

## OLDER AMERICANS ACT OF 1964

JUNE 11, 1964.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. POWELL, from the Committee on Education and Labor, submitted the following

### R E P O R T

[To accompany H.R. 10088]

The Committee on Education and Labor, to whom was referred the bill (H.R. 10088) to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designated as the "Administration on Aging," having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments are as follows:

Page 5, strike out lines 12 through 16, and insert the following:

SEC. 301. The Secretary shall carry out during the fiscal year ending June 30, 1965, and each of the four succeeding fiscal years, a program of grants to States in accordance with this title. There are authorized to be appropriated \$5,000,000 for the fiscal year ending June 30, 1965, and \$8,000,000 for the fiscal year ending June 30, 1966, and for the fiscal year ending June 30, 1967, and each of the two succeeding fiscal years, such sums may be appropriated as the Congress may hereafter authorize by law, for—

Page 18, strike out lines 13 through 17, and insert the following:

SEC. 603. The Secretary shall carry out titles IV and V of this Act during the fiscal year ending June 30, 1965, and each of the four succeeding fiscal years. There are hereby authorized to be appropriated \$1,500,000 for the fiscal year ending June 30, 1965, and \$3,000,000 for the fiscal year ending June 30, 1966, and for the fiscal year ending June

30, 1967, and each of the two succeeding fiscal years, such sums may be appropriated as the Congress may hereafter authorize by law.

#### PURPOSE OF LEGISLATION

It is the purpose of H.R. 10088 to create an operating agency known as the Administration on Aging within the Department of Health, Education, and Welfare, under the direction of a Commissioner on Aging who will be appointed by the President and confirmed by the Senate.

This new agency will serve as a clearinghouse of information on problems of the aged and aging; will assist the Secretary in all matters pertaining to the aging; will administer grants provided by the act; will develop, conduct, and arrange for research and demonstration programs in the field of aging; will provide technical assistance and consultation to State and local governments; will prepare and publish educational materials dealing with welfare of older persons; will gather statistics in the field of aging; and will stimulate more effective use of existing resources and available services.

The bill authorizes \$5 million for the fiscal year ending June 30, 1965, \$8 million for the fiscal year ending June 30, 1966, and such sums as Congress may appropriate for the next 3 fiscal years in grants to the States for community planning and coordination, demonstration programs, and training of special personnel.

It further authorizes \$1.5 million for the fiscal year ending June 30, 1965, \$3 million for the fiscal year ending June 30, 1966, and \$5 million for each of the next 3 fiscal years in grants by the Department of Health, Education, and Welfare to public or nonprofit private agencies, organizations, and institutions for study, development, demonstration, and evaluation projects relating to the needs of older persons, and for the specialized training of individuals in carrying out such projects.

The bill provides for the establishment of a 16-member Advisory Committee on Older Americans with the Commissioner of Aging serving as Chairman.

#### BACKGROUND

Concern arising from the dramatic increase in the "over 65" population in the United States had led, in the past decade, to the development of many local, State, and Federal programs designed to ease the sociological, psychological, and economic problems created by a growing nonproductive retired population. Almost every branch of government is concerned with these problems, since they involve health, employment, recreation, education, income maintenance, and housing; in fact, the entire range of social, cultural, and economic activities. They involve many complex interrelationships between Federal and local governmental agencies, between governmental agencies and voluntary social, educational, welfare, and health agencies, and between Federal agencies themselves.

Since 1900, the population of persons over 65 has grown from 3 million to nearly 18 million. The lifespan has increased from 60.5 years in 1947 to 70.5 years today. At the present time 9.2 percent of the total population is over 65. Future estimates vary. Con-

servatively, it is believed that as many as one out of every eight persons will, by 1975, be over 65.

In 1958, Congressman John H. Fogarty, concerned about "what are we doing about the problems of the aging?" introduced a bill known as the White House Conference on Aging Act which became law in August of that year. The purpose of that bill was to convene a national forum of the most knowledgeable people in the field of aging to distill their combined experience into a "blueprint for action in aging."

Funds were made available to every State for studies, surveys, and conferences, and as a result of this preliminary work the White House Conference on Aging convened during the week of January 8, 1961, and brought together governmental personnel, education laymen and volunteer workers, and others interested in the aging, together with older persons themselves, so that problems could be explored, existing programs evaluated, and a workable plan for action developed. The Conference made 20 specific recommendations dealing with a wide range of subject matters. The section of their report, "Federal Organizations and Programs," which is most pertinent to this legislation recommended that a Federal coordinating agency should be established as follows:

(a) The agency should have a statutory basis and more independent leadership.

(b) Adequate funds for coordination and other assigned functions should be furnished through a "line item" appropriation.

(c) It should have responsibility for formulation of legislative proposals; and

(d) It should have responsibility for periodic reviews of and reports on the programs in behalf of older persons to achieve more effective coordination and operation.

As a followup to this Conference, there was established, in May of 1962, by Executive order, the President's Council on Aging. The Council was charged with the task of reporting annually to the President and of making available information of interest to private and public organizations which are concerned primarily with the problems of the aging.

In transmitting its first report in May 1963, the Council called attention to the situation of some 18 million Americans who collectively share the problems of "the older American."

The figure "18 million" is of special significance when one realizes that included in this group are:

Three ex-Presidents.

Nearly 10 percent of the Nation's population.

Over 2.3 million war veterans.

Nearly 1½ million people living on farms.

More than 3 million people who migrated from Europe to the United States.

They are many among this vast segment of our citizens who have contributed significantly to the position we now enjoy in the family of nations.

And, yet, we learn from the work of private and public agencies that the older American, who has given so much of himself in the development of this great country, may not be sharing proportionately in the very greatness he has passed on to us.

## PROBLEMS OF THE AGED AND AGING

On February 21, 1963, President Kennedy became the first President ever to send to the Congress a special message relating to our elderly citizens. In his message the President said:

The basic statistics in income, housing, and health are both revealing and disturbing:

The average annual income received by aged couples is half that of the younger two-person families. Almost half of those over 65 living alone receive \$1,000 or less a year, and three-fourths receive less than \$2,000 a year. About half the spending units headed by persons over 65 have liquid assets of less than \$1,000. Two-fifths have a total net worth, including their home, of less than \$5,000. The main source of income for the great majority of those above 65 is one or more public benefit programs. Seven out of ten—12.5 million persons—now receive social security insurance payments, averaging about \$76 a month for a retired worker, \$66 for a widow, and \$129 for an aged worker and wife. One out of eight—2¼ million people—are on public assistance, averaging about \$60 per month per person, supplemented by medical care payments averaging about \$15 a month.

