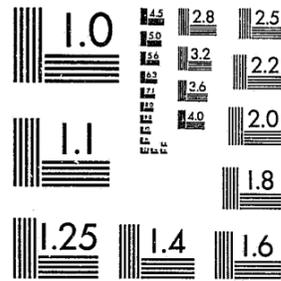


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10/3/83

**CRIME, TRANSPORTATION, AND INCOME  
MAINTENANCE: DENVER, COLO.**

HEARING  
BEFORE THE  
SUBCOMMITTEE ON  
HOUSING AND CONSUMER INTERESTS  
OF THE  
SELECT COMMITTEE ON AGING  
HOUSE OF REPRESENTATIVES  
NINETY-SIXTH CONGRESS  
SECOND SESSION

OCTOBER 6, 1980, DENVER, COLO.

Printed for the use of the Select Committee on Aging

Comm. Pub. No. 96-256



U.S. GOVERNMENT PRINTING OFFICE  
WASHINGTON: 1981

87862

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**CRIME, TRANSPORTATION, AND INCOME  
MAINTENANCE: DENVER, COLO.**

MONDAY, OCTOBER 6, 1980

U.S. HOUSE OF REPRESENTATIVES,  
SELECT COMMITTEE ON AGING,  
SUBCOMMITTEE ON HOUSING AND CONSUMER INTERESTS,  
*Denver, Colo.*

The subcommittee met, pursuant to notice, at 1 p.m., in the Jewish Community Center, 4800 E. Alameda, Denver, Colo., Hon. Edward R. Roybal (chairman of the subcommittee) presiding.

Members present: Representatives Roybal of California, Hammerschmidt of Arkansas, and Schroeder of Colorado.

Staff present: Jorge J. Lambrinos, staff director, and Gail Jimeron, staff assistant, of the Subcommittee on Housing and Consumer Interests. Andrea Pamfilis, legislative aide, of Congresswoman Schroeder's staff.

**OPENING STATEMENT OF CHAIRMAN EDWARD R. ROYBAL**

Mr. ROYBAL. The hearing will come to order.

Ladies and gentlemen, I wish to welcome you to the continuation of the hearing of the Subcommittee on Housing and Consumer Interests of the House Select Committee on Aging. This morning, we heard testimony on various housing alternatives for the elderly who find themselves hard pressed to meet the increasing costs of home repairs, energy, and rents. We heard about shared housing, and intergenerational living arrangements which allow older persons and young people to share the cost of housing. We also heard about cooperatives which may offer an alternative to those who wish to own their own home but share some of the housing costs with members of that cooperative.

The testimony presented gave us some very good ideas on how to address the shortages of housing of older persons. We will take this information back to Washington, D.C.; we will analyze it, and try to take the necessary actions which will make those housing alternatives available to more senior citizens across the country. This afternoon we are going to hear testimony from individuals with considerable experience on the problems of crime, transportation, and income which the senior citizens of Denver are experiencing.

We have had similar hearings in other parts of the country. Our purpose is to collect and analyze the testimony presented to the committee and prepare a report on the concerns of older persons and make it available to the rest of the Members of the Congress of the United States for their consideration and for action.

Before we begin, I want to thank my colleagues, and your Representative Pat Schroeder, for inviting us to Denver to hear from you

directly. I also want to thank the director of the Jewish Center for being such a gracious host and allowing us to use these facilities.

Finally, I want to thank Roman Pachenko, Judy Girt, and Andrea Pamfilis who are on Pat Schroeder's staff for their assistance in the preparation of the hearings here today.

The subcommittee is made up of various individuals. As you know, I come from California; the ranking member of this committee on the Republican side is from the State of Arkansas. So you can see that we have great interest on the part of both parties with regard to the problems of the senior citizen. It is my pleasure to present to you at this time the Congressman from the State of Arkansas, Mr. Hammerschmidt.

**STATEMENT OF REPRESENTATIVE JOHN PAUL  
HAMMERSCHMIDT**

Mr. HAMMERSCHMIDT. Thank you, Mr. Chairman. For the benefit of those who were not here this morning, I want to say again how much we appreciate Pat Schroeder, not only for her invitation to our subcommittee to come here and hear these fine witnesses that we have already listened to, but the ones we are looking forward to hearing this afternoon. I want to commend Pat for the great work that she does for her district in Washington. She is a very concerned, active person.

I am delighted to be here. I am also delighted to have enjoyed that delicious luncheon and to be in this great Jewish Community Center that I can see is so active and serves so many people.

Without taking any more time of the witnesses or the committee, I am looking forward to hearing this afternoon's session, Mr. Chairman.

Mr. ROYBAL. Thank you, Mr. Hammerschmidt. May I also commend the gentleman who served us the luncheon? The luncheon was not only excellent, but the service was supreme. I would like to thank you for your help.

The first witness this afternoon is Kitty Pring from the Denver Commission on Aging.

**STATEMENT OF KITTY PRING, CONSULTANT ON AGING,  
DENVER COMMISSION ON AGING, DENVER, COLO.**

Ms. PRING. Congressman Roybal, members of the committee, I am delighted to be here today. I am the consultant on aging for the Denver Commission on Aging. As advocates for the elderly of the city and county of Denver, we represent about 90,000 older individuals. Denver, I think, probably shares the same problems that you meet in California, in Arkansas, and other places across the country. The major problem for older people in the city and county of Denver is income. The decline in income, the pinch on income because of inflation, Denver, the State of Colorado, the metro area is suffering over 17 percent a year inflation. That is higher than some other places in the country. That inflation is taking its toll on older peoples ability to pay for housing, to pay for food, and to pay utility bills. I think those are the major considerations in income.

From that squeeze on income, comes a real fear as to whether or not the social security system is solvent or not; and I think that

fear about the solvency of the social security system is one that this committee should be addressing in the coming term.

The second major area of need of older people in the city and county of Denver is for dental health care. Health care in Denver, as every place across the country, tends to be fragmented. Access to it tends to be uncoordinated. Care tends to be given by people who have not been trained in dealing with the chronic illnesses of old age. By and large physicians here, as everywhere, I think, do not want to deal with the problems of older people. I think that creates a real barrier to health care for those people.

The third area beyond health care is general social services. I think we are looking at the development of a service system that is overregulated and underfunded. We do not see the development of services for older people like the funding of a neighbor from next door to bring in meals, like the funding of a respite care that would allow the families that care for most older people to continue giving that care. We get caught up in overregulation, where it is very difficult and very expensive to deliver the very basic services that older people need.

Those services, by and large, are things like homemakers service, minor home repair, transportation. The fourth area—and I think Denver perhaps is overblessed with this problem area—is that of environmental concerns. Denver has the second highest air pollution in the country. Older people, as I am sure you are aware, are more subject to the problems that develop from long-term exposure to air pollution. We have severe water pollution as well. We have noise pollution, although that is not as bad as in other cities. I think the creation of a community where older people can remain part of the community, with sufficient income, sufficient health, sufficient support services to maintain their dignity is what I would urge this committee to look at and to look at funding access to that service system that makes some sense, that eases the passage for older people at all times, emphasizes their ability to maintain their own independence and their own dignity, without that dignity being usurped by a system of service providers.

Thank you very much for this opportunity to testify. I know you will be hearing much more from the people that come after me about the specific areas of problems for older people. I go back in closing to saying that income, I think, is the major, overriding concern of older people, not just in the city and county of Denver but in the State of Colorado and in the country.

Mr. ROYBAL. Will you please remain for just a moment? I wholeheartedly agree with you that the problem that weighs most heavily upon the senior citizen community throughout the country is that of income. People living on a very small income on a monthly basis, testified at one of our hearings admitting that they had to eat dog food on one or two occasions because they did not have sufficient funds to buy meat. That is testimony that bears out the problem throughout the Nation.

I was interested in your remark with regard to what you called an overregulated and underfunded facility. Just how much does the regulation, or the overregulation of a facility take from the delivery of service? Do we overregulate to the point where 30, 40 percent is wasted in your opinion?

Ms. PRING. I can give you a couple of figures. If you assume, as I do, that one of the basic needs for maintaining independence in older age is that of homemaker service, chore service, very basic kinds of services, under medicaid, in the State of Colorado, in order to deliver that service under current rules and regulations you have to be a home health aide. Currently imbursement for home health aides is running, through private agencies, as much as \$14 a visit.

I hire a person to come in and clean my own home for less than \$3.10 an hour. Now I do not purport that she provides the full range of services that a homemaker provides, but she sure provides a whole bunch of them, for myself and my family.

I think the access, the fact that you develop a health-regulated system to provide baseline services derives excessive costs; and I view that as one area. Transportation is another area where we know that volunteer systems are probably the least expensive way to do business. If you get into a system where the transportation mode becomes defined as a medical vehicle, because it is transporting elderly and handicapped individuals, then you get into a whole system of support and regulation which I think exceeds the needs of older people for safety and comfort.

Mr. ROYBAL. We have a system of distributing funds which in my opinion should be changed. That is, a system where we make funds available to municipalities, for example, to provide transportation instead of making funds available directly to the organization or individuals that are providing transportation. Do you find that to be a problem here in Denver?

Ms. PRING. I think it is a problem across the country, Congressman. I think any time you fund intermediaries for services which could be purchased on an open marketplace directly, you derive increased costs, lack of coordination, fragmentation. I think there are very definitely people in our society, older people, for whom the system is not navigable. No matter how much money they had, they would still need people to intervene on their behalf. I think those are the people we referred to as the frail elderly, the dependent elderly, the very older elderly. For those people, I think you need a system that provides overhead and administrative expenses to derive the access and the management of services. Then, I think, you get into a case management kind of situation.

For the majority of older people in our community, that kind of service is not necessary.

Mr. ROYBAL. One other comment that I agree with is your reference to the existing fear that the social security system is not solvent. How widespread is that in your opinion?

Ms. PRING. From my personal experience dealing with older people, I would say that it is probably more widespread than any other concern. It comes up again and again, people calling in to our office; people are aware of the fact that their major income source is social security, even though the builders of that system did not view it that way; and there has been enough local press that I would say that probably the majority of older people are aware that there is some concern as to whether or not social security will make it through 1982.

Mr. ROYBAL. I think we should be concerned about the solvency of the social security system or any system provided by the Federal Government; but it seems to me that the social security system is as solvent as the Government of the United States. While I am a great supporter of the social security system, I do not fear that the system, even if it has to be funded directly from the Treasury, will disappear. So I hesitate to believe that this fear is really predominant in the minds of senior citizens throughout the country. However, if it is, I can understand the concern.

I look at it from another viewpoint: I can understand how individuals might look at the social security system and say, "Well, we are liable not to have enough money next month." This mood of insecurity, for example, is something that comes up in Government quite often. I still feel that, while looking at the social security system from the standpoint of an actuary, we might agree with its insolvency. Looking at it from the standpoint of reality, as I look at it, I do not believe that the social security system is going to run out of money, or that the Congress of the United States will permit that to happen.

Ms. PRING. Like you are saying, trust me. I am not sure older people would agree with that trust.

Mr. HAMMERSCHMIDT. The only comment I was going to make because of our limited time here was the same one the chairman made. I think it is a real shame that the apprehensiveness over this subject matter, loss of social security benefits, is at such a high level. It creates stress, strain, and tension on the elderly community that should not be there.

This apprehension is created perhaps because of the way the media sometimes reports it or because of statements made by politicians trying to create worry about what might happen. I want to assure you that the social security benefits will not be lost. We may have to do some rearranging of the three part system. Because of this the full committee under Chairman Pepper had Wilbur Mills and Wilbur Cohen testify on the social security programs, and we went over all the benefits and what could be done to strengthen the system. As you know, this is under the jurisdiction of the Ways and Means Committee. Our committee has no real legislative jurisdiction over it. We may, for instance, have to move hospital insurance, which is medicare benefits, out of the social security trust fund benefits into the general Treasury, as our chairman was suggesting; but the Congress is never going to let social security benefits go down the drain. I want to say that as strongly as I can here today. It just is not going to happen.

Ms. PRING. I am delighted to hear it. I think that needs to be said very loudly in a lot of different sectors. The reason I say that is the most recent effort for the intermarket borrowing got a tremendous amount of flack in Congress. I think you need to look at the concerns at the congressional level about what is going on with the entire funded system.

Mr. HAMMERSCHMIDT. Let me mention one other thing I mentioned this morning. As you know, there was an effort suggested by the administration to tax social security benefits.

Ms. PRING. Which failed.

Mr. HAMMERSCHMIDT. We think that would be a tremendous loss. That subject never was resolved, except the House passed a resolution directing the Ways and Means Committee not to do it. That is not going to happen either. The main thing I wanted to mention is that your Congresswoman, Pat Schroeder, fought against that, as nearly all of us on this committee did.

Ms. PRING. Yes, I know. I would like to add one more thing, if I could, on the issue of social security and the concerns about its solvency which is I think there is a growing concern among is not so much the older people but those of us who are advocates for the elderly as to what—whether middle-aged earners are going to be willing to pay the tariff for social security and whether we will see intergenerational warfare over the issue of how much can I pay. I think that is another concern this committee should be aware of.

Mr. HAMMERSCHMIDT. The three parts of social security—old age benefits, survivors benefits, and disability benefits—must be held totally secure. However, instead of raising the tax rate or raising the base on which you pay the tax, we are probably going to have to take other actions along the lines I suggested earlier. We are very aware of the balance between those who pay and the beneficiaries, who receive it later on.

