus on the Black Aged; Dr. Jacquelyne Jackson of Duke University Medical School's Research program in Gerontology; Dr. Robert Kastenbaum of Wayne State University and an active member of the NCBA; and Mr. Daniel Rubenstein, a doctoral candidate at Brandeis' School of Advanced Studies in Social Welfare who is addressing his research to the Black Aged.

Finally, sincere appreciation is extended to the staff of the Senate Special Committee on Aging for their untiring and unstinted help at all times.

INABEL B. LINDSAY.

(IX)

MULTIPLE HAZARDS OF AGE AND RACE:

The Situation of Aged Blacks in the United States

By Inabel B. Lindsay, D.S.W.*

INTRODUCTION

In the past four decades increasing awareness of the needs and problems of America's senior citizens has developed. Considerable progress has been made in the development of provisions to alleviate some of the most obvious defects in our services to the aged; but advances have been piecemeal, fragmented and usually inadequate. The pockets of poverty are too large to conceal the substantial numbers of the aged population with major problems. These include insufficiency of income, and inadequate health care, with its spectacularly increasing costs, limited accessibility for the poor and wide gaps in coverage; attempts to remedy have had minimal positive results for the aged. The character and quality of the supply of decent housing for the aged remains inadequate and becomes more expensive. Recreation and transportation needs are rarely met in sufficient volume, and even where conscious attempts have been made to meet them, the attempts too frequently reflect patterns suitable to able-bodied younger adults rather than needs and problems as the aged themselves identify them. Other social, emotional and spiritual needs are only recently beginning to be perceived as important facets of the problems to be recognized and met if the aged are to enjoy the "best of life, for which the rest was meant to be."

If progress for the total aged population has lagged noticeably in comparison with enlightened measures for all citizens, how much more acute must be the adverse condition of black Americans?

Negroes as a group constitute more than 10 percent of the total population. Negroes, for more than 300 years, have suffered all of the deprivations and handicaps of second-class citizenship, or even of "non-citizenship." One social work educator has aptly described the Negro's position in the American society as that of "nonperson". This definition was basic in the "Black Codes" of certain Southern States in the postreconstruction era and implied in the historic Dred Scott decision of an early Supreme Court. The scars from those early struggles against involuntary servitude and the efforts to achieve true manhood have remained throughout the history of the Negro in the United States. Some progress has been made toward removing injustice and toward equality, but the task is far from completed.

Since most of the advances that have been made have occurred since World War II, the majority of aged blacks have not benefited pro-

*Inabel B. Lindsay, D.S.W., Dean Emeritus, Howard University.

portionately. The original Social Security Act, passed only a few years before World War II, did not include domestic service and agricultural workers in its income protection features. The majority of Negro workers were to be found in these groups. Later amendments around midcentury did broaden coverage to include them but there was only limited time for already mature workers to build up equity for retirement. As will be examined in greater detail later, the retirement income of most aged Negroes from Social Security benefits falls far short of adequacy and frequently must be supplemented from public assistance.

Both World War I and II stimulated migration of Negroes from South to North in anticipation of greater economic rewards, which to only a limited extent were realized. Increasing urbanization intensified the demand for housing and existing black ghettos rapidly deteriorated into unspeakable slums. In spite of exorbitant rents, overcrowding, lack of amenities and public services (such as public transportation and police protection) Negroes were forced to find living quarters in these areas of the industrial centers to which they came, because of continued racial discrimination. Fair housing laws came much later and not in time to be of great benefit to the aging blacks.

The black migrants from the rural and even the urban South had not known satisfactory health care both because of its high cost and general unavailability. They did not find it in the cities. Accustomed to reliance on folk medicine and with little concept of preventive medical care, old habits persisted. It is understandable then, that the recent programs of Medicare and Medicaid are not reaching aging and aged Negroes to the extent desirable.

Black newcomers to urban areas during the postwar period of greatest social advancement, then, were predominantly adult when they arrived and the gradual improvements in resources for decent living have been accomplished in two to three decades. These migrants are now the aged blacks.

In summary, during this period of heightened migration, the blacks did not find the "promised land"; and they continue to experience the multiple hazards of an especially disadvantaged group, particularly if age is added to other handicaps.

The majority of Negroes over 65, are less well educated, have less adequate income, suffer more illnesses and earlier death, have poorer quality housing and less choice as to where they live and where they work, and in general, have a less satisfying quality of life.

It should be evident that singling out this group for intensive study—with a view to improvement of its life situation—is eminently justified.

In the pages that follow, an attempt will be made to examine some of the obvious barriers to lives of dignity, independence and self respect for aged blacks in the U.S. in this third quarter of the 20th Century—more than 100 years following emancipation from slavery.

Little research has been undertaken regarding this group and there is an appalling lack of information available pertinent to their situation. What does exist is fragmented or directed toward a single facet

of their lives. Reviews of the literature and past research have been undertaken by scholars such as Dr. Jacqueline Jackson and Mr. Daniel Rubenstein with the finding that this area has been sadly neglected.

Because of past neglect and lack of serious attention to the needs of this group and consequently lack of any organized and systematic analysis of such needs, this preliminary examination of the current situation of the black aged in the U.S. today will necessarily be somewhat cursory and incomplete. It is hoped however that a useful contribution may be made by pointing out some needed next steps to bring these "internal aliens"* into the mainstream of today's society.

*This phrase was used by Michael Harrington to describe the plight of the aged poor. See his Introduction to *Poverty in America: a Book of Readings*, University of Michigan Press, 1965.

CHAPTER I

PROBLEMS RELATED TO LIFE STYLE

MATERIAL FACTORS

The way of life of any group, particularly a racial or an ethnic minority is of necessity, influenced by the problems inherent in its minority status. Patterns of care of children and the aged, ways of earning a living, health measures, indeed, survival of the group itself are influenced by its position within the larger society. Survival of the Negro in American society has not been easy. Prejudice, discrimination and mistreatment throughout more than 300 years of existence in the Western hemisphere have been more prevalent than humane and civilized efforts to incorporate the group into the larger society.

The post Civil War period in the United States was marked by enormous effort among Negroes toward self-help. Of course many were aided by white philanthropists, but the initiative, self-sacrifice and dedication of Negroes bore fruit in the establishment of programs—mostly institutional—for the care and protection of the disadvantaged of the race. Church groups, women's clubs and fraternal organizations were among the many supplying leadership for these efforts. Perhaps second only to services for children were the efforts devoted to care of the aged. Numbers of "homes for the aged" under denominational auspices (predominantly Negro) which are still in existence were started in those early days.

In addition to these organized efforts at care of the aged, it was not at all unusual to find in many, if not most Negro homes, an aged relative who served as "caretaker" to the children, or performed useful chores as his or her contribution to the family. Indeed, in many cases, the "relative" was an informally adopted one, in keeping with the extended family pattern prevalent in early Negro households, and relatively significant even today, as a pattern which builds strength and support when incomes are low.

SELECTED STATISTICAL DATA

Problems unique in relation to life styles can best be understood against a background of factual data bearing upon them. An attempt will here be made to view the special needs and problems of the

black aged against an analysis of selected statistical factors which influence their way of life. These selected data will include examination of the incidence of Negroes in the older age groups, something of their geographic distribution, estimated incomes and poverty among them, employment and unemployment, and suggestive data related to other factors influencing the quality of life for the older black American.

Such data as exist are fragmentary, uncoordinated and to be found in a variety of sources. There is no one agency or source which has readily available the factual data essential to a realistic assessment of the health, housing, employment, etc., of the older Negro. The National Urban League has made some efforts toward amassing such information and has been more effective than most. It is hoped that their newly reorganized research department will soon afford this needed resource. Departments of government might also make conscious effort to channel pertinent information regarding public provisions for and information about the country's largest racial minority into a single source.

A. POPULATION

Table I-A provides an estimate of the number and the percent distribution of blacks as compared with whites in the 1970 census.

TABLE I-A.—*Number and percent distribution of the population of the United States by age, race, and sex, March 1970*

Age groups	Black			White		
	Total	Male	Female	Total	Male	Female
Number (in thousands):						
Total.....	22, 349	10, 586	11, 763	175, 231	85, 089	90, 133
Under 45.....	17, 371	8, 358	9, 013	120, 591	59, 888	60, 699
45 to 54.....	2, 093	955	1, 137	20, 759	10, 025	10, 734
55 to 59.....	864	394	469	8, 949	4, 270	4, 679
60 to 64.....	648	292	357	7, 562	3, 525	4, 037
65 and over.....	1, 373	587	787	17, 370	7, 381	9, 989
Percent distribution:						
Total.....	100	100	100	100	100	100
Under 45.....	78	79	77	69	70	67
45 to 54.....	9	9	10	12	12	12
55 to 59.....	4	4	4	5	5	5
60 to 64.....	3	3	3	4	5	4
65 and over.....	6	6	7	10	9	11

NOTE.—Emphasis and detail are placed on age categories of 45 and over because earning capacity, particularly of the unskilled, usually begins to decline at that age.

Totals may not add to 100 percent because of rounding.

Source: Research Department National Urban League from Bureau of Census Data (March 1970 Survey).

TABLE I-B.—Percent distribution of black population in each region, by age, 1970

Sex and age	United States	Regions			
		Northeast	North-central	South	West
Total:					
All ages.....	100	19	20	53	7
Under 45.....	100	19	20	52	8
45 to 54.....	100	20	21	51	8
55 to 64.....	100	18	19	57	7
65 and over.....	100	16	18	61	5
Males:					
All ages.....	100	19	20	53	8
Under 45.....	100	19	19	53	8
45 to 54.....	100	20	21	51	8
55 to 64.....	100	17	20	57	7
65 and over.....	100	15	19	61	5
Females:					
All ages.....	100	19	20	53	7
Under 45.....	100	20	20	52	7
45 to 54.....	100	21	20	52	7
55 to 64.....	100	18	19	57	6
65 and over.....	100	16	18	61	5

NOTE.—Totals may not add to 100 percent because of rounding.

Source: National Urban League Research Department from 1970 Census of Population Advance Reports.

The gross findings indicate that the percent of Negroes in the total U.S. population remains approximately the same as in the last decennial count. This count, as was true of the 1960 count, is admittedly an underestimate as is charged by many black organizations. The percent distribution in the older age categories falls to low levels for both black and white, with that for blacks falling more sharply than for whites. The disparity between black and white females is less than for males, substantiating the fact of higher level longevity among black females. More accurate and detailed statistics regarding population distribution are also needed as a basis for more realistic and effective planning for all social programs, such as, income maintenance and housing.

These findings are, however, significant in the implication of need for more detailed and careful analysis of health and other data. Table I-B shows how the black population is distributed in the regions of the United States.

Over half of the total black population still resides in the South. This increases to three-fifths for the elderly of both sexes.

Since more detailed tabulations are not yet available from the 1970 Census, subsequent tables are based on the March 1970 Current Population Survey of the Bureau of the Census.

TABLE II.—*Residence by age and race of the U.S. population, March 1970*

[Percent distribution]

Residence and age		Black	White
Total U.S., all ages.....	100	100	100
Metropolitan areas.....		71	64
Central city.....		56	25
Suburban.....		15	39
Nonmetropolitan.....		29	36
Under 45.....	78	78	69
Metropolitan.....		56	44
Central city.....		43	16
Suburban.....		12	28
Nonmetropolitan.....		22	24
45 to 54.....	9	9	12
Metropolitan.....		7	8
Central city.....		6	3
Suburban.....		1	5
Nonmetropolitan.....		2	4
55 to 59.....	4	4	5
Metropolitan.....		3	3
Central city.....		2	2
Suburban.....		1	2
Nonmetropolitan.....		1	2
60 to 64.....	3	3	4
Metropolitan.....		2	3
Central city.....		1	1
Suburban.....		(¹)	1
Nonmetropolitan.....		1	2
65 and over.....	6	6	10
Metropolitan.....		4	6
Central city.....		3	3
Suburban.....		1	3
Nonmetropolitan.....		3	4

¹ Under 0.05 percent.

NOTE.—Totals may not add to 100 percent because of rounding.

Source: Research Department of the National Urban League from Bureau of Census Current Population Survey data.

In order to see clearly the trends in population movement, it would be necessary to have these statistics relating to residence and age presented on a basis of State and regional distribution. However, with regard to concentration of the black aged in metropolitan or other areas, some conclusions are possible.

The continued trend toward movement of the white population away from the city is very evident. For the country as a whole and for

all age groups, metropolitan areas are becoming increasingly black. A number of large cities are, or are becoming, predominantly black. Cities with more than 50-percent black are Washington, D.C., Newark, N.J., Gary, Ind. and Atlanta, Ga. According to the 1970 Census survey, most blacks are now in central city areas (56 percent), compared to only one-fourth of the whites. Whites still exceed blacks in total population for all ages in the entire country, almost 10-to-1. Questions immediately arise as to the meaning of this phenomenon: What are the motivations for moving or remaining? What are the factors influencing this black concentration?

The marked concentration of blacks in the central cities attests to many inequities in our "equalitarian" society. For example, we are justified in hypothesizing that inadequate income, unequal job and housing opportunities, continuing racial discrimination, fear of attempts to move into what may be a hostile environment, and so on, are major factors forcing such concentration of low-income blacks in older, less desirable areas of the city.

Aging and aged blacks continue to find residences in the metropolitan areas to a large extent, with concentration in the central cities. This may be by choice for some who have sufficient economic security to move to preferable locations in other parts of the metropolitan and/or suburban areas, but for most the "choice" is determined by factors beyond their control, that is, limited income, poor transportation, high rents, and discriminatory housing patterns, among other factors. Among the 60-and-over age group of blacks there is little suburban population (2 percent of all blacks) as compared to 4 percent of whites in this age group. Moreover, after age 55, whites are three times as apt as blacks to be living in the suburbs, or in the ring surrounding the central cities of metropolitan areas. The inference is clear that better economic security makes such choice possible.

When more complete data are available regarding residential patterns, it will be enlightening to examine patterns of mobility of the elderly blacks (movement from rural to urban locations; inter- and intra-State movements; and in relation to employment and housing resources) and to assess the degree of continued concentration of older blacks in the central cities.

B. POVERTY

The facts have been well established that poverty (by whatever definition) bears more heavily upon the old than upon the young and there are proportionately more poor among nonwhites than among whites. Thus, in 1964, the National Urban League was able forcefully to document the "double jeopardy" of the aged black. That study took for granted that poverty was a fact of life for aged blacks and focused upon race and age as the conditions leading to "jeopardy."

Some progress has been made since 1964, but it has been the proverbial "drop-in-the-bucket" in comparison to need and it has been exceedingly slow. In proportion to their relative population percentage,

more aged Negroes than whites have below poverty level incomes. In a recent report on "Residence, Race and Age of Poor Families in 1966" (*Social Security Bulletin*, June 1969) Carolyn Jackson and Terri Velten present some data which show that in those families headed by individuals 65-and-over, 47 percent of the nonwhite families were poor as compared with 20 percent of the white families.

In 1970, half of all the black aged (65 years old or more) were poor, compared to less than one-fourth of the white aged, using the official poverty level index.

The consequences of poverty in old age, as for all disadvantaged age groups, is heart rending. However, the old do not have ahead of them, as do the young, the prospect nor the potential for improved income through better education, job training and, in the case of Negroes, less employment discrimination to combat.

Table III which follows, shows the poor as percent of population by age groupings and by race as of March 1970, using 1969 income.

TABLE III.—*Poor as percent of population by age and race, 1969*

Age	Poor ¹	
	Percent of black	Percent of white
All ages.....	32	10
Under 45.....	35	11
45 to 54.....	23	6
55 to 59.....	27	8
60 to 64.....	33	11
65 and over.....	50	23

¹ Poverty level for 1 person, \$1,834; under 65, \$1,888; 65 and over, \$1,749.

Source: Research Department, National Urban League from Bureau of Census data.

Table III indicates that 32 percent of blacks for all age groups are poor, as compared with 10 percent of whites of all age groups. (These percentages would undoubtedly be substantially higher if a more realistic definition of poverty were used.)

That one-third of the black are poor does not mean that the poor are predominantly black. In fact, quite the contrary is true.

The black are disproportionately poor, but far more whites are poor than are blacks—about 7 million blacks, compared to almost 17 million whites, according to latest official government figures.

C. RESIDENCE AND RACE

Table IV, which describes the poor aged as to areas of residence and race, reinforces the above information.

TABLE IV.—*Poor as percent of population by residence, age, and race, 1969*

Residence and age	Poor	
	Percent of black	Percent of white
All ages:		
Metropolitan areas.....	24	7
Central city.....	25	10
Suburban.....	23	5
Nonmetropolitan.....	52	14
Under 45:		
Metropolitan.....	25	6
Central city.....	25	10
Suburban.....	23	5
Nonmetropolitan.....	51	12
45 to 54:		
Metropolitan.....	16	4
Central city.....	16	5
Suburban.....	16	3
Nonmetropolitan.....	44	9
55 to 59:		
Metropolitan.....	21	5
Central city.....	21	6
Suburban.....	20	4
Nonmetropolitan.....	43	11
60 to 64:		
Metropolitan.....	22	9
Central city.....	24	10
Suburban.....	14	8
Nonmetropolitan.....	53	16
65 and over:		
Metropolitan.....	39	19
Central city.....	39	21
Suburban.....	41	17
Nonmetropolitan.....	66	31

Source: National Urban League Research Department from Bureau of Current Population Survey.

Metropolitan areas, defined as the central city plus close-in or adjacent areas of more "suburban-like types" represent the bulk of urban resources. The central city, the "core" of the metropolitan area is understood as the inner city; while the suburban area contains both the near-in and farthest-away rings of residential communities surrounding the central city. Thus, an urban residential area is commonly understood as a complex of smaller areas all related to the central city. Also, the desirability and cost of housing tend to increase in the close-in portion of the "rings" where land values are highest and recede toward the periphery of outlying metropolitan counties. These factors, plus racial discrimination (which constitutes a significant element, despite fair housing laws) make it easy to confine the majority of Negroes to the inner city or to old established cores in the ring and rural enclaves

of suburban counties. In other words, lack of financial and other resources for more desirable housing result in "black ghettos."

Such ghettos are not confined entirely to the urban sectors, as Table IV indicates. The percentages of blacks in poverty in the nonmetropolitan or rural areas far exceeds that of whites, rising to about two-thirds of the total blacks for the age group 65-and-over, compared to not even one-third of the same age group of white elderly.

Even though these figures refer to persons defined as poor, and therefore reflect their inability to move to more desirable areas, it is probably fairly safe to assume that few blacks, particularly the aged, could be successful in moving into those areas even with greater economic security, given the pervasive and entrenched nature of institutionalized racism in America.

The data furnished in Table IV must be considered suggestive only and should be analyzed on a State and/or regional basis when more detailed 1970 Census data essential for that purpose become available. In a more complete analysis, it would also be possible to make comparisons with 1960 data, in order to assess the amount and rate of movement of Negroes away from the central cities. If movement "out" is regarded as one criterion of progress, this too, might be viewed as one factor in the total assessment of progress toward achievement of an equalitarian society.

