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ABSTRACT

This document presents prepared statements and testimony from the Congressional hearing on the federal government's role in providing long-term care for the elderly in America. Opening statements from the chairman and three members of the Select Committee on Aging focus on the financial burden of long-term care for America's elderly, the anticipated growth of an aging population, and the need for alternatives to high-cost institutional care. Testimony is given from witnesses including the chairman and members of the Close-Up Foundation in Arkansas, the chairman of the Arizona Governor's Advisory Council on Aging, a staff member of the Oregon Governor's Ombudsman's Program, Utah's state director of the American Association of Retired Persons, the chairman of the Rural Elderly Task Force for the Select Committee on Aging, and several retirees. The needs of the elderly, especially for in-home medical and social services from the community are stressed. Suggestions are offered for federal support of long-term care, including: (1) federal incentives to insurance companies for long-term care; (2) extension of Medicare to cover long-term care; (3) incentives to keep people in their own homes and out of institutions through federally supported programs or extension of existing federal programs; (4) the use of tax credits to help relieve the financial burden on families of the elderly; and (5) the use of paramedicals to provide in-home care. The appendix includes statements from other state agency representatives and retirees. (ABB)

LONG-TERM CARE IN AMERICA: THE PEOPLE'S CALL FOR FEDERAL ACTION

HEARING

BEFORE THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

FIRST SESSION

JUNE 4, 1985

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LONG-TERM CARE IN AMERICA: THE PEOPLE'S CALL FOR FEDERAL ACTION

TUESDAY, JUNE 4, 1985

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
Washington, DC.

The select committee met, pursuant to notice, at 10 a.m., in room 345, Cannon House Office Building, Hon. Edward R. Roybal (chairman of the committee) presiding.

Members present: Representatives Roybal of California, Synar of Oklahoma, Skelton of Missouri, Sisisky of Virginia, Hammerschmidt of Arkansas, Regula of Ohio, Shumway of California, Jeffords of Vermont, Schneider of Rhode Island, Siljander of Michigan, Lightfoot of Iowa, Meyers of Kansas, Swindall of Georgia, Henry of Michigan, Kolbe of Arizona, and Schuette of Michigan.

Staff present: Jorge Lambrinos, staff director; Gary Christopherson, health specialist; Nancy Smith, professional staff; Christina Mendoza, executive assistant; Carolyn Griffith, staff assistant; Paul Schlegel, minority staff director; Jay Hass, minority research assistant; and Anne Riser, minority secretary.

OPENING STATEMENT OF CHAIRMAN EDWARD R. ROYBAL

The CHAIRMAN. The committee will now come to order.

Ladies and gentlemen, the purpose of today's hearing is to examine what the Federal Government should do to help relieve the long-term-care burden faced by America's elderly.

This townhall type of hearing will give us a unique opportunity to hear from the people themselves. Throughout this hour, the people will speak to the problems faced by the elderly in need of nursing home, home health, respite care, and other continuing care. They will also call upon Congress for Federal action on their behalf.

The American people have good reason to feel that long-term care is the greatest gap in our public and private insurance systems. Only the very rich can get all the long-term care they need.

The rest of the people—the poor, the near poor, and the middle class—are at great risk of having too little money and too little access. Today the only people who are even partly insured against the catastrophe of long-term illness and disability are those in poverty or those who are forced to spend down into poverty.

This situation is deplorable in a nation which spends over $1 billion a day for health care and which prides itself on having the best health care money can buy. I believe the time has come for

change. We must give the people access to the long-term care they so desperately need.

Today we are calling upon senior citizens across the country to participate in this very special hearing. I am looking forward to their testimony.

Ladies and gentlemen, it is now my pleasure to recognize Mr. Hammerschmidt.

STATEMENT OF REPRESENTATIVE JOHN PAUL HAMMERSCHMIDT

Mr. HAMMERSCHMIDT. Thank you, Mr. Chairman. I thank you for calling this hearing today on long-term care. We are especially fortunate to have the opportunity to hear first hand, from older persons themselves, about the difficulties which they face in obtaining quality long-term care in their communities.

I am pleased to note that people are here from my district in northwest Arkansas, participating in the Close Up Foundation's Program. It is always helpful to have the benefit of face-to-face contact with the persons most directly involved with, and affected by, the policies that are developed here in Washington. More important, however, is the opportunity which this hearing presents for us to hear about how the current programs are working, and what changes need to be made. Many witnesses have testified before this committee, Mr. Chairman, on the need to strengthen community-based services for the sick and disabled, and I would like to focus on this much needed aspect of long-term care. We have been told that community-based health and social services can often be effective in delaying and even preventing institutionalization.

Public programs now provide more financial support for institutional forms of long-term care than for community-based services such as home health care, occupational, physical and speech therapy, adult day care, respite care, and nutritional education. It seems to me that if these services were more available and accessible, many more older persons could live more rewarding and independent lives than if they were simply institutionalized when care is needed.

Even with some Federal funding, the cost of long-term-care services often requires families to pay significant out-of-pocket costs. Families often exhaust all savings when paying for care for loved ones.

There are many options to consider for improving community-based long-term care. They include changing private and Federal reimbursement coverage of community-based long-term-care services, increasing research and dissemination of information on home health care, and amending the Internal Revenue Code to allow a refundable income tax credit for expenses incurred in the care of an older family member.

Mr. Chairman, I am looking forward to hearing the views of the members of the audience on the ways that they feel those of us in Congress can develop better long-term-care services, and want to thank them for taking the time to be here with us today.

Thank you.

The CHAIRMAN. Thank you, Mr. Hammerschmidt.

At this time I would like to submit the prepared statements of Congressman Mario Biaggi and Congresswoman Olympia J. Snowe.

[The prepared statements of Representatives Mario Biaggi and Olympia J. Snowe follow:]

PREPARED STATEMENT OF REPRESENTATIVE MARIO BIAGGI, M.C.

Mr. Chairman, I want to commend you for holding this important hearing. Today we are discussing one of the most important issues facing all Americans, and especially our Nation's elderly: the subject of long term health care. The rapid increase in population of senior citizens demonstrates the immediacy of this problem.

Presently, approximately 11 percent of the Nation's population is over age 65. The number of elderly living alone has increased substantially. Additionally, the number of elderly living outside the family has changed drastically. Twenty-two years ago, 46 percent of those over age 65 lived with their children. By 1975 this figure had dropped to 18 percent. It is crucial that we now develop alternatives to traditional health care and social services for the elderly. Such health care should ensure both affordability and choice for senior citizens in need of long term care.

Emphasizing those with the greatest social and economic need, the government, through the Older Americans Act, provides the elderly with an array of human service programs which will assist them in maintaining their independence and dignity within their homes and communities. The Older Americans Act has been a crucial element in helping to avoid unnecessary and premature institutionalization for those elderly who can receive services in their homes and communities.