Ms. PRING. I support your efforts in that direction. Thank you.

Mr. ROYBAL. Thank you very much. The next witness is Emelio Domingues.

**STATEMENT OF EMELIO DOMINGUES, STUDENT OF  
GERONTOLOGY, DENVER, COLO.**

Mr. DOMINGUES. My name is Emelio Domingues. I am a student of gerontology. I am from the Mexican community here in Denver. I have been a youth advocate up until recently. I am now an elderly advocate. I joined gerontology for the sole purpose of trying to do something for the elderly within the minority, specifically the Mexican-American community.

As in any other process that goes on, we feel that the Mexican-American has been left out in this country for many reasons. I think I will begin by being very suave. I hope to make you understand that the problem did not just start. It might be easily believed that aging is a singular process occurring throughout the lifespan bringing the inevitable into reality. However, the notion that at birth is one step onto a predetermined path leading to some point at death obscures the complexity of life's processes which differentially affects every person, cellular, biological, physiological, sociological, and social. Aging is then the combination of a variety of events that impinge universally on the lifespan of all of us. Specifically, the Mexican-Americans.

To begin with, I brought along with me some barriers that I feel stand in the way. The barriers to support service utilization by elderly Mexican-Americans in Denver. First, language. It is estimated that approximately 50 percent of the elderly Mexican-Americans are monolingual in that they only speak Spanish. Thus they may not be aware of social services for this reason alone. In addition, fears of ethnic prejudice compound the embarrassment of a language difficulty.

No. 2, knowledge of programs and services. Most elderly Mexican-Americans live in isolated urban areas better known as barrios which are located outside the mainstream of society. Because of their isolated situation, most elderly Mexican-Americans do not have ease of access to knowledge of public programs. Language acts as an additional barrier, especially for the large numbers of those elderly who only understand Spanish. Compounding these barriers are the extraordinarily low educational attainments of elderly Mexican-Americans. Data from 1971 reveals that 63.2 percent of all elderly Mexican-Americans 65 years of age and older had a complete—had completed less than 5 years of schooling. For those older Mexican-Americans 55 to 65 years of age, 49 percent had completed less than 5 years of schooling.

The third problem: Transportation. Elderly people in general do not have sufficient access to transportation because of the chronic illness and lack of money. Due to their low economic status, these factors are compounded for the older Mexican-American person. Again language acts as a barrier since few public transportation drivers are bilingual.

No. 4, health. This is an area that severely impacts the lives of the aged population and for the Mexican-American aged the situation is even more severe as evidenced by their average life expectancy. It is believed that many years of hard physical labor, coupled with inadequate income and poor medical care has contributed to the shorter than average life expectancy of Mexican-Americans. In terms of utilizing services, the older Mexican-American physical mobility is severely restricted. In addition, chronic illness can easily fatigue a person who is asked to wait for long periods of time, which is a common situation when applying for social services.

Finally, the physical deformities, pain, and discomfort which accompany chronic illness can discourage the older American participation in programs.

No 5, cultural and ethnic discrimination. People planning and staffing programs and services operate from particular beliefs in assumptions about the Mexican-American culture. These beliefs serve to discourage the use of services by the culture. Those assumptions are as follows: Mexican-Americans underutilize services because they do not want them. Second assumption, the extended family within the culture cares for its older members, thus the elderly do not need support services outside the extended family.

Third assumption, underutilization or inadequate use of social services is a deficiency within the Mexican culture. Fourth assumption, all Mexican-Americans want the same standards and styles of living as middle class Anglo people. This continual application of middle class Anglo values results in seeing the Mexican-American as deprived.

Fifth assumption, the assumption that all Mexican-Americans are alike. Sixth assumption, the aforementioned assumptions are based on the lack of knowledge and appreciation of Mexican-American cultures.

No. 6. Location of programs and services. Programs, services, and offices are located without thought to the degree of accessibility by those who need them the most and who have restricted transporta-

tion. Dentists offices and medical care facilities are often located in a more affluent part of the city. Historically all Mexican-Americans have not wanted to venture outside their immediate community to use services for reasons of, one, fear of assault, two, no transportation; three, health; and four, fear of ethnic prejudice. Programs and residential facilities for the elderly are often located in Anglo-dominated communities which discourage the use by older Mexican-Americans.

No. 7, age discrimination. Old people in our society are negatively stereotyped and are interacted within the context by the providers of services and programs. Few people involved in planning and staffing programs and services for older people have any gerontological training. Therefore, the unique circumstances and conditions that accompany aging are seldom understood by those providers of programs.

Consequently, the older person is at a disadvantage because of his or her suppressed social status. For the older Mexican-American, there is a double jeopardy syndrome that works in that the person is doubly oppressed because of age and ethnic status.

All prejudicial factors create a situation of alienation, mistrust, fear, and misunderstanding between the provider and the older Mexican-American clients.

No. 8, bureaucratic restrictions of services and programs. Private business has been minimally involved in providing services for the older American, particularly for older Mexican-Americans. Most older Americans rely on governmental assistance for services and income maintenance. Government institutions are characterized in part as complex and inaccessible to the general public. Redtape when applying and maintaining services means complicated regulations, complicated forms and complicated procedures.

The generation which comprises the elderly of today has had minimal interactions with bureaucratic institutions. For the older Mexican-American contact with the Federal Government has been even less. Therefore older Mexican-Americans have not learned the skills and knowledge necessary to utilize bureaucratic institutions like the social service delivery system. There is a skill and knowledge acquired in how to find out what is available in applying for the services in maintaining oneself as a participant. Eligibility standards, regulations, and benefits are continually changing within programs which require constant participation by the client.

No. 9, older Mexican-Americans have an aversion to Anglo-dominated services due to culture and linguistic differences. Most programs and services for older Mexican-Americans are staffed by predominantly middle class Anglo people. Older Mexican-Americans are alienated from the Anglo culture. Thus programs staffed by Anglos are unacceptable to older Mexican-Americans. Entrenchment from the dominant population is based on ethnic prejudice and cultural and social economic differences. For example, there is a difference in exceptions, norms, values, living standards, and opportunities, needs, language, and experiences of aging.

No. 10, eligibility requirements. The age eligibility requirement for aging programs acts as a barrier for older Americans. The average life expectancy of Mexican-Americans is 56.7 years of age. Most programs have a minimal age requirement of 60 years. These

eligibility standards serve to eliminate those older Mexican-Americans under 60 years of age. Because of the low socioeconomic status, older Mexican-Americans, and in particular the women, cannot afford to live alone, even with income support; yet eligibility requirements often favor the person living alone in terms of higher benefit awards. Consequently, the person may be better off living with the extended family and receiving less benefits or benefits at all.

No. 11, restrictions of mobility within neighborhoods. Several conditions with the older persons community can restrict mobility and, in turn, discourage use of services. First the elderly of any group are vulnerable to physical assault and robbery due to the low income status most Mexican-American aged are located in urban areas characterized by crime and assault. Thus then they choose to stay in their homes rather than risk assault while walking. Second, your environmental conditions like air pollution and weather. Urban areas have high concentrations of smog because of industry and heavy traffic. Winter and summer restrict mobility because of ice, roads, and heat. Third is the situation of major traffic through thoroughfares and industry typically located in depressed urban areas. Such areas threaten the safety of those aged persons with disabilities.

No. 12, elderly Mexican-Americans predominantly use informal resources to meet their needs. Naturally networks are supporting systems indigenous to Hispanic culture. These systems are imbedded in the traditions and values of older members of the culture and are very much part of their everyday life. The system can be community and/or cultural organizations, family, friends, and neighbors. The support functions are outreach, information, and referral counseling, respite care as well as interpretation of services.

The natural networks are preferred by the elderly because of interactions, are family, informal, accessible and imbedded in their culture.

Income. The majority of the elderly Mexican-Americans live in poverty. In 1974, the median income of a Mexican-American age 65 years and over was less than \$3,316. Within a poverty standard of living, out-of-pocket expenditures for services are experienced as luxuries. The most important income support program available to the elderly are social security and old age assistance. Mexican-Americans have been ineligible for social security as a result of illegal immigrant status, lack of citizenship, and type of employment.

Thank you.

Mr. ROYBAL. Thank you, Mr. Domingues, for an excellent presentation that dealt with the problems of the Mexican-American senior citizen. I would like to make inquiries with regard to your statement: That most facilities are located in Anglo-dominated environments. The Mexican-American living in a barrio community then has to travel to a facility of some kind in another neighborhood?

Mr. DOMINGUES. Yes.

Mr. ROYBAL. You mentioned the problem of transportation. The problem is prevalent throughout many communities regardless of

ethnic composition. But let us go back to the facilities located in Anglo dominated environments. Are there any programs here in Denver that are designed to build housing and facilities, multipurpose centers, whatever is available, in a Spanish speaking or Mexican-American community?

Mr. DOMINGUES. Apparently the way we see it, the way I see it as a recipient, they put the cart before the horse. Some of these projects such as health centers, for example, came in after the homes from the poor were made and not necessarily to close those homes. Nothing has been arranged the way I see it to provide services because you live here or we should provide a clinic here because there is where the needs are.

They sort of put a health center wherever it is most convenient for the builder and then people get there the best way they can. That is what I am referring to when I say the transportation is twice as hard for the older Spanish-speaking person to get because you have no transportation to come into those health centers.

Mr. ROYBAL. You do not have any facility that is located within the barrio?

Mr. DOMINGUES. No; there is not. The latest was the mental health center on 10th Street, or 10th Avenue on Federal. That is not too close.

Mr. ROYBAL. What I have in mind is mostly a multipurpose center, a center that provides many things for a community. Do we have such a center, or are you familiar with such a center in the Mexican community?

Mr. DOMINGUES. No. Each center has a particular service. Either it is a congregate meal center, it is a center where it is provided to anybody else other than Spanish-speaking. I do not see any center that compliments this one to say the least for the Spanish-speaking person. There are no such things in Denver.

Mr. ROYBAL. Not knowing Denver I can ask this with some impunity. Is there an area in Denver that one can consider to be a Mexican-American area?

Mr. DOMINGUES. Yes. There are two areas. One is known as the West Side. The other one is the North Side.

Mr. ROYBAL. Is there a center of any kind located in either one of the two areas?

Mr. DOMINGUES. There are centers, but they do not serve all purposes.

Mr. ROYBAL. Do you have a multipurpose center within those areas?

Mr. DOMINGUES. No.

Mr. ROYBAL. But you do have certain facilities that are made available?

Mr. DOMINGUES. Yes.

Mr. ROYBAL. In your opinion, that is not sufficient?

Mr. DOMINGUES. Right. That is not sufficient.

Mr. ROYBAL. Can you give us an idea of the number of people that are served by any one particular center that you made reference to?

Mr. DOMINGUES. Oh, what I would give you now would be hearsay. We are in the process of making a needs assessment; and in fact, we are doing research on the West Side as to why the Mexi-

can-American does not attend the services that are provided. What we are finding at this point is they are not conducive to their needs, particularly the congregate meal. They do not find that meals are of their liking and they do not go the second time. Others tell me that the North Side Community Center, which is an all purpose kind of situation, people come to eat, there are children, there is schooling, there are those kinds of things going on; but nothing in particular for the Spanish-speaking person. The food that has been prepared is not necessarily of their liking. That is why they do not return the second time.

Mr. ROYBAL. Is your testimony then that up to the present you have not seen the development of a center that is designed to service the needs of the Hispanic community?

Mr. DOMINGUES. True. That is my testimony. To further enhance that, I would like to assure you after the last of October, we will be doing a needs assessment in North Denver on a volunteer basis to create a model as to needs for the Mexican-American, or the Spanish-speaking person, that could be served as a model forever.

Mr. ROYBAL. After that study is completed, will it be made available to this committee?

Mr. DOMINGUES. Surely. Surely.

Mr. ROYBAL. I thank you.

Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. I have no questions. Thank you very much.

Mr. DOMINGUES. May I take time, we are preparing to go on record with the Governor's conference on the 9th, 10th, and 11th? I will be on two panels. We have submitted resolutions that act particularly for the minorities. It seems as though in the past the word minority has never been entered into programs. It has not been easy for the Mexican American to be there as part of that particular center. We need to include that in whatever proposals come in the future and hope they will be accepted. We will hand deliver that resolution to the Governor at that conference. Do you want a copy of those resolutions?

Mr. ROYBAL. Yes; we would like to have a copy of the resolution, anything you may prepare as a group that can be made available to this committee. We will then analyze it and look into the situation. I am interested also in seeing representation from Denver at the White House Conference on Aging next year. I hope that all these things are developed so that there will be representation from the various ethnic groups throughout the entire country. Some of these concerns can then be presented on a national level, and become part of the program of the conference which is to take place next year in Washington, D.C.

Mr. DOMINGUES. I can assure you that the committee from Antioch is really moving into position to get things accomplished on behalf of that particular minority. It has been a deficit in the past. I assure you it will be a plus in the future.

Mr. ROYBAL. Thank you very much.

The next witness is Sister Mary Lucy Downey.

**STATEMENT OF SISTER MARY LUCY DOWNEY, DIRECTOR OF ARCHDIOCESAN HOUSING, ARCHDIOCESE OF DENVER, COLO.**

Sister DOWNEY. Good afternoon. I am Sister Mary Lucy Downey and I am the director of archdiocesan housing. The archdiocese of Denver has sponsored the building of 300 units of housing for low-income people.

We have 79 additional units under construction. So I think I would like to address the housing issue first. We opened a cathedral plaza on July 1. That is 154 units. We have well over 1,000 applications. We interviewed over 600 of these applicants in their own homes, and very many of the conditions were deplorable. Everything was overpriced.

So many of the people that we interviewed paid more than three-fourths of their income for rent and utilities, and many had as little as \$24 left after they took care of their housing needs. That is less than \$1 a day to eat on, to do anything else that would enhance their lives.

I think that housing really is just the tip of the iceberg. As the housing needs are met, the need for all the other support services come up.

First is nutrition. So many of the programs serve meals—five meals a week, and I like to eat 7 days, and I think you do, too.

If there would be some way that those—the funds could be spread over one meal a day even 7 days a week.

The homemaker, home help services. I have tunnel vision and I just see my own little bit of the world. It is housing. The program that we are working with is for the well elderly, but we planned it as the step between independent living and nursing care.

So many of the older people just need a little bit of support services to keep them out of nursing homes. If they have good nutrition, some access to homemaker, home health service, transportation on a 7-day-a-week basis, and some kind of feeling of security. Some of them can afford services, but they are really not accessible to them.

I think I would really like to ask you to increase the housing subsidies, both in the form of construction moneys and also the section (b). There is a really exciting program that is called congregate housing service programs.

I know, Mr. Chairman, you have had a great deal to do with it. I really want to thank you publicly for the amendment to keep the funding up.

There were \$10 million funded this year, 18 different projects, and we were lucky enough to be one of them.

Mr. ROYBAL. Good.

Sister DOWNEY. So \$10 million isn't very much though. Maybe next year you could triple that or quadruple it.

I notice that the Senate appropriations for section 202 was about \$60 million higher than the House and you are going to meet to come to some kind of an agreement.

I would love some kind of challenge where the House could come out on top with maybe \$900 million.

We really need more housing.

I know there isn't too much you can do with the way section 202's are allocated, but region 8, the region of which Denver is a

part, receives 3 percent of the national allocation, which is kind of low.

I think it is up to us in the Denver area, the region 8, to do our homework and present the needs there.

I really appreciate the time. Thank you.

Mr. ROYBAL. This subcommittee and the committee as a whole has been responsible for the passage of legislation, particularly appropriations that have benefited the senior citizens of this Nation, but I agree with you, it is not enough.

A great deal still has to be done not only in regard to housing, but the various problems that confront the senior citizen as well. Income is the No. 1 problem, but we do have a subcommittee and a committee that is very active.

I don't know of any other committee that pays more attention to the problems of the senior citizens in this Nation than this subcommittee and the committee as a whole.

Sister DOWNEY. That is really true. I think we all appreciate that.

Getting back to that congregate housing service program, would there be a way that, as you look at the rules and the regulations—I think there would be a way to spread that money a little bit farther.

It is up to 20 percent of the residents of a facility can take part in the program.

Now, our units are at the top of Capitol Hill. We have the 450 units, 20 percent of the total population in the building would be about 38 people.

The funds are limited to that. All of our programs are going to be open to the senior citizens in the whole area. If there would be a way that that one rule could be changed so it wouldn't have to be just the people in the building—do you know what I am saying?

Mr. ROYBAL. Yes.

Sister DOWNEY. There would be a way to spread that money out a little bit.

Mr. ROYBAL. At the present time we don't have enough money to distribute. That is a big problem.

Sister DOWNEY. We had \$400,000 maximum, \$80,000 per year.

I think I could figure out a way I bet we could reach 50 more senior citizens. We don't want to overserve the people that are in our building. Some of them don't need all of the services.

Mr. ROYBAL. I understand the problems you are discussing. Congregate housing was authorized but there was no appropriation for it. It was the result of action by this committee that we finally got some appropriation for it.

I think we are getting along a little better than we have in the past.

Sister DOWNEY. And thank you for your amendment.

Mr. ROYBAL. One thing, Sister, I wanted to comment on is with regard to your statement that the interviewing that you conducted took place in the home of the individual that was going to be served by housing.

Sister DOWNEY. Yes.

Mr. ROYBAL. I like that approach.

Sister DOWNEY. Thank you.

Mr. ROYBAL. I think this is the way that it should be done. Instead of having that person go to an unfamiliar office, the office approaches the person in the confines of his or her own home. If this could be done more often, I think we could get our statistics with a little bit more accuracy.

Sister DOWNEY. It gave us a better idea of the population that we were trying to serve.

Mr. ROYBAL. Thank you.

Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. Sister Mary Lucy, you probably know that the Appropriations Subcommittee really did not want to include any money for congregate services in their bill. We had to wait until the bill was on the House floor to add the \$10 million. In mentioning the differences of opinion, I don't mean to imply that the people on the Appropriations Committee are any less sensitive to the needs of the elderly than we are; they just have a different approach to meeting them.

We think that congregate housing is a very exciting concept, and we have to reason with some of the committee members to get a foot in the door. As a result, we specified in the authorizing legislation that congregate services shall only serve the frail elderly. That is the reason at the moment, for the provision stating that no more than 20 percent of the total resident population of a housing project should be allowed to participate in the congregate services program. We hope the program can be expanded later on.

Sister DOWNEY. I appreciate that and I really thank you for coming to Denver to hear our needs. Thank you.

Mr. ROYBAL. Thank you, Sister.

The next witness is Ludwig Rothbein.

**STATEMENT OF LUDWIG ROTHBEIN, SENIOR CITIZEN  
ADVOCATE, DENVER, COLO.**

Mr. ROTHBEIN. Good afternoon, gentlemen. Thank you for giving me the opportunity to testify.

I am an advocate on behalf of seniors, an unpaid advocate. I am also a member of the President's Committee on Mental Retardation in addition to being the State coordinator of Concerned Seniors for Better Government and the State director of the AFL-CIO retiree program.

I have been in these dual capacities an advocate of the handicapped.

I first want to go into this area. I would like to have you consider seriously a look in the area of developing mentally disabled elderly. We have made tremendous advances in the field of mental retardation in the institutionalization with many of these people. They are getting older now. Years ago we warehoused them to death.

Now they are getting older and we have no programs, no services available at this moment in the Office of Human Development or through the Office of Aging.

They are talking about it, but nothing has been done. It is becoming an urgent problem.

In addition, in that capacity, the other urgent problem I see more and more, and everybody—nobody is really doing anything.

We cannot serve the elderly and disabled in nursing homes where 500-percent turnover of the technicians takes place.

I think we have to start looking more and more at training programs and at better salaries and working conditions for the providers.

So far as I am concerned, you can cut down the administrator's salary 50 percent and increase the direct line people. I think the elderly will gain.

In addition, you are speaking about the lack of money. We are extremely concerned about the lack of enforcement of medicare-medicaid fraud.

I think every doctor who cheats on medicare and medicaid is a bigger crook than the guy who works in a liquor store and steals a bottle of lager and ends up with 1 year in jail.

I want the medical felons to be punished just like the other felons.

We could save billions of dollars which would help us.

Now, the other concern I am going to talk about—and this would be back—I originally didn't want to go into it, but I think it is of prime importance in this State in particular, what Mr. Domingues spoke of.

I have been an advocate of the handicapped in this State. I was forced last week to reinstitute a charge of racial discrimination against the Colorado Developmental Disability Council, the Association of Retarded Citizens, and the whole field because there are no minority providers in administrative and supervisory position—high supervisory position.

This goes through the whole realm of human services. We have thousands of people in the barrios who do not know of the services they are entitled to. We have people who are in desperate need of medical help and there is no translators because the people we hired in human services—and I am not trying to be facetious—but the elderly and the handicapped people are beginning to wonder, to get a real good job, over 20,000 in this State, in human services, you have to be under 40, not too short, not too handicapped, not too old and you have to look like you could fit in the centerfold of Playgirl or Playboy magazine.

That is one of the frustrations of the disadvantaged people.

The money is given to the disadvantaged and yet the ones who are reaping the harvest are what I call the middle-class parasites.

I use this word openly and I am open for any libel suit they want to give me. The facts are overbearing.

It is a tremendous frustration. It is a frustration in the whole field of human services.

I wish we could find a way that the recipient of services could reach the decisionmaking complex and the executive division without the middleman of the staff.

Every time we create a consumer movement, my committee, the President's Committee of Mental Retardation, we create a staff and it is bigger and bigger. Pretty soon we are speaking for the interests of the staff. We in Colorado have now formed the senior lobby. One of the reasons we were forced to form it is because we have never seen the advocacy programs get to the senior citizens and have us demonstrate in the capital when our social security was in

danger, when our pensions are in danger, but they get us all excited if the RSVP program might be short funded.

I would rather get rid of all the programs, except to the long-term care people, those who have no pensions, social security, and double pension, social security, and let us buy it on the open market like everybody else. Let us live in dignity.

I stated this morning even, the White House Conference for the Aging, this is being administered in—we are looking at it critically. The grassroots involvement is limited. Social workers, professionals, are deciding who is on the panel. I represent the labor unions. The labor unions have been hit. I was told by this certain person, a professor of sociology, she knows more about who labor is represented by than the State president of the AFL-CIO.

This also belongs with the conservative element. I had a meeting with 50 retired people in this State. Fifty. I asked them how many of you know there is a White House Conference for the Aging. This was last week. Only two knew. These were the people who were active in the senior movement.

So I hope you people start looking very seriously, very skeptically on the people who come to you asking for more and more grants to actualize the seniors, like the RSVP program.

They were supposed to actualize us 10 years ago. Now they want more and more money for programs. If they had actualized us, we wouldn't need that. We would be running our own staff.

That is what the real purpose of it was. We urge you, we are also concerned and I even hear providers of services playing old against old by saying to the people on social security, it is unfair, they are getting more.

I have heard it in the paper. They are turning the elderly against elderly, young against the elderly.

We have to get away from it. I again say if we have leaner programs, more performance-directed programs, and providers of services who represent the total grass roots involvement of seniors, we will have cheaper programs and more effective ones, and at HEW they have even made studies that services to minorities have become significantly improved when minority providers were hired on the higher administrative level.

If that is the procedure, then we are wasting the money on people who can't reach that group.

In addition, I would like you to—I ask for training programs for technicians. I also think there is an urgent need, and it is a very cheap program. It has been mentioned. It is at Antioch College. It is one of the greatest programs in the country where they are taking applicants in the minority portion of the population and they are enabling them to get college degrees through the adult process.

They are making it easy so that they finally can compete with the résumé qualifications which we are presently using rather than the performance qualifications.

I appreciate your listening to me. Thank you.

Mr. ROYBAL. Thank you very much for your presentation.

The committee and the Congress of the United States have already addressed themselves to some of the problems that you made reference to. For example, there is now legislation to protect the

elderly from medigap insurance fraud. This is Public Law 96-265, Social Security Disability Amendment of 1980.

What it does is make it necessary for States to set up a certification program of insurance companies and then also impose criminal penalties for fraud.

At least we are addressing ourselves to that particular problem. You probably already know that there is a \$50 million set-aside in section 202 housing for the elderly to assure specifically the handicapped; that is, to help them build up small group homes.

Again, this is legislation that was presented, but it doesn't become a reality until it is passed by the Congress of the United States.

What I am saying to you is that we have legislation in the hopper now, and I would like to see the 22 million senior citizens of this Nation send out to the Congress of the United States 22 million letters in favor of legislation of this kind. I think that we have a resource that we haven't used, and that is the power of the pen.

We, as legislators, look at this overall problem as one that affects not only our constituency, but affects every senior citizen throughout the country.

In order for legislation such as this to be passed, we need some help.

I know that by being a union man, with former activity in organized labor, you know just how important it is to start raising a little Cain every once in a while. This I think has to be done insofar as the legislature is concerned.

We hope that the senior citizen community does organize to the point where this can be done.

Mr. ROTHBEIN. There is a difficulty in this. They are breaking this bottleneck now.

It is the Government-endorsed advocacy programs who want to utilize us for their interests. We are also working in this area.

Mr. ROYBAL. It has to be shifted. There has to be a response from citizenry in general. I was interested in your recommendation to increase funds for the training of technicians.

Mr. ROTHBEIN. Yes.

Mr. ROYBAL. I didn't know the turnover was as great as you have described.

Mr. ROTHBEIN. Forty-five percent.

Mr. ROYBAL. What is the rate of turnover in your opinion in the Denver area?

Mr. ROTHBEIN. Forty-five percent. It is sad. It is the worst job in the world next to working in a burn ward.

I might as well make a personal remark to the Representative from Arkansas. You are supposed to be a conservative State. One of my mentors, Herb Bingham, is now retiring to Arkansas. I wish we had half the programs you have, that we have here. We are way behind.

So we need help there too. We are just lucky we have Pat Schroeder fighting for us.

Mr. ROYBAL. Mr. Hammerschmidt has been in the forefront of all these struggles in this committee. Being from Arkansas, I cannot tell his constituents what he has done, but I sure can tell you, here

in Denver that he has definitely been in the forefront in the advancement of programs for our older citizens.

He has been very cooperative, not only with this committee, but with Pat Schroeder and with those of us who are really fighting some of these issues.

In other words, he has been leading the fight too.

Mr. ROTHBEIN. Maybe he can bring them to Colorado for a while.

Mr. HAMMERSCHMIDT. Mr. Chairman, let me just comment a moment.

I appreciate you mentioning Herb Bingham. We have been friends for years. He is one of my mentors also.