A far greater proportion of senior citizens live in inferior housing than is true of the houses occupied by younger citizens. According to the 1960 census, one-fourth of those aged 60 and over did not have households of their own, but lived in the houses of relatives, in lodging houses, or in institutions. Of the remainder, over 30 percent lived in substandard housing which lacked a private bath, toilet, or running hot water or was otherwise dilapidated or deficient, and many others lived in housing unsuitable or unsafe for elderly people.

For roughly four-fifths of those older citizens not living on the farm, housing is a major expense, taking more than one-third of their income. About two-thirds of all those 65 and over own their own homes—but, while such homes are generally free from mortgage, their value is generally less than \$10,000.

Our senior citizens are sick more frequently and for more prolonged periods than the rest of the population. Of every 100 persons age 65 or over, 80 suffer some kind of chronic ailment—28 have heart disease or high blood pressure, 27 have arthritis or rheumatism, 10 have impaired vision, and 17 have hearing impairments. Sixteen are hospitalized one or more times annually. They require three times as many days of hospital care every year as persons under the age of 65. Yet only half of those 65 and over have any kind of health insurance; only one-third of those with incomes under \$2,000 a year have such insurance; and it has been estimated that 10 to 15 percent of the health costs of older people are reimbursed by insurance.

These and other sobering statistics make us realize that our remarkable scientific achievements prolonging the life-

span have not yet been translated into effective human achievements. Our urbanized and industrialized way of life has destroyed the useful and satisfying roles which the aged played in the rural and smalltown family society of an earlier era. The skills and talents of our older people are now all too often discarded.

A detailed description of some of the principal problems to which this legislation addresses itself is shown in appendix A.

RECOMMENDATIONS

Based on findings of the White House Conference on Aging and other related studies, the President in his special message to the Congress on elderly citizens, February 1963, made the following recommendations:

The heart of our program for the elderly must be opportunity for and actual service to our elder citizens in their home communities. The loneliness or apathy which exists among many of our aged is heightened by the wall of inertia which often exists between them and their community.

We must remove this wall by planned, comprehensive action to stimulate or provide not only opportunities for employment and community service by our elder citizens but the full range of the various facilities and services which aged individuals need for comfortable and meaningful life. \* \* \*

The Federal Government can assume a significant leadership role in stimulating such actions. To do this, I recommend a 5-year program of assistance to State and local voluntary organizations for planning and developing services; for research, demonstration, and training projects leading to new or improved programs to aid older people; and for construction, renovation, and equipment of public and non-profit multipurpose activity and recreational centers for the elderly.

A detailed list of the President's recommendations which are pertinent to this legislation follows:

*Community Planning for Services for Aged*

1. Provide Federal grants to States to establish and expand services for the elderly.
2. Provide Federal grants to public and private nonprofit organizations for research and demonstration projects leading to new programs for the elderly.
3. Provide Federal grants to public and private nonprofit organizations for construction, renovation, and equipment of multipurpose activity centers for the elderly.
4. Provide Federal assistance to assure that communities provide health and social services needed by residents of group residential facilities.

*Employment*

5. Direct Federal agencies to make employment opportunities available on the basis of ability, not age.
6. Increase funds for Federal-State employment service to strengthen its counseling and placement services for older workers.
7. Provide Federal grants to public and nonprofit private organizations for demonstration projects to stimulate expanded employment opportunities for older people.
8. Direct the President's Council on Aging to reappraise problems of employment opportunities for the elderly.

*Consumer Information*

9. Expand information services to consumers regarding food and drugs.

*Education*

10. Encourage Federal-State programs of general university extension for older people seeking advanced education.
11. Enable States to establish programs of basic education for older adults.
12. Increase library services program.

## NEED FOR THE LEGISLATION

The need for this legislation is supported by the careful analysis of the findings of several committees of both Houses of Congress—committees which, incidentally, have developed, assembled, and published what is undoubtedly the largest and most authoritative body of information on older citizens of this Nation.

The Federal programs affecting older persons cut across the responsibilities of many departments and agencies, yet at the present time these programs are without a central core of direction and coordination. The programs are now being administered by the Office of Aging, under the jurisdiction of the Commission of Welfare in the Department of Health, Education, and Welfare.

The General Subcommittee on Education report on the "Problems of the Aging," dated October 1962, stated:

\* \* \* it was readily apparent, from the initial field hearing in Sacramento, Calif., through our final hearing in Washington, that there exists confusion and frustration in this field. The need for coordination at the Federal level as well as at the State level is acute. The need for dynamic leadership was quite apparent.

The report of the Senate Special Committee on Aging, "Developments in Aging," Report No. 8, dated February 11, 1963, expressed its views on the need for effective organization of Federal programs in aging as follows:

\* \* \* The measures taken with respect to coordinating, highlighting, and giving drive to a multiplicity of Federal programs in aging, have been sporadic, spasmodic, piecemeal, hesitant, and futile.

\* \* \* Responsibility for developing programs to serve the needs of older persons is, of course, a shared responsibility. It involves the Federal Government, the States and their communities, and voluntary agencies and organizations at all levels. This partnership of governmental and voluntary agencies is in accord with our time-tested American tradition; it best takes advantage of the essential contribution the individual himself must make in creating a secure, healthful, and meaningful climate for the later years.

\* \* \* The opportunity to share in this responsibility has caught the imagination of many of the States and scores of communities and organizations over the past decade. The variety of approaches and programs developed is almost infinite, reflecting the many-faceted nature of older people and the older population, the needs perceived by sponsoring agencies, and the knowledge and resources available to them. While these developments have come rapidly and while they reach across the entire country, they are nevertheless spotty, often inadequately conceived, and generally undernourished.

\* \* \* Our committee's recent field hearings provided ample evidence of the desire of the States and communities to carry out their vital roles in this partnership. Effective performance of their roles, however, is dependent on effective performance of those functions which are the responsibility of the Federal partner. And our hearings made it clear that we lack anything even approaching effective performance on the part of the Federal partner.

This legislation constitutes a double-barreled answer to these problems. First it would establish a high-level agency—an Administration on Aging—that would devote its full attention to the developments of solutions to their social and economic problems. This agency would function not only as a sympathetic and respectful ear and voice for the elderly, but would function positively in terms of serving as a clearinghouse of information on the problems of the aged and aging; assisting and advising the Secretary on the manifold matters affecting the elderly; administering the grants provided by the act; developing, conducting, and arranging for research and demonstration programs in the field of aging; providing technical assistance and consultation to State and local governments and private organizations; preparing and publishing educational materials dealing with the problems and potentials of older persons; gathering statistics in the field of aging; and stimulating more effective use of existing resources and available services.