D. INCOME

Perhaps no other single component of the data for assessment of the plight of the black aged is as important as that related to income. Table V provides only the most basic data regarding income of blacks, and additional facts are needed to establish some correlation between income and other factors, that is, health, education, employment, sources of income, assets, and so forth. However, even these limited data afford drastic evidence of the handicaps and deprivations of the black aged as compared with whites in the same age groups.

TABLE V.—Total money income in 1969, by race and sex for persons 45 and over

Money income	Percent distribution											
	Black						White					
	45-54		55-64		65 and over		45-54		55-64		65 and over	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total.....	100	100	100	100	100	100	100	100	100	100	100	100
Under \$1,000.....	7	23	9	34	25	47	2	18	4	22	6	30
\$1,000 to \$1,999.....	10	22	13	26	37	42	3	12	6	16	23	37
\$2,000 to \$2,999.....	9	16	11	13	17	6	3	11	6	12	22	14
\$3,000 to \$3,999.....	12	14	14	11	12	2	4	14	6	11	14	7
\$4,000 to \$4,999.....	11	8	13	6	4	1	5	13	7	11	9	3
\$5,000 to \$5,999.....	11	6	11	5	2	1	6	10	8	8	6	3
\$6,000 to \$6,999.....	11	4	7	2	1	(1)	8	8	9	6	5	2
\$7,000 to \$7,999.....	10	3	9	1	2	(1)	11	6	9	4	4	1
\$8,000 to \$8,999.....	12	2	7	1	1	0	18	5	16	5	4	1
\$10,000 and over.....	8	2	6	2	1	0	41	5	30	5	8	2
Median—Total (dollars).....	5, 117	2, 256	4, 263	1, 493	1, 491	1, 050	9, 001	3, 740	7, 576	2, 990	2, 941	1, 432
Year-round, full-time worker (dollars).....	6, 288	3, 818	5, 387	3, 701	3, 812	(2)	9, 590	5, 423	8, 668	5, 283	6, 819	4, 841

¹ Less than 0.05.

² Too small a base in sample (less than 75,000).

Note.—Totals may not add to 100 percent because of rounding.

Source: Research Department, National Urban League from Bureau of Census Current Population Survey Data.

Attention is directed to Table V which compares the distribution of total 1969 incomes of black and white men and women by age group. Immediately one is struck by the disparity between blacks and whites. The percent of black males at lower income levels consistently exceeds that of whites.

Black males in the age group 45-to-54 are three times as likely to be in income levels below \$4,000 than white males of that age, and more than twice as likely, in the 55-to-64 age group, when a larger proportion of both black and white males get less than \$4,000.

The concentration of blacks at lower incomes is very significant, with almost half the black men and four-fifths of the black women between the ages of 55-to-65 with total 1969 income of less than \$4,000.

In contrast, only one-fifth of the black men but over half of the white men in the 45-to-54 age group had incomes of \$8,000 or more. Even at 55-to-64 almost half the white men had incomes this high compared to 13 percent of the black men. Fewer than 10 percent of all black women 55 to 64 years old had as much as \$6,000 income in 1969.

For the 65-and-over, the vast majority of black males had a total 1969 income of less than \$3,000, suggesting intermittent employment and early withdrawal from the labor force.

There are many implications to be drawn from these statistics of income. As had been pointed out, black males in general have significantly less income than whites. These data serve also to show that the majority of elderly blacks are limited to the lowest paying jobs. White males reach the \$8,000 level and in substantially larger percentages than the blacks much earlier in life, thus providing longer life spans at higher incomes.

Only three age groupings are considered here; those 45-to-54; those 55-to-64; and those 65-and-over. Information is categorized by male and female and black and white.

The age categories as indicated in the note introducing Table I-A are chosen because earning capacity particularly of the unskilled, usually begins to decline at age 45 or even younger. Also it is the age at which most unskilled (and frequently the skilled or semiskilled too) begin to be considered as "too old."

The small percentages of blacks at income levels of \$8,000-and-over, also suggest frustration, hopelessness, and elimination of their unskilled jobs. They are forced out because of age, illness, and so forth; all surely resulting in damage to their sense of self-worth.

The median income for black males approaches only three-fourths that of whites in the 45-to-54 age group, but the gap widens as age increases. For the 55-to-64 age group and the 65-and-over group, white males are receiving about twice as much as black males.

The picture for Negro women is even more gloomy, especially since many black women are the sole breadwinners in their households or contribute larger proportions of incomes to total family income than do white women when they work.

At the lower income levels, the percentage of black women exceeds that of whites in large numbers, and both earn much less than men in the same age categories. The concentration of aged (65+) black women at income levels under \$2,000 (with 47 percent having incomes under \$1,000 annually) raises many questions. It seems probable that for this age group, their incomes are derived largely from domestic service or some public or private assistance.

At each of the earlier age groups (45-to-54 and 55-to-64) black women who are full-time year-round workers earned almost \$2,000 per year less in 1969 than their white counterparts.

TABLE VI.—Median earnings of black craftsmen and operatives, 45 and older, compared to white by region of residence, 1969¹ (heads of husband-wife families)

Age of head	Region and race								
	United States			North and West			South		
	Black ‡	White	Black as percent of white	Black ‡	White	Black as percent of white	Black ‡	White	Black as percent of white
All ages.....	\$5, 979	\$8, 525	70	\$7, 242	\$8, 402	86	\$4, 758	\$7, 070	62
45 to 54.....	6, 256	8, 462	74	7, 119	8, 762	81	4, 758	7, 623	62
55 to 64.....	5, 134	7, 891	65	6, 584	8, 177	81	4, 155	6, 624	63
65 and older.....	(²)	4, 166	-----	-----	-----	-----	-----	-----	-----

¹ Population as of March 1970, income as of 1969.

² Includes other nonwhite.

³ Data not available.

Source: Research Department of National Urban League from Bureau of the Census Current Population Survey data.

Table VI affords further evidence of disparity in income of blacks and whites. This table covers only a limited category of workers, including craftsmen and operatives who are heads of husband-wife households—an especially stable group at ages 45-and-over. The data offered, however, do illustrate the rate of black to white earnings in occupations into which there has been movement of black employees. Even in this specially favored group, differentials based on race appear—though they are not as great as for elderly workers as a whole. For example, in the South, the ratio of black to white earnings of the older craftsmen and operatives is a little over 60 percent as compared with about 80 percent in the North and West.

The multiple hazards of being black, aged, and poor in the United States in 1970 are graphically illustrated in the statistics offered in the tables I-A, I-B, II, and III presented above.

Another set of tables analyzing employment and unemployment among blacks will further reinforce the fact of extreme disadvantage for the country's largest racial minority when they become old.

E. EMPLOYMENT AND UNEMPLOYMENT

Employment after age 65 should be a matter of choice. Most retirement plans set a fixed age at which withdrawal from the labor force is obligatory. This is 65 for most, although regulations in some plans are flexible enough to permit continuing employment under certain conditions up to age 70. Such regulations, with accompanying provisions for guaranteed benefits to the retiree, are intended to provide opportunity for younger workers to enter the labor force and also to insure minimum income safeguards for the elderly who are withdrawing from it. Income from retirement, especially for those whose employment was at lower pay, is frequently inadequate to provide living at a minimum level of decency. Furthermore, to force withdrawal from employment onto those whose sense of worth depends upon their productivity in the labor force does damage to their self-image. It is far more desirable for the individual and beneficial to the economy to allow those individuals who are physically and mentally able to do so, to remain in the labor force on a voluntary basis. The retirement plan, of course, must have some controls to guarantee its own efficiency, but a factor of flexibility to permit some choice to the workers should be present.

TABLE VII.—*Labor force participation rates for persons 45-and-over, by sex and race, 1970*

Age	Black ¹		White	
	Male	Female	Male	Female
45 to 54.....	88	60	95	54
55 to 64.....	79	47	83	43
65 and over.....	27	12	27	10

¹ Includes other nonwhites.

Source: National Urban League Research Department from Bureau of Labor Statistics data.

TABLE VIII.—*Unemployment rates by sex, age and race, annual averages for 1969 and 1970*

Age	1969		1970	
	Male	Female	Male	Female
Black:				
All workers.....	5.3	7.8	7.3	9.3
45 to 54.....	2.4	3.7	3.3	4.0
55 to 64.....	3.2	2.9	3.4	3.2
65 and over.....	3.2	1.1	3.8	1.9
White:				
All workers.....	2.5	4.2	4.0	5.4
45 to 54.....	1.4	2.4	2.3	3.4
55 to 64.....	1.7	2.1	2.7	2.6
65 and over.....	2.1	2.4	3.2	3.3

Source: National Urban League Research Department from Bureau of Labor Statistics data.

TABLE IX.—*Reasons for nonparticipation in labor force, for persons 60-and-over, by race and sex, 1970*

Reason for nonparticipation	Black ¹		White ²	
	Male	Female	Male	Female
Ill health or disability.....	28	18	16	7
Home responsibility.....	3	74	2	86
Retirement and old age.....	62	7	76	5
Think cannot get job.....	2	1	1	1
All other.....	5	(2)	5	1

¹ Includes all other nonwhites.

² Less than 0.05.

NOTE.—Totals may not add to 100 percent because of rounding.

Source: National Urban League Research Department from Bureau of Labor Statistics data.

The preceding data on income reflect the fact that for blacks "choice" is not, and cannot be, the case, given our current economic and social climate. It is therefore of some importance in assessing the situation of the older Negro, to find out the extent of his participation in the labor force, the age of withdrawal from it and the reasons for withdrawal.

Black men at older ages show almost the same participation in the labor force as white men, in spite of greater disability from effects of hard labor, and minimal medical attention and much lower earnings.

In the oldest age group, the rate of participation in the labor force is again approximately the same for black and white males. This stimulates questions as to types of jobs and income ranges available to blacks as compared with whites. Referring back to Table V, the largest percentage of blacks earn less than \$2,000 annually. This income level is true also of whites in lesser percentage. It is significant, too, that whites continue in approximately the same percentage into the \$3,000-

or-less category, but they continue in smaller percentage through higher income levels, whereas participation of blacks tends to all but disappear at the higher levels.

Table VII shows consistently greater participation in the labor force by black women than white elderly women. At the same time, previous data on income show great disparity, to the disadvantage of the Negro woman at each age level after 45. This lower earning capacity, yet greater efforts to earn, reflect the degree to which black women feel the need to supplement their husband's wages or to fill roles as heads of households. Moreover, retirement or voluntary relinquishment of employment at old age is much more a matter of choice for white women than for black.

One suspects that the most valid implication here is that most aged Negro women who continue in the labor force are there of necessity and found in low-paid domestic and service type jobs as being the employment most readily available to them. For the white female, work is much more a matter of choice and in occupations which do not so greatly tax the strength.

Unemployment rates are corollary to employment rates, and presentation of unemployment rates in Table VIII serves to round out the picture.

The unemployment rates for black males in the three age groups presented, remain consistently higher than for whites, ranging from one-third to nearly three-fourths higher. It is probable that black women consider themselves employable—and in the labor market longer—and it also seems probable that white females withdraw from the labor force in greater numbers and at earlier ages than blacks in this age group because that choice is open to whites.

For both males and females it is probably true that the unemployment ratio reflects earlier and more severe unemployment for the unskilled and the black.

Additional insight into the employment and unemployment picture of the older workers is supplied by examining the reasons for withdrawal from the labor force as supplied by the former workers themselves. This information is provided in Table IX.

Black males over 60 cite ill health and inability to secure employment more frequently and retirement and old age less frequently than white males.

Black females give ill health and disability as reasons for withdrawal, more than twice as frequently as whites but home responsibility much less frequently than whites.

These findings raise some interesting deductions and hypotheses. First, it seems real, rather than hypothetical, that blacks offer retirement and old age as reasons for withdrawal less frequently than whites because sources of support are fewer—in cases of the aged black unskilled worker, almost nonexistent. Whether they can get jobs or not, the whites are more able to retire by choice. It is also probable that reluctance to hire older workers at this age is a major deterrent affecting the black aged more severely than whites.

Since ill health and disability are offered as reasons for nonparticipation by blacks approximately twice as often as whites, an examination of factors related to health is important.

F. HEALTH

Tables X through XIII provide an examination of the number of physician visits annually, percentages of persons with chronic conditions and limitations on activity, number of bed-disability days annually and finally mortality rates.

TABLE X.—*Number of physician visits per person per year by sex, race, and selected ages, United States, July 1966 to June 1967*

Age	Both sexes		Male		Female	
	Black ¹	White	Black	White	Black	White
All ages.....	3.1	4.5	2.7	4.0	3.5	5.0
45 to 64.....	3.9	4.7	3.7	4.3	4.1	5.1
65 and over.....	4.9	6.1	4.2	5.5	5.5	6.5

¹ Includes other nonwhite.

Source: Research Department, National Urban League from Public Health Service, National Health Survey data.

TABLE XI.—*Percent of persons with 1 or more chronic conditions and associated limitation of activity by race and age, June 1965 to July 1967*

Health characteristics and age	[In percent]	
	Black ¹	White
1 or more chronic conditions:		
All ages.....	40	51
45 to 64.....	69	71
65 years and over.....	87	86
Limitation of activity:		
All ages.....	11	12
45 to 64.....	24	19
65 and over.....	54	45

¹ Includes other nonwhite.

Source: Research Department, National Urban League from Public Health Survey data.

TABLE XII.—*Number of bed-disability days per person per year, July 1965 to June 1967*

Age	Number of days	
	Black ¹	White
All ages.....	6	6
45 to 64.....	9	7
65 and over.....	19	12

¹ Includes other nonwhite.

Source: Research Department of National Urban League from National Health Survey data.

TABLE XIII.—*Death rates by age, race and sex, 1969*¹

[Rates per 1,000 population in specified group]

	Male		Female	
	Black ²	White	Black ²	White
All ages.....	11.2	10.9	8.0	8.2
Under 1 year.....	35.3	21.2	28.7	16.4
1 to 4.....	1.4	.7	1.1	.7
5 to 14.....	.7	.5	.4	.3
15 to 24.....	3.0	1.7	1.1	.6
25 to 34.....	5.0	1.7	2.4	.9
35 to 44.....	9.2	3.4	5.2	2.0
45 to 54.....	16.4	8.9	9.9	4.6
55 to 64.....	32.1	22.2	20.7	10.2
65 to 74.....	67.0	48.8	46.2	25.2
75 to 84.....	83.5	98.8	58.8	67.2
85 and over.....	102.3	204.8	96.5	196.4

¹ Estimated.² Includes other nonwhite.

Source: Research Department, National Urban League from Public Health Service data.

Table X shows a consistently lower rate of physician visits by blacks than by whites for both males and females, although frequency of physician visits increases as age advances. All women resort to services of physicians more often than men, but black women less often than white women. The rate of use by black women is closer to the rate of white males than to white females.

These findings do not indicate better health on the part of blacks as might be presumed because of less frequent use of physicians. Instead, the conclusion must be reached that limited financial resources preclude urgently needed medical care—even under Medicare, for which a sizeable amount (the deductible) must be paid before care is provided free of additional charges for the first 60 days of hospitalization. Other factors which may serve to some extent as deterrents among older blacks are:

- the scarcity of medical personnel and facilities, and
- negative attitudes by certain personnel in some health facilities.

Curiously, table XI indicates greater perception of chronic conditions among whites than blacks. This may suggest a background of more familiarity and more accessibility to medical resources for whites than for blacks and more attention to preventive care. It certainly implies more ability to pay for medical attention among whites than blacks. All influences together lead older blacks more often than the same proportion of older whites to resort to self-medication.

Moreover, limitation of activity is reported more frequently among older blacks than whites. This indirectly supports the hypothesis suggested above, that ability to pay is a significant factor.

An assumption not borne out by the limited data available here, but which should be examined further is the amount and extent of limitation on activity caused by the type of previous employment among

blacks. In view of existing information that blacks in older age groups have been engaged primarily in unskilled and heavy manual labor, there is every probability that chronic ailments, such as arthritis, rheumatism and heart disease occur more frequently among them. In addition, the higher incidence of cardiovascular disabilities of Negro males has caused students and researchers to suggest a connection between the frustrations and repressed aggression resulting from intolerable prejudice and discrimination against Negroes and the incidence of these diseases.

Table XII, indicates an equal number of bed-disability days for blacks and whites for all age groups in the population, but some slight disparity in the age group between 45 and 64. The gap widens for the age group 65-and-over with blacks suffering a third more bed-disability days than whites. Again an examination of prior employment patterns and the effect of these on health would be enlightening. Another illuminating factor would be knowledge as to earlier use of preventive and rehabilitative care. It is also undoubtedly true that inadequate financial resources among many blacks is a significant factor.

Table XIII, provides final confirmation of greater health hazards in aged blacks than whites.

For the age groups from 45 to 64, the mortality rates for Negroes is approximately twice as great for black women and more than 10 percent greater for black men than white in the age group 55-to-64. The disparity for both men and women is large for those aged 65 to 74.

SURVIVAL OF THE FITTEST

It is interesting to note that in the very advanced age groups, 75-and-over, the trend is reversed and white mortality is approximately twice that of blacks. It is difficult to assign a reason for this phenomenon except then assuming that it represents "survival of the fittest." The significantly larger rate for blacks at earlier ages suggests a "weeding out" of those less able to cope with difficult conditions. Those blacks who are able to survive the rigorous hardships of more physically demanding employment and less available medical care, suggest that those who are left represent a hardier breed.

COST OF ILLNESS

Closely related to the health factors delineated above is the cost of illness. It has been assumed that Medicare and Medicaid would greatly relieve the strains and high cost of medical care for the elderly. Moreover it has been assumed that Medicare, the insurance program, would make medical care much more available for the aged existing on reduced incomes and that Medicaid would provide resources for the indigent aged. However, the deductible feature of Medicare has operated to limit its effectiveness in providing adequately for the elderly on reduced incomes—especially the black aged.

Table XIV, which follows, illustrates this fact.

TABLE XIV.—Charges for medical care of persons enrolled¹ for medical insurance under Medicare, by race, 1967 and 1968

Charges	Percent distribution			
	1967		1968	
	Black	White	Black	White
None.....	24	23	28	22
\$1 to \$50.....	47	36	40	34
\$51 and over.....	29	41	32	44

¹ All persons enrolled in supplementary medical insurance during 1967 and 1968.

Source: Research Department of the National Urban League from the Social Security Administration, *Current Medicare Survey Report*, "Distribution of SMI Charges under Medicare: 1967-68", Jan. 29, 1971.

Interpretation of these data in the January 29, 1971 issue of *Current Medicare Survey Report* of Health Insurance Statistics concludes that:

A large proportion of the insured population either does not perceive a need for medical care, or are prevented by the initial costs or by personal inclination from seeking care.

A small proportion of these beneficiaries of Medicare, reporting no charges for the year, indicated that they expected workmen's compensation to pay or that the service would be given by "Government doctors." In case of the blacks it seems most likely that they are prevented from use of the service by the initial cost. Certainly, with the generally small Social Security benefits received by those blacks who have been in covered employment long enough to establish eligibility, the benefits would be too small for any except the most urgent necessities. For poorly educated and largely unskilled elderly blacks, such necessities would not often include initial medical care costs of over \$50 for illness in each calendar year and the first \$60 if hospitalization is required for any period of time up to 60 days.

G. HOUSING

An earlier section of this report indicated a disproportionate concentration of the black elderly in central cities. One factor underlying such concentration is undoubtedly the prohibitive cost of housing elsewhere in view of the meager incomes of aged Negroes living in urban areas. Consequently, they live in deteriorating or substandard city housing, or in subsidized and public housing (found mostly in cities). The latter is seen as a highly desirable resource, especially by the aged blacks who urgently desire to remain in familiar surroundings.

Because they have by desire or necessity remained in the central city, the types of dwellings from which they seek relief afford another

index to their economic condition. Table XV provides a comparative view of previous housing of whites and blacks who moved into public housing in a single year (October 1968 to September 1969).

TABLE XV.—*Previous housing of elderly families moving into low-rent public housing (October 1968–September 30, 1969), by race*

[Number of families in thousands]

Previous housing	Race	
	Black ¹	White
Total elderly families.....	18	38
Substandard.....	11	11
Without housing.....	3	8
Standard.....	2	13
Not known.....	2	6
Percent distribution.....	100	100
Substandard.....	63	30
Without housing.....	14	20
Standard.....	11	34
Not known.....	11	16

¹ Includes other nonwhites.

NOTE.—Due to rounding tables may not add to 100 percent.

Source: Research Department, National Urban League from HUD data.

There was a disproportionate number of blacks moving from substandard housing into low-rent public housing. Sixty-three percent of elderly blacks were moved from substandard as compared to only 30 percent of the whites who were so relocated. The housing which the blacks had previously occupied, in all probability was in highly undesirable ghetto dwellings. More than twice the percentage black elderly as white elderly moved from substandard housing. Conversely, three times the percentage of elderly whites as blacks had come from standard housing.

Both in numbers and percent white aged exceeded the blacks in being without housing altogether. One reason for this may reflect greater adherence to an "extended family" concept among blacks than whites, the black elderly being more often accepted as members of the household. Another reason may be purely economic. The elderly black may be able to make a meager contribution to family income from small Social Security benefit or public assistance.

Periodic reexamination of public housing tenants to determine continuing eligibility is a customary practice of public housing authorities. An analysis of the characteristics of the same group of tenants reported in table XV provides further information as to their sources of income and family composition.

TABLE XVI.—*Characteristics of elderly families reexamined for continued occupancy in low-rent public housing from Oct. 1, 1968 to Sept. 30, 1969, by race*¹

Characteristics	Race	
	Black	White
Number reexamined (100's)-----	63	101
Percent-----	100	100
Receiving assistance or benefits ² -----	93	96
Assistance with or without benefits-----	49	32
Benefits only-----	45	65
Not receiving assistance or benefits-----	7	4
Age of head of family:		
Under 25-----	(³)	(³)
25 to 34-----	2	1
35 to 44-----	3	1
45 to 54-----	6	3
55 to 64-----	19	13
65 and over-----	70	82
Number of minors:		
None-----	77	93
1 or 2-----	15	5
3 or 4-----	5	2
5 or 6-----	2	1
7 or more-----	1	(³)
Number of persons:		
1-----	51	64
2-----	29	28
3 or 4-----	12	5
5 or 6-----	5	2
7 or 8-----	2	1
9 or more-----	1	(³)
Veterans and servicemen-----	18	18
No service connections-----	80	79
Not known-----	2	3

¹ Black includes other nonwhites.

² Assistance is based on need (public assistance)—benefits are Social Security or other pensions.

³ Less than 0.5 percent.

Source: National Urban League Research Department from HUD data.

Ninety-three percent of the black aged and 96 percent of the whites were receiving some kind of assistance (public welfare) or benefits (veterans and/or servicemen's allotments, Social Security payments, private pensions, and so forth) as the only source of income. Of these, 49 percent of the black and 32 percent of the whites were receiving assistance with or without benefits. Studies conducted by research analysts in various divisions of the Department of Health, Education, and Welfare confirm the fact that a large percent of older blacks do not receive benefits sufficient alone for maintenance and most must receive additional funds through the Old Age Assistance program. This is further borne out by the percentage of these public housing tenants whose source of income is limited to earned benefits only, not welfare. Aged black tenants supported by benefit amounts only to 45 percent as compared to the 65 percent of aged whites so situated. The fact that

7 percent of these elderly Negroes (as compared to 4 percent of the whites) exist without either benefits or assistance suggest longer participation in the labor force or greater participation in their support by their children or other relatives.

Family composition in these households shows a significantly disproportionate number of aged blacks as family heads. Black households are more likely to include minors and to be larger in general. These facts suggest continued home and family responsibilities among elderly blacks to a greater extent than for aged whites. It is not uncommon to find an aged black relative (or nonrelative) usually female, living in a younger household as caretaker for minor children while both parents work outside the home. Sometimes this is a situation meeting the social and emotional needs of both the older and younger families, but more frequently the arrangement is due to economic necessity.

The data presented in this section are striking evidence of the disadvantaged position of the elderly Negro and also suggest some of the significant strengths which help them to cope with harsh necessity. There are some indications that their situation is improving, but at a snail's pace. One wonders, then, about the social and emotional responses which such prolonged disadvantage evoke.

CHAPTER II

SOCIAL AND EMOTIONAL FACTORS

The Negro who has lived to age 65-and-over has lived through a period of rapid social change, as also have whites in this age group. However, in many respects the impact of this social change has been greater for Negroes than whites. Many factors have marked this change in the United States, but among those of greatest significance to aging blacks have been industrialization, urbanization and automation.

In the first three or four decades following the Civil War, America's economy continued to have a largely agricultural base. However, as industrialization began to assume fairly significant proportions in the South (where at the time the overwhelming majority of Negroes lived), Negroes began to get a "toehold" in the new economy based on industry. The jobs made available to them remained the undesirable and unskilled ones, even in the industries such as mining, lumbering, and saw mills. The eminent black historian, the late Carter G. Woodson in his book *The Negro Wage Earner* stated that:

The poor whites took the cotton mills and the iron and steel factories as their own; and with the exception of the rough work in the blast furnaces and sweeping, scrubbing, and the like in cotton factories, there was virtually no work for the Negroes in the plants. They were therefore, compelled to labor on the farms, the only other work available.

Negroes moved only very slowly and against many obstacles into industrialization. They possessed limited skills, little experience and unfamiliarity with industry's routines. By far their greatest barrier however, was the employer discrimination and the overt hostility of the unions which precluded or severely limited the entry of blacks into their ranks. Despite mistreatment, relegation to the least desirable jobs and unequal wages, some did manage to penetrate the outer fringes of America's growing industries during the first two decades of this century.

During the period of World War I, Negroes made greater advances than were previously possible. The drain on white manpower and new limitations on European immigration, made it somewhat less difficult for the blacks to get jobs. They were lured to the cities—both North and South—by the prospects, often exaggerated, of better jobs at decent wages.

It is noticeable that even these untaught and poor blacks had aspirations toward achievement, dignity, and self-respect. The late E. Franklin Frazier; in his book *The Negro Family in the United States* quotes

a letter from a black migrant from Texas, in which the man states that he would like to go to Chicago or Philadelphia, but adds ". . . But I don't care where so long as I go where a man is a man." But many of these black migrants were soon cruelly disillusioned. They learned the sad fact that their color usually prevented escape from the traditional patterns of discrimination and prejudice and therefore only the least secure, least well paid, most menial jobs were open to them.

URBANIZATION

The urbanization of blacks surged in the '40's and '50's and has continued even into this decade, despite the persistence of many of the ills experienced in the early migrations. Out of competition and conflict, have arisen new sophistication and race consciousness. Organizations and other instruments such as black newspapers and journals, have facilitated growing awareness in the Negro of his rightful place in this democratic society; and he is trying to aid in the realization of the dream of democracy.

The aggressive and more militant attempts of younger Negroes to accelerate the march toward democracy have not been joined by older Negroes in large numbers, though they often give approval. For the most part, their efforts have been to achieve progress within "the system" while many of the younger do not hesitate to attempt radical change of "the system."

Despite the hardships and inequalities suffered by blacks in their early efforts to move into the industrial era, they did move and the results of their entry have been apparent. Progress has been slow, as witness the relatively lower number of blacks compared to white Social Security beneficiaries and the less adequate benefits received. Such disparity is the expected result of later entry into the system due to the predominance of covered employment in occupations (such as agriculture and domestic service) brought late into the system, and at minimal wages. However, as governmental programs and private industry improve, blacks will benefit as others, and later generations of Negroes hopefully will not suffer the disparities forced upon those who are now old.

Urbanization came in the wake of industrialization, and has continued to increase as reported in each decennial census. (The 1970 Census indicates some trends which may slow the rate of urbanization, unless the concept of urbanization is modified to encompass rapid suburban growth.)

Elderly blacks are largely concentrated in the least desirable portions of the metropolitan areas, namely the inner cities. They are apt to live in overcrowded and substandard dwellings. Many of the older residents suffer all or most of the disadvantages of urbanization and the advantages that once existed (proximity to employment, available transportation, etc.) frequently have disappeared as industry moves away from the central cities.

When these older blacks came to the cities, usually they found housing in segregated communities—most often out of necessity, but occasionally by choice. When they were new arrivals in the cities they settled near industrial areas where many of the better

paying jobs for which they had come were to be found. Housing however, deteriorated, sometimes accelerated by the encroachment of industry and commerce, and the overcrowding necessitated by low wages.

As our statistics have shown, the large majority of aged blacks live in such surroundings, often as members or residents of too large families. One might assume some discomfort and lack of privacy for the aged member.

In addition to housing in the ghettos, all studies indicate a dearth of medical resources in such areas and often insurmountable obstacles to easy transportation to whatever resources are available in the larger community.

A large number of aged blacks, now in the ranks of those 65-and-over, probably migrated to urban areas in their early 20's or 30's. Poorly equipped by education, work training and work experience to qualify for jobs offering security; and further barred from one-the-job training given to others, because of racial prejudice and discrimination, few have realized their ambitions to enjoy a life of comfort and security.

Consequently, their incomes are usually meager and ordinary amenities that would provide for such a life are nonexistent. Limited or totally inadequate income is the major problem of the aged poor of all races, but as a handicap to aged blacks, it ranks first. Although a goodly number attempt to continue working into their later years, the difficulties and obstacles to securing employment are very great and many simply "give up."

Despite the trials and tribulations of Negroes moving into an industrialized society, they did gain in self-respect and a sense of racial cohesion which did much to lay a foundation for the current attempts to enter into and enjoy first-class citizenship.

Against the background of cruel battles for mere survival it is illuminating to examine the effects of the "mark of oppression" on personality functioning of the individual aged black. Of course, not all will react uniformly, nor will the same individual react the same way all the time. Although variations are to be expected, there are common human needs for which satisfactions will be sought along similar lines.

If there are grown children, what are the patterns of relationship? There is some evidence that aged blacks expect—and in many instances maintain—close ties. The adult children of elderly Negroes visit more frequently than the adult children of aged whites. Gifts or such assistance, as is possible within their limited incomes, are usually expected and given.

The struggle to retain a semblance of independence is marked with aged grandmothers taking substantial responsibility for household chores when they live with their children's families. Grandfathers, although less frequently included in the extended families, also expect to, and do, participate in suitable chores.

Along with the aged poor of any race, aged Negroes suffer loss of dignity, loneliness and isolation. Probably more so than youth they identify themselves as Negroes first and Americans second, for this is the concept of self which their lives in the United States has taught

them. Efforts to achieve the goals of democracy through integration into the mainstream were marked by attempts at self-improvement and acceptance of the values of the white majority. For most Negroes, such efforts have been repeatedly thwarted by barriers of race.

Negro youth frequently respond to their unequal minority status with rebellion, aggression, open or covert hostility or escape. In the efforts to eliminate poverty, they are encouraged to believe in and seek change by whatever means possible. Whereas they have reason to look toward a better future, aged Negroes can only look forward to possible amelioration of poverty and unequal opportunity and their customary responses to minority status are rooted in acceptance of subordinate status. They too, look to escape as a resolution of unhappy conditions, but escape for them leans heavily on anticipation of a happier life in the hereafter. Witness the longing and reaching for the better life voiced in the refrains of many old Negro spirituals: "Swing low Sweet Chariot—coming for to carry me home"; "I looked over Jordan and what did I see—a band of angels coming after me!"; "When I get to Heaven, I'm gonna put on my golden shoes"; "Look away in de Heaven, Lord," etc.

Another noted historian, John Hope Franklin, himself black, wrote in his classic history of the American Negro titled *From Slavery to Freedom*:

To the demonstration of brutality as well as to the very institution of slavery itself the Negro reacted in various ways. Thanks to the religion of his master, he could be philosophical about the whole thing and escape through ritual and song. His emphasis on other worldliness in his songs certainly suggested grim dissatisfaction with his worldly status.

After Dr. Franklin quotes several suggestive titles of spirituals, similar to those offered above, he adds, ". . . [these] are a few of the songs which slaves sang in the hope that their burdens would be relieved in the next world."

Resignation to second-class status is revealed by aged blacks in many ways, and their disadvantaged positions have provided them with considerable skill in dissembling. Thus patterns of accommodation, often mask hostility and resentment.

Often attitudes (both conscious and unconscious) of whites have reinforced aged poor blacks to resort to such patterns of response. Whites tend to see the docile conforming Negro as more desirable, easier to work with and hence, sometimes unfairly, deprive the more independent blacks of needed services and programs. Dr. Jacquelyne Jackson in a study of the *Social Impacts of Housing Relocation* (1970) came to the conclusion that the subtle and subjective factors had great influence on tenant selection of elderly Negroes for a newly built, high-rise apartment in a southern town. In conformity with Federal regulations, the facility had to be desegregated. Although evidence of need was about equal for those selected and those rejected, there were many subtle implications that the selectees were more compliant and con-

forming to the accustomed mores of the community. (Probably for similar reasons, elderly blacks may be more likely to get public housing than are young, needy black families.)

In summary, we see in the aged black—who is poor or near poor—greater acceptance of the status quo, more resignation to his unequal state, longing for a better life, maintaining close ties with his children and strong identification with his minority group. Such attitudes are not necessarily conducive to good mental health, and new and better programs for the aged should take these factors into account as such programs are developed.

CHAPTER III

THE NEXT STEPS

This preliminary survey of the situation of older blacks in American society has revealed a broad spectrum of unmet or inadequately met needs of this population group. The facts presented have concentrated largely on the poor among aged Negroes because they are present in disproportionate numbers. Some areas of need have been omitted because the extent of lack is so great as to require separate and extensive study for each. Among these must be included in the area of health needs, the problems of nursing homes (their availability, cost, standards of care); differential resources such as home care, home help, personal care homes, to meet differing degrees of incapacity, and so forth. In addition, attention should be directed to problems of nutrition. The surface has barely been scratched in considering housing and shelter needs. The same may be said of other areas of need. Although the total population of the elderly share these problems to greater or less extent, the burden and the disadvantages for blacks are gravely disproportionate.

It is worthy of note that recent reports indicate some decline in the extent of poverty over a 5-year period. Decline for the elderly is less than for those under 65 years of age. The plight of the black aged, however shows little if any improvement, and further analysis may indicate some worsening. According to the Assistant to the Commissioner on Aging for Statistics and Analysis, Mr. Herman Brotman, about 50 percent of all elderly Negroes are poor. The portion of these who lived alone or with unrelated individuals were considerably worse off than those living with relatives.

TRANSPORTATION

Increasingly, when the aged are given an opportunity to voice their own assessment of urgent needs, transportation is mentioned. The poor are usually dependent upon mass transportation facilities; and aged respondents to inquiries emphasized inadequacy, unavailability and cost as problems in utilizing public transportation. Most poor black aged live in the central cities—often least well served by public transportation. Some voluntary organizations—such as church groups—provide limited assistance with transportation for special occasions. Approximately 50 U.S. cities have established reduced rates during nonrush hours for their aged residents. These attempts to provide help to some aged must be regarded simply as recognition that a problem exists and can in no way be viewed as an adequate remedy, especially for blacks in the central city.

In addition to the lack of transportation, it has begun to be recognized that the structure of modern public transportation vehicles often creates difficulties for the crippled or otherwise handicapped older user. Proportionately more blacks suffer handicapping physical conditions, inadequate and less available medical attention, and greater dependence upon public transportation; hence, these structural difficulties of the transportation vehicles would necessarily affect poor aged blacks more extensively. It must be noted, too, that a significant percentage of aged blacks still live in rural areas. Many of these lack any transportation facilities whatever, thus compounding the problems of mobility for them.

Enforced isolation is one result of inadequate transportation. When this is added to major problems of lack of income, poor housing, unmet needs in the areas of health, inability to shop for food and other necessities, it also becomes a factor in the psychological damage experienced by aged blacks.

Until passage of the Older Americans Act in 1965, the various provisions of the Social Security Act constituted the major attempt of the Federal Government to aid the elderly. The provisions in the latter act for payment of benefits for work in covered employment had little impact on black wage earners until various amendments—over 35 years—belatedly brought more blacks within its scope. Consequently, the present groups of blacks in the age group of 65-and-over enjoy these benefits to a much more limited degree than whites in the same age group. It was not surprising therefore, that the major provision of the Social Security Act which afforded significant help to aged blacks was in the public assistance sections—which offered some relief through the Old Age Assistance program.

Even here however, elderly Negroes—often unaware of, and culturally unprepared to cope with, legislative routines—did not share to the extent to which they were entitled. The administration of the program was in the hands of States and thus were philosophically and legally influenced by old poor law ideology.

When the Older Americans Act came into being in 1965, hope was revived that it would bring about improvement in conditions of life and solutions to problems of the aging. Undoubtedly some of the projects supported by the Research and Demonstration Grants program made possible under title IV of the act, have benefited elderly Negroes as well as other minority groups. An October 1970 report of use of grant funds under this program (U.S. DHEW Social and Rehabilitation Service, Administration on Aging, *Objectives, Priorities and Activities of the Administration on Aging's Research and Development Grants Program*) proudly reports support of 130 different projects "addressed to solving problems of aging in American society." It is undoubtedly true, as the report states, that "These efforts improve the quality of life not only for older Americans but also for their children and grandchildren by easing economic burdens and anxieties."

It is impossible to identify any projects designed specifically to meet the stated objectives for aged blacks. It is known that several did include blacks, but in what numbers or percent, or with a specific intent to "improved the quality of their lives," could only be determined by more detailed assessment. The comparatively small number of projects (130) reported and the relatively small amounts granted would not lead to an optimistic supposition in this regard. A number of the grant-supported projects focused on meal service or nutritional improvement for the elderly. Where these were in ghetto neighborhoods or were sponsored by local urban leagues or social settlements or similar organizations, it might be expected that numbers of the participants were black. Again, whether such participation was largely as beneficiaries or whether blacks carried significant roles in planning, policy determination and administration cannot be determined from the report. A productive undertaking could be an "indepth" study of the participation of elderly blacks in these projects designed to aid the elderly.