I was concerned about what you were saying about the selection of delegates to the White House Conference on Aging.

Mr. ROTHBEIN. Yes.

Mr. HAMMERSCHMIDT. In my own State—and I am sure this is the way it should work in most States—community forums should be held so that anyone who is interested can have input into the White House Conference on Aging.

Mr. ROTHBEIN. But again they only reach the people they know.

Mr. HAMMERSCHMIDT. I see. Well, those should be open.

They should be open community forums to get everyone's idea on what should come out of the White House Conference.

Mr. ROTHBEIN. I was directly told—I wasn't originally put on that. I was told by a high official here labor unions don't have a constituency.

"We will put you on, but we don't like you because you are too outspoken."

I am going to tell you what is going to happen if they keep this up. I am going to organize a boycott of the service they provide us.

Mr. HAMMERSCHMIDT. Let me mention one other thing, perhaps on a more positive note.

We have had concerns too about lack of mental health care for the elderly and, as you know, the mental health agencies have, for the most part, neglected this population.

Last week we finally passed the Mental Health Systems Act, due, in part, to the efforts of Chairman Pepper and myself, working with the legislative committee chairman, Henry Waxman, the elderly will receive about 40 percent of the funds under the section for grants to the elderly and priority populations. We do not yet know exactly what the appropriation for the section will be.

Mr. ROTHBEIN. Will it improve mental retardation, the mentally disabled?

Mr. HAMMERSCHMIDT. Yes, the Mental Health Systems Act is also intended to serve mentally retarded persons.

Mr. ROYBAL. Thank you very much.

**STATEMENT OF RUTH BOGRAD, COMMUNITY CONSULTANT,  
SENIOR CONSUMER RESOURCES PROJECT, DENVER, COLO.**

Ms. BOGRAD. Thank you.

I think Mr. Rothbein is a hard act to follow. I am going to speak on agism as a barrier to employment.

For the past 2 years, I have been a field consultant for senior consumer resources which is an agency funded by HEW, administered by the Denver Commission on Community Relations. We

have had the opportunity to work with the low income elderly in the city of Denver, speaking to them and counseling them on consumer needs.

It is apparent that with the spiraling cost of the necessities of life, those seniors on fixed income are the most at risk.

During this period of 2 years, we have met with over 4,000 seniors who expressed a variety of concerns in their dealings as consumers and in their position in the marketplace. Over and over, what was reported was that they did not have the ability to stretch their dollars to allow them to continue in their accustomed lifestyle.

I speak to you as a senior myself living on a fixed income. Years back, when I planned for my later years, I was sure that my retirement income was sufficient to allow me to maintain a familiar lifestyle. Years back this was true, but in today's inflationary times, when a 25-cent can of tuna fish now costs \$1.12, and when I face a \$55 a month increase in my apartment rent, the amount I had previously felt would suffice is only a small part of what I must come up with regularly to keep going.

So, for me, as for many of my cohort group, it is necessary for a variety of reasons that I work. This necessity to work comes from a number of different directions, not the least of which is to maintain a roof over my head. For me it is a way of maintaining my interest in the world around me, in allowing me to make a contribution to society. It is a means of staying current and plugged into the changing scene. It is a means of maintaining my dignity in that phase of my life which I have earned by dint of years.

I particularly want to address the barriers to employment of the elderly; at the same time, I wish to address the need to educate employers as to the advantages of employing the older worker, of keeping the retirement age flexible, of using innovative work patterns, shared jobs, flex-time, part-time employment, and a great variety of other systems.

My cohort group, survivors of the Great Depression, are a particularly proud group of persons. We don't look for handouts. Instead, we are trained in the ethics of a good day's work for a good wage. We are, for the most part, loyal, efficient, hard working, and experienced in dealing with daily problems. We make good employees. We are past the problems of tending to school-age children, of struggling up the employment ladder; we have arrived. Though our arrival took place some years ago, we do not forget how we got there.

The problems of the elderly in making ends meet would be ameliorated with the possibility of their earning additional dollars. I speak not only for the low-income elderly. I speak particularly for all who live on a fixed income.

Strangely, those on low income, those who have counted all their lives on living on marginal amounts, are in a better position to deal with today's runaway inflation than the next group, those living on a fixed income. They, the low income people, know how to stretch their dollars. They have done it all their lives. Those, however, who are on a fixed income, which suddenly has shrunk to poverty levels, are not so experienced at making do. They are not so adept at tightening their belts. They are very much at risk.

The older person returning to the work force or trying to break into the work force is having a tough time. Some had not worked for the years at home raising their families. Some are displaced homemakers suddenly in the position of being breadwinners. Some are recently widowed or divorced. Most are not used to being judged looked at in an interview and questioned. Many leave the field of seeking employment after the first few tries, embarrassed and rejected. It is easy to believe no one wants you. You have heard that song over and over before.

Some are not physically able to work 40 hours a week, but can do a splendid job with a 20-hour week. Some need special days off for important medical appointments. There is or should be a way to accommodate the needs of both the employer and the potential employee.

There is no question that there are stereotypes of the aging person. There is no doubt that there are barriers to the employment of the elderly worker. There is no doubt that many who could and should augment their incomes with employment are fearful of losing their social security benefits or their pension amounts. Not only would working benefit them financially, but socially and for their mental health, being part of the group, being needed, being expected at work is the most therapeutic activity that an older person could anticipate.

At the recent Regional Conference on Aging held August 26 of this year in Denver, in preparation for the State and then the White House Conference on Aging, there were 5 resolutions suggested dealing with retirement income, 2 dealing with amending pension plans, 10 dealing with economic security issues, 6 dealing with employment, 2 dealing with ending age discrimination in employment. There is little indication that the inflation will end soon. There is no indication nor does history allow us to expect that prices of necessities will ever go down. It becomes mandatory that we put every effort to reducing the barriers to employment for the elderly.

Let those who can and want to have a fair share. Let them be no more than but no less than any other dweller in this fine country of ours.

Thank you.

Mr. ROYBAL. What was the amount specified in the resolutions on retirement income? Do you remember whether it was \$10,000 or \$12,000 a year?

At the present time do we have a ceiling as to the amount of money that a person on social security can earn?

Ms. BOGRAD. \$4,800 for a single person.

Mr. ROYBAL. But the resolution that was passed in this conference that you attended, it is my understanding they addressed themselves to that particular problem; that they set a ceiling for the amount of money that could be earned by a social security recipient.

Ms. BOGRAD. I am sorry. I don't know the exact amount. I am anxious to attend the conference at the end of this week. I think the resolutions will be further amplified.

The thing that I found in one of my positions, I worked for Seniors, Inc. That was at the time of Senator Kennedy's hearings.

There was a woman who came forth who wanted to testify. She was advised to work by her physician; she was afraid if she did work she would be thrown out of her social security benefits. She knew that once she was thrown out, even though by law she would come back, the in-between time would be a very difficult time for her. She elected to stay on the social security rolls and gave up the possibility of working.

That was a very bad decision in one way. In another way she had to safeguard her income. But there are some people who are not even part of the social security system. There are many homemakers who haven't paid in any amounts at all. They are the ones really who either say they don't want to work because they have tried to find a job and have been turned down; they are very unsure of their skills; they really have lost the ability to sell themselves, and I think that because—you have only to look at the aging—jobs in the field of aging. Most of them, at least in Denver, are being filled by younger people.

The very able people, to be sure, but I think that we older people can speak for ourselves and we can handle those jobs very ably, given the opportunity.

Mr. ROYBAL. May I say I agree with you wholeheartedly.

Ms. BOGRAD. Thank you.

Mr. ROYBAL. Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. I want to thank you for a very clear, concise and touching statement. I am sure you speak for literally thousands of people that are in similar circumstances.

I have always been for totally removing that income limitation in social security. I don't think it belongs there. I don't think we need to put any ceiling on earnings especially in these inflationary times when many people need to supplement their retirement income.

We appreciate your being here and giving us your testimony.

Ms. BOGRAD. Thank you very much, Mr. Hammerschmidt. I speak very personally because the job I am on will end at the end of this year.

I hope that I will be able to find another kind of employment. I will try very hard. It is going to be difficult, and I can see that for someone who possibly may be less aggressive than I, they would not pursue it to the extent that they need to.

It is a very difficult situation.

Mr. HAMMERSCHMIDT. I know you are speaking personally, but your situation is similar to that of many older persons. I could name 40 friends that are in about the same circumstance.

Ms. BOGRAD. I am sure.

Mr. HAMMERSCHMIDT. It is very meaningful testimony.

Mr. ROYBAL. Thank you.

Ms. BOGRAD. Thank you for your understanding.

Mr. ROYBAL. The next witness is Adrienne Casey.

**STATEMENT OF ADRIENNE PETTE CASEY, M.A.,  
GERONTOLOGIST, YORK STREET CENTER, DENVER, COLO.**

Ms. CASEY. I am Adrienne Casey. I am a counselor with the York Street Center. I am here to speak on behalf of the seniors in the Denver area about crime, the high rate of crime in this community.

I have worked with three types of crime in my center. One is the street crime which we all know about, and the other two types are parental abuse and husband and wife abuse.

We tend to think that when people reach an older age there is no more abuse because everybody is—the grandparent-looking, nobody is violent at that age.

I have seen many, many couples come in that were abusing each other. Many times it is based on maybe one of the partners is very ill and the other partner has the full responsibility of taking care of that sick person and maintaining the home, taking care of themselves, and they might be ill also.

There needs to be some services to help both of these people maintain a healthy life, so that neither one of them needs to go to a nursing home.

Parental abuse is probably one of the worst types of victims that I see. I have seen elderly people just beaten, literally, with bicycle spokes and hammers and metal bars and things. That is the kind of crime, I guess, we are just beginning to hear more about now, maybe because of the York Street Center people have a place to go.

We do provide legal services to help those people remove some way the abusing party.

Then, of course, the street crime. That is just rampant in our city. The point I want to make about that type of crime is that the victim is expected always to pay for any damage done to himself or his property.

The restitution—well, there isn't any or it is very, very limited. I am working with a woman now who was a victim of simple purse-snatching. Her medical bills came to \$14,000. Blue Cross and medicare and all that other combined only paid about \$13,000. She now owes \$1,000 at least, plus she had to spend 1 week in a nursing home—a month, rather—in a nursing home at her own expense. She is on a limited income. She is 80 years old.

I think we have to look at these problems of these people. They just cannot afford to be a victim in society.

Our center has very limited funds. We try to do what we can with that. We don't have any money for restitution at all. I just have some figures here that represent the moneys that are given to the criminal justice system in Denver.

For the police alone, \$45 million; for the jails, \$9 million; for the county courts, \$4 million; for the DA's office, \$2 million; for a total of about \$69 million.

The city of Denver has only given \$300,000 for victims.

Thank you.

[The prepared statement of Ms. Casey follows:]

PREPARED STATEMENT OF ADRIENNE PETTE CASEY, M.A., GERONTOLOGIST, YORK STREET CENTER, DENVER, COLO.

My name is Adrienne Pette Casey M.A. and I am a counselor with the York Street Center serving victims of crime and violence.

In my capacity as a counselor, I have for the last three years been involved with the Elderly of Denver who have been victims of violent crimes. There are three categories of crimes against persons that I will speak to in this paper. I will deal with each individually.

- A. Husband/wife abuse (physical and mental).
- B. Parental abuse.
- C. Street crime (simple crimes, ie burglary, etc.).

A. *Husband/wife abuse.*—This type of abuse may go either way, depending on who in the relationship is more dependent due to illness. These relationships may not have been violent when they were first entered into. However, as each partner becomes older one or both may become ill and less able to take care of the other him/her self. This situation feeds helplessness, great anxiety and finally uncontrollable frustration. Violence and/or psychological abuse can occur. Even suicide/homicide have resulted. Because of failing health and strength of the stronger partner, the care of the less able one becomes unbearable. The healthier person must deal with all situations alone, ie, medical appointments, money management and the personal care of the sick partner.

Solutions:

A. Service to these people based on need, rather than income. Needs might include, housekeeping chores, yard work, care for the sick person, transportation to various places *other* than medical, and *Patient Sitters* to allow the other person rest and recreation. Need should be determined by the couple and every effort should be made to meet these needs. Needs are not standard for all people.

B. Services that are now available don't cover the comprehensive needs of older couples.

C. Services provided today may and often do eliminate the marginal income person. This must not continue to happen.

D. For elderly victims, nursing homes should be a last resort, because services to maintain them often are inadequate. It is more cash effective to keep people out of nursing homes.

B. *Parental abuse.*—This category of crime (usually violent and causing damage to parents home and person) is far more widespread than is realized at present. It is also the most under reported crime due to its very personal and private nature.

In a study conducted through the University of Michigan, it was found that one in ten older people have been abused, neglected, or exploited. Through my own experience at the York Street Center, I have seen numerous elderly people that have been severely beaten and exploited by their children (children may be in their 50's). The problem often stems from a dysfunctional family, primarily that does not allow for discounting the problem. Often there is a substance abuse problem on the part of the child.

Solutions:

Agencies like the York Street Center are needed to provide emergency and long-term solutions.

A. Immediate legal services to help remove the abusive person.

B. Security locks on doors and windows to prevent re-entry at will of the abusive person.

C. Immediate and safe housing for the elderly victim, if the home where the abuse is occurring is not his/hers. Helps to obtain long term permanent housing other than *nursing home* care, may be necessary.