Secondly, the bill authorizes funds for a 5-year period for programs designed to promote the well-being of our older citizens. The major portion of this appropriation would be authorized for grants to the States for community planning, demonstration projects, training of personnel, and related programs. A smaller percentage of the appropriation would be used for grants to public or nonprofit private agencies, organizations, or institutions for research, training, and demonstration projects in the field of aging.

The establishment of an Administration on Aging will not automatically solve the problems of our older people. But, establishment of such an organization, providing it with the personnel, funds, and

the authority necessary to give full attention to those problems, will be a major advance in devising the means of dealing with them.

The Administration on Aging, headed by a Commissioner appointed by the President, subject to confirmation by the Senate, would have coequal status with the Social Security and Welfare Administrations. Thus, the older population would be meaningfully represented in the upper echelons of the Federal Government.

The proposed Administration on Aging would establish a specific high-level agency with power and responsibility to take action. It would have full-time responsibility, backed by professional knowledge and ability, and the strong desire to represent effectively in the Federal Government our 18 million older Americans.

#### TESTIMONY ON FEDERAL ORGANIZATIONS FOR AGING

The Select Subcommittee on Education, chaired by Representative John H. Dent, held a series of hearings on H.R. 7957 (H.R. 10088), the Fogarty bill, September 17, 18, and 19, 1963. At these hearings it became clear—particularly after testimony by Secretary Anthony J. Celebrezze of Health, Education, and Welfare and Congressman John E. Fogarty—that the major point at issue was whether we need to create an operating agency within the Department of Health, Education, and Welfare, headed by a Commissioner appointed by the President and confirmed by the Senate, or whether the continued vesting of authority in Health, Education, and Welfare, under the Commissioner of Welfare as an Office of Aging, would prove adequate.

During these hearings, 17 witnesses placed themselves on record as being in favor of creating a new operating agency in Health, Education, and Welfare to be known as Administration on Aging. It is significant that 17 of the 18 witnesses who testified favored this proposal.

Selected letters in support of this legislation, received from State agencies charged with administration programs for the aging, are shown in appendix B.

#### EXPERT WITNESSES

It is interesting to note the background and affiliation of witnesses who favored this legislation. They came from local, State, and National organizations on aging. They included representatives of unions, voluntary and professional organizations, and religious organizations. Most impressive in establishing the expert qualifications of these witnesses were these facts: the witnesses included executives of State commissions or agencies on aging, former Federal executives, the executive directors of three associations of retired persons (National Retired Teachers Association, American Association of Retired Persons, and the Association of Retired Persons, International), representing a paid membership of more than 700,000 individuals; the executive director of the Committee on Older and Retired Workers of the United Steelworkers of America; chairman of the Division of Gerontology, Institute for Human Adjustment, University of Michigan, and member of the Michigan Commission on Aging; the acting president of the National Council of Senior Citizens; secretary of the National Conference of Catholic Charities; coordinator of the United Auto Workers older and retired workers programs; chairman of the

Maryland Commission on the Aging; provost of the University of Rhode Island; and many Members of Congress.

All agreed that an operating agency over and above those in existing departments was imperatively needed.

SUMMARY OF MAJOR PROVISIONS OF THE BILL

The bill provides for the creation of an operating agency known as the Administration on Aging within the Health, Education, and Welfare Department under the direction of a Commissioner on Aging. The bill authorizes to be appropriated \$5 million for the fiscal year ending June 30, 1965, and \$8 million for the fiscal year ending June 30, 1966, and for the fiscal year ending June 30, 1967, and each of the 2 succeeding years, such sums may be appropriated as the Congress may hereafter authorize by law for community planning, and coordination, demonstration programs, and training of special personnel.

It further authorizes \$1.5 for the fiscal year ending June 30, 1965, and \$3 million for the fiscal year ending June 30, 1966, and for the fiscal year ending June 30, 1967, and each of the 2 succeeding years, such sums may be appropriated as the Congress may hereafter authorize for grants by the Department of Health, Education, and Welfare to public or nonprofit private agencies, organizations, and institutions for study, development, demonstration, and evaluation projects relating to the needs of older persons.

The bill provides for the establishment of a 16-member Advisory Committee with the Commissioner on Aging serving as Chairman.

*Committee Action*

As a result of the favorable findings by the Select Subcommittee on Education, both the subcommittee and the full Committee on Education and Labor gave this legislation overwhelming bipartisan approval.

SECTION-BY-SECTION ANALYSIS OF THE BILL

*Section 1. Short title*

This section provides that the act may be cited as the "Older Americans Act of 1964".

TITLE I—DECLARATION OF OBJECTIVES: DEFINITIONS

*Section 101. Declaration of objectives for older Americans*

This section contains a congressional finding and declaration that the older people of the Nation are entitled to, and it is the responsibility of the governments at all levels to enable our older people to secure, equal opportunity to the full and free enjoyment of objectives in the following areas:

- (1) Adequate income in retirement.
- (2) Best possible physical and mental health.
- (3) Suitable housing.
- (4) Restorative service.
- (5) Opportunities for employment without discrimination on account of age.

- (6) Retirement.
- (7) Meaningful activity.
- (8) Efficient community services.
- (9) Benefits of research knowledge.
- (10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

*Section 102. Definitions*

This section contains the definitions of several terms as used in the bill. "Secretary" will mean the Secretary of Health, Education, and Welfare. "Commissioner" will mean the Commissioner of the new Administration on Aging. The term "State" will include the District of Columbia, the Virgin Islands, Puerto Rico, Guam, and American Samoa. The term "nonprofit institution or organization" will mean one which is owned and operated by one or more corporations or associations no part of whose net earnings inures to the benefit of any private person.

TITLE II—ADMINISTRATION ON AGING

*Section 201. Establishment of Administration*

This section establishes an Administration on Aging within the Department of HEW. It provides that the new Administration will be under the direction of a Commissioner on Aging who will be appointed by the President, by and with the consent of the Senate.

*Section 202. Functions of the office*

This section describes the duties and functions of the Administration. The Administration will serve as a clearinghouse for information related to the problems of the aged and aging; assist the Secretary in matters pertaining to the problems of the aged and aging; administer the grants provided under the act; provide for research and demonstration programs in the field of aging; give technical assistance and consultation to States and their political subdivisions with respect to programs for the aged and aging; prepare, publish, and disseminate educational materials dealing with the welfare of older persons; gather statistics in the field of aging; and, finally, stimulate more effective use of existing resources and available services for the aged and aging.

