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ABSTRACT

This document contains witness testimonies and prepared statements from a Congressional hearing held at Hunter College in New York City, the third hearing held to consider reauthorization of the Older Americans Act. In his opening address, Representative Biaggi gives a brief history of the Older Americans Act (OAA) and voices his opposition to a proposal that would change the OAA in major ways. Representative Biaggi notes that a special focus of this third hearing is to review how to expand existing provisions in the OAA which relate to services provided to families of Alzheimer's disease victims. Brief statements are included from Donna Shalala, the president of Hunter College, and from Mary Pinkett, the chairperson of the Aging Committee of the New York City Council. Testimony is provided by three panels of witnesses. Panel One consists of Eugene Callender, director, New York State Office for the Aging; Janet Sainer, commissioner, New York City Department for the Aging; and Rose Dubrof, executive director, Brookdale Center on Aging, Hunter College. Panel Two includes Lou Glasse, president, Older Women's League; Joe Michaels, editorial director, WNBC-TV, New York; and Roberta Spohn, president-elect, New York State Association of Area Agencies on Aging. The third panel consists of Annunciata Bethell, executive director, Bedford Park Senior Center, Bronx, New York; Judith Duhl, director of public affairs, Jewish Association of Services for the Aged; and Robert Butler, Brookdale professor and chairman, Department of Geriatrics and Adult Development, Mt. Sinai School of Medicine. (NB)

REAUTHORIZATION OF THE OLDER AMERICANS ACT

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

SECOND SESSION

DECEMBER 15, 1986, NEW YORK, NY

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REAUTHORIZATION OF THE OLDER AMERICANS ACT

MONDAY, DECEMBER 15, 1986

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
SUBCOMMITTEE ON HUMAN SERVICES,
New York, NY.

The subcommittee met, pursuant to notice, at 12:16 p.m., at the Playhouse Auditorium of Hunter College, New York, NY, Hon. Mario Biaggi (chairman of the subcommittee) presiding.

Members present: Representatives Biaggi, Rangel, and Green.

Staff present: Robert Blancato, staff director, and Moya Benoit, research assistant, of the Subcommittee on Human Services.

OPENING STATEMENT OF CHAIRMAN MARIO BIAGGI

Mr. BIAGGI. The hearing is called to order.

As chairman of the House Subcommittee on Human Services, I am pleased to resume the third in our series of hearings on the reauthorization of the Older Americans Act. Today we come to New York, the State which has the second largest number of persons age 65 and over in the Nation, but which has the most effective aging network in any of the States.

We hold our hearing today at the Playhouse Auditorium of Hunter College, part of the great City University of the New York system. I am pleased to see Dr. Donna Shalala here today, the president of Hunter College. And I would like to express to her my appreciation for allowing us to hold this hearing in this beautiful institution.

Hunter College is also the home, if you will, of the Brookdale Center on Aging, which today serves as the unofficial sponsor of this hearing. The Brookdale Center has served not only the elderly of this city, but the impact of its research and training activities has had national recognition.

Let me at this point pay a special tribute to a good friend of this subcommittee, Rose Dobrof, the executive director of the Brookdale Center on Aging, and Mildred Lampman, administration secretary, without whose very capable assistance, we would not be here this afternoon.

As mentioned during the early days of the 100th Congress, we will be called upon to reauthorize the program and services under The Older Americans Act. During the 99th Congress, it has been this subcommittee's purpose to explore the various issues related to

the reauthorization. To that end, we held one hearing in Washington in September, and one hearing in California in October.

In the 100th Congress, after we complete our hearings at the Select Committee level, the arena will switch to the House Education and Labor Committee, which will have the responsibility to write the new bill. I am proud to be the ranking New York member on that committee, and I wanted to make sure that the concerns of the elderly in New York State, and those who administer the Older Americans Act Program in this State and city have their views heard.

What is the program we discuss today? The Older Americans Act first became law in 1965. Now, in its 22d year, it has been an unqualified success story serving millions of seniors every year. It is such a hands on type of program that we can cite this one statistic: In this city alone more than 50,000 seniors are provided on a daily basis with a critical array of social and human services, including nutrition, transportation, legal services, and special services to the families of Alzheimer's disease victims.

The Older Americans Act is administered by what is called the aging network. It consists of State agencies on aging, area agencies on aging, and service providers. Today, in this country, there are 56 State units on aging, and 672 area agencies on aging, including 61 in New York State. Let me begin my observation about the reauthorization with a definitive statement. I support nothing more than a fine tuning process for the 1987 reauthorization.

I think with few, if any exceptions, the act is working fine. It is a healthy program which does not need radical corrective surgery. There are proposals, however, which have been advanced, and which may appear in the future, which if adopted in part, or in full, would constitute a major reauthorization. One of the most significant of these was the subject of a September 16 hearing we held in Washington. Several weeks before that hearing, a draft reauthorization proposal surfaced in the aging network put forth by the administration.

Let me recite, first in brief and later in more detail, some of its major provisions. I think it is important to listen to this most carefully because we have come to accept the Older Americans Act as an old friend and the reauthorization as a routine process. There is a change, and we will be confronted with a very serious, serious attack on the act. For those of us who have been comforted by past experience, I think all of us will be called upon to energize ourselves and get back to the early stages of the Older Americans Act and put all of our resources on the line to make sure the following provisions, which are proposed, will not occur:

This proposal would have raised the eligibility age for services under the act. It would consolidate the services under title III of the act. It would allow States to opt out of providing services under title III. It would permit a reduction in funds for services once deemed priority services by the act. Without question, the most controversial of the proposals would raise the eligibility age. The administration argues that this will allow the act to serve the most vulnerable elderly.

The Older Americans Act already has a requirement that says that its services are to be directed to the elderly in the greatest

economic or social need. This, unlike the administration proposal, recognizes the fact that vulnerability is not solely a consequence of reaching the age of 70. To bring this issue closer to home, let's examine its impact on New York City seniors.

In the all important nutrition program under the act, which provides one hot meal a day, 5 days a week for seniors, the administration proposal would be devastating in New York. It would result in one-third of those currently served being dropped. Specifically, 9,000 out of 29,000 would be excluded from participating in the congregate meals program. Out of the 11,000 who participate in home-delivered meals, 1,600 would be excluded. And for title III-B supportive services, 1 out of every 5 seniors would be excluded from the program.

The impact on this city's growing minority aged population would be especially severe. In New York City there are approximately 254,000 minority elderly. Over 150,000 of those minority elderly are between 60 and 70 years of age. Almost 60 percent. The committee is already deeply concerned about the national 24.7 percent decrease in the participation rate among minorities in supportive service programs since 1980. The fact is as of 1984, the life expectancy for whites at age 65 is almost 9 percent longer than for minorities. Change the formula, and you will inevitably have to reduce or eliminate services to persons between the age of 60 and 70. This will obviously hit the minority elderly the hardest.

I also take strong exception to the idea of further consolidation of title III of the act. The Older Americans Act is and always has been a categorical program. I am against it being block granted either in whole or in part. This proposal would eliminate separate funding for nutrition, which we fought for and brought about some few years ago, which now represents 47 percent of the overall funding for the act. There is nothing that I can see to justify this action.

The other elements of this proposal trouble me as well. It is important to acknowledge that this is a draft proposal, which is yet to become official administration policy. It is traditional for this administration to advance these types of proposals as part of their budget. If this be the case, we could expect this to become policy by late January. At this point, we view this proposal very seriously, and are actively working against it as part of this or any other reauthorization.

At this time I do have some ideas of what should be in the reauthorization next year. Among those ideas are additional funding for the home delivered meals program, and strengthen language in assuring strong State and area agencies on aging in every State, including expanded advocacy responsibilities. In addition, I would hope that we would work to guarantee that an adequate proportion of funds from title III-B reach transportation, legal, and in-home services. In addition, authorization should reflect growth for the programs over the next 3 years.

A special focus of today's hearing is to review how we could expand the existing provisions in OAA which relate to the services provided to families of Alzheimer's disease victims. It also gives us an opportunity to spotlight how our city is leading the Nation in its

development of services for this important segment of our population.

I have special interest in this area of the Older Americans Act. Together with the ranking minority member of this subcommittee, we are responsible for the language in both titles III and IV that brought the Older Americans Act and the Alzheimer's disease victims and their families together. The progress that has been made has been good, and more should be done.

New York City is the home of the first municipally funded Alzheimer's Resource Center. The center funded in part, due to a grant given by the Brookdale Foundation, a well-known leader in philanthropic endeavors on behalf of the elderly, offers the over 70,000 Alzheimer's disease victims in New York City with a variety of services, such as information and referral, financial, legal and therapeutic counsel and guidance, and securing institutional residential placement. It has been providing these vital services since 1983.

The center currently provides service to about 8,000 people per year with basic information and guidance, with another 5,000 participating in public education and information activities, and a yearly case load of about 1,000. I would like to use this occasion to pay a public tribute to the center for the work it has done, as well as those who do the work, including many who are with us today who serve on the advisory board. And to Ms. Randy Goldstein, director of the center.

I will listen with special sympathetic ear to any suggestion to expand the authority in the act that would in turn allow an expansion of the services which the New York City Alzheimer's Resource Center would have. I will also listen with realistic ears to the other side of this policy coin, that there must be sufficient funding for this expansion. This is an important hearing for the overall legislative process involving the reauthorization. Our witnesses have been chosen because of their close relationship to the act and its programs. We will consider all proposals, and we look forward to working with you as this process continues.

My colleagues, Congressman Charles Rangel and Congressman Bill Green, will join us a little later in the hearing. I am just delighted to have with us this morning to give us greetings, the president of Hunter College, Dr. Donna Shalala.

Dr. SHALALA. Thank you, Congressman Biaggi.

Usually when I stand at this podium I say welcome to the best college in New York. I do want to welcome you all, and we are simply delighted that our good friend Congressman Biaggi has chosen Hunter's Playhouse to hold this very important hearing.

Hunter is very active, as you know, in supporting services to older Americans through research and action, and we thank you very much for your kind words about our Brookdale Center on Aging. It is the jewel in our crown. We are also proud of our enrollment of over 700 senior citizens in our courses. The testimony that you will hear today from Director Callender, from Commissioner Sainer, from Dr. Butler, and from Professor Dobrof, will be definitive statements on the needs of older Americans, and the importance of renewing the Older Americans Act.

I want you to know that we here at Hunter share your views and your commitments. So, welcome to Hunter College, and have a good hearing.

Mr. BIAGGI. Thank you very much, Dr. Shalala.

We have with us a very important person in the legislative area of the city of New York, the chairman of the Aging Committee of the New York City Council. For the first time we have such an Aging Committee, and this very dedicated woman has been selected as its chairman. Councilwoman, chairman, friend, Mary Pinkett.

I am pleased to say that in the effort to create this committee we played a small part.

Ms. PINKETT. I am pleased to say thank you for your efforts.

Congressman Biaggi, distinguished members of the panel, and to all of you who are assembled, let me just say that I think that the work that you have done and are doing is very, very important for all seniors. I am very happy that on the level of city government that we are finally taking a rightful place and role to assist Janet Sainer in getting the information out and to do the work that is necessary to be done.

I think that in the Older Americans Act this is a cornerstone. That it is very, very important to all of us; to the seniors of the city of New York, and to this country as well. It is indeed really remarkable when we think that as a President we have a senior citizen who does not understand that there are seniors who are not cared for, who do not have someone to pay the rent for them, who will not have a medical facility that they can go to with all of the choices; and who perhaps does not understand the concerns and the fears of so many seniors.

I look forward to following your lead, and to working with you. And to making clear within this city our concern and our support for the agenda that must be the agenda I think for all American people.

Thank you.

Mr. BIAGGI. Thank you, Mary.

The first panel consists of Dr. Eugene Callender, who was appointed director of the New York State Office for the Aging by Governor Cuomo. Formerly a Presbyterian minister, he has served as New York City director for the New York City Schools Program appointed by Jimmy Carter; was president of the New York Urban Coalition; deputy administrator of New York City Housing and Redevelopment Administration; executive director of New York Urban League; in the 1960's, he was appointed to several Presidential task forces by Presidents Johnson and Nixon concerning manpower, urban unemployment, and income policy. Serves as adjunct professor of Columbia Graduate School of Business, York College in Queens, an instructor in Afro-American studies at NYU; presently co-chairs the Governor's longterm care policy coordinating council; is vice chairman of the National Council and Center for the Black Aged.

And another member, Janet Sainer, is commissioner since 1978 of the New York City Department for the Aging, the largest area agency on aging in the Nation, serving 1.3 million elderly. Before that, she served as director of aging programs of the Community Service Society. It was there that she developed the demonstration

program that led to the establishment of an RSVP, Retired Senior Volunteer Program, which operates in 700 communities nationwide. This led to Commissioner Sainer being recognized in a Presidential citation. She is a fellow with the Gerontological Society of America, and serves on its national executive committee. She served in 1971 and 1981 at the White House Conference on Aging, and is a good friend and invaluable in this whole undertaking.

And Rose Dobrof, executive director of Brookdale Center on Aging, Hunter College. We have made reference to her in my opening comments. More important, we have made reference to her work, and there is a whole array of achievements that speak for themselves, but I will repeat we are grateful to your commitment and your complete dedication.

Dr. Callender.

PANEL ONE: CONSISTING OF DR. EUGENE CALLENDER, DIRECTOR, NEW YORK STATE OFFICE FOR THE AGING; JANET SAINER, COMMISSIONER, NEW YORK CITY DEPARTMENT FOR THE AGING; AND ROSE DUBROF, EXECUTIVE DIRECTOR, BROOKDALE CENTER ON AGING, HUNTER COLLEGE

STATEMENT OF DR. EUGENE CALLENDER

Dr. CALLENDER. Congressman Biaggi, this hearing is as traditional as the weather and the holidays. Year after year, especially when the Older Americans Act is up for reauthorization, your subcommittee has taken the lead in soliciting public comment on programs for older people. And I am pleased to be able to join my colleagues again, Ms. Sainer, Ms. Dubrof, and the other speakers, to thank you once again for your very excellent leadership in this regard.

In years like these with massive deficits, Medicare cutbacks, and ever-rising health care costs, older New Yorkers can be thankful that you have chaired this subcommittee, and used it so effectively to pinpoint aging issues and to help find legislative solutions. This past year alone your success in passing supplemental appropriation for the Department of Agriculture helped us to retain the funding necessary to serve 20 million meals to older New Yorkers through the Commodity, Cash, and Loop Program linked to the Older Americans Act Nutrition Program, title III–C.