Since virtually all aged Americans now receive Social Security benefits, regardless of how meager, the Senate Special Committee on Aging might suggest a way for administering the funds to provide protective and outreach services to the elderly. Both black and white elderly would benefit.

Agencies of government dealing with special health problems of the population should be charged with the responsibility of studying the impact of the isolation and life styles inimical to the aged, and recommend practical solutions. Because of the significantly greater lack of health resources available to blacks and probable greater neglect of enforcement of such standards as do exist, special attention to the situation of aged Negroes should be provided.

The Senate Special Committee on Aging would seem the best and most logical body to study and recommend such needed changes in existing legislation (the Social Security Act) as would improve quality of services to all aged; and, specifically bring greater equity to disadvantaged nonwhite minorities. Amendments, should be considered for example, which would extend benefits at an earlier age for nonwhite minorities (as for women and the disabled) since fewer blacks—in view of their higher mortality and lower longevity—receive full benefit from past contributions.

Another undertaking should attempt to find ways to make existing services under Social Security programs better known and more widely utilized by the aged. Many poor and uneducated aged do not know their rights under Social Security. The introduction of "supportive services," for example, could enrich the benefits to recipients by disseminating information as to their rights, protecting legal and consumer rights, putting the aged in touch with appropriate counseling services, and so forth. Blacks in poverty and with limited education would benefit greatly from

such expansion of services. The existing structure and organization of the Social Security Administration could be adapted for such purpose without undue difficulty.

Similar undertaking with regard to services and projects under voluntary or nongovernmental auspices would also provide information useful in the establishment of guidelines for those programs and agencies (whether governmental or private) which have an objective of ultimate full inclusion of the black "internal aliens" into the mainstream of American life.

The Senate Special Committee on Aging has amply demonstrated its concern for the myriad problems of aging and aged Americans. Its commitment to the achievement of equality and justice for all older Americans should, by all means, be augmented by serious and in-depth examination of the plight of black older Americans and other nonwhite aged. The problems suffered by these segments of the population are multiple. It has been impossible in this brief paper to do more than provide a panoramic view of some. It would be desirable to establish a task force comparable to the eminent group which produced the report on the "Economics of Aging: Toward A Full Share in Abundance" to study the special needs of this disadvantaged group.

Such a task force should include authorities from a variety of fields. Expertise will be needed in areas of income maintenance, health, housing, social services, psychological, and cultural factors, and so on.

Attention to the plight of the black aged (and perhaps also other nonwhite minority group aged) should be given serious consideration.

Finally, a central "clearing house" type of facility is badly needed. Information on the black aged is fragmented, incomplete and scattered throughout a variety of sources. In the course of making this preliminary report, no single central source—such as the Congressional Legislative Liaison Office—had much to offer. Only the staff member responsible for data on Indians, could offer even suggestions as to other sources. Such an attempt to establish a single knowledgeable resource might begin with the valuable data scattered through many "hearing reports" of this and other committees focusing on human need.

APPENDIXES

Appendix 1

BIBLIOGRAPHY ON THE BLACK AGED

INTRODUCTION

This bibliography, derived from a number of sources, is a preliminary alphabetical listing of an annotated bibliography which will be published later this summer. It is being published now, in this form, to get the information as quickly as possible to members of the National Caucus on the Black Aged (NCBA). Although we have tried for some uniformity, you will note that there are inconsistencies in the mode of citation and some incomplete citations. As much care has been taken as time permits, but there are probably some errors and some false citations.

The entries in this bibliography have been compiled, for the most part, by Dr. Jacquelyne Johnson Jackson, Assistant Professor of Medical Sociology at the Duke University Medical Center. Dr. Jackson, an assiduous bibliographer, has been collecting this material for a number of years and has reported it, in part, in a number of publications.

WILLIAM C. FITCH, *Executive Director,*
The National Council on the Aging.

BIBLIOGRAPHY ON THE BLACK AGED*

- Adams, Bert N. Isolation, function, and beyond: American kinship in the 1960's. *Journal of Marriage and the Family*. 32:575-597, 1970.
- Antenor, J. A. *An Exploratory Study of the Relation of the Adjustment of 100 Aged Negro Men in Durham, North Carolina with Their Education, Health and Work Status*. Unpublished MA thesis, North Carolina College at Durham, 1961.
- Arth, Malcolm J. Ideals and behavior: A comment on Ibo respect patterns. *The Gerontologist*. 8:242-244, 1968.
- Arth, Malcolm J. An interdisciplinary view of the aged in Ibo culture. *Journal of Geriatric Psychiatry*. 2:33-39, 1968.
- Ball, M. E. *Comparison of Characteristics of Aged Negroes in Two Counties*. Unpublished MA thesis, Howard University, 1966.

*Washington, D.C., The National Council on the Aging, Inc., July 15, 1971.

- Barg, S. K., D. P. Kent, C. Hirsh, S. L. Silverman, *From "N" to Ego: Some Program Aspects in Applied Research*. Paper presented at the annual meeting of Gerontological Society, Denver, 1968.
- Beattie, W. M., Jr. *The Aging Negro: Some Implications for Social Welfare Services*. *Phylon*, 21:131-135, 1960.
- Berkowitz, Monroe, Richard Burkhauser. Unemployment and the Middle-Aged Worker. *Industrial Gerontology*. 3 (October, 1969).
- Bixby, L. E., L. M. Irelan. The social security administration program of retirement research. *Gerontologist*. 9:143-147, 1969.
- Block, Herman D. Craft Unions: A link in the Circle of Negro Discrimination. *Phylon*. 18 (March, 1958).
- Boggs, S. *A Comparison of a Negro Community and Two Neighboring White Communities*. Washington University Social Science Institute, St. Louis, 1958.
- Boggs, S. *The People of St. Louis, 1957*. Washington University, St. Louis 1958. (mimeo)
- Bohanon, T. *Some Considerations on St. Louis' Negro Aged*. Unpublished MS., circa 1958.
- Bourg, Carroll. *The Changing Environment of Older Persons*. Paper presented at the 35th annual meeting of the Association of Social and Behavioral Scientists, Montgomery, Alabama, 1971.
- Brody, Stanley J., Harvey Finkly, Carl Hirsch. *Benefit Alert. a Public Advocacy Program for the Aged*. Paper presented at the 8th International Congress of Gerontology, Washington, D.C., 1969.
- Brody, S. J., D. P. Kent. *Social Research and Social Policy in a Public Agency*. Paper presented at the annual meeting of Gerontological Society, Denver, 1968.
- Brotman, Herman. The Older Population: Some Facts We Should Know, (Draft) *Administration on Aging*, HEW, April, 1970.
- Bussee, E. W., F. C. Jeffers, W. D. Obrist. *Factors in Age Awareness*. Proceedings of the 4th International Congress of Gerontology (Merano, 1957).
- Brunswick, Ann F. What generation gap? A comparison of some generational differences among blacks and whites. *Social Problems*. 17: 358-370, 1969-1970.
- Byrne, Donn, William Griffitt, William Hudgins, Keith Reeves. Attitude similarity dissimilarity and attraction: Generality beyond the college sophomore. *The Journal of Social Psychology*. 79: 155-161, 1969.
- Cantor, Marjorie, Karen Rosenthal, & Mary Mayer: The elderly in the rental market of New York City. *Administration on Aging Publication #26*. U.S. Department of Health, Education, and Welfare.
- Cantor, Marjorie H. *Elderly Ridership and Reduced Transit Fares: The New York City Experience*. Administration on Aging Publication #23, U.S. Department of Health, Education and Welfare.
- Carey, Jean Wallace. *Senior Advisory Service for Public Housing Tenants*. Paper delivered at the annual meeting of the Gerontological Society, Toronto, Canada, 1970.
- Carp, Frances M. *A Future for the Aged, Victoria Plaza*. The University of Texas Press, Austin, 1966.

- Carp, Frances M. *Public Transit and Retired People*. Administration on Aging Publication, #32, U.S. Department of Health, Education, and Welfare.
- Cohen, Elias S. *Welfare Policies for the Aged Poor: A Contradiction*. Paper delivered at the Symposium on *Triple Jeopardy: The Plight of Aged Minorities in America*. The Institute of Gerontology, The University of Michigan-Wayne State University, Detroit, April, 1971.
- Coiro, Cynthia. *Why the National Caucus on the Black Aged?* Harvest Years. Nov. 1971.
- Conley, Ronald W. Labor force loss due to disability. *Public Health Reports* 84:291-298, 1969.
- Davis, A., Jr. *Selected Characteristic Patterns of a Southern Aged Rural Negro Population*. Unpublished MA thesis, Howard University, 1966.
- Davis, Donald. Growing old black. In *Employment Prospects of Aged Blacks, Chicanos, and Indians*. Washington, D.C. National Council on the Aging, 1971. pp. 27-53.
- Developments in Aging, 1967*. A report of the Special Committee on Aging, U.S. Senate, 90th Congress, 2nd session. Pursuant to S. Res. 20, Feb. 17, 1967. Resolution authorizing a study of the problems of the aged and aging together with minority views. Report No. 1098, April 29, 1968.
- Developments in Aging, 1968*. A report of the Special Committee on Aging, U.S. Senate, 91st Congress, 1st session. Pursuant to S. Res. 223, Mar. 15, 1968. Resolution authorizing a study of the problems of the aged and aging together with minority views. Report No. 91-119, April 3, 1969.
- Demeny, Paul, Paul Gingrich. A reconsideration of Negro-White mortality differentials in the United States. *Demography*. 4:820-837, 1967.
- Dhaliwal, S. S. *A Sociological Description and Analysis of a Non-random Sample of Low-income, Washington, D.C., Aged Negroes*. Unpublished MA thesis, Howard University, 1966.
- Dominick, Joan. Mental patients in nursing homes: Four ethnic influences. *Journal of American Geriatric Society*. 17:63, 1969.
- Downs, Anthony. Who are the Urban Poor. *Committee for Economic Development*. Supplementary Paper Number 26 (Revised Edition, September, 1970).
- DuBois, W. E. B. *The Philadelphia Negro*. (First published in 1899, reissued by Benjamine Bloom, New York, 1967.)
- Economics of Aging: Toward a Full Share in Abundance*. A working paper prepared by a task force for the Special Committee on Aging, U.S. Senate, 91st Congress, 1st session, Mar., 1969.
- Eisdorfer, C. Rorschach performance and intellectual functioning in the aged. *Journal of Gerontology*. 18:358-363, 1963.
- Elam, Lloyd C. *Critical Factors for Mental Health in Aging Black Populations*. Paper delivered at the Workshop on Ethnicity, Mental Health, and Aging, Los Angeles, 1970.
- Fabrega, Horacio, Jr., Richard J. Moore, John R. Strawn. Low income medical problem patients: Some medical and behavioral features. *Journal of Health and Social Behavior*. 10:334-343, 1969.

- Ferman, Louis A., Joyce L. Kornbluh, J. A. Miller, (eds). *Negroes and Jobs, a Book of Readings*. Ann Arbor: University of Michigan Press, 1968.
- Fillenbaum, Gerda G. On the relation between attitude to work and attitude to retirement. *Journal of Gerontology*. 26:244-248, 1971.
- Fillenbaum, G. G. *A survey of Some Characteristics and Retirement-Related Opinions of Duke University Non-academic Employees*. Unpublished MS., 1969.
- Gillespie, Michael. *The Effect of Residential Segregation on the Social Integration of the Aged*. 1967.
- Gordon, Barbara, Helen Rehr. Selectivity biases in delivery of hospital social services. *Social Service Review*. 43:35-41, 1969.
- Gregory, R. J. A survey of residents in five nursing and rest homes in Cumberland County, North Carolina. *Journal of American Geriatric Society*. 18:501-506, 1970.
- Gruen, W. Adult personality: An empirical study of Erikson's theory of ego development, in B. L. Neugarten. *Personality in Middle and Late Life*. New York, Atherton Press, 1964.
- Hamilton, James B. and Gordon E. Mestler. Mortality and survival: Comparison of eunuchs with intact men and women in a mentally retarded population. *Journal of Gerontology*. 24:395-411 (1969).
- Hamlett, M. L. *An explanatory study of the socioeconomic and psychological problems of adjustment of 100 aged and retired Negro women in Durham, North Carolina, during 1959*. Unpublished MA thesis, North Carolina College at Durham, 1959.
- Harper, D. W., Jr., & Garza, J. M. *Ethnicity, family generational structure, and intergenerational solidarity*. Paper presented at the annual meeting of Gerontological Society, Denver, 1968.
- Harper, D., Jr. *Subcultural variations in perception of the onset of the aged status*. Paper read at the annual meeting of the Southwestern Sociological Society, New Orleans, 1966.
- Harper, D. W., Jr. *Subcultural variations in perception of the onset of the aged status*. A 1968 revision of a paper initially presented at the annual meeting of the Southwestern Sociological Society, New Orleans, 1966.
- Havighurst, R. J. Personality and patterns of aging. *Gerontologist*. 8:20-23 (1968).
- Havighurst, Robert J. Report of a conference on flexible careers. *The Gerontologist*. 11:21-25 (1971).
- Hays, David S. & Morris Wisotsky. The aged offender: A review of the literature and two current studies from the New York State Division of Parole. *Journal of the American Geriatric Society*. 17:1064-1073 (1969).
- Henderson, G. The Negro recipient of old-age assistance: Results of discrimination. *Social Casework* 46:208-214 (1965).
- Henderson, George. *A Study of Aged Negroes Receiving Old Age Assistance*. Community Services Department: Detroit Urban League. December 1961.
- Heyman, D. & F. Jeffers. Study of the relative influence of race and socioeconomic status upon the activities and attitudes of a Southern aged population. *Journal of Gerontology*. 19:225-229 (1964).

- Hill, Robert. A profile of the black aged. Paper delivered at the *Symposium on Triple Jeopardy: The Plight of Aged Minorities in America*. Detroit, The Institute of Gerontology, The University of Michigan-Wayne State University, April, 1971.
- Statistical tables, Appendix, Research Department, National Urban League, Inc. April 1971.
- Himes, J. & M. Hamlett. The assessment of adjustment of aged Negro women in a Southern city. *Phylon*. 23:139-147 (1962).
- Hirsch, C., D. P. Kent & S. L. Silverman. *Homogeneity and heterogeneity among low-income Negroes and white aged*. Paper presented at the annual meeting of Gerontological Society, Denver, 1968.
- Hoffman, Adeline (ed.). *The Daily Needs and Interests of Older People*, Springfield, Illinois, Charles C. Thomas, Publisher, 1970.
- House & Home Finance Agency. *Senior Citizens and How They Live: An Analysis of the 1960 Census Data*, Pt. 11. Washington, Office of the Administrator, House & Home Finance Agency, 1963.
- Jackson, Carolyn & Terri Velten. Residence, race and age of poor families in 1966. *Social Security Bulletin*. June 1969.
- Jackson, Hobart C. National goals and priorities in the social welfare of the aging. *The Gerontologist* 11.
- Jackson, Hobart C. Advocacy for Aged Minorities. Paper delivered at the *Symposium on Triple Jeopardy: The Plight of Aged Minorities in America*, Detroit, The Institute of Gerontology, The University of Michigan-Wayne State University. April 1971.
- Jackson, Jacquelyne J. Aged blacks: A potpourri in the direction of the reduction of inequities. *Phylon* (in press).
- Jackson, J. J. Aged Negroes: Their cultural departures from statistical stereotypes and rural-urban differences. *Gerontologist*, 10:140-145 (1970).
- Jackson, Jacquelyne J. The Blacklands of Gerontology. *Aging and Human Development* (in press).
- Jackson, J. & A. Davis Jr. Characteristic patterns of aged, rural Negroes in Macon County. In B.C. Johnson (ed.) *A Survey of Selected Socioeconomic Characteristics of Macon County, Alabama*, 1965. Tuskegee, Ala., Macon County Community Action Office, 1966.
- Jackson, J. & M. Ball. A comparison of rural and urban Georgia aged Negroes. *Journal of the Association of Social Science Teachers*. 12:30-37 (1966).
- Jackson, Jacquelyne J. Compensatory care for aged minorities. Paper delivered at the *Symposium on Triple Jeopardy: The Plight of Aged Minorities in America*. Detroit, The Institute of Gerontology. The University of Michigan-Wayne State University, April, 1971.
- Jackson, J. J. *Leisure-time and mental outlook: A comparison of Southern rural aged samples*. Unpublished ms. 1967.
- Jackson, J. J. Negro aged and social gerontology: A critical evaluation. *Journal of Social & Behavioral Sciences*. 13:42-47 (1968).

- Jackson, J. J. *Negro aged and social gerontology: Current status and some emerging issues*. Paper presented at the annual meeting of Gerontological Society, St. Petersburg, 1967.
- Jackson, Jacquelyne J. Negro aged: Toward needed research in social gerontology. *The Gerontologist*. 11:52-57 (1971).
- Jackson, J. J. Negro aged parents and adult children. *Varia*, p. 1-14 (Spring 1969).
- Jackson, J. J. Retired Negroes: Some empirical findings and impressionistic judgments. Paper presented at the *Conference on Ethnic Differences in Patterns of Retirement*, sponsored by the Adult Development and Aging Branch, NICHD, Tucson, 1969.
- Jackson, Jacquelyne J. Sex and social class variations in black older parent-adult child relationships. *Aging and Human Development* (in press).
- Jackson, J. J. Social gerontology and the Negro: A review. *Gerontologist* 7:168-178 (1967).
- Jackson, Jacquelyne J. Social impacts of housing relocation upon urban, low-income, black aged. Paper delivered at the annual meeting of the Gerontological Society, Toronto, Canada, 1970.
- Jackson, Jacquelyne J. *Some Useful Information About Black Aged*. 1971 (typescript preliminary draft).
- Jeffers, F. C., C. Eisdorfer, & E. W. Busse. Measurement of age identification: A methodologic note. *Journal of Gerontology*. 17: 437-439 (1962).
- Jenkins, Adelbert H. *Growth crisis in a young black man: Its relationship to family and aging*. Paper presented at the annual meeting of the Eastern Psychological Association, New York City, 1971.
- Kalish, Richard A. A gerontological look at ethnicity, human capacities, and individual adjustment. *The Gerontologist*. 11: 78-87 (1971).
- Kastenbaum, Robert A. *Time without a future: On the functional equivalence between young-and-black and aged-and-white*. Paper presented at the annual meeting of the Eastern Psychological Association, New York City, 1971.
- Kent, Donald P. The delivery of welfare services: Reordering the welfare system to serve minority aged. Paper delivered at the *Symposium on Triple Jeopardy: The Plight of Aged Minorities in America*. Detroit, The Institute of Gerontology, The University of Michigan-Wayne State University, April, 1971.
- Kent, Donald P. The elderly in minority groups: Variant patterns of aging. *The Gerontologist*, 11:26-29 (1971).
- Kent, Donald P. The Negro aged. *The Gerontologist*. 11:48-51 (1971).
- Kent, Donald P. & Carl Hirsch. *Social, Economic and Health Conditions of Negro and White Aged and Their Utilization of Community Resources*. Final report submitted to the Administration on Aging. Grant AA-4-68-028-02. 1971.
- King, C. E., & W. H. Howell. Role characteristics of flexible and inflexible retired persons. *Sociology and Social Research*, 1965. 49: 153-165.
- Koenig, Ronald, Norman S. Goldner, Ralph Kresojevich, & Gary Lockwood. Ideas about illness of elderly black and white in an urban hospital. *Aging and Human Development* (in press).