TITLE III—GRANTS FOR COMMUNITY PLANNING, SERVICES, AND TRAINING

*Section 301. Authorization of appropriations*

This section, as amended by the committee amendment, provides that the program of grants provided for by this title will be carried on for 5 fiscal years, beginning with the fiscal year ending June 30, 1965. The section authorizes \$5 million for the first fiscal year of the program and \$8 million for the second fiscal year. However, the bill provides that for the last 3 fiscal years of the program only such sums may be appropriated as the Congress may hereafter authorize by law.

The sums appropriated to carry out this title may be used by the Secretary to make grants to States for projects for the following purposes:

- (1) Community planning and coordination of programs for carrying on the purposes of this act.

(2) Demonstration of programs or activities which are particularly valuable in carrying out such purposes.

(3) Training of special personnel needed to carry out such programs and activities.

(4) Establishment of new or expansion of existing programs to carry out such purposes, including the establishment of new or expansion of existing centers providing recreational and other leisure time activities, and information on health, welfare, counseling, and referral services for older persons and assisting such persons in providing volunteer community or civic services. No cost of construction, other than for minor alterations and repairs, may be included in the establishment or expansion referred to in this paragraph.

*Section 302. Allotments*

Subsection (a) of this section describes the manner in which sums appropriated for grants under this title will be allotted among the several States. These allotments will be made as follows: First, the Virgin Islands, Guam, and American Samoa will be allotted an amount equal to one-half of 1 percent of the sum appropriated, and each other State will be allotted an amount equal to 1 percent of such sum. Then the remainder of the sum appropriated will be allotted among the several States pro rata on the basis of the relative number of persons in each State who are 65 or over.

Under subsection (b), if a State notifies the Secretary that some of the funds allotted to it for a fiscal year will not be required for carrying out its State plan (if any), such funds will be available for reallocation from time to time to other States which need funds for carrying out their State plans in excess of those previously allotted to them, and will be able to use such excess amounts for projects approved by the State during the period for which the original allotment was available. These reallocations will be made on the basis of the State plans so approved, after taking into consideration the population age 65 and over. Any amount reallocated will be deemed part of the State's allotment under subsection (a).

Subsection (c) provides that the State's allotment for a fiscal year may be used for grants to pay part of the cost of projects described in section 301 and approved by the State prior to the end of the year (or prior to July 1, 1966, in the case of the first year's allotment). To the extent permitted by the State's allotment, the payments with respect to a project will be equal to 75 percent of the cost of the project for the first year of the duration of the project, 60 percent of such cost for the second year, and 50 percent of the cost of such project for the third year. However, at the request of the State such payment may be less than such percentages and grants may not be made under this title for any project for more than 3 years or for any period after June 30, 1971.

*Section 303. State plans*

This section prescribes the requirements which a State plan must meet for approval. These are the following:

(1) It must provide a single State agency to be the sole agency for administering or supervising the administration of the plan. This agency must be the one primarily responsible for coordination of the State's programs and activities related to the purposes of the act.

(2) It must provide for such financial participation by the State or communities within the State as the Secretary may by regulations prescribe in order to assure continuation of desirable activities and projects after termination of Federal financial support.

(3) It must provide for the development of programs and activities for carrying out the purposes of the act. These will include the furnishing of consultative, technical, or information services to public or nonprofit private agencies, and for coordinating the activities of such agencies and organizations to the extent feasible.

(4) It must provide for consultation with, and utilization of, the services and facilities of appropriate State or local public or nonprofit private agencies and organizations in the administration of the plan and the development of such programs and activities.

(5) It must provide for such methods of administration as are necessary or appropriate for the proper and efficient operation of the plan. These must include methods relating to the establishment and maintenance of personnel standards on a merit basis, but no authority is given the Secretary to exercise any authority with respect to the selection, tenure of office, and compensation of any individual.

(6) It must set forth principles for determining the relative priority of projects within the State.

(7) It must provide for approval of projects of only public or nonprofit private agencies or organizations and for a hearing before the State agency for any applicant whose application is denied.

(8) It must provide that the State agency will make such reports to the Secretary as may reasonably be necessary to enable him to perform his functions under the title and for the keeping of the appropriate records.

The Secretary may not finally disapprove any State plan without first affording the State reasonable notice and opportunity for a hearing.

Subsection (b) provides that when the Secretary finds that a State plan has been so changed that no longer it complies with the requirements described in the preceding paragraph, or that in the administration of the plan there is a failure to comply substantially with any such requirement, he may, after appropriate notice and hearing, discontinue further payments to the State until he is satisfied that there will no longer be any failure to comply.

Subsection (c) provides that any State which is dissatisfied with the Commissioner's action in failing to approve a State plan or in withholding payments may obtain judicial review of his action in the U.S. court of appeals. Such review will be in conformity with the substantial evidence rule. The decision of the court of appeals will, in turn, be subject to review by the Supreme Court on certiorari.

#### *Section 304. Costs of State plan administration*

Ten percent of each State's allotment for a fiscal year (or \$15,000, whichever is larger) will be available for paying one-half of the costs of the State agency in administering its plan.

#### *Section 305. Payments*

Payments under the title will be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

TITLE IV—RESEARCH AND DEVELOPMENT PROJECTS

*Section 401. Project grants*

This section authorizes the Secretary to make grants or contracts for the following purposes:

(1) To study current patterns and conditions of living of older persons and identify factors which are beneficial or detrimental to the wholesome and meaningful living of such persons.

(2) To develop or demonstrate new approaches, techniques, and methods (including multipurpose activity centers) which hold promise of substantial contribution toward wholesome and meaningful living for older persons.

(3) To develop or demonstrate approaches, methods, or techniques for achieving or improving coordination of community services for older persons.

(4) To evaluate these approaches, techniques, and methods, as well as others, which may assist older persons to enjoy wholesome and meaningful living and to contribute to the strength and welfare of the Nation.

Grants under this section may be made to any public or nonprofit private agency, organization, or institution, and contracts may be entered into under this section with any of the foregoing, and also with individuals.

*Section 402. Payments of grants*

In carrying out this title the Secretary may, as he deems it appropriate, require the recipient to contribute money, facilities, or services for carrying out the project. Payments under this title may be made in advance or by way of reimbursement, and in installments and on such conditions as the Secretary may determine.

TITLE V—TRAINING PROJECTS

*Section 501. Project grants*

The section authorizes the Secretary to provide for the specialized training of persons employed or preparing for employment in carrying out programs related to the purposes of this act. This may be accomplished through grants or contracts with any public or nonprofit private agency, organization, or institution.

*Section 502. Payments of grants*

This section provides that the Secretary may, where appropriate, require the recipient of any grant or contract under the title to contribute money, facilities, or services for carrying out the project. Payments under this title may be made in advance or by way of reimbursement, and in such installments and on such conditions as the Secretary may determine.

