

**Hearing
Before the
United States
Commission on Civil Rights**

**AGE DISCRIMINATION IN
FEDERALLY-ASSISTED PROGRAMS**

**HEARING HELD IN
MIAMI,
FLORIDA**

AUGUST 22-23, 1977

VOLUME I: Testimony

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U. S. COMMISSION ON CIVIL RIGHTS

The United States Commission on Civil Rights is a temporary independent, bipartisan agency established by the Congress in 1957 to:

- Investigate complaints alleging denial of the right to vote by reason of race, color, religion, sex, or national origin, or by reason of fraudulent practices;
- Study and collect information concerning legal developments constituting a denial of equal protection of the laws under the Constitution because of race, color, religion, sex, or national origin, or in the administration of justice;
- Appraise Federal laws and policies with respect to the denial of equal protection of the laws because of race, color, religion, sex, or national origin, or in the administration of justice;
- Serve as a national clearinghouse for information concerning denials of equal protection of the laws because of race, color, religion, sex, or national origin; and
- Submit reports, findings, and recommendations to the President and Congress.

MEMBERS OF THE COMMISSION

Arthur S. Flemming, *Chairman*

Stephen Horn, *Vice Chairman*

Frankie M. Freeman

Manuel Ruiz, Jr.

Murray Saltzman

John A. Buggs, *Staff Director*

By the Older Americans Amendments of 1975, the U.S. Commission on Civil Rights was directed to: investigate unreasonable age discrimination in federally-assisted programs; report the findings of the investigation to Congress, the President, and affected Federal agencies; recommend statutory changes or administrative actions based on its findings; and draft general regulations for implementation of the Age Discrimination Act of 1975.

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UNITED STATES COMMISSION ON CIVIL RIGHTS

Morning Session, August 22, 1977

The U.S. Commission on Civil Rights met at 8:30 a.m. in the Dade County Courthouse, Miami, Florida, Arthur S. Flemming, Chairman, presiding.

Present: Arthur S. Flemming, Chairman; Frankie M. Freeman, Commissioner; Eileen Bradley, Director, Age Discrimination Study; Frederick Dorsey, Assistant General Counsel; and Gail Gerebenics, Staff Attorney.

Proceedings

CHAIRMAN FLEMMING. The clerks and the court reporter will please rise and remain standing until they have been sworn.

[The clerks and the court reporter were sworn.]

CHAIRMAN FLEMMING. I will now ask the hearing to come to order.

The United States Commission on Civil Rights is an independent, bipartisan agency of the United States Government, established by the Congress in 1957. It is responsible for investigating allegations that citizens are being deprived of their right to vote by reason of their race, color, religion, or national origin; for the study and collection of information regarding legal developments which constitute the denial of equal protection under the Constitution in such fields as voting, education, housing, employment, the use of public facilities, transportation, and the administration of justice; for appraising Federal policies and laws with respect to equal protection of the law; for serving as a national clearinghouse for information with respect to the denial of equal protection of the laws because of race, color, religion, sex, or national origin; and for investigating allegations of vote fraud in Federal elections.

The Age Discrimination Act of 1975 was enacted on November 28, 1975, as part of the Older Americans Amendments of 1975. The purpose of the act is to prohibit unreasonable discrimination on the basis of age in programs or activities receiving Federal funds. The act provides that no person in the United States shall, on the basis of age,

be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

The law specifies that this act shall become effective on January 1, 1979. During the interim, the Congress has directed the Commission on Civil Rights to conduct a study of unreasonable age discrimination in federally-funded programs. The age discrimination study is intended to uncover specific examples of instances where persons who are qualified in all other respects are excluded from full participation in these programs.

The act does not apply to programs or activities intended by Congress to benefit a particular age group, such as, for example, Head Start. It does not apply to those programs which necessarily take into account age or age-related characteristics, such as delinquency prevention or family planning efforts. With the exception of those programs funded under the Comprehensive Employment and Training Act [CETA], the Age Discrimination Act does not apply to employment practices.

The act charges this Commission to identify, with particularity, those programs and activities at the Federal, State, and local levels which receive Federal funds and which deny access to otherwise qualified individuals on the basis of age; to determine the nature, cause, scope, and extent of any finding of discrimination based upon age; to assess the reasonableness of the finding of discrimination; to elicit the views of interested parties—including Federal officials—on issues relating to age discrimination and the reasonableness of using age to distinguish among potential participