

# "Public Policy and the Future of Aging," Washington, D.C., September 30, 1975

## Address to the National Council on the Aging

I would like to think that this Bicentennial Year, marked by celebration and reflection on our heritage, will also be the time that America finally becomes aware of and takes a commitment to end the last and most pervasive segregation in our country. I do not need to tell this audience what that is.

In a country that seems to be obsessed with youth and with staying young, the problems of the elderly have been given short shrift. The programs we developed in the last decade are a good beginning, but they have often fallen far short of expectations, reflecting our half-hearted commitment to real help for these 21 million Americans.

The problems of the elderly have not yet become a popular cause like the Civil Rights movement of the 60's, or the Women's Movement and the environmental cause of the 70's. Their problems are still only dimly understood. They are just beginning to attract attention among the bulk of citizens and policy makers.

The way we treat our older citizens in this country is like certain ancient tribal societies, where a person who became too old for hunting and warfare was placed ceremonially on a raft and allowed to float down a river.

In modern society, we repeat in many symbolic ways that ceremony. We who participate in it doubt its validity, fear its implications for ourselves, yet yield to what appears to be its necessity in the pursuit of our immediate preoccupations.

There must always be a justifying mythology when a dominant group systematically disadvantages a less powerful minority. In this case, we have developed two stereotypes of the aged to justify our neglect--serenity and senility.

On the one hand our images of old age are idealized images of the beloved and tranquil grandparents, the wise elders, the serene and gracious white-haired matriarch dispensing wisdom from the kitchen or the patriarch from the front porch rocker. On the other hand, the opposite image disparages the aged. Old age is viewed as irreversible decay, decrepitude and loss of mental powers.

The Louis Harris poll commissioned by this organization found that younger people regarded the aged as an "inept, ineffectual, physically depleted group waiting for death." We see them as rigid, querulous and resistant to change; narrow and superficial in intellectual activity; and almost universally senile.

Most tragically of all, these stereotypes are self-perpetuating. Cut off from the society they built, their self-esteem undermined by prejudice and discrimination, too many of our elderly lapse into patterns of despair and decay simply because they are afforded no opportunity to remain active.

Yet we need not look far to find abundant evidence that old age need not mean physical and mental disability. Hoyt Catlin, honored here yesterday, began at 65 to build a multi-million dollar enterprise with the help of his contemporaries. The artistry of a Picasso, a Casals, a Rubenstein is not cut off at 65. The heroic leadership of Winston Churchill, the humanitarianism of Albert Schweitzer, the moral and legal brilliance of Holmes and Black and Hand--all reached their greatest heights years and decades beyond the age of 60.

If, as I am convinced, the age of cheap and abundant **natural** resources is irrevocably over, there can be no higher national priority than the full and creative cultivation of our **human** resources--resources that flourish with age and experience. We must heed the words of the philosopher Paul Weiss--himself a victim of age discrimination while at the height of his intellectual powers--who said, "America will never be of age until it knows how to make full use of its people, no matter what their color, sex or years."

Yet the men and women who brought this country out of a shattering depression and a cataclysmic world war today are discarded by society. The actions of their President tell them, in effect, "We have no further use for you; we cannot afford to make use of your talents and your desire to continue working; we cannot afford to help you keep and improve your homes; we cannot afford to preserve your health; we cannot afford to keep you out of a bleak and fear-ridden poverty."

We have no national policy for enriching the lives of our parents. Worse, the patchwork of well-intentioned programs which, in piecemeal fashion, address the problems of the aging have been poorly planned, underfunded, understaffed, and undercut by those charged with carrying them out.

The outlook for older Americans today is bleak. It is getting bleaker. And it cannot get better until all of us--professionals in the field, policy-makers in government, the young, and the elderly themselves--look behind the stereotypes and idealizations and understand what it means to be old in America.

It means economic hardship. One in four Americans over the age of 65 lives below the official poverty line. Another quarter cannot afford the official "modest but adequate" standard of living. Only one in six is employed at even a part-time paying job. Sixty percent receive no pension benefits.

In this poverty, older Americans must devote 80 percent of their income to food, shelter, health care and transportation--areas where prices have frequently risen faster than the national inflation rate while Social Security "catch-up" increases lag a year or more behind.

Being old in America means taking the leftovers from a health care system that caters to the young. The 10 percent of our people over 65 account for 28 percent of the nation's total medical bill. Yet Medicare--for all the good it has done--pays less than 40% of the medical bills of its recipients, and the proportion has been declining. The strength of the medical lobby has prevented needed changes in the health care delivery system, perpetuating needless inefficiencies that drive the costs of

Medicare skyward. The first, halting steps toward such a change--the national Professional Services Review Council set up to determine whether services paid for by Medicare and Medicaid are medically necessary--has not one member with a background in or special knowledge of geriatrics.