Congress should develop and support more programs to provide care for the aged who remain in their own homes. Such programs should stress the quality of life as the important factor in long term care and avoid the frequent solution of institutionalization of the elderly. While in a nursing home, the elderly tend to experience the loss of identity, a sense of reality, and the will to live. I support all efforts to investigate and develop community based approaches to long term health care for the elderly.

As an original member of the House Select Committee on Aging, I encourage alternatives to institutionalization as we attempt to alleviate the problems faced by many families today in seeking to care for their elderly family members.

PREPARED STATEMENT OF REPRESENTATIVE OLYMPIA J. SNOWE

I am pleased that the Committee is holding these hearings which are being jointly sponsored by the Select Committee on Aging, the American Association of Retired Persons, and the Close-Up Foundation. I particularly want to wish the Close-Up Foundation good luck as its older Americans component begins its second year. I hope that the exchange that takes place today between members of both of these organizations and the committee will continue beyond this one hour meeting.

As we are all aware, people are living longer and healthier lives, a fact which gives us all a great deal of satisfaction. Even so, this creates many unanswered questions as to the long term care needs of those requiring assistance and the policies that will be necessary to meet those needs.

In the future, the growth in the long term care needs of the aging population is expected to be great. For example, as the number of persons 85 and over grows, the need for institutions will also grow since this is the group with the highest percent of institutionalized persons.

But obviously, institutional case is but one aspect of a long term care policy. As we know, the vast majority of older persons with long term care needs reside outside of institutions. In most of these instances, family and friends provides for the needs of the individuals. In 73 percent of the cases, home care is provided solely by relatives. In fact, the leading cause of institutionalization is not the health status of the individual. Instead, it is either the absence of family, the exhaustion of personal and family resources, or the over-accumulation of burden on the family.

In a very real sense, it is the family that should be one of our greatest concerns in the future. Currently nursing home care ranges from $12,000 to $50,000 per year and the expectation is that these costs will increase by 50 percent in real dollars from 1980 to 1990. Aside from the cost, the nature of institutional care is such that we should do all we can to assure adequate long term care alternatives in the community.

For this reason, I have introduced H.R. 2527 which would expand the dependent care tax credit and provide for a limited credit for respite care for caregivers. I have

also introduced H.R. 468 which allows tax deductions for home health and adult day care of Alzheimer victims and those with related disorders. In this way, we can begin to provide the needed support that caregivers require to continue to assist their family member.

These growing concerns over the long term care of the elderly come at a time when we are aware and concerned about the problems which are created by a large budget deficit. And while Congress must be responsive to that deficit, we cannot abrogate our responsibility or commitment to older persons. In the area of long term care, particularly, we must foster the partnership that exists between government, the family, and the private sector to address the increasing needs of persons when they become ill or are in need of support and care. It is toward these ends that we are all working and it is through hearings, such as these, that we are able to clarify the issues and move forward to strengthening that partnership.

The CHAIRMAN. Now I want to turn to you, the public, and ask, what should the Congress do to provide long-term protection for America's elderly? Our first witness this morning is Mr. Stephen Janger. He is the president of the Close Up Foundation. Mr. Janger, please proceed in any manner that you may desire.

STATEMENT OF STEPHEN JANGER, PRESIDENT, CLOSE UP FOUNDATION

Mr. JANGER. Mr. Chairman and members of the committee, I want to tell you how excited we are to be a part of this public forum. It is not for me as president of the Close Up Foundation to tell you about the role of Congress in this issue of great import to all America. It is not a question for senior Americans, it is a question for all Americans. It is a question for my children. It is a question for, when I have them, my grandchildren.

It is a question of realizing that health care in this country should be the great equalizer. It is not.

We all have personal stories because this subject touches us all. I live in a home now where I share my house with a 95-year-old grandmother of my wife. I am fortunate, I am able to take care of her. I have young children. The love and the compassion that that woman needs is a milestone in my life. I wish it were so all over America.

To become involved in this question, such issues as national and individual culture, compassion, tradition, religion, human instincts, all measured against, unfortunately, national deficits, life styles, actuarial tables, a measure which is destined to produce very strong arguments on the side of fiscal efficacy. I take no stand other than urge the Congress to give us the leadership that we as your constituents are entitled to. You are our elected representatives. In my mind, it is no contest. There should always be an opportunity for age to produce dignity, a life with dignity.

I am delighted that we have an opportunity, I certainly want to thank the committee for allowing us to appear before you to discuss this question. I want to thank the American Association of Retired Persons, who have urged us to work directly with older Americans to bring this question to the forefront, in front of the U.S. Congress.

I certainly want to thank C-Span for taking the opportunity of being here today, to go on record publicly, as they do so well day after day to create this kind of dialog so that Americans all over the country will have an opportunity not only to hear about the issue but to discuss it directly.

Mr. Chairman, I look forward to hearing the witnesses as well. We thank you for the many courtesies that you have extended to us. This is an exciting opportunity for us to learn as members of the Close Up staff to deal with older Americans. If I have one desire, it is to be an older American. And this question is of interest to me now before that opportunity comes up in my life.

Thank you so much, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Janger.

The next witness is Mrs. Mary Burton.

STATEMENT OF MARY BURTON, FAYETTEVILLE, AR

Mrs. BURTON. Mr. Chairman and members of the committee, I am Mary Burton from Fayetteville, AR. I am a retired—no, semiretired professor.

This is my second retirement, and I am hoping to have a third or maybe a fourth retirement. I retired May 20 at age seventy and a half.

We do need long-term health care for our older Americans. We need to have a variety of health care programs and practices and provisions. We need to have flexibility in the administration of these programs. And this can be enabled by having qualified administrators and providers. This means to me identification of effective programs and probably devising some new programs. But basically this means funding for research and training, public education, and information. Any legislation which is passed should have provision for research and education.

This does not necessarily mean new agencies. If they are properly funded, we can use our universities and other established educational and research facilities, our programs in cooperative extension and continuing education and indeed our private nonprofit societies and volunteer services which are so important in the American way.

Let me emphasize how important it is to think of a variety of programs and flexibility in administration. Older people aged 70, 80, 90, and 100 live under a great variety of circumstances. The elderly are themselves a very diverse population in their development. Elderly people are more individualized, are diverse in their development than are young children. We have had a great variety of experiences which have resulted in each one of us being someone quite different.

Most elderly have reasonably good health, but some do not. Most have family members who can help with care, but some do not. Most have made adequate provision for their old age, but some could or did not.

