# ESTABLISHING A NATIONAL INSTITUTE ON AGING

## HEARING

BEFORE THE

## SPECIAL COMMITTEE ON AGING

## UNITED STATES SENATE

NINETY-THIRD CONGRESS

SECOND SESSION

WASHINGTON, D.C.

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# ESTABLISHING A NATIONAL INSTITUTE ON AGING

AUGUST 1, 1974

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

The committee met, pursuant to notice, in room 1318, Dirksen Senate Office Building, Hon. Lawton Chiles presiding.

Present: Senators Chiles, Moss, and Percy.

Also present: William E. Oriol, staff director; David Affeldt, chief counsel; Val Halamandaris, associate counsel; Deborah Kilmer, John Edie, and Elizabeth Heidbreder, professional staff members; John Guy Miller, minority staff director; Margaret Fayé, minority professional staff member; Gerald Strickler, printing assistant; Yvonne McCoy, assistant chief clerk; and Beth Meng, clerk.

## OPENING STATEMENT BY SENATOR LAWTON CHILES, PRESIDING

Senator CHILES. The committee will come to order.

Our hearing today continues a 4-year effort to establish a National Institute on Aging within the National Institutes of Health, NIH. These efforts were given a significant setback in 1972 with the veto of legislation which would have created such an Institute. But those in the field of aging and Members of Congress persisted, and their efforts were rewarded with the enactment of the National Institute on Aging on May 31, 1974.

The law, Public Law 93–296, states that the Institute will have responsibility for conducting and supporting research in biomedical, social, and behavioral fields relating to the aging process. This is a significant step forward in the field as aging research to date has had no major point of concentration. The National Institute on Aging will, however, be solely concerned with the problems, needs, and diseases of the aging.

However, the coordination of such research will be no easy task. With facets of aging research being conducted throughout NIH, HEW, the Social Security Administration, and various other agencies, a comprehensive plan as to how the Institute will operate must be developed. Our discussions here today should be extremely informative in this respect.

We are told by statisticians that, by the end of this century, there will be somewhere between 28 and 30 million elderly in this country. Yet, the level of federally supported aging research in comparison with other areas of concern is extremely low.

At this time, as a new Institute is about to begin its work, we have an unusual opportunity to review progress thus far and to insist that

future progress take place at a rate far more satisfactorily than has been the case in the past. We are here for an exchange of information and of opinion. We are here to make certain that we are agreed, or substantially in agreement, on administration plans to implement Public Law 93–296.

Aging is described as the one biological condition that is common to all. Therefore, what we discuss today is not just relevant to those who are elderly or are working in the field of aging but to all people. The efforts of research conducted by the National Institute on Aging just might let all of us live longer and better lives.

We will begin today by hearing from representatives from the Department of Health, Education, and Welfare.

Senator Moss, do you wish to make a statement?

Senator Moss. No.

Senator CHILES. Dr. Edwards, I understand you are under some time constraints, and we appreciate your appearance here, and we understand your time problem.

## STATEMENT OF DR. CHARLES C. EDWARDS, ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ACCOMPANIED BY DR. RONALD LAMONT-HAVERS, DEPUTY DIRECTOR, NATIONAL INSTITUTES OF HEALTH

Dr. EDWARDS. Thank you, Mr. Chairman, Senator Moss.

It is a pleasure to appear before this committee to report to you on the substantial progress we have made on the implementation of Public Law 93–296, the Research on Aging Act of 1974, which was signed into law on May 31, 1974. As you know, this act, in addition to establishing a National Institute on Aging, authorizes the development of a comprehensive plan for a research program on aging, secretarial action to insure that adequate numbers of various types of personnel are trained in the field of health care for the aged, the conduct of scientific studies to measure the impact on various aspects of aging of all DHEW programs, and extensive dissemination of information on the results of aging research. In addition, the implementation of the Research on Aging Act must be carried out in light of several requirements of the Older Americans Act of 1965, as amended.

A preliminary analysis of the legislation reveals that the National Institutes of Health, the Administration on Aging, other agencies of the Public Health Service and the Office of Nursing Home Affairs will be involved in the act's implementation. Thus, because of the broad nature of the act and the need to work in cooperation with several other agencies, implementation has been undertaken with unusual care.

The main thrust of the legislation is the creation of a National Institute on Aging to support and conduct biomedical, social, and behavioral research and research training. In accordance with this emphasis, the NIH was designated lead agency for implementing Public Law 93–296, and was asked to develop an initial implementation plan. Such a plan was developed and forwarded to me on June 24, less than a month after the bill was signed. For your information, we are providing a simplified version of this plan with target and actual completion dates.

NATIONAL INSTITUTE ON AGING, INITIAL IMPLEMENTATION PLAN

| Planning step | Target date | Completion date |
|---|---|---|
| 1. Establish search committee for Director, NIA | July 1, 1974 | July 11, 1974 |
| 2. Examine alternatives for location of NIA in NIH organizational structure | July 15, 1974 | July 24, 1974 |
| 3. Request establishment of a National Institute on Aging | Aug. 5, 1974 | ---------- |
| 4. Examine all NIH programs for relevance to aging research | Sept. 1, 1974 | ---------- |
| 5. Name "acting" officials for NIA | Aug. 22, 1974 | ---------- |
| 6. Establish coordination with Administration on Aging | July 15, 1974 | July 12, 1974 |
| 7. Conduct legislative analysis of Older Americans Act and Research on Aging Act | Aug. 1, 1974 | ---------- |
| 8. Establish and nominate National Advisory Council on Aging (NACA) | Sept. 1, 1974 | ---------- |
| 9. Establish interagency committee | Sept. 1, 1974 | ---------- |

My remarks today will be directed to elaborating on this plan and reporting on our progress. The first step in implementation was to appoint a Search Committee for the Director of the new Institute. This has been accomplished. The committee, chaired by the Deputy Director of NIH, Dr. Ronald Lamont-Havers, held its first meeting on July 19, and is currently seeking applications and nominations from a wide variety of sources. We have already received nominations from several professional groups and will welcome those of others. In addition, the position will be advertised in the Sunday New York Times, Science magazine, and appropriate professional journals. It is my intention and that of Dr. Stone, Director, National Institutes of Health, to work closely with this committee and insure that it actively seeks all qualified candidates from both within and outside the Government.

The next step in the implementation plan which involved the examination of organizational alternatives has resulted in the preparation of an organizational proposal for a separate National Institute on Aging to be the 11th Institute of the National Institutes of Health. The nucleus of the new Institute will be built around the Gerontology Research Center and the Adult Development and Aging Branch, elements to be transferred from the National Institute of Child Health and Human Development. It will be an Institute in the full sense of the word with its own administrative components including program planning, evaluation, and the other necessary program and managerial support staffing. The 1975 President's budget identifies $14.4 million and 179 positions as the initial resources for the Institute.

Formal coordination has been established between the Administration on Aging and NIH. In addition to regular staff contacts, Commissioner Flemming will serve on the Search Committee for the new Director, and a member of the NIH staff will similarly assist in the filling of three key vacancies on the Administration of Aging staff.

An especially important step in the implementation of the act is the preparation of a comparative analysis of the Research on Aging and Older American Acts, to insure that all areas are adequately covered and that unnecessary duplication is avoided. This document will be prepared jointly by the Administration on Aging and NIH staff, and will form the basis for assignment of responsibilities upon completion of the implementation phase of our operation.

The National Institutes of Health is preparing all documentation needed to establish and nominate the National Advisory Council on Aging. As soon as the membership of this body is approved, it will be called to meet to initiate action on the comprehensive plan called

for in the act. As in the case of the Search Committee for Director, we are attempting to secure as many nominations for the Advisory Council as possible and would welcome additional suggestions from interested groups.

The final step in the initial implementation plan is the formation of the Interagency Committee, chaired by NIH as lead agency, to coordinate and complete all the steps for full implementation. The group will consist of representatives from the National Institutes of Health, the Administration on Aging, and all other health agencies and the Office of Nursing Home Affairs. Using the legislative analysis referred to earlier and the collective wisdom of the membership of the Interagency Committee, we are hopeful that full implementation of the act will be completed by December 1, 1974.

In summary, Mr. Chairman, I believe that the National Institutes of Health has already made substantial progress in implementing this act. I eagerly look forward to the appointment of an outstanding Director and the Advisory Council so that the National Institute on Aging can fully join the ranks as the newest Institute of the National Institutes of Health.

I appreciate the opportunity to be here today and would be pleased to answer any questions which the committee may have.

Senator CHILES. Thank you. Dr. Edwards, it sounds like you have a schedule, and I am delighted with your schedule, and hope you will be able to meet that timetable.

### GERONTOLOGY RESEARCH CENTER INTRAMURAL PROGRAM

Would you explain how the intramural program of the gerontology research center in Baltimore will interface with the new Institute?

Dr. EDWARDS. I think Dr. Lamont-Havers, who is here, could answer this with a great deal more specificity than I can; but let me say that it will be a major research arm of the new Aging Institute, and as such, will be a very vital part, an integral part, of the Institute, even though the Director of the new Aging Institute will have his office at the National Institutes of Health in Bethesda.

The Gerontology Research Center is an ongoing program and we do not want to lose the momentum of that, plus the fact we are short of space at the National Institutes.

Senator CHILES. The staffing of the Institute is of particular concern.

The President, in his speech, stated a decrease of Federal employees by 40,000. Will that have an effect on NIH and the National Institute on Aging?

Dr. EDWARDS. It is a little too early to give you a specific answer on that. It will probably have an effect across the board in the health agencies.

We are in the process of presenting our 1976 budget right now, and we are hopeful that all new programs will not be affected by any budget manpower decreases. We have built manpower into our budget. What will happen to our budget remains to be seen, but we have built in at least in the initial phases adequate manpower.

We have adequate personnel for the program.

Senator CHILES. As you know, the law reads that the Secretary shall establish before May 31, 1975, a plan for a research program.

Your schedule is considerably ahead of that, so I will look for the Institute, perhaps, to be underway prior to that time.

Dr. EDWARDS. I think without any question. I think we may see this set some records, as a matter of fact, for Government bureaucracy, in terms of time between passage of the law and implementation of the law. I think we are way ahead of schedule, and I think everybody that is involved—Commissioner Flemming, Dr. Stone, and a whole group—is dedicated to trying to get this thing underway as rapidly as possible. We are all dedicated to the concept.

## BIOMEDICAL, SOCIAL, AND BEHAVIORAL RESEARCH

Senator CHILES. As you know, the law states that the new Institute will conduct biomedical and also social and behavioral research. Would you comment on or give your views on how you feel this will be done?

Dr. EDWARDS. It would be presumptuous on my part, when we have an Interagency Committee of real experts in the field.

They are trying to come to grips with this problem. Although I have personal feelings on the matter, I really would hesitate to discuss this balance, on how much will be in the social field, how much in the biomedics field, without first getting recommendations from this group, when it is established, and it will also depend on the feelings of the new Director, and also of the National Advisory Council.

Senator CHILES. I hope that this committee will also be involved as those decisions are made.

Dr. EDWARDS. Rest assured that we will share with you and seek from you all that we can.

Senator CHILES. Senator Moss?

Senator Moss. Thank you, Mr. Chairman. Is there a specific time when you expect to have this Director chosen?

Dr. EDWARDS. It is pretty difficult, Senator, to put a specific date on it. It is my hope that one or two or three nominees will be chosen by the Search Committee this month, and I would expect by the end of the month, we would be involved in interviews with these individuals, since the kind of individual who we are looking for more than likely will come from the academic community. Early September is a difficult time as it is the beginning of the academic year. But nevertheless, before the end of the year, I would hope we would have a Director on board.

In the meantime, we are in the process of picking an Acting Director from our staff. That name will be announced within the next week.

Senator Moss. I wondered, because you say you are going to advertise in the New York Times and Times magazine, and elsewhere, and I wonder if this will be a rather rapid choice.

Dr. EDWARDS. I would hope before the month of August is out, I would hope we would have the names of the individuals who we are going to try to get, and not prolong it. As I say, we will have an Acting Director next week.

Senator Moss. You say the President's budget identifies $14.4 million, and so on. How does this compare with the other Institutes of Health?

Dr. EDWARDS. Of course, it is considerably less, and it is obviously less than what we know we will have ultimately. We feel at least that

this is a reasonable startup budget, but we will be considering very shortly a request for supplemental funding, so this is a very real possibility that we will have to ask the Congress for additional funding over and above this $14.4 million.

Senator Moss. Do you have any suggestions or ideas of what can be done to establish departments of geriatrics in schools of medicine?

In our hearings, we found a great absence of departments of geriatrics in schools of medicine.

Dr. EDWARDS. There is no question about that. What we are going through is the same kind of discussion, on how we can get academic institutes to set up departments of family practice. I do not think it is anything that will happen overnight. These things usually come about as a result of several factors.

One, of course, is Federal funding which plays a very significant role in creating some interest in the establishment of these departments.

In addition to that, I think other important groups throughout the country, must place more and more importance, and more and more emphasis upon such departments. This too, I think, generates interest on the part of medical schools. It is a slow process.

Senator Moss. We do have a bill pending which would provide funds for medical schools for geriatrics. Would you be in general support of that?

Dr. EDWARDS. With regard to what the Federal Government has done in the past, I do not think we have frequently used our funding as well as we should in trying to stimulate new kinds of programs, not necessarily new, but putting new emphasis on things that are going on in the health field, and I think we have to give this more thought in the future.

Senator Moss. Thank you, Dr. Edwards. I have no further questions.

Senator CHILES. Doctor, how will the training responsibility of AoA be coordinated with the new Institute?

Dr. EDWARDS. Again, the specifics of this, I would hold off on. I think it will have to depend on the Interagency Committee and NIH and I think it is certainly one of the things on their agenda that we have to come to grips with. I really do not know at this point.

Senator CHILES. Do you think there will be any emphasis placed on the career development?

Dr. EDWARDS. I would certainly hope so.

Senator CHILES. Thank you very much, Dr. Edwards. We appreciate your appearance.

We appreciate your appearance, too, Dr. Flemming.

## STATEMENT OF HON. ARTHUR S. FLEMMING, COMMISSIONER, ADMINISTRATION ON AGING, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Commissioner FLEMMING. Senator Chiles, Senator Moss, I am happy to be here to participate in this discussion this morning.

First of all, I would like to say that I am grateful to Dr. Edwards, Dr. Stone, and NIH, and to their associates for the expeditious way in which they have gone about the implementation of this new legislation.

I concur wholeheartedly in all of the steps identified by Dr. Edwards, and I look forward to working with Dr. Edwards, Dr. Stone, and others associated with NIH in the implementation of the act.

Senator CHILES. Commissioner Flemming, there has been some concern about the aging training and research funds under the responsibility of the Administration on Aging. There is some concern that there will be a further decrease under the new institution. Will you comment on this?

Commissioner FLEMMING. We will continue to recommend support for the implementation of the research and training provisions of the Older Americans Act.

As far as I can determine, we will not run into any difficulty growing out of the fact that this new law has been passed. The Interagency Committee that Dr. Edwards has referred to is a committee that I am sure will facilitate the discharge of the responsibilities that have been placed on a number of units in the executive branch. I am confident that we will not have unnecessary overlapping and duplication. As a result, each agency will be able to support effectively requests for funds.

Senator CHILES. How do you see the Administration on Aging as developing a plan as required by law to coordinate the medical, social, economic, and so forth, aspects of aging?

Commissioner FLEMMING. We will work as a member of the Interagency Committee in helping the Secretary to carry out the responsibilities assigned to him by the new law in the research area.

### INTERDEPARTMENTAL WORKING GROUP ON AGING

We will also be able to help as a result of our interdepartmental activities. As Commissioner on Aging, I will serve as Chairman of the Interdepartmental Working Group on Aging which is related to the Cabinet-level Committee on Aging.

We have set up within the Interdepartmental Working Group, an interdepartmental task force on research. This encompasses all of the executive branch agencies engaged in research on aging.

Senator CHILES. What do you see as the major role of the continuing research effort at the Administration on Aging?

As I understand, the research and demonstration at AoA is largely operational relating to the implementation of areawide strategy. Do you see that as continuing?

Commissioner FLEMMING. Yes, for the time being. As you know, title III as well as other portions of the act has put a great deal of emphasis on coordinating existing resources. The ultimate objective is to provide, at the local level, a comprehensive and coordinated system of services for older persons.

Most of us have discovered that there are roadblocks that stand in the way of achieving coordination, and so in announcing our research strategy for 1975, we did invite people to submit proposals that will help to identify roadblocks that stand in the way of coordination and what needs to be done to remove or to get around the roadblocks.

We hope, that through the results of research, we will be able to do a better job of implementing the Older Americans Act than would otherwise be the case.

We do not intend to invest all of our funds in what some people will identify as directed research. We recognize the role of basic research and intend to support it. It is at this point that coordination with the new Institute on Aging will be very important. I am sure that coordination will take place.

Senator CHILES. Will the Interagency Committee make its recommendations before or after the Advisory Council has been named, and has had an opportunity to meet?

Commissioner FLEMMING. We are going to start to work right away with the Interagency Committee. That means we will have some things underway.

Dr. LAMONT-HAVERS. That is quite true, Senator. We fully expect the Interagency Committee to begin working on a number of the problems, identifying areas of responsibility within the Department, and coordinating, as well as beginning work on the background material for its report next year.

Senator CHILES. I think this committee is very anxious to see everything move as fast as it possibly can. I would hope that the work could be done quickly when bringing in the Advisory Council role. It seems to me some of the major decisions will be to advise after all of the decisions have been made. If that is the case, I do not know what they will advise on, and will there be any benefit in having their input?

Dr. LAMONT-HAVERS. The Advisory Council will need a great deal of background before they make decisions, and that background material needs to be developed.

Senator CHILES. Most of this work then would be defining the problems, and setting up the background papers?