The commodity funding crisis you helped resolve was symptomatic of this Federal administration's approach to human service problems. I can imagine your frustration when after persuading Congress to authorize and release funds to cover the authorized funding level for meals served in prior years, the administration still refused to do so until a second appropriation was enacted. Thank you, Congressman, for your persistence.

In this context I share your dismay, that this administration has now developed a draft proposal that could reduce services to elderly in need, particularly minority isolated and other vulnerable elderly, who may experience declining health at such younger ages than those who have retained good health and adequate finances into their senior years. The Older Americans Act has enjoyed strong bipartisan support throughout its history. To a large degree,

this reflects the high acceptance wherever the Older Americans Act operates.

Congress has reviewed and amended the act on several occasions. And these changes have led to systematic evolution of the Older Americans Act. The New York State Office For the Aging basically believes that the current law is very well conceived. For this reason, we favor a fine-tuning approach for the 1987 reauthorization of the Older Americans Act, rather than the fundamental restructuring suggested in the draft proposal.

Over the years, the Older Americans Act has served our Nation and older persons rather effectively. And the basic issue before us now is this: What period of time should the Older Americans Act be extended? We favor at least a 3-year extension. This will enable services and providers and others in the aging network to make longer range plans. It will also provide greater assurance for the communities that the valuable services under the Older Americans Act, such as those provided by older workers in title V, will be continued.

A few weeks ago we met with the commissioner of the Administration on Aging, and in one of my questions, I suggested the possibilities of her support for the elevation of the Administration on Aging into the Washington scene. When Congress enacted the Older Americans Act in 1965, it is my feeling that it clearly intended that the Administration on Aging should be a visible and forceful advocate for the Older Americans Act. This is what it was under Arthur Fleming. AOA, for example, was to be headed by a Presidentially appointed Commissioner who must be confirmed by the Senate. AOA was also to be called equal in status with the Social Security Administration. However, AOA has not been able to fulfill that role because it is a subunit within the Office of Human Development Services, along with several other agencies.

AOA is supposed to coordinate Federal programs and activities impacting on older Americans. But AOA has encountered difficulty in carrying out this responsibility because AOA is frequently subordinate to the agencies of other governmental units that it is attempting to coordinate. An Assistant Secretary on Aging would help to provide the visibility and the clout that is needed for a Federal focal point for the elderly.

This issue has been debated, as you know, sir, for several years. And I believe it is an idea whose time has now arrived. Perhaps in the suggested draft proposals the serious concern that we have is the impact that these proposals have on the minority community. SOFA considers equitable treatment for minorities to be the single most important issue for the reauthorization of the Older Americans Act.

This becomes even more critical now because the minority participation rate in title III–B, Supportive Services and Senior Centers Program has declined by 24.7 percent during this decade from a high of 21.9 percent in fiscal year 1980, to a low of 16.5 percent in 1985. In fact, the minority participation rate has dropped every year this decade, except for fiscal year 1982, when it remained unchanged.

A similar pattern exists for the title III–C Nutrition Program for the Elderly. The minority participation rate has consistently de-

clined every year since 1980, except for 1983. And overall, the minority participation rate has dipped to 13.7 percent from 15 percent in fiscal 1980, to 16.4 percent in 1985. Nearly 300,000 fewer blacks received title III supportive services in 1985 than in 1980.

The aged black participation rate has plummeted from 23 percent during this period, from 13.9 percent in 1980 to 10.7 percent in 1985. The aged black participation rate for the Elderly Nutrition Program has declined by 9.8 percent during this decade, from 11.2 percent in 1980 to 10.1 percent in 1985. The 1985 participation rates for all major elderly racial and ethnic minority groups are at an all-time low for the 1980's.

So, we are very concerned about the suggestions that are in this document. As you know, the aging network is fully committed in New York State to targeting funds to those older people most in need. Each of the 59 area agencies on Aging in New York State has intensified its target efforts over the past few years, and many, like the New York City Department for the aging, have developed innovative techniques for reaching some targeted group.

And, of course, the old, old, those over 70 and 75, do have much greater rates of frailty. So that serving this population reflects successful targeting for many services. But efforts to restrict service eligibility to those old, old, elderly, would turn targeting on its head. Instead of serving those in need, we would be told to serve those with the earliest birth dates. Instead of offering preventive services designed to maintain independence in the face of gradually increased frailty, we would be told to intervene only after years of potential isolation and malnutrition and inadequate community support. So, any proposal to restrict services, in our estimation and in our opinion, would be unconscionable.

The draft administration proposal which states, "that this amendment would assure that those who are between the ages of 60 and 70 would bear the brunt of the reduction," in funds, implies a lifeboat mentality that would toss overboard those black minority and sick elderly who suffer early onset of health related support needs. And the proposal to block grant service titles with this administration's record of massive funding cuts to programs swallowed into block grants, clearly signals an intent to cut back the already inadequate funding now provided through the Older Americans Act.

We would fully like to recommend, Mr. Chairman, in addition to a healthy and strong emphasis to increase minority participation in the services provided by the Older Americans Act, that there be a change in what seems to apparently show up in this administration's proposal, an attempt to reduce support for the aging proposal in this draft proposal. For the reauthorization that would repeal the whole harmless provision for States like New York, whose elderly populations, although climbing, happen to move slower than the national average.

Similarly, the administration's proposal to repeal the possibility of the three fourths of 1 percent waiver for State units on aging that may otherwise in certain years be forced to layoff network staff in the better years when cutbacks in other programs like Medicare make their training and advocacy services so essential to the interests of the State's elderly. What is needed, I believe, in ad-

dition to what I have said, is action. We need to add to the Older Americans Act a major new service program for in-home care. Whether you want to call it a new title XXI of the Social Security Act, or a new title VIII of the Older Americans Act, or a new title I of some yet to be named legislation, with Medicare cutbacks and Biaggi reimbursement systems forcing sick elderly out of the hospitals quicker, the number of elderly needing in-home care will continue to climb rapidly.

The only waiver that would help New York's aging network fill this rapidly expanding need would be a waiver on the amount we could spend, a transformation of the Older Americans Act into an entitlement program like Medicaid. Although I know I am asking for the impossible. I do not really expect that you will be able to deliver it, at least, not this year. But I do hope that you can deliver a strong reauthorization. One rejecting administration suggestions for cutbacks, and one authorizing funding increases that could strengthen our network's ability to serve those most in need.

I look forward, as usual, to working with you and Mr. Blancato throughout this reauthorization process. I will be delighted to answer any question you may have, and if I may, I would like to submit the balance of my statement for inclusion in the hearing of the record.

Mr. BIAGGI. Without objection, the entire statement will be included in the record.

[The prepared statement of Dr. Callender follows:]

PREPARED STATEMENT OF DR. EUGENE S. CALLENDER, DIRECTOR, NEW YORK STATE OFFICE FOR THE AGING

Chairman Biaggi, this hearing is as traditional as the weather and the holidays. Year after year, but especially when the Older Americans Act is up for reauthorization, your Subcommittee has taken the lead in soliciting public comment on programs for older people, and I am pleased to be able to thank you, once again, for your leadership.

In years like these -- with massive deficits, Medicare cutbacks, and ever-rising health care costs older New Yorkers can be thankful that you have chaired this Subcommittee and used it so effectively to pinpoint aging issues and to help craft legislative solutions. This past year alone your success in passing supplemental appropriations for the Department of Agriculture helped us retain funding necessary to serve 20 million meals to older New Yorkers through the commodity/cash-in lieu program linked to the Older Americans Act nutrition program (Title III-C).

The commodity funding crisis you helped resolve was symptomatic of this Federal Administration's approach to human service problems. I can imagine your frustration when, after persuading Congress to authorize release of funds to cover authorized funding levels for meals served in prior years, the Administration still refused to do so until a second appropriation was enacted. Thank you for your persistence.

In this context, I share your dismay that this Administration has now developed a draft proposal that could reduce services to elderly in need, particularly minority, isolated, and other vulnerable elderly who may experience declining health at much younger ages than those who have retained good health and adequate finances into their senior years.

As you know, New York's aging network is fully committed to targeting funds on those older people most in need. Each of the 59 Area Agencies on Aging in New York State has intensified targeting efforts over the past few years, and many, like the New York City Department for the Aging, have developed innovative techniques for reaching some targeted groups. And of course the "old old", those over 70 or 75, do have much greater rates of frailty so that serving this population reflects successful

targeting for many services.

But efforts to restrict service eligibility to these "old old" elderly would turn targeting on its head. Instead of serving those most in need, we would be told to serve those with the earliest birthdates. Instead of offering preventive services designed to maintain independence in the face of gradually increasing frailty, we would be told to intervene only after years of potential isolation, malnutrition, or inadequate community support.

To be candid, I opposed even the congressional imposition, in 1984, of a statutory definition in Title III of the Older Americans Act of "elderly" as those over 60. For health and welfare counseling, pre-retirement education, volunteer opportunities, information and referral, and closely similar services, even the age-60 eligibility criterion is unduly restrictive. And since blacks and other minority groups tend to die much earlier than middle-class whites, any single age for eligibility will discriminate, statistically, against the very groups of elderly with greatest economic or social need that the Older Americans Act tells the aging network to serve.

So any proposal to further restrict services based on age, to exclude those elderly under age 70, would be unconscionable. The draft Administration proposal, which states that "this amendment will assure that those who are between the ages of sixty and seventy would bear the brunt of the reduction" in funds, implies a lifeboat mentality that would toss overboard those black, minority, and sick elderly who suffer early onset of health-related support needs. And the proposal to block grant service titles, with this Administration's record of massive funding cuts to programs swallowed into block grants, clearly signals an intent to cut back the already inadequate Federal funding now provided through the Older Americans Act.

Other components in the Administration draft threaten similar reductions in Federal commitment to this vital, successful program. In Title IV, the Administration proposes to that Title IV, which used to be an integral part of the aging network in every Planning and Service Area in the country, now seems to belong to the academic community alone. I am always pleased to collaborate with universities, researchers, and gerontologists, but I regret at times that my major role now is signing letters of support for Title IV research grant

applications while the Title III services allotment we receive for New York State must be whittled away at to provide inadequate training resources to Area Agencies statewide. Rather than removing mandated funding areas from Title IV, I implore you to restore one more mandated area -- State education and training networks focused at the service delivery level, where Area Agencies and subcontractors serve clients needing high-quality case management, advocacy, and other complex activities for which enhanced training is needed.

And further showing an apparent Administration intent to reduce support for the aging network, the draft proposal for the reauthorization would repeal the hold harmless provisions for States like New York whose elderly populations, though climbing, happen to go up slower than the national average. Similarly, the Administration proposes to repeal the possibility of a 3/4 of 1% waiver for State units on aging that may otherwise, in certain years, be forced to lay off network staff in the very years when cutbacks in other programs, like Medicare, make their training and advocacy services so essential to the interests of the State's elderly.

After opposing so many provisions of the Administration draft bill, I would like to point out that there are some potential good points behind the proposals for the Older Americans Act reauthorization. Distributing funds based in part on the distribution of elderly over 70 -- as distinguished from restricting services to those of this age -- can be a positive targeting step. Indeed, the intrastate funding formula now in use in New York uses the distribution of those over 70, along with the distribution of those over 60, of minorities, and of low-income elderly, to determine allocation of Older Americans Act funds among Area Agencies on Aging, after adjustments for prior-year and minimum allocations.

An enhanced statutory focus on long term care coordination, as implied by Administration proposals on demonstrations and State Plan assurances, would also be a positive step. But you and I know that tinkering with the language of the Older Americans Act will not have a major impact on the plight of frail elderly struggling to maintain themselves in the community.

What is needed is action -- a major new service program for in-home care, whether it is called a new Title XXI of the Social Security Act or a new Title VIII of the Older Americans Act or a

new Title I of some yet-to-be-named legislation. With Medicare cutbacks and DRG (diagnostic-related groups) reimbursement systems forcing sick elderly out of hospitals quicker, the number of elderly needing in-home care will continue to climb rapidly. The only "waiver" that would help New York's aging network fill this rapidly expanding need would be a waiver on the amount we could spend -- a transformation of the Older Americans Act into an entitlement program like Medicaid.

Although I ask for the impossible, I do not really expect that you will be able to deliver it -- at least not this year. But I do hope that you can deliver a strong reauthorization, one rejecting Administration suggestions for cutbacks and one authorizing funding increases that could strengthen our network's ability to serve those most in need. I look forward to working with you throughout this process, and I would be delighted to answer any questions you may have. If I may, I would like to submit the balance of my statement for inclusion in the hearing record.

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I would like to let you know of some major developments in New York State directly related to the Older Americans Act provisions you have championed over the years. Most specifically, the commodity/cash-in-lieu funding you defended this year has been multiplied, like the loaves and fishes, through State funding for Governor Cuomo's Supplemental Nutrition Assistance Program (SNAP). The New York State Office for the Aging now provides more than $8 million annually to participating Area Agencies on Aging, working cooperatively with the State Health Department. We will serve 2.1 million meals to 23,000 elderly participants in 53 counties and the City of New York, and our targeting efforts continue.

The State's aging network has excelled in reaching isolated elderly for SNAP -- 3 our of 5 are poor; 1 in 2 live alone; 1 in 2 are 75 years of age or older; 1 in 2 are chronically ill, usually with heart disease, cancer, diabetes, arthritis, osteoporosis, or chronic obstructive lung disease; 2 out of 5 are functionally disabled, unable to obtain or prepare food for themselves; and 1 in 5 are minorities or of limited English speaking ability.

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Another major development, building on both the Older Americans Act and the State's special Community Services for the Elderly (CSE) program, was enactment this year of the Governor's program bill for an Expanded In-home Services for the Elderly Program (EISEP, or "CSE-2"). So far, we have received 14 applications from Area Agencies for services funding out of the $2 million in startup funds provided for this State fiscal year. This program will provide case management, in-home, respite, and ancillary services to functionally impaired elderly, completely subsidizing those just above Medicaid and providing a sliding scale for middle- and upper-income elderly.