Ours is a developing nation. The United States is a country in an advanced state of development. We can afford to care for our elderly. There is no reason why we should not care for our elderly, why we should not provide for those persons who, like our Nation, are in advanced stages of development and who, by the way, have contributed to the development of this Nation.

I emphasize then that I will hang my hat on the peg for research, including both basic research and evaluation, and education and dissemination of information.

I thank you for this opportunity to speak out or, as we said when I was a school-age child, to speak my piece. Thank you.

The CHAIRMAN. Thank you, Mrs. Burton. We most certainly agree with you, particularly when you say that what we do need is more adequately funded agencies and not new agencies. Thank you very much.

The Chair now recognizes Mrs. Glen Carr.

STATEMENT OF GLENNA B. CARR, LANSING, MI

Mrs. CARR. Mr. Chairman, members of the committee, I have had some experiences that Close Up asked me to repeat to you.

Two years ago, on May 2, I went out to my farm to put up a for-rent sign. I got the sign up. I thought, I wonder if they can see that from the road? So I turned. When I did, I stepped back into a hole and kept on backing. I landed on the ground with a broken hip. The surgeon said it probably broke first, but at least it was broken.

I went to the hospital. After 4 or 5 days, the physical therapist came in and said, now it's time for some walks. Well, it was terribly painful. I had all kinds of drugs that I was allergic to. But I got up and started to walk. Well, then they found out I had a blood clot in my leg, so that took some more time, another week. And then they came in again and said, well, have you thought about it? Which nursing home are you going to? And I said, my own. They said, what do you mean? I said, I'm going home. Oh, no, you're going to a nursing home. You definitely must go to a nursing home. No, I think my own home would be better for me.

Two days after that, the doctor came in. He said, Mrs. Carr, which nursing home do you want to go to? I said, I do not want to go to a nursing home, I want to go home. And he said, we will not release you until you make up your mind which nursing home you want to go to.

Finally, I persuaded them that I had a lady to go to my house, and I could go home. When I got home, when I kept her just long enough so that I could get up and down in a wheelchair. And I thought I had home insurance with nursing care. But it turned out that the nursing care was false, skilled nursing care. So, my insurance that I had been paying for for quite a few years and depending on was no good.

Anyway, I kept her for about 10 days. Then I decided I could do it on my own.

I could have gone to a nursing home. I have a sister-in-law who is in a nursing home, has been. She had a broken hip like I did, and they put her in a nursing home. She has been there 8 years. Now she's just like a vegetable. But she has a bill for anywhere from $1,500 to $1,700 a month to pay every month. And after 8 years, that takes a lot of money.

I have another friend whose family is trying to put her in the nursing home. She has retired from Oldsmobile. She is able to take care of herself in an apartment, but if they put her in a nursing home she cannot pay for anywhere near what it would cost to have her in a nursing home. She is very happy in her own home. She has social workers who come and help her out because she is nearly blind. But she is taking care of her home. She does her own

cooking and she's doing very well. Her family, however, would be perfectly able to take care of her, but it's much easier to put mother in a nursing home.

I feel, as a nurse said to me, if you come in the hospital, you lose your dignity at the door. And after working in a nursing home as a volunteer for the last 8 years and watching patients come and go, and mostly come, because many of them have just deteriorated till it's pathetic. Some of them don't recognize us anymore. I go there as a reader for a reading group. So, I have had a lot of time to observe these people. It seems, as the nurse said, you leave your dignity at the door when you go into a hospital. You leave your self-respect at the door when you go into a nursing home. And most of the time I feel it's lost.

I would beg the committee to consider keeping people in their own familiar surroundings but providing nurse's care or perhaps social services for the people who just cannot afford to do it themselves.

I for one don't want to feel that Uncle Sam owes me a living or he owes me expenses for the rest of my life. I am a senior citizen. I guess maybe I do have a little self-esteem because I want to be on my own just as long as I can. I think, if we had some educational programs maybe to direct to the people, just saying, help your family, let's be independent, let's not work for Uncle Sam to pass laws to take care of us if we can take care of ourselves.

I thank you.

The CHAIRMAN. Mrs. Carr, I certainly agree with you that we need the services at the home. I thank you for your statement.

Do we now have a caller?

Mr. TAMPIO. Yes. We have our first call-in witness from Tucson, AZ. I would ask the caller to proceed.

STATEMENT OF CHARLES SCHOTTLAND, CHAIRMAN, ARIZONA GOVERNOR'S ADVISORY COUNCIL ON AGING, TUCSON, AZ

Mr. SCHOTTLAND. My name is Charles Schottland. I am chairman of the Arizona Governor's Advisory Council on Aging, a statutory body. We have been interested in long-term care and have made studies for several years. In my opinion, long-term care is the most single important issue facing the elderly in the United States today. As we have concurred the killer diseases of previous generations, we live longer, and we end up with millions of elderly persons in the United States with some type of long-term ailment. It might be very minor, but in many cases it is very major.

We have hundreds of thousands of cases where persons enter old age with no economic problems or financial problems because they have Social Security and maybe a private pension and some resources. And then a member of the family has to go to a nursing home or other long-term care. And in a little while they are broke.

As the previous witness stated, $15,000 to $17,000 or $18,000 a year is a minimum cost for any type of decent long-term care. The result is that many of these people become broke and they become destitute although they enter old age with proper planning for their financial stability.

I would like to recommend that your committee explore several alternatives and new initiatives: First, Federal incentives to insurance companies to insure for long-term care; second, and I think very important, the extension of Medicare to cover long-term care; and, third, incentives to keep people in their own homes and out of institutions through some type of federally supported program or the expansion of present Federal programs.

The CHAIRMAN. Thank you very much. That was a most excellent statement. It advocated the extension of Medicare and the extension of Federal programs that we now have in place. And I think we are all in favor of that.

The Chair will now recognize Mr. Edward Johnston.

STATEMENT OF EDWARD JOHNSTON, TRAVERSE CITY, MI

Mr. JOHNSON. Mr. Chairman and members of the committee, my name is Edward Johnston and I live in Traverse City, MI. I am a retired educator who had the opportunity to spend 40 years working with children and in administration.

One of my greatest concerns in the area of long-term health care is the maintenance of as good a quality of life as possible for those elderly persons whose health requires that they be confined to nursing homes. On the basis of 9 years of experience with parents whose health required such long-term care, I have seen the difficulties such persons encounter in maintaining their identity as persons and their human dignity as more and more of their physical faculties fail while they remain alert mentally.

We should explore existing programs for the aged to see if we can better coordinate these existing services for the elderly without increasing costs to any great extent and to help those confined in nursing homes to keep their personhood as long as physical and mental faculties will allow.