We have lengthened the lifespan of our people by eliminating many of the diseases of youth, but we mask our failure to address the health needs of the elderly by ascribing their illnesses to "old age" and by putting the elderly out of sight in nursing homes that, as periodic investigations reveal so shockingly, are often little more than waiting rooms for death.

Being old in America also means living in fear. Urban renewal programs too often have destroyed vital neighborhoods, and those most likely to suffer are the black, the brown--and the gray. With limited income and uncertain life expectancy, they are shut off from mortgage money and are forced into other, more crowded substandard housing further from their families and from essential commercial and governmental services. Impoundments and red- lining assure that there are no funds to maintain or improve these neighborhoods.

And the aged are the easiest targets for the crime inevitably bred by such overcrowding and squalor. In 1970, more than one third of the crime victims in the District of Columbia were over 50. A study made last year involving elderly residents from 54 different low-rent housing environments showed a pervasive fear of crime: two-thirds restricted their daytime activities in some way, and 69 percent **never** left home at night.

These are some of the problems. There are many others--a transportation system that all but excludes those who do not drive; environmental pollution that breeds heart and respiratory disease; nutritional deficiencies; I'm sure anyone here could name a dozen more.

Faced with prejudice, with poverty, with disease, with fear, aging Americans have sought help from the government. They have received endless reassurances, countless pious expressions of concern. But the seven-year record of the current Administration demonstrates no more sensitivity to the needs of the aging than it has shown to the needs of other disadvantaged:

- the Administration has opposed full cost-of-living increases for Social Security recipients;
- the Administration has attempted to increase the share of Medicare borne by the elderly;
- the Administration opposes National Health Insurance in any form;
- the Administration has vetoed attempts to extend and expand the Older Americans Act;
- the Administration has frozen subsidized housing programs and, for a time, entirely eliminated the most successful of these efforts, Sec. 202 housing for the elderly;
- the Administration attempted to increase the price of food stamps from 23 to 30 percent of the recipient's net income;
- the Administration has failed for a year to name a director for the National Institute of Aging;
- the Administration has attempted to erect demeaning, intrusive barriers of red-tape at the door of Senior Citizen Centers;
- the Administration has channeled only 4 percent of emergency employment funds to the 35 percent of our work force over the age of 45;
- at a time when economic distress deals most cruelly with the aged, the Administration has attempted to reduce the budget for services to the elderly by \$2 billion;

- the Administration has mishandled the SSI program from the outset, with inadequate staffing, insufficient planning, and incompetent leadership--and I doubt there is anyone in this room who doesn't expect to see these self-inflicted shortcomings used as an excuse to reduce assistance to the destitute and the disabled.

In many ways, the problems of the aging reflect wider social failures, and can only be cured by fundamental reforms in our social and economic institutions. But we should insist that these changes be undertaken with a special sensitivity to the needs of old people.

We must shatter the myth that a person's social productivity ends at the age of 65. A few moments ago I mentioned a few famous individuals who disprove any such contention; to that list we can add more than three million elderly still in the labor-force, and millions more who make non-economic contributions through volunteer work or family participation. There is simply no justification of the assumption that the ability to do a job is necessarily a function of age.

I believe that we have an obligation to give every member of our society the chance to perform useful work through the Hawkins-Humphrey Equal Opportunity and Full Employment Act. This basic right of social participation must not be cut off by the turning of a calendar; neither private nor public employers should be allowed unilaterally to impose mandatory retirement upon workers still capable of performing their jobs.

To the great majority who will at some time choose retirement we have another obligation--the duty to help them obtain economic security in their last years. It's very important to reassure Americans that in spite of all these right wing scare stories we hear, the Social Security Trust Fund is **not** bankrupt, and it is not about to go bankrupt. But it is also important that we understand the implications of declining birth rates for Social Security, and that we plan now to reallocate our social resources to follow shifts in age patterns expected for the future.

To begin with, we must reduce unemployment to get more people contributing to the trust fund. In addition, we should gradually increase the contribution base to restore the degree of participation intended by the designers of the system and reduce the regressiveness of the payroll tax. In times of rapid inflation, automatic benefit adjustments should be made every six months rather than annually, in recognition of the inadequacy of individual resources to cushion the blow of enormous price increases. Partial financing from general revenues, as contemplated when Social Security was created, should also be phased in to reflect the shared interest of employer, employee and the public at large in providing for the elderly. In conjunction with private pensions, full employment and a national income maintenance program, these steps can help achieve the vital goal of adequate retirement income. Social Security is the finest example I know of FDR's creative leadership in the 30's. It has helped millions of Americans since it was established in 1935--and it can continue to be one of the finest examples of a government program that **does** work.

Six million older Americans need better housing and they need it now. We are in desperate need of a total revamping of the hodge-podge of federal housing programs. I am encouraged that the House Subcommittee on Housing is about to undertake a thorough review of all our efforts to assure decent shelter of our people. The special needs of the elderly must be recognized in our public housing system through improved design standards for both general and Section 202 projects, elimination of the deliberate bureaucratic confusion that has all but stopped public housing, a

commitment of resources to rehabilitate existing homes, and secure, long-term financing to enable non-profit groups again to take part in providing new housing for the aged. These reforms will not only benefit older Americans-- they will help reinvigorate our construction industry and will benefit all of us by helping to make our cities more livable.

Our efforts to reduce crime must focus on protecting the most vulnerable victims. Community support systems have proven effective in reducing crime rates in some areas; they should be expanded. Planning for community development must assure easier access to stores and mass transit for the elderly to reduce their exposure to potential assailants. New housing designs must pay greater attention to security for public areas and the prevention of burglary.

We are going to have National Health Insurance--if not in this Administration, then in the next. But in the interim, there are some improvements we can make to alleviate the heavy medical bill burden now borne by the elderly.

For example, one of the most basic of health costs to the elderly is for prescription drugs--which are only covered by Medicare when the individual is institutionalized. Many, therefore, must pay \$20-\$30 a month in drug bills--and this cost should be covered.

We can also make some changes in the Medicare program so that patients won't have to pay more than 20% coinsurance which so often happens now. This can be done by going to a system of participating physicians who would abide by the "reasonable charge" determination.

But even the best of the proposed National Health Insurance proposals persist in ignoring the distinct needs of the aging. The health care needs of the elderly are less intensive but more chronic and continuous than those of the general population. At the same time, their social needs are more intensive and more acute. Since these emotional and social problems often bear upon the aged person's eating and physical habits, they may seriously affect his health and in turn his need for professional medical attention. Our priorities in establishing national health care, and in making the National Institute on Aging operative, should concentrate on preventive and curative services so that fewer will face the prospect of hospital or nursing home confinement. Older Americans fear, above all, institutionalization--and we should do everything possible to alleviate this fear.

A related question requires our attention: whether it is appropriate for government to finance placement in proprietary nursing homes. The answer, as I have said before, is no. The nursing home operator seeking profit has a constant incentive to reduce patient services. It is intolerable for the government to continue to subsidize--to the tune of as much as \$1.5 billion a year--that kind of trade in the economics of misery. The sickening disclosures in New York and elsewhere, tracing the corrupting web of money flowing into the political process to keep the operators of proprietary homes plugged into the treasury, leave room for no half-way solutions. By beginning now to re-design delivery systems and improve treatment methods, we can phase out our subsidies to such establishments while assuring time to develop a system of non-profit facilities geared to extending the independence of the aged through medical and social support.

The policy changes I have outlined are needed. They are sound, reasonable, achievable steps toward dignified humane treatment of our elders. But even if they were all enacted into law today, they could not achieve much. The essential element of improvement is commitment--commitment to

carrying out these policies, commitment to making America work for all our people--and this kind of commitment simply has not been demonstrated by those charged with serving this nation's aged.

The voice of older Americans must be heeded in government. The National Council on the Aging, and the dozens of cosponsors of this silver anniversary conference, do a superb job with tightly limited resources; the Federal Council on Aging, established by the 93rd Congress, provides a formal means for articulating the needs of the elderly. But neither the private groups nor the Federal Council on Aging, established by the 93rd Congress, provides a formal means for articulating the needs of the elderly. But neither the private groups nor the Federal Council are involved in the continuing process of policy making and implementation. Lacking adequate authority, their voices are easily ignored- as we have seen this year.

To assure continued attention to these issues, and to give the President independent counsel, there should be a White House advocate for aging Americans.

To promote attention to the special needs of the elderly in policy formulation and implementation, there should be Assistant Secretaries for the Aging in Departments of Health, Education and Welfare, Labor, and Housing and Urban Development, with the authority and accountability necessary for transforming noble sentiment into concrete accomplishment.

And to assure that all the elderly have the opportunity to participate in the political system that affects them so directly, we should enact post card voter registration this year. Though older people who register are among the groups most likely to cast their ballots, restrictive, overly technical registration laws have operated with particular severity against people with limited income and limited mobility--a double burden on the aged poor.

Old age is the last and most devastating segregation in our country. But, just as the other cruel and demeaning forms of degradation are slowly and painfully being erased, older Americans are rightfully demanding their just share in the rewards of our society. They are raising their voices and are beginning to be heard. It is noteworthy--both in symbol and in substance--that one of the most dedicated and vocal Congressional advocates for the aging is our youngest member, Tom Downey of New York. And, I am impressed and heartened by the vigorous growth of organizations committed to working for change, committed to achieving a better life for this neglected class of our people. Older people are increasing their activism, and this should be encouraged.

The French philosopher Montaigne once said, "I speak truth, not so much as I would, but as much as I dare; and I dare more as I grow older." I believe we will elevate the problems of the aging to their rightful level in the order of domestic priorities. We will, because it is right, and because 21 million older citizens of this nation are finally demanding it. They have begun to dare more.