As I mentioned, development of a long term care service and financing system remains the biggest challenge facing our network in the years ahead. The Governor's Long Term Care Policy Coordinating Council, which I co-chair with Health Commissioner David Axelrod, continues to focus the State's efforts on long term care issues such as financing, local systems management, in-home services, Alzheimer's disease, family supports, housing, Continuing Care Retirement Communities, science and technology.

Finally, I want to bring you up to date on what my Office has been able to accomplish as a direct result of the 1984 change permitting State activities to be funded at 5% of Title III allotments, rather than from a separate allocation. The "payback" from a percentage-based State Unit on Aging funding base has been dramatic, as documented by major increases in State services funding which were accomplished through enhanced State Office development activities, including:

- $2 million in new State funding for expanded in-home, case management, and ancillary services through an enhanced Community Services for the Elderly program, implementing the 1984 reauthorization's call for enhanced aging network attention to the need to develop a client-centered care management system;

- A major infusing of State dollars to New York's aging network ($5.8 million for State Fiscal Year 1985-86, anticipated to rise to almost $9 Million for SFY 1986-87);

- Dramatic increase in State aging policy development efforts, including cooperative funding with State employee unions of model pre-retirement education, phased retirement, and mature worker programs; and

- A nationally recognized set of long term care policy initiatives in the Governor's 1987 State of the State message, including encouragement with strong consumer protections in the areas of life-care continuing care retirement communities, private long term care insurance, rights for pre-admission screening for those considering nursing home placement, and other policy proposals endorsed by the State's aging network through advocacy, needs assessments, and program development efforts initiated through the Older Americans Act programs.

Although the Gramm-Rudman reduction in both services and administrative funding has had predictable adverse effects on the ability of New York State's aging network to meet the needs of the State's three million elderly citizens, the flexibility to use a small percentage for State activities has thus generated well in excess of $10 million in new State services funding to help address the most severe nutritional, in-home, and supportive service (including long-term care) needs of the elderly.

STATEMENT OF COMMISSIONER JANET SAINER

Ms. SAINER. Thank you, Congressman Biaggi.

I would like to commend you for holding this hearing on a subject of such vital importance to our city's elderly. I also want to commend you for the national leadership you have exercised over the years, and want to strongly endorse the proposals you have put forth in your very eloquent opening statement.

This act, the Older Americans Act, is a unique and valuable piece of legislation, which we firmly believe should not only be sustained, but should be strengthened, as you had indicated, to ensure the continuity and integrity of the aging network; and should be enhanced to provide expanded services to the Nation's growing elderly population.

Before I address my specific recommendations concerning the act itself, let me tell you just very briefly about some of the accomplishments made possible by the act here in New York City. With Older Americans Act resources allocated to our area agency on aging, we are currently able to provide on a daily basis congregate meals to some 20,000 older persons, with another 8,600 the recipient of home-delivered meals. In addition, last year we provided home care services to nearly 8,000 older people. Not nearly enough.

Through title III-B funds, we respond to over 100,000 requests annually about services, benefits, and entitlements through our information and referral unit. And, moreover, we provide followup services on these inquiries as well.

I should also mention the other important services provided through the Older Americans Act that are available to the city's elderly through our local contracted agencies: Legal services, transportation, nutrition education and residential repair, and a host of other needed services. Moreover, the funding through the Older Americans Act has made it possible for us to expand our services and act as a leverage in other areas, and for receiving other private support for things such as you indicated: The Alzheimer's services, the health promotion activities, and our city Meals on Wheels Program that provides weekend and holiday meals to 7,000 homebound elderly every week of the year.

As pleased as we are to be able to record these service gains, we must point out that changes in the city's elderly population are creating new and increasing demands on our citywide network of community-based services. I need not tell you that the number of very frail elderly who are likely to be poor and have functional limitation associated with chronic illnesses have grown markedly in New York City. The over-75 population here in this city, even though the numbers of elderly did not increase in the 10-year period from 1970 to 1980, the over-75 population grew by 18 percent in that decade. And an additional 14 percent between 1980 and 1985. There are now more than 430,000 men and women 75 years and older in our city.

Even more dramatic has been the tremendous growth in those 85 and older. This group in that decade grew 37 percent, and increased again by 32 percent in the last 5 years. And thus, we expect that we will be serving more and more very old, and more and more very frail.

In addition, as has been pointed out by both you and Dr. Callender, the minority aged have also become a significantly larger population of the elderly in our city. Today about one out of every five older persons here is a member of a minority group. Though they tend to be found among the younger elderly, nonetheless, their needs are often similar to those of the very old reflecting a lifetime of low income and poor health.

Thus, we are being asked to provide assistance, particularly in-home services, to a far greater number of elderly whose needs, I must tell you, are greater than we can meet. A recent survey made of our home care service providers indicated that during a 3-week survey period only 25 percent of the more than 800 new requests for assistance received by a selected number of our programs were able to be responded to. Twenty percent were placed on waiting lists, over half could not be served because they needed a level of service either more hours or more intensive care than our programs are able to provide. At present, our Aging Services Network, with limited III-B funds offers only 2 to 6 hours of home care per week, a very, very limited amount. And we always have to make the hard choice between providing more hours and cutting back on the number of people who get any help at all. And this is a major issue that our local contracted agencies are facing.

Moreover, it appears that as a result of the implementation of DRG's, one out of three of those who requested department funded services had been recently discharged from a hospital either from the in-patient section or from the emergency room. The fact that we are turning people away or putting them on waiting lists, as well as being unable to provide the level of assistance needed by many of our current clients, no less the new ones who are applying, makes the 3-year reauthorization of a strengthened and expanded Older Americans Act even more important.

Unfortunately, over the years the in-home service support under the Older Americans Act has not increased commensurate with the growing needs. And I know, Congressman Biaggi, that you have been supersupportive of trying to get more funds for these services. Therefore, we would strongly recommend that when the act is reauthorized, there be a 15-percent increase for each of the 3 years for title III-B and for title III-C-2, the Homebound Elderly Nutrition Program, to help expand both home care and home delivered meals. And that title III-C-1 funding be increased by 10 percent. For while we act to meet the needs of the frail, we cannot overlook those elderly who are not that frail, but certainly have both economic, social and nutritional needs.

I want to reemphasize once again that the aging population in need of services is growing dramatically, and if we do not act to respond to the implications of this incontrovertible fact and expand our social service and in-home capacity, we will be guilty of truly ostrichlike behavior.

A second point I would like make in regard to reauthorization relates to a new and increasing need which the aging network has responded to without any additional resources for it. I am referring to the provision of assistance to the families of Alzheimer's patients. And I am deeply appreciative of your comments about the

Alzheimer's Resource Center, and your ongoing support for those efforts.

This is a compelling challenge for the aging network, long accustomed and adept to responding to the demands of a changing older population. After 2½ years experience with our Alzheimer's Resource Center, we can confirm that the care of people with Alzheimer's must include the care of people whose lives are affected by Alzheimer's disease, namely the families and kin of Alzheimer's victims. For these families are enmeshed in a dilemma of increasing demands and decreasing resources: financial, physical, and emotional. The progressive deterioration and unpredictability of Alzheimer's forces the patient and the family to adjust continually to new and higher levels of impairment. And with these changing levels come new and ever increasing needs that must be met.

In the Older Americans Act as amended in 1984, you, Congressman Biaggi, as you noted, were instrumental in taking cognizance of the importance of developing demonstration projects, and providing the scope of services that Alzheimer's families need in order to sustain their caregiving role. And these include a whole variety of services and programs which I won't go into at this point.

However, at the time of the last reauthorization, even though recognition was given to the need for legal and financial help, in-home services, and more information on benefits and entitlements and counseling services such as our resource center provides, despite that, no funds were authorized and certainly none were appropriated to finance such services. And thus, I want to say that this confirms the dire need to do more as we face this reauthorization.

We are pleased that Commissioner Fisk used some of the very, very limited research title IV funds to implement 12 Alzheimer's disease demonstration projects. That was just the tip of the iceberg. I believe that the aging network is in a unique position to respond to the special needs of this population, and it also has the administrative structure in place that can be built upon in a most cost effective fashion to meet the demands of over burdened Alzheimer's families. Therefore, I strongly recommend that additional and sufficient funds be authorized specifically targeted for supportive services to Alzheimer's patients and their families. And that this be included in the reauthorized Older Americans Act.

A third critical consideration that I would like in the reauthorization is that we ensure the maintenance and autonomy of the aging network from the Administration on Aging down to the State units and down to the local area agencies. This network has developed a special place in the social services world. And because of its distinct characteristics, it has given greater visibility to aging needs and concerns and it has had the flexibility to be quickly responsive to them in creative and innovative ways. The network offers a firm, well-established service system on which to build. And we should not only retain it at every level, but enhance it and expand it, as you so eloquently indicated in earlier remarks.

Finally, I want to recommend that in the process of reauthorizing the Older Americans Act, that the unique philosophy and spirit of the act be sustained. That is, that the services supported by the act continue to be nonmeans tested and available to all over 60

years of age. Of course, we should and will target to those with greatest financial and social needs so that the poor, near-poor, the minority, and the frail, will benefit. But, let us maintain a service network which all elderly regardless of income, can view as their network. And to which they can turn when in need of help. The Older Americans Act is the only Federal program that has this nonrestrictive capacity to address the social service needs of the majority of the Nation's elderly.

We look to you, Congressman Biaggi, and to other Members of Congress, to ensure that over the next 3 years, older Americans in communities throughout our Nation will be able to turn to their local area agencies across the country, and to the local community agencies which the Older Americans Act support, and not have to put their elderly on waiting lists. But rather be given the services they need to remain in their own homes and their own communities, which is the wish of every older American.

Thank you.

Mr. BIAGGI. Thank you very much, Commissioner Sainer, we are grateful for your testimony, as well as your indefatigable efforts.

STATEMENT OF ROSE DOBROF

Ms. DOBROF. Thank you, Congressman Biaggi.

I am going to speak informally, if I may?

Mr. BIAGGI. Who would have the courage to stop you? [Laughter.]

Ms. DOBROF. You might.

I want you to know, Congressman, that each of us, and I am sure all of the speakers who follow us, will begin with a recognition of the contribution you have made. And you should know that these are simply not statements of amenities, but statements of a truth. And the nature of your contribution and your leadership is something which should not be taken for granted, but should be recognized on every possible occasion.

Mr. BIAGGI. I will defer to your superior judgment.

Ms. DOBROF. Thank you, sir.

I, too, want to subscribe to the recommendations made by the two previous speakers about the necessity of a fine tuning rather than an overhaul of the Older Americans Act. The Older Americans Act seems to me, as it does to many other people, to be one of the success stories of social policy.

I want to talk, if I may, about title IV, as you would expect, the education and research title. And then I want to say a couple of things about title III. The interesting thing about title IV I think, is that it, like the service titles, is a story of success. Despite the fact that understandably the Administration on Aging emphasis and the emphasis of the area agencies has been on services rather than on education and research.

I say understandable for two reasons: One, because the need for services are so great, and those needs must be responded to; and second, I suspect that title IV gets less attention because as both of you over there have pointed out to me, we in the academic world have not made a sufficiently strong case to support the notion of a connection between research and education and the delivery of quality services to older people. I think that is undoubtedly true,

Alzheimer's Resource Center, and your ongoing support for those efforts.

This is a compelling challenge for the aging network, long accustomed and adept to responding to the demands of a changing older population. After 2½ years experience with our Alzheimer's Resource Center, we can confirm that the care of people with Alzheimer's must include the care of people whose lives are affected by Alzheimer's disease, namely the families and kin of Alzheimer's victims. For these families are enmeshed in a dilemma of increasing demands and decreasing resources: financial, physical, and emotional. The progressive deterioration and unpredictability of Alzheimer's forces the patient and the family to adjust continually to new and higher levels of impairment. And with these changing levels come new and ever increasing needs that must be met.

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Finally, I want to recommend that in the process of reauthorizing the Older Americans Act, that the unique philosophy and spirit of the act be sustained. That is, that the services supported by the act continue to be nonmeans tested and available to all over 60

tration of minority students. And this is a serious problem, which requires Federal action.

A final statement, not with respect to title IV, but with respect to title III. My dear friend, Bob Brancato says that what title III basically is is a, "wish list." And so, I would like to say something about my wishes for title III. The first is to underscore what Commissioner Sainer has said, and that is that the attention to Alzheimer's victims and their families be articulated in the appropriation of more funds for the support of these programs.

Second, that we follow some of the promising lines that have already been pursued in the Department for the Aging Resource Center, in our own funded by philanthropic sources, our social service approach to the delivery of respite services. I think that in the 2 years that we have been engaged in this, we have been able to generate considerable evidence that this is a cost effective and beautiful approach to the needs of the care givers for respite services.

I would hope that the Federal funding of the legal services be increased. I commend to you, Congressman Biaggi, the study by the Urban Institute, which indicated that one of the most important service areas which has suffered the most severe cuts under the present administration has been the area of legal services. And the Administration on Aging offers one opportunity to fund those programs at a better level than has been possible. And I commend to you the legal services which are funded under the Department for the Aging as examples of the kinds of programs which we need very badly.

And finally, I should like to suggest one area which seems to me may be like our earlier attention to the Alzheimer's victims and their families. That is, we are seeing increasingly a new kind of problem, Congressman Biaggi. I have labeled it the problem of aged parents of still dependent adult children. I am talking of the developmentally disabled who are now living into their forties, fifties, and sixties, who frequently have aged parents who must face not only the tasks which all of us face in thinking about our own demise, but face the poignantly painful task of needing to make arrangements for their children who are still dependent on them. I am thinking about the aged parents of chronically mentally ill adult children. I am thinking about the aged parents of adult children who are handicapped by other physical ailments. and I strongly urge that there be attention to this growing group of people who face so tragic and serious a problem in the last years of their lives.

I thank you again, Congressman Biaggi, for this opportunity. And I wish you success in your efforts.

Mr. BIAGGI. Thank you very much, Rose.

You also have the case where the child of an elderly parent is also herself a senior citizen.

Ms. DOBROF. That is right.

Mr. BIAGGI. They may not be disabled, but they are just dependent.

Ms. DOBROF. Yes; that is right.

Mr. BIAGGI. And that is an increasing phenomena given the extension of our life expectancy.

Ms. DOBROF. It is one of these things, Congressman Biaggi, that comes as a blessing that people are living longer. But the blessing brings in its wake, new problems that we must face and find answers to.

Mr. BIAGGI. Sure.