I am thinking in terms of such things as the closer coordination of volunteer efforts, the educating of families who face the need for establishing a nursing home placement for a loved one, a greater effort to get community groups to take entertainment and educational experience into nursing homes, the creation of team efforts between families and nursing home personnel from the very start of the nursing home placement, and greater efforts in the observation of nursing home service and its care, the patient-employee understandings, and support.

Thank you.

The CHAIRMAN. Thank you, Mr. Johnston.

The Chair now recognizes Mrs. Gertrude Cook. Will you please proceed in any manner that you may desire?

STATEMENT OF GERTRUDE COOK, MONMOUTH, OR

Mrs. COOK. Mr. Chairman and members of the committee, my name is Gertrude Cook. I live in Monmouth, OR. I work in the Governor's office in the State capitol in Salem, where our State's long-term care Ombudsman's Program is located.

I would like to tell you a bit about our program. We work with volunteers. After at least 40 hours of training, our volunteers become local ombudsman designees with statutory authority to

enter an assigned long-term-care nursing home. Local ombudsman designees attempt to cause problems to be solved. They sign a contract to provide at least 4 hours a week in visiting their assigned nursing homes. They are not to be confused with friendly visitors. Their mission is much more important than that. They visit with residents. If a resident has a problem or a complaint, they attempt to resolve a solution by either talking with the administration, the family, the social agencies, or whatever.

They have authority to look at all parts of the nursing home. If they observe something they think should be improved, they try to get that done. They may look at the kitchen, the physical plant, is the place clean, does it smell, they look at the nursing services, they observe the residents. The only area they cannot enter is the resident's medical record.

We have about 200 long-term-care nursing homes in Oregon. Our goal is to have a designee in each home. After 2½ years, we have about 60 designees, with another 40 in training. Of course, we always need volunteers. A part of our problem is that there is little money with which to operate our program.

We would like to reimburse designees for out-of-pocket expenses, travel, et cetera. In order to continue and expand our program, we will need additional funds. We are looking to the Federal Government for that. Our State is still in a recession, with some areas having a 17-percent unemployment rate.

Thank you.

The CHAIRMAN. Thank you, Mrs. Cook.

It is my understanding we have another caller.

Mr. TAMPIO. Yes. Our next caller is from Ogden, UT. If you can hear me, please proceed.

STATEMENT OF LEORA BERRY, STATE DIRECTOR OF AMERICAN ASSOCIATION OF RETIRED PERSONS, OGDEN, UT

Ms. BERRY. Hello?

Mr. TAMPIO. Yes?

Ms. BERRY. This is Leora Berry from Ogden, UT. I am the State director for AARP of Utah.

I think that our Government definitely should have a role in the care of our patients with long-term illnesses. Families should help but for them to carry the burden alone would prove disastrous to the family, both financially, emotionally, and health-wise. In fact, I would say that it is impossible. Families do not have the facilities or the capability to give the proper care to such patients in their homes. And it would not be fair to the family or the patient.

There are very few families who can financially support such a patient for a long period of time in the nursing facility at the high cost of this care. In a very short time, both the patient and the family would be financially broke and emotionally devastated.

I recently was involved in a study of the health programs of other countries. The study that we did and also reading articles from others who had done similar studies, we found that all civilized countries except the United States have a program to take care of their elderly. They feel that it is not a problem but a basic

right for all people to have adequate health care and to be able to live out their life in dignity.

It seems to me that we here in the United States have moved our health care from human service concerns to economic concerns. And I think that that is one of the causes of the high cost of medical care that we have today.

Thank you.

The CHAIRMAN. We thank you.

The Chair now recognizes Mr. Guy Impagliazzo. Will you proceed?

STATEMENT OF GUY IMPAGLIAZZO, PROFESSOR, BROWN UNIVERSITY

Mr. IMPAGLIAZZO. Thank you. I am here in a dual capacity: first of all, because I believe in Close Up and what they are attempting to do very much; second, because I am a professor and I teach a seminar in aging at Brown University with other professionals. We have been studying now for 1 year. So, the issues that we are dealing here with are not foreign to me.

However, I would prefer to present a global overview which, incidentally, touches upon some of the things we are talking about. So, this morning at 4 o'clock I sat and wrote some remarks I would like to share with you.

Honorable Mr. Chairman, ladies and gentlemen of this committee, aging in America has come out of the closet. Just as so many social issues which have gone before it, this, like all others, begs profound, provocative, and innovative solutions designed to ameliorate or at least assuage the anxiety, guilt, and confusion we as a society feel in searching for tenable and just solutions.

The blessing and, yes, even the beauty of aging is the very ubiquity of this very human phenomenon. It touches all. Before we are anything in our society, in our human society, we are members of this natural phenomenon which absolutely knows no boundaries.

Already as a dynamic young republic we grapple continuously day to day, minute by minute with the vagaries and vicissitudes of staying young. Youth is no respecter of aging, it simply has not the time to be. Perhaps we have reached the point in our society where it is incumbent on each of us to learn how to grow old. As so often has been enunciated as a cliche, it certainly beats the alternative. Perhaps so, perhaps not. I prefer to suggest a mature society looks at the alternative squarely on in order to examine, assess, and evaluate the quality and life it offers its citizens.

To do anything less would be unconscionable and equally unacceptable both to we who work as helping professionals dealing with life cycle and aging issues, and you, designing policy to help us do a better job. The inherent irony in all of this is, even while we sit here discoursing and deliberating, you as well as I are aging.

Personally, I abhor labeling of any kind. As we all are aware, labeling's constant companion is stereotype; and its only effective nemesis, education.

Far too long, aging has been so victimized with old misconceptions, it is now time for new hope, new enlightenment, and new attitudes which author, encourage, and deposit dignity and the direc-

tion our society must take in dealing with the multifarious and challenging issues of aging.

A society that has sent men to the moon and back certainly has the wherewithal to study the wisdom, philosophy, and dignity of the scientists who sent them there in the first place. They, too, are aging.

Last, in your hands, ladies and gentlemen, lay the means to address and direct substantively with challenge and sagacity new frontiers, new hopes, new horizons, and new educational aspirations for our aged and our young, who are also aging.

You are to be commended for what you choose to do here today. It can only augur well for future citizens of our country and our world. There are answers, and they are out there, like the Moon, waiting to be discovered. We may never find the fountain of youth. For me, that would prove to be a spurious tranquillity blessed, perhaps, with inner dullness. But indeed, if what you do here today affirms the dignity of aging with the quality and enhancement of life for all aging population, then indeed you are to be commended and sincerely thanked.

Your sage decisions will not easily be come by, nor your quest or commission to find just solutions any easier. The precious beauty in aging, you may discover, is concomitant with the same way you have chosen to face the vagaries and challenges of your own lives.

With pride, distinction, and meaning, welcome to the club.