TITLE VI—GENERAL

*Section 601. Advisory committees*

This section creates in the Department of Health, Education, and Welfare an Advisory Committee on Older Americans for the purpose of advising the Secretary of Health, Education, and Welfare on matters bearing on his responsibilities under this act and related activities of

his Department. The Committee will be composed of the Commissioner, who will be Chairman, and 15 persons, not otherwise in the employ of the United States, appointed by the Secretary without regard to civil service laws. The appointive members must be persons who are experienced in or have demonstrated particular interest in the special problems of the aging.

The term of office of Committee members will be 3 years except that the terms of office of the members first appointed will be so adjusted that an equal number of new members will be appointed each year.

The Secretary is also authorized to appoint technical advisory committees for advising him in carrying out his functions under the act.

Members of the Advisory Committee or of any technical advisory committee will receive the usual per diem and travel and subsistence allowances.

#### *Section 602. Administration*

In carrying out the purposes of the act the Secretary may provide consultative services and technical assistance to public or nonprofit private agencies, organizations, and institutions; he may provide short-term training and technical instruction; he may conduct research and demonstrations; and he may collect, prepare, publish, and disseminate special educational or informational materials.

The Secretary is authorized to utilize the services and facilities of other Federal agencies and other public and nonprofit agencies in accordance with agreements with them.

#### *Section 603. Authorization of appropriations*

This section, as amended by the committee amendment, provides that the programs provided for in titles IV and V of the act will be carried out for the 5-year period beginning with the fiscal year 1965. For the fiscal year 1965, this section authorizes the appropriation of \$1,500,000, and for the fiscal year ending June 30, 1966, the appropriation of \$3 million. However, for the next 3 fiscal years of the program the Congress may hereafter authorize by law.

## APPENDIXES

### APPENDIX A

#### DETAILED DESCRIPTION OF THE PRINCIPAL PROBLEMS OF THE AGING HEALTH

Millions of older Americans enjoy relatively good health and many of them can be almost as active as they were when they were years younger. Many of those with disabilities have learned to live with them and accept their limitations.

But, most have become the prey of at least one disease that will stick with them as long as they live. It is part of the toll the years have taken. It is grim evidence that the causes and cures are still to be found for the diseases that come with age.

And it is dramatic proof of the health-care problem faced by older Americans who are caught between rising medical and hospital costs and their low, relatively fixed incomes.

Statistically, here is the health report of today's older Americans:

More than 12 million have at least one chronic condition such as high blood pressure, arthritis, diabetes, heart disease, or mental disorder.

More than half of those with a chronic ailment have some limitation on their activities.

More than 800,000 older people are in institutions.

About 1,250,000 elderly people are invalids who, though not in institutions, are unable to get along without help from others.

Tragically, many of those with serious conditions would be in better health if known preventive and restorative services had been promptly used. Until more is known about the causes and cures of chronic diseases, the most potent weapon against them is early detection and prompt treatment.

Part of the problem lies with the older people themselves. They delay going to a physician until it is too late. This is obvious from one of the studies of the national health survey which showed one out of four people 65 or over had not been to a physician for 2 years or more.

Sole responsibility, however, cannot be placed on the older people for this. They have not been made fully aware of the need for regular medical checkups, the dangers of self-doctoring, or the methods of accident prevention.

Many older Americans do not get the care they need because they are too proud to accept charity or other outside financial help. And they do not want to be a burden on their families.

Many make the mistake of treating themselves when they really need to see a doctor. Others use medications which have worked on similar symptoms in neighbors or friends. They want to avoid the cost, or they may be afraid of treatment and hospitals.

Others are the victims of poor nutrition because they are caught by food fads, poor food habits, or lack of interest in eating, primarily because they have to eat alone.

Accidents—many of them preventable—also take a high toll among older people. They have nearly twice as many home accidents as the average adult and three times as many fatal accidents.

Part of the fault for the poor health of many of the aged also must be borne by physicians, communities, States, and the Federal Government, which have been slow in starting health programs for them.

A positive recent step was the passage of the Community Health Services and Facilities Act of 1961, designed to help States and communities start or expand comprehensive care services outside hospitals for the chronically ill.

But, for this generation as well as future generations of older Americans, much remains to be done both in detecting chronic diseases early and in finding their causes and cures.

A great deal of research is already underway. With the brilliant success of science during the 20th century in controlling infectious disease and in improving nutrition and sanitation, the main spotlight of research has now been trained on the diseases of the later years.

In the past 10 years, hundreds of millions have been spent by Federal, State, and local governments and by scores of voluntary agencies for research on diseases affecting older people.

Surgery, medicines, and medical care never dreamed of in 1900 are now in use. They have done much to ease the pain and sufferings of illness. And, they have helped to add 21 years to the average life expectancy at birth since 1900. But these marvels of science have also made the treatment of illness—both for the old and for the young—increasingly complex and costly.

#### EMPLOYMENT

Employment plays varying roles in the lives of older Americans. For many, it is a principal source of income to provide the necessities of life. For others, it provides the therapy of usefulness, belonging, and well-being. To many older people, employment is the badge of status in the family and the community and the center from which social contacts radiate. To some it is one of these things and to others it may be all of them.

Employment, thus, has different meanings for different older Americans, depending upon their individual needs and wants. It means full-time remunerative work for one; for another, a part-time job to supplement a pension income; for still another, voluntary work in his home community or even abroad in the Peace Corps. To others employment means a place to go every day—and the paycheck is a minor consideration.

As the needs and wants relating to employment differ among older Americans, so do the opportunities for satisfying those needs and desires. For the opportunities of obtaining or retaining employment are subject to many severe restrictions. A major restriction lies in the practices in our society. Many older persons are barred from work by age discrimination in hiring or in selection for retraining. Others are forced to quit work because of compulsory retirement policies.

A sample survey in 1956 of job orders placed in State employment service offices showed that 58 percent had an upper-age restriction.

A new survey is now being conducted and hopefully will show some improvement. According to recent surveys of firms with pension plans, 9 out of 10 companies employing 1,000 or more workers have mandatory retirement policies, and there appears to be little or no inclination on the part of employers to discontinue these policies. In fact, available evidence points to an increasing number of employers who are establishing compulsory retirement at a fixed age—this in an era when the span of life is growing.

Opportunities for employment are limited also by the climate of the labor market. There is the increasing competition from mounting numbers of young jobseekers for whom new jobs cannot be created fast enough in an economy which has experienced an average annual unemployment rate of 5.5 percent for the past 5 years. Complicating the situation are new job requirements created by new technology, geographical movements of industry and the accompanying movement of jobs, and plant mergers.