I think there is no question that the financial aspect is significant, and that there be the basis for the proposal because with life expectancy being extended the initial estimates of cost of each individual has been significantly increased. And we are talking about the requirement for the sick, an increase of extraordinary magnitude to be realistic, and if you want to do the job right. And as a nation, we have that responsibility.

Dr. Callender, you made reference to raising the focus on the Department of Aging in Washington, and no one can quarrel with that. The fact of the matter is that we have advocated that for some time. And year in and year out, whenever the opportunity presents itself, we have introduced language that would amend the bill, and that would provide for an assistant secretary to be the focal point for aging. And it passes. We get it out of the House, and it gets out and it gets into conference. But when it gets to conference, it is invariably dropped. And the problem with that is the aging groups direct their attention primarily to the funding levels, and they are willing to make that assistant secretary of language a secondary or tertiary consideration, and have it be sacrificed in the whole process.

I think it can be done if all of the groups would hold fast. We just went through a conference on the higher education bill of 1986, which cost about $11 billion. And I had a number of proposals, one of which was going to be the Wagner Urban Think Tank, which I was able to get passed into law, among a number of others. Most of mine were controversials and some brand new. And we started a conference and we met for weeks on end and had lengthy, lengthy meetings. And there was a steadfast resistance. No consideration whatsoever. But if you have a hard seat and a hard head, and take advantage of the passage of time, you eventually prevail. And that is what we did. Every one of my proposals was accepted at the very last minute, because they become exasperated and they just threw up their hands. Every one of them was passed, and yet it was like a fortress collapsing right before your eyes, a fortress of resistance.

And so, the same thing can occur in conference when you are dealing with this proposal. You hold fast. Don't say yes, we will take this and you can have that. Just hold fast and fight. There hasn't been that unity of purpose with relation to the aging situation, and I think that really that is what it requires. It can be done.

Tell me, Doctor, how do we reach the more minority aged under the act? Clearly, in light of the decrease of the 24.7 percent, something is wrong with what we are doing. We know they are out there. Why aren't they participating, and what would you suggest in the manner of targeting?

Is there something that we could do that we are not doing, or something that we are doing wrong?

Dr. CALLENDER. Well, I hate to use the word, "easiest," but perhaps the most simplest solution would be the appropriation of

larger funding resources to make more moneys available, and then we wouldn't have the more harder choices as to how to deal with the limited resources that are available now. If larger amounts of moneys are not going to be appropriated to make it possible to reach those, not only with greater social and economic needs, and especially minorities, than as we are trying to do now in New York State, we are going to have to begin to initiate a target targeting objectives which ultimately, unless the resources are greatly improved, will mean a transfer of the utilization of resources from where they are being used now to those of greater social and economic need, and with minorities. And that, of course, raises all kinds of political problems as well as the social problems within committee. And it is going to be more difficult to do.

There are ways in which the State of New York, particularly, has helped in this regard. With the SNAP appropriation, the Supplemental Nutrition Assistance Program, the New York State Aging Network has been able to begin to make some inroads in the minority communities through the SNAP funds. But that is serving a very vulnerable, frail, homebound network of minority persons. But with the existing funds pretty much in place and serving people legitimately, really legitimately under the Older Americans Act where there is no means test. And it is going to be very difficult to increase the number of minorities participating in the program unless there is adequate funding for that.

I do think that even though the resources are limited, there have been significant attempts, particularly here in New York City, to increase participation of minorities through the title XX program, an additional program outside the Older Americans Act. But throughout the State, there has been a constant and continuing decline since 1980 of minority participation because the outreach funding is not there, the nutrition dollars are not there to serve them, and the use of minority priorities upstate, particularly, is not there.

Mr. BIAGGI. Outreach is clearly important.

Dr. CALLENDER. That is right.

Mr. BIAGGI. Commissioner Sainer, we have been laudatory. It has been like a mutual admiration society here this morning, but we can always afford that. But clearly, the relation to the funding of title III-B, you have been out there fighting and it has been a difficult job but we have kind of done it. But I believe your recommendations that you have made are reasonable. I relate a question, and I just want to get your reaction to this. I am not saying that I am for it or against it.

Would you support any increase in transfer of authority between III-B and III-C?

Ms. SAINER. You mean the flexibility of using either funds?

Mr. BIAGGI. Right.

Ms. SAINER. Part of my concern is that the visibility of nutrition dollars in senior centers through which the nutrition dollars are usually given, makes that a very appealing place to put the funds which are the III-C dollars, and if they were all linked in together, I am not sure where I would stand, but I am somewhat concerned that the homecare that we are trying to get for the chronically dis-

abled might not be given across the board and across the country the way that it should.

So that, it seems to me that if we are to deal with the chronically disabled, and if we are to begin to make a dent in not just through the Older Americans Act, but through other systems where obviously there are more dollars and more availability in the future we hope, it would seem to me that perhaps the Older Americans Act might be the demonstration point about how effectively these dollars could be used. And, therefore, at the moment, it seems to me that if we kept those dollars separate and targeted to the homecare needs of the very frail, as we do, what we try to do in III-B, that might be a better way to go. But I am certainly open to either depending on its utilization.

My other great concern about blocking these together is the differentials across the various States. I think that we here have a commitment to handling the III-B. We are also fortunate in having in New York City, the Medicaid Home Attendant Program, which takes care of the very, very poor in a very unusual way as we compare it with other cities across the country. For those who do not have that available in their community, and are not mandated to provide homecare, it may pose some problems.

Mr. BIAGGI. Do you have any comments on that, Rose?

Ms. DOBROF. Basically, I think I agree with Commissioner Sainer.

Mr. BIAGGI. Well, Rose, you were invited as a resident expert on title IV, dealing with research training and demonstrations, and clearly you have met the test. But we have language in the bill on recruitment, but we haven't focused on it.

Ms. DOBROF. What has happened, Congressman Biaggi, is that the Administration on Aging plays a much less dominant role in education than it did when we first began the Brookdale Center 12 years ago. Partly, that is part of the success story. That is, that the genealogical centers have been able to secure funding from a variety of other sources, but I would say to you that I think it also represents a back pedaling on the part of the administration, certainly in relation to minority. But in relation to education in general.

And as I said, I have been looking at what the shortage figures are in the professions that are absolutely essential. We have been talking about this wonderful network of services, and it is a wonderful network. But we are at a point now where there are not enough nurses, there are not enough social workers, there are not enough audiologists, there are not enough physical therapists, and there are very few programs under the Administration on Aging, which address the problems of shortages in any kind of systematic and well-funded way.

And I have got to add again, the particular emphasis on minority students. I have been to two meetings in the last week, Congressman Biaggi, where the focus of attention has been on the underutilization of services, having primarily to do as these people in the field saw it, with an absence of the kind of well-funded access services that are needed. And with an absence of the professionals from the minority communities who could so effectively link older people to the services they need.

Mr. BIAGGI. Thank you.

Since there is a strong support for expanding Alzheimer's services in the act, I am going to read a summary of the existing provisions of law that the Congressional Service, Library of Congress, gave to us:

The Older Americans Act of 1984 provided three new provisions to focus the Act's resources on services to persons with Alzheimer's disease and their families. First, the law amended Section 306(2)B of the Act to include within the priority service category of in-home services, reference to supportive services for families of elderly victims of Alzheimer's Disease and other neurological and organic brain disorders of the Alzheimer's type. This provision essentially requires each area plan in aging to assure that, "an adequate proportion of supportive services funds allotted to the area agency will be spent in the category of in-home services, including supportive services for Alzheimer's Disease families."

Each area agency must specify annually in its plan how much funding it has expended on the priority services during the most recent prior fiscal year. Secondly, the Title IV training authority of the Act was amended to require the commission on aging to give special consideration to projects which recruit and train personnel and volunteers who care for Alzheimer's Disease victims who provide family respite care.

Third, Title IV was amended to require the Commissioner to give special consideration to demonstration projects which meet the supportive needs of Alzheimer's disease victims and their families, including home health care, adult day care, homemaker services, transportation and respite care. That is the end of the statement.

And, clearly, the mandate is there. It is just a question of implementation by the Department of Aging. And we might note that it was duly noted that it was our language that for the first time provided services for victims of Alzheimer's and their families. But we would like to make that a separate category to get more funding.

What is your reaction to that?

Ms. SAINER. I would like to comment that I think we certainly appreciate it, and I think it was a very important step forward to have the mandate in the act at the last reauthorization. However, a mandate without authorization and appropriation is worthless. I don't really mean worthless, I mean that it doesn't bring the service that we are advocating for.

Mr. BIAGGI. Of course, if we mandate it and it develops a category, we will recommend additional funding.

Ms. SAINER. Yes.

I feel very strongly that we should have a category because otherwise it will not take place. That does not mean that we don't want and need increased funding for the frail elderly, and for supportive services for them. I am not talking about you, I am talking about how it may be interpreted.

Mr. BIAGGI. Commissioner, you know how we feel about it. I happen to be in a very strategic position on the Education Labor Committee, so clearly that would be clearly defined.

Ms. SAINER. Right.

Mr. BIAGGI. We never take the position of robbing from Peter to pay Paul within the same household. We may rob from Peter to pay Paul in a different household.

Ms. SAINER. But I didn't want the aging network also to feel that. I know where you stand, and I know your strong support. I don't want the aging network to feel that we are just looking at one group, and not aware that there are families who give care for the frail elderly who also need additional support. And I just wanted that clear for the record.

Mr. BIAGGI. No question about that.

I would like to thank each of you very much, but I want to make this observation: This list of witnesses testifying today undoubtedly represents the greatest accumulation of knowledge and commitment in this area of aging in our Nation, really. I am not here to just flatter you, but it is an observation that I made. We have known each other for a long time, and sometimes they say a prophet is without honor among his own people, but just looking at this whole array of this first panel. And we have James Dumpson, Lou Glasse, Joe Michaels, Roberta Spohn, Robert Butler, Sister Annunciata, Deputy Director Drinane, and Judith Duhl. I mean, I am sure you all recognize that we are talking about talent. People who commit themselves over an extended period of time.

We, as a committee, are honored and grateful to you for your presence collectively. And I guess, as New Yorkers, you are a shining example. Thank you very much.

[Pause.]

Mr. BIAGGI. Lou Glasse, president, Older Women's League; Joe Michaels, editorial director, WNBC, New York; and Roberta Spohn, president-elect, New York State Association of Area Agencies on Aging.

Dr. James Dumpson, who is former commissioner of welfare in New York City, and is currently vice president of planning and evaluation of the New York Community Trust, I understand will not be able to join us. But the record will be open, if he has a statement, he can send it.

And this panel only reinforces my original comments about the talent we have. Lou, you are up.

PANEL TWO: CONSISTING OF LOU GLASSE, PRESIDENT, OLDER WOMEN'S LEAGUE; JOE MICHAELS, EDITORIAL DIRECTOR, WNBC-TV, NEW YORK; AND ROBERTA SPOHN, PRESIDENT-ELECT, NEW YORK STATE ASSOCIATION OF AREA AGENCIES ON AGING

STATEMENT OF LOU GLASSE

Ms. GLASSE. Sorry, I was diverted by the amusing Joe Michaels.

Mr. BIAGGI. It says here that you are the president of the Older Women's League?

Ms. GLASSE. That is correct.

Mr. BIAGGI. I guess they wanted a younger woman to represent them.

Ms. GLASSE. Congressman Biaggi, thank you so much for the opportunity to appear before you. It is a real pleasure for me to be back in front of you again, knowing through the years how much you have supported the needs of older persons through this act. And more than that, you have fought a good fight against the fiscal and ideological attacks upon the act. And I for one, on behalf of many, many others, want to thank you for that.

I am limiting my points this afternoon to four, and I will submit written testimony to you that will amplify on these as well as make a few other comments. But I wanted to say that my views really have been in the beginning shaped by my responsibilities as a director of an area agency on aging, and then as a State director on aging here in New York. But then strengthened further by my

work as a consultant and then as president of the Older Women's League, and then with my work with the New York Community Trust.

In other words, I have seen it from both sides, and I recognize even more the importance of this act. I would just like to say that I believe that the strength of this act can really be identified as one that gives greater capacity to local areas to design programs based upon local need. In other words, what is necessary in New York, may not be what is necessary in Montana. And I think that act provides some flexibility on that.

At the same time, asking or giving Congress the right to assert the broad goals and ideals. And that is necessary too. The second thing is that it seems to me that one of the strengths of this act is that it calls for interaction between older persons and leaders of services. It therefore encourages the participation of the very people we want to serve. And that is important. A lot of programs have a very patronizing view of people they serve, and this involvement of the constituents assures that this is not a patronizing attitude, but rather it is an involvement in drawing on the leadership of the older people themselves.

The third thing, and this I want to be sure that I make my point clear, is that it lodges the responsibility for advocacy for the aged squarely on the shoulders of the area agencies on aging, and the State units on aging. The State units and area agencies are in a position to guide and prod political leaders and other branches of service to better serve older people. We need that because, as has been said before, the money that is available through the Older Americans Act is relatively small in relation to the great need and in relation to other big programs. So that ability to prod is very important, and therefore, I am so pleased that that continues to be a responsibility of state units and area agencies. And finally, the commitment of Congress to this act is terribly important, and that has sustained the program through the years.

Now my four points: First, I would not support a block grant of title III funds to the States. Though it would permit the States to design services unique to their location, it also might encourage some Governors or State legislators to eliminate critical services for political or ideological reasons. One example, had Governor Reagan been able to eliminate legal services for the poor, he would have done so. And that would have been legal services also for the elderly. And we need to not permit that kind of dissolution of services to occur. Therefore, I would believe that block grants are not a good idea. Furthermore, block grants are really forerunner to a reduction of funds. And I don't think we ought to jeopardize those funds.

Second point, I also wish to state firmly my opposition to raising the age for Older Americans Act services. People age differently. Many whose vitality and ability to be self-sufficient may continue for decades, but there are others who do not have that kind of continuing vitality. There are those who need to have health services or other kinds of services in their early sixties. And minorities are one group that, as statistics indicate, have a greater need of those services earlier than some of the other populations.

Furthermore, there may be many women, who may be divorced or widowed, who are not able to support themselves. They have been divorced or widowed in their late fifties or early sixties, and therefore, are in special need of these Older Americans Act programs. They may have devoted themselves throughout their life to homemaking and care giving, and though now would be forced to go into the labor market and not be able to earn the kind of income that would enable them to survive. That is another reason why we should not raise the age for Older Americans Act programs.

Let's realize that the impetus for raising the age beyond 60 is because of the constraints on funds. Let's not attempt to rectify the restriction of funds by redefining the needs. Let us urge instead that we continue full appropriations.

Third point, as I mentioned before, one of the strengths of the Older Americans Act program is its ability to respond to local needs. Yet, some demands for the service have come about because of changes in Federal policy. For example, Commissioner Sainer made reference to this and I would like to elaborate, Medicare cost containment has brought about major savings in hospital costs through early discharges from hospitals, however, it has shifted the burden of care to the family, to the home. Also part of cost containment, is the policy of the health care financing administration to cut reimbursement for home health care. This has been done through, as I understand, regulation.

In New York, the record of Medicare reimbursement is for three home health visits for 3 weeks. In other words, three visits for 1 week, and three visits the second and third week. Now, as I understand the regulations that HICFA follows is that Medicare will only reimburse if home health care is provided on an intermittent basis. At the same time, the patient must be bed bound and unable to leave home. Clearly, these are contradictory. You can't at the same time expect that the care will be intermittent, and on the other hand say that the person may be so sick that they are required to stay in bed.

The result is that there are enormous gaps in the service for home care, and that this really means that the patient has been deserted by the home care system, and that responsibility must either fall on the aging network, which is already stretched too thin, as Commissioner Sainer spoke about, in its ability to provide home care. And so, my point is that I would urge increased appropriations so that home care, certainly for Alzheimer's patients, but not limited to that, because clearly the need is far beyond only the Alzheimer's patients. The title III funds are not now sufficient, and we need to increase those funds if it is at all possible.

The fourth point is that families become then the greater care giver to the frail elderly, therefore, I would like to go on record supporting an addition to title I, section 101 that has been developed by the National Association of State Units on Aging and National Association of Area Agencies on Aging, to provide support to family members and others providing voluntary care to those who need long-term care services.

Now, I know that title I in and of itself, doesn't add any services. And, therefore, I would say that this is a beginning I believe to

strengthen the entire act as it recognizes the need of the care givers, as well as the frail elderly. We need to also have those care givers recognized in title III and title IV. We know that the family is essential for the frail person because of Federal policy as well as the increasing number of frail older persons in our population. Those care givers are primarily women, and unfortunately, many of those women have to take on the care giving responsibilities at a time when they may need to be developing their own pension for their own retirement income.

But unfortunately, also they are oftentimes asked to give 24 hour service, 7 days a week without relief. And we know from too many experiences that this can frequently impair the health of the care giver. This care giving may be overwhelming, resulting in physical, psychological, or financial distress of the care giver. Therefore, I would certainly like to encourage that the needs of the care giver be considered not only in title I, but also in the other titles of the act. I know that there are some home delivered meals programs, for example, that do not provide a meal to the frail person if there is a care giver in the home. This seems to me not to recognize that the care giver is in great need of respite; the care giver is in great need of having contact with the outside community.

The adult care is another way of providing respite. I think there are many ways that this act can respond to the care giver, and I urge you to do what you can to make sure that that need is met.

Thank you.

Mr. BIAGGI. Thank you, Lou.

You know what we have been doing because you have been working alongside of us over the years. But I will say it again, and I will probably say it again before the hearing is over. I think that there is a consensus that the bill should simply be fine tuned. But really, the thrust should be resisting the proposal. I think that was a trial balloon. We have expressed our opposition to it, and given all the reasons why. We have had two hearings and this is a third, but there is no doubt in my mind that when the President's budget proposal comes forward that these recommendations will be in it. So, we have a fight, and we shouldn't be blase about it.

Ms. GLASSE. We will be there to help you.

Mr. BIAGGI. Hopefully, with the change in the complexion of the Congress, we will be in a better position, but we can't take anything for granted.

Ms. GLASSE. Right.

Ms. SAINER. Joe Michaels, the voice of New York's elderly.

STATEMENT OF JOE MICHAELS

Mr. MICHAELS. I understand I am allowed to do this sitting right here?

Mr. BIAGGI. Of course you are.

Mr. MICHAELS. OK, I will save you some time.

I am going to confine what I have to say to more general statements, leaving things to people who are more expert to questions at hand, the Alzheimer's family.

And I just want to say before I start even the preliminary, very briefly, that there is a tendency I note always to talk of these

things in quiet terms. That is, in terms of removal, not in terms of intimacy with the actual problem and the horrors that it brings with it. Because it is easier to deal with if you just pretend that it is something that exists out there that doesn't touch people lives, or hearts or minds. And I think that can be unfortunate because we are talking in terms of disaster with Alzheimer's.

As a kind of preliminary statement, I recommend that those who contend that the family in America is a dying institution in this country, that they meet one whose family has been afflicted with this terrible sickness, because they will see for themselves, people fighting ferosciously to keep the family intact despite the awful certainty that there is little but pain ahead, and no possibility of a happy ending.

We have all been hearing and reading about the truly astonishing progress being made in the past 6 years, and diagnosed in this illness so that it will not be mistaken for something else more responsive to treatment. We know of experimental drugs which offer at least hope. These things are to the good, and they give us a faint hint of hope, but they do not address my main point. The one which you raise, sir, one in which action by the Congress and the Government is possible. And this is help to keep these great families, which I described briefly, from destruction.

Despite the experimental progress, over these recent years, the number of people in the medical profession who are knowledgeable about Alzheimer's: what it is, what it does, what can be done about it, advice to people; is extremely small. And I understand that the training funds for new ones are confined to approximately a dozen a year. Very little is being done to expand that number. Families face the nightmare of seeing a beloved individual turn before their eyes into an angry, advocated stranger. A person who suffers from delusions; who not only forgets where he puts things, but then turns on those he has loved all his life, accusing them of hiding things from him and stealing from him. An Alzheimer's victim, confused by what is happening to him, forget home, and kith and kin. He is anything but loveable in some phases, and the family is confused and does not, with the best intentions in the world, know what to do.

But there are strategies, homecare techniques which are useful. And simply knowing and being forewarned can be useful. People do not know that the nursing home, where nothing good is going to happen, where the family substance will be dissipated, can be avoided for a long time. It is not so that there will be, or at least that there must be a steady, unrelenting deterioration. It is true that at least to a degree, antipsychotic drugs intelligently administered can be useful. It is also true that in many nursing homes, they are simply used to keep people drugged and, therefore, malleable.

It is true that getting families together with others in the same situation can also be a bomb to the family, which is just as much victim as the individual who actually has the sickness. That family, struggling to keep the ill person at home and facing daily a difficult individual, often breaking very little likeness to the loved one they knew, needs a break. There needs to be respite for them. Again, they know little, and not enough knowledge is available.

Here again, the Government is not only a player, but an absolutely necessary player if we want to keep those people out of nursing homes which can do little more than feed them drugs to keep them quiet. And this at huge expense. We very frequently don't consider the overall expense. We only consider the direct expense, but we don't consider what it costs, $26,000 a year to keep someone in a nursing home, in New York at least.

There is little in the way of day care. Experts tell me that respite care is, considering the country as a whole, essentially unavailable. Now, I know there is growing hope for successful treatment. Nobody can tell you how long the time span from here to that wonderful day will be. Meanwhile, we have on our hands the Nation's fourth largest killer, and perhaps worse, a disease that takes a terrible toll on those it touches indirectly, the family. They need the kind of interim help I have tried to describe: advice, counsel, day care, respite care. They need your help in these matters in the Congress, and none of us are strong enough to manage this on our own.

You asked something before to the previous speakers about getting this message across, and I happen to be sitting between two people who have been tremendously able advocates because they bring great compassion to this, and great commitment. But I must tell you that as a journalist over the years, I have noticed that we have an empty auditorium.

Mr. BIAGGI. I know, I said that this was a private hearing. And I said that with a little acrimony.

Mr. MICHAELS. There is an element lacking, perhaps because of my journalistic bend, but the message is not brought to the general public as much as it should be. The knowledge that they need to know; the things that need to be done. And it is because of lack of funds, but also because there is kind of an inward turning of many people who are involved in the elderly network. That is, they work very hard. They work very hard to bring their knowledge to Government. They work very hard at the tasks that they have to perform, but the business of selling what has to be sold to the public is not done.

We have an interesting example of that going on in New York now. I happen to also be a member of the board of the Lung Association, and we are dealing with comparatively miniscule funds throughout the industry. With the Phillip Morris Foundation, with all of its glorious moneys, renting all over the city and State of New York, we have reached the point where the only way that we can get some containment of smoking so that people don't have to be exposed to it, for instance, is not by legislative act because the legislature doesn't dare. And there is a question as to how much the New York City Council can dare, because questions are being brought up by these people who have huge amounts of money to spend, and who are a small minority. Only 30 percent of us smoke, and yet these people are propagandizing about freedom, all kinds of nonsense, and they could fill an auditorium with ease.

We need more commitment. I hate to say it, but we need to sell the ideas that are so important to us, and that bring us all here.

Mr. BIAGGI. Actually, we always like to have an audience for a couple of reasons. Human reaction is necessary, and also to let those folks out there know that we are working.

But I think that the problem with this particular act is that it has been around so long, it has been virtually noncontroversial, it has been handled by the leaders and handled effectively.

Mr. MICHAELS. It isn't just, if you will forgive me, Congressman, this specific act. But it is the whole range of things and what can be done about them. I have just started publishing a newsletter for the tristate area for people over 55. It reaches practically nobody. I am just giving them away at this point. But this is the point, in talking to people in your committee and talking to people in the Senate select committee, Bob Blancato is one of them; I found some things that happen affecting the elderly, of great importance in the recently passed Budget Reconciliation Act. I take 10 newspapers a day, and I haven't seen them in one of them.

Mr. BIAGGI. Well, that is another factor. This hearing really should be covered more by the media because we are talking about a piece of legislation that has served its purpose and its people well. Now, we are looking at a proposal that could be absolutely devastating. The media has been advised. Well, where are they?

Mr. MICHAELS. Advice is not enough, sir, it is much more sophisticated. You have to bring to people the conviction that what you are doing is important, is news, and effects people. It is the sales job that the tobacco industry knows how to do.

Mr. BIAGGI. Well, that is true, but they have more resources than we do. You know that, Joe, and it is kind of frustrating because we have hearing after hearing that effects so many people, and yet, if there is a situation where some tragedy is revealed, they will pick out that single tragedy and say how horrible it is. Because that is the nature of the business. But, more importantly, the purpose is being accomplished, frankly, of this hearing. And that is we would like to know that all of the people who testify are aware, and clearly they are so far, of the importance of a new commitment and the need to man the lifeboats, and get out there and do a job here. Because that proposal is floating around, as I said, and it could be in part implemented. And we have to reject it.

And we have rejected the budget proposals which would cut money. Charlie Rangel on Ways and Means has been very helpful in that area. Because we fought in the period when cutting was fashionable, the Older Americans Act has not done too poorly. As a matter of fact, it has done extraordinarily well. But when it comes to funding, and it touches people, especially staff people, they are out fighting in a blood and guts fashion. But the agency will be smart. We know that, but it is comforting for us as a committee to know that the leaders, you folks, are aware, and that when the clarion call goes out, you will be informed and responding. That is really the importance of this situation. And I might add that this is the time of year the Members of Congress are generally in recess and are generally in warmer climates. But we are committed. I don't remember when I held a hearing where it was necessary to wear a coat.

Charlie Rangel came home after a long effort. He is the star in our delegation, and we almost thought we had him as our majority whip, but I am sure one day he will be chairman of Ways and Means, which is even better.

Charlie, is there anything you would like to say?

Mr. RANGEL. I would like to thank Joe and the panel. You should know that you are in competition with a senior citizen's rally that I just left at 13 Astor Place, district 65. They wanted me to tell you how proud they are of you and your committee and what you are doing.

I am a little surprised to hear Joe say that it looks as though you don't have the support required. I don't think this auditorium is indicative of it because I always use the older folks as an example as to what you can do, and it is the only group that has turned this administration around. We know they came in here to dismantle Social Security. And we know the older people are the only ones that collectively got together and politically turned this rascal around.

On the other hand, as Mario has pointed out, during a period of cuts, the older people have not been hit as hard, and have been able to improve their status in terms of being poor. I think the only reason it was done is because it is not a means tested program. I truly believe if it was means tested they would follow the same path as the other poor in this country, disorganized and not able to truly have the type of representation that is sophisticated enough. That is the difference to make the difference.

Mr. MICHAELS. Yes, you'd miss the impact of the middle class.

Mr. RANGEL. Right.

So, you out there doing what you can, and Mario, this audience has nothing to do with mobilizing old folks because all you have to do is tell them that Social Security is impacted, and you will have rallies every day. But, Joe, and the panel, we want to thank you because whatever we do for our senior citizens, we are doing for our country and for ourselves. And I have always looked at it that way.

Mr. BIAGGI. The next witness, Roberta Spohn, is also the president-elect of New York State Association of Area Agencies on Aging. I will take a few minutes, while Charlie Rangel will preside.

STATEMENT OF ROBERTA SPOHN

Ms. SPOHN. Before you go, Congressman Biaggi, I do want to say that I am wearing a different hat, and that is as a president-elect of New York State Association of Area Agencies on Aging. And I would tell you of regardless of where people are in New York State, whether it is Onendago, or Broome, or Monroe, they do believe that you are their Congressman when it comes to the Older Americans Act. You are not ours in New York City, but you are a statewide Congressman when it comes to the Older Americans Act.

Mr. BIAGGI. Thank you very much.

Ms. SPOHN. Congressman Rangel, I know that you have an elect even in your own family, because in the early days of the office for the aging, one of our first and most wonderful persons working for us was Alma Rangel.

Mr. RANGEL. She still is.

Ms. SPOHN. I assume so.

I do speak today as president-elect of the New York State Association of Area Agencies, and we have 59 area agencies in New York State. They have developed and coordinated an impressive

way of supportive and nutrition services tailored to the varied needs of the elderly of the State. New York State is not only an urban State. We have rural counties, and industrial counties, which have seen their economic bases eroded. We have suburban counties, some of which conjure images of wealth and glamour, but whose aged have gotten poorer as they have become older. In some counties, a reverse annuity mortgage may be a real possibility because real estate values have escalated. But we have other counties in the State in which there is no market at all for an older persons home, where this great asset has practically eroded as the county's economic base has eroded.

Area agencies throughout New York, therefore, in many different environments with populations of aged who are in some cases racially, ethnically heterogenous; and in others, fairly homogeneous. The genius of the Older Americans Act, therefore, should continue to be based on the creativity of the area agencies who know their communities, know their aged, know their elected officials, and know their religious and voluntary organizations dedicated to serving those in need. Actually, AAA's are still relatively new mechanisms, generally established with the most minimum budgets. Yet required to plan, fund, and be accountable for Older Americans Act programs. In New York State, they have expanded to plan and manage supplementary nutrition assistance programs, SNAP, the State community services for the elderly; and they will have an even greater role in the next year, as they become the lead agency in expanded in-home services for the elderly program under State auspices.

Our area agencies are outreaches. They are the certifiers for HEAP, they are transportation coordinators, they distribute surplus food, some of them really don't know what to do when hundreds of pounds of cheese arrive at an upstate rural county that has to be distributed. Cheese is a little more manageable than butter, I have been told.

They are fund raisers and they are advocates. I will say that we have to owe a lot of that expanded role to the leadership of the State office, and particularly, Lou, who pushed, and pushed, and pushed us. The Older Americans Act, therefore, should continue to strengthen these area agencies, guarding this status as planners for service. Decentralization has produced a tremendous infusion of local tax and voluntary dollars. It has also produced volunteer programs which provide countless hours of services to the elderly.

We must make sure that that advocacy role is not only protected, but expanded. The association did review at least one proposal to substantially change the Older Americans Act; and we do not recommend, as almost everybody else said here, major changes at this time. The age for eligibility for services or for allocation of funds to the States and territories, should not be changed.

Incidentally, in the short range, New York State it does appear we gained slightly by shifting to 70, but that is a very transitory kind of change and we would anticipate in another 10 years that increase would disappear. The younger aged who use our services use them because they need those services. And the younger aged are the contributors of substantial volunteer services. They are the deliverers of home-delivered meals, they provide door to door trans-

portation for the elderly, they are the superb advocates with Government, their churches and synagogues for expanded services. The early years of retirement can be particularly painful, or widowhood, if we can provide no other roles for people as they move into the period of no work.

In addition, we must acknowledge that this image of the new elderly is better educated, healthier, and wealthier, may be true for certain segments of our population. But for the minority, both poor health and death comes earlier. The years struggling to earn a living at the hardest, poorest paid jobs, make people older, and sicker, and poorer in old age. As this population ages in, particularly in our urban counties, they will need the strongest advocates to ensure that they receive all of their entitlements to cushion their private pensionless retirement. AAA's must target their services to those greatest in social and economic need, but for the minority aged, many of them will need this help in their early sixties.

The association also recommends, as almost everybody here has, that you not block grant the programs. We do believe that there is sufficient flexibility right now to transfer funds among the various titles, but we want them separate because we do believe that that will be the only way that Congress can adequately scrutinize the funding levels, particularly for supportive services, legal services, and home-delivered meals.

We would, by the way, urge that Congress acknowledge that planning, coordination and advocacy are the critical functions of the area agency. We cannot really expect these area agencies though to do these functions with the kind of 8½ percent cap that you have placed on administration. What we would urge you to do is either limit the 8½ percent for administration to technically the fiscal and administrative functions, and conceive of service dollars. Permit the service dollars to be allocated for the advocacy, for the planning, and for the coordination.

The area agencies also have an additional concern. We are concerned that when the Act was reauthorized before, you changed the way that you provided funding for the State offices for the aging and you eliminated title I. We are concerned that in any changes that one would undertake, that you not permit dollars for services to be diverted to the administration of State offices for aging.

We did hear that Dr. Callender wanted the flexibility of continuing to be able to take an additional three quarters of 1 percent for State administration. On behalf of the area agencies, we would strongly oppose any additional ability to move in and divert services money for anything but services.

The association would also urge that no changes in the act be made which would fund legal services. In New York City, our legal services program for instance, has established the principle of the appointment of a guardian ad litem for elderly people threatened with eviction when they are unable to understand the proceedings. We have indeed seen homelessness prevented. Over 50 percent of our cases in New York City have dealt with public benefits and housing. It is these legal services programs that have secured for community spouses adequate funds to live one by seeking and receiving support from their institutionalized spouses in family court.

No longer must the community spouse, usually an old woman, live at the Medicaid level if her older loved one, who is in an institution, has a pension and social security income which can be used for her support. The association fears that any amendment of the act which removes the mandate for legal services will result in less of these services.

The association is also concerned that the law not continue to increase responsibility for services to special groups of older persons without providing funding. With each reauthorization, the AAA's have been asked to develop programs to meet emerging needs. They do want to develop effective programs to manage elder abuse, to support intergenerational activity, to solve housing and transportation programs. But I tell you, it requires staff and program funds to produce solid solutions. The miracle is that at least in New York State, and I suspect across the Nation, AAA directors and their staffs are often saints. I wish you could also see the salary levels that some of these saints are living on. Some of them as little as $18,000 and $16,000 a year. But even saints have their limit. If Congress identifies new areas for programs, we ask you to add funds for those programs.

The area agencies have directed more and more of their resources to serving the frail homebound aged. Implementation of DRG's and RUG's, and that is our new program for reimbursing nursing homes, has resulted in an increased demand for home services. We, therefore, urge Congress to acknowledge this growing demand for both in-home and supportive services by increasing both the authorization levels and later the appropriation levels for supportive services and home-delivered meals by 15 percent in each of the 3 years under reauthorization. We recommend a 10-percent annual increase in C1 congregate nutrition programs.

In closing, I do congratulate you for both the original passage of the Older Americans Act and your continued support of its intent and the structures that you have created. On behalf of the association though, I would urge you to find some way that if another Gramm-Rudman is passed, the Older Americans Act is a sequestered act. It took enormous advocacy on the part of the area agencies because unfortunately the State did not pick up any of our Gramm-Rudman cuts. In New York city we were enormously gratified that the city did. And throughout the counties, it was only again the advocacy fund ability of some of our area agencies that manage to reduce the impact of Gramm-Rudman cuts. However, we are not so naive as to realize that once again that process is probably going to begin. So that, what we would ask is that granted dealing with the issue of reauthorization, that knowing the Older Americans Act would be targeted as part of any deficit reduction program in this coming year, we would plead to you that you find some way to make sure that that program doesn't suffer from such cuts again.

Thank you very much.

Mr. RANGEL. Thank you.

I am certain that as we go through Gramm-Rudman, and those of you who heard the President over the weekend see that he has already targeted domestic programs in an effort to close the gap in

our deficit, and I am confident that if anything survives it would be the programs that service the Older Americans.

But you mentioned your opposition to the block grant concept, and we thought when that first came in that that was a rape of the system in terms of being able to have supportive groups. But the President, if you had an opportunity to take a look at his recent welfare proposal, there has been nothing so devastating even thought of by any administration than to remove all of the Federal protections and to turn it over to local governments for them to work out what is compatible without guidelines, without flaws, without minimum services.

I know that each of us has a tendency to be parochial in supporting the group that we are most closely associated with, but it just seems to me that the assault that is presently being made on all of our domestic servicing programs is going to require the talents of all of us to stand together to make certain that even if it means that unbearable political position of talking about increase in taxes, that if we realize that we are not going to and we cannot substantially reduce the defense spending enough to make any appreciable difference in the deficit, we are going to have to stand together and say that if we are going to do anything with the deficit reduction, it should not be at the expense of the programs which allow us to really be internally a strong country.

I am just afraid that the homeless would not nearly know where to go to testify on their behalf, as well as the groups that you have. And if we ever get in a fight, you are going to win believe me politically, because you know how to vote and you know who to vote for.

But I wish there was a way that we could all pull together because I am certain that the sensitivity you have for your programs, you have for humankind generally. I am just so pleased to see that you are able to respond on a day like today in the middle of the holiday season because of your commitment.

Ms. SPOHN. I would also like to raise another issue because in some ways the language sounds so attractive, and I think what we must be concerned about is whether that language is an excuse for nonaction. I am in total support of Lou, of my commissioner, of everybody when they talked about providing help to the families. My greatest fear is that all this language about providing help to the care givers is a way not to deal with the fact that what we need is a public policy that takes on responsibility for, by the way, the health care of all aged.

I think that it is criminal when we look now at the problem of children. I have always had a problem of saying set up a separate system for the elderly because they don't like to use welfare. I don't think anybody likes to use welfare, so I have always been concerned about this. But I do believe that, unfortunately, even we get subverted, co-opted into a language which suggests that we won't deal with the more basic issue, which is both welfare and SSI people have disgraceful Federal levels of support. And that we are not moving toward any national health insurance. And while we are talking about helping families, we are not talking about a public program that basically will provide the funds to provide longterm care.

So, I think that we have to be careful, even in the language that while we support one good, it shouldn't be as an excuse not to go for the large order.

Mr. RANGEL. I would like to alert you that one of the dangers that liberals are going to find as we lock ourselves into these Gramm-Rudman concepts, because once you are locked into that budget, it is just the crabs fighting the crabs for the programs that are the most powerful. But one of the things that keeps coming in and may get more support is the means testing, not only of Medicare, but of Social Security. And if the administration can divide those people in need between the have-nots and the almost have-nots, than they can really call the shots as to what limited services are going to be made available because there is no question in their minds today that all of those services should be provided, if at all, by local and State governments. I mean, that is their position.

Whatever they have been stuck with with the Roosevelts and the liberals and all of that, they will try to wine and dine on as they try to pass over all of health care to the private sector. But with people like you, we are not going to let them do it.

Ms. GLASSE. May I make one added comment to respond to yours?

Mr. RANGEL. Yes.

Ms. GLASSE. Congressman Rangel, regarding the support for those welfare programs for the younger generations, we absolutely agree with you, the Older Women's League. And I know there are many other organizations: The Gerontological Society of America, the National Council on Aging, et cetera; all the groups that are concerned about older people recognize this interdependence. This common stake of the young and the old together, and the importance of making sure that we don't get pulled apart, that we don't get divided.

Mr. RANGEL. Ms. Glasse, please take my word for it that when programs get up, and my committee has Social Security, SSI, Aid to Dependent Children, we know the difference between which groups are being lobbied and which groups are not being lobbied. I mean, you can tell where the political power is coming from.

And you can do today what you want with aid to dependent children, and there will be no one knocking on my door saying what are you doing to these mothers and these poor children. As a matter of fact, I am just surprised that the churches have not been more responsive to these programs that are not designed to keep unwed mothers living in fancy apartments, but are designed to help these kids. And yet, we hear more about abortion than we hear about family planning, and than we hear about taking care of these helpless, dependent children.

The President says you have work failure, you know, the overwhelming majority of these kids are infants, and parents of infants. I am sorry that Dr. Dumpson is not here because I would hope that people like him would not only be able to talk about specific programs, like Older Americans, but be able to provide the expertise for those of us in the Congress to protect the system. Because he got us on this safety net, and as long as people thought they were in the safety net, they didn't care. And then they found out that they weren't protected in the safety net.

I am convinced that even if Older Americans are not put outside of the Gramm-Rudman, that may give more strength to the other programs to realize that we have to work more closely together.

Mr. MICHAELS. Intergenerational dependency is a new phrase, but it is an important one. We really are all aware of that, and aware of the fact that those who are advocates for the elderly must also be advocates for the young. The dependency is mutual. We can't survive without each other.

Mr. RANGEL. Well, I know you always grab those that you got that are doing such a great job, and ask them to do more. And it is only in that spirit that I raise that.

Congressman Bill Green?

Mr. GREEN. I do apologize for coming late to this hearing, but I was at a luncheon for Uri Orloff, and this was the first I could break away.

The issues we are discussing today are not really surprising. After all the demographics in this country are reasonably well known, and so problems about the aging don't really come on us unannounced unless we are not paying attention. And to that end, I thought that perhaps the most useful thing I could do here today would be to quote from a report that was issued under the egis of this subcommittee in 1980, which I point out was before the so-called Reagan revolution, and then ask you all to comment on it.

The report was entitled "Future Directions for Aging Policy, a Human Service Model." It is committee publication 96-226 of the House of Representatives, and at that time the subcommittee was chaired, as it is today, by my distinguished colleague from New York, whom I met on the way out, and by the ranking Republican, and former Congressman, now Senator Grassley. While I commend the full report to everyone, let me turn just to one little segment of the summary which I think may describe the issues that I see and which I think the distinguished chairman of this committee very properly raised today.

I will refer simply to two headings of the summary: "Who Should Receive Senior Services," and, "Should a Future Service System for Seniors Be Age Integrated or Age Specific." Let me read first, "Who Should Receive Senior Services," a summary of that part on page 4 of the summary:

> A survey of the general goals of adult life reveals that adults strive to be independent, that is, have a sense of contribution and overall well-being. If we analyze this sense into its components, we find that people function in five different areas: physical, mental, social, economic, and ability to perform the tasks of daily living. In each of these, an adult is independent or dependent to a greater or lesser degree. Generally speaking, those below age 75 are more independent than those 75 plus. In fact, data shows that some forms of functional dependence are manifest in most persons at about 75 plus. Because this age group is the fastest growing segment of our population, it is the target group that presents the greatest challenge.
>
> But what about the rest—all the senior citizens of 65 plus, heretofore lumped into the group labeled, "old"? It is our contention that if this country attempts to serve all seniors equally through its fragile aging network, it will actually be able to serve only a few, and not very well at that. Our policy must realize that those truly in need, the 75 plus population, have first rights and must be the focus of future aging policy.

And then in response to the second question, "Should A Future Service System for Seniors Be Age Integrated or Age Specific", it goes on to say:

This question led to studies in the newly emerging field of human development that described a natural scheme of life cycles common to all persons. We learned that chronological age, by itself, is not at all a good predictor of need and, therefore, not a reliable criterion for service delivery, which could be based more reliably and scientifically on the natural seasons of life, during which life changes gradually occur.

Most remarkably, we realized that age 65 does not mean "old"—that equation must now be looked at as an anachronistic sterotype. In fact, at age 65, a person is just entering what seems to be senior adulthood, a season that probably lasts 15 years to be followed by a period of slowly increasing dependence, which we have called elderhood. This may well last into the eighties and nineties, or if aging itself is overcome, indefinitely.

These two natural seasons of life—senior adulthood, about 60 to 75; and elderhood, about 75 plus, have become the guidelines for our service model. 1We have chosen them because they take into consideration functional dependence, which in all cases is a much better indicator of need than chronological age. Based on this presumption, we feel that senior adults can and should be treated as functionally independent and included in ongoing adult services when the need arises. This is an age integrated approach that is coherent with life cycles. For elders, on the other hand, we must make the opposite presumption that they will become more dependent as time goes on and, therefore, will need special care. Comprehensive services should be available to them,

And I think this is an important caveat,

And to anyone who may slip into functional dependence, even at an earlier age. This would be our age specific approach. Such a two-tiered service strategy should be part of a general service continuum for all adults, starting with middle adulthood, 40 to 60, and continuing throughout life.

Our choice, relative to option 2, is now clear. The senior population is not homogeneous; senior adults 60 to 75 can be presumed to be independent and therefore should not be served separately. Elders 75 plus, on the other hand, probably tend to functional dependence and should therefore be served separately.

In short, as I read this report and going back to the conclusion with respect to the first option, they basically seem to take the position that unless there are some unusual indications, adults up to age 74 ought not to be part of a separate elderly population, and that it is only at 75 and above that there is need for that sort of age segregation. That until age 75, normal adult services, which should be available to all the adult population should be available to the people in the 65 to 74 bracket. That was this subommittee's conclusions in 1980, and I would be curious as to your comments.

Mr. MICHAELS. This sounds like divide and conquer, doesn't it?

Because, first of all, we are talking about things that cannot be substantiated in any way. Earlier on, we heard the commissioner of the State of New York on Aging talking about the problems of minorities and others confirmed the fact that because of deprivation through life, the aging process unfortunately very frequently with minorities begins at much earlier age. There are so many weaknesses in this it is hard to get at them.

You talked about the so-called independence of those who are under 75, and how they should be selectively treated. Again, this is divide and conquer, because this means, of course, that you would remove from those bringing influence to bear on the treatment of the elderly and what would have to be done for them, that entire group by excluding them.

There is another aspect to that which fascinated me. We are always told that the administration wanted to raise the age of when you are considered to be old enough to retire to 67. We have a new law on the books which say that you can no longer be dis-

criminated against on the basis of age at all, which is an absurdity because it happens every day in every company. It is happening in my company right now. We have various means of getting rid of people when they get to be 60, let alone 67. It is totally absurd. We do nothing, at the same time, to encourage people to work when they get older, or to make it possible for them to work or to contribute. Even their social security is still attacked. You have to be 70 before you can work without getting penalized for it.

When we talk about selectively treating the problems of people who are under 75, one has to look at how we have selectively treated the problems of children, or of any other people who are younger, who are 30 or 40. And we haven't done very well. What are we going to do, add to that still another even larger group of people? We are speaking of people under 75 as though they are uniformly just about as healthy as those who are 40. It is an absurdity. This is a divide and conquer technique, which I think should be opposed as strongly as possible.

Ms. GLASSE. I would like to add that one of the strengths of this act, as I mentioned earlier, was the flexibility that has been given in the provision of services, but also in who is eligible for those services. Of course, there is not a means test, but more specifically, it is the variability in ages.

My mother-in-law is 91, almost 92. On her 91st birthday, she went to Tahiti. Now, clearly she is not in need, even at age 92, for these services. On the other hand, I had an uncle who was in his fifties, who was in declining health, and his need for services was much greater. So that, I think that it would be a mistake for us to fall into that segregation of ages, and say that at this age we need certain services, and at this age, another service.

Instead, leave that kind of flexibility and judgments not only to the individual, but also to the person who is providing services at the local level.

Mr. GREEN. How would you deal with the first part of this statement by this subcommittee that given the growing size of the over 60 population, if you try to make general services for the elderly available to everyone over 60, the resources are never going to be great enough to deal with any real portion of need. Let me quote the sentence again, and again this is this subcommittee's statement.

Mr. RANGEL. Why does the gentleman from New York keep emphasizing that it is this subcommittee. It sounds so Reagan-like.

Mr. GREEN. If the gentleman has any question, he can refer to House Document 96-226 published in 1980, and I don't think Ronald Reagan was President in 1980.

Mr. RANGEL. I know that, but you keep emphasizing that it is this subcommittee that did it prior to Ronald Reagan.

Mr. GREEN. Well, it is true, isn't it?

Mr. RANGEL. I am certain that what we are talking about is how we are going to react to the 1987 budget as it relates to domestic issues, especially those that concern the aged. So, if you are suggesting that if it made sense in 1980, than it makes sense in 1987, that is different. But I know you and I are not bound by this silly recommendation.

Mr. GREEN. Well, I think I may have joined it, as did our distinguished Chairman Mario Biaggi.

Mr. RANGEL. I would think that what the President is about to attempt to do with us, that this would be the type of ammunition that he would be using.

Mr. GREEN. Let me read the sentence, because I think that it does merit a response:

> It is our contention that if this country attempts to serve all seniors equally through its fragile aging network, it will actually be able to serve only a few, and not very well at that.

Ms. GLASSE. Congressman Green, just let me say that a point was made by Commissioner Sainer earlier, I believe it was; or maybe it was you, Deputy Commissioner Spohn, that people rule themselves out for services. It is not that everybody ask immediately for services when they reach age 60 or 65. So that there is a natural weeding of who goes into the program. And it is those persons who need the services who are more likely to ask for them. That is No. 1.

The other point that I wanted to emphasize again, is that there are many women who are in their upper fifties, early sixties, who may have been divorced or widowed, who have spent their lifetime being care givers or homemakers and never entered the labor market. Their needs for services may be greater than women who have been in the labor market, and are thus able to care for themselves. So, I think that we have to maintain some flexibility as to be sure that we are not only making people feel that they need to be in the service when they don't want it, but at the same time, recognize that there are those who do need it, even though they may be at a younger age.

Mr. GREEN. I would certainly agree with you as to women who have not been in the labor market, and I have supported splitting Social Security entitlements, for example, between spouses and so on to deal with that problem.

I understand we have one more panel.

Mr. RANGEL. Right.

Let me thank you very much for your tolerance here. And on behalf of the chairman, I would like to call our last panel, Sister Annunciata Bethell, executive director of the Bedford Park Senior Citizens in the Bronx, and also Judith Duhl, director of public affairs for the Jewish Association of Services for the Aged, and the director of the Joint Public Affairs Committee.

For the record, there have been several witnesses that could not be present: Dr. James Dumpson, Dr. Robert Butler, and Sulika Drinane. I have been authorized to ask that the record be left open for the purpose of their written testimony being entered in its entirety.

Mr. RANGEL. And also, by unanimous consent, the testimony of the president of the city council, Andrew Stein, will be placed into the record at this point.

[The prepared statement of Andrew Stein follows:]

PREPARED STATEMENT OF ANDREW STEIN, PRESIDENT, CITY COUNCIL

Congressman Biaggi, members of the Select committee on Aging, it's a pleasure to have this opportunity to appear before you today.

It seems to me especially appropriate that you have chosen to hold this important hearing in our City.

Were New York's 955,000 elderly a town unto themselves, they would be the seventh largest City in the Nation.

Policies drafted in Washington and aimed at the elderly will--for better or worse---affect about 1 of every 8 New Yorkers.

So in this City, our concern for programs which will have an impact on the lives of Seniors is especially strong. In a very real sense, as goes the welllbeing of our seniors so goes the welfare of the City as a whole.

Members of the Committee can therefore imagine the alarm I felt upon hearing of the changes to the Older American Act being considered by the Reagan Administration.

One of the landmark of American social legislation, the Older Americans Act has made a difference for the better in the lives of millions of people.

In a very real sense, it has changed the way we think about being old in America.

Can any of us, for instance, imagine our Nation today without the nutrition programs or homecare provisions which origionated in this legislation? More importantly, would any of us wish to live in a country in which Seniors struggled to make do without these services?

I think I speak for almost all Americans in saying that the answer is "NO".

And I think Americans will say "NO" as well to any attempt by the Administration to raise the entitlement age to 70 once they know the facts.

Namely, that this change will have a disproportionate affect on minorities who ---at age 65----have a life expectancy almost 10% less than that of whites.

Americans believe in equity. It's my belief that once they know the details they will rise almost with one voice to object to this obnoxious change.

And I don't think people are going to care for another amendment apparently being considered by the President.

The notion of giving state commissioners of aging the authority to wave provisions of the Older Americans Act is absurd.

The Act's origional language stated that the individual states ---"in keeping with the traditional American concepts of the inherent dignity of the individual in our democratic society"---were obliged to fulfill the Act's provisions on behalf of its seniors.

Giving state commissioners the power to strike parts of the Act as they find it convenient violates the spirit of this language and the intent of the authors.

In short, my point is this. Not all programs we in government have invented have proven successfull. But the Older Americans Act has been an unqualified triumph.

Let's not get ourselves in the mess of fixing something that 'aint broke. Lets not play around with success.

Thank You.

Mr. RANGEL. Sister and Ms. Duhl, I will have your entire written statements placed in the record now. You can really testify in an informal way with the understanding that your written testimony, if there is no objection, will be in the record.

PANEL THREE: CONSISTING OF SISTER ANNUNCIATA BETHELL, EXECUTIVE DIRECTOR, BEDFORD PARK SENIOR CENTER, BRONX, NEW YORK; AND JUDITH DUHL, DIRECTOR OF PUBLIC AFFAIRS, JEWISH ASSOCIATION OF SERVICES FOR THE AGED, AND DIRECTOR OF JOINT PUBLIC AFFAIRS COMMITTEE: AND DR. ROBERT BUTLER, BROOKDALE PROFESSOR AND CHAIRMAN, DEPARTMENT OF GERIATRICS AND ADULT DEVELOPMENT, MOUNT SINAI SCHOOL OF MEDICINE

STATEMENT OF SISTER ANNUNCIATA BETHELL

Sister ANNUNCIATA. Honorable Mr. Rangel, and Mr. Green, I am gratified to be able to respond to the issues addressed to me by Congressman Biaggi. What direction should the Older Americans Act take was the first one.

I think very simply stated, the first thing we need for the Older Americans Act is more money. There are many more services that we could render to the elderly if we had the staff to do it, and to have staff you need more money. Our homebound meals have increased by 60 percent over the past 5 years, as well as the number of our congregate meals. But the staff hasn't increased.

With regard to other vital programs, such as case management assistance, counselling, education, health screening and transportation, these programs are in existence, but they are running with a skeleton staff and volunteers. I join my fellow directors of title III C centers in demanding of our government that more moneys be allocated for programs involving the elderly. Who are more deserving? Who else is living at such a low standard as they today? Who are less complaining and willing to accept it?

The second point I wish to make is the priority services that I think title III–B should strengthen, and they are case assistance management and information and referral. The demands for both of these are great. In our own office, a very small center by comparison to many others, at least 29,000 calls per year, or over 120 a day are made requesting just information. This is in addition to the individuals who come into the center seeking help.

By means of trying to supply this information, we have the assistance of volunteers who man a rent clinic once a week, and who advocate for the seniors, who very often are unaware of their entitlements. And they go to bat for them, as it were. In our case assistance management for the homebound and the frail elderly, between 70 and 80 cases are handled a month. These involve many people who have no families in the area. We help to coordinate health services, or social services, nursing home placement, and take care of some legal needs.

It is not uncommon for us, in fact we are doing it tomorrow, to handle funerals of the indigent as well as those with no family. The power of attorney or guardianship are held by staff upon request for individuals who are not totally competent, but able to remain in their homes with some assistance.

Should there be separate funding for any one of the services under title III-B. I have a different view from some of the previous speakers. I would say, no. However, I add again what there should be is more money allocated for all of these services.

Age is often said to be irrelevant, however, needs arise when anyone makes a decisive change in lifestyle, be that in the early thirties, forties, fifties, or sixties, or even younger. It is difficult to retire at any age, but when one is still vibrant, productive, and has a zest for life, retirement can indeed be devastating. At our center alone, we have approximately 200 people in this category, but I foresee with early retirement increasing numbers of people in this population, so that this number will become much higher within the next couple of years.

The presence of a senior center in a neighborhood where the services of such a newly retired person are truly needed is often a lifesaver. The senior centers must be there to receive such persons, and assist them immediately upon retirement in order for them to make this transition. So, my answer to the question is that I believe the eligibility age should not be raised to 70. We have many people in their fifties who come to us for assistance. And, as Lou Glasse said, it is the need of the person, we can't reach out to everyone undoubtedly. But there should not be those specific categories. Or we should have the leeway to use our judgment, I do think, in attending to the situation.

It is almost impossible to judge with what degree of certainty how many meals will be needed in the course of a year. At times, it is possible to live up to the quotas we mention in our proposals. We either go over, and we need more money and it is not there, so we don't serve those meals. I would say on an average of two to three requests are made to us every week for more meals on wheels. And we have reached our quota. Sometimes we go over it and pay for it ourselves, but we are not handling the group that we could if we had more moneys for this.

On the other hand, sometimes the people come into the center due to very inclement weather, or due to deaths which seem to occur five or six at a time and then you won't get aid for a while. The people coming to the center, that number will decrease. And we would like greater flexibility, along with strict accountability, in our congregate and homebound meals. To be able to juggle those as needed to fulfill the needs.

I also recommend that we increase our staff positions so that we may really evaluate on a quarterly basis, as we are supposed to do, the homebound recipients of meals. In addition to checking on them, we have to survey new applicants, we have to go to their homes. We are mandated to do this to see if there really is a need there. And a point that Lou Glasse also brought up about a homemaker being in the home, that makes it prohibitive for us to send in meals on wheels, and yet, we are not always sure that the person has the money to buy the food with which the homemaker could prepare for them so that they would have an adequate diet, which is something else that is I think very important.

And last, I would like to conclude and concur with the words of the gentleman to my right, who I did not know I was going to have the honor of having at my right, when you said, Mr. Benedict, that

a comprehensive community services ought to be for older people what education systems are for children, a rich mixture of public and private services including education, recreation, senior centers, congregate meals, transportation and escort services, and many others.

The system would include community centers where older people can receive services and give services to others in a variety of community living arrangements for those people who need some support that they cannot get at home.

Thank you.

Mr. RANGEL. Thank you, Sister.

Ms. Duhl.

STATEMENT OF JUDITH DUHL

Ms. DUHL. Good afternoon.