The CHAIRMAN. Thank you very much.

I understand we have another call.

Mr. TAMPIO. Yes, our caller is from Oklahoma City, OK. Please proceed.

STATEMENT OF ELOISE BLANTON, OKLAHOMA CITY, OK

Ms. BLANTON. Good morning. This is Eloise Blanton in Oklahoma City.

I want first to thank you for giving me this opportunity to express my opinion. I want also to express my concern about the way our Government is handling the needs of the elderly citizens of our country.

I think that we are tending to mandate a very growing problem that is not going to go away. We tend to look at it the way we look at the baby boom generation and providing for their needs, the way we looked at integration and its growing problems. We are not providing for the needs of our population which is growing in numbers every year. We need to look at their needs for medicine, for Social Security, nutrition, quality nursing care, their social needs as well. Perhaps we are retiring them too early.

The Federal Government is the only agency that can affect Americans in every State in the country. We are changing dramatically socially and economically. We need to provide for this. We have to recognize that all of us are going to be older, hopefully, because the alternative is to die younger. I think the Federal Government is the agency to take the dramatic steps providing for the older Americans, setting the example for all of the States and for us as individuals.

I think it is a tremendous reflection of our society, how our Government and how each of us treat our elders. Thank you.

The CHAIRMAN. The chair recognizes Congressman Synar.

Mr. SYNAR. Thank you very much, Mr. Chairman.

I want to thank that caller from Oklahoma City. As the chairman of the Rural Elderly Task Force for the Select Committee on Aging, I think the call in from Oklahoma is significant. I think as we talk about long-term health care, we find unique problems with respect to our rural elderly. As the caller pointed out, we have a lack of nursing homes, a lack of hospitals, a lack of skilled personnel.

So, I think these hearings today and these calls from all across the country are going to be very helpful to help direct this committee in this effort.

The CHAIRMAN. Thank you very much.

The chair now recognizes Mrs. Doris Milton.

STATEMENT OF DORIS MILTON, FAYETTEVILLE, AR

Mrs. MILTON. Thank you very much, Mr. Chairman and members of the committee for this opportunity. I had never dreamed I would have such a chance to express some of my genuine concern for this problem.

Having grown up in a family of 11 children with great parents, very devoted, we were all accustomed to the idea that we would take care of our members of our family through the years; and that was our expectation. As time has changed our American way of living and people are scattered so far from the family at great distance, they may be employed in professions that do not even permit them to get together very often, this is part of our present dilemma. We need some help.

But we do not need to be institutionalized. Only about 5 percent of our population needs to be in institutions because of inability to cope with the every-day problems or to be taken care of at home. Therefore, about 95 percent of our population could function well with some help available.

In short, we are looking toward the possibility that some funds that are presently available and more in the future, we hope, will be for training and maintaining the kind of service that could be effective for families to remain in their own home, elderly people. But, since their own children would not be available, we do have to have some people who are not family members to carry on in the event of injuries, falls, the kind of thing that could enable these paraprofessional people to work with elderly in their own homes unless they have to have care that is necessarily provided only in nursing homes, where we do have professional nurses that visit with the doctors.

Oftentimes, it is all up to the nurses, and the doctors can be called. But they do not visit nursing homes.

I am in an area in Fayetteville, AR, where we have four facilities for taking care of those people who must be away from home. They haven't anybody to take care of them at home. The doctors seldom visit nursing homes. In our geriatric facility, of course, we do have closer doctor experiences if the doctor is needed; but these patients

are quickly transferred to a hospital if there is a fall and a broken leg or the kind of care that is not possible in the geriatric center.

We have reasons for trying to understand some of these problems. Back in the days that I was preparing to go work with people in rural communities, I had no idea there would be so many fascinating opportunities to deal with these. As a degree in preparation for family economics and marriage, there has been a continuous demand for people who were in similar training. So, I have been in extension work as home demonstration agent, as home management specialist in Farmers Home Administration, college teacher in marriage and family economics.

So, all through the years while I was teaching before I retired, I was closely associated with families. Through the years the experience has made it possible to understand this present situation that we have to provide some things that cannot be provided at home and necessarily would not be a part of our Government assistance, if we can make some adjustments.

So, I am suggesting that some of the money that presently is available for keeping people in nursing homes or perhaps additional funding because the nursing home people object to what I am proposing, but if we were to direct some of the funds toward training and executing a program of more people available to work with these individuals in their own homes, we would save—I don't know how to estimate a proportion, but it would certainly be great, to prevent people having to leave their own homes. They would be happier there. But their childen, their daughters who are married and have families are too far away to take care of them. Their vacations may be very seldom. They have their own family responsibilities as well as a job.

So, we have a great opportunity to direct some funds to this kind of a program.

Thank you.

The CHAIRMAN. Thank you, Ms. Milton.

Mrs. Schneider.

Mrs. SCHNEIDER. I would just like to comment on the last witness' remarks. I think that her statement that certainly the elderly need help but don't need to be institutionalized is a very significant point that we members of this committee should be picking up on.

I think it is also significant that this is a woman who made this statement, and we have quite a few female witnesses here today. I would like to point out the fact that women make up 60 percent of all of the persons over the age of 65. Women throughout history have traditionally been the care givers. And now we are finding that 70 percent of all of those who are residing in nursing homes do happen to be women. When it is time for them to be the recipients of health care, unfortunately there doesn't seem to be enough care to be given around. And that is why this committee is pursuing different alternatives.

Let me share with you one of the alternatives that we came up with in 1981 that is currently being threatened and I think that all of us should look into. And those citizen activists that are paying attention might put their 2 cents forward. In 1981 the President initiated dependent care tax credits. Those five-dependent care tax credits were available as an incentive to enable families to keep

their older father, mother, or relative in their home and enable them to care for them and receive a tax credit, 30 percent of the expenses being used to care for that elderly parent up to $2,400 for one person, with a gross income of up to $10,000.

Well, it's interesting to note that, at this point, over 4 million families, only 7 percent of the claims by families had incomes less than $10,000. This is something that our committee needs to focus on. It is something that I think the general public needs to take advantage of.

When the witness mentioned the opportunities and the need for training, I think we have to recognize that senior citizens should use as their motto: question authority. When one recommends, as was recommended to our second witness today, Mary Burton, that she go to a nursing home, I think it was very appropriate that she questioned authority and see whether or not that is the right advice being given. Oftentimes, we have recommendations by professionals when in fact we ought to use our own instincts. When we are talking about training moneys—I serve as a member of the Science and Technology Committee, and it is interesting to note there that there is a greater emphasis being placed now on training paramedicals, people who are not doctors, who may not have their M.D. but who have knowledge in those health care and health service industries.