Limitations in job opportunities arise also from the qualifications of the elderly person himself. They may include such factors as declining health and physical ability on the part of some, limited skills or skills no longer in demand in the fast-changing labor market, lack of sufficient education for many of the new jobs, and waning ability to move about to seek work where it may be. Many an individual creates his own restriction by the limitation he puts on wages, hours, working conditions, and the location of work.

If the problem of employment of older Americans is to be dealt with adequately, we must understand not only their varying needs for employment but also the many obstacles and difficulties standing in their way. To make opportunities in employment available for elderly persons, we need to do two things. First, we need to identify those elderly persons who want to earn money and concentrate our job development efforts for this group. Second, we need to provide opportunities for other elderly Americans to satisfy their needs for useful activity through community, public service, and other kinds of noncompensatory activities.

Enlarging work opportunities for older people will require action on a number of fronts. It will involve—

- gaining acceptance of the principle of employment on the basis of ability rather than age;
- gaining an understanding on the part of employers of the qualifications of many older persons for available employment;
- providing opportunities for retraining older workers and upgrading their skills and providing more opportunities for vocational rehabilitation;
- encouraging the adoption of flexible retirement policies based on an individual's capabilities, needs, and desires, rather than his age;
- developing part-time employment opportunities for those who need or desire to work but who cannot or do not wish to work full time.

Steps also need to be taken to provide more adequate counseling, placement, job development, physical restoration, and other services to assist older people in choosing and retaining or reentering employment. Too often such services are denied the older worker on the erroneous premise that age alone makes such help fruitless. A more

positive outlook is needed on the part of those serving older persons and on the part of the older persons themselves.

#### HOUSING

A suitable place to live—a house, an apartment, whatever it may be—is a necessity for the older American who wants to live a useful and independent life, just as it is for a younger person.

Housing for older people today is for active, self-reliant persons who are living longer, healthier, and more meaningful lives. It is designed for efficient, dignified living and avoids the needless struggle to maintain large homes.

But, an adequate home for an older person is often quite different from what would be adequate for a younger person. Older people today have smaller incomes, their health is usually poorer, and, of today's nearly 18 million people 65 or over, nearly one out of four lives alone.

It is important, therefore, that older people have access to housing which is adequate but low cost, is modest in size and efficient to maintain, and is so designed that it will help them avoid accidents.

It is also particularly important that their homes be close to public transportation, since many of them do not have cars; that it be close to adequate shopping facilities, so that normal activity is sustained; and that it be near recreational, church, cultural, and other community centers, so that they can be active in community life.

By these basic standards, much of today's housing for older people is far from adequate.

Of the people 65 or older who head households, about one-third live in dilapidated housing, deteriorated housing which may or may not have all plumbing facilities, or in housing that, though sound, lacks some or all plumbing facilities.

In addition, many older Americans live in housing units which are too large, too costly, or too inefficient or unsafe for the special needs which come with age.

A recent foundation-financed study of quality of housing of persons receiving social security payments showed that:

Forty-five percent of all aged living in households were classified as being in need of better accommodations, based on the quality of the housing or the living arrangements with relatives.

Eighty percent were living in houses at least 30 years old, and 40 percent living in houses at least 51 years old.

The aged in poorest health, by and large, occupied the poorest housing.

Despite the unpleasant view these facts conjure, the outlook for improvement is bright. For in no area of Federal housing programs has progress during the past 2 years been more dramatic than in housing for the elderly. The progress has been based on cooperation between private groups and governmental agencies with emphasis on local initiative and local action.

#### RETIREMENT PLANNING AND COUNSELING

The adjustments many older Americans face when they retire are as drastic as any they have ever faced in their lives.

Consider, for a moment, the adjustments an older person would need to make if—

His income was cut at least in half.

Leisure time replaced the hours he worked.

The regularity of his work no longer existed.

His association with coworkers ended.

He no longer had his work to occupy his mind.

Many of today's older people have successfully made the adjustments associated with retirement. Many others have not.

Recognizing the difficulties in getting used to retirement, some of the Nation's employers, unions, and civic and government leaders have set up retirement planning and counseling programs in recent years.

The programs have generally had two purposes:

To tell the people nearing retirement about the adjustments they will have to make and to help change their attitudes about retirement; and

To give them factual information about social security, health, housing, social welfare, investments, recreation, civic activities, legal matters, community resources, and other matters with which they may have had no previous experience

How extensive retirement planning and counseling are among employers and unions is difficult to measure. But it has been estimated that about one-third of the large employers have some type of program. Two of the Nation's biggest unions have a full-time staff working on such programs. Local school systems, recreation departments, and libraries have offered assistance.

Several of the Federal Government's agencies have retirement preparation programs and others are considering them.

The development of retirement preparation has been led by a dozen or so universities, which have been influential in getting employers and unions interested.

The results are hard to measure because the programs have been in operation only a short time and because they vary considerably in quality. But there is no doubt these efforts have been helpful in many cases and should be expanded.

In addition to these efforts to help older Americans with their retirement adjustments, more and more communities are providing counseling services for them when they have retired.

Many older people need personalized counseling when they are confronted with such decisions as: what to do next; how to change their living arrangements; how to deal with upset family relationships. Some encounter deep emotional problems. Many need help in determining what to do about serious health problems. How to manage on shrunken income is a major problem in itself.

If such counseling is available, it is usually part of a general community service for persons of all ages. But in a few large cities special agencies have been set up for older people.

Unfortunately, this useful service often is not available. All too frequently, the money, personnel, and inspiration to establish it in communities, either within existing agencies or as a separate function, do not exist.

Employers, unions, community leaders, and others have an important role in helping people with their retirement adjustments and difficulties. A tiny beachhead has been won, but it needs to be greatly enlarged.

Most of all, those nearing retirement should be encouraged to look ahead and plan for the adjustments they will need to make.

#### EDUCATION

Education offers many opportunities for an adult to continue as part of the community. One of the less obvious but important values of preretirement education is the reminder to persons approaching full retirement that education for education's sake can be stimulating and enjoyable. Some older people welcome the chance to learn a new language, to be guided into greater appreciation of music or art, or to experience for the first time the joy of painting, modeling, orchestration, or discussion. Basic elementary education, when classes are offered in convenient neighborhood locations, is eagerly accepted by older adults who lacked educational opportunities when they were growing up.

Colleges and universities, community colleges, and public school adult education agencies in several States are offering courses especially designed to meet these increased needs. Many libraries have developed special services and programs for their older patrons.

For the majority of older Americans, the financial barriers to continuing education must be removed—or drastically lowered—if all who want to follow this road to a place in the community are to have the opportunity to do so.