Dr. LAMONT-HAVERS. Yes, I think a great deal of progress can be made in various agencies, as to their responsibility under the new act, and it takes a while to get the coordination fully underway.

Senator CHILES. Mr. Miller, do you have any questions?

Mr. MILLER. No questions.

Senator CHILES. Well, we thank you very much, Commissioner Flemming.

We will now hear from Dr. Robert B. Greenblatt.

## STATEMENT OF DR. ROBERT B. GREENBLATT, PRESIDENT, AMERICAN GERIATRICS SOCIETY, PROFESSOR EMERITUS, MEDICAL COLLEGE OF GEORGIA AT AUGUSTA

Dr. GREENBLATT. Thank you, Mr. Chairman. I am Dr. Robert B. Greenblatt, professor emeritus of endocrinology of the Medical College of Georgia, Augusta, Ga.

As president of the American Geriatrics Society, I speak for a group of some 8,000 members and we welcome the creation of an independent Institute for the study of aging.

Let me at this time commend Senator Moss' statement concerning the establishment of departments of geriatrics in medical colleges throughout the United States. If we are to generate and foster interest in this ever growing and pressing field—health problems of the aging population—then funds must be provided by governmental agencies to medical schools for establishment of departments of geriatrics. The need for physicians trained in this field will become more urgent be-

cause science has enabled the average individual to live beyond the biblical threescore and ten.

The goal of the National Institute on Aging will be to provide, through biomedical research and socioeconomic as well as environmental studies, the means to help lessen the burdens that are the accompaniment of longer life. Longer living need not be equated simply with survival. We should strive to improve the quality of life, the style of life. The aging individual can be productive—despite many handicaps or diseases to which man is heir. He or she can be an economic asset rather than a national liability.

The various disciplines in the field of medicine and the public welfare are represented by institutes and departments. However a great hiatus exists in more specific approaches and studies that are of concern to some 28 million citizens who are 60 years of age and older.

### Institute May Provide Answers

The creation of an institute for the study of aging may ultimately provide answers to:

1. Why the longevity of certain ethnic groups—far beyond that found in the United States of America? Is it due to genetics, chromosomal, nutritional, or environmental factors?
2. Is aging synonymous with senescence and decay?
3. Is aging merely a predominance of catabolism—tissue breakdown—over anabolism—tissue buildup?
4. Is aging a cellular phenomenon—an inability to renew itself because of autoimmune factors?
5. Is aging endocrinologic loss of tissue responsiveness to normal or declining hormonal function?
6. How is aging affected by socioeconomic and environmental forces?

Hon. Arthur S. Flemming mentioned an effort to avoid overlapping with other Institutes—I would like to say that some duplication and overlapping is not wholly undesirable. Duplicate studies frequently serve to substantiate or negate results of research studies.

Perhaps we can all take another look at Tennyson's theme in his "Ulysses"—Though we are not the strength which once moved earth and heaven, that which we are, we are—one equal temper of heroic hearts—made weak by time and fate—but strong in will—to seek, to strive, to find, and not to yield."

Senator Chiles. Thank you very much, Doctor.

The Geriatrics and Gerontological Societies have stated in their position paper,[1] that the funding level should be approximately $49.5 million.

Could you explain the rationale for this figure?

Dr. Greenblatt. I will let Dr. Shanas answer that.

Dr. Shanas. Mr. Chairman, I would be glad to answer that for you. It is our feeling that the new Institute, while it may appear to be operational, with the $14 million in the President's budget, and the 179 positions that Dr. Edwards spoke of, that this simply represents as Dr. Edwards can well understand, a transfer of existing personnel, the existing intramural program in Baltimore, they have had over

[1] See appendix, item 2, p. 50.

150 people there, and some few persons from aging at the National Institute of Child Health and Human Development.

I would hope that NIH and the associated groups, after considering what the functions of this new Institute are to be, would come in with the request to the Congress for supplemental funds to enable them to make this Institute truly operational within this year, without waiting for the following year.

It is our belief that in order to make this Institute truly operational, there would be need for something like 100 additional positions.

We have to coordinate the requests for the $49 million, and if you recall, Mr. Chairman, this is based on the 2-year period, and we would expect that part of that, that whatever is necessary, would be expended in the coming fiscal year to make the Institute fully operational at once.

If we do not do that, there will be a long delay, longer than many people wish in putting this Institute into operation.

I will submit for the record a detailed background of positions in what the Institute needs in order to be operational.

Senator CHILES. Thank you, Dr. Shanas. That will be made a part of the record.[1]

Senator CHILES. Dr. Shanas, I wonder, do you have a statement that you are going to give to the committee?

Dr. SHANAS. Yes, I will make a statement, but if you would permit, I would prefer that Dr. Busse from the American Geriatrics Society precede me.

Senator CHILES. Please proceed, Dr. Busse.

## STATEMENT OF DR. EWALD W. BUSSE, PRESIDENT-ELECT, AMERICAN GERIATRICS SOCIETY; CHAIRMAN, DEPARTMENT OF PSYCHIATRY, DUKE UNIVERSITY

Dr. BUSSE. Senator Chiles, distinguished ladies and gentlemen, I really do not have a prepared statement, but I want to react to two specific points that have developed this morning, one by the chairman, and one by Senator Moss.

However, before I react, I think it is only fair that I present to you my particular bias, as it is with me.

First of all, as the president-elect of the American Geriatrics Society, it is obvious that this is a group of physicians who are interested in improving the health care position of elderly people, and we recognize the importance of the educational processes, not only in the medical school, but at the continuing educational level, and this does bring a certain bias to my particular view. However, I also have to say I have had the distinct pleasure of working in the field of aging research for well over 25 years, and I am interested in bringing about changes, changes within the central nervous system, as they adversely affect the welfare of older people, and, lastly, because I have had most of my career in an academic setting, and more recently have taken on the responsibilities of an administration which includes an entire medical school, its curriculum, its faculty, as well as the allied health disciplines, I am deeply interested in what transpires in the medical and allied health professions.

[1] See appendix, item 1, p. 49.

With this in mind, I would like to respond to your remarks regarding the interface of biomedical science, and what I would elect to call the broad aspect of social science.

I think that all of us who work in the field watching these terrible changes, which we call senile dementia, sometimes terrible vascular disease, we cannot escape the fact that although its primary cause very well may be an inherent genetic factor, it is not free of the environment, and that it is in all probability a multifactorial disease.

As such, we are not only obligated in searching for biological explanations, we are very obligated to look at the social and physical environment to see what adverse forces impinge on the individual. So that, in my viewpoint, as the new Institute emerges, it will be very shortsighted not to recognize, as we move in the basic science of aging, how we can relate organic changes, social stress, and how the individual functions in society. Hostile features in the environment can be altered to reduce the adverse manifestations of many diseases.

Senator Moss mentioned the problem of departments of geriatrics.

I am charged in part with trying to develop new aspects of medical school curriculum. I have to point out that we do, at Duke, have the advantage of having physicians trained in geriatrics. On our faculty, there is a rather large number of competent people who can and do participate in geriatrics training.

However, I do not think this is true of most medical schools.

I really believe that medical education requires the training of faculty and all the other allied professions in geriatrics so that they can teach and treat people more effectively.

The social dimension of family practice is enormous.

A new textbook on family practice, which I read last week explains how you must understand the interactions of the physical disease with the particular family structure and the social environment. Family practice that includes the care of the elderly is a complicated new training obligation of the medical school. I do very much share with Senator Moss the belief that we require financial stimulation to upgrade the geriatric component of the medical schools, and the other groups around us.

I will be very pleased to answer any questions and respond to any thoughts that may seem necessary.

Senator CHILES. Thank you very much.

Dr. BUSSE. Thank you, Mr. Chairman.

Senator CHILES. We will now hear from Dr. Ethel Shanas.

## STATEMENT OF ETHEL SHANAS, PH. D., PRESIDENT, THE GERONTOLOGICAL SOCIETY; PROFESSOR OF SOCIOLOGY, UNIVERSITY OF ILLINOIS AT CHICAGO

Dr. SHANAS. Thank you, Mr. Chairman.

I am Ethel Shanas, and I am a professor of sociology at the University of Illinois at Chicago Circle.

I also hold an appointment at the University of Illinois Medical Center, and I am here in my capacity as a 1974 president of the Gerontological National Society, which is one of the major scientific organizations in the United States with primary interest in aging and the aged.

The two societies meeting together, the Gerontological Society and the American Geriatric Society, have prepared a policy paper under the date of June 28 on the National Institute on Aging, and I ask permission to submit this for the record.[1]

Senator CHILES. Without objection.

Dr. SHANAS. Thank you.

I will now speak briefly on Public Law 93–296. The purpose of the American Gerontological Society is to advance the scientific study of aging, and the primary interest of our members is in research, education, and training in this field.

Our members welcome the enactment of Research on Aging Act, 1974, and we view this legislation as a necessary first step in insuring maximum attention to research and training in the biomedical, social, and behavioral sciences, as these concern the aging process and the aged.

At this time, we consider the present hearings particularly opportune, because we think it essential that special attention be given to the organization of the Institute, to the selection of the Director and Advisory Council, and to the development of its research plan and provision of adequate funding.

We commend the action reported by Dr. Edwards, of establishing this Institute as a separate and freestanding Institute within the National Institutes of Health. This position was discussed at some length among representatives of our two societies, and it is the position which we strongly advocate.

Looking through the remainder of our recommendations, as they relate to the characteristics of the Director of this Institute, we believe the Director and Deputy Director to be appointed should represent both the biomedical, social, and behavioral sciences. It is the clear intent of Public Law 93–296 that the National Advisory Council of the Institute include representatives of different disciplines, and we feel that the scientific members of the Council must also be balanced to include representatives of both medicine and the social-behavioral disciplines.

We would urge that the Director of the Institute, and his National Advisory Council develop as quickly as possible plans for a research program on aging which gives consideration to the current status of work in this field, as well as consideration of promising directions for future research. We feel that such a program can be developed fairly quickly through the use of expert task forces in appropriate areas. Finally, Mr. Chairman, to your earlier question, and my earlier answer, I urge the Congress to implement Public Law 93–296 by providing the Director of the National Institute of Aging and his staff with funds to fully staff the new Institute, and to enable it to begin immediately its important program of research and training in aging.

Thank you.

Senator CHILES. Thank you very much, Doctor. It is necessary that I go to the floor, so without objection, I am going to ask that our staff continue this hearing, and I think it is a most interesting discussion that we started here today, I think it is going to be beneficial to our committee, and I hope it will be beneficial to NIH and everyone else concerned in trying to get views out onto the table, so that we can go forward with the task that we have ahead of us.

[1] See appendix, item 2, p. 50.

Mr. ORIOL [presiding]. My name is Bill Oriol, and seated next to me is Deborah Kilmer. I want to add a personal note that it is a very distinguished group to come on rather short notice, and that this roundtable format was deliberately chosen, because we feel this is an exploratory hearing, in which we all go forward together, in considering the matters that will help decide whether the National Institute on Aging will fully fulfill the intent of Congress in regard to this.

Debbie, do you have any questions right now?

Ms. KILMER. No.

Mr. ORIOL. We will try to hold our questions to a minimum until the entire panel has been heard from, and then we will encourage frank discussion on the issues that we have heard so far.

I would like to ask one question of Dr. Shanas. The position taken by the two societies says that the responsibilities of the National Advisory Council, the new Advisory Council established under the NIH bill:

> Should include participation in the formulation of policies and developmental directions within the Institute, assessment and evaluation of administrative and staff decisions in the light of those policies, and establishment of guidelines and priorities for intramural and extramural programs, including funding.

That is the end of the quote.

Now, this seems to suggest this particular advisory council should concern itself solely with matters within the Institute on Aging. Does this mean that you feel that other advisory units will deal with matters outside the Institute?

Dr. SHANAS. Let me respond to what I consider the intent of your question.

I feel an advisory council should be a functioning body, and not simply a rubber stamp for other material which may come to it. I think this position, which is personal to me, was shared by members of the committee that drew up this policy paper. I do not really think that an advisory council within the Institute can do anything more than recommend to the Director of the Institute, or to the Director of the National Institutes of Health, what the relationship between the Institute should be with agencies outside of NIH.

This would seem to me to be presumptuous. On the other hand, an advisory council which will truly participate in the formulation of policies and developmental directions, may indeed have some ideas of how other agencies might best function, and how work may be coordinated, and this of course they would transmit to the Director of the Institute and the appropriate bodies.

Dr. BUSSE. Could I answer this, because I know that a number of us participated in the wording of this particular segment of the policy statement, a number of us have sat on various advisory councils of the National Institutes of Health, and there was enormous fluctuation of the value of those councils when the pattern was such that they were not included in the relevance of many of the things that were stated in these remarks, so that we felt in fairness that we should put on record our concern, if an advisory council will be used to maximum efficiency, communication, and participation in that sense is very essential, so that they appreciate what directions are being set by the setup of the particular institute.

Mr. ORIOL. Commissioner Flemming, maybe we could just go through the terrain here. We have a Domestic Council Committee on Aging, and is it you or the Secretary that serves as Chairman?

Commissioner FLEMMING. That is a Cabinet-level Committee, and it is chaired by the Secretary of HEW. I am Chairman of the Interdepartmental Work Group, that is a part of the Cabinet-level Committee on Aging.

Mr. ORIOL. And they have a task force on research?

Commissioner FLEMMING. They have an interdepartmental task force on research in aging. This is made up of Government people.

Mr. ORIOL. Their fundamental factor is interagency relationships in developing coordinated research programs?

Commissioner FLEMMING. That is correct.

Mr. ORIOL. We also have under the act of last year, the Federal Advisory Council which reports to the President.

Commissioner FLEMMING. Correct. The Federal Council on Aging, we have that, and then we have the advisory councils which we have been talking about, so we have three entities of heavy responsibilities related to research.

Mr. ORIOL. How do they work together?

## ROLE OF FEDERAL COUNCIL ON AGING

Commissioner FLEMMING. I think we need to keep in mind the role of the Federal Council on Aging. This is essentially an oversight body, and it is independent of the Administration on Aging, and of the Department of HEW, or any other department in the executive branch, and it is charged by law with making certain studies, charged by the amendments of the Older Americans Act of making a central study.

Essentially, it will be performing an oversight study and making policy recommendations, legislative recommendations on the basis of that oversight, and also making recommendations to the executive branch, and the law states it can do this to the President and to the Congress, but its duties and responsibilities encompass a whole field of aging.

There is not any activity of the Federal Government on aging that does not come within their purview.

Mr. ORIOL. Mr. Miller, do you have a question?

Mr. MILLER. In that connection, the same thing would be applicable to the Cabinet-level Committee?

Commissioner FLEMMING. The Cabinet-level Committee is a governmental body, and is charged with the responsibility of bringing about coordination of the various programs.

The Federal Council on Aging, with the exception of two members, the Secretary and Commissioner on Aging, is made up exclusively of people from outside the Government, and consequently, we will be performing a different kind of a role, but the Federal Council on Aging is interested in the whole field of aging, and the Cabinet-level Committee on Aging is interested in the whole field of aging.

Mr. ORIOL. Thank you very much.

Thank you, Dr. Shanas, for your statement.

Dr. SHANAS. Thank you.

Mr. ORIOL. I will now ask Mr. Rudolph Danstedt, assistant to the president, National Council of Senior Citizens, to proceed.

## STATEMENT OF RUDOLPH DANSTEDT, ASSISTANT TO THE PRESIDENT, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. DANSTEDT. I want to start off by saying that we have supported this legislation, and we are interested in the way this program is going to be organized and staffed. I am encouraged by the fact it is going to be an independent Institute on Aging, within the National Institutes of Health.

However, I have kind of a feeling that there are so many interagency committee devices, interdepartmental committee devices, and Cabinet committee devices, that I hope these are not going to smother the activities of this independent Institute on Aging.

I am pleased also, and this is one of my points, that careful consideration is being given to the appointment of a scientist as Director. We share Dr. Shanas' suggestion that the Deputy Director be a social scientist if the Director is a biologist.

We hold strongly that an adequate appropriation must be made for this Institute because over the past number of years aging research has been seriously languishing with $14 million for this operation at this point. We do not have any magic figure, but in order to perform we suggest $25 million which sounds to be about half of what Dr. Shanas is talking about for a 2-year period.

I think you would expect, also, but quite apart from expectation, you know, we want to be sure that there are appointed to this national Advisory Council not only highly qualified individuals to medicine, biology, behavioral science, nursing, and social work, but also older people, perhaps a third of the membership. I do not know if the law permits this, but there ought to be some way of getting some older people on this Advisory Council.

We think there is some value in having a number of older people who are going to be customers of these activities reacting to what they see as needed research and what would be helpful to them.

This is now the practice in many quarters; the inclusion of patients in various review processes and in various methods of providing health care; the employing of and making grants to scientists and practitioners who retirement has put out to pasture. I remember the dramatic case of a scientist who was retired from the Bureau of Standards, now 80 years old but still physically active. He plows and plants a vegetable garden and when he was asked how he likes retirement he said, "I wasn't retired, I was fired."

He described his former employers as "a bunch of damn fools for doing it, because I am a walking encyclopedia." Many of us older people feel that we still have something to contribute. We have not slipped off the end yet.

I would like to respectfully propose to this Senate Special Committee on Aging that you continue to watch this operation and that at an appropriate time you take another hard look to see if it has moved in the direction we hoped.

Finally, while we on the National Council of Senior Citizens salute the way in which this administration has moved forward on this Institute, I would like to say a few words on what we believe ought to be the research emphasis of this Institute.

We hold that the emphasis ought to be on applied research. Let's take what we know in the biological and behavioral sciences and apply it to

the quality of life, rather than the lengthening of the lifespan. I hold to the point of view of a distinguished British scientists of advanced years who said that when his time came—like the deacon's one-horse shay—he would rather go all at once rather than piece by piece. Thank you.