D. Counseling to help parent adjust to their new situation and to help eliminate the guilt and shame often associated with taking legal action against their child. Counseling is also important so that the client can make a rational decision and stick to that decision.

C. *Street crime.*—In the last couple of weeks, 2 elderly women were killed in senseless crimes. Street crime among the elderly is on the increase as more older persons are forced to live in the inner cities. News of these crimes tend to create a very high fear level in the older population whether they have been victimized or not. Their life styles are dramatically changed generally for the worse. They become isolated, withdrawn and fearful, leading to what is called "house arrest." Seniors serve no useful purpose to society in this state.

Crimes such as burglary, purse snatching etc., are referred to as simple crimes. I would like to state that these are not "simple" crimes because the resulting conditions of physical and mental damage are extensive. When an older person is beaten, knocked down or in some other way physically assaulted, he/she may be crippled for the rest of his life. Mental deterioration often results along with the physical damage.

Solutions:

A. Better medical coverage. Medicare only covers 2/3 of the expenses. The victim is responsible for all medical nursing home care or other services they need as a result of victimization.

B. Better safety measures in the buildings older people live in should be the responsibility of the apartment owners.

C. Funds should be available to help all older persons make their homes secure.

D. Education of the general public and the elderly regarding crimes and how to prevent them.

E. Restitution should be available to all victims. Those on limited incomes can never replace the T.V., radio or other objects that are stolen. Loss of these items creates a barren existence for a majority of victims. Money to help a person get through the month till their next check arrives. Often when older persons are robbed it is at the beginning of the month and they then have no funds to pay rent, buy food and pay their other expenses.

F. Areas where there is a high concentration of elderly should be better lighted and patrolled more by the police.

G. Sentencing of offenders needs to be stricter because although the crime may be simple, the long term effect on older people is long lasting and recovery for this age group is slow.

In closing I would like to express my hope that more consideration would be given the victim. Funds necessary to help cover cost to victims is greatly needed. More agencies such as the York Street Center should be funded so they can provide legal services, counseling, emergency repairs and locks and also temporary housing to older people in need. We need a comprehensive plan to meet the needs of victims based on need rather than income level or other criteria established by regulations.

In the city of Denver, \$61,950,500 is provided for offenders while \$300,000 annually is provided for all victims regardless of age.

Mr. ROYBAL. Thank you, Ms. Casey.

I was particularly interested in your reference to the crime in the streets. This committee has had hearings on crime and victimization of senior citizens. In one particular instance, we spent about 6 hours looking into this subject matter.

They were the saddest 6 hours I have ever spent because the testimony came directly from those people that had been victimized; the stealing, for example, of their money after they go to the bank to cash their social security check. On the way home their purse is snatched or their money is taken away from them; they get hurt.

These people have been taken to the hospital after such an encounter. The hearing that we held in Washington, D.C., provided a great deal of information, but also focused, I believe, on what the police department was or was not doing.

I know that one is sometimes critical of the police department. I am sure they do the very best job that they possibly can in most instances.

What is the situation here locally? Is there some cooperation between an agency such as yours and the police department when it comes to victimization of senior citizens?

Ms. CASEY. Yes; we do work closely with the police. They refer to us every chance they get. We too can call them.

I would say our relationship with the police is very good in this town.

Mr. ROYBAL. I would like to point to the fact that there are two bills in the House at the present time, H.R. 1128 and H.R. 1126. H.R. 1128 provides grants to States for the payment of compensation to certain elderly individuals who are injured by criminal acts and who suffer property loss. The situation you described would be helped if the bill is passed.

The next one, H.R. 1126, provides for assistance for the installation of security devices in the residences of elderly persons. Again, this is all to the good if it passes.

The best thing, of course, is to try to prevent the crime.

Ms. CASEY. Right.

Thank you.

Mr. ROYBAL. Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. I want to thank you for your testimony and to mention to you that there are moneys available for certain specially designed projects which you might want to think about.

Comprehensive hearings were held by Chairman Roybal for almost 2 years and a comprehensive report on elderly crime victimization, which I would recommend to you, was compiled.

The report might be helpful to you in submitting an application. There is also a national resource center that supplies information to organizations that are trying to start crime prevention or victim assistance projects.

Pat Schroeder or her staff will get to you the names of some sources that would be helpful to you if you have this interest.

Ms. CASEY. Thank you.

Mr. ROYBAL. The Chair recognizes Pat Schroeder.

Mrs. SCHROEDER. Well, Adrian, I just want to thank you for your testimony and help. I know you have been doing a valiant job down there with nickels and dimes and chewing gum and paper clips.

I think the real trick is we still haven't found a way to prevent this type of thing from going on. That is going to be the hardest of all, the prevention is really one of the hardest things we have got going. Somehow we will all keep working on that.

Thank you.

Mr. ROYBAL. Thank you very much.

The next witness is Father Madden.

#### STATEMENT OF FATHER DECLAN MADDEN, DENVER, COLO.

Father MADDEN. Gentlemen, if I may say here a moment, Pat, these fine people here, as a way of introduction—and I am sure you are just eager to hear—my name is Declan Madden. I am a Catholic priest ordained, believe it or not from appearances, 35 years.

It is hard to believe it, but I find that in speaking at such a hearing as this, I find two things that I have against them. The first thing is this: That I have listened since this afternoon began to a great many ideas, and after listening and trying to absorb, I find that my head begins to swim a little bit; my eyes grow heavy; and, as hard as I try, my head nods, nods just a little bit.

I feel that part-way through, just about now, that part of my anatomy is welded to these chairs. They are very functional, but they are hard, and the second thing that I have against such hearings is that this is well set up. I like the idea of sitting here and looking at a very eminent panel, and yet I have to turn my back on many people, and I am not used to doing that, because if I can get a number of people to listen to me, I have a captive audience, and I like to look at them, too.

The first part of the thing that I have against hearings, the anatomy becoming welded to the chair, if you feel that way, could you squirm around a little bit and get comfortable, because I am going to take from now on—I am going to take exactly 8½ minutes of presentation, so get comfortable, because I would like you to listen.

Gentlemen, and Mrs. Schroeder, would it be all right with you if I stood here and tried to address all at once?

Mr. ROYBAL. Proceed in any manner that you may desire.

Father MADDEN. Thank you.

One year ago, I attended gerontology classes at the University of Denver. A special speaker, Donna Swanson, read a poem that she had written. Mrs. Swanson today is 93 years old, very articulate, and that woman can write. On that day, she read this poem, and I would like to read it now, and, I hope, with one part of the feeling—the heart—that she put into it.

This is what she said, this woman of 93, standing in front of a large group of students. She said:

God, my hands are old; I've never said that out loud before, but they are. I was so proud of them once; they were soft, like the velvet smoothness of a firm ripe peach. Now the softness is more like wornout sheets or withered leaves. When did these slender, graceful hands become narrowed, shrunken claws? When, God, when?

They lie in my lap, naked reminders of this wornout body that served me too well. How long has it been since someone touched me? Twenty years? Twenty years I have been a widow, respected, smiled at, but never touched; never held so close that loneliness was blocked out.

I remember how my mother used to hold me when I was hurt in spirit or in flesh. She would gather me close and stroke my silky hair and caress my back with her warm hand.

God, I'm so lonely. I remember the first beau who ever kissed me. We were both so new at that—the taste of young lips and popcorn and the feelings inside of mysteries to come. I remember Hank and the babies. How else can I remember them but together? Out of the fumbling, awkward attempts of new love came these babies, and as they grew old, so did our love. My body faded and thickened a little. He still loved it and touched it, and we didn't mind if we were no longer beautiful; and the children hugged me a lot. God, I'm so lonely.

The children do their duty. They drive up in their nice cars; they come to my room; they pay their respects; they chatter brightly; they reminisce, but they don't touch me. They call me Mom, or Mother, or Grandma, but never Minnie. My mother called me Minnie; so did my friends. Hank called me Minnie, too. But they're gone, and so is Minnie. Only Grandma is here; and, God, she's lonely.

I chose this poem for a shock value. Why? What has the loneliness of an old woman have to do with the hearings that we are having here today? Aren't we here as a group of people representing many, many different ideas and areas? Aren't we here to listen, to probe the needs of the elderly so that we can come up with something concrete to meet those needs?

Ladies and gentlemen, this, I think, is the problem. Loneliness, a sense of uselessness, the feeling that nobody really cares. These are the pathetic, inaudible cries of too many of our elderly people. You have listened to all or many of the facets of the needy and the needs of the elderly today. I sat there and listened to them—also to requests, accusations, errors—and it brings out in my mind the validity of what I say now.

I have listened to excellent comment by these gentlemen here. I have heard good questions addressed by them to the speaker because all are dealing with concrete, everyday things, but what I offer you is a challenge that can't be legislated.

What I think and what I see today is the need to change the attitude of people, and if you want a challenge, take that up and run with it—an attitudinal change of the society of people, you and me, of people toward the elderly and of elderly toward themselves.

We must meet the basic needs of people, calm the basic fears, or I feel, and I fear, we may have a financially secure people, well fed, well transported, well housed, but emotionally starved.

I say we meet the basic needs of people. What are they? These are ones that I have drawn from every source I can find, and I ask you to listen and look upon these as the needs of the elderly, but I

would ask you to listen and in your own mind say, don't I try to follow and answer these needs in everything I do everyday?

Basic needs: The need to love and be loved; the need to be loved and needed; the need to love. Let me amend that. The need to love is the first one. The need to love, to be loved, and needed. A need for security. A need for creativity; the need to experience something new. A need for dignity, which means the recognition by others and personal self-esteem.

Basic fears—theirs, mine, yours—that the years after retirement will be empty and without work; the fear of the inability to care for one's self because of age or infirmity; senility; the loss of family and friends; loneliness; feeling unnecessary and unwanted.

I feel that unless we meet these needs, unless we change the attitudes of people toward the elderly and the elderly toward themselves, we are going to fail. When we devise programs which say to the elderly, you tell us what you want and what you can do; when we devise programs that foster inner strength, that don't treat our people like children, then we will have produced people who can say, just to be is a blessing, just to live is holy.

We can legislate housing, and finance, and transportation, but you cannot legislate service and love. Even the Lord couldn't do it. He chipped away at Mount Sinai and on Mount Sinai, and he gave us law, and we have been chipping away at it ever since. I have given what I think are the basic needs and fears of the elderly—the needs and fears of you and of me. That's my answer to these hearings. That's my challenge.

Ladies and gentlemen, I believe that a man or woman produces only to the extent that he or she is respected, encouraged, morally supported, understood, and loved.

Thank you for listening.

Ladies and gentlemen, thank you.

I have a small brochure that lists some of these things in a very colorful and easy-to-read way. I left them back there guarded by the other minion from Erin Isle, Dennis Gallagher. If you let me get back to Dennis, I will get them.

Mr. ROYBAL. Thank you, Father Madden, for an excellent presentation.

The next witness is Henrietta Duty.

Mr. HAMMERSCHMIDT. May I comment just very briefly?

Mr. ROYBAL. You are recognized.

Mr. HAMMERSCHMIDT. Father Madden, I just want to say that we can't capture the dramatics, and that beautiful voice, but we do have your message of substance in that tape. I assure you that we are going to reread that, because I think it gets to the very basics that we came here to hear.

Father MADDEN. Thank you.

**STATEMENT OF HENRIETTA DUTY, VISTA VOLUNTEER,  
DENVER, COLO.**

Ms. DUTY. Good afternoon. I am Henrietta Duty. I came here today as a senior citizen, 69 years old. I am with the working group of senior citizens. I am a VISTA volunteer. I signed up for a year. I find that being a VISTA volunteer opens a lot of doors that you don't get into before.

The needs of the seniors, everybody is talking about—food, housing, and heat—we need all of those. We know that we need those. That is a must in order to live and to survive. What we need is to be like Father said, not treated like children. Don't put us in a room and then try to handfeed us and diaper us any more.

We need exercise; we need places of amusement—things to keep your mind going. The thing that I have often wondered about Denver, and I don't see it here, and I think it would be a wonderful thing, is a center for all seniors, not just ethnics, or this group, or the other group. A large center furnished by the Federal Government.

The Federal Government has land here, and if they would put a center in there with swimming and saunas and exercise rooms, a room for people to play cards and meet with their friends, picnic grounds, outdoor entertainment—they don't have any entertainment here. I don't find anything.

They have had some programs here that take a few groups to the circus or a few groups to the park, a few groups out to Lakeside, a few groups out to the Gardens; the others are left alone. Some of those people, most of them, live in high-rises, condominiums. Like me, I live at home by myself. There are a lot of people that live at home by themselves that are senior citizens. They try to survive; they want to stay at home by themselves. They don't have friends or neighbors that they associate with. I don't have many friends here.

This is my home. I left here several years ago and came back 14 years ago. The people that I knew and went to school with, most of them are gone. Those others are dying off day by day since I have been home. That leaves me kind of out in the wilderness roaming around. The people I am meeting now are new friends, new neighbors, new people. They are still not filling the gap that Father sees of that contact.

I think what we need, really and truly, if we really got down to basics, that is the thing that would set everything right. Start with the younger people; train them. I mean, they come up and they say that they respect senior citizens and their elders. They do not. They are not trained that way. That is where the big crime is. It is not elderly people on the street committing crimes against elderly people. It is juveniles and young people on the street committing crimes against elderly people.