My name is Judy Duhl, and I am the director of public affairs at the Jewish Association Services for the Aged, and director of its advocacy program, JPAC. I believe you are all familiar with the organizations.

I thank you for providing me with this opportunity to talk about this most important program, the Older Americans Act. The act, as we all know, is designed to serve the needs of all elderly regardless of income and age. The intent of this legislation is commendable, and it should be preserved and strengthened over the next years.

My specific comments today will be based on our belief that the act rightfully recognizes that the senior citizen, the young old, and the old old, those above as well as those below the poverty level, and the frail and not so frail, all have needs for socialization, senior center activity, transportation, counselling, meals on wheels, just to name some of the act's vital service provisions.

First and foremost, we are as was said many times over this afternoon, vehemently opposed to the proposal to raise from 60 to 70 years, the population threshold for allocation of appropriations. Persons between the ages of 60 to 70, as well as those older, need to have services available in the community for which they are eligible. For a frail, vulnerable 65 year old, for example, a daily home delivered meal may make the difference between the ability to remain at home and institutionalization. Participation in a senior center program for a person in his or her sixties may assist in self-sufficiency and socialization, and enhance their quality of life. For the many elderly who are not expected to live well into their seventies and beyond, including many minorities, the accessibility and the availability of the Older Americans Act programs while in their sixties will provide value service links and needed care.

We are also opposed to the proposal to consolidate the three title III programs. This proposal would give the States too much discretion in defining priority services. And our concern basically reflects what Commissioner Sainer said earlier, that we fear the politicalization of the funds. We fear that senior centers, which is a sexier and more visible program, would win out over perhaps over perhaps the title III-B programs, which are obviously just as important to a large constituency.

In fact, we recommend that overall funding for the act be raised to account for inflation and the increasing needs of the fast-growing cohort of the elderly in the American population. Furthermore, we recommend that the Meals on Wheels Program for the homebound be enhanced with a recreational component. For residents of nursing homes, part of their fee goes toward occupational therapy and recreation. So, too, should moneys be provided for programs for the homebound. For those interested and able, transportation and community facilities, such as social adult day care should be available.

The members of JASA and JPAC further urge that funding be increased for programs for patients and families of Alzheimer's disease and other chronic illnesses. Services should include homecare for patients, and other respite care to provide relief for caregivers.

In conclusion, let me again state that we feel the Older Americans Act is a vital well-structured program for the elderly whose integrity must be maintained. Thank you.

Mr. RANGEL. Dr. Butler, we are fortunate to have a distinguished witness to close out the testimony of this distinguished panel.

STATEMENT OF DR. BUTLER

Dr. BUTLER. Thank you, Congressman Rangel, Congressman Green.

I want to apologize for not having written testimony, which is usually my desire, and I usually succeed in doing that. But I was in London at a meeting of the Royal Society of Medicine, comparing our two systems with regard to health care, not only of older people, but all people. And I must say that I came back somewhat disheartened given the fact that we have, for instance, 35 million Americans who don't even have any health insurance.

In any event, I come to speak about the reauthorization for the fiscal years 1988 through 1990, and more particularly with a special concern about the city of New York and the State of New York. Given the fact that we have had severe cutbacks all through the last 6 years in the present administration, and we now have before us this prospect of a moving up to age 70 of eligibility from age 60, which would have, I believe, severe consequences.

One of the advantages of the present program has been the absence of means testing, and this becomes all the more striking given the fact that we have an increasing number of new poor, and of near poor, and of the continuing adverse impact upon minorities. But the delivery of some $30 million in services to some 50,000 older persons in this city, with regard to nutrition, transportation, legal services, and service to the victims of Alzheimer's disease, would indeed be in jeopardy. I have a very special personal concern with Alzheimer's disease, since it reflects a long-time fundamental interest of mine in terms of both service and continuing research. And the necessary support of families, who can be so devastated by this disease, is essential.

I was particularly asked to comment upon the research and training components of the Older Americans Act, and here I do have to confess a long-time concern about the potential politicization with regard to the review process. And I would really like to

urge an examination of the review process under the Older Americans Act, with the possibility that the type of severely enforced peer review that is operative within the National Institutes of Health be applied to the Administration on Aging, and it might be useful to call upon someone like Dr. T. Franklin Williams, the Director of the National Institute on Aging, and ask how he might feel, and I don't know how he would feel this is expressed on my own, as to the possibility of creating a much stronger review process when it comes to research and training.

I would like that training to begin to put teeth into something we often voice, the importance of the team, of interdisciplinary care of older persons, and the concept that the physician should not be the only king of the mountain. But that we must recognize the importance of the nurse, the social worker, the physical therapist, the clinical pharmacist, and others in creating a very necessary response to the complex, multiple psychosocial, as well physical problems that unfortunately adversely effect significant numbers of older persons.

I would like that same examination to include reference to the impact of DRG's, the diagnosis related groups. I regard this as a fair approach. We know from the distinguished contributions of Uri Reinhardt, the James Madison professor of economics at Princeton, that as a matter of fact, health costs have continued to go up despite DRG's, plus the probable decline in actual decent care for older persons, not only through sicker and quicker, but through what I think others have called dehospitalization. The extent to which we, as physicians may unconsciously even, not admit older patients into our hospitals because we are already aware of the administrator of the hospitals influence upon us with regard to the possibility that the patient we admit, because of a natural complexity and intensity of illness that goes with age, is going to cost that hospital money.

And to have to make clinical decisions based upon economic grounds, is a decision that I find difficult reminiscent of the long-term impact of deinstitutionalization, which we have seen the results on the streets of New York. One-third, at least, of those who are on the streets and are called homeless, are among those who are mentally ill.

In conclusion, I would like to suggest that if we are going to look at the Older Americans Act reauthorization, that we take the occasion to look at the potential contributions of the Health Resources and Services Administration, the Veterans' Administration, the National Institute on Aging, in order to try for once, perhaps I am being a little tough in saying it this way, that we might for once begin to look at comprehensive needs across the board, instead of looking piece by piece.

For instance, it may come as a surprise that Medicare, whose principal beneficiaries are older persons, and provided last year $2 billion in graduate medical education, not one nickel of that money went for the support of geriatric medicine, or geriatric psychiatry, or the development of that body of knowledge called geriatrics. Ironic, I think, given the fact that this is Medicare money, which is not included in the education of nurses, physicians and others.

And my last word is that we do need to look at the future. We have the largest generation in U.S. history, the baby boomers, 70 million strong. And it is really just around the corner, 20/20 and they are going to be reaching their maximum with about 65 million survivors. And we really can't wait another 25 years to begin to effectively create well-trained people, have a really comprehensive thoughtful program under the Older Americans Act, and coordinate that work with the work of the other Federal agencies as well as private initiatives to see that we really are a responsible society.

Mr. RANGEL. Thank you, Dr. Butler.

I hope you would direct the attention of this committee to those papers that you may write, or the references you just made, and make certain they are sent to me because the Ways and Means Committee is going to have to make some of those hard decisions, especially as it relates to Medicare.

My only question to you is have I missed any recommendations that have come from the American Medical Association, other than that of increasing the fees that related to improving the quality of health care under the Medicare system?

Dr. BUTLER. Perhaps you will forgive me for not being a member of the American Medical Association, and it might even be worth pointing out that about 54 percent of American doctors do not belong to the American Medical Association.

I don't mean to be all together negative, but I think it is important to point out that there are a significant number of physicians who are not only interested in financial renumeration. I happen to sit on the Physician's Payment Review Commission for the U.S. Congress Office of Technology Assessment. And we have had now two meetings, and we are getting very much into issues, such as I think are relevant to today's discussion.

The inadequate pay, on the one hand, of those physicians who, well, I don't like the terminology. It was called the cognitive side, which means assessment, diagnosis, monitoring, patient care over time, as opposed to procedural medicine, which is very, very important. But where it seems clear that there is some distinct imbalances. Even the American College of Surgeons acknowledges that things are not quite in balance. So, I do think that we should be bringing to your attention, if we have failed to do so, if not, the AMA, somebody should bring to your attention the need for a fundamental restructuring of Medicare itself to, not with new money necessarily, but with a more rational utilization of that $71 billion we spent last year.

And to be more in accordance with the reality of chronic illness, the flow of the changing demography, the need to have well-trained people in geriatrics, the sensitive appraisal of someone who has a memory dysfunction to make sure that we are not missing the boat and missing some that might have a reversible condition. That is the kind of body of knowledge that simply has to become incorporated in a systematic way.

Mr. RANGEL. Well, Doctor, I sit on the Health Subcommittee on Ways and Means, and may become the chairman. The only reason I mentioned the American Medical Association is because everyone is aware of their political and legislative presence. They say that

there are two things you should not want to see made, one is sausage and the other is legislation.

It is tragic to see how these important decisions are made when we are thrown into a room, say that we are mandated to cut the Medicare budget by x billions of dollars; we have to listen to the pressure groups, decide whether the cuts are going to be to the hospitals, to the physicians, to services. And you walk out feeling completely drained that there was nobody that made any substantive suggestions as to how you could possibly within the budgetary restrictions that you are working, make certain that you have improved the system rather than yield to the political pressures that are there at any given time as to how those dollars are going to be used.

If we could only have some guidelines from people such as yourself, or associations that have made the proper studies, because you can't depend on our Government, as you pointed out, to do that. We get our instructions, not from Health and Human Services, but the Office of Management and Budget, which is tragic. We have now bypassed, Doctor, the hearing process in order to meet our budgetary obligations.

Dr. BUTLER. If you will let me be a pressure group of one, I will forward to you a copy of a paper, the restructuring of Medicare. I did incorporate it into the hearings before the House select committee earlier this year, but I would be happy to send it to you. It is intended to be thought provoking. It is intended to derive its impetus from the realities of what older people are like, rather than from the insurance financing mechanism, or OMB considerations, or whatever.

I don't mean to be unmindful of the reality of costs. I am just saying that I think we have to start with a vision of what all of us would want for both ourselves, and for the elders of our society in terms of aging. And the realities of aging do not appropriately and instinctively match the present Medicare Program, which is really established based upon the model of the acute hospitalizable illness from the high option insurance policies existing in 1964. And you can imagine a 35- or 40-year-old doing very old at 90 if they behaved as though they were 35 or 40. But if they behave as an older person might be expected to with needs for long-term care, outpatient medications, foot care, and the other real problems of age such as psychosocial issues, than Medicare just doesn't match properly.

Mr. RANGEL. Well, you always increase the burden of those that are already committed, but I hope that you might share your paper with me because while the Select Committee on Aging has the overall responsibility to focus national attention on the problem, by the time it gets to us, the only one question is where are you going to make the cuts. So, I really would appreciate whatever information you could send.

Dr. BUTLER. I am very happy to do that.

Mr. RANGEL. Thank you.

Mr. GREEN. Let me come back to the question of priorities.

Despite the budget stringencies of the past several years, I think it is safe to say that the Older Americans Act has done reasonably well in terms of funding. And I think that is appropriately so. And

I assume that it will do reasonably well this coming year in the face of what will be a very stringent budget situation.

But it is obviously not going to be able to serve everyone who is now eligible, and do all the things that everyone has been talking about even during the brief time that I have been at this hearing. And I guess I would have to say what are your priorities, given the fact that we are facing a period of budget stringency, and how would you apportion resources, given the fact that the funding will probably grow this coming year as it has this past year, but will not grow by leaps and bounds?

Dr. BUTLER. I don't want to take advantage of your patience by too long an answer except to say that I, frankly, was always deeply troubled by the tax cut 6 years ago. Because I think it really did create a politics of austerity to begin with, and has put it in large measure in this particular posture.

Also, as a scientist, I am deeply concerned with the failure of our country to advance an adequate research and development budget, so that we can be competitive on a global basis. And I was troubled 2 weeks ago in reading the Wall Street Journal to see that the Soviet Union's are indeed going up, and Japan, West Germany, and the United States going down.

Mr. GREEN. As the ranking Republican on the Appropriations Subcommittee for the National Science Foundation, I share your concerns, but I didn't see a lot of people standing up and saluting when the speaker designate urged even a modest tax increase. So, I think that we are in that climate.

Dr. BUTLER. Well, again, I think it is important to note why we got into that to begin with, so forgive me for that preface.

If we then have to make priority decisions, I guess that maybe along with Woodrow Wilson, who must have turned over in his grave at the end of progressive taxation, which is one of the things that I think is unfortunate about our tax law, I think we need to take seriously the reality of income testing. Not means testing. But that we may have to simply find a way to see that those who are more fortunate in the middle class, and those above, tend to make use of services sometimes better because they are more conscious of them, than do people who are less advantaged.

So, we may have to have some income tested method, but not in the sense of a means testing.

Mr. GREEN. Are you talking about more coinsurance?

I am not sure I understand.

Dr. BUTLER. Well, I am not sure either.

Mr. RANGEL. How do you distinguish between an income test and a means test?

Mr. GREEN. Are you suggesting that a middle income or high income citizen paying into part fee, and Medicare would pay a higher premium and have less subsidy than the lowest income?

Dr. BUTLER. In a nutshell, I really favor universal entitlements, because I think if you don't, you wind up with poor programs for the poor. And the political power that a program has diminishes greatly once it is no longer a universal entitlement.

And I am troubled that along with South Africa, we are the only country that doesn't have a national health program. So, therefore, if we had a universal entitlement, we should get them, so to speak,

on the taxation end. And what I am saying is that we may need some way other than ineligibility officer and a sense of humiliation, but on your tax form, of having whatever advantage you may have wished to take, which could have been that you wanted to have a hot meal at home at lunch under the Older Americans Act. That could be listed as income, and if your income reached a certain point, than indeed that would be taxed. It would be a way of bringing money back into the system without humiliation and without means testing.

Mr. RANGEL. I understand.

Let me thank this panel, and I hope you realize the record is going to be kept open in case there are other observations or contributions that you would want to make.

I want to personally thank you, as a Catholic, thank you, Sister, and all of the nuns for providing the leadership for my church in this war against poverty. I think until we can come together and exercise all of our pressure on Government, then we will constantly be asked to give priority as to what do we want to cut, instead of where do we want to give help.

Dr. Butler, I remember 6 years ago all I could hear was, "Give the President a chance." And it has come back to haunt us. Thank you very much.

The meeting stands adjourned.

[Whereupon, at 3:10 p.m., the hearing was adjourned.]