Our system, our institution need to make room for those alternative forms of health care, whether it be in-home health care, visiting nurse care, hospice care, whatever it might be. But I think this is the kind of message that we are hearing from our constituents.

Surely, if we look at a country like China, which has a quarter of the world's population, and how have they cared for their elderly, they have paramedicals. They have what they call barefoot doctors. And I think that this needs to become more of a part of our institutional medical delivery system as long as the recipients are willing to say, yes, I'm willing to settle for something less than someone who has an M.D. after their name, or I'm willing to make another choice other than going to a hospital or going to a nursing home.

Thank you, Mr. Chairman. I hope that we can mobilize our senior citizens and also the members of this committee to institutionalize these kinds of alternatives, not only for modes of care but also for training. Thank you.

The CHAIRMAN. Thank you, Mrs. Schneider. It is true we have a long way to go, and we need a lot of help. A hearing such as this is helping this committee and helping the problem. I thank you for being present today.

The committee now recognizes Mr. George Wenzel.

STATEMENT OF GEORGE WENZEL, SWEET HOME, OR

Mr. WENZEL. Good morning, Mr. Chairman and committee members.

I am George Wenzel from Sweet Home, OR, a retired high school teacher. As a high school teacher, retired only a year, I have been used to listening to student problems: scholarships, getting into college, and/or getting a job. When I retired, I thought no more problems. How wrong I was.

Now the elderly count on me regarding Medicare, long-term health care, and it is their life after retirement. The thing that comes through so clearly in listening to retired people is the great really immense confusion about Medicare and Medicaid; where does the money come from, and who receives the benefits from it.

One fact that has been brought out in the last several days is that 80 percent of the retired people believe that Medicare will take care of their every health need. How wrong they are. Because of the confusion, Mr. Chairman and committee members, the one thing I would not recommend to this committee is to tack on long-term health care to either Medicare or Medicaid, nor do I want you to build a new program called "Terminate."

Most elderly want to be in their homes as long as possible. And that is the cheapest place to maintain them. Other elderly, not able to completely care for themselves, could be established in half-way type apartments or homes, where they can function and do what they can but have some help for their problems.

Many elderly simply need companionship, someone to read to them, talk with them, and to reassure them, to keep them alert, active and participating. We can best do these things not by institutionalizing the elderly at the first sign of disability but by offering in-the-home aids or partial nursing care, halfway house living for those that are in need of further help, and a variety of programs to keep the home-bound as functioning citizens rather than as anonymous, very expensive blobs in long-term nursing home facilities.

Once a person enters such a facility, it takes very little time for them to lose all sense of identity and often any sense of reality.

Members of the Committee on Aging, you can best help the elderly by funding or supplementing the funding for care programs at the local, county, or State level to prevent the need for long-term care institutionalizing until absolutely necessary and by helping the elderly to live as full a life as they can at home as long as they can. This can best be done and evaluated at the local level with your help. Make your plans not for another cumbersome Federal program with lengthy and misunderstood rules and guidelines, but do offer grants at the local and State level for programs that will benefit the elderly.

Thank you.

The CHAIRMAN. Thank you, Mr. Wenzel.

We will go on with the next witness. The Chair will now recognize Mrs. Mary Gladney.

STATEMENT OF MARY GLADNEY, FAYETTEVILLE, AR

Mrs. GLADNEY. My name is Mary Frances Gladney. I am from Fayetteville, AR. I have been there 5 years, after retiring as a school teacher in Pittsburgh, PA. I might add I like Arkansas very much.

You asked, Mr. Chairman, at the end of your introductory remarks what you could do to help us with this problem of long-term health care. Well, I am here to tell you what you and your committee can do very definitely. You heard it before. I know we'll be telling you many times. It's like that fellow who described his way of

making a speech. He says, first I tell them what I'm going to tell them, then I tell them, then I tell them what I have already told them. So, there will be some repetition here.

But here's what you can do for us. You can see to it that you do everything in your power to see that a Home Health Care Program be developed and partially funded by the Federal Government. Why? You've heard the reasons. I'm going to tell you again. So people can receive care in their own homes, as opposed to being sent to nursing homes or being cared for in homes of relatives where they may be unwanted or, if they're wanted, they will be a great expense or burden and perhaps receive inadequate care.

I am going to confine my remarks to home care as a better choice than nursing homes, because this is where I have had some experience.

First is the matter of cost. We know it is bound to be cheaper, less costly to care for people in their own homes than to have them in nursing homes, less cost for everybody concerned. But that's not the most important thing. The most important thing is that people will be in the place they most want to be in, their own homes. Have you ever heard of anyone who wanted to live in a nursing home, who preferred that kind of institutionalized care? Most people enter them because there seems to be no alternative. And this applies to the very best nursing homes, too.

Those who have had some personal experience with friends or relatives in nursing homes can understand this negative attitude, and I am one of them. I had a mother in a nursing home. I had a mother-in-law in a nursing home during their last years. And it appeared to me that there seemed to be a loss of identity.

Here are some of the things that happened. I bought my mother a new dress. The next time I went to see her in a nursing home, somebody else had it on, wearing it. Or maybe it couldn't even be located; some people had that experience. My mother had things in a bureau where she kept her possessions. But she found she didn't have any possessions. It was all common property, it seemed. Patients seemed to help themselves to whatever they wanted.

My mother-in-law begged to keep her engagement ring with her. Well, how can you, the daughter-in-law, say to your mother-in-law, hand over your ring for safekeeping? Not I. Why, I knew what would happen; so do you. The next time I went to see her, the ring was lost.

And before long, with this of thing going on, your loved ones become nonpersons.

We could go on and on. There is much more we could say about care. I will have to say this. In many nursing homes there is tender loving care given. My mother-in-law received some tender loving care. But these are institutions we are talking about, not the same as your own home. And no one really wants to be sent to one for long-time health care.

My own mother, when she finally realized that she was never going to be allowed to return to her own home, but that a nursing home was to be it for her the rest of her days, finally willed herself to die. It amounted to that.

Now, if any of you doubt what I am telling you, you join the deacon's committee of your church, as I have done. You visit the

people in nursing homes. Visit the shut-ins. Visit the near shut-ins. Talk to them. Talk to the elderly now, the healthy elderly. Facing the prospect of being confronted with a serious health problem any old day, a broken hip, heart attack, stroke, where do you go for your long-term health care?

And finally, talk to your doctors. Many of them, I have talked to them, will readily tell you that, if a long-term health care patient can be kept in his own home, he will probably be much happier than anywhere else.

So, come on, let's get going on this. Let's get some legislation passed that will keep our long-term health care patients where they most want to be: in their own homes.

The CHAIRMAN. Thank you very much.

Mr. REGULA. Mr. Chairman.