#### CREATIVE ACTIVITY AND RECREATION

Retirement offers unlimited opportunities to enjoy old hobbies or to develop new ones. Retirement also means that people have time to learn and practice new skills in a wide range of arts and crafts, home repair, maintenance, and beautification—things that many people have wanted to do before but never had the time to do until they retired.

Travel, participation in organizations, and recreation also open up ways for older people to make new friends and meet new people. One of the demonstrated values of senior citizens centers is the chance they offer many older persons to find new interests after retirement. Many persons no longer feel at loose ends after being welcomed into an activity center. The companionship, acceptance, and interest of his peers are often all that an older person needs to renew his interest in life and the world around him.

For some, the extent of their participation is limited by fear of involvements that will make too many personal demands on their time or energies. They may go no further than thumbing through the available reading material or listening to a discussion or watching a movie. But gradually, the warmth of others' interests brings more response. A card game may be tried—or a simple responsibility accepted. Soon, a satisfying activity is found, and some degree of community participation follows. For many, the centers become the doorways to an active, outgoing role in their community, as a volunteer there or elsewhere, as a participant in political activity, as a student, or as an active church member.

There are now over 700 senior activity centers in the country offering opportunities in arts and crafts, education, and recreation. Similar opportunities are offered by approximately 3,000 clubs spon-

sored by welfare and recreation departments, local chapters of national voluntary organizations, religious groups, and labor organizations. While there has been a phenomenal increase in the number of such centers since the White House Conference on Aging in January 1961, many more are needed to provide bridges to community participation for the older Americans who have not yet discovered a way to adjust to their new-found leisure.

#### CARE OF THE AGING

One fact stands out as we grow older: the years force our body to pay a toll. We may be rich. We may be poor. We may have the best medical care. We may have none. We may carefully choose our diet. We may not.

But, the toll for each added year is inevitable, and the effect is at least a gradual decline in our ability to be active.

Medical science and the other sciences each year are discovering new ways to slow down the decline and new ways to rehabilitate us if we are incapacitated by sickness or injury. But scientific inquiry is a slow and painstaking process, and many of the secrets of life and health are still locked in the vault of time.

Thus, we see among our older Americans several million—mostly in their seventies, eighties, and nineties—whom the toll of the years has made frail and disabled. They need special care and attention to be active at all or to regain lost strength and abilities. They need someone to care.

Out of their needs and the needs of other older people in the past, special kinds of health services and living arrangements have grown—nursing homes, homes for the aged, home health care, homemaker services, foster homes.

Unfortunately, the need for such services and home arrangements far exceeds the supply, and those available are often very inadequate or too expensive.

The result: Many disabled older Americans are in their own homes when they should be in homes for the aged, or in nursing homes, getting more care and medical attention. At the same time, some are in nursing homes or other institutions when they could be at home if help were available there. Others live with their families because help in their own homes is lacking.

But, with the growth in the number of older people and the realization that they have special needs, the situation is gradually improving.

This is mainly due to an increased interest in disabled older people on the part of States, communities, and private organizations.

The kinds of services and living arrangements for the dependent older person vary widely.

In some cities, a wide variety of service is available to the older person who is well enough to stay at home but too disabled to do such chores as cook, clean, or shop.

Examples of good services, excellent care, effective rehabilitation, coordination of programs and facilities could be cited. But for the most part, such services are spotty, fragmentary, not nearly adequate to the need.

Services in the home should include such aids as homemaker services, meals on wheels, shopping aid, visiting-nurse services, and counseling and other social services.

Homemaker services usually consist of sending a trained woman into private homes to help with shopping, cooking, and cleaning, perhaps to help the older person dress and get about the house, and to provide a friendly link with the outside world. The homemaker may be needed only a few hours several times a week, or she may come more regularly.

It is a flexible service and a beacon of hope to many aged people.

But there are homemaker services for the aged in only 40 States and in only 134 communities. Even where the service exists, the number of homemakers actually available is often very small.

The prospects of expanding these services appear encouraging, through both voluntary organizations and public agencies. Starting on July 1, 1963, 75 percent of the costs of such programs can be provided by Federal funds in local public assistance programs. Also, funds for research and demonstration projects in this field are available to health and welfare agencies.

A homemaker program for older people in every community is now a reasonable goal, a justifiable hope.

"Meals on wheels" is the usual term given a variety of portable meal services by which warm meals are made available to older people in their own homes, usually once a day. But at the last count, only 25 of these programs were in effect.

This service is sometimes combined with shopping aid and homemaker service. The combination makes it possible to help both these who like to prepare their own meals and those who need to have them prepared.

Visiting-nurse services have been provided in most urban communities since 1900, but many more visiting nurses are needed. Their job is to check on the physical condition of the older person, to be sure his medicine prescription has not run out, or to provide any other care that might be needed and that they can professionally give.

In a few communities, coordinated home-care programs are offered in order to extend many hospital services directly into the home. Under such programs, the older person's needs are met primarily by his family, with the help of a team of professionals—nurse, doctor, social worker, nutritionist, and physical or occupational therapist. In 1960, however, only 33 such programs had been established in the United States.

Even broad home-care services do not assure everything a disabled older person might need. He may require a friendly visitor, or legal protection of one kind or another. If he is receiving public assistance or other financial aid, such help may be readily available, but, otherwise, he or his family may have difficulty in finding it.

Information and referral services are of great assistance to older persons and their families, but again complete services of this kind are offered by only a few communities. For the older person, more is frequently needed than the information and advice. He may also need help in getting to the agency which can assist him, or he may need guidance in order to avail himself of the services set up for him.

Casework services, while a part of the total welfare program, are only beginning in many places to be extended to persons who are not currently receiving public assistance.

Recent changes in the social security law have broadened the possibility of these services reaching people whose needs are not complicated by lack of money for the basic necessities. But in far too many places today no casework or counseling services exist for other older people or those concerned with their care.

Even if adequate community services were available—which would permit many older Americans to remain in their homes long after their physical abilities had diminished—some would eventually need more supervision or more intensive care than can be brought into their homes.

The next step for some would be a special type of home, such as a boarding home, group-care residence, foster home, or home for the aged—or in many cases a nursing home.

HOMES FOR THE ILL OR DEPENDENT

Homes for the aged, foster homes, and other group residences today give hope that a much better situation will exist in the future than we have seen formerly—when all too often the home was institutional in character and provided little more than basic shelter and food to the residents. We see, today, experimental designs and imaginative architecture, and the development of programs of services that show much more regard to the very real needs of older people—to enable them to live with dignity and in comfort.

Church groups and fraternal orders have been leaders in pioneering new concepts and designs in varied types of housing for the elderly. The Federal Government has played an important role in the program of mortgage insurance for residential facilities, in working with local housing authorities to build public housing especially designed for the elderly, and in the direct loan program of the Community Facilities Administration to assist in construction for low-income residents.