Mr. ORIOL. On that point, I agree. I read an article recently about an older person in England, carrying a placard at one of their rallies, saying they want to live, not linger, and I think that sums up a great deal.

Just one point, to be absolutely clear, your recommendation, I take it on behalf of the Council, is for $25 million for 1 year, whereas the recommendation for two societies is for $50 million for 2 years, so you are roughly in agreement.

Mr. DANSTEDT. That is correct.

[The prepared statement of Rudolph Danstedt follows:]

PREPARED STATEMENT OF RUDOLPH T. DANSTEDT

Mr. Chairman and members of the committee, I welcome the opportunity for the National Council of Senior Citizens to participate on this panel with respect to the mission and organizational status of the Institute on Aging.

Since the National Council of Senior Citizens has been a long and strong supporter of the Institute on Aging, we are determined that it shall be so organized and staffed that it will effectively deliver on the full range of the mission assigned to it.

First, we hold it is absolutely essential that this Institute on Aging occupy the same status within the National Institutes of Health as the other long esablished insitutes, such as Heart and Lung, Allergy and Infectious Diseases, and Arthritis, Metabolism and Digestive Diseases, etc. This institute must have the capacity and authority to cover the widest range of concerns for the needs of the elderly—medical, biological, behavioral and economic.

We must watch out that the organization men do not place the institute as a bureau within another institute, suspend it among several institutes, or locate it as a special office on aging research somewhere in HEW's labyrinth; we want it established as a clearly identified co-equal institute within the still distinguished Institutes of Health.

Second, the Director of the Institute must be a distinguished scientist and researcher, knowledgeable in the scope of the Institute's concerns—"the conduct and support of biomedical, social and behavioral research and training related to the aging process and other special problems and needs of the aged."

Third, funds must be requested and appropriated to break the stalemate of the past 6 or 7 years, in which appropriations have never exceeded $10 million. We would suggest a level of at least $25 million for the next fiscal year.

Fourth, we insist on the appointment to the National Advisory Council on Aging of highly qualified individuals from the disciplines of medicine, biology, the behavioral sciences, nursing and social work. We hold that at least a third of the membership ought to be composed of consumer representatives—the elderly to whom the research is dedicated. I am sure that the scholars in the field of aging would benefit from testing their research proposals against the wisdom and expertise of a panel of seniors.

Fifth, we would urge that, in manning this Institute and in the award of research contracts and training grants, special consideration be given to obtaining scientists and practitioners whom compulsory retirement has put out to pasture.

Sixth, may we respectfully further propose that when HEW is prepared to outline its plan for organization, staffing and budget for the Institute, the Senate Special Committee on Aging convene this or a similar panel for a review of the plan.

Seventh, finally while we in the National Council of Senior Citizens hardly salute the cost benefit banner this administration waves over all its human services programs—they know the cost of everything but the value of nothing—we do want the institute to focus extensively on applied research—how what we

already know in the biological and behavioral sciences can be applied to the quality of life in older years, rather than to the lengthening of the life span.

I am sure that I speak for the preponderant majority of us oldsters in echoing the wish of a British scientist of advanced years—the wish that science could so assist our physiological and psychological affairs that when our time has come we may, like the Deacon's one-horse shay, go all at once rather than piece by piece.

Mr. ORIOL. We will now hear from Walter M. Beattie, president, the Association for Gerontology in Higher Education; director, All-University Gerontology Center, Syracuse University.

## STATEMENT OF WALTER M. BEATTIE, PRESIDENT, THE ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION; DIRECTOR, ALL-UNIVERSITY GERONTOLOGY CENTER, SYRACUSE UNIVERSITY

Mr. BEATTIE. I am pleased to share with you, as president of the Association for Gerontology in Higher Education, a newly established national organization of some 40 institutions of higher education throughout the United States with commitments and programs in aging, this brief in regard to the newly enacted National Institute of Aging.

First, may we commend you and the Special Committee on Aging for its efforts in enacting the Research on Aging Act of 1974. We recognize the importance for an expanded research and training effort as to the processes and conditions, of aging—environmental, biological, psychological, sociological, as well as the special needs and problems confronting older persons in our society.

It is critical, therefore, that this new Institute broadly represent and support biomedical and behavioral-social research in aging. It must also, however, include the areas of professional education and evaluative research, including clinical medical, but equally so, other allied professions such as social work, nursing, architecture, law, et cetera. Because the traditions of the National Institutes of Health and the recent tradition of the adult development and aging of the National Institute of Child Health and Human Development stressed the biological and clinical research, to a large extent in the medical areas and to a lesser extent in the behavioral and social sciences, I would like to underscore, in keeping with the act, the need to involve a broad range of disciplines such as economics, political science, anthropology, and those beyond the more typical psychological and sociological orientation. Of primary importance is a multidisciplinary approach which will promote interdisciplinary research and training where appropriate. It would also be my view that the Institute should be organized around the functions it will carry out. Hopefully, these will include but not be necessarily limited to: (*a*) Biomedical research and training; (*b*) behavioral-social science, research training; (*c*) evaluative and impact research and training; and (*d*) public information and education.

### MULTIDISPLINARY CENTERS NEEDED

Because of the Older Americans Act's title IV programs in research and training and the fact that it is charged to support multidisciplinary centers, I would like to speak specifically to the need for the sup-

port of such centers through this newly established Institute of Aging. In recent years the main thrust in research support through the Administration on Aging has been around its program goals, and, to a large degree, on requests for proposals to the commercial sector of our society. If we are going to build knowledge and prepare persons in carrying out responsible research and training roles in aging research support must be provided to university programs. Further, it is essential, in keeping with the past traditions of the National Institutes of Health, that research support be provided for free inquiry in order that important knowledge and theory building be not neglected but viewed as an essential part of the pursuit of understanding about aging, its causes, and consequences. It is further essential that the rigor of peer review of research and training so well developed by NIH be continued by the new Institute. Universities have had great difficulty in building commitments to aging when they have been limited to programmatic interests of the Administration on Aging.

The training mission of the new National Institute of Aging should encourage the development of scholars and educators in aging, as well as opportunity for advanced leadership development in the professions. In recent years the Administration on Aging's programs have emphasized short-term training and practice needs for service delivery programs to the aging. One cannot quarrel with the need for such training. However, it is, indeed, shortsighted, as Federal policy, not to provide support for training which will build long-range career commitments and competencies among those who will be the scholars and educators and shapers of the professions of the future.

For example: The delivery of adequate medical services to an aging population must be based upon a reconsideration of the interface between biomedical education, behavioral and social science training, and in training for the social and human professions. New strategies must be developed and support given to such strategies which, it would be my hope, the Institute would recognize as an important priority.

Finally, no support has been forthcoming in regard to multidisciplinary centers on the part of the Administration on Aging. Aging requires a multidisciplinary approach if interdisciplinary linkages are to occur. The National Institute of Aging should be in a unique position to offer leadership in the development of the variety of models of university-based centers on aging which can support the required manpower developmental issues in aging and equally so the technical assistance and consultation required by those who would plan and provide services for the aging population.

Thank you.

Mr. ORIOL. I believe you assigned to the new Institute some responsibility for evaluative impact.

Mr. BEATTIE. Yes.

Mr. ORIOL. Could you tell us a little more about that?

Mr. BEATTIE. Yes, I think that we are increasingly aware that the research of the laboratory, and the research on the campus which develops knowledge, is theoretically to have some applicability in the lives of the persons of this generation and those who follow.

Unfortunately, all too often, the way the research is designed, and the way in which the questions of the research are stated, cannot be readily translated into practice, or into programs.

I think we equally have to build research out of the knowledge and experience of professional practice, and out of the lives of the persons that are not confined to the laboratory.

It is not an either/or proposition. The place of research, I think, is not the critical question. I think it is the methodology, and how it is carried out, so I would suggest that there is a tremendous need, and one of our most critical questions, it is not just the monetary cost, but its values, the implications on the lives of older persons, and this requires another dimension of research that has not been forthcoming.

## Human Component Forgotten

Under the Administration on Aging, much of the emphasis has been around administrative research and around programmatic evaluation, around these goals, but very much the human component in terms of humans has been forgotten.

Mr. Oriol. You also mentioned the commercial sector.

Mr. Beattie. Here, this is a very broad-brush statement relating to the type of consulting firms, and the other commercial enterprises that are not academically based, who oftentimes respond to the requests for proposals.

Again, I do not think this is an either/or proposition, but if we are concerned with building a generation of persons committed to aging, we also have to look at a strategy of supporting those institutions; particularly, I am speaking of higher education which stands for greater commitment and concern than merely capturing research dollars, and for the profit motive, but much more so in terms of the investment concept in the new generation of personnel, whether they be laboratory personnel, service personnel, or trainers of the trainers.

In other words, to support training without giving adequate attention to whom will do the training, and the question of not just applying and building the concepts which will build further research, I think this is an essential ingredient which I think has been rather limited.

Ms. Kilmer. Concerning the number of training fellowships to be made at the Institute, do you feel that there may be a tendency to reduce even further the traineeships that were allowed by the Administration on Aging funding?

Mr. Beattie. I do not think it is any secret that there has been a continuing battle with the administration on the part of universities to reverse the present Federal administration on its budgetary stands in order to support student and faculty.

We spend so much time on fighting the battle of resources that it is difficult to give the necessary attention to the building of educational and research programs in gerontology, which is primarily our business.

I was very pleased to hear Commissioner Flemming say there would not be a lessening of commitment, and I would underscore his personal commitment in working with the universities, so my statements are in terms of overall administrative strategy and concerns, in terms of ongoing support.

I think there is a complementary role in NIH and the Administration on Aging, but I do hope NIH does not see professional education in the role of evaluative research as something to which it should not address itself.

GERONTOLOGY IMPORTANT AREA OF INQUIRY

This has been the case under the adult development and aging program of NIH. There has been very little support forthcoming in those areas which Mr. Busse identified as equally important. It is not a question of one not being significant. It is a question of interface, and gerontology certainly is a multidisciplinary area of inquiry, and also of education.

Ms. KILMER. You heard Dr. Edwards say this morning that the great substance of the budget for NIH would be transferred.

Do you feel that there has been substantial support for research by the biological, biomedical institutions, so that just the transfer of such funds is substantial enough to continue in any way the necessary amount of research?

Mr. BEATTIE. In my 4 years on the Council, it seems to me, one of my great concerns was the concern for expanded resources; equally so, however, it must be leadership from the staff in terms of working with universities and medical schools, other professional schools, if we are going to make use of the moneys, it seems to me it was not a question of need.

It was a question of not building. I think there has to be an advocacy concept with NIH, and not just a passive concept in terms of what comes in.

I think it is important to entertain what comes in. We are also concerned with building, hopefully, in the field of aging, both in research and education.

Ms. KILMER. Thank you.

Mr. BEATTIE. Thank you.

Mr. ORIOL. We now come to Dr. Carl Eisdorfer, chairman of the Committee on Research, Development, and Manpower, Federal Council on Aging, and chairman, Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington at Seattle.

## STATEMENT OF CARL EISDORFER, PH. D., M.D., CHAIRMAN, COMMITTEE ON RESEARCH, DEVELOPMENT, AND MANPOWER, FEDERAL COUNCIL ON AGING; CHAIRMAN, DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES, SCHOOL OF MEDICINE, UNIVERSITY OF WASHINGTON AT SEATTLE

Dr. EISDORFER. Thank you very much, Mr. Chairman.

I share a lot in common with Dr. Busse, along with a long and lasting friendship, and this morning I share the fact that I do not have a prepared statement, either.

There are two points to which I would like to address myself, and one additionally that is responsive to a question raised in the discussion. To address myself to the first issue will require a brief account of some of the history of research, specifically of NIH research in general, in the Federal Government.

In 1971, just prior to the White House Conference on Aging, I was privileged to be appointed to one of the many unfilled posts on the Older Americans Advisory Committee, which had been mandated under the original Older Americans Act.

That restructured committee became active again under the able chairmanship of Mr. John Martin, who is sitting here, the then Commissioner on Aging.

Shortly after that we saw the beginning of another committee concerned with research. This was in apparent response to the concern about establishing a National Institute on Aging, which was a strong recommendation of the White House Conference in 1971, as it had been in 1961. The new Committee was called the Technical Advisory Committee on Aging Research (TACAR). That Committee was implemented, it worked for a while, and was superseded by the Federal Council. Its minutes and recommendations are certainly somewhere.

In August of 1973, however, shortly after the passage of Public Law 93–29, the Older Americans Act, under which we now function, the Under Secretary of HEW wrote to Senator Kennedy and Congressman Rogers. I would like to quote one part of that letter, and I am quoting from the fourth paragraph:

> It is our plan to establish within the structure of the Federal Council on Aging a Committee on Research, which will include as part of its charge the responsibilities of the present Technical Advisory Committee on Aging Research.

That is dated August 24, 1973.

The next paragraph says the nomination for the new Federal Council will be sent to the Senate for confirmation within the next several weeks.

As you know, there was a slight delay, and we were finally sworn in, in June 1974. That letter was dated August 1973.

In late June of 1974, when the Federal Council on Aging became operational, it was tentatively organized to include a Committee on Aging Research and Manpower, and I was asked by the Honorable Bertha Atkins, Chairman of the Federal Council on Aging, to chair that committee, which is a subcommittee of the Council. The swearing-in ceremony and first meeting were scheduled on very short notice, and I was not present, but I was subsequently informed that the Council did act on a number of recommendations at this meeting, and sent a letter to Secretary Weinberger on July 23, 1974. The letter from Ms. Atkins included, among the recommendations adopted by the Federal Council on Aging, one proposing that a member or members of the Federal Council on Aging should be appointed on an ex-officio basis to the National Advisory Council on Aging, to the National Institute on Aging, to insure coordination and cooperation between the two advisory bodies.

Now, to address the first concern, I would like to refer to section 205, subsection (d), items 3 and 4 of Public Law 93–29, which states that the Council shall review and evaluate on a continuing basis Federal policies regarding the aging. It continues to say that in programs involving all departments, the Council is the spokesman on behalf of the older Americans and makes recommendations to the President, the Secretary of HEW, the Commissioner, and the Congress with respect to Federal policies regarding aging and federally conducted or assisted programs, and other activities relating to or affecting them.

I am sorry to get so technical, but it demonstrates the position we are in; namely, we have a National Advisory Council on Aging, the Federal Council on Aging, which seems to be an overlapping function,

and that is separate from the internal review and coordinating body that Commissioner Flemming chairs for the Domestic Council and the executive branch.

My concern is that often in the past, overlapping between Federal agencies has resulted not in an overzealous effort to compete, and to do a good job, but withdrawal from the area of overlap, to the point where we have a significant gap.

To a certain extent this has been part of the history of research in aging. In observing from the outside, various Government agencies point a finger at another Government agency and say they will let them do it.

COUNCIL COORDINATION IMPERATIVE

My concern is, that as I applaud most of the statements made by Dr. Edwards including the appointment of Dr. Lamont-Havers to chair the Committee To Seek a Director, I would strongly urge that a mechanism be established for coordination between the Federal Council and the Advisory Council of the new Institute without delay.

In other words, as we find ourselves with two citizens' groups, each concerned with aspects of research, one, a part of the Council under the Older Americans Act, the other in the tradition of the National Institutes. With both groups present, a lack of communication could well leave a gap. That would be my first concern.

A second concern is the issue of advocacy and support. I would certainly concur with the principle that simply a transfer of programs and funds from existing programs into the new Institute, while appropriate for the first few weeks or months will not be adequate and should be significantly supplemented in the immediate future.

I would endorse the position of the American Geriatrics and Gerontological Societies, which is happily in concert with the National Council of Senior Citizens' position in the amount of support to be allocated for the NIA over the next 2 years.

The third issue to which I would like to address myself is that raised by Senator Moss, and discussed by many others, and I would like to discuss this in two parts.

First, I would like to indicate that as a member of the Older Americans Advisory Committee, in late winter and early spring of 1972, we began to take up the issue of health manpower. We did have one hearing which involved bringing in a number of individuals from various parts of the Federal Government, including the VA, health manpower, and so on.

Mr. ORIOL. Which council is that?

Dr. EISDORFER. The Older Americans Advisory Committee of HEW.

At that hearing, one thing became very clear, and I think I would like to state this for the record, to that extent, I support Dr. Edwards' contention.

I believe that the administrative structure to support clinical training in all areas of health, and the allied health professions now exists. There is nothing to preclude the initiation of a major health related program in aging in the current Bureau of Health Manpower, or in other programs. I think frankly that it is merely a matter of policy.

In a number of other instances, such policy can be significantly assisted by congressional action, and I would certainly applaud any movements in this direction.

Speaking for myself, rather than officially as a member of the Council, I will recommend that the Council hold hearings on this issue sometime within the year, proposing that to the Council in September. If they endorse it, we will then be moving in that direction as one of our primary thrusts.

Mr. ORIOL. This committee would be very happy to work with you.

Dr. EISDORFER. Thank you. I share your enthusiasm for that kind of cooperation.

### TREMENDOUS NEED FOR HEALTH-RELATED TRAINING

I did want to emphasize that such training programs could be developed now, providing there was a strong desire to do so.

I support in full measure the comments of Dr. Busse, Senator Moss, and others concerning the tremendous need for health-related training in the field of aging, long-term care, and geriatrics. Although I would not like to see such support confined exclusively to medical schools, we know that good care involves an array of health and allied professional groups.

I have discussed these issues with Dr. Edwards, and I feel that he is now sensitized to the need. I would hope that action on our part will help him generate the impetus in developing a new policy of support in this area.

There is another issue which should be engaged in this informal discussion of the National Institute on Aging, of the National Institutes on Health. We must recognize something about the behavioral environment in which the Institute resides.

That is to say, the Institutes of the NIH comprise that group of agencies which have as their mandate, the generation and dissemination of knowledge in health-related fields. Fundamentally then the Institutes should be a knowledge-based institute, rather than a practice-based institute.