- Lacklen, Cary. Aged, Black, and-poor, three case studies. *Aging and Human Development*. (in press).
- Lambing, Mary L. *A Study of Retired Older Negroes in an Urban Setting*. Unpublished Ph.D. dissertation, University of Florida, Gainesville, 1969.
- Leon, Victor. Aged Puerto Ricans. Paper delivered at the *Symposium for Triple Jeopardy: The Plight of Aged Minorities in America*. Detroit, The Institute of Gerontology, The University of Michigan-Wayne State University, April 1971.
- Lloyd, R. G. Social and personal adjustment of retired persons. *Sociology and Social Research*, 1954, 39: 312-316.
- Lloyd, R. G. Social and economic circumstances of retirement. *Sociology and Social Research*, 1955, 40: 179-182.
- Lipman, A., R. S. Sterne & K. J. Smith. *Concerted Services Baseline Study*. Coral Gables, Fla.: University of Miami Dept. of Sociology, N.D. (mimeo).
- Lipman, A., P. W. Marden. Preparation for death in old age. *Journal of Gerontology* 1966, 21: 426-431.
- Lipman, A. *Responsibility and Morale*. Proceedings of the 7th International Congress of Gerontology (Vienna, 1966). Wien: Wiener Medizinische Akademie, 1966.
- Long-Range Program and Research Needs in Aging and Related Fields*. Hearings before the Special Committee on Aging, U.S. Senate, 90th Congress, 1st session. Part 1, Survey, Washington, Dec. 5 & 6, 1967.
- Lopata, Helena Z. *Social and Family Relations of Black and White Widows in Urban Communities*. Administration on Aging Publication #25, U.S. Department of Health, Education, and Welfare, 1970.
- Lumer, Hyman. *Poverty: Its Roots and Its Future* (International Publishers: New York, 1965).
- McCordy, J., (Project Director). *1968 Report of the Family Health Study, Center for Community Studies*. Nashville: George Peabody College for Teachers, 1969.
- McGuire, Marie C. The status of housing for the elderly. *The Gerontologist*, 9: 10-14, 1969.
- Maddox, G. L. Self-assessment of health status. *Journal of Gerontology*, 1962, 17: 180-185.
- Manpower Report of the President. *A report on Manpower Requirements, Resources, Utilization, and Training*. U.S. Department of Labor (March, 1970).
- Messer, M. Race differences in selected attitudinal dimensions of the elderly. *Gerontologist*, 1968, 8: 245-249.
- Metropolitan Life Insurance Company. Trends in mortality of non-whites. *Statistical Bulletin*, 51: 5-8, 1970.
- Moore, Joan W. Situational factors affecting minority aging. *The Gerontologist* 11: 88-93, 1971.
- Morgan, Robert F. The adult growth examination: Preliminary comparisons of physical aging in adults by sex and race, *Perceptual and Motor Skills*, 27: 595-599, 1968.

- Nash, G., M. P. Lawton, & B. Simon. *Black and Whites in Public Housing for the Elderly*. Paper presented at the annual meeting of Gerontological Society. Denver, 1968.
- National Urban League. *Double Jeopardy, the Older Negro in America Today*. New York: National Urban League, 1964.
- Neugarten, B. L. & D. L. Gutmann. Age-sex roles and personality in middle age: A thematic apperception study. In B. L. Neugarten, *Personality in Middle and Late Life*. New York: Atherton Press, 1964.
- Niebanck, P. L. An overview of the national relocation population. *In the Elderly in Older Urban Areas*. Philadelphia: University of Pennsylvania Institute for Environmental Studies, 1965.
- Orshansky, M. The aged Negro and his income. *Social Security Bulletin*, 1964. 27: 3-13.
- Palmore, E. *The Aged Poor; Findings of Project FIND*. A report prepared for the National Council on the Aging, New York, 1969.
- Pfeiffer, Eric, Adriann Verwoerd, & Hsioh-Shan Wang. The natural history of sexual behavior in a biologically advantaged group of aged individuals. *Journal of Gerontology*. 24: 193-198, 1969.
- Pfeiffer, Eric, Adriann Verwoerd, & Hsioh-Shan Wang. Sexual behavior in aged men and women. *Archives of General Psychiatry*, 19: 753-758, 1968.
- Peck, R. F. & H. Berkowitz. Personality and adjustment in middle age. In B. L. Neugarten, *Personality in Middle and Late Life*. New York: Atherton Press, 1964.
- Pirri, I. D. & H. A. Morse. *Family Care for the Aging as a Community Service*. Paper presented at the annual meeting of Gerontological Society, Denver, 1968.
- Rice, C. Old and black. *Harvest Years*, 1968. 8: 38-47.
- Roberts, R. E. *Ethnic and Racial Differences in the Characteristics and Attitudes of the Aged in Selected Areas of Rural Louisiana*. Unpublished MA thesis, Louisiana State University, 1964.
- Rubenstein, Daniel I. *An Examination of Social Participation Found Among a National Sample of Black and White Elderly*. Paper delivered at the annual meeting of the Eastern Psychological Association, New York City, 1971.
- Shanas, E. *The Health of Older People. a Social Survey*. Cambridge, Mass.; Harvard University Press, 1962.
- Seligman, Ben B., *Permanent Poverty: An American Syndrome*. (Quadrangle Books, Chicago, 1968).
- Shapiro, Sam, Eve Weinblatt, Charles W. Frank, & Robert V. Sager. Social factors in the prognosis of men following first myocardial infraction. *Milbank Memorial Fund Quarterly*, 47: 56-63, 1969.
- Shelton, Austin J. Ibo child-raising, eldership and dependence. Further notes for gerontologists and others. *The Gerontologist* 8: 236-241, 1968.
- Sheppard, Harold L. Age and migration factors in the Socioeconomic Conditions of Urban Black and White Women. *New Perspectives on Older Workers*. The W. E. Upjohn Institute for Employment Research in Cooperation with National Institute of Industrial Gerontology of the National Council on the Aging, May, 1971.

- Sherman, E. G. Jr. *Social Adjustment of Aged Negroes of Carbon-dale, Illinois*. Unpublished MA thesis, Southern Illinois University, 1955.
- Silberman, Charles E., The city and the Negro. *Fortune*, March, 1962.
- Smith, S. H. *The Negro Family*. Lecture. Duke University, 1967.
- Smith, S. H. *The Older Negro American*. Unpublished MS., 1966.
- Smith S., Older rural Negroes. In E. G. Youmans (Ed.), *Older Rural Americans*. Lexington: University of Kentucky Press, 1967.
- Smith, T. L. The changing number and distribution of the aged Negro Population of the United States. *Phylon*, 1957. 28: 339-354.
- Solomon, Barbara. *Ethnicity, Mental Health and the Older Black Aged*. Gerontological Center, University of Southern California, Los Angeles, 1970.
- Stephens, Joyce. *The Aged Minority*. Paper. Symposium on Aged Minorities, The University of Michigan-Wayne State University, March 1971.
- Stone, V. *Personal Adjustment in Aging in Relation to Community Environment, a Study of Persons Sixty Years and Over in Carrboro and Chapel Hill, North Carolina*. Unpublished Phd dissertation, University of North Carolina, 1959.
- Stone, V. Personal adjustment in aging in relation to community environment. In F. C. Jeffers (ed), *Proceedings of Seminars*, 1959-1961. Durham, N.C.: Duke University Council on Gerontology, 1962.
- Stretch, John J. *The Development and Testing of a Theoretical Formulation That Aged Negroes with Differences in Community Security are Different in Coping Reactions*. A paper presented at the annual meeting of the Gerontological Society, Toronto, Canada, 1970.
- Suchman, Edward A & A. Allen Rothman. The utilization of dental services. *Milbank Memorial Fund Quarterly*. 47: 56-63, 1970.
- Talley, T. & J. Kaplan. The Negro Aged. Newsletter, *Gerontological Society* 1956, 3 (Dec. 6).
- Thune, Jeanne M. *Group Portrait in Black and White*. Senior Citizens, Inc. Nashville, Tennessee, 1969.
- Trela, James E. *Age Graded Secondary Association Memberships and Political Involvement in Old Age*. Paper presented at the annual meeting of the Gerontological Society, Toronto, Canada, 1970.
- Troll, Lillian E. *Concepts of Generation: Definitions and Issues*. Paper presented at the annual meeting of the American Psychological Associations, Miami Beach, 1970.
- U.S. Bureau of the Census. *Advance Report*. United States, General Population Characteristics. PC (V2)-1, U.S. Department of Commerce, Washington, D.C. February, 1971.
- U.S. Committee on Aging. *Developments in Aging, 1968: A report of the Special Committee on Aging*, Washington, D.C. (April, 1969).
- U.S. Department of Commerce, Bureau of the Census. Current Population Reports, *The Social and Economic Status of Negroes in the United States*. 1969, Series P-23, No. 29, BLS Report No. 375.

U.S. Department of Health, Education, and Welfare, Public Health Service National Center for Health Statistics. *Vital and Health Statistics, Data from the National Health Survey*. U.S. Government Printing Office, Washington, D.C.

- Binocular Visual Acuity of Adults, United States, 1960-1962*, Series 11, Number 3, 1964.
- Binocular Visual Acuity of Adults by Region and Selected Demographic Characteristics, United States, 1960-1962*, Series 11, Number 25, 1967.
- Blood Glucose Levels in Adults, United States, 1960-1962*, Series 11, Number 18, 1966.
- Blood Pressure as it Relates to Physique, Blood Glucose, and Serum Cholesterol, United States, 1960-1962*, Series 11, Number 34, 1969.
- Blood Pressure of Adults by Race and Area, United States, 1960-1962*, Series 11, Number 5, 1964.
- Chronic Conditions and Limitations of Activity and Mobility, United States, July 1965-June 1967*, Series 10, Number 61, 1971.
- Coronary Heart Disease in Adults, United States, 1960-1962*, Series 11, Number 10, 1965.
- Decayed, Missing, and Filled Teeth in Adults, United States, 1960-1962*, Series 11, Number 23, 1967.
- Differentials in Health Characteristics by Color, United States, July, 1965-June 1967*, Series 10, Number 56, 1969.
- Family Use of Health Services, United States, July, 1963-June, 1964*, Series 10, Number 55, 1969.
- Findings on the Serologic Test for Syphilis in Adults, United States, 1960-1962*, Series 11, Number 9, 1965.
- Hearing Levels of Adults by Race, Region, and Area of Residence, United States, 1960-1962*, Series 11, Number 26, 1967.
- Heart Disease in Adults, United States, 1960-1962*, Series 11, Number 6, 1964.
- Hypertension and Hypertensive Heart Disease in Adults, United States, 1960-1962*, Series 11, Number 13, 1966.
- Mean Blood Hematocrit of Adults, United States, 1960-1962*, Series 11, Number 36, 1970.
- Need for Dental Care Among Adults, United States, 1960-1962*, Series 16, 1966.
- Oral Hygiene in Adults, United States, 1960-1962*, Series 11, Number 16, 1966.
- Periodontal Disease in Adults, United States, 1960-1962*, Series 11, Number 12, 1965.
- Persons Hospitalized by Number of Hospital Episodes and Days in a Year, United States, July, 1965-June 1966*, Series 10, Number 50, 1969.
- Persons Injured and Disability Days Due to Injury, United States, July, 1965-June, 1967*, Series 10, Number 58, 1970.
- Prevalence of Osteoarthritis in Adults, by Age, Sex, Race, and Geographic Area, United States, 1960-1962*, Series 11, Number 15, 1966.
- Prevalence of Selected Impairments, United States, July, 1963-June 1965*, Series 10, Number 48, 1968.

- Rheumatoid Arthritis in Adults, United States, 1960-1962*, Series 11, Number 17, 1966.
- Selected Dental Findings in Adults by Age, Race, and Sex, United States, 1960-1962*, Series 11, Number 7, 1965.
- Serum Cholesterol Levels of Adults, United States, 1960-1962*, Series 11, Number 22, 1967.
- Selected Symptoms of Psychological Distress, United States*, Series 11, Number 37, 1970.
- Total Loss of Teeth in Adults, United States, 1960-1962*, Series 11, Number 27, 1967.
- Volume of Physician Visits, United States, July, 1966-June, 1967*, Series 10, Number 49, 1968.
- U.S. Department of Labor, Bureau of Labor Statistics. *The Negroes in the United States: Their Economic and Social Situation*, Bulletin No. 1511, June 1966.
- U.S. Housing and Home Finance Agency, *The Aging Nonwhite and His Housing*. Part 11. November, 1963.
- U.S. Senate. *Developments in Aging, 1970. A Report of the Special Committee on Aging*, Report No. 92-46, U.S. Government Printing Office, Washington, D.C. 1971.
- U.S. Senate. Committee on Aging, *Economics of Aging: Toward a Full Share in Abundance*, Part 1 (Survey Hearings), April 29-30, 1969.
- U.S. Senate: Committee on Aging, Panel on Minorities Past and Present. *Long Range Program and Research Needs in Aging and Related Fields*, Part 1, Washington D.C. December 5 and 6, 1967.
- Usefulness of the Model Cities Program to the Elderly*. Hearings before the Special Committee on Aging, U.S. Senate, 90th Congress, 2nd session. Pt. 1, Washington, July 23, 1968.
- Usefulness of the Model Cities Program to the Elderly*. Hearings before the Special Committee on Aging, U.S. Senate, 90th Congress, 2nd session. Pt. 2, Seattle, Oct. 14, 1968.
- Usefulness of the Model Cities Program to the Elderly*. Hearings before the Special Committee on Aging, U.S. Senate, 90th Congress, 2nd session. Pt. 3, Ogden, Utah, Oct. 14, 1968.
- Walker, Gloria V. *The Relationship Between Socioeconomic Status and Chronic Ailments of the Aged in Nashville, Tennessee*. Unpublished master's thesis, Fisk University, Nashville, Tennessee, 1970.
- Weinstock, C. & R. Bennett, Problems in communication to nurses among residents of a racially heterogenous nursing home. *Gerontologist*, 1968, 8: 72-75.
- Youmans, E. G. *Aging Patterns in a Rural and an Urban Area of Kentucky*. University of Kentucky Agricultural Experimental Station Bulletin. No. 681, 1963.
- Youmans, E. G. Family disengagement among older urban and rural women. *Journal of Gerontology*, 1967, 22: 209-211.
- Youmans, E. G. Objective and subjective economic disengagement among older rural and urban men. *Journal of Gerontology*, 1966, 21: 439-441.

Appendix 2

"THE BLACK ELDERLY" *

Robert B. Hill, Associate Director, Research, National Urban League

This is a youth-oriented nation. But we're also the country that's perhaps the most callous in its attitude toward its elderly citizens. A recent survey for the upcoming White House Conference on the Aged found that the majority of old people can't make ends meet and can't afford to buy the food they like. Nearly one out of five said they sometimes feel they have nothing to live for.

If things are this bad for older people in general, they are far worse for the black aged who suffer double jeopardy—they are old and they are black.

Their story is one of heroism and fortitude in the face of fantastic odds against them. To begin with, the average black man's life expectancy is below 65, so most, therefore, may never reap their earned benefits of Social Security and Medicare.

Life expectancy for black men has, in fact, declined. Although the life expectancy for white men—67.5 years—remained the same between 1960 and 1968, the life expectancy for black men declined a full year (from 61.1 years to 60.1).

But despite the hazards of hard times and discrimination, older blacks continue to play a significant role in maintaining stability and cohesion in black families.

Four times as many families headed by elderly black couples take younger relatives into their households than do similar white families. Almost half of the black families headed by elderly women have related children living with them—in contrast to only one-tenth of comparable white families.

If older people tend more often to be poor, older black people are even more prone to poverty. Older black couples' median income in 1969 was only \$3,222 as against \$4,488 for whites. Among aged black families headed by females and among individuals, median income is about half that for whites.

Elderly black people are employed in about the same proportions as elderly whites, but let's not forget that they are more likely to be working in jobs that have longer hours and hard physical work at less pay. They suffer the toll of long years of labor and inferior health care.

Elderly blacks also often cannot get the benefits other people get upon retirement. Because their jobs were not covered by Social Security until recently, many black people are still not qualified to receive Social Security benefits or receive only the minimum benefits. Medicare

*"To Be Equal"—News Column—National Urban League, July 14, 1971.

insurance payments are scaled so high that a recent government study found that over two-thirds of the black elderly didn't benefit from this medical coverage.

So it may be said that of all the people treated unequally in this supposedly democratic society, the most unequal of all are elderly black people. But despite this, they are marked by their ability to "keep the faith" and hang in where others falter.

An indicator of this is the suicide rate. Among males 65 to 69 years old, the suicide rate for whites is three times the suicide rate for blacks, and white women are three times as likely to commit suicide as are black women. So it appears that the most oppressed of the elderly demonstrate the greatest resilience.

It is imperative, therefore, that the White House Conference on the Aged in November not be another forum for suppression and inaction. This Nation must take affirmative action to end the inhumane treatment of its minority elderly.

Appendix 3

SOCIAL SECURITY BENEFITS AND EARNINGS OF MINORITY GROUPS IN COVERED EMPLOYMENT *

There is continuing interest in knowing how minority group members fare as beneficiaries under income-maintenance programs and as wage earners in the Nation's work force. Indications are that the population other than white in the last decade made up a growing segment of the Social Security beneficiary population. Further, there is evidence that the differences in median earnings between Negro and white wage earners narrowed considerably. These and other findings are reported in this note covering the racial composition of OASDHI beneficiaries and the covered earnings of minority race members.

SOCIAL SECURITY BENEFICIARIES

Minority group members numbering 2.6 million constituted 10.2 percent of the 25.3 million persons with Social Security benefits in current-payment status at the end of 1969. All but 258,000 individuals in the minority group total were Negroes. Ten years earlier, at the end of 1959, overall minority group representation was only 7.1 percent. At that time, total beneficiaries in payment status numbered 13.7 million.

At yearend 1969, persons other than white had a particularly large distribution among certain types of beneficiaries—disabled workers, children under age 18, and widowed mothers. But their representation among retired workers, aged widows, and age-72 beneficiaries fell short of the level that might be expected. Numerous reasons can be offered to explain these differences. They include the large families among Negroes, the fewer elderly in the total population, the increasing employment of women, changes in the Social Security program, and the widespread employment of Negro males in hazardous occupations.

A. DISABLED WORKERS

Available data indicate a greater prevalence of severe disability among Negroes and members of other minority races than among white workers. For example, 15.4 percent of the disabled workers with benefits in payment status at the end of 1969 were minority race members. However, they comprised only 12 percent of the total number of wage workers and self-employed, and 11.3 percent of those with disability-insured status.

*By Jack Schmulowitz, Division of Disability Studies, and Anna M. Young, Division of OASDI Statistics.

The importance of the disability insurance program to minority groups is also underscored by the beneficiary distribution. Disabled workers and their dependent wives and children comprised 17 percent of all minority race members receiving Social Security benefits, compared with 10 percent of the beneficiary population as a whole.

B. CHILDHOOD DISABILITY BENEFICIARIES

Only 8.2 percent of the 257,000 persons receiving childhood disability benefits in December 1969 were Negroes. This proportion is lower than their representation in the population aged 18-64, which approximates 10 percent. This suggests that a number of Negroes disabled since childhood may not be aware of their benefit rights.

C. CHILDREN UNDER AGE 18

Within this group (which includes children of deceased, retired and disabled workers), Negroes and members of other minority races also accounted for a higher than expected proportion of beneficiaries. They made up 15 percent of the total population under age 18, but almost 22 percent of the beneficiaries in that age group.

Various factors are responsible for differences in the child beneficiary segment. These include higher mortality rates, the greater prevalence of disability among Negro workers as well as earlier retirement ages and larger families among races other than white.

D. SPECIAL AGE-72 BENEFICIARIES

Less than 5 percent of the special age-72 beneficiaries were Negroes and other minority race members. Yet these racial groups comprised approximately 7 percent of the total population aged 72 and over. Their limited participation in the program as special beneficiaries is related to the provision in the law which bars such benefits to persons receiving cash benefits under a State public assistance program. Medical assistance paid by a State on behalf of an individual does not affect the special age-72 payment. Nationally, minority race members comprised about a fifth of the estimated 1.5 million old-age assistance recipients aged 72 and over—recipients ineligible for special monthly payments under OASDHI.

BENEFITS

Social Security benefit levels reflect the differences between white and Negro earnings as modified by the method used for computing the primary insurance amount. The benefit formula favors workers with low average monthly wages by replacing a higher proportion of their earnings.

Monthly benefits to retired Negro workers in 1969 averaged about 80 percent of the amount received by white beneficiaries—\$80.30 against \$102.10. For disabled workers, the relative disparity in these benefits was less. The average monthly benefit amount paid to Negroes was equal to 85 percent of that received by disabled whites.

Average monthly benefits payable to Negro children were equivalent to only two-thirds those going to white children. This is mainly due to the impact of the maximum family benefit provision on Negroes whose families are larger.*

White survivor families averaged 1.8 children in 1969, compared with 2.3 for families of other races. Similar differences existed in the size of disabled-worker families—white units having an average of 2.1 children and minority race ones, 2.7 children.

Benefit data for widowed mothers and their children indicate the effect of the maximum family benefit provision. Among the minority races, widow-child families had an average monthly benefit in 1969 of \$182.30 or three-fourths of the \$243.70 average for white units. For units other than white, which averaged 3.8 persons, this amounted to \$48 per family member—well under the \$76.20-per-person figure for white units. The latter families averaged only 3.2 persons.

EARNINGS IN COVERED EMPLOYMENT

During 1966, earnings were reported for 84.6 million persons covered under the Social Security program. These included 79.5 million wage and salary workers and 6.6 million with self-employment income. Some individuals are both self-employed and wage earners in the same year.

Of the reported individuals, 10 million—approximately 12 percent—were Negroes and members of other minority races. However, workers other than white accounted for only 3 percent of those reporting self-employment.

The 1966 median annual wage of Negro wage and salary workers was \$2,165. This contrasts to the \$3,743 median for whites. Among men, the median earnings of Negroes—\$2,916—were 54.9 percent of the \$5,313 figure for whites. However, for employed women, the Negro to white earnings ratio was higher—61 percent.

The 1966 earnings ratios indicate a narrowing of differences during the previous 7 years. Considering all wage and salary workers, the proportion of Negro to white median earnings rose from 51.7 percent in 1959 to 57.8 percent in 1966. This ratio has changed somewhat more slowly for Negro men, rising from about 50 percent in each year, 1959–62, to 54.9 percent in 1966.

On the basis of preliminary data, it is estimated that 1967 median earnings of Negro men—\$3,108—increased to 56.3 percent of the earnings of whites—\$5,522. For Negro women, the earnings ratio continued to climb more rapidly and was 64.2 percent in 1967.

Data from the Bureau of the Census, Current Population Survey indicate a further narrowing of differences during 1968 and 1969.

*Under this provision, the benefit paid to an individual beneficiary may be reduced to bring the total monthly benefits payable within the maximum family benefit amount. The total monthly benefit payable to a wage earner and his dependent family members is limited as follows: (1) where the wage earner's primary insurance amount is \$267 or less, 88 percent of the first \$436 of his average monthly wage plus 44 percent of the next \$191, but not less than 1½ times his primary insurance amount; (2) where his primary insurance amount is \$268.20 or over, 1.75 times the primary insurance amount.

Appendix 4

GROWING OLD BLACK

By Donald L. Davis*

"If programs are set up it's going to be hard to convince elderly Negroes they should get involved. Many of them are basically distrustful of the outside world because they don't understand it, and they don't understand it because of ignorance. This ignorance pervades their entire life-style, and—unless they are encouraged from without by people they trust—they won't move in any direction other than the accustomed ones."

Thomas Pettigrew,
Toward a National Urban Policy.

THE PEOPLE

Many aged black people live on tenaciously, in urban ghettos and the recesses of rural areas all over America. They learned years ago to live within prescribed arenas—physical, social, economic—that limited their full participation in the American social scene. This paper describes these barriers and how they relate to the anguish and the frailties that are, many times, inseparable from the pain of aging in a youth oriented society.

The National Urban League has recently completed a study, *Double Jeopardy*, which states that: "Today's Negro is different from today's aged white because he is Negro . . . and this alone should be enough basis for differential treatment."

Consequently, while many persons and agencies involved in the field of aging recognize the responsibility of a complete network of services to meet the individualized needs of our aged, we often fail to realize that we may have very little relevant programs for the black segment of the aged population. For, as W. E. B. DuBois cited in his classic 1899 study of *The Philadelphia Negro*:

The existence of certain social problems affecting Negro people are plainly manifest. Here is a large group of people . . . who do not form an integral part of the larger social group. This in itself is not altogether unusual; there are other unassimilated groups . . . And yet in the case of the Negro, the segregation is more conspicuous, more patent to the eye and so intertwined with a long historic evolution, with par-

*Field Representative, Senior Community Service Project; article from National Council on the Aging, *Employment Prospects of Aged Blacks, Chicanos and Indians*, U.S. Dept. of Labor Contract No. 34-8-0043.

ticularly pressing social problems in poverty, ignorance, crime and labor that the Negro problem far surpasses in scientific interest and social gravity most of the other race or class questions.

Black Americans, for the most part, are people who have spent their prime working years contributing to the growth of large central cities where they now live. Of this group, three out of every 10 persons, 65 years or over, live in four of the most populous States—New York, California, Pennsylvania and Illinois—each of which has more than 1 million such persons.

These people, for the most part, are now confined to some of the most decaying areas of the inner cities in these States. Current inflation, coupled with the inability to find work, continues to increase the despair of these aged citizens.

It has been stated by Kent and Hirsh, in their recently completed study, that our current lack of knowledge in the field of gerontology applies primarily to noninstitutionalized, low-income, elderly white and black persons. Despite the high percentage of these groups living in our central cities and who comprise a large percentage of the client populations of health and welfare agencies, neither racial group had undergone an extensive study prior to the Kent and Hirsh study.

A. THE PATHWAY OF BLACK PEOPLE TO THE CITIES

In most decades since 1860, the black population has increased less rapidly than that of whites. However, in the last 40 years, the black population has reversed its earlier trend and has shown more growth than the white population. Since 1860, blacks have formed the following percentages of the U.S. population.*

1860-----	14.1	1920-----	9.9
1870-----	13.5	1930-----	9.7
1880-----	13.1	1940-----	9.8
1890-----	11.9	1950-----	10.0
1900-----	11.6	1960-----	10.6
1910-----	10.7	1969-----	11.0

*Source : U.S. Department of Commerce, Bureau of the Census.

These statistics reveal that the black population decreased from 14.1 percent in 1860 to 9.7 percent in 1930. But in 1969 the black population significantly increased to 11.9, and totaled a little above 22 million people. The recent rapid increase in the proportion of blacks within our population is largely due to an increase in life expectancy among blacks. Although the birth rate has long been higher among blacks than whites, a higher death rate decreased or held constant the proportion of blacks in the population. For instance, the life expectancy of blacks in this century has increased at a faster rate than that of whites: 38.4 years for nonwhite as compared with 20.7 for white men, and 32.7 years for nonwhite as compared with 25.2 for white women. Although life expectancies for nonwhites have increased at significant rates in recent years, their life expectancy continues to be lower than that for whites.

The black population appears proportionately greater nationwide than it really is, largely because massive migration of blacks into the

central cities of large metropolitan areas has been accentuated by out-migration of whites from the cities to the suburbs. The percentage of blacks within the total population has shown minimal change in this century. However, the black population has instead been characterized by rapid migration from the South and farms into central cities of metropolitan areas where 55 percent of all blacks lived in 1969.

The black migration from South to North and from country to city has probably been one of the most massive population changes in the history of our country. Sixty years ago, in 1910, approximately eight of 10 blacks lived in one of the 11 states of the "Old Confederacy." As Silberman stated:

Over 90 percent of these Negroes, moreover, lived in rural areas. Negroes began moving to the North during World War I and continued to move during the 1920's, when restrictive legislation slowed down the flow of immigrants from southern and eastern Europe. By 1940, the Negro population in the Old Confederacy had increased by only 12 percent, whereas in the same period the Negro population elsewhere in the U.S. had more than doubled, from 1.9 to 4 million.

In the half century ending in 1960, the black population of the United States had increased 92 percent, but less than 3 percent of this increase occurred in the five Southern States which had the greatest black population in 1910. In contrast, almost half of the increase took place in the States of New York, Illinois, California, Pennsylvania and Ohio. Among these States, in 1960, for instance, were located the first three cities with greatest concentration of black population. In 1969, the six cities with largest black population were as follows:

New York, 1,087,931; Chicago, 812,637; Philadelphia, 529,240; Detroit, 482,223; Washington, 411,737; and Los Angeles, 334,916.

As a result of the significant population growth shown in the above table, it would appear that the aging black population will expand at a very rapid rate in these States, and, therefore, should receive close attention from State, local and Federal agencies. The extent of migration and urbanization is best illustrated in observing the population composition of those 10 northern and western cities with the greatest black concentration. We found that nearly one-half of the black residents were not born in the city of residence, since most of this group was born in the South.

Why did such a rapid migration occur among the black population during the 50-year period from 1910 to 1960? Primarily to find better opportunities for employment in the North. After World War I reduced immigration from Europe, northern employers were forced to meet some of their needs for unskilled and semiskilled workers among the black population. Closely related to these circumstances is the fact that the wages paid for unskilled and semiskilled work—the type of employment for most blacks at that time—were and remain higher in the North than in the South. In addition, living conditions were not as oppressive in the North. Although the North was characterized by extreme prejudice, discrimination, and de facto segregation, cities out-

side the South were not committed to the pervasive and rigid system of legal segregation which limited job opportunities for blacks.

It has been mentioned that the increased life expectancy for blacks has resulted in a larger overall black population group with a similar significant increase of aged blacks in the total population. In 1969, for instance, "Negro and other" composed 12.3 percent of the total population; 9.6 percent of the 45-64 age group, and 7.9 percent of the age 65-and-above group. By 1969, Brotman reported that 60.7 percent of the black population aged 65-and-above lived in metropolitan areas compared to 61.2 percent of the white population aged 65-and-above living in the same area. Of the black total, a significant 47.5 percent resided within the central city compared to only 33.4 percent whites who lived in the central city. Further, the Committee for Economic Development has estimated that the nonwhite elderly population (65-and-over) living within our central cities will more than double during the period 1960-1985, rising by a total of 600,000 (108.7 percent) or 24,000 per year. In contrast, the estimated growth of the white population age 65-and-above in the central cities will rise only 3 percent in this same period (155,000 or 6,200 per year). Future growth of the aged white population, it appears, will occur primarily in suburban areas.

If this estimated growth in the elderly nonwhite central city population does occur, they will comprise a much greater proportion of all elderly poor in those cities, perhaps one-fourth rather than one-sixth as in 1968. Further, the increased growth of the nonwhite elderly population could be much more significant because the Committee for Economic Development based its estimated population expansion upon census data which contained a reported undercount of at least 10 percent in some black inner city areas. Based upon these criteria, we can probably expect the nonwhite elderly population in our central cities to expand as fast as our nonwhite age group under age 15 living in the same area. This rapid expansion of these age groups will pose grave problems for the future, since the same age groups now comprise a large percentage of the poor people in our central cities. Both of these age groups now and for the foreseeable future represent essentially a drain on the economic resources of the community unless and until appropriate planning and actions occur.

B. FAMILY LIVING PATTERNS

We are told in *Double Jeopardy*, which studied approximately 2.5 million old age recipients, that a higher percentage of elderly blacks than whites were heads of households, but that most of the blacks lived under deprived conditions. For example, nearly the same percentage, 30 percent, white and black household heads lived alone, but 20 percent of the blacks and only 12.5 percent of the whites had other persons besides husband or wife living with them.

Although overcrowding seldom appears to be an obstacle among the general aging population, a 1963 study by the U.S. Housing and Home Finance Agency found that among elderly nonwhite renters, 9 percent did live under extremely overcrowded conditions with more than 1½ persons per room while 5 percent of home owners were living in similar conditions. In contrast, among the total population, only 3 percent of the aged renters and 1 percent of the owners lived in these same

conditions. Older blacks are more apt to live in large family groups than the aging population in general. Again, *Double Jeopardy* identified a larger proportion of black Old Age Assistance recipients than whites living in someone else's household—28 percent as compared with 23 percent. This same study also cited that approximately 5 percent of all elderly blacks resided with nonrelatives, as compared with a 2 percent average of all elderly persons.

As a result of this tendency of older blacks to live in someone else's household:

It means (they must carry on the energy-consuming household work for large families and care (for) younger children at an age when the older person's health is poorest, energies lowest and the need for less stress is greatest.

A larger proportion of older blacks than whites are not living with their spouses. In testimony before the Special Committee on Aging, Miss Jeweldean Jones of the National Urban League commented that the higher percentage of older black males and women who are single can be attributed to greater broken marriages, shorter life expectancies of black males, and family patterns. According to Miss Jones' testimony, the present public welfare laws encourage the male to leave the family which results in family separations while blacks are in early adulthood. Consequently, the chances of blacks becoming old and single are much greater than their white counterparts. This same welfare system helps to perpetuate feelings of helplessness and dependency which the poor black youth carries with him throughout his life and into old age.

Although living alone without a spouse is accepted as a common experience of older persons regardless of race and economic characteristics, Kent and Hirsh found that over half of their low income inner city respondents living alone had been without their spouses for 15 years or more. As we know, the problem of adjusting to aging is apparently magnified by the loss of spouse. If this assessment is characteristic of most urban inner city elderly populations, the Negro aged fares less well than the white, since at all levels in both sex groups, more blacks than whites have been without a spouse for 15 years.

Since the aged black in our inner cities does not have as long a residency in these areas as the aged white, we can expect that among blacks, the proportion without living kin will increase with age. Among whites, on the other hand, fewer can be expected to be without living kin at an advanced age. We learn from the Kent and Hirsh study that 11 out of every 100 blacks had no living kin, in contrast with 6 out of every 100 whites who had no living kin.

It is unlikely that there will be dramatic changes in the family patterns of the black aged population rapidly enough to modify the trend of a large proportion of black aged households composed either of persons living alone or many persons living together.

C. SOCIAL AND ECONOMIC CONDITIONS

The Senate Committee on Aging heard much about the inadequate financial resources available to elderly, poor black people. Miss Jeweldean Jones testified at these hearings that it was "bad enough to be

black in our society . . . also had to be old in a youth-oriented culture. But to be old and black is indeed to be in double jeopardy." In this testimony, Miss Jones commented :

The pitifully low incomes of elderly people, especially elderly Negroes is reflected in terms of daily bread and medical care. The \$3,010 minimum annual income set by the Bureau of Labor Statistics as a modest but adequate budget for an elderly couple provides not quite an egg a day per person, about a half pound of meat and no provision for special diet or the expensive kinds of medical care all too often associated with the terminal illness that strike one in 10 aged couples every year.

Seven out of every 10 elderly Negro couples have less than \$3,000 a year; one in two couples, less than \$2,000; and one couple in 10 must live on less than \$1,000 a year.

The older Negro man or woman who lives alone faces a daily existence even more bleak than that of married couples. \$1,800 is the figure set by the BLS for a minimum sustenance budget for the lone elderly person, a budget which does not cover such basic items as medical care, car fare to the clinic, replacement of worn out clothing.

Yet, 76.6 percent of the older men and 96.5 percent of the women have less than \$2,000 a year; 45.7 percent of these men and 68.5 percent of lone older Negro women must try to get along on less than \$1,000 a year.

Retirement for the aged black is primarily a logical sequence of the deprivation which faced him prior to retirement. Accordingly, the black in retirement usually suffers because of his unstable employment and low wage background which result in smaller Social Security benefits. In 1962, for instance, black retired couples averaged about two-thirds of white retirement income and fully half of them had less than \$1,960 for the year. Further, as Jackson and Velten cited, for the year 1966, in those families headed by individuals 65-and-over, 47 percent of the nonwhite families were poor as compared with 20 percent of the white families.

D. WORK AND BLACK MEN

Although we have observed an improvement in the employment status of blacks during the last decade, black men of all ages are still less likely than white men to find full-time employment. In 1964, little more than half of all nonwhite males who worked had full time, year-round jobs, compared with two-thirds of all white males. Moreover, long-term unemployment is quite prevalent among older nonwhite men as they tend to have relatively less education and training than whites of the same age group, and are likely to be employed in heavy manual labor, and in occupations particularly subject to seasonality or high turnover. During the period 1948-1964, labor force participation rates in the 55-64 age group dropped more among nonwhite males than white males. In 1948, for example, nearly 89 percent of all black males aged 55-64 were in the labor force, but by 1964, their

labor force participation had dropped to almost 79 percent. In contrast, the labor force participation during this same period for white males in the same age group dropped from nearly 90 percent to only 87 percent.

In 1969, among those over 65, both white and black males had relatively sharp declines in employment as both groups together average only about 26.5 percent labor force participation rates—25 percent for blacks and 27 percent for whites. With reference to the proportion of older black males who do not participate, Beattie pointed out that:

The aged and aging Negro faces a difficult, if not impossible situation in trying to remain in or re-enter the labor market . . . the Urban League has been able to place only one Negro male applicant who was beyond 45 years of age, in a St. Louis industry . . . the Negro is still the last hired and the first fired.

E. WORK AND BLACK WOMEN

Aged black women work outside their homes more often and longer than white women. In 1965, only 9.7 percent of white women aged 65 and over were in the labor force whereas 12.9 percent of black women were still working. As we have pointed out previously, the black aged male is forced into early retirement; in contrast, his spouse may continue in the labor force, but her employment is usually confined to domestic work. These differences in labor force participation are highly significant because they imply that the black aged male is not the breadwinner and thus enters old age without a defined social function since the black aged female's continued participation in the labor force means that she will be head of the household. Kent and Hirsh, in their study, for instance, found that after age 65, black women and white men were most likely to be employed. Although these roles are not radically different from those family patterns that existed for today's aged black families in their early adulthood years, they still mean that the aged black male's problems in adjusting to retirement are much different from those of the white aged male.

F. OCCUPATIONAL DIVERSITY OF BLACK WORKERS

Although the proportion of nonwhite workers has increased in fields from which they have previously tended to be excluded such as professional and technical jobs, approximately two-fifths of these workers were still engaged in service, laborer, or farm occupations in 1969 which was more than twice the proportion of whites in these same occupations. Regardless of improvement in the overall occupational situation for blacks, most older blacks are likely to be engaged in labor or service work which is unskilled and subject to low pay or unstable seasonal employment. Of all employed blacks in 1969, only 6 percent were employed in professional or technical occupations whereas more than half were employed as farm laborers, domestics, and service workers. Furthermore, in 1969, 20 percent of all employed black females were private household or domestic workers compared to only 3 percent white females involved in similar work. A large percentage of the domestic female workers are middle aged and el-

derly blacks, and according to the President's 1970 Manpower Report, half of all families headed by domestic workers were considered as poor.

Today's aged black population has entered old age with a wide gap between their retirement income and that of whites. In 1968, the median income of black families for those age 65-and-above was only 65 percent of that for white families in the same age group. In its 1969 report on *Developments in Aging*, the U.S. Senate Special Committee on Aging cited that although about one of every four persons age 65-and-above is poor, the percentage among black aged is practically twice as great since almost one of every two—47.7 percent—blacks 65-and-older can be considered poor. Furthermore, the efforts of the aged black to escape from poverty are frequently multiplied by prejudices in our society which, according to Dr. Inabel B. Lindsay, means that the family head cannot look forward to increased earning potential through better education, job training and decreases in employment discrimination.

As Berkowitz and Burkhauser stated, for the older worker who is also a black man, or poorly educated, or not highly skilled, the chances of becoming unemployed are more likely than that of the white older worker who is also unskilled and poorly educated. These same authors commented that if the older black worker has skills that have become technologically inefficient or if he is caught in a stagnant industry, his unemployment probability is further compounded.

WORK AND EDUCATIONAL ATTAINMENT

If present economic policies of this country continue, we can expect the aging black population in our inner cities to comprise a large "under-class" depending on government assistance for daily existence. Even if every racial barrier were immediately eliminated for the aged black worker, the mass of aged blacks would still face a disastrous economic future. Their limited educational attainment in part was the starting point of a vicious cycle which failed to prepare them for skilled jobs or for upgrading opportunities. Although we have observed a higher educational attainment of young adult blacks in recent years, the educational levels of middle aged and elderly blacks are very low.

The Manpower Report to the President, 1970, indicated that approximately 3 of every 5 blacks, age 25 to 29, have completed high school—which is almost twice the proportion among those blacks age 45-to-54 and four times that for the 55-to-64 black group. When educational achievements are compared between black and white middle aged and older persons, the results reveal significant gaps in the two age groups. In the 45-to-54 group, for instance, 59 percent whites had completed high school whereas only 29 percent blacks completed similar educational levels. Further, in the age groups 55-to-64, only 15 percent blacks had completed high school compared to 45 percent whites who had done likewise. In 1969, the percent distribution by median years of school completed for persons aged 20 years and above was as follows:

Age	Median years of school completed	
	Black	White
20 and 21 years.....	12.2	12.8
21 to 24 years old.....	12.2	12.7
25 to 29 years old.....	12.1	12.6
30 to 34 years old.....	12.0	12.5
35 to 44 years old.....	10.6	12.4
45 to 54 years old.....	9.1	12.2
55 to 64 years old.....	7.6	10.9
65 to 74 years old.....	6.1	8.9
75 years and over.....	5.2	8.5

As we can readily observe from the above statistics, the aged black's inferior educational attainment has probably contributed to his few job opportunities, less steady work, a high rate of unemployment and low pay scales which make inevitable the insecurity and poverty of aging Negroes. There appears to be a close relationship between the aged black's meager education and his poor socioeconomic conditions. Lumber observed the same relationship and commented that "poverty feeds inferior education; inferior education feeds poverty."

SOCIAL SECURITY BENEFITS

The result of the aged black person's employment in most low level occupations is a marked differential in the incomes of black and white Social Security beneficiaries, even though liberal amendments have been added to the Social Security Act since 1955. Dr. Lindsay submitted a statement to the U.S. Senate Committee on Aging which stated that the benefits gained for women and children through these liberalizations were of considerably greater significance than those for retirees. Of this latter group only 8 percent were nonwhites at the end of 1967, as compared with a mere 6 percent in 1955—the average benefit for nonwhites than whites age 65-and-over (on the basis of the number of recipients per 1,000 population of this age). For instance, public assistance in 1962 accounted for 70 percent of the income received by nonwhite married women who seldom owned any income-producing assets such as private individual annuities, and so forth. In contrast, among the white aged, two-thirds of the couples and about half of the nonmarried reported such income. Although the necessity for public assistance may be a new experience for most whites, many elderly blacks merely retire from general public assistance to Old Age Assistance at the age of 65. For instance, the Kent and Hirsh Pennsylvania study found some highly significant differences between their low income black and white sample with reference to public assistance:

- Over 20 percent of the black respondents received Old Age Assistance benefits whereas only 10 percent of the white respondents received this type of aid.
- Although many factors contributed to the difference in recipients of Old Age Assistance, the basic underlying factor appeared to result from the average Social Security benefit being smaller for the blacks than for whites thus permitting more blacks to be eligible for supplementary assistance.

- In addition to having more frequent dependence on Old Age Assistance, in the two lowest age groups (65-74 and 75-84), more blacks than whites also implied they were once welfare recipients.
- Among those respondents either receiving welfare assistance or who applied for welfare since age 65, 20 percent of the respondents reported that they felt they needed welfare assistance since reaching age 65. The difference between races was highly significant as almost one-fourth of the black respondents implied a felt need whereas only slightly more than one-tenth of the whites in each age group indicated such need.
- When asked why they did not apply for Old Age Assistance benefits, the group who responded specified that they failed to apply because of reasons including the following:
 1. Felt an imposition on personal life and children;
 2. Fear of losing their owned home; and also,
 3. Aspects of delivery of service which indicate that the aged have difficulty coping with both travel to the district welfare office and the "red tape" of intake procedures.
 4. Aspects of delivery of service which implies that there is a lack of accurate information concerning eligibility among the potentially eligible aged groups.

We can conclude from this Pennsylvania study that large numbers of aged blacks are forced to retire to being an Old Age Assistance recipient, to climax a lifetime of social and economic indignities.

HEALTH CONDITIONS

Although we have observed that the elderly black is often handicapped economically and educationally, his health needs also pose serious problems in adjusting to old age. Despite the fact that there has been a significant increase in life expectancies for blacks, their death rate continues to be disproportionately high, and the morbidity rates for blacks exceeds that of whites in comparable age groups.

In 1967, at birth, whites could expect a life expectancy of 71.3 years compared to only 64.6 years of life expectancy among blacks. In this same year, the white male at birth could expect to reach his 68th birthday whereas the black male could only expect to live 61 years. However, Beattie reported that after age-75 nonwhite mortality is lower than white. Thus, although fewer nonwhites survive to reach 75, those who do may, on the average, expect a remaining lifetime of about 2.5 years longer than the whites.

According to *Double Jeopardy*, the incidence of death from the leading killers—heart disease, cancer, brain hemorrhage, and accidents—is proportionately greater for older blacks than older white people. It has been cited also that, deaths of nonwhites age 65-and-over from tuberculosis account for 15 percent of all deaths; those from influenza and pneumonia, 8 percent of all deaths—16 percent of all patients in tuberculosis hospitals are nonwhites.

Although the reasons why men are not in the labor force are similar for both nonwhites and whites, a much larger proportion of nonwhite males than white males are not working because they are ill and disabled. In 1969, in the age group 55-to-64, the number of nonwhite

Appendix 5

INFORMATION ABOUT THE NATIONAL CAUCUS ON THE BLACK AGED

ITEM 1. AN ARTICLE PREPARED BY MR. HOBART JACKSON,* CAUCUS PRESIDENT, FOR PUBLICATION IN THE JOURNAL ON AGING AND HUMAN DEVELOPMENT, WAYNE STATE UNIVERSITY, MICHIGAN, APRIL 1971.

THE NATIONAL CAUCUS ON THE BLACK AGED

The National Caucus on the Black Aged came into being in Philadelphia in November 1970. A group of persons from the fields of sociology, social work, housing, psychology, gerontology, education, housing, research, and some with no special occupational orientation—just a deep and abiding interest in the unfortunate plight of black older people—came together at that time and felt that it was time for a specific organization to do something about the very special problems of the black elderly. Presiding at the meeting were Dr. Robert Kastebaum, Wayne State University, and myself.

During the background discussion it was agreed that such an organization was necessary and most timely because the problems of the black elderly are compounded by the coexistence of the rather general problems of age, of race, of disability, of poverty, as well as other special difficulties.

In general it was agreed that the problems of the black elderly are similar in many ways to those of our aging population as a whole. It is simply that they are exaggerated and compounded by a more deeply imbedded and concentrated poverty as well as other factors such as racial discrimination.

While there were several black national organizations that had expressed deep concern about these problems, the only one that had actually moved to translate its efforts into some substantive and programmatic efforts was the National Urban League.

It had established a subcommittee on aging of its health and welfare committee in 1963. This subcommittee's life was approximately 2 years and was responsible for the development of *Double Jeopardy*, a publication giving a kind of a profile of the older black person in America at that time.

While the League continued its interest in the black elderly, subsequent to a reorganization, through a committee on individual and family services, the lack of a structure permitting special emphasis on this age segment seemed to dilute the efforts and failed to give the

*Administrator, Stephen Smith Geriatric Center, Philadelphia, Pa.

needed visibility to the many problems. Other black organizations were perhaps justifiably preoccupied with other priorities—one of the unfortunate kinds of developments when there are so many inequities to overcome. Their efforts toward social revolution seemed not to include the elderly, for whatever reasons.

What were some of the additional feelings of those assembled?

It was felt that the same attitudes and practices that have always led and still lead to the premature death of many black children and adults in the United States linger on to plague those who happen to survive into old age.

Some of the views expressed follow:

Blacks have been forced to attempt to provide services and facilities for their own older persons, relatives and friends, because the larger society has completely failed to do anything about this special problem.

There is something ignominious in the history of a man who has lived in the most advanced country in the history of the world for over 300 years and is still in many respects a foreigner in the society of his own country.

Black men and women are much less likely to reach "old age" than their white counterparts. Twice as many whites, proportionately, as blacks reach age 75.

Research findings and personal experiences lead to the inescapable conclusion that health, welfare, and other life sustaining services for the black aged are grossly neglected. This neglect is found on all levels of social and political organization—local, State, and national. Delivery of these services is also grossly inadequate.

The black aged in general, and especially those who are also poor (which includes the majority), are denied equal protection of the law, and denied the medical and social support services that are, in principle at least, available to them.

Elderly blacks bring to their older years a lifetime of economic and social indignities, a lifetime of struggle to get and keep a job—more often than not at unskilled hard labor—a lifetime of overcrowded, substandard housing in slum neighborhoods, of inadequate medical care, of unequal opportunities for education, and the cultural and social activities and involvements that nourish the spirit, a lifetime of second- or third-class citizenship, a lifetime of watching their children and grandchildren learn the high price that must be paid for just being black in America.

It was known that there were approximately 1.6 million elderly blacks in the United States in 1970 compared to about 1.2 million in 1960, an increase of 33½ percent over this 10-year span—a most significant comparative increase.

We also knew, that in 1960, there were 115 black females over 65 to every 100 males and in 1970 this proportion had increased such that there are currently some 130 females to every 100 males. Elderly blacks now represent some 8 percent of all the elderly in this country and about 7 percent of the total black population.

Elderly black males are discriminated against by the Social Security system for they, in general, do not live long enough to collect benefits no matter what they may have paid into the system.

The total profile is incomplete because of lack of information from the Bureau of the Census and other possible sources. Many of our elderly blacks are still invisible (despite their color) because even with some new housing centers for older people, and somewhat broader Social Security coverage, not nearly enough census studies and analyses have been done to produce the needed facts.

It is apparent, however, that most older blacks live in substandard housing, are more often overcrowded, and are obviously less well housed than their white counterparts, often dangerously so.

The income situation presents a most dire and pathetic picture. The pitifully low income of elderly blacks is poignantly reflected in the estimate—some 70 percent of them live in poverty.

In the early days of the Social Security programs, the exclusion of such categories as farm labor and domestic service automatically excluded the majority of blacks from sharing in this meager protection. Even now, despite some improvement over the years, it is estimated that there are tremendous numbers of blacks who have never enrolled because they lack understanding of their rights and the benefits involved; or because their employer hasn't pursued the matter; or because they themselves have been reluctant to cut in on their cash earnings, which are so desperately needed for current living expenses. On the average the benefit is, therefore, much less for blacks than it is for whites and many more blacks proportionately than whites are on the Old Age Assistance rolls. There are also many eligible for these benefits not receiving them.

The experience of being hungry is not new for more older blacks; but continuing to be hungry in old age simply means that they are finally and definitively confirmed in their lifelong hopelessness.

Black men of all ages are less likely than white to find employment and are more likely to find work which is unskilled and low paid, regardless of qualifications, and despite so-called guarantees to the contrary.

The high incidence of poor health among blacks of all ages inevitably leads to the previously mentioned high death rate—very shockingly high in this enlightened age of medical breakthroughs against the killing diseases. There is an especially serious problem in the area of health care where many black elderly patients receiving Medicare have been treated as ward service patients.

Leisure hours of most of the black elderly are spent in activities of an extremely limited nature.

Only about 3 percent of the residents and patients of homes for the aged and nursing homes across the country are black. The Protestant nonprofit homes are especially guilty of this discrimination of excluding blacks. The lack of use of the proprietary home is more related to inability to pay. It is extremely difficult for most elderly blacks to find a suitable institutional arrangement. It's bad enough for whites, of course, but much worse for blacks.

This kind of information and data led to the inevitable conclusion that a national organization was needed to serve as the specific advocate of the black elderly and so the National Caucus on the Black Aged came into being.

The goals and purposes of the NCBA remain rather general at this time. They may be set forth in the following areas:

1. To call attention to and give as much visibility to the unfortunate plight of the black elderly as possible in every area of our concern such as income, housing, health, and others.
2. To take whatever action seems indicated within the resources of the Caucus to bring about the necessary action to change this situation for the better including urging other organizations, national, State, and local to join in this effort.
3. To provide significant input for and to have significant impact upon the forthcoming White House Conference on Aging to be held in November of 1971 and to utilize a variety of approaches in achieving this objective.

What are some of the efforts put forth and some of the accomplishments of the Caucus to date?

In the course of pursuing its objectives, the first action of the Caucus was to go directly to the President of the United States and to call upon him and his team to do the following:

1. The President and Secretary Romney of the Department of Housing and Urban Development were called upon to develop plans by November 1971 (the date of the approaching White House Conference on the Aging) for correcting and replacing the deteriorated housing in which 75 percent of aged blacks live. They were also urged to maintain home ownership among elderly blacks in the face of urban renewal and other programs that constantly threaten such ownership.
2. The President and Secretary Richardson of the Department of Health, Education, and Welfare were called upon to develop plans by November 1971 for instituting a moderate, liveable income for all the elderly, an income meeting Bureau of Labor Statistics standards.
3. The President and his assistant for aging, Commissioner John B. Martin of the Administration on Aging, who will also direct the White House Conference on Aging, were called upon to develop proposals by November 1971 for adequate, nondiscriminatory programs and services including transportation and police protection for aged blacks.
4. The President was charged with directing all States of the Union to go directly to the black aged for their ideas, recommendations, and preferences in preparation for the Conference in November.
5. The President was charged with the responsibility of seeing to it that the black aged are adequately represented at the White House Conference by requiring each State to select at least 30 percent of their delegations from among blacks, because of the special dimensions of problems among the black elderly.
6. Finally, the President and Secretary Richardson were called upon to increase substantially the number of black-trained professionals and paraprofessionals in the fields of geriatrics and gerontology.

Approximately 1 month after the President was sent a telegram detailing our demands, we received a reply from Commissioner Martin.

It was a "nice" letter indicating that all races and creeds would be involved in the White House Conference and that some action had been taken by the Conference Planning Board requesting additional minority representation.

Our help was requested and provided in getting the cooperation of black organizations that had not at this point submitted names of their representatives to the National Organization Task Forces. The Caucus also named two representatives to the Task Forces, Dr. Jacquelyne Jackson, Duke University, and Dr. Floyd Wylie, Wayne State University.

What are some of the activities in which the Caucus and its members have been engaged in the months subsequent to November 1970?

We have encouraged other national organizations to become involved in our efforts as well as those of the White House Conference and have had positive and favorable responses from quite a few, resulting in the forming of informal liaison relationships as a basis for future joint action. Some of these organizations are the National Urban League, the National Council on the Aging, the A. Phillip Randolph Institute, and the Southern Christian Leadership Conference.

Other nationals with specific programs in aging have been made aware of our existence by our participation in specific programs which they have sponsored or through other direct means of communication. Some of these are the American Foundation for the Blind, the American Medical Association (through one of its Long Term Care Institutes), National Institute of Senior Centers, and National Welfare Rights Organization. Some of the church hierarchies have also been approached. The various black caucuses are in process of being contacted such as those of the black psychiatrists, black sociologists, black clergymen, and black congressmen.

Governors of approximately half the States have been called upon to appoint 30 percent of their delegates to the White House Conference as black persons because of the multidimensional aspects of the problems with the black elderly, including race and poverty. No definite commitments have been received, although there have been some assurances that specific attention will be given to the overall problem and to our request.

The Caucus has functioned to date with an ad hoc kind of structure moving through its individual members (now more than 100 persons across the country) to get other organizations and groups to do what they should have been doing all along.

Testimony has been presented at a public hearing before the U.S. Senate Special Committee on Aging and at a regional hearing sponsored by the White House Conference on Aging having to do with Increasing the Income of the Urban Elderly of Minority Groups.

A critique has been prepared of the planned White House Conference to date and is ready for publication and distribution. This critique points out in detail the many glaring defects of the Conference in its development so far.

We have participated in seminars and symposia, made numerous television and radio appearances, been involved in a number and local conferences including special emphasis on the problems of the black elderly. While publicity has been adequate in local areas, broad national coverage has not yet been achieved.

The Office for Civil Rights within the U.S. Department of Health, Education, and Welfare has been contacted with reference to compliance with Title VI of the Civil Rights Act as it affects care and services for the black elderly. The cooperation of that office has been promised in connection with our future efforts and activities.

Caucus members have participated fully in the various pre-conferences of the White House Conference in many and varying capacities at the community, local, county, and State levels.

There has been discussion in depth of the possibility and desirability of holding a counter-conference to the White House Conference. While such a conference has been authorized, whether or not it will, in fact, actually be held—and the nature and type of it—is in the hands of a committee currently studying and evaluating the pros and cons. Much will probably depend on the relevance of White House Conference developments to our own interests and concerns.

Through the cooperation of the U.S. Senate Special Committee on Aging, and the special work of Dr. Inabel Lindsay, we have been able to update certain information on the black elderly with respect to their life style, geographic distribution, estimated average income and assets, incidence and extent of chronic illness, longevity expectations, employment patterns, quality of housing, effectiveness of Federal programs, and in a few other areas. One of the great barriers to the accomplishment of our task, however, is the absence of current definitive usable data.

Efforts have been undertaken to get the needed information from the Bureau of the Census so that it can be used prior to and during the White House Conference and there are some hopeful indications—despite the usual bureaucratic uncertainty and delay.

Some of the other barriers faced as we have attempted to pursue our objectives have to do with the apathy, the institutional racism, the lack of commitment in strategic areas of power to our cause and the cause of human services generally, the pragmatism and the divisive nature of politics, the generally extremely slow pace of bringing about constructive change, and the built-in tendency to want to deliver a different kind of service to the poor than to others.

In both the voluntary and the governmental sectors we have encountered far too many organizations that are well-meaning about the problems but are very rigid, change resisting, self-servicing, self-perpetuating, vested interest-type organizations which through inadequate, incremental and/or irrelevant programs tend to maintain the status quo and thus perpetuate the social, political, economic, and racial inequities which lie at the root of our social problems, especially those that jeopardize daily the lives of the black elderly.

What are some of the things that lie ahead for the Caucus as it continues to pursue its broad goals?

The Caucus will certainly continue to develop strong positions with reference to the needs of the black elderly. These positions will be available by the time of the White House Conference and the Conference will have an opportunity to react.

There will be continuing efforts to coalesce with other groups in a common-cause approach to the resolution of the many problems faced by the black aged. We have called upon established national organizations in the field to begin by cleaning their own houses, seeing to it that there is proportionate representation of blacks and other minorities

males who were unable to work was 38 percent compared to only 28 percent of white males. Among the age group 65-and-over, the ratio was quite similar as the number of nonwhite males unable to work was 19 percent compared to 9 percent in the white male group.

During the period of 1961-1963, nonwhite persons after age 25 reported a higher rate of restricted activity, bed disability, and a greater number of days lost from work than white persons. In spite of their greater need for medical attention, blacks of all ages visit physicians less often than white persons and got to the dentist about one-third as often.

A. INSTITUTIONAL CARE AND MEDICARE

In Miss Jones' testimony about the plight of our black aged, she cited the lack of skilled nursing home care as a national disaster for the country and an intolerable situation for blacks since few nursing homes have been willing to admit aged black patients. Chronically ill Negroes in many States have been condemned to live out their lives in custodial-care mental hospitals because there is literally no place for them to go.

Most Negroes cannot afford. . . costs of medical care and must either do without or settle for that which the community provides at nominal or no cost—care which, more often than not, is offered with indifference, at best, and frequently in a way calculated to humiliate.

These problems reflect both the inadequacy and unavailability of preventive and remedial health services for our increasing aged black population. The cost of food and drugs in inner city ghetto areas is much higher than they are in the rest of the metropolitan areas. The income of the aged black buys relatively fewer of the items needed to sustain normal health. Health and housing are closely related and substandard housing adversely affects those who must live in these dwellings. Of all the housing occupied by nonwhites in the United States in 1968, 24 percent of these occupied by blacks were substandard, as compared to 6 percent for whites. In both races, it can be assumed that a disproportionate share of such housing is occupied by the aged. As we have earlier mentioned, aged blacks—to a much greater extent than whites—are forced to share housing with relatives or friends.

B. SOCIAL SERVICES

In addition to the shortage of health practitioners who are working in inner city black areas, there is also a lack of related social services. The social or welfare worker for many aged black persons, is his only contact and source of information regarding public health services. We all are aware of the scarcity of such workers who too seldom are able to actively serve this segment of the population.

CONCLUSION

Given the history and the reality of the lives of elderly black Americans, imperative action is clear. Their future, like the future of the Mexican American and the American Indian, is inextricably linked to

efforts of this society to discharge its responsibility to all of its members. The dysfunction in the society endemic to the life space of elderly black Americans increasingly demands attention and contributes to the deepening crisis of the aged in our country. Facts and statistics notwithstanding, growing old black is a peculiar and perilous experience.

Their history usually reflects low paid employment, a disproportionate amount of unemployment and underemployment, inadequate health care with resulting high death rates, greater necessity to depend on public assistance and, for most aged blacks, family situations which offer little aid.

The deprived socioeconomic conditions of the elderly black population are rather complex and also require that we understand the need of special reaching out in order to motivate older blacks to participate in and utilize existing aging programs and services.

Since so many older blacks live in poverty and need additional income, but cannot gain entry to the labor force, we suggest the creation of an employment program based on human service jobs. We believe such a program would be helpful to both the elderly black population and the community, because it would permit the older blacks to realize their potential, maintain themselves economically, and bring meaning to their lives while enriching the services of the community. It would seem especially advantageous to involve elderly blacks in cases where, conditioned by a heritage of segregation to resist free interchange with whites, they might participate more freely with other blacks to help provide some of the substantial service needs that exist within the black community, as well as in other communities.

Appendix 5

INFORMATION ABOUT THE NATIONAL CAUCUS ON THE BLACK AGED

ITEM 1. AN ARTICLE PREPARED BY MR. HOBART JACKSON,* CAUCUS PRESIDENT, FOR PUBLICATION IN THE JOURNAL ON AGING AND HUMAN DEVELOPMENT, WAYNE STATE UNIVERSITY, MICHIGAN, APRIL 1971.

THE NATIONAL CAUCUS ON THE BLACK AGED

The National Caucus on the Black Aged came into being in Philadelphia in November 1970. A group of persons from the fields of sociology, social work, housing, psychology, gerontology, education, housing, research, and some with no special occupational orientation—just a deep and abiding interest in the unfortunate plight of black older people—came together at that time and felt that it was time for a specific organization to do something about the very special problems of the black elderly. Presiding at the meeting were Dr. Robert Kastebaum, Wayne State University, and myself.

During the background discussion it was agreed that such an organization was necessary and most timely because the problems of the black elderly are compounded by the coexistence of the rather general problems of age, of race, of disability, of poverty, as well as other special difficulties.

In general it was agreed that the problems of the black elderly are similar in many ways to those of our aging population as a whole. It is simply that they are exaggerated and compounded by a more deeply imbedded and concentrated poverty as well as other factors such as racial discrimination.

While there were several black national organizations that had expressed deep concern about these problems, the only one that had actually moved to translate its efforts into some substantive and programmatic efforts was the National Urban League.

It had established a subcommittee on aging of its health and welfare committee in 1963. This subcommittee's life was approximately 2 years and was responsible for the development of *Double Jeopardy*, a publication giving a kind of a profile of the older black person in America at that time.

While the League continued its interest in the black elderly, subsequent to a reorganization, through a committee on individual and family services, the lack of a structure permitting special emphasis on this age segment seemed to dilute the efforts and failed to give the

*Administrator, Stephen Smith Geriatric Center, Philadelphia, Pa.

needed visibility to the many problems. Other black organizations were perhaps justifiably preoccupied with other priorities—one of the unfortunate kinds of developments when there are so many inequities to overcome. Their efforts toward social revolution seemed not to include the elderly, for whatever reasons.

What were some of the additional feelings of those assembled?

It was felt that the same attitudes and practices that have always led and still lead to the premature death of many black children and adults in the United States linger on to plague those who happen to survive into old age.

Some of the views expressed follow:

Blacks have been forced to attempt to provide services and facilities for their own older persons, relatives and friends, because the larger society has completely failed to do anything about this special problem.

There is something ignominious in the history of a man who has lived in the most advanced country in the history of the world for over 300 years and is still in many respects a foreigner in the society of his own country.

Black men and women are much less likely to reach "old age" than their white counterparts. Twice as many whites, proportionately, as blacks reach age 75.

Research findings and personal experiences lead to the inescapable conclusion that health, welfare, and other life sustaining services for the black aged are grossly neglected. This neglect is found on all levels of social and political organization—local, State, and national. Delivery of these services is also grossly inadequate.

The black aged in general, and especially those who are also poor (which includes the majority), are denied equal protection of the law, and denied the medical and social support services that are, in principle at least, available to them.

Elderly blacks bring to their older years a lifetime of economic and social indignities, a lifetime of struggle to get and keep a job—more often than not at unskilled hard labor—a lifetime of overcrowded, substandard housing in slum neighborhoods, of inadequate medical care, of unequal opportunities for education, and the cultural and social activities and involvements that nourish the spirit, a lifetime of second- or third-class citizenship, a lifetime of watching their children and grandchildren learn the high price that must be paid for just being black in America.

It was known that there were approximately 1.6 million elderly blacks in the United States in 1970 compared to about 1.2 million in 1960, an increase of 33 $\frac{1}{3}$ percent over this 10-year span—a most significant comparative increase.

We also knew, that in 1960, there were 115 black females over 65 to every 100 males and in 1970 this proportion had increased such that there are currently some 130 females to every 100 males. Elderly blacks now represent some 8 percent of all the elderly in this country and about 7 percent of the total black population.

Elderly black males are discriminated against by the Social Security system for they, in general, do not live long enough to collect benefits no matter what they may have paid into the system.

The total profile is incomplete because of lack of information from the Bureau of the Census and other possible sources. Many of our elderly blacks are still invisible (despite their color) because even with some new housing centers for older people, and somewhat broader Social Security coverage, not nearly enough census studies and analyses have been done to produce the needed facts.

It is apparent, however, that most older blacks live in substandard housing, are more often overcrowded, and are obviously less well housed than their white counterparts, often dangerously so.

The income situation presents a most dire and pathetic picture. The pitifully low income of elderly blacks is poignantly reflected in the estimate—some 70 percent of them live in poverty.

In the early days of the Social Security programs, the exclusion of such categories as farm labor and domestic service automatically excluded the majority of blacks from sharing in this meager protection. Even now, despite some improvement over the years, it is estimated that there are tremendous numbers of blacks who have never enrolled because they lack understanding of their rights and the benefits involved; or because their employer hasn't pursued the matter; or because they themselves have been reluctant to cut in on their cash earnings, which are so desperately needed for current living expenses. On the average the benefit is, therefore, much less for blacks than it is for whites and many more blacks proportionately than whites are on the Old Age Assistance rolls. There are also many eligible for these benefits not receiving them.

The experience of being hungry is not new for more older blacks; but continuing to be hungry in old age simply means that they are finally and definitively confirmed in their lifelong hopelessness.

Black men of all ages are less likely than white to find employment and are more likely to find work which is unskilled and low paid, regardless of qualifications, and despite so-called guarantees to the contrary.

The high incidence of poor health among blacks of all ages inevitably leads to the previously mentioned high death rate—very shockingly high in this enlightened age of medical breakthroughs against the killing diseases. There is an especially serious problem in the area of health care where many black elderly patients receiving Medicare have been treated as ward service patients.

Leisure hours of most of the black elderly are spent in activities of an extremely limited nature.

Only about 3 percent of the residents and patients of homes for the aged and nursing homes across the country are black. The Protestant nonprofit homes are especially guilty of this discrimination of excluding blacks. The lack of use of the proprietary home is more related to inability to pay. It is extremely difficult for most elderly blacks to find a suitable institutional arrangement. It's bad enough for whites, of course, but much worse for blacks.

This kind of information and data led to the inevitable conclusion that a national organization was needed to serve as the specific advocate of the black elderly and so the National Caucus on the Black Aged came into being.

The goals and purposes of the NCBA remain rather general at this time. They may be set forth in the following areas:

1. To call attention to and give as much visibility to the unfortunate plight of the black elderly as possible in every area of our concern such as income, housing, health, and others.
2. To take whatever action seems indicated within the resources of the Caucus to bring about the necessary action to change this situation for the better including urging other organizations, national, State, and local to join in this effort.
3. To provide significant input for and to have significant impact upon the forthcoming White House Conference on Aging to be held in November of 1971 and to utilize a variety of approaches in achieving this objective.

What are some of the efforts put forth and some of the accomplishments of the Caucus to date?

In the course of pursuing its objectives, the first action of the Caucus was to go directly to the President of the United States and to call upon him and his team to do the following:

1. The President and Secretary Romney of the Department of Housing and Urban Development were called upon to develop plans by November 1971 (the date of the approaching White House Conference on the Aging) for correcting and replacing the deteriorated housing in which 75 percent of aged blacks live. They were also urged to maintain home ownership among elderly blacks in the face of urban renewal and other programs that constantly threaten such ownership.
2. The President and Secretary Richardson of the Department of Health, Education, and Welfare were called upon to develop plans by November 1971 for instituting a moderate, liveable income for all the elderly, an income meeting Bureau of Labor Statistics standards.
3. The President and his assistant for aging, Commissioner John B. Martin of the Administration on Aging, who will also direct the White House Conference on Aging, were called upon to develop proposals by November 1971 for adequate, nondiscriminatory programs and services including transportation and police protection for aged blacks.
4. The President was charged with directing all States of the Union to go directly to the black aged for their ideas, recommendations, and preferences in preparation for the Conference in November.
5. The President was charged with the responsibility of seeing to it that the black aged are adequately represented at the White House Conference by requiring each State to select at least 30 percent of their delegations from among blacks, because of the special dimensions of problems among the black elderly.
6. Finally, the President and Secretary Richardson were called upon to increase substantially the number of black-trained professionals and paraprofessionals in the fields of geriatrics and gerontology.

Approximately 1 month after the President was sent a telegram detailing our demands, we received a reply from Commissioner Martin.

It was a "nice" letter indicating that all races and creeds would be involved in the White House Conference and that some action had been taken by the Conference Planning Board requesting additional minority representation.

Our help was requested and provided in getting the cooperation of black organizations that had not at this point submitted names of their representatives to the National Organization Task Forces. The Caucus also named two representatives to the Task Forces, Dr. Jacquelyne Jackson, Duke University, and Dr. Floyd Wylie, Wayne State University.

What are some of the activities in which the Caucus and its members have been engaged in the months subsequent to November 1970?

We have encouraged other national organizations to become involved in our efforts as well as those of the White House Conference and have had positive and favorable responses from quite a few, resulting in the forming of informal liaison relationships as a basis for future joint action. Some of these organizations are the National Urban League, the National Council on the Aging, the A. Phillip Randolph Institute, and the Southern Christian Leadership Conference.

Other nationals with specific programs in aging have been made aware of our existence by our participation in specific programs which they have sponsored or through other direct means of communication. Some of these are the American Foundation for the Blind, the American Medical Association (through one of its Long Term Care Institutes), National Institute of Senior Centers, and National Welfare Rights Organization. Some of the church hierarchies have also been approached. The various black caucuses are in process of being contacted such as those of the black psychiatrists, black sociologists, black clergymen, and black congressmen.

Governors of approximately half the States have been called upon to appoint 30 percent of their delegates to the White House Conference as black persons because of the multidimensional aspects of the problems with the black elderly, including race and poverty. No definite commitments have been received, although there have been some assurances that specific attention will be given to the overall problem and to our request.

The Caucus has functioned to date with an ad hoc kind of structure moving through its individual members (now more than 100 persons across the country) to get other organizations and groups to do what they should have been doing all along.

Testimony has been presented at a public hearing before the U.S. Senate Special Committee on Aging and at a regional hearing sponsored by the White House Conference on Aging having to do with Increasing the Income of the Urban Elderly of Minority Groups.

A critique has been prepared of the planned White House Conference to date and is ready for publication and distribution. This critique points out in detail the many glaring defects of the Conference in its development so far.

We have participated in seminars and symposia, made numerous television and radio appearances, been involved in a number and local conferences including special emphasis on the problems of the black elderly. While publicity has been adequate in local areas, broad national coverage has not yet been achieved.

The Office for Civil Rights within the U.S. Department of Health, Education, and Welfare has been contacted with reference to compliance with Title VI of the Civil Rights Act as it affects care and services for the black elderly. The cooperation of that office has been promised in connection with our future efforts and activities.

Caucus members have participated fully in the various pre-conferences of the White House Conference in many and varying capacities at the community, local, county, and State levels.

There has been discussion in depth of the possibility and desirability of holding a counter-conference to the White House Conference. While such a conference has been authorized, whether or not it will, in fact, actually be held—and the nature and type of it—is in the hands of a committee currently studying and evaluating the pros and cons. Much will probably depend on the relevance of White House Conference developments to our own interests and concerns.

Through the cooperation of the U.S. Senate Special Committee on Aging, and the special work of Dr. Inabel Lindsay, we have been able to update certain information on the black elderly with respect to their life style, geographic distribution, estimated average income and assets, incidence and extent of chronic illness, longevity expectations, employment patterns, quality of housing, effectiveness of Federal programs, and in a few other areas. One of the great barriers to the accomplishment of our task, however, is the absence of current definitive usable data.

Efforts have been undertaken to get the needed information from the Bureau of the Census so that it can be used prior to and during the White House Conference and there are some hopeful indications—despite the usual bureaucratic uncertainty and delay.

Some of the other barriers faced as we have attempted to pursue our objectives have to do with the apathy, the institutional racism, the lack of commitment in strategic areas of power to our cause and the cause of human services generally, the pragmatism and the divisive nature of politics, the generally extremely slow pace of bringing about constructive change, and the built-in tendency to want to deliver a different kind of service to the poor than to others.

In both the voluntary and the governmental sectors we have encountered far too many organizations that are well-meaning about the problems but are very rigid, change resisting, self-servicing, self-perpetuating, vested interest-type organizations which through inadequate, incremental and/or irrelevant programs tend to maintain the status quo and thus perpetuate the social, political, economic, and racial inequities which lie at the root of our social problems, especially those that jeopardize daily the lives of the black elderly.

What are some of the things that lie ahead for the Caucus as it continues to pursue its broad goals?

The Caucus will certainly continue to develop strong positions with reference to the needs of the black elderly. These positions will be available by the time of the White House Conference and the Conference will have an opportunity to react.

There will be continuing efforts to coalesce with other groups in a common-cause approach to the resolution of the many problems faced by the black aged. We have called upon established national organizations in the field to begin by cleaning their own houses, seeing to it that there is proportionate representation of blacks and other minorities