In 1961, more than half a million older Americans lived in 23,000 nursing or other types of homes providing nursing or supportive services.

Many of these nursing homes, unfortunately, are unsatisfactory by any modern standard. Many are converted residences. Many are deteriorated and actually unsafe. The number of “acceptable” nursing home beds is far short of the need.

All States have licensing programs for nursing homes. Because of the shortage of well-designed, well-equipped, and well-staffed homes, however, the licensing standards often represent scarcely minimal requirements.

The Public Health Service defines the various kinds of homes serving the aging according to type of care provided:

Skilled nursing homes which provide skilled nursing care as their primary and predominant function. In 1961, there were 9,700 of this type with 338,700 patients.

Personal-care homes which primarily provide domiciliary personal-care functions but may also provide some skilled nursing care. In 1961, there were 11,100 with 207,100 residents.

Residential-care homes which have primarily residential or sheltered-care functions but which also provide some skilled nursing care. In 1961, there were 2,200 with 47,000 residents.

Very few of even the best skilled-nursing homes provide restorative and rehabilitative services.

Yet, there is evidence that physical rehabilitation for chronically ill bed patients over 65 could restore many within a year to ambulation and partial self-care and that many so restored would not require continued institutional care.

Some of the inadequate medical-care and restorative services in nursing homes are due to the traditional attitude toward them as the last stopping place, the point of no return.

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APPENDIX B

Selected letters supporting this legislation received from State agencies charged with the administration of programs for the aging are shown as follows.:

STATE OF INDIANA,  
COMMISSION ON THE AGING AND AGED,  
*Indianapolis, Ind., March 31, 1964.*

Hon. PAT McNAMARA,  
*Labor and Public Welfare Committee,  
Congress of the United States, Washington, D.C.*

MY DEAR SENATOR: I have received copy of H.R. 10088 which I understand is before the full Committee on Education and Labor.

I write you urging your favorable reaction to this bill which provides for a separate administration under the direction of a Commissioner on Aging to be appointed by the President by and with the advice and consent of the Senate.

Title III of this bill in relation to grants for community planning, services, and training is of special interest to the Indiana Commission on Aging and Aged. Our limited budget permits us to do very little experimentally and the availability of funds as provided in this act for demonstration projects is certainly commendable.

Our limited budget prohibits our indulging in any sizable research activities and without such research, we have to guess much more than we should be required to do.

As various activities are inaugurated in the State of Indiana, these activities have to be carried out under the direction of persons who lack specialized training and whose effectiveness would be greatly increased were specialized programs made available to them. This proposed bill would make this additional feature a possibility.

May I urge your careful consideration of this bill.

Cordially yours,

Dr. GEORGE E. DAVIS,  
*Executive Director.*

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COMMONWEALTH OF KENTUCKY,  
COMMISSION ON AGING,  
*Louisville, Ky., October 21, 1963.*

Congressman JOHN H. DENT,  
*House Education and Labor Committee,  
Washington, D.C.*

DEAR SIR: At a recent Kentucky Commission on Aging meeting our commission endorsed the Older Americans Act of 1963 (H.R. 7957 and S. 2000).

This bill, as you know, does the following:

(1) Creates an Administration on Aging in the Department of Health, Education, and Welfare.

(2) Provides grants for community planning; for training of personnel to carry out the programs; and for study projects.

We feel it is essential to secure Federal funds in order to develop programs at the community level and if programs are not developed at the community level there is little use of promoting programs from the Federal and State level that can't be implemented.

Any support you can render in helping enact this legislation will be greatly appreciated.

Sincerely,

DONALD L. BECKHART,  
*Executive Director.*

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MISSISSIPPI COUNCIL ON AGING,  
*Jackson, Miss., October 4, 1963.*

CONGRESSMAN JOHN H. DENT,  
*House Education and Labor Committee,*  
*Washington, D.C.*

DEAR CONGRESSMAN DENT: We in Mississippi are in need of funds for community planning and coordination of programs, in the interest of our aging population. I have copies of H.R. 7957 and S. 2000, and believe that the provisions of these bills will aid us greatly in developing and carrying out our programs.

Let me urge you, therefore, to use your influence to get this bill out of committee and, if possible, passed during this session of Congress. Many of the States need just such an impetus as the passage of this bill will give them; hence, we solicit your cooperation to that end.

Thanking you for your assistance, I am,

Very sincerely,

H. J. MASSIE, *Executive Director.*

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UTAH COUNCIL ON AGING,  
*Salt Lake City, Utah, October 28, 1963.*

HON. JOHN H. DENT,  
*House Education and Labor Committee,*  
*House of Representatives, Washington, D.C.*

DEAR SIR: It is our understanding that your committee is now studying H.R. 7957, the Older Americans Act of 1963. We sent for a copy of this bill and have studied it very carefully. It is the wish of our council that I convey to you our desire to solicit your support in recommending this bill for passage to the U.S. House of Representatives.

We have discussed several projects, such as protective services for senior citizens, meals-on-wheels, senior citizens' volunteer bureau, State institute on aging, preretirement demonstration program for State employees, senior citizens roster, State fair building and exhibit for senior citizens, which are just a few of the projects we would like to see become a reality. The major obstacle to promoting these projects is the fact that we do not have sufficient funds to promote them nor to

hire administrative persons to follow them through. Several senior citizen groups are now using converted buildings and could benefit if this bill were passed, inasmuch as the bill would provide money for renovating and building multipurpose recreation activity centers. I have been in touch with faculty members at three of the universities in the State and they all express an intense desire to participate in research projects if funds were available. Because of the very limited budget of our State council on aging, we have found it necessary to reduce the secretary's time to four-fifths of a full tour of duty. We are now working with three volunteer groups to solicit the assistance of workers to assist us with our office work on a volunteer basis with no compensation. We believe the people in the State and the social organizations are ready to become involved in these programs.

We feel that if this bill were passed, it would certainly enable us to move into the areas mentioned above and, together with the senior citizens of the State, help them to help themselves improve the status of the senior citizen. We often hear comments that such great sums are being spent to put an American on the moon and so little is spent to take care of our social problems, such as the problems confronting the senior citizens, right in our own backyard. With the passage of this bill, we would certainly be giving much needed help and consideration to these problems that confront us in our own backyard.

If you feel it would be helpful for your committee for me to be more specific on our projects, or to elaborate on the statements I have made, I would appreciate it very much if you would write me. Thank you for your interest in the senior citizens throughout the United States.

Sincerely yours,

EDWARD Y. OKAZAKI, *Director.*

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