I emphasize this because there are places in the Federal Government which could be used this afternoon to develop practice-oriented programs of training and care. They now exist, and so we have to be very careful that having gotten the NIA through its enemies, that it not be smothered by its friends, by saddling it with too many peripheral or conflicting roles which it could not possibly handle.

Given its low budget, if it tries to satisfy all people, it may leave itself vulnerable for attack as a failure before it ever gets off the ground. Of course there is a need for clinical training, for professional expertise, and knowledge translated into care, which can be utilized immediately for older Americans. I take second place to no one in my concern for enriching life and for maintaining the integration, or reintegrating of Americans of all ages and backgrounds into the mainstream of active participation. We have to be very careful, however, of the role this particular Institute should play, and I would hope that its friends would be able to support the directorship group, in their attempts to make it a viable oriented program, but one thing I believe we lack most in this field of aging is a strong base of knowledge which we can then apply.

I would certainly think if we got that concept through the various councils and coordinating bodies, and intercoordinating bodies, we

could develop a program for making new knowledge available as expeditiously as possible.

Thank you.

Mr. ORIOL. I think it was in 1969 you testified on training needs and research needs, and you expressed dissatisfaction with the screening procedures used, I think it was at NICHD, on projects relating to aging, research proposals relating to aging.

Do you have suggestions now, or would you care to submit a supplementary statement on how the new Institute should screen?

Dr. EISDORFER. You have a good memory. I almost have forgotten that testimony.

### AGING PROGRAMS GET LOW PRIORITY

I had completed a one-person, off-the-cuff study of all of the Institutes, the National Institutes of Health, National Institute of Mental Health, the Office of Education at that time, and so on, and found that there were several difficulties. Aging programs typically got low priority, and this was consistent with a pattern that where there was no expertise on the evaluating body, research proposals that came up for consideration in those areas were given low priorities.

I do not want to imply that reviewers did not understand such proposals, but there was a fascinating correlation. There was no study section concerned with aging at the time. Perhaps as a result of the concerns of this committee indirectly, such study sections were established and I think the results have become quite clear; that is, a significant increase in good research proposals. In fact, we are now funding only about 10 percent of the proposals submitted and approved.

The new Institute's structure should follow directly from that.

I think the most important thing to do is to cast the wide net, that Dr. Edwards described for the Advisory Council of the Institute. At the NIH level one should look very carefully at the appropriateness of new study sections, and I think one of the things the Advisory Council could look at very carefully is the study section composition. That would be one recommendation.

A second would be that at the level of the Council, there could be considerable attention paid to the balance between biomedical and social-behavioral research, and that balance I think is much better addressed under this organization that it was possible to do under the NICHD, with its five program areas, and only a limited number of counselors in the field of aging.

A third area would be as a direct byproduct of the study that is mandated under the law. If the material on research needs is made public, particularly to the academic community, I think there would be a movement to fill the need. Research like everything else moves in the direction of dollars. If dollars are available, if priorities are established, I am absolutely convinced that there will be a strong movement to provide good and relevant research applications. The problems, I think, are likely to be at the level of establishing the priorities.

Finally, I would underscore in the strongest possible terms the need for training, at the graduate and postgraduate levels. At this point in the field of aging, it is imperative. This area of work was just about getting off the ground. We were demonstrating that the old cliche, about aging not really being the province of good scientific effort, was

just another one of the myths surrounding aging, and having gotten to that point, all of these programs were killed, or at least they had a natural death through malnutrition. I would think under the mandate of the law, training in aging could be given a high priority again. I think a concern is that this be in concert with an overall strategy of providing the training.

## Ex-Officio Council Members

Ms. Kilmer. Since this morning, we have been discussing five or six advisory councils, or interdepartmental advisory groups, or task forces.

The law, Public Law 93–296, does allow for ex-officio members to be placed on the advisory councils.

Do you feel it would be feasible to have each one of these councils have one ex-officio member on the new Council to eliminate in some way the gap that you think exists between the councils?

Dr. Eisdorfer. To a certain extent, the Domestic Council and the Federal Council already have two members, in a sense, ex officio, Commissioner Flemming and the Secretary are members.

That is why I addressed myself to the Federal Council and the Advisory Council of the new Institute.

I would encourage the Secretary to take advantage of the information made to him by the Honorable Ms. Atkins on behalf of the Federal Council. She did report the recommendation that a member or members of the Federal Council be given an ex-officio appointment to the advisory body of the Institute.

Ms. Kilmer. Then you would be satisfied with the representation on all of the Councils of an ex-officio member representing his Government role as well as other Council appointments?

Dr. Eisdorfer. In addition to Commissioner Flemming, I would hope that one or more individuals not in the Government be involved. The intent of this is pretty clear. I am glad you raised that question. With all the due respect and admiration that we have for Commissioner Flemming, the intent of this was that some of the scientific or other nongovernment members of the Council serve on the Advisory Council to the NIA.

Commission Flemming. I discussed that recommendation with Dr. Edwards and Dr. Stone, and it will be carried out.

Ms. Kilmer. In line with this question, the Advisory Council represents a tradition of other advisory councils, in that it will not be appointed for some time. Has the Federal Council on Aging been asked to partake in any way in the formation of the Council on Aging?

Dr. Eisdorfer. We have not been asked to participate. At least I have not been involved, and to the best of my knowledge, neither has anyone else on the Federal Council.

As to what the future will hold, perhaps you could address that to Dr. Lamont-Havers.

Dr. Lamont-Havers. Time is a matter of problem, and I do not think we have addressed the problem as to whether we should or not consult with in great detail the plans for setting up the Council or the Institute.

I am not quite sure if I asked them, how they would respond. They would probably say it is our responsibility to get it going as soon as possible, but I imagine they could then comment as to what they do not like.

Dr. EISDORFER. I can assure Dr. Lamont-Havers that at least one of the members would be willing to help in any appropriate way. What we also could do is to help provide names, and such other input as any other involved citizen.

I would certainly feel comfortable in responding as a private citizen.

Mr. ORIOL. You are also chairman of the task force, and you can submit a recommendation at any time.

Dr. EISDORFER. Yes.

Mr. MILLER. With reference to your comments about the importance of graduate and postgraduate training, would you care to elaborate on the types and kinds of training that you had in mind?

## PRACTICE-ORIENTED, RESEARCH TRAINING NEEDED

Dr. EISDORFER. Yes. One would have to separate clinical or practice-oriented training on the one hand from research training on the other. We need both, and we need them badly. The statistics on the health and social service needs of older Americans, and on the needs of personnel, in health care, are impressive. We do not have adequate programs of prevention or health maintenance oriented toward the aged, despite the fact we are beginning to develop a big push toward HMO's.

Those of us who take care of older persons, or train individuals to take care of older persons, recognize that they do represent unique problems.

In my view of Dr. J. O. Freeman's testimony before this committee several years ago, indicated that there were only 17 medical schools in the United States that included any training in long-term care. That report has not been updated, but I would be surprised if there were too many more than that at this time.

Dr. Busse's comments were very appropriate. There are only a few places where physicians are trained in this area, and I would like to hear Mrs. Knee's comments on that, and how to get physicians into long-term care, but it is not strictly a physician problem. It cuts across the whole health field. We need support for clinical training not currently available.

The Child Health and Human Development Institute did have a number of academically oriented research training programs in various universities. To the best of my knowledge, each one of them is now in jeopardy, and each one of them was essentially in a termination position because of the policy.

This was to have been replaced by the new version of postdoctorate or predoctorate grants. We are now in a holding operation because of recent court action, and I can say that is now a state of considerable confusion concerning the future of research and clinical training.

Clearly the need for developing a new cadre of leaders in aging still exists. Several years ago, I was told by a member of the Federal administration that nobody was interested in aging in graduate school or at the medical school level. I can attest personally that I find that to be totally without foundation. We have had support, and we have had developed practitioners and leaders, and we had a more than

ample supply of interested and dedicated people who sought that kind of training.

Mr. MILLER. Is it correct to gather from the remarks just made, and what you had said earlier with reference to research practice orientation, that it would be the research training that would be of particular concern to the National Institute of Aging?

Dr. EISDORFER. I think so. I guess I am accepting a more conservative position in that I recognize the problems which occurred in the National Institute of Mental Health when it became a mixed research and clinical unit. Perhaps we ought to accept the reality that the NIA is likely to work best, at least initially, if it works along reasonably traditional lines within the NIH.

Dr. LAMONT-HAVERS. I think we must accept the fact that Congress has just wiped out all our previous training authority both within NIH, and, therefore, we will proceed with training under authority established by the National Research Act.

Mr. MILLER. But with reference to training with practice orientation, and that covers a pretty wide area, we will review with the Administration on Aging then.

Dr. EISDORFER. I think that one of the problems is that the Administration on Aging has traditionally avoided the health area, probably for sound reasons, but there has been a great misconception about which we have been justly concerned.

Formerly, the National Institute on Child Health and Human Development supported research training.

The Administration on Aging has in the past been interested in supporting non-health-related, practice-oriented training. Both have been hurt badly by recent cuts but health-related, practice-oriented training was for the most part, not supported anywhere.

Mrs. Knee's program had been supporting short-term training programs for those involved in long-term care. It seems odd that those people who would like to train for practice and the caring for other human beings in aging, by and large, are not supported under our present structure, and we desperately need such support.

Let me make one final comment. I happen to be interested personally, because of the nature of my own experience in the third group, a group that integrates the clinical and research training.

That is to say, I think the leaders in the field are likely to be clinicians who do basic reasearch, and research in the clinical work.

For the moment, I think that is an impossible task, because of the way the Department of Health, Education, and Welfare is organized. It has split off research from clinical work. That is the reality of today. It would be nice if we could see a somewhat changed pattern, and if anything could be done creatively in this regard, I would certainly support Dr. Beattie's comments.

I think it would be fine to create a new kind of support base for this third faculty that does not now exist anywhere.

Mr. ORIOL. Thank you very much.

Dr. EISDORFER. Thank you.

Mr. ORIOL. Now another member that we will hear from, Mr. John B. Martin, consultant, American Association of Retired Persons.

## STATEMENT OF JOHN B. MARTIN, CONSULTANT, AMERICAN ASSOCIATION OF RETIRED PERSONS

Mr. MARTIN. Thank you, Mr. Oriol.

I am glad to be here this morning on behalf of the National Retired Teachers Association and the American Association of Retired Persons to discuss the future possibilities of the new National Institute on Aging. The final passage and signing by the President of the Research on Aging Act of 1974, Public Law 93–296, is an event for which those interested in aging research have long waited. It provides for the first time a research agency of sufficient importance to attract both adequate funding from the Congress and adequate attention from professional researchers.

There has long been a need for a comprehensive and adequately coordinated research program applicable to the biological, medical, psychological, social, educational, and economic aspects of aging. The establishment of the National Institute on Aging provides a much needed research capacity in the biomedical, social, and behavioral research field. Coupled with the research responsibilities of the Administration on Aging and other specialized agency research responsibilities, we should be able to develop an aging research program comparable to the importance of the subject.

I assume that the Secretary of the Department of Health, Education, and Welfare will move promptly to appoint a Director of the Institute and the National Advisory Council on Aging also called for in Public Law 93–296. It is my hope that Congress will come forward with the necessary funding through transfer of the National Institute of Child Health and Human Development funds and such supplemental funds as may be necessary to move the operations of the new Institute forward without delay. I am familiar with the recommendations which have already been made with respect to proper funding of the Institute by the Gerontological Society and I do not differ from these recommendations in any important way. If it is possible to provide funding on a 2-year basis it will certainly be greatly beneficial to rapid development of the new Institute and its programs.

If it is going to do an adequate job it will be necessary to increase substantially the extramural program. In other areas additional funding will be necessary if the Institute will be able to plan broadly as we would hope would be the case. The program should be such and the money available sufficient to attract the best investigators and to commence training of younger men and women who will be needed in future research.

It is hoped that the Institute will seek as much outside suggestion and comment as possible on its proposed research program from both professional and lay persons and that its activities can be carried on with a constant interchange between the Institute on one hand and the Administration on Aging and the Federal Council on Aging and other agencies which have a specialized interest in some phase of aging research on the other.

The Secretary is directed to draw up a plan for a research program on aging by May 31, 1975, in consultation with the Institute, the National Advisory Council on Aging, and such other appropriate advisory bodies that he may establish. The research under such a program is

to be carried out through the Institute on matters involving functions of the Institute and through other appropriate agencies or organizational units within the Department of Health, Education, and Welfare. On completion the program is to be transmitted to Congress and the President setting forth staffing and funding requirements to carry out such a program.

APPLICABILITY OF RESEARCH

I think it is important that this program reflect considerable thought as to the possibilities for utilization of such research. I am aware that researchers frequently feel abused by such a suggestion upon the grounds that research is their responsibility and not the use of such research. I have been haunted, however, by the uncomfortable feeling that a certain amount of research in the aging field, as in other fields, has been generated by the availability of research funds without much regard for the question of applicability of such research to current problems. I think that in judging between the many applications certain to follow the provision of research funds by Congress that one important criterion for acceptance of such applications be the applicability of potential findings to the real problems which plague us in the aging field. To say this is not to demean basic research in favor of applied research or to suggest that applied research be only approved where the application is clear but rather to recognize that funds are limited and that a choice must be made between what is more or less useful for the work in which we are involved.

The opportunities for a fruitful development of the Institute on Aging are great. The program has been given identity by the legislation and status by the appropriations which we can anticipate. It should greatly strengthen the progress we all hope to make in the aging field.

Mr. ORIOL. Thank you very much, Mr. Martin. Senator Percy is now here, and he will take over the meeting.

Senator PERCY [presiding]. Thank you, Mr. Oriol.

I would just like to comment that the relationship between theoretical research and practical policymaking is illustrated by my use of the work of the Institute of Gerontology of the University of Michigan in drafting legislation with regard to the transfer of people from nursing homes.

My own experience is that the older we get, the more we tend to react to any change, and that any change does have a tremendous impact. Little things do seem to affect us a great deal more as we get older, and it does cause violent disturbance to us.

Certainly, this uprooting of people, and moving them out of their locality, many times without adequate preparation, has a tremendous impact on the older people. When we go into such a program, we may seriously impair the health of 10,000 people. I hope HEW can utilize the research that has been done, and working together with Congress, can be much more sensible in the implementation of policies.

I would just like to listen now.

Mr. ORIOL. Mr. Martin, I do not believe you mentioned a level of support that you would like to see for this Institute.

Mr. MARTIN. I commented on that in my testimony. We are in accord with the recommendation of the Gerontological Society.

We would recommend approximately $50 million over a 2-year period. I think it is desirable to appropriate for the longer period, if possible, because it will enable the planning to go forward in a much more effective way, but an amount of $25 million per year for the first 2 years is not out of line.

If it can be made a single sum for 2 years it can be applied more flexibly and as rapidly as research projects are developed.

Ms. KILMER. On that point, Senator Cranston is today introducing a request for an appropriation of $25 million for the Institute for 1 year.

Senator PERCY. I believe Mr. Jack Ossofsky, executive director, National Council on Aging, is next.

## STATEMENT OF JACK OSSOFSKY, EXECUTIVE DIRECTOR, NATIONAL COUNCIL ON AGING

Mr. OSSOFSKY. Thank you, Senator Percy.

I am not a doctor in this company of doctors, I would like to say before proceeding with my comments.

Perhaps it is important to underscore that, because there has been so much discussion of scientific with a capital "S," which might tend to give the impression that all wisdom resides there, and that is where the emphasis ought to be, in a program on aging, and I would hope that does not happen, but indeed then, most of us who are practitioners with a capital "P" have an emphasis and an influence on what happens at the Institute as well.

In the last number of weeks, since legislation has passed, and I think it is important to bear in mind that only 8 weeks have gone by since the legislation was passed.

I have been tremendously impressed—and this is a new role and a new kind of comment for me to make—tremendously impressed with the speed of the people to put together the establishment of this National Institute on Aging.

I think it is particularly remarkable that they have moved as rapidly as they have, because on looking at the legislation, that is, of the National Institute on Aging, and looking at the legislation of the Older Americans Act, and of other pieces of legislation impinging on this program of research and aging, it leaves me with an unhappy feeling that the legislation is unclear, and that the goals are unfocused, and the program is underfunded, and given those problems, for them to begin to proceed with considerable pressures and different directions of the various groups in the field of aging, it makes it all the more remarkable that they can make some progress and offer us the hope of early staffing and early operations.

I am very much concerned after listening to the discussions that the frustration that those in the field of aging feel because of inadequate funding of existing programs, existing structures, is causing us to put more into our hopes and our demands of the National Institute on Aging, and that we are liable to give it functions, and seek funding for functions which probably belong in other areas of Federal Government's work in the field of aging.

The most visible, of course, is the emphasis on some aspects of research, which is being put on the National Institute on Aging, and some

of this discussion, which should belong on the Administration on Aging.

It is because the Administration on Aging has had inadequate resources to fulfill a proper obligation, to fulfill a proper obligation in research, and in training, and in demonstration, that we are now looking to resolve the program by seeking to get that done through the National Institute on Aging.

Much of it should be done by the National Institute on Aging, but to create the impression we are giving up the struggle to strengthen the Administration on Aging would be a disastrous mistake, in doing all we could for the Administration on Aging, and strengthening the hand of that program, and not advocating properly for the elderly for whom all of these efforts must be focused.

I would like to underscore it, too, as I get to my remarks, the comment made by Mr. Martin regarding practical applications.

## Concern for Present Elderly

Indeed, we think that the National Institute on Aging will do a considerable amount of research, and have the resources to do a considerable amount of research in the most general and open, unconfined way about the processes of aging, but we are concerned about today's older people as well, and we would hope that specifically directives be given to the new Institute on Aging, that make it possible to deal specifically in the concerted way, with some of the problems that impinge on today's older persons in the area of health.

What can we do indeed about muscular conditions which create a major problem for the individual, for self-image, the need for nursing homes, and all the like.

Indeed, it is perhaps a good example for the needs of a disciplinary approach.

How do we cope with that very simple, yet very awesome problem that creates such a terrible trauma in the lives of the elderly and families around them? This is a practical, scientific study which ought to be given as a kind of priority, and as one example, that others provide better methods for immediate goals, for specific practical research, and I am plagiarizing this phase of research from Commissioner Flemming who has impressed me with the desire to do things, and constantly emphasizing our discussions, there is the need in not only worrying about tomorrow's elderly, but of what are we going to do with today's generation.

With your permission, Mr. Chairman, let me summarize a few other comments that we have prepared.

In spite of my concerns, we strongly welcome the establishment of the National Institute on Aging, with the hope that it will provide both study and coordination.

I am worrying as this discussion goes on, because all of us have been on enough different committees to know that everybody wants to be the coordinator, and nobody wants to be the coordinatee, and part of the problem is here developing an adequate mechanism to see that we avoid duplication, and get the best bank for the buck invested.

In the various programs, both on the National Institute on Aging, and mental health, in the Veterans' Administration, and in a variety of other institutions that are funded by the Federal Government, and

doing research, which is not referred in the discussion today, and hopefully the existence of this Institute will correct a negligible past.

However, we hope that we will not end up making more errors in the future, and in the course of putting more emphasis on things that we do not want to have happen than we do.

I am concerned in placing this Institute in the National Institutes of Health. What we will be able to do is to improve the general communications within the institutes on health, where heart does not talk to lung, and we will be able to get heart and lung to talk to each other.

Indeed, we can assure that the existence of the National Institute on Aging will be used as a focus for reexamining relationships within the total institute on health and gaining the research on heart and lung in other places, for the benefit of the elderly as well.

At least, from the intelligence I gather, we could believe that this is an area that needs careful attention as a new institute is added.

The law requires that the Institute conduct and support biomedical, social, and behavioral research and training.

We believe that this objective can only be accomplished if the Institute puts primary emphasis on intramural rather than extramural research, with the expansion of the present research activities in the field of aging, be it biomedical, or be it behavioral.

## Limited Resources Diverted

I am inclined to agree with much of the discussions that have taken place regarding the need of the support of academic institutions and their research and training focus, but I am concerned that the limited resources on aging is diverted out of specifically, closely monitored, and carefully stimulated and motivated goals, in biomedical research, and the extent important to the social research, will end up dissipating the limited resources that we have now.

Indeed, there exists now mechanisms for strengthening academic institutions, work in the field of aging, and the problem is not that they do not exist, but they are not adequately funded.

We would hope that the Administration on Aging's responsibility for training will be strengthened, and that the resources for training for practitioners and researchers will be strengthened in the coming period of time.

I will not go back over the areas of coordination that I think have been adequately commented on, in the interest of time.

We would emphasize that while we think the National Institute on Aging should put the main focus on the biomedical studies, we do not want to limit the importance of coordination with the strengthened research program for the Administration on Aging, a stronger responsibility for the Administration on Aging concerns that go beyond strengthening of its own operational goals.

We concur with the importance of research that relates to its current goals, and the problem, it seems to me, is one of adequate resources for the Administration on Aging.

We are perhaps blinded by the fact that we made very quick progress by virtue of work, Senator Percy, that others have done, in creating the nutrition program, for example.

We suddenly find ourselves with a nutrition program which far exceeds the resources of the Administration on Aging a few years ago,

but that does not mean its other sources have been adequately refunded, and we would hope to see it strengthen the Administration on Aging, living up to its goal, as we welcome the strengthening in goal of the National Institute on Aging.

There has been an awful lot said this morning, I will not repeat it, regarding the need of coordinating these various advisory bodies.

I think it is of utmost importance that the Secretary find a specific place to focus coordination of the coordinators; indeed, they will be tripping over each other's feet, and we and the public who are concerned with what is happening to today's older people will have difficulty in knowing where to pin responsibility; and while it is easy to say we ought to go to the Secretary, life does not work out that way.

This needs to be clear-cut responsibility, publicly disclosed responsibility, of who is going to be doing which piece of the pay, and we await with eagerness the results of the Advisory Council of the Institute on Aging, to determine where they want to put the various responsibilities given them.

Senator PERCY. I wonder if I could interrupt you there. You need coordination of various activities.

I have a vote on the floor, so I will have to leave in 5 minutes. I would very much appreciate some reaction, if possible, on the relationship between the multidisciplinary centers, and the Institute that we are now talking about, the National Institute on Aging.

## QUESTIONS ABOUT FUNDING

Maybe we ought to question why the delay in the funding. I tried last year to get money for this program.

What is the delay, Commissioner Flemming?

Commissioner FLEMMING. As you know, there is nothing in the President's 1975 budget. Recommendations are being made as far as the 1976 budget is concerned. I can make no predictions as to how far they will go with those recommendations. I feel that there can be a meaningful relationship between the Institute on Aging and the development of the program.

Senator PERCY. Dr. Shanas, what would you say with regard to the relationship that should exist?

Dr. SHANAS. Thank you for this opportunity to speak on this topic, Senator Percy. You have been a friend, an advocate of programs of research on aging for a number of years, even before you came to the Senate. I know this is a fact, from being a citizen of your State, Illinois, and I know that it is a fact since you have been serving in the Senate.

In the multidisciplinary centers, as authorized in the Older Americans Act, I think the intent of the Congress was to provide a framework within which research and service and action programs could be coordinated. Mr. Ossofsky was expressing the same idea: That we continue to attempt to coordinate research and other programs.

The law, as you know, provides for setting up these centers in universities in different regions, and so forth. I would hope that funding will be provided to the Administration on Aging, so that they then may proceed to grant this money to universities in different regions, and I would hope that such centers within universities would be viewed

by the National Institute on Aging as a proper framework within which research could be encouraged and grants could be made.

We do have that experience in those university centers, whether called multidisciplinary centers or not, where the funding for research and other programs comes from a variety of agencies, both public and private. I would refer you, for example, to the Duke University Center for Aging and Human Development, for which Dr. Busse provided the leadership for many years, or the All-University Gerontology Center at Syracuse University in which Mr. Beattie is the prime mover.

As you know, the Midwest is one of the regions that has no such multidisciplinary center in operation. We certainly could be helped if we had an opportunity to fund and operate such a center.

Senator PERCY. I have to go now, but I suggest you go right ahead, Mr. Oriol, and Jack, and if you have finished, then Dr. Jackson can go ahead. I will try to come back.

Mr. OSSOFSKY. I would like to associate myself with the comments that were just made involving a broad-based advisory committee, which includes older persons, which includes practitioners from the field.

I think there is something to be gained by bringing back the clinicians with the researchers, and I would hope, while the emphasis needs to be on a party made up of people of academic and scientific skills, that those people in daily contact with the elderly, and very closely engrossed in helping them with their problems, will have an opportunity to serve on this committee as well, and with that, I would just like to express my appreciation for the opportunity of being with you.

Mr. ORIOL [presiding]. I guess I could bring this roundtable into a discussion of several days by asking what should be the balance between practical application of research, or practical research, and more basic.

Was it not Jonas Salk who came up with the vaccine on what seemed to be from totally unrelated matters, but I think one of the fundamental points is that there has to be a balance.

Mr. OSSOFSKY. That is what I am suggesting.

Mr. ORIOL. Well, thank you very much.

Mr. OSSOFSKY. Thank you.

Mr. ORIOL. We will now hear from Dr. Jacquelyne Jackson, vice chairman, National Caucus on the Black Aged; and associate professor of medical sociology, Duke University.

## STATEMENT OF JACQUELYNE JACKSON, PH. D., VICE CHAIRMAN, NATIONAL CAUCUS ON THE BLACK AGED; ASSOCIATE PROFESSOR OF MEDICAL SOCIOLOGY, DUKE UNIVERSITY

Dr. JACKSON. Thank you, Mr. Oriol.

Mr. Chairman and members of the Special Committee on Aging, U.S. Senate: The National Caucus on the Black Aged, Inc., NCBA, wishes to thank you for the opportunity to appear before this august body for the purpose of setting forth certain guidelines for consideration in the implementation of Public Law 93-296, 93d Congress, S. 775, May 31, 1974, which amended the Public Health Service Act to provide for the establishment of a National Institute on Aging, hereafter In-

stitute, with that act being cited as the "Research on Aging Act of 1974."

NCBA has long been concerned about the need for more research on aging in general, and more research on black aging in particular. It has also been concerned about the need for increased Federal funding to support such research, as well as about the determination and initiation of research directions, researchers involved, and applicability and use of research findings derived therefrom. In addition, NCBA has been seriously concerned about the severe paucity of aging professionals among blacks, and has long called for a remedy of this situation through training programs preparing aging professionals and professionals with some specific focus upon aging.

## Little Research in Black Aging

Very little research has been done in the area of black aging. Much more needs to be done. The particular sparsity of research about aging and aged blacks, and the typical inconclusiveness of many of the available findings derived most often from nonrepresentative samples of the black aging population have been documented elsewhere in reviews of available gerontological literature.[1]

No further research has invalidated her basic conclusions. The focus of much of the existing research remains centered upon racial comparisons of demographic characteristics of the aged—for example, the proportion of black and white aged living alone or with kin—their use of aging services, or their psychological morale or well-being. Almost none of that research has focused upon aging processes among blacks, and even less has been directed toward important comparisons where race has been held constant.

Some other studies, of course, have focused upon hypertension or other physiological processes,[2] and some few have concentrated upon diet. But, in the main, once again, we yet know very little about physical, economic, social, and psychological processes associated with aging among blacks.

We do know, however, that blacks, in comparison with the larger population, tend to die earlier and to define themselves as being old at an earlier chronological point. We do know that they tend to experience a greater multiplicity of problems which are compounded by advancing age. We do know that there have been far too few, if any, systematic and intensive studies of biomedical and behavioral aspects of aging among blacks. And, finally, in this connection, we do know that no systematic, concerted, and sincere effort to train necessary personnel in aging among blacks has occurred, nor has there been a similar effort to increase knowledge and awareness about black aged among nonblack aging personnel.

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[1] J. J. Jackson, "Social Gerontology and Negro Aged: A Review," *The Gerontologist,* 7 (1968) : 168–178; and "The Blacklands of Gerontology," *Aging and Human Development,* 2 (1971) : 171–191.

[2] E. D. Freis, "Age, Race, Sex, and Other Indices of Risk in Hypertension," *American Journal of Medicine,* 55 (1973) : 275–280; W. K. Long, "African Genes and Hypertension," *New England Journal of Medicine,* 283 (1970) : 708–709; and J. R. McDonough, et al., "Blood Pressure and Hypertensive Disease Among Negroes and Whites," *Annals of Internal Medicine,* 61 (1964) : 208–228; and "Coronary Heart Disease Among Negroes and Whites in Evans County, Ga.," *Journal of Chronic Diseases,* 18 (1964) : 443–468.

## NCBA Recommendations

Thus, NCBA welcomes the establishment of the Institute, which was also supported by delegates in attendance at the Special Concerns Session on Aging and Aged Blacks at the 1971 White House Conference on Aging, provided that its intents, implementations, and results shall also benefit aging and aged blacks. In this connection, NCBA wishes to make the following recommendations with respect to the implementation of the Institute.

1. The Institute, which could best be headed by a biomedical Director, and best located on or in extremely close proximity to existing National Institutes of Health facilities in Bethesda, Md., should concontain a Section on Black Aging—hereafter Section—whose head should be an Associate or Deputy Director, responsible directly to the Director of the Institute. Such an Associate or Deputy Director should be an individual possessing sufficient knowledge and understanding of and interest in aging and aged blacks, as well as appropriate professional and managerial capabilities.

2. The Section should be provided with an advisory committee composed of persons from biomedical and behavioral disciplines, and knowledgeable about aging research and aging blacks, as well as about recruitment and retention of blacks in graduate and professional programs, so as to assist the Section head is discouraging appropriately the research and training obligations of the Section.

3. Research priorities should be established after careful consideration and deliberation, but NCBA wishes to suggest as four important priorities research whose findings could aid in the (*a*) reduction of premature death so often prominent among black males especially; (*b*) development of pension plans more reflective of the contributions made by and needs of aging blacks; (*c*) development of housing more soundly constructed and more suited to the needs of the various subgroups of aged blacks, where, when necessary, will contain appropriate health and social services; and (*d*) further study of hypertension and heart diseases and more preventive and medical management techniques useful in reducing black mortality due either to these causes in later life, or in earlier life, thereby preventing old age.

4. Graduate and postgraduate training in professions and disciplines related to aging—for example, medicine, dentistry, law, theology, nursing, pharmacology, sociology, anthropology, physchology, economics, and physiology—should be provided both to blacks and nonblacks. In fact, all training programs under this act should contain provisions for insuring the acquisition of greater knowledge and understanding of all aging persons within the United States, including those who are members of various racial and ethnic minority groups. Stipends for professionals should be sufficiently determined to provide at least a replacement of their previous year's net earned income if they were then professionally employed, or, if not then previously employed—as could, for example, occur in the case of a newly minted Ph. D. or M.D. or D.D.S.—then at a sufficient stipend competitive with other nonaging attractions.

5. Provisions for an aging program at a black institution having the demonstrated capacity to produce competent biomedical, legal, theological, and behavioral science professionals should also assume high priority.

6. With respect to the overall Institute, its Advisory Committee should contain black members at least in proportion to their representation within the total U.S. population. Such blacks should be competent in aging research, in other research about blacks, or in training academicians and basic and applied practitioners, with particular emphasis upon competence in recruiting and retaining blacks in graduate and professional programs. In addition, the staffing pattern of the Institute should be of such a nature that it reflects black representation at all levels and in all subdivisions at least in proportion to their representation within the total population.

7. Sufficient funds should be appropriated and allocated to permit the Institute as a whole and its Section on black aging to function effectively and efficiently in achieving established purposes.

8. Inasmuch as the Institute will not have the sole Federal responsibility for expending all Federal funds allocated to aging, the need for effective interaction and coordination with other existing programs fully or partially devoted to aging is critical, as, of course, are sufficient evaluations of the programs instituted under the Institute and other agencies. Both in-house and out-house evaluations on a periodic basis would be highly desirable.

In conclusion, NCBA stands ready to provide advice and assistance with respect to the implementation of the Institute, and particularly with respect to that of a section on black aging. It also stands ready to provide advice and assistance with respect to dissemination of information, education of the public, evaluation of research and training programs, recruitment and placement of blacks desiring aging training, establishing of research and training priorities, and whatever other assistance it is felt NCBA could render in the overall implementation and noteworthy tasks of increasing the quality and quantity of life for all aging and aged individuals. We trust that we will be provided periodic reports pertaining to the implementation of this significant act, and we thank again the Special Committee on Aging, U.S. Senate, for its continuing demonstrated interest in aging and aged persons.

Mr. ORIOL. Thank you, Dr. Jackson. You recommend sufficient funds to be appropriated. So you agree with the level suggested by the Gerontological and Geriatric Societies, or do you have other recommendations than the $50 million over a 2-year period?

Dr. JACKSON. We have deliberated specifically only about funds which would be sufficient to establish a section on black aging. We recommend a minimum of $6 million for the first year.

Mr. ORIOL. In addition to serving as vice chairman for the National Caucus on the Black Aged, you also serve on the National Center of Black Aged. I wonder what sort of working relationship do you see with that center and the new Institute when it comes about?

Dr. JACKSON. The National Center on Black Aged, as you know, is developing its major concerns and services in such important areas as research, legislation, technical assistance, and training.

Quite specifically, in the immediate future, the center is in a very good position to assist the Institute primarily in helping to establish a section on black aging, including assistance in research and training areas, and in other ways previously stated in our prepared testimony.

Mr. ORIOL. Thank you.

Mr. Miller, do you have any questions?

Mr. MILLER. No questions, but I would like to make an observation.

As I watched Dr. Lamont-Havers, he took extensive notes throughout this hearing, and I note that he seemed to be taking notes especially carefully in reference to the testimony of Dr. Jackson.

Dr. LAMONT-HAVERS. Thank you.

Mr. ORIOL. I would like to take that lead to thank the Administration for entering into the spirit of this hearing, by remaining throughout the proceedings, because we ought to have an exchange of ideas as well as information, and this is very encouraging to us. We really appreciate it.

We thank you, Dr. Jackson.

Dr. JACKSON. Thank you.

Mr. ORIOL. Now, our final roundtable participant, Ruth Knee, and she is on the task force on aging, National Association of Social Workers.

## STATEMENT OF RUTH KNEE, TASK FORCE ON AGING, NATIONAL ASSOCIATION OF SOCIAL WORKERS

Mrs. KNEE. One is very tempted as the last speaker, to say we endorse everything that has been said, but I do have a few points I want to make for the National Association of Social Workers, and its task force on aging, which has now been advanced to a status of a council within the NASW structure, indicating the association's interest in aging.

The reason that I do not have a series of titles, as have many of the other witnesses, is that I recently had the honor and privilege of becoming a civil service retiree.

Mr. ORIOL. Willingly?

Mrs. KNEE. Yes, and within my civil service career, I have had 25 years with the Public Health Service, mostly with mental health and health service delivery. The last 3 years I have concentrated on nursing home improvement.

It was in reference to that assignment that Dr. Eisdorfer mentioned "my" training program in nursing homes. Certainly the last 3 years have highlighted the need for better relations among basic research, applied research, service delivery, and health manpower. Health service manpower at all levels need to know a great deal more about the special needs of the aging, and how to work with the aging.

The nursing home initiatives have also highlighted the time it takes to get anything done, the importance of coordination and collaboration within the Federal agencies, and the importance of the interface between research findings, service delivery issues, and financing of health services and policy on regulatory issues. I think that is the issue that Senator Percy was speaking to earlier. In the whole context of this work on the aging, we do need to think about the end point—that is, service to the individual—and how all of these programs can be put together to enhance that.

The NASW supported the enabling legislation, Public Law 93-296, and we are now pleased to have the opportunity to present our views on issues and priorities in the establishment of the National Institute on Aging.

Mr. Chairman, our initial concern is that balance is achieved in the research programs initiated and supported by the Institute.

As you know, the legislative mandate is very broad and should be implemented to cover the full range of research interests from the most highly theoretical to the most practical applied, and from physical etiology to social dynamics. In all of this activity no one aspect should dominate but must instead be complementary to the others in an integrated effort. All areas have their importance, each must make a proper contribution and this is the balance we seek.

Further, within this range of research activity we believe there should be a clear linkage between theory and practice implications designed to impact on direct service delivery. Conversely, problems encountered in the field should have easy access for consideration in the research matrix. Such feedback and reciprocity seems to us essential if the Institute is to use fully the findings of social research and biomedical investigations in the field of aging.

We also urge that a special effort be made to investigate the special problems of all minority aged. They have a disturbingly consistent way of being overlooked.

Our next concern is the formation of the Institute's research priorities, which will manifest themselves in the type of research done and will have their ultimate impact on the development of service for the aged. We offer the following suggestions:

## Planning and Coordination

Numerous Federal agencies—AoA, NIH, HRA, NIMH, SRS, OHD—are involved and must continue to be involved in various kinds of research activity. When placed within the context of the total research effort the Institute should plan to fill in the gaps: (*a*) Where no research effort currently exists, and (*b*) where current efforts have not developed all promising avenues.

We are suggesting that before breaking new research ground the Institute's first priority should be to coordinate, evaluate use, strengthen, build upon, and complement present efforts, especially in Federal programs where we believe the Institute has a clear leadership role and mandate. This will gear NIA's research toward both the generation of basic knowledge and the study of the efficacy of service rendered to the consumer.

All of this is toward the end of getting the most for our research dollar, and encouraging the widest range of research approaches. This suggests also an effort to rationalize the public and private research endeavors and the drawing together of a total, coherent, research, strategy.

Just as we believe in a range and balance in the subject matter of the research effort, we also strongly recommend a broad, multidisciplined array of manpower in the Institute's research programs. In such an approach we feel the profession of social work will serve well in making an important contribution both in the theoretical formulations and in conducting investigation of problems related to direct service delivery. We would add one further point: namely, that the faster the research findings make their way to university-based curriculums or to inservice training programs, the more certain we are

to have an available and competent manpower pool for the field of aging.

### Public Information, Education, and Participation

We support the concept of widely disseminating research findings to the public. We urge the priority be given to a program of public information and education about the activities and findings of the Institute. We believe the most fundamental social asset in an aging program is the individual.

The more the individual is informed and has access to and command of community resources, the more likely that person will surmount the barriers associated with aging. A correlary to this, we believe, is the opportunity to participate not only in decisions about one's own life but participating in the shaping of policies and programs that impinge on one's life. We would include "consumer representatives" as participants in the decisions and activities of the Institute, particularly through the Advisory Council.

In concluding, we want to reinforce the idea that the ultimate mission of the Institute is not merely to find ways to extend life but to develop assurances for the quality of that life. For the Institute the natural process of aging is not only a subject of research but an opportunity to create the instruments which can enrich those years.

Senator Percy [presiding]. Thank you very much, Mrs. Knee.

## ROUNDTABLE DISCUSSION

I wonder if we could carry on another 20 or 25 minutes and I will be finished in that period of time.

I would like to ask this question, it bothers me, but is there any theoretical basis for suggesting biological and social aspects of aging vary between people because of race?

Should we in your judgment have a special section or division of aging for the Latin Americans? Is there a real reason for that? I was not sure I understood why a separate division should be set up.

Dr. Jackson. Yes, sir. One basic reason is the need to obtain more information about the impact of racism upon blacks as opposed to all others who have never been subjected to slavery, and other kinds of factors. In addition, a number of important problems need further investigation.

For example, if one looks superficially at the use of medicare, one could conclude merely that black aged men are inadequate users. Such a conclusion, however, should be investigated further. What is the impact of racial differences in the deliverer and recipient of health services? How do psychological factors impact use of services? We do know that far too many elderly still prefer not to seek medical treatment unless they are very ill, because they wish to avoid racial discrimination.

A difference in the life expectancy of black males in the United States is about 8 years less than that of white males. Why? Very old black women now have the lowest mortality rate of any group. Why? We need to try to prevent sickle cell anemia, a condition primarily, but not exclusively, associated with blacks. Most of all, we need to resolve this serious issue of differences, if any, in black and nonblack aging.

Pertinent investigations on blacks, with black-nonblack comparisons, are important.

Senator PERCY. I would be very interested in hearing from Dr. Greenblatt.

Dr. GREENBLATT. Senator Percy, in Georgia there was a study of the black population, a population which is fairly stable, and they have been studying heart disease and hypertension, and they have found differences between white and black populations. It is a very interesting concept.

Senator PERCY. Commissioner Flemming?

Commissioner FLEMMING. Senator Percy, I certainly concur in Dr. Jackson's comments. She indicated in her testimony that during the White House Conference on Aging, there was a special concern section on the issues of older persons in the black community. I feel the material presented at that session, and the recommendations which came out of it, point out very clearly the fact that this is a world to which we need to give special attention and concern, as Dr. Jackson has stated in her response to your question.

Senator PERCY. Now, does anyone want to rebut?

Dr. EISDORFER. It is an interesting phenomenon that ought to be addressed. Dr. Jackson is very right about the mortality differences between blacks and whites.

The NICHD is putting out a publication based on a recent conference on mortality, and two of the major influences involved are sex, with women outliving men, and race, with white males, particularly, outliving black males.

This phenomenon has led us to an interesting situation; that is, the social problems of the aged must be addressed with regard to the problems of women in America—while the biologists ought to address themselves to the problems of man—since our earlier death is partly what leaves so many widows around. It obviously suggests a very interesting interface between biosocial concerns.

Senator PERCY. While we have you on the podium, Dr. Eisdorfer, am I correct in my understanding that you and Mrs. Knee disagree about whether the Institute should be deeply involved in training of practitioners in the field of aging; that is, in health care, and so forth?

Mrs. KNEE. I could answer that. Sir, we would see the Institute involved in training of research and personnel, but we would see social work as one of the disciplines being included.

Mr. DANSTEDT. This may be a matter of semantics, but I sense some division with respect to what you call pure research, as against what you call applied research, and I wonder if we could explore that a little bit. It worries me somewhat.

I am making the point, that while we do not want to use a formula with respect to what the Institute does, we would like to see acted upon some application along research study for older people. Maybe there is some provision, but at least I felt that way, that there was, but again it may be a matter of semantics.

Senator PERCY. At the time of my vote, we were discussing the relationship between multidisciplinary centers and the National Institute on Aging.

Was there anyone else who wanted to express a viewpoint on that? I am talking with regard to the relationship between the two, are you sure we are not duplicating or overlapping, but rather supplementing.

THE INTERDISCIPLINARY APPROACH

Commissioner FLEMMING. Senator Percy, I have thought about that. Dr. Shanas has indicated that in the interdisciplinary institutes they are in the process of pooling their various resources. These efforts could be facilitated in the way in which Dr. Shanas indicated.

I would hope that the National Institute on Aging would take note of institutions committed to this interdisciplinary approach and that they would help to strengthen the field of research in academic communities where this commitment has been made. There are institutions that are willing to make an across-the-board commitment. They are the institutions that, in my judgment, should get our support so that they can strengthen their interdisciplinary programs.

Mr. BEATTIE. Senator Percy, the Syracuse University All-University Gerontology Center was established 2 years ago just before Federal funding was turned around. Now we have some 40 academic offerings in some 17 disciplinary eligible schools. I would like to underscore that there is almost a synergistic effect of having throughout the university programs which bring together faculty and students who are interested in aging from many disciplines. Faculty and students in such areas as law, public administration, architecture, social work, et cetera, are able to be trained and work together on problems with which no one can deal alone.

At the same time, we find a tremendous amount of time invested in responding to what we call our region.

When we were established as a center, we were invited to serve as a gerontology center, region II, of Health, Education, and Welfare. Since then we have been working with Puerto Rico, the Virgin Islands, New York, and New Jersey. There is almost not a day that goes by that we are not on the phone, or in which we had visitors from 4-year colleges, programs of services, fundamentally, looking toward some place as a resource which can relate to training and manpower needs and service programs. It would seem to me that the AoA funding, which is a little broader in terms of constraints to enable this broader approach, is critical. The roles of AoA and the National Institute on Aging should not be viewed as mutually exclusive. This is not an either/or situation.

Commissioner FLEMMING. This is a good illustration of how an interagency committee which NIH plans to set up can work out these lines of demarcation. I believe we are going to be able to divide up the area in a constructive way.

Senator PERCY. I very much appreciate your commitment to multidisciplinary centers, and to the implementation of the legislation. I somehow realize that the lethargy and the problems of bureaucracy can be overcome.

Commissioner FLEMMING. Growing out of my own experiences, I am a great believer in the interdisciplinary approach. In the field of aging, I know that it is possible in our universities to pool resources through the interdisciplinary approach. For example, I am very much inter-

ested in the number of institutions where close working relationships have been developed between schools or departments of public administration and the field of aging. This makes a lot of sense to me. The concept underlying the idea of interdisciplinary institutes in our educational institution is sound. I will do everything I can to further the objective.

Senator PERCY. That is very good; in another half hour, we will begin a debate on the floor of the Senate, which I think will be interesting to the elderly. It has to do with the agency for consumer advocacy. There are many arguments on the floor against it based on the feeling that the Federal Government should not get into those things. Each State may have a separate program. But I think that there ought to be a national program where we coordinate all the efforts, using the universities, and so on.

## NATIONAL, STATE AGENCY RELATIONSHIP

We are particularly interested in the relationship between the National Institute and the State agencies as set up for aging.

Do any of you have any comments on that, on how we can relate the new National Institute to programs that do exist, in one form or another, in 50 States? How can we make the best use of these agencies with respect to the Institute at the national level?

Commissioner FLEMMING. As you know, under the amendments to the Older Americans Act, we have been processing in the last 8 or 9 months the installation of a new system, in effect, a system of strengthening State agencies on aging and of bringing into being area agencies on aging. As of last week 412 area agencies are in existence. In all probability the area agencies on aging cover around 70 percent of the population of older persons. Through our regional offices we do work very closely with the State agencies on aging. They have to submit their plans to us for approval. As we consider their plans, we may be able to identify ways of relating the State plans to some of the plans of the Institute on Aging.

Senator PERCY. Then we can expect a policy to be developed for research, and guidelines from you, is that correct?

Commissioner FLEMMING. Yes. The new law places responsibility for the development of a policy in this area on the Institute on Aging, but we will be able to make an input into the development of that policy that will reflect the interests and resources of the State agencies on aging.

Dr. EISDORFER. I am chairman of the Washington State Council on Aging, appointed by Governor Evans last year, and I am somewhat familiar with the problem that goes to the State level. It is somewhat like having 10 AoA's as far as the States are concerned, one for each region, and we have right now to be pleased with the superb leadership, but that is a variable.

Of more consequence is that the role of the State agency, while it is strengthened, is still ambiguous. Some State agencies are confused by seeing themselves as a sort of passthrough and supervisory agency, primarily responsible to whatever level of State government they are at, for expending funds from national programs in compliance with State and national regulations. Although many State programs have

played a leadership role in organizing and developing programs, and what happens to them afterward remains somewhat ambiguous.

If they would accept this role, and have the support to carry it through, State agencies in collaboration with the regional agencies could be tremendously important. One other issue should be kept in mind. With the very rapid and laudable expansion in programs of the AoA, we expanded by picking up a lot of people who knew very little about aging. Thus we are in a complex situation, in which we see the development and implementation of programs with a cadre of people who do not have an extensive background in the field, who do not know the research data that is applicable to take care of people, do not even know where to get it.

I know AoA is developing programs, but I think we are in a transitional phase.

### State Agencies A "Rubber Stamp?"

Commissioner Flemming. I might just comment that I think you described the situation very well. The State agency on aging does more than provide for a passthrough of money. Once a year, the area agencies on aging have got to develop their plans, they have to develop their budgets and there is only one body that can approve those plans and budgets and that is the State agency on aging.

Dr. Eisdorfer. One of the problems is that they cannot do anything more than rubberstamp. Well, we could go on and on on this thing.

Mr. Ossofsky. In regard to the statements made, we will now see a flowering of research in the field of aging, which hopefully will impinge on how we create programs, and what programs we create, we have an urgency which faces us to see that we go about it in the right way.

We have been very concerned for many years with the fact that research and demonstration projects, which succeeded never had a means of getting back into the bloodstream of the program.

For people who make up most of the National Council on Aging, the nutrition workers, and so on, they are going along merely trying to find the best answers to the developing of delivery mechanisms, and by whatever means we have, and whatever technical assistance comes to them, from private consulting operations, or from the Administration on Aging, all of us are trying to feel our way in this area, yet there have been specific results of research, both in service delivery, as well as in the biomedical areas, that need to get down to the practitioner level, and I would hope one of the main things that will come out of the closer marriage by coordination, common law, if you will, between AoA and the National Institute on Aging, will be the urgency for a significant clearinghouse that channels the result of all kinds of research and findings to the practitioners in the field.

That will be a very significant product to the area agencies on aging, and for all of the rest of us concerned about what happens with the research that takes place at the National Institute on Aging.

Senator Percy. Dr. Lamont-Havers, will you tell us when the coordinating body will be meeting?

Dr. Lamont-Havers. The Interagency Committee, Senator, will be meeting, really it is a coordinating body between the various agencies.

I think one of the first things that we have to do is identify where

the responsibilities for these various activities lie. They have to develop the groundwork and the concepts, to the Advisory Council in arriving at their conclusions. It certainly will not be coming up with policy decisions, which are the prerogative of the Council, but rather background on the decisions.

I might say, Senator, these meetings have been very helpful and very interesting to me, and we in NIH look forward to the formation of the new Institute and in carrying it forward, and my silence today is not that I am not interested, but I thought I could contribute most by listening to those more knowledgeable than I am.

Senator PERCY. I think we all can gain by listening.

If you could give us the benefit of any questions that you have; I will be glad to yield whatever time that I have.

We can write the laws, but it is the carrying out that is important, and we are interested in your comments or any questions you may have.

## NIH LACKS AUTHORITY

Dr. LAMONT-HAVERS. It is quite true that the law is not necessarily the easiest thing to make, because in concurrence with a lot of other human activities, we are not always consistent with the various things we have to work with, and, therefore, I think we at NIH have not formed as soon as possible, in order that the work can be implemented. but we will do our very best to work within the authority that we do have, and the guidelines given to us, and I think we have accomplished a great deal in 2 months, and I can assure you that we will give this our highest attention, and I know that Assistant Secretary Edwards has put this, indeed, as a high priority, that that Council will be formed as soon as possible, in order that the work can be implemented.

Senator PERCY. I have great confidence in Dr. Edwards, I know that he is dedicated to this field. I would like to ask any staff members if they have any questions.

Mr. AFFELDT. The House approved $8 million for title IV(a) training. The Senate, I think, quite likely will approve at least $8 million, and perhaps more.

The question to you is, assuming that the final conference bill includes funding for title IV(a) training, will the administration spend it, and, second, if the money is provided, what type of priorities would AoA seek out in terms of long-range-type training or short term?

Commissioner FLEMMING. In response to your first question, it is my expectation that we would spend it.

In response to your second question, it will be both. In the allocation of funds for training which are actually going to be used in 1975, we allocated funds to the 38 institutions involved in long-term training programs. Then we allocated some of the funds in such a way as to deal with the issue that Dr. Eisdorfer just talked about; namely, the training of persons who have been appointed to staff positions in State and area agencies on aging as well as the training of persons involved in the delivery of services. Also, we have allocated these funds in such a way that hopefully we will encourage older persons who would like to become involved in the delivery of services to come into the training programs.

Senator Percy, just after you came back, Mrs. Knee completed her testimony. At the beginning of her testimony she indicated that she had recently retired from the civil service. I would just like to say that, as one who has been coming in and out of HEW, I think that Mrs. Knee provides us with an outstanding illustration of the contribution that career civil service employees can make to the strengthening of our form of government.

Senator PERCY. We all share that, and we appreciate very much that you have mentioned that.

I would also like to ask if there is anyone in the audience who is here representing a legislative committee of the Senate, or representing any executive branch agency, Social Security Administration, for example, to identify himself or herself if he or she would care to.

We very much appreciate your being here. Do we have any representatives of legislative committees in the room?

David Rust, who works with the ranking minority member on the Subcommittee on Aging, Senator Beall. Do you have any questions, David?

Mr. RUST. No questions.

Senator PERCY. I would like to thank everyone for being here today. I would like to compliment the staff on the form of the meeting. I think it is so much more conducive to exchange of ideas, and I hope we can use this format just as many times as we possibly can.

## CHICAGO MEDICAID SCANDAL

I think it would be interesting to mention that we have quite a scandal in Chicago, it looks like the making of a very big one in medicaid, with extraordinary charges being made by doctors, charges for services under medicaid that have not been performed, and all sorts of other arrangements and collusions.

It was discovered by a unit that I just happened to set up years ago, the Better Government Association. It used to be an organization to endorse candidates, but I set up the investigations unit as a small organization, and it has now grown, and has over 90 percent of the budget instead of 10 percent. They do investigations by cooperating with the media.

When the media does not have the necessary investigative people, they will at least point out an area, and they pointed to grave abuses in medicaid. It has now resulted in a major effort.

I have talked to the Finance Committee, to Senator Long, and I have just been advised that they have decided to undertake a major study of this scandal. They will hold hearings on the subject, and I know they will be of great interest. If we go into a national health insurance program, we have got to learn how to administer these programs without the kind of abuses that we have in them.

For those of you who have helped on the book that I will be publishing this fall on aging, I want you to know that it is the first and only book I intend to write. Probably it will be the last. McGraw-Hill said that they would publish a book on any subject I wanted to, and I said I would like to have one on the problems of the aged. We just wrapped up the final portion of it, the resource and action guide.

There are so many places that people can turn to for assistance in health matters. We just filled it with that kind of helpful information.

You may get an awful lot of inquiries, and you may have increases in membership as a result of this, but I want to thank each and every one of you for the help you have given to me in putting this together, and I think it is going to be valuable.

At least it will accomplish something in that a lot of people will be able to learn where to get services.

I do want to thank all of you for helping in this hearing today.

The hearing now stands adjourned.

[Whereupon, the committee was adjourned at 12:30 p.m.]

# APPENDIX

## MATERIALS SUBMITTED BY INDIVIDUALS AND ORGANIZATIONS

### ITEM 1. LETTER AND ENCLOSURE FROM ETHEL SHANAS, PRESIDENT, THE GERONTOLOGY SOCIETY; TO SENATOR LAWTON CHILES, DATED AUGUST 13, 1974

DEAR SENATOR CHILES: It was a privilege to participate in the August 1, 1974 hearings of the Senate Committee on Aging on the implementation of PL 93-296 enacting a new National Institute on Aging. Under your leadership these hearings served to focus attention on the many tasks which must still be completed before the new Institute can fulfill the intent of the Congress in PL 93-296.

I submit for the record a statement on budget and staffing of the NIA prepared for the Gerontological Society by Professor F. Marott Sinex of Boston University School of Medicine.

Yours sincerely,

ETHEL SHANAS, *President.*

[Enclosure]

SUGGESTED SUPPLEMENTARY BUDGET FOR THE NATIONAL INSTITUTE ON AGING

The National Institute of Aging will only be effective if it is provided with adequate funds and positions. The pace of aging research in this country will be greatly influenced by how fast the new Institute can be organized, staffed, and its new programs begun, modern biochemistry is rapidly removing the technological limitations to understanding the causes of aging. We are moving from the question of what causes aging to what to do about aging.

The organization of the new Institute would be much easier and faster if funds for the remainder of fiscal '75 and fiscal '76 could be provided in a supplemental budget for this session of Congress.

In fiscal 1974, 15 million dollars was expended on aging research of which $3,452,000 supported the intramural program in the half filled Gerontology Research Center in Baltimore. The extramural program was staffed by ten people including six professionals and administered $8,659,000 of research grants. The contract program so essential for targeted research was budgeted at $665,000. The following budget is suggested for the new Institute.

PROPOSED BUDGET, NATIONAL INSTITUTE ON AGING, FISCAL YEARS 1975-76

[In thousands of dollars]

| | Total | Funds to be transferred from NICHD [1] | Funds to be appropriated for NIA |
|---|---|---|---|
| Research grants | [2] 23,461 | 6,461 | 12,000 |
| Fellowships | 856 | 56 | 800 |
| Training grants | 3,511 | 1,761 | 1,750 |
| Intramural | 10,324 | 3,824 | 6,500 |
| Contracts | 3,300 | 800 | 2,500 |
| Biometry and epidemiology | 249 | 99 | 150 |
| Research, management and program services | 2,854 | 854 | 2,000 |
| Dual assignments from other Institutes | 5,000 | | 5,000 |
| Total | [2] 49,555 | 13,855 | 30,700 |

[1] President's budget for 1975 not yet acted upon by Congress.
[2] Includes $5,000,000 requested of Congress by scientific investigators as increase to NICHD budget.

The budget has the following features. It provides for almost doubling the amount for extramural research. The President's budget of $6,641,000 is just about the amount of ongoing research support for fiscal '75. In other words no new grants can be made under the President's budget. The extramural program, however, is the principle source of new and creative insights about aging. Investigators must be encouraged to bring their best ideas to the extramural program.

Contract program is increased from $800,000 to $2.5 million. This is essential for targeted research and more applied research. Provisions are made for a small program in biometry and epidemiology. The new Institute should be interested in all the longitudinal studies relevant to aging and not merely the in-house program at the Gerontology Research Center. Provision is made for dual assignment with other institutes in those areas such as senile dementia, prostate cancer, and osteoporosis where the Aging Institute should have concern. $2.5 is provided for training, either through training grants or post or predoctorate fellowships. An expanded research program will require scientists to do the work. Young people must be trained. Provision is made for fully using the Gerontology Research Center facility in Baltimore by increasing the intramural funding from 3.8 to 6.5 million, and for preparing the way for the establishment of future intramural branches of the Bethesda campus.

Administrative costs will increase considerably because of the personnel required to staff an Institute. The organization of an actual Institute requires considerable expansion of administrative staff over that previously existing in the small branch program. A director, associate director, and scientific director must be appointed and offices of grant and contract management and administration staffed. This will require the addition of about 100 new positions and 10 transfers from Child Health and Human Development. To bring the Gerontology Research Center in Baltimore to capacity, allowing for 29 visiting scientists, would require 321 positions, 154 transferred from Child Health.

In short, the new Institute to be fully operational will require the assignment of 271 new positions to the National Institutes of Health.

Table 1 gives a proposed organizational table for the new Institute.

TABLE 1.—ORGANIZATION TABLE OF THE NATIONAL INSTITUTE ON AGING

| | National Institute of Aging (including transfers) | Transfers from National Institute of Child Health and Human Developmen |
|---|---|---|
| Administration: | | |
| Director | 1 | |
| Deputy Director | 1 | |
| Office of Director and Deputy Director | 32 | 1 |
| Extramural: | | |
| Associate Director Extramural Programs | 3 | |
| Assistant Director Program Services | 33 | |
| Intramural: | | |
| Assistant Director Scientific Program | 30 | 10 |
| Scientific Director | 9 | |
| Deputy Associate Director Gerontology Research Center | 321 | 152 |
| Chief Bethesda Branch | 5 | 1 |
| Total | 435 | 164 |

## ITEM 2. POLICY STATEMENT OF THE GERONTOLOGICAL SOCIETY AND THE AMERICAN GERIATRICS SOCIETY

The Research on Aging Act of 1974, Public Law 93–296, is a response to the need for comprehensive study of the biomedical, social and behavioral aspects of aging. This legislation amends the Public Health Service Act to provide for the establishment of a National Institute on Aging, a free-standing institute within the National Institutes of Health, with a degree of autonomy equivalent to that of the other Institutes.

The Research on Aging Act represents the culmination of dedicated efforts on the part of a constituency, professional organizations, concerned legislators, and

lay people, who felt that aging—one of the few biological phenomena affecting all individuals—had not received the degree of research support commensurate with its importance. The Act gives the Secretary of Health, Education and Welfare the mandate to set up an organized program of research and training in the biomedical and social and behavioral sciences as these concern the aging process and the aged.

The organization, the staffing, the research goals and the funding of the National Institute on Aging continue to concern those whose efforts were instrumental in the passage of the enabling legislation as well as the millions of Americans directly affected by this legislation. The purpose of this position paper is to offer a set of principles and guidelines to those responsible for the implementation of Public Law 93–296.

### Organization and Structure of the National Institute on Aging

Public Law 93–296 states: "* * * the study of the aging process, the one biological condition common to all, has not received research support commensurate with its effects on the life of every individual." In keeping with the intent of the law the Institute must be so organized as to ensure maximum attention to research and training in aging. We feel that this can best be achieved by a free-standing National Institute on Aging within the National Institutes of Health. The Advisory Council and the Director of the Institute can then concentrate on providing leadership to a concerted program of research and training. It is our reasoned belief that only in a free-standing institute will its leadership be able to fulfill the goals outlined above. Past experience has shown that the incorporation of aging as a special interest within a multi-faceted Institute acts as a detriment to the broad scale research and training program called for in Public Law 93–296. Aging should not have to compete for attention and funding on a level less than that enjoyed by those administrative units already designated as Institutes within the National Institutes of Health.

The administrators and staff of the Institute should be able to have ready interaction with colleagues at the National Institutes of Health and members of the research community. This is especially important during the first years of the Institute's existence. We would strongly urge, therefore, that the new Institute be located at the Bethesda Campus of the National Institutes of Health.

### The Director and the Advisory Council

Outstanding scientific and administrative leadership should characterize the Director and the Deputy Director of the new Institute. Because of the broad mandate of the law we suggest that the Director of the Institute come from the area of biomedical sciences, the deputy director from the social-behavioral sciences. Both the director and the deputy director should be established scientists who can command the respect of their fellows at the National Institutes of Health, of the research community, and of older Americans. Those responsible for the leadership of the Institute during its formative period will have a major role in establishing patterns for its future development. Therefore it is essential that outstanding persons be recruited for these positions.

It is the clear intent of Public Law 93–296 that a National Council on Aging be established and that its composition include representatives of a variety of disciplines. This suggested organization of the Council reflects the demonstrated interdependence of physical, mental and social-psychological factors in the functioning of older people. The scientific membership of the Council must be balanced to include both the biomedical and social-behavioral disciplines. All members of the Council, whether scientific or public, should have previous experience and demonstrated active concern with aging and the aged. The Council's responsibilities should include participation in the formulation of policies and developmental directions within the Institute, assessment and evaluation of administrative and staff decisions in the light of those policies, and the establishment of guidelines and priorities for intramural and extramural programs, including funding.

### Funding

Given quality leadership the ultimate impact of the new Institute in both research and training will be determined by the availability of funds. No Director, nor any staff, however well-motivated, can operate with minimal personnel and funds so limited that focussed program development is impossible.

It should be noted that the current staff of the extramural aging program at the National Institute of Child Health and Human Development consists of only ten persons, six of whom are professionals. The intramural research program in aging has roughly 152 persons assigned to it, including non-professionals and visiting scientists. We recommend that the new Institute be funded in the combined amount of $49.5 million for fiscal years 1975–1976 or roughly $24.7 million each year. This would include $13.8 million recommended in the President's budget for Aging Research in fiscal year 1975, an additional $5 million which the Congress has been urged to appropriate for aging research, and $30.7 million to fully staff the new Institute and to provide it with adequate funds for research and training in the first two years of its operation.

### Research Program and Training

Public Law 93–296 instructs the Secretary to develop a plan for a research program on aging by May 31, 1975. Such a plan should be organized around the functions of the Institute and should include consideration of the current status of research in biological, medical, and social-behavioral aspects of aging, promising directions for future research, both short-term and long-term, and wherever possible some consideration of the implications of research findings for the development of policies and programs that affect the lives of older people.

The Director of the Institute and its National Advisory Council should make use of expert task forces in the areas of special concern called for in the Act and should solicit suggestions for the content of the proposed research program from a wide variety of professional and lay organizations and interested citizens.

### Evaluation, Information, and Education

We note that the Secretary is instructed to conduct "through the Institute" studies to measure the impact of biological, medical, and social-behavioral aspects of "all programs" conducted by the Department of Health, Education, and Welfare. Section 207 of the Older Americans Act (amended, 1973) also instructs the Secretary to measure and evaluate the impact of all programs authorized by that Act. We believe that the intent of both these requirements will be most efficiently and effectively fulfilled by locating ultimate responsibility for program evaluation in the Office of Evaluation of the Department of Health, Education, and Welfare. That office already has experience in program evaluation and has precedents for supplementing its internal capabilities through contracting for evaluation studies with non-profit organizations and with university-based institutes with demonstrated capability in evaluative research. Such outside evaluators should have experience in the field of aging. The Secretary may also wish to assign specific responsibility for program impact studies to appropriate offices in the National Institute on Aging and the Administration on Aging.

The Secretary is also instructed to carry forward public information and education programs designed to demonstrate the findings of Institute-sponsored research and studies. The Commissioner on Aging is instructed (in Section 204 of the Older Americans Act as amended), to establish and operate a National Information and Resource Clearing House for the Aging. Coordination of the information and educational activities of the National Institute on Aging and the Administration on Aging is necessary and desirable. We believe, however, that the National Institute on Aging should have specific responsibility for information and education activities relevant to its own program.

This position paper has been developed by a joint committee of the American Geriatrics Society and the Gerontological Society. These two organizations are ready to assist the National Institute on Aging in the development of its research plan and in the implementation of its important mission in the field of aging. The two societies welcome the comments and cooperation of all other interested organizations, both professional and public, concerned with aging and the aged.

## ITEM 3. LETTER TO BERNARD L. STREHLER, PH. D., PRESIDENT, ASSOCIATION FOR THE ADVANCEMENT OF AGING RESEARCH; FROM SENATOR HARRISON A. WILLIAMS, DATED JULY 31, 1974; WITH REPLY AND ENCLOSURE TO SENATOR LAWTON CHILES, DATED SEPTEMBER 12, 1974

DEAR DR. STREHLER: Many thanks for your cordial letter of July 11. Like you, I am glad that the National Institute on Aging is finally a reality, on the law books at least. Now the task is to make the institute fulfill the intent of the Congress.

For that reason I am very much interested in a hearing to be conducted by Senator Lawton Chiles of Florida on behalf of the Senate Committee on Aging tomorrow, August 1. The subject will be the implementation of the NIA Act, P.L. 93-296. The purpose is to have a discussion by Administration officials and gerontologists at an early date, before final Administration is formulated.

It would have been useful for you or a representative of AAAR to be on hand, but I am sure that Senator Chiles would welcome a statement from you for the printed hearing record. Usually a 30-day period is allotted for such post-hearing statements. I think that the statement should be submitted directly to Senator Chiles, but I would like to have a copy.

I have not filled out the form you submitted. I would like to study the hearing transcript before associating myself with any one specific proposal.

With best wishes,

Sincerely,

HARRISON A. WILLIAMS.

DEAR SENATOR CHILES: At the suggestion of Senator Harrison Williams, I am submitting herewith a statement regarding the implementation of the National Institute on Aging Act, P.L. 93-296, for inclusion in the printed hearing record of the hearings you conducted on August 1, 1974, on behalf of the Senate Committee on Aging. The purpose of that meeting was, I understand, to initiate a discussion by Administration officials and gerontologists regarding the form the institute will take at an early date, before final Administration is formulated.

I have been absent from California during the last six weeks conducting research and attending several meetings, but have been advised by staff members of the Committee that the requested statement can still be included in the printed record.

Although, prior to sending you this statement, I would greatly have preferred to distribute my comments for amendment by the entire board of governors of the Association for the Advancement of Aging Research, of which I am president, the present time constraints make this impractical. Because I have been out of town I am taking the liberty of distributing these comments to the other board members with a request that they promptly amplify or modify my comments in separate submissions, that can then reflect fully the concensus of our organization, and ask that such additional views be included in the record as part of the statement from our organization if at all possible.

In compiling the appendices, I have attempted to be absolutely objective, giving con and pro views equal weight (except that the opposing views were in a distinct though lucid minority) I have also editorally reworded any phrases that might identify and embarrass the respondents. I believe they will appreciate that their comments are germane and should be included in the record and due weight given to opposing logic whether it coincides with the views sought from me or not.

We all owe a debt to you and your colleagues who have made it possible for an appropriate institute to be established. In Senator Williams' words: "The task remaining is to make the institute fulfill the intent of the Congress." My formal statement is attached.

Best wishes,

BERNARD L. STREHLER.

[Enclosure]

STATEMENT ON IMPLEMENTATION OF NIA ACT, PUBLIC LAW 93-296

Mr. Chairman, I appreciate the invitation, tendered through Sen. Harrison Williams, to submit a statement for inclusion in the printed hearing records of the hearing you conducted on August 1, 1974 regarding the means for implement-

ing the National Institute on Aging Act. Those of us who are directly involved in research on the origins and effects of aging believe that the new Institute is the first step towards the understadning of the origins, impairments and eventually—probably at an earlier date than was conceivable only a decade ago—the amelioration, retardation and perhaps even reversal of at least certain aspects of this most universal enemy of mankind's health, in mind and body.

But, many opportunities in the past have not yielded the benefits implicit in them, and it is prayerfully hoped that this opportunity will blossom at an early date and yield blessings to those now alive as well as to future generations.

I should like to address myself to what I believe to be the key pitfalls that could beset the new institute and thereby negate both the intent of Congress as clearly delineated in the act and the benefits implicit therein. These pitfalls include the absence of any one of the following qualities:

1. Dedicated and imaginative administrative leadership.
2. Sound research planning.
3. Adequate funding.
4. Balance between short and long-term goals.
5. Effective utilization of allocated funds.

The actions which would seem required in order to avoid these pitfalls are treated separately in the following portions of this testimony.

### 1. Administrative Leadership Requirements

The key factor in the successful implementation of the charge to the Secretary detailed in the Act is the selection of a Director and staff who are deeply committed to the intent of the legislation. Because there has been, in my view, an unjustifiable concern with the HEW structure that the creation of a new institute would somehow decrease the effectiveness of existing institutes (presumably because such an institute would compete for limited funds), it is important for Congress to make it clear that such concerns are essentially groundless. It is self-evident that properly presented proposals for budgeting, particularly in areas involving universal benefits such as the understanding of disease processes, are most favorably received by Congress, and as Sen. Williams pointed out in 1968 hearings, funds approved by Congress for biomedical research frequently exceed those requested by HEW. It is important, therefore that arbitrary decisions regarding budgetary limitations by the Bureau of the Budget often made by officials who have little or no appreciation of the biomedical impact of particular items, be avoided and that Congress itself assemble the needed staff and expertise within it to avoid short-sighted penny-wise-pound-foolish policies. This principle, of course, applies to many other aspects of government in which the executive branch has, sometimes by default, pre-empted key decision making, that Constitutionally belongs in the hands of Congress.

More specifically, it is important that the new Institute be truly independent of budgetary concerns and policy matters that derive from a wrongful sense of infringement on prior established constituencies. Thus, the director of the institute must be a person who combines a degree of conciliatory perspective with a very hard-headed and realistic dedication to the goals spelled out for the institute.

The issue of whether an umbrella-amalgum between several distantly or closely related institutes should include the new institute appears to have been resolved, but such an umbrella institute could still in fact develop if the leadership of the new institute is insufficiently vigorous in moving toward its objectives. Appropriate Congressional appraisal on a continuing basis is very desirable if the new director is to operate effectively, particularly during the initial phases of the institute.

Concurrently with the transmission of this testimony to your committee, and in response to the advertisement in *Science* on August 30, 1974, I am transmitting a list of nominees for the directorship, any one of whom, in my opinion possesses the needed qualifications. These individuals include: Dr. Paul Haber, V.A. Central Office; Prof. Donald W. King, Chairman, Dept. of Pathology, Columbia Univ. and Prof. Edwin Bierman of the University of Washington. These three individuals are all M.D.'s and combine the intellectual prerequisites with personal-administrative qualities in an admirable degree. The institute should succeed if any one of them is named director.

While I believe that a properly motivated and informed physician is most likely to be able to carry out the projected program quite effectively, the following biologically oriented scientists also appear to me to have the required breadth

of intellect and other prerequisites: Prof. Leonard Hayflick, Stanford; Dr. T. Makinodan, NIH, and Dr. Richard Adelman, the latter two possibly too junior and productive in the laboratory to become involved in purely administrative functions. Another outstanding individual with the needed intellect and breadth is a resident alien, Alex Comfort, provided that his other ventures can be set aside in his priority list.

I know of no behavioral or social scientists whose expertise extends sufficiently into the biomedical area to be included in this list of nominees.

It may well be that it would be an act of wisdom to select a physician-administrator who has not been closely identified with the field in the past but who has a strong motivation to see the intent of Congress materialize. Drs. Haber and King are in this category, but there are undoubtedly others who would perform outstandingly. While Congress would not ordinarily participate in the selection process, it would not appear improper for appropriate congressional committees to interview the final nominee or nominees and determine first-hand the degree of commitment that exists. In any event, Congressional monitoring of the progression of the institute toward its goals is highly desirable, possibly essential, and I would urge Congress to establish a regular and critical review-watch-dog function.

### 2. Research Planning

Under the aegis of the director-to-be, the most important function (implicit in the selection of subordinates and of advisory expertise) is the plan that the institute develops in response to the explicit charge by Congress in the legislation. In a very real sense, provided that sound planning in the research area takes place as specifically delegated to the Secretary HEW, the critical matters of administrative personnel become secondary, for a well-thought-out and comprehensive research and funding plan can be used as effective bases of operation independently of who is selected as director.

The components of the Act as signed by the President that deal specifically with the planning function (elements included from the original Research in Aging Act of 1968, introduced by Sen. Williams) are key to the success of the institute. For this reason, the organization of which I am president, submitted a preliminary draft proposal to the secretary and to the director of NIH in mid-July. This proposal was intended to assist the secretary to delegate responsibility through a means that parallels that developed in other areas, notably in neurobiology and in the initial planning for the expanded cancer research program. The director of NIH has indicated that the planning function will take place primarily within NIH in the following words: ". . . implementation of this new Act will not be undertaken by contract but by several DHEW agencies with the National Institutes of Health in the leadership role. It is expected that outside organizations and consultants may be part of the implementation process when a need is determined, but the NIH and other agencies will have the major role."

A key reason for investing the time and funds required to generate this comprehensive proposal was the urgency of the charge of the Secretary, HEW to develop plans in the required detail. As our letter of transmittal to the Director stated "If you should have alternative means of achieving the same in-depth study and recommendations, we, of course, will assist in any way possible for us. What to us is of key importance is that this study and report constitute a model in which all involved can take pride and which will provide the expected benefits." The letter to the Secretary, HEW stated "Mr. Secretary, we are more concerned that the planning function be performed properly, in keeping with the intentions of Congress, than with the question of credit for the formulation and execution of plans as contained herein."

Mr. Chairman, while some favorable but inadvertent bias might well have been introduced through the selection process whereby the particular outstanding workers in the field and peripheral thereto were chosen, it is evident, while the means for implementation (private contract rather than in-house development) has generated a few dissenting views whose substance should not be ignored, the overwhelming majority of respondents (more than 50 percent of the recipients responded within 10 days of receipt) are strongly supportive of the intent and mechanism. A summary of this key view of the relevant scientific community is appended as Exhibit A.

Speaking for myself, I am convinced that it would be preferable for HEW itself to conduct the needed planning provided that the deadline specified in the legislation is met. I do, however, have serious doubts that such a task can be per-

formed on instant notice by the new leadership of NIA with the thoroughness required. The reason for these doubts is that regardless of the flattering suggestion by one of the opponents of the proposal (See Exhibit A) that 10 or so persons including myself could perform this function, I have serious doubts about the existence of the "intellectual elite" needed to carry out the job critically. Stated otherwise, each of us, in the broad spectrum of disciplines encompassed by Aging Research, must possess only a limited view of what has been accomplished and what the key problems are. I believe it would be presumptious of anyone, myself included, to prescribe the directions in which hundreds of millions of dollars will be expended in the next decade. There just would be too much lure to promote one's parochial interests, to direct support towards one's own laboratory, University or Department, if an elitist group were to be given full sway over the future of the field.

While I know that individuals whose judgment I generally respect and heed have confidence in this mechanism, I believe that the stakes are too high to entrust to even the most talented of my colleagues and myself. What is required, in my opinion, is something paralleling the draft proposal we have submitted. The essence of this proposal is to define reasonable segments of the problem in the biomedical area and then to draw upon the collective wisdom that lies within the community and which can only be fully developed through detailed discussion and conference, before recommendations are derived. Involvement by a cross section of the community that can perform the needed research is required, not some superficial plan that reflects too much the provincial or limited perspectives of the persons, outstanding or not, who happen to be appointed to the key planning body.

Thus, on this crucial issue of detailed, comprehensive and thoughtful planning on how hundreds of millions of dollars are to be spent, I believe it absolutely essential in the interests both of economy and of involving the most competent researchers in the forthcoming effort, that an adequate investment in planning be made during the initial year of the new institute. If, as may be necessary (if the planning is to take place directly in-house rather than more broadly) additional time is required for the Secretary to delivery his report, Congress should extend the time reasonably, but in no event by more than one year after the director is appointed. Further, I believe that your committee should be fully apprised of the progress and means of the planning function and if needed, solicit the opinions of experts regarding the degree to which the plans conform to Congressional intent.

Finally, Mr. Chairman, regarding this crucial matter, I wish to emphasize, as Exhibit A attests, that the interest exists here and abroad to assist in the formulation of the overall plan. To the extent that these individuals are able to do so, their talents are available to assist in the fulfillment of the goals you have spelled out so succinctly in the legislation.

### 3. Adequate Funding

Provided that adequate planning is performed, the justifications for and levels of funding required will be more or less self-evident, and can be justified by the administrative officials responsible. I do believe, however, in these times of budgetary stringencies, that no blanket allocations should be made to the development of the field in excess of about twice the present level of real support. It would in my opinion be wasteful simply to expand existing programs. The crucial need is for the critical testing of existing ideas and the development of new approaches, theoretical and applied for future testing. These will not spring magically forward just because money is appropriated in expanded amounts. The ideas come first, and these are most likely to be generated by persons whose interests have not yet been focused on the problems of aging, for it is generally the case that great advances in science occur when persons of imagination apply the insights derived from divergent disciplines onto existing problems. The nature of the genetic code was not clarified by geneticists * * * but mainly by physicists, physical chemists and an astronomer. I suspect the same will be the case in Gerontology in the near future. This is not to say, of course, that there are not many very worthwhile projects that are not being undertaken by workers already within the field—because of the very limited funds that have been available up to the present. It is an argument that money without thought will only discredit this area of science unless great care is taken to bring the proper talent and resources together.

### 4. Balance Between Long- and Short-Term Goals

Mr. Chairman, the language of the act clearly specifies that it is the intent of Congress to improve the quality of life both for those who are presently in or approaching the last quarter of the life-span and for those who will reach this stage in the next several decades—that is those who are now in their early and middle years. This means unmistakably that a balance should be established between efforts that will provide more or less immediate benefits and those, such as research in biomedicine in particular, which encompass many years or even decades to come to fruition.

There are very urgent needs now to upgrade the levels of medical care accorded to our elderly. Yet the medical institutions of this country give scant educational attention to the biological and pathological processes that cause most hospitalizations and there are few, if any departments that offer skills and insights into the special medical needs of the elderly. Accordingly, it would seem highly desirable, if not imperative, for an immediate goal of the new institute to be the education of clinicians as well as the recruitment of young clinicians into the geriatric field. Far too many physicians regard the afflictions of the aged as hopeless or unrewarding preoccupations. Age is threatening to us all, physicians included. Immediate research, similar to that currently being developed in the V.A. on how best to treat compassionately, competently and economically, those many elderly persons whose clinical treatment and level of attention is marginal. I would hope that a means can be found to initiate, immediately, the funding of clinical efforts and resident training as well as training of paramedical personnel in the needed skills and attitudes.

Much more needs to be done to understand the mechanisms underlying the depressions that are such a frequent accompaniment of the later years of life. This requires not only that greatly increased numbers of psychiatrists and clinical psychologists be recruited to and educated in a manner that will reduce this particular kind of mental suffering among the aged, but also that very fundamental research on the origins of these diseases in cellular or metabolic functions be identified. Palliative therapy is not enough. We need to understand the misfunctions of the brain as well as environmental factors that contribute thereto. In effect, we need to understand the basic principles underlying the brain's remarkable properties * * * for only then will we truly understand how memory fails, how depression occurs and how the other miseries that accompany mental disease, in young and old, arise. In short, I would hope that a substantial portion of the research investment in the new institute allocated to studies of memory mechanisms, perceptual processes and to the elucidation of the mystery that surrounds the sense of individuality we all possess.

Among the most prevalent afflictions of the elderly is senile or pre-senile dementia. Basic researchers are just at the point of describing the essence of the lesions that constitute Alzheimer's disease, but little correlation between the sites of such lesions and the personality and psychic effects of such damage has been attempted. This is an immediately fruitful area for inquiry upon which, ultimately one hopes, more rational lines of therapy can be used.

The mechanisms responsible for the focusing of attention, alertness, etc., which may have at least partially a hormonal (neuroendocrine) basis, need desperately to be understood, for failing attention, decreased attention span, decreased motivation and apathy are very characteristic of too many of our aged citizens, patients or not.

I have deliberately omitted areas that are of immediate research concern to me, for they have been adequately treated in the proposal submitted to the Secretary. I do feel strongly that basic research investments in cognitive functions as well as effective state mechanisms are of great potential value to today's and tomorrow's elderly.

The charge to the secretary also calls for plans in the social sciences and the AOA possesses mechanisms through which the best minds can be brought to focus on these problems both in the research and applied area. I would hope that the new institute will work closely with existing agencies and that the primary focus remain, as in the other institutes, in the biomedical area.

The above represent areas in which immediate efforts may be expended profitably to the benefit of today's elderly. But the key to the extension of the healthy lifespan for those who will approach old age in the succeeding decades is in two more long range kinds of effort and investment. These are fundamental biological research into the origins and mechanisms of aging and the

training of a new generation of researchers dedicated to the unravelling of these puzzles. The first requires the investment of substantial funds on problem areas such as those delineated in the draft proposal submitted by AAAR. The second requires an extension of training programs such as that which has been developed at my own University, at Duke University and several other locales. If the funds to continue these productive beginnings are not included in the forthcoming planning and budgeting of the institute, the delay in ultimately modifying or mastering the infirmities of old age will exceed the life of many of us who are still in our middle years.

As a rule of thumb, I would suggest that the budget of the new institute include about 50 percent for immediate upgrading of clinical care and training and that the remaining 50 percent be apportioned about equally between fundamental neurobiological-psychiatric research and research on other aspects of cellular-molecular-genetic, etc., aging.

### 5. Effective Utilization of Allocated Funds

Mr. Chairman, the final rock on which the new institute might flounder, has to do with the decision-making processes that ultimately determines to which institutions, individuals and laboratories funds are directed. In various federal agencies different methodologies have been developed, each of which has its own advantages and drawbacks, and it is highly desirable that lessons learned in the past be applied to the funding methodologies (administrative) in the new institute.

At one extreme in the spectrum is the co-called "systems" approach. This has proven extremely effective in solving particular technological puzzles or in putting men on the moon. This method cannot, however, be applied directly to complex research problems such as those relating to human aging, where the emphasis should logically lie in exploring mechanisms rather than in applying already understood technologies or expanding them into new areas. Nevertheless, as a means of defining initial goals, I believe a substantial case can be made to invest a portion of the new institute's resources (probably as much as 50 percent initially) in the exploration of areas that can already be clearly defined. The mechanism through which this may be achieved is the contract mechanism, rather than the grant mechanism.

In the grant system, the agency essentially plays a passive judicial, funding role; in the contract system, more initiative is invested by the agency itself in moving in specific directions, and it may seek out particularly qualified institutions or individuals who are suited to explore an area for which funding is available.

In the new institute, I would hope that about 50 percent of the added funding would initially be administered through the contract mechanism, provided of course, that a well defined set of goals has been submitted to Congress for approval. Then, as momentum and interest in the challenge of the field develop, it would be desirable to shift the emphasis more towards the grant mechanism until it comprised about 80 percent of total funding.

There are analogous difficulties in both mechanisms, both deriving from the fact that every human being, dispassionate research or administrator alike, is inevitably influenced by non-objective factors in making judgments. It is difficult to approve grants to someone who has disproven your favorite theory or who has publicly criticised your agency or operation. It is equally difficult to approve a contract with an individual who has caused you difficulty in the past. This is not to say that nearly 100 percent of administrators or study section members do not try to be fair and objective; rather it is to say that subconscious biases based on friendships, mutual respect, reputation of power trade-offs are almost impossible for most people to ignore. I have been on a sufficient number of study panels, advisory groups, etc. to learn, to my surprise, how important such conscious or unconscious biases can be, particularly when otherwise equally meritorious projects are in competition for very limited resources.

There is a very substantial danger, in my opinion, that the nature of the advisory bodies and study sections that operate in the new institute may unduly favor particular lines of research or individuals or institutions in making their decisions. In order to minimize this ever-present danger, I would like to suggest that the implementation of the comprehensive plan the institute will develop involve the following procedures:

1. After the reports have been made and tentative individuals capable of carrying out the research have been identified, that such individuals be invited to submit proposals dealing with the questions posed. Such proposals would then be sub-

ject to review by individuals particularly qualified by background to judge their pertinence and contracts would be let to carry out research along the designated lines.

2. At the same time, the institute, whether through advertisements in *Science* or other specialty journals, would invite proposals from the community at large on research topics selected for emphasis and for proposals dealing with aspects that have not been solicited. In this manner there would be a balance between those spontaneously generated ideas and insights and those which are derived by informed concensus of advisory groups and panels.

3. It is my strong belief that individual project grants or contracts should not exceed $100,000/yr. per applicant exclusive of overhead and not including program projects which could exceed the above amounts proportionally. The reason for this limitation is that any truly active laboratory scientist can carry out a very productive program for $100,000 per year. Programs in excess of this amount are almost always a part of some individual's impersonal research or administrative empire.

4. Because aging research often requires many years to yield results, at least 5 year contracts or grants should be awarded (including annual progress report review).

5. Finally, Mr. Chairman, I believe the new institute should modify the review procedures presently in effect. Firstly, it would be expected that several study sections concerned directly with the objectives of the Institute would be appointed, and that such study sections would include persons informed in the status of the field as well as persons with related expertise from without the field. However, I believe that if insufficient expertise exists on the study section to evaluate a particular proposal in depth, then it should be sent out to an appropriate 2 or 3 experts as is done by NSF and other agencies.

Further, and this is a crucial part of the suggestion, I believe that individual study section members should review in a preliminary fashion each proposal before it is brought to the section for action. If the impressions of the reviewers are negative with respect to some aspects of the proposal, it should become standard procedure to transmit such objections to the applicant for whatever counter-comments he may feel to be justified. Under the present system, unfortunately, it takes 6 to 9 months to learn the fate of a particular application and action is final except that the applicant is usually asked to submit further applications. If he wishes to present arguments contrary to the opinions of the reviewers, he must usually rewrite his proposal, resubmit it and wait another 6 to 9 months for approval or disapproval. The net effect of this uneconomical mechanism is that it may take up to two years to obtain favorable action on a research project. Often the investigator gives up without even trying a second time, perhaps mistakenly assuming that he has no chance of approval, while in fact he might well be able to answer the objections quite straightforwardly and convincingly. Related to the approval question is the rating system now used. It turns out in practice that even a single strongly negative vote on a study section is sufficient to generate an average score below the acceptable level. Thus one biased individual can override the opinions of his study-section colleagues. In principle, of course, the study section (peer review) system is excellent, but when funds are very scarce a single individual may deny a perfectly competent scientist support on the basis of incomplete information, or conscious or unconscious bias. Such problems are less crucial in well developed areas of biomedicine, where there is little difficulty in filling in rather obvious parts of partly solved puzzles, but they are very hampering to the exploration of novel ideas by unknown or uninfluential researchers. Obviously some more just mechanism needs to be initiated and the new institute could serve as a model for such a hopefuly improved system.

In summary, Mr. Chairman, I appreciate this opportunity to present my views regarding the opportunities and pitfalls that face the creation of this new institute. I have listed 5 specific pitfalls, any one of which may defeat the intent of Congress in passing the legislation. Key to the success of the new institute is the choice of director and the supporting staff he recruits. But equally important, and ultimately more important, I believe, is the depth of perspective, thought and quality of proposals generated by whomever is selected for the advisory panels, study sections or other bodies that will determine the detailed plans under which the institute will operate.

I respectfully urge you and your colleagues to monitor this new venture carefully during its crucial post-natal period. You may count on a large number of highly talented persons to assist in any appropriate way . . . as documented in the accompanying exhibits.

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