The CHAIRMAN. The gentleman is recognized.

Mr. REGULA. Would you tell us more specifically what kind of legislation should it be? What kind of service should the Government provide to make it possible for people to stay in their home for a longer period of time?

Mrs. GLADNEY. This will have to be worked out. I don't have it worked out. You can talk to others and work it out.

The CHAIRMAN. Thank you very much.

Ladies and gentlemen, today's hearing has been extremely important not only because the issue of long-term-care is so critical but because it demonstrates how essential the voting public will be to resolving our long-term-care problem. Without the support of the American voting public, we are not likely to make much progress. However, with the strong support of both younger and older voters, Congress can and will act to improve long term care, its accessibility, affordability, and its quality.

You can be assured that this committee intends to use today's public testimony to help convince the Congress that it needs to act positively and soon.

Before adjourning this hearing, I want to express my deep appreciation to the Close Up Foundation, the American Association of Retired Persons, and C-Span for helping to put together this very special hearing. I also want to thank the many people here and those across the country who have shared their views with us today.

Ladies and gentlemen, let's do this again. It is most important. The next time, let it be a little longer with more testimony, because we need your support if we are going to do anything about long-term-care in this country.

I thank you all for being present.

[Whereupon, at 11 a.m., the hearing was adjourned.]

APPENDIX

Additional Material Submitted for the Record

Michigan Association of Retired School Personnel,
June 5, 1985.

To: Congressman Edward Roybal and members of the House Select Committee on Aging.
From: Irving W. Burtt, President, Michigan Association of Retired School Personnel.
Subject: Long Term Health Care in America.

Congressman Roybal and members of the committee. As president of the Michigan Association of Retired School Personnel, may I make some comments concerning long term health care in America, please?

We are all aware that each individual now pays about the same for health care costs per year than in 1967 prior to the existence of Medicare. In fact, older persons spend 15% of their income on health care and we must see that this percentage does not increase.

While all costs have risen 198% since 1967, doctor's fees have gone up 252%, and hospital room rates—a hefty 520%. The latest reports indicate that hospital costs have risen only 4% on the average for the past year—the lowest in years. Much of this may be contributed to the fact that the average length of a stay in a hospital has declined to a record low of about 6 days in 1984.

Several factors have been cited as reasons for the decline in rising hospital costs: Expanded out-patient and home care; growing emphasis on preventive health; governmental cost-containment policies.

We can thank the federal government for establishing an incentive for hospitals to cut costs through the classification of patients by diagnosis—the DRGs.

Insurers have contributed to reducing costs over all by:

Boosting deductibles and co-payments.

Establishing, in individual circumstances, HMOs (coverage for a pre-paid fee).

Setting up Preferred Provider Organizations (PPOs)—exclusive contract with a hospital or a group of doctors to provide care for workers of a company at a discounted price).

Managed Care is another recently innovateed strategy. Saginaw, being the location of my home, is a so-called General Motors Town so we are interested in the GM contract with the insurer (BC/BS) which gives an employee 3 choices:

HMO, PPO, and Traditional Insurance with toughened controls: Pre-admission review; Concurrent review; Discharge planning and home care; Mandatory second opinion; Ambulatory surgery.

All of these factors have combined to cause a decline in the use of hospital beds—beds built before DRGs and the rsestruturing of the health care industry.

In Michigan, the rapid growth of the over 65 age group and the utilization of health care services by this group at a rate of 4 times greater than the 0–65 age group has triggered the development of a demonstration Social Health Maintenance Organization Project.

Because of many empty beds and appropriate facilities—Harper Grace Hospital in Detroit will be the model provider in this project—scheduled to become operational on March 1, 1986.

Benefits of this comprehensive service package are expeced to include: acute hospital care, psychiatric hospital care, inpatient and outpatient service, preventive examinations, immunizations, blood transfusions, eye exams and eye glasses, skilled nursing facilities, hearing exams and hearing aids, hospice care, medical transportation, visiting nurse care, home delivered meals, and institutional care.

Funding for the project will rely on both public and private sectors. Public funding from Medicare and Medicaid plus Older Americans Act funds which flow through Michigan OSA. Private sector funding from individual premium contributions and employer contributions.

This project will bear watching to determine the feasibility of instituting it in other localities throughout Michigan and the United States.

Studies have shown that at-home care for such as Alzheimer's or other diseases of a debiliting nature is less expensive than nursing home or institutional care so an incentive is needed to promulgate that cost-containment philosophy.

All facets of the Health Care Industry have become aware of the problems affecting, particularly, older Americans.

The individual, the provider, the insurer, have all been working together and while results in establishing health cost containment measures have already been achieved, even more should and can be expected.

I thank you for this opportunity to express my views to you and the members of the committee.

Yours truly,

IRVING W. BURTT, *President, MARSP.*

STATEMENT OF ANGELINA NANCY ROUNTREE, SENIOR COMPANION, PROVIDENCE, RI

Mr. Chairman, members of the committee, my name is Angelina Nancy Rountree, and I'm a Senior Companion in Providence, Rhode Island.

We are funded by Action with the Federal Grant. There are about 62 companions in the Rhode Island. Some work in the community visiting shut ins and doing things for them such as taking them shopping and etc. Others work in the Senior Centers. I work in the mental hospital called The General Hospital. We help to do the day to day chores in the hospital caused by a shortage of nursing and attendants. What the patients need very badly and get from us is tender loving care. We receive $2.20 an hour for a 5 day week.

Two examples of patients and what we do are as follows: one lady is 94 years old and blind but has a very sharp mind. She is not impaired mentally. Her father was a newpaper man and she used to help him with the paper offering suggestions, etc. She graduated from the best schools in Rhode Island. After her parents died she went blind. Her cousin put her in The General Hospital. She has been living here for 60 years.

Some people from the historical society, came in lately did a tape interview about her and the history of the hospital. She was institutionalized practically at its inception. Eight or so of the patients, who have some of their mental faculties and this woman meet with me and my supervisor once a week. We work on a newspaper which we called The Raleigh Tower. It has a poem for the month with greetings for the new patients. The blind lady writes the column on the history of the hospital since she is a history buff. The paper is distributed throughout the hospital.