If we could overcome that, and there is a way to overcome it, because they don't train them in the schools; they don't train them in the homes; they don't train them in the churches. There has to be some sort of program set up to combat that. There should be a program set up to help the senior citizens to find entertainment, to find work if they want. Some of them would like to work. Some of them can't work, because when they stop working, they have nothing to go on. They don't continue.

Myself, I stopped working when I was 65, but I have worked in the political field, and I have done odd, odd jobs—babysitting—and just keep going—now in this VISTA, for 1 year, well, they want me to sign up for another year. I don't know whether I will be able to or not. That is about all that I can say to you people. I don't have

big statistics or anything like that, because I am not in any of the Federal programs. I am just a senior citizen out here getting along.

Mr. ROYBAL. The one question that I would like to ask is with regard to this large senior citizen center that you described as you addressed the committee. If I understand it correctly, this would be a multipurpose center constructed on Government land?

Ms. DUTY. Yes. The Government could put offices in there if they wanted. They could make it so they could move some of their offices that they have scattered around, like for stamps, food stamps, different things like that, and have an exercise room in there. Just a nice big place, convenient. People will get out. Senior citizens can find ways to transport themselves if there is something really good for them to go to. There is nothing good for them to go to, so they don't try. They can get together and find somewhere to go.

Mr. ROYBAL. Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. Ms. Duty, you brought us a very clear message. We appreciate your being here. Thank you.

Mr. ROYBAL. Mrs. Schroeder?

Mrs. SCHROEDER. Thank you.

I just want to add my thanks for your coming and helping. You are great.

Ms. DUTY. Thank you.

Mr. ROYBAL. The next witnesses are Bob Robinson and Bob Hubbard.

**STATEMENTS OF ROBERT B. ROBINSON, DIRECTOR, AND ROBERT D. HUBBARD, PRESIDENT, COLORADO SENIOR LOBBY, DENVER, COLO.**

Mr. ROBINSON. Thank you very much, Mr. Chairman, Mr. Hammerschmidt, and Mrs. Schroeder. I am Robert B. Robinson. I am the director of the newly formed Colorado Senior Lobby. I am accompanied by Mr. Robert Hubbard, currently or actually the president of the lobby. We say currently because we are having an election on Wednesday.

Over the past 16 years, we have had the pleasure of periodically attending hearings conducted by committees from both the Senate and the House, and the subjects covered many areas, including long-term care facilities, the rural elderly, employment, flextime, and, in 1975, one on problems of the elderly in Colorado; so it is appropriate for your committee to be back again exploring the problems of the Denver elderly.

I am not going to read the whole statement. It is short. The day is long. There are a couple of comments I would like to make.

In 1975, Mrs. Schroeder testified before the committee about the many problems facing our aged and she went on to add, and I quote, "With the exception of pension reform, whose major benefits will not be felt for some years, and which does nothing for present retirees, the recommendations of the (1971) Conference on Aging have been typically consigned to oblivion." I regret to say that with the exception of the nutrition program, this is still too true.

I am also extremely disappointed to see that despite the fact we have talked to Congresswoman Schroeder and our other Congresspersons in the State that there is still no member of the Select

Committee on Aging in the House—and I see that Congresswoman Schroeder is smiling, because she has heard this from me several times—no member of the select committee in the Rocky Mountain States, that is, New Mexico, Arizona, Colorado, Utah, Wyoming, Montana, and Idaho. Yet we feel we are a very significant portion of the elderly population in the country.

I am going to, with your permission, take the rest of my time and turn it over to Mr. Hubbard.

[The prepared statement of Mr. Robinson follows:]

PREPARED STATEMENT OF ROBERT B. ROBINSON, DIRECTOR, COLORADO SENIOR LOBBY, DENVER, COLO.

Thank you Mr. Chairman and Congressman Hammerschmidt, my name is Robert B. Robinson, and I am the director of the newly formed Colorado Senior Lobby. I am accompanied by Mr. Robert D. Hubbard, currently the President of the Lobby.

Over the past sixteen years we have had the pleasure of periodically attending hearings conducted by committees from both the Senate and the House, and the subjects covered many areas including long term care facilities, the rural elderly, employment, flextime, and in 1975, one on Problems of the Elderly in Colorado, so it is appropriate for your committee to be back again exploring the Problems of the Denver Elderly.

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As you have heard from previous witnesses, much has been done. The city and county of Denver has expanded its center program and through its Commission on Aging, has taken leadership in providing services and programs for the elderly, but there is still much left to be done. Transportation for the elderly to medical and other facilities is threatened because of reduced support and this must be corrected so that they will not suffer unduly.

You have heard a great deal about housing in the morning session and other issues which will be considered in the Governor's Conference, which is a Colorado preliminary to the 1981 White House Conference on Aging. Some of these Mr. Hubbard will refer to and with your permission I would like to turn over the rest of our time to him.

Thank you.

Mr. ROYBAL. Mr. Hubbard, will you proceed?

STATEMENT OF ROBERT D. HUBBARD

Mr. HUBBARD. Thank you, Chairman Roybal, Mr. Hammerschmidt, Mrs. Schroeder.

I am Robert Hubbard. I am president of the Colorado Senior Lobby and chairman of the legislative committee of the Jefferson County Council on Aging on the West Side of the Denver metropolitan area.

The Colorado Senior Lobby is new and growing statewide. It is concerned with both Federal and State legislation that affects the quality of life of older Coloradans. Since 52 percent of persons over 60 in the State live in the eight-county Denver area, I welcome the opportunity to testify here today on problems of the elderly in the Denver area and to include some recommendations for their solution or alleviation.

Last April, as a senior intern, I attended a hearing in Washington of the Select Committee on Aging and met for an hour with the committee's chief investigator. The committee's work is wide in scope and high in quality. I was much impressed, as well as informed, on some of the problems.

The regional conference on aging of the eight-county Denver area passed 99 resolutions on August 26. The Governor's Conference on Aging meets October 9-11. Copies of the reports of these conferences will be provided to you. These reports are quite comprehensive, so I will limit my remarks to broad concerns that affect the elderly in this area and throughout the State.

First, too many of the elderly face the future with fear, fear of being alone, fear of having to move, fear of attack on the streets, and fear of medical costs. Most widespread are the fear of inflation and the fear of national and State governmental attacks on their sources of income and on services now available to them. I hate to start on such a negative note as fear. But it is there and it is real.

In 1975, Congresswoman Schroeder testified here in Denver before another subcommittee of the Select Committee on Aging. After citing some statistics, she concluded that "over 5 million women in the country are old and alone, and about half that number are also living their last years in poverty—and very few have enough for more than the necessities of life."

The new census figures will almost certainly show more women over 65 alone and more under the poverty line. About 12,000 of these are in the Denver area.

Many of these women suffer not only from inflation but also from inequities of social security and from being unable to share in the annuities and pensions of their ex-husbands.

Dr. Edith Sherman, director of the Gerontological Institute of the University of Denver, said that the issues of economic security and employment are "the most critical and important being raised at the (regional) conference."

"The economic stability and level of older people," she added, "pretty much determines the amount of independence they have."

"Legislative changes," she continued, "must be made to guarantee that if we're going to have inflation, these people will have their share of the pie in the economic sky."

There are threats in Congress, however, to the maintenance at present levels of social security, medicare, medicaid, supplemental security income, and Federal annuities, both civil and military. Also, there are threats, momentarily blocked, to add withholding taxes on social security income, on stock and bond dividends, and on interest received on savings.

I recommend that the Congress maintain, with no cuts, the real income payments cited above and that it refrain from adding or raising taxes that would be particularly hard on the elderly.

The maintenance of Federal, State, and local services to the elderly is also threatened in Congress, which now largely foots the bills. Efforts to balance the Federal budget while making a big boost for the military and proposing large tax cuts are leading Congressmen to reduce their support of these programs and also to reduce revenue-sharing funds.

I recommend that Federal funding of services to the elderly be maintained with appropriate increases for inflation.

"The delivery of services to the elderly at the local level is the biggest public administration problem in the country today," Dr. Michael March has told me. Dr. March is now a professor at the

University of Colorado after many years with the Office of Management and Budget in Washington.

The many local offices present a bewildering maze to the elderly who needs help. They are largely uncoordinated. They operate under many different laws, regulations, and with funding administered by or through many layers of government.

A woman in Boulder, widowed at 60 with scant and diminishing income, no marketable skills, filled out 89 pages of forms in applying for help she desperately needed—89 pages; 5 months in a row, she filled out completely a 4-page form for food stamps. Then she visited many dispersed offices by bus and walking with an arthritic knee or by getting rides with friends. Only the help of a knowledgeable and persistent friend kept her from giving up. It sometimes appears that those most in need of help are often the least able to get it.

The many dedicated persons providing services directly to the elderly are also frustrated by the lack of coordination. The system, if it can be called that, is inefficient and wasteful. The lack of coordination starts in Washington, where many departments, agencies, and congressional committees and subcommittees deal with programs affecting seniors. I know from your materials back there on the select committee, there are many different committees that all have their part in legislation affecting the elderly.

What can be done? Here are some recommendations that can help:

One, aim toward one-stop service readily available to seniors. Jefferson County Seniors' Resource Center approaches this goal under a county council on aging, whose members are all 55 or over. I think this is unique in the country. It reminds me of an old management saying: "The experts should be on tap, not on top."

Two, provide financial inducements in appropriations to move closer to one-stop service and authorize needed flexibility so that present laws, regulations, and agency instructions cannot entrench the status quo.

Three, see that an increasing share of each dollar appropriated for seniors actually gets to them in direct payments or in direct delivery of services. In this way the share of each dollar now going into administrative expenses in the many levels of bureaucracy will decrease. There needs to be less paperwork that involves too many people, delays action, and wastes money.

As an old Federal employee through many years, in the Pentagon and elsewhere, Washington and Denver, I am familiar with the excess amount of paperwork in all of these agencies and with the excess number of people who often have to get in and approve everything.

One final point: An affirmative action program is needed so that all organizations that provide services to older persons and are at least partly funded with tax money would be required to employ older persons to the extent possible. Flexibility in hours should be provided, and use of volunteers increased.

I am sure there are many volunteers available, many more than have been found through the RSVP program, who have good health and capability and can do a lot in the local programs.

Thank you for holding this hearing here and for letting me talk.

Mr. ROYBAL. Thank you, Mr. Hubbard, for some excellent recommendations. I would like to assure you that even though we do have rumors emanating from Washington, D.C.—too many of them, in fact—no rumor is going to reduce the support of this committee for programs for the elderly. That assurance you can have from each member of the subcommittee and the members of the full committee.

Mr. HUBBARD. That is good to hear.

Mr. ROYBAL. May I state that one of the recommendations I was hoping you would make is that we set within the Federal Government a Secretary on Aging. That recommendation has been made and was originally made at the first hearing we held some years ago, and every once in a while someone makes that recommendation again. What do you think of such a thing? Do you think we should have a Secretary of Aging so we can have a Department on Aging directly under a Secretary on a Cabinet level position?

Mr. HUBBARD. Personally, I can't quite see it at this time.

Mr. ROYBAL. All right. Can you tell me why?

Mr. HUBBARD. Well, for many years in the Government, also as a student of government and teaching public administration, we know that practically every interest group and pressure group in the country, wants their own department. The most recent example: We now have a Department of Education.

At various times in the history of the Federal Government, starting particularly with a study in 1937, there were moves toward consolidation, to have fewer departments and agencies directly under the President. So I would just hate to see, not necessarily a Secretary on Aging, but any new departments or agencies added to the terrific number already there.

Mr. ROYBAL. The reason I asked that question is because you made reference to the fact that this subcommittee, in addition to the full committee, deals with the problem of the agency, and there are many, many other committees of the House of Representatives that do the same thing. I thought that perhaps this would be a system of centralizing the powers under one particular group. You don't feel that that is a necessity, then? Do you think that the present system is better than any that can be devised by the two of us in the next 60 seconds?

Mr. HUBBARD. I can't say too much for the present system, but perhaps it is just that I never thought of having a Secretary of Aging. I had never heard the idea before, so my initial reaction was no.

Mr. ROYBAL. Mr. Robinson?

Mr. ROBINSON. May I comment, because I looked at this for a long time. I don't believe we need a Secretary, but I do believe we need a Commissioner on Aging who reports directly to the Secretary, which has been the intent of Congress as expressed in the Older Americans Act time and time again.

I believe that layer of obstruction between the Commissioner and the Secretary should be eliminated.

Mr. ROYBAL. Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. I want to thank Mr. Robinson and Mr. Hubbard for their fine testimony and just to repeat again, because there seems to be such undue apprehension out in the general

community, that we are not going to withhold taxes on social security income or stocks or bond dividends. I mentioned earlier this morning—some of you weren't here—that your own Congresswoman voted not to do that, as I think all of us did on this panel. We are not going to reduce social security net income, in my opinion. The only reason I am saying that again is that some people don't get the word. I continue to want to try to make that point. I don't think it is going to happen.

Mr. HUBBARD. I firmly agree with you and have right along. It is what I hear.

Mr. HAMMERSCHMIDT. I know. Thank you very much.

Mr. ROYBAL. Mrs. Schroeder?

Mrs. SCHROEDER. I want to thank these two, also. They have done a good job of putting together an excellent lobby. I think the Colorado Senior Lobby is something we really need. You are consolidating the power and bringing together all sorts of groups in speaking about these things. I think, being aware of the one-stop service, being aware of all the different things we really need to focus on, and how to make services not only how to fund them but how to make sure people can get them after we fund them is a very important part of the picture. Thanks for all of your work on that.

Mr. ROYBAL. Do you have a brochure, or something that can be made available to the committee describing your lobby?

Mr. HUBBARD. Very brief.

Mr. ROYBAL. We would appreciate receiving that.

Thank you very much for your excellent testimony.

Mr. HUBBARD. Thank you.

Mr. ROBINSON. Thank you.

Mr. ROYBAL. The next witness is Celia Taggerty.

**STATEMENT OF CELIA TAGGERTY, SENIOR AIDE, COLORADO  
CONGRESS FOR SENIOR ORGANIZATIONS, DENVER, COLO.**

Ms. TAGGERTY. I am a senior aide working for the Colorado Congress for Senior Organizations. As you know, we are a wonderful organization. I am a little prejudiced, but that is the way it is. Unfortunately, I have to talk about housing again, but I can't emphasize too much the importance of the housing.

In the past 9 years, I have watched Denver grow from a small town to the proportion of New York City, of which I am a former resident, my old home town, with the high rises, towering office buildings, and elaborate condominiums, truly a city in the throes of progress, but in the meantime, what is happening to the quality of the life of the low-income and fixed-income senior segments of the population?

I watched it. We work with it. That is how close we are. We try to help as much as we can. The older people, mostly, are being forced to evacuate their familiar surroundings, unable to pay the raised rentals, thus making way for the condominiums. Old hotels all over the city are being razed, ousting the older people living in them, and, as you know, shelter is a primary thing of life. They leave them; without shelter, there is uncertainty. Where do they go? What is going to happen to these people? They have no money, and why is this happening? Let's just think about it. We are

building very, very many more parking lots, taller office buildings; almost like in competition with the mountains of Colorado, it is just reaching, reaching, reaching.

True, some inroads have been made into housing. They have all seen the high rises, increased reasonably-priced apartments, but not really sufficient for the large numbers in need of them. I believe that the city, any city, should not expand at the expense of the residents, whether they are old or young. The older citizens are an important part of Denver, as Pat Schroeder knows. If we seniors are to stay—incidentally, I am an old, old senior—if we seniors are to stay and be self-sufficient, independent, and productive, we need real human services, not HEW business. We need—we don't need worries; we need deeds.

Another thing: It bothered me greatly about the social security. Why is it that people in my position—I am not an SSI; I am social security; I am working to supplement my income—why is it that thousands of people like me, why can't the dentists go on social—why can't we have, like the doctors, on social security? It is most important. Nobody ever thought of that. They just say, well, he is sick bodily, but everybody isn't sick bodily. Teeth decay; teeth have to be restored. Nobody ever in Congress ever thought of that. That is one question I have to ask you people.

Mr. ROYBAL. Do you have an answer?

Mrs. SCHROEDER. I think you mean like medicare?

Ms. TAGGERTY. Yes.

Mrs. SCHROEDER. Actually, they have thought of it. There have been intensive hearings. There have been bills to try to expand it for eyeglasses, hearing aids—which we finally made—for dental care, and so forth. The problem is getting the votes. I think you will find that those of us who are up here understand and have been supportive of the concept that health is a total picture; either your eyes, your ears, your teeth, and your body, your feet, podiatrists—the whole thing.

I think we all understand it. You still have to have 218 people go along with it. That has been a big problem, unfortunately. You are exactly right.

The other problem becomes one of economics. People start saying they don't want to spend the money. That is unfortunate.

Ms. TAGGERTY. That is a part of your physical being.

Mrs. SCHROEDER. That is right.

Ms. TAGGERTY. I can't go on SSI. People at my age keep working and working. We don't depend upon anybody. We still pay our taxes. We still pay our social security, and I can't see why just an ordinary thing like a dentist; forget about the feet.

Well, maybe I am—well, that has been bothering me a long time. I know—

Mrs. SCHROEDER. You are right. You are talking to the choir, I think, up here. I think every one of us are totally in concurrence on that. It is getting the others to go along.

Ms. TAGGERTY. If you can really, really—Colorado is a beautiful State—if you can really make it great by just helping the seniors. We are really a resourceful lot.

Mrs. SCHROEDER. That is right.

Ms. TAGGERTY. Even though I say so, myself.

Mrs. SCHROEDER. Well, you have proven the case.  
 Mr. ROYBAL. Thank you.  
 Mr. Hammerschmidt?  
 Mr. HAMMERSCHMIDT. Thank you, Ms. Taggerty.  
 Mr. ROYBAL. Thank you very much.  
 Ms. TAGGERTY. Thank you.  
 Mr. ROYBAL. The next witness is State Senator Dennis Gallagher.

**STATEMENT OF HON. DENNIS GALLAGHER, A SENATOR IN THE  
 LEGISLATURE OF THE STATE OF COLORADO**

Mr. GALLAGHER. I did not intend to say anything. I wrote it down so you can take it with you.

Thank you for listening to the problems of aging people in the State of Colorado.

I have prepared a page and a half here, and you can read it at your leisure. I hit many of the things that we talked about today which I heard discussed. One thing I would like to highlight is the idea of isolation which Father Madden and some of the others covered. This figure is startling: 70 percent of the women in Colorado—65 and above—live alone. Doesn't that make you stop and think about isolation a little bit, I hope it will.

Think of the rural areas, the vast rural areas of our State. You can go to some of these large counties and they are bigger than most of your States back East. Those people who live in that rural area have a very hard time getting to the town for the nutrition programs. There is double isolation for Spanish-surnamed people who only speak Spanish, in those rural areas. And that's not to say that there isn't additional isolation here in the city for other minority elderly in urban areas, over 50 percent of whom live right here in this Denver metropolitan area, as was already mentioned.

To say anything else would be repetitive. Again, thank you for being here with us to let us share our thoughts with you.

Mr. ROYBAL. Thank you, Senator. We are glad to have you on our side.

Without objection, his written statement will be included in the record at this point.

[The prepared statement of Senator Gallagher follows:]

**PREPARED STATEMENT OF SENATOR DENNIS GALLAGHER, REPRESENTING DISTRICT 1,  
 NORTHWEST DENVER, COLO.**

I would like to share the following information with the Select Committee on Aging meeting in Denver today as the district which I represent in Northwest Denver has a very high percentage of older people. I told them that I would share many of their concerns with you today.

Housing in Denver is reaching a crisis stage for older people due to the increased number of apartments being converted to condominiums. In the past few years in Denver there have been over 5000 units converted to condominiums with 4000 units condominiumized last year alone. The waiting lists for apartments at senior residences are now counted in the years. The emergency housing for seniors at Marycrest convent in our neighborhood is forced to turn away many older people who have been condominiumized or forced out of apartments by increased and exorbitant rents. The legislature and Denver city council passed a measure requiring a 90 day notice whenever a unit would be condominiumized. The state legislature rejected a bill by State Senator Barbara Holme, (D-Denver) which would have set up a state rent supplement program for older persons. The legislature rejected a bill which I introduced to provide for increased funding of emergency housing for elderly apartment owners forced out of their units due to commercial development or increased rents.

The legislature has passed a state rent and property tax credit system which offers some assistance to older people whose incomes fall below \$7300 for a single person and \$10,800 for a couple. A utility grant is also offered to help seniors pay for increased costs of utilities. The rebates come a year after the older people have to come up with the money. Attempts at utility reform have been stifled by the powerful lobbyists from the utility companies. The state continues to subsidize the mismanagement of the utility companies in Colorado through the rebate system and prospects of reform seem dim.

Nursing home care continues to be a major concern in Colorado. The legislature has not increased state funding to match inflation. Legislators are not even sure that the money they appropriate to nursing homes ever actually gets to the patients. Turnover rates among workers, nurses and technicians at nursing homes in Colorado are very high. A bill was passed last year which allowed nursing homes in rural areas, counties with populations below 15,000, to drop a state requirement not included in the federal standards . . . that of a 24 hour registered nurse on duty at the home. The bill allowed homes to go to an 8 hour a day nurse. Options for creative ways to get nurses into rural areas have not been well received at our legislature.

The state has a dental assistance program which has just run out of money this month. Originally a pilot project, the program calls for a state payment of 80 percent of a prescribed fee to participating dentists. Seniors benefiting under the program would pay up to 20 percent. The legislature has annually underfunded the administration of the program as well as the program itself.

Perhaps the most disappointing loss which seniors faced during the last session was the defeat of the Audit Protective Services bill in the Republican majority caucus. At the end of the session the majority party members meet to prioritize the new programs for funding. For the second time, the majority caucus decided not to fund a protective services bill which only required a reporting mechanism for professionals involved with older persons to report suspected cases of abuse. The funding called for \$98,000. This funding did not receive enough votes to make the funding priority list for the last two sessions. We will try again on this issue.

Isolation is a problem in Colorado for the aging population. Social isolation in the urban areas is dramatized by the fact that over 70 percent of the women in Colorado 65+ live alone. Further isolation is seen in Colorado's vast rural areas where senior living away from population centers have difficulty getting regular transportation to senior nutrition centers. Older Spanish-surnamed elderly face double isolation due to language barriers. The metropolitan Denver area contains over 50 percent of the minority elderly in Colorado.

So, in conclusion, the federal and state legislatures have much to do to help keep faith with this generation of older people who helped our nation through the tough times of war and depression. Thank you for coming to Colorado today to listen to our concerns.

Mr. ROYBAL. We have just a few minutes in which we usually open up the hearing for what we call a 1-minute statement. This is done in the House of Representatives, where we can get up at any time at the very beginning of the session and speak for 1 minute on any subject.

Now, when we say 1 minute, we mean 60 seconds. So the meeting is now open for 1-minute statements. Please stand, and if necessary, form a line. Begin by giving us your name and address. That 1 minute will start at the moment you finish giving us your address.

Will you be first?

**STATEMENT OF LUCILLE RICHARDSON, SENIOR AIDE,  
 COLORADO CONGRESS LOBBY, DENVER, COLO.**

Ms. RICHARDSON. My name is Lucille Richardson. I live at 3550 West 15th Avenue. I am a senior aide at the Colorado Congress Lobby. They have cut off transportation to the health centers and other agencies. After making calls one afternoon to various agencies, none was available for the people I had called for.

I live in a senior high rise. About 80 percent of our people are handicapped and not capable of going by public transportation. Going by public transportation to these other clinics in other various agencies is dangerous in high traffic areas. It is surprising to know that other agencies do not know that they exist.

There is no leadership and cooperation among the agencies. We have nothing. As Mr. Domingues stated, they are depending on those people that drive for these people to help agencies, to help them with their Spanish language, which was helping them at the West Side Clinic and to Denver General Hospital, which I think that we should get some transportation over there to help those people on the west side.

Mr. ROYBAL. Thank you very much.  
Next?

#### STATEMENT OF MARTHA HAMPTON, DENVER, COLO.

Ms. HAMPTON. I am Martha Hampton. I am a volunteer with several organizations. I am a member of the American Association of Retired People, and I go to the senior centers.

A lot of people have said today we don't have anything to do. First of all, if you want to know of something to do, subscribe to the senior edition. There is column after column of things for seniors to do. Most of them are free.

Senior centers have all sorts of recreation programs. Swimming, exercising, macrame classes, Spanish classes—just about anything you would want to do in the senior center, just about every day of the week.

If you want to volunteer, believe me, I have plenty for you to do. See me any time you want to volunteer for anything, and I will even give you my telephone number and some of the places I work.

Mr. ROYBAL. Thank you very much.

What is your address, Ms. Hampton?

Ms. HAMPTON. 1311 South Kenosha Court. If you want my telephone number, I would be glad to give that.

Mr. ROYBAL. I haven't received a telephone number from a good-looking woman for a long time. Please give it to me.

Ms. HAMPTON. The number is 935-5564. One of the volunteers where I work is 922-8173.

Mr. ROYBAL. Is there anyone else who would like to make a 1-minute statement?

#### STATEMENT OF CINDY ALDRICH, SENIORS INC., DENVER, COLO.

Ms. ALDRICH. I am Cindy Aldrich. I work at Seniors, Inc., with the old age dental program. We were allotted \$93,000 for the fiscal year until July of next year. At this point, the old age pensioners' dental program provides dentures and dental care for those people in Colorado receiving old age pensions. We have gone through \$45,000 for dentures and will probably be out of money by the end of November. The program is supposed to be lasting an entire year. The need is great, but the amount of money that we are receiving is not enough to provide for the need. Last year, we ran out of money in March and we had 230 people on the waiting list by July of this year. So between November of this year and July of next,

we are going to have a considerable amount of people that are not receiving the dental and denture care that they need.

Mr. ROYBAL. May we have your address, please?

Ms. ALDRICH. Work or home?

Mr. ROYBAL. Work is fine.

Ms. ALDRICH. 1420 Ogden, in Denver.

Mr. ROBINSON. May I add one statement? In the discussion on crime, I meant to refer to yesterday's Denver Post, the empire section, which has an excellent article on the problems in the metropolitan area, and I commend it for your consideration.

Mr. ROYBAL. Thank you, sir.

Anyone else who wishes to make a 1-minute statement?

Then the Chair will yield to members of the panel. We won't give them 1 minute; we will give them 30 seconds.

Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. Mr. Chairman, I am just delighted to be here. I won't take but 10 of those seconds. Thank you so much. Thanks to our witnesses.

Mr. ROYBAL. Thank you.

Mrs. Schroeder?