The other patient I would like to tell you about is Eleanor. She has all her faculties but can no longer walk. She is in gerry chair all day long. She was so despondent when I first went to work there, she wouldn't eat. Now I have her eating and her attitude has greatly improved. I pass out juice to all the patients on my ward each morning, holding hands a minute, talking to those who understand, helping to feed them, reading and do art projects with them. I deeply feel that not enough attention and care is given to what I called a "forgotten minority". Most of these poor people never have company and they have more or less picked me as their surrogate mother. In a way, I feel that they are my children. They no look forward to seeing me each day and I them. I'm sure you agree that $2.20 an hour is the small price to pay for the happiness that our senior companions bringing to these poor souls. I would like to believe that when I get to be that old, I'm 62 and alone, there will be someone there to do, or some place to do the same thing for me. Lastly, a very pressing and serious suggestion that I would like to make is that if medical care is given to those in a 62–65 year old bracket serious illnesses such as sugar diabetes, and hypertension could be detected early on and be treated. As it is now, one has to be 65 to get medicare. With the restrictions for medicare for those in the 60 to 65 year old bracket, at least here in Rhode Island, it is difficult to get on the list. Most people are discouraged to try and never get the medical care they need. We do have clinics, on some of the corner where we live, but I don't want say too much about that. I don't think I want to go to them anymore. I have some very serious problems with that.

I think, in the final analysis, a health care system, like the one in Canada is going to have to be put in to place for the good of all our citizen. Human resources should, hopefully, one day be put in the first place again and materials things in second. Our former President Franklin Delano Roosevelt once said: "our country is only as great as the way we treat our people". I hope you will consider what I have said.

As, a postscript, there are 9 of us in the senior companion at the General Hospital. It is a huge hospital and they could see at least 20 or 30 more of us there to help with these patients—just to give them a little love and attention each day. However, due to budgets cuts several of us may have to leave. I think that is sad commentary on the state of this country. Thank you.

STATEMENT OF LLOYD A. DRURY, PROVIDENCE, UT

Chairman Roybal, and members of the committee, I am Lloyd A. Drury from Providence, Utah.

The Holy Roman Empire, according to many historians was not considered to be Holy, Roman nor an Empire. In spite of the mentioned concept, one of the causes of the decline and fall of Rome was the system. Thousands of indigent people moved to the city of Rome. They demanded support and proved to be an overwhelming burden. This nation is confronted with a tremendous problem as we assume responsibility for the needs of ever-increasing numbers of senior citizens and millions of other indigent people.

At the present time, we have made extensive improvements in our efforts to cope with expanding senior citizens programs. Excellent results have been attained in many ways. We are still in need of studied changes. The thesis I should like to present to the committee is related to several facets of current services.

Over forty per cent of the seniors in rest homes might well be participating in less expensive care. A major point is a plea to study the programs designed to provide services for people in their later, pre-admission years. The expected results would be to increase the average age at which senior citizens enter complete care institutions. The study should include an analysis of the health care services for low income senior citizens. This will help postpone the number of years that full-time service is provided.

Nutrition for senior citizens should be continued and increased to provide a greater effort to reach seriously neglected seniors. Medical clinics, similar to the three excellent units in Provo, Utah should be adopted in all areas across the nation. The clinics provide the service of a trained nurse on a part-time basis. This program has provided needed services. Patients have postponed early admission by gaining treatment which off-sets serious problems. The county and the state Health Department offer limited services. One example is House Speaker Services. The State provides part-time nursing. This type of service should be increased. Requirements for better trained Area Agency Directors and Senior Center Directors should be considered. Management would improve.

Professional people in Health Departments including medical and psychiatric personnel should be involved in establishing and overseeing better admission processes for senior centers. Most recent homes function as profit making agencies. Patients need careful screening. Immediate contact should be made with families. Ombudsman programs should be strengthened to assure proper treatment in rest homes. The problems should, by all means be studied carefully by agencies directly involved. More cooperation is needed. There is a good possibility that better service for limited increases could be provided. As a Utah senior citizen I would like to quote Thornton Wilder, "Every good and excellent thing stands moment by moment on the razor edge of danger and must be fought for." I intend to remember Thornton Wilder.

STATEMENT OF JOAN D'AGNOSTINO, RHODE ISLAND DEPARTMENT OF ELDERLY AFFAIRS

Mr. Chairman and members of the committee, I am Joan D'Agnostino, a referred specialist with the Rhode Island Department of Elderly Affairs.

I have had many experiences working with elderly in the past four years; but I think that those who would have testified before me, had represented the issues more than adequately. Therefore, I would like only to add one heartwarming story, which I think exemplifies the differences of those people who are able to be cared for in their own home, or in the homes of loved ones in comparison to those who would have to be institutionalized. May is Older Americans' month, in Rhode Island. One of the events sponsored by the Governor is a breakfast honoring our

centenarians. This year we located approximately 147 centenarians. Out of that number perhaps 30 or so were able to attend the breakfast at the State House. The remaining centenerians, were to be visited during the month of May by representatives of the Governor. It was my great pleasure this year, to visit a 104 year old man. Now, I have visited 100 old people and 101 year old people, but this was the first time I was to visit someone quite that old. It was quite inspiring to meet this individual. He has been living in the same house for 60 years. It belongs to him. The care giver in this particular situation is his daughter, who is in her 60's. It was so inspiring to meet a man who is not only well kept but able to continue enjoying a quality of life in his twilight years, that is no longer available to some people. I take no stand other than to urge you to help us as individuals and agencies to keep our older Americans living in their own homes or in the homes of their loved ones. Any legislation or compensation programs that you can initiate to make this possible would be the key to a quality of life that it is not possible in long term care facilities. Thank you very much for this opportunity and I hope this would be helpful.

STATEMENT OF TOM NORTHEY, LANSING, MI

Chairman Roybal and members of the Committee, I am Tom Northey from Lansing, Michigan, and I recently attended the special hearing on Long Term Care in America with others from the CLOSE UP Program for Older Americans.

I am one of three representing the City of Lansing on the Advisory Council to the Tri County (Clinton, Eaton, and Ingham) Area Agency on Aging. As a member of a subcommittee, I am in the process of recommending contractual arrangements with local providers. In order to continue home care, a number of local agencies such as the Greater Lansing Visiting Nurses Service, Center for Handicapped Affairs, Catholic Social Services, and a number of others make such requests.

The need is not for additional agencies, but for the funding of those already serving the community through the various Titles, and through the present area Agency on Aging as that group is most aware of local needs.

Examples of our needs to better provide for home care so that seniors may stay with dignity, security, and happiness in their own homes are: (1) increased funding for home delivered meals (mobile meals or meals on wheels); (2) support for programs which enable seniors to stay at home such as the visiting nurses service, home health aids and homemaker services; (3) greater use of rehabilitation to strengthen muscles and keep seniors mobile especially after hip surgery. Also the use of the speech therapist after a stroke to enable one to again use the telephone; (4) help for senior day care centers to relieve those who are twenty-four hour a day caretakers or are employed. It also provide socialization for those who attend. (5) transportation needs to go to the doctor, dentist, or to shop for food and other necessities of life.

We seniors are playing the game of life in the last quarter and ask for the opportunity to play on our home field and not in some distant human warehouse.

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