Mrs. SCHROEDER. I want to thank the two of you. I know how busy it is. You have your own campaigns, your own districts to worry about. I think it is a real tribute to the Committee on Aging that they take the time, come out, spend the time listening; but we really do want input at the grassroots level and not just people who can afford an airline ticket to Washington to come testify. I really want to thank them for coming out and doing this.

I thank the witnesses for coming and sharing with us.

Mr. ROYBAL. I would like to thank Mrs. Schroeder for insisting—not just inviting us—to come to Denver. We have had a good hearing, good testimony. The record will be open for 30 days for anyone that would like to submit further testimony or fill out this sheet in which you can make some recommendations. Write whatever you want to the committee, and it will become part of the record.

After the record is completed, it will be properly prepared, and be made available to anyone who requests it.

Mrs. Schroeder's office may be called after the report is ready, and she will have available copies of that report for members of her district.

I thank Mrs. Schroeder, and thank each and every one of the witnesses and those of you who were here to listen to this testimony. Thank you very much for your contribution.

If there is nothing else then, the committee now is adjourned.  
[Whereupon, at 3:20 p.m., the hearing was adjourned.]

## APPENDIX

### PREPARED STATEMENT OF PATSY BURNIECE, CONSULTANT, SWEDISH/CORONA COOPERATIVE, ENGLEWOOD, COLO.

Mr. Chairman, Members of the Sub-Committee, Ladies and Gentlemen, my name is Patsy Burniece. I am from Minneapolis, Minn., and represent the Ebenezer Society, a non-profit multi-level geriatric service center sponsoring programs and facilities to meet the needs of approximately 3000 older people. I am a consultant working with Swedish Medical Center and Corona Associates, who have formed the Swedish-Corona Housing Corporation, developed to sponsor cooperative housing here in Englewood, Colorado for persons 62 and older.

My testimony today will concentrate on cooperative housing as an alternative living arrangement for older persons capable of independent, active living and wishing to maintain maximum control over their lives.

The history of cooperative housing in this country began with private developers on the east coast with the first project being completed in 1927, sponsored by the Amalgamated Clothing Workers.

Cooperative housing suffered a recession along with the rest of the nation during the 30's. However, in the 50's the industry experienced a great resurgence with the emergence of HUD insurance programs for cooperatives. On the tail of the boom came the great upsurge of condominiums, and again the co-op flame flickered while private developers moved in droves to the condo development market.

Co-ops are again experiencing a revitalization . . . for younger people who more and more are finding themselves priced out of the traditional housing market, and for older people who desire the benefits of ownership but wish to minimize the physical and financial strain of maintaining a large single family dwelling.

I thought it might be helpful today to look briefly at what co-op housing is and what some of the benefits are, especially for older people.

I would also like to introduce at this time Dr. Helen Brush. The Brushes have been intimately involved with the Corona Court project since its inception and will be glad to answer any specific questions you may have regarding that project.

What do we mean by Co-op Housing? Strictly speaking, co-operative housing is consumer oriented and directed housing. The consumers organize themselves, own shares in a common project, and together direct the on-going management of the project. In return for their involvement, the consumers realize two primary benefits:

1. A non-speculative, owner occupied housing option delivered to them essentially at cost.

2. Continued control over the operation of the project and its costs.

There are many types of co-ops, private and public, with a variety of financing mechanisms employed to make the project a reality. I am going to concentrate on the HUD insured co-ops and specifically within HUD co-ops the pre-sale management type of co-op sponsored under what is known as the 213 program. I am the most familiar with this program as this is what Ebenezer sponsored at 7500 York in Edina, Minn., and it is also being proposed here in Colorado.

Although I will concentrate on pre-sale management types of co-ops, most co-ops, regardless of financing, have most of the following characteristics:

Cooperative housing is defined as a non-profit corporation composed of members who occupy units in the development owned by the cooperative. Each member of the co-op has the right to live in one of the units and has an equal voice with other members in the operation of the housing project.

Rather than owning his unit, each member owns a share of corporate stock, or membership certificate, representing the value of the unit the member occupies. Members do not incur any personal liability under the cooperative mortgage or mortgage note.

The by-laws of the cooperative govern the operation and guarantee democratic control by resident members. The by-laws define the structure of the corporation as well as the rights and obligations of its members. In addition, the by-laws stipulate the manner in which members are to be selected, the way in which membership

may be terminated, the method for electing the Board of Directors, and the extent of the Board's powers and duties.

Each member signs an occupancy agreement similar to a lease. In signing, the member agrees to abide by corporate by-laws and to pay the cooperative a monthly charge equal to his share of the sum required by the co-op to meet the expenses. The agreement states which repairs and maintenance the co-op will handle and which are the member's responsibility.

Down payments are based on the difference between the cooperative mortgage loan and the total cost of the development. The amount of the down payment will vary considerably with the size, type and location of the dwelling unit chosen.

The co-op usually has a thirty-day option to purchase the membership of any member who wishes to withdraw. If the co-op does not act on the option, the outgoing member may sell his membership on the open market. The new member in any event must be approved by the co-op.

Dwelling units may be in detached, semi-detached, townhouse or multi-family structures. Most developments contain recreational and community facilities for the use of residents.

Co-op housing developments may be designated as housing for elderly or families and may be subsidized or non-subsidized.

With cooperative housing there are many consumer benefits and safeguards to protect the resident. The benefits are:

1. *Tax advantages.*—Residents in a cooperative may deduct from income for Federal income tax purposes the member's share of real estate taxes and mortgage interest paid by the co-op.

2. *Absence of landlord profit.*—Members of co-ops are in effect their own landlord. The monthly housing cost does not include an allocation for landlord profit, which is, of course, included in the rent of most rental developments.

3. *Equity accrual.*—Equity accrual can be anticipated upon resale as with other forms of ownership.

4. *Reduced maintenance expenses.*—Experience has shown that owners take better care of property than tenants do. Accordingly, in co-ops maintenance costs are usually lower.

5. *Protection against rising costs.*—A housing cooperative is operated on a non-profit basis for the benefit of its members; thus, increase in monthly housing costs are limited to actual increases in operating expenses.

6. *Energy efficient.*—

7. *Involved citizenry.* Each member has a voice and a vote which count. Typically, members develop a feeling of self-respect and self-reliance as members of the community. Many residents serve on various committees which assists the Board of Directors broaden membership participation and provide useful services.

8. *Maximum control of environment.*—To quote Boris Sishkin, former Housing Committee Secretary of the AFL/CIO: "What brings people together and enables them to advance together in a cooperative is not only a better future but also their belief that by pooling their efforts, by working together rather than singly, in unity rather than in isolation, their accomplishments can be vastly greater."

9. *Support service.*—Many elderly co-ops have an added feature over condo or rental developments that involves a management team that understands and is sensitive to the changes and losses associated with aging, and develop programs that support the older person in an independent environment for as long as possible.

In closing, two caveats:

1. Not for all older people.

2. Not for all sponsors.

Must be able and willing to allow and encourage control of the facility to rest with the older people living in the facility.

The development of well planned cooperatives takes a great deal of time and effort and requires a level of political expertise and knowledge not possessed by all sponsors.

This development time and effort often requires large sums of start-up capital, which often does not get reimbursed to the sponsors until initial close of the project.

There is no profit set aside for sponsors which may deter some sponsors from becoming involved in this type of project.

PREPARED STATEMENT OF BYRON L. JOHNSON, DENVER, COLO.

Just 30 years ago, working with my colleagues at the University of Denver where I then taught, we organized and built the nation's first FHA-insured housing coop, 32 houses known as South Dahlia Lane. It has been successful, architecturally, financially, and sociologically.

Immediately thereafter, my attention turned to the possibility of using the cooperative, or trust, form of Federal mortgage insurance to provide housing that the elderly could afford, and in a manner that would preserve the independence of the elderly. So many facilities for the elderly deprive them of independence. We wanted to avoid this. I will insert into the record, if I may, the story of Kentucky Circle Village, as retold last year when they celebrated 20 years. In the course of organizing and building that, the first FHA-insured facility for the elderly, we helped to get the Federal housing for the elderly program on the statute books. But our successors did not achieve our low cost levels, of 148 units and community building for less than \$1 million, an average cost of \$6,500 per unit with mostly one and two bedroom units. That church-sponsored trust (initially a coop) nonetheless demonstrated that the independence of the elderly can be preserved longer with housing within their means and their energy levels.

As a nation, we face a growing number of elderly every day, until the year 2025. No matter how many housing units suited to the elderly we now have in place, we will need more tomorrow, and again the next day. Our sampling suggested that as many as 20% of the elderly would be better served if able to move into facilities built for them. And we believe that if they were in facilities that preserved independence, they would be less likely to need nursing home care, or hospitalization. This belief deserves independent verification, or disproof.

We found that the elderly want insulation, but not isolation, from babies that cry in the night, children who scream at play during the day, and from skateboards, bikes, trikes, wagons, etc.

In an ideal community, there would be an appropriate mix of all ages, but with play and recreation spots set aside that fit the different requirements for different levels of activity.

I commend to you the cooperative, or trust, as forms of organizing the production and management of housing that will assure that sense of community that favors integration, rather than segregation, by age as well as by race or income.

The tragedy of 45 years of Federal housing programs is that they have generally encouraged segregation by income, by family size, and by age for most of that time, even though for the past 32 years they have slowly moved away from segregation by race.

Building patterns in our cities will be changing. Higher energy costs and smaller family size are among the forces that encourage more high-density cluster housing settlements. These new clusters ought to be balanced for the long run, with suitable housing for all ages, all family sizes, and divergent income levels, so that people could remain comfortably within that settlement, even though they may "move up" from time to time, or, as they get older, "move down" from time to time. The tragedy of many present neighborhoods is that every unit is just like every other one. When personal or family needs change, one has to move out of the neighborhood. We need new options that avoid that necessity. When such a neighborhood is a cooperative, the member-tenants are more likely to know one another, to help one another, and to make the elderly tenants feel like part of an extended family. They provide a much higher sense of security, both physically and psychologically.

The government can encourage such cluster housing by suitable policies as to zoning and building codes at the local level, by having good state housing financing agencies at the state level, such as we have here in Colorado, and at the Federal level, by a number of useful steps: (1) FHA and VA policies that back away from the peas-in-a-pod style of neighborhood development and requires broader mix, (2) secondary financing that favors more inclusive communities, including elderly; (3) Technical assistance to non-profit groups seeking to create such communities; whether as new construction, rehabilitation, or redevelopment and urban renewals; (4) matching initial equity of such groups—perhaps with below market rate loans—to help them get projects initiated, (in cases where the group to be served are very low income, these ought to be urban development grants); (5) putting land under such projects, by long-term leaseholds of public property suitable to such use. And there may be a way to escape the trap of high interest rates (assuming we lack the sense to find better ways of fighting inflation than by fueling it with outrageously high interest rates). I refer to the use of "real value" mortgages at 3 or 4%, as in the old days, but allowing the remaining amount to be paid back, at the end of each year, to be increased by some suitable index—perhaps the consumer price index. At a low interest rate, many more families could qualify for housing without subsidy. The Government could use some of its own trust funds to make such loans, with the maintenance of value clauses—and it could give preference to cooperatives and trusts, or to non-profit sponsors of such coops, to simplify the administration of these loans.

I believe that there are many in the financial community who would soon be ready and willing to sign such mortgages from their own reserves, so that we could assure housing within the means of the elderly on pensions, so long as these pensions were also indexed.

In my travel through the rural areas of this state, I have been reminded that the small towns would like some attention to the construction of retirement housing settlements. Many elderly who have lived in the area want to stay there, but no suitable facilities exist. And they believe, rightly I think, that if they had such facilities, some elderly would return to these areas, and others would be attracted to them, for the life-style of the small rural village is very attractive to many older persons. Farmers Home Administration has helped build a few such projects. We need more of them.

Builders and developers of apartment complexes ought to be strongly encouraged by the Federal government, and required by the local governments, to include a suitable mix of small, low-cost housing units within the larger complex, so that elderly can enjoy some of the benefits of such units—and so that other residents will have grandmothers to serve as baby-sitters, etc.

When we began our study of housing the elderly, 30 years ago, it seemed clear to us that there was a spectrum of needs of the elderly.

1. A small number needed complete hospitalization,
2. A slightly larger number needed the fairly intensive care of a nursing home.
3. But many more needed housekeeping maintenance, and the availability of meal service (the old boarding home); and
4. Our immediate concern was to build housing for the many more who wanted to remain independent, within housing that fit their needs and incomes.

The events of the past 25 years have done such to provide hospital beds, nursing homes, and housing. But we have lost ground on facilities providing housekeeping maintenance. As a result, the Federal Government is spending outrageous sums of money to support people in high-daily-cost nursing homes simply because there is not an adequate opportunity to live in congregate homes as boarder-tenants. The old down-town hotels have been demolished in the name of urban renewal, driving many such tenants, especially older men, into slum housing. The widespread belief that neighborhoods should not be "sullied" by allowing diversity has caused neighborhood organizations to use zoning laws to dry-up the supply of boarding homes in residential neighborhoods.

Perhaps you can find ways to use Medicare and Medicaid funds to encourage the restoration and expansion of the supply of intermediate housing, which provides housekeeping services, and meal services, for persons otherwise in reasonable health, and wanting to preserve as much independence as possible as long as possible—and who desperately wish to escape the blight of loneliness in later years.

And if, in your consideration, you could encourage churches and other non-profit agencies to open more senior centers, for arts and crafts as well as games and sociability, you could realize that lovely goal "Add life to years, not just years to life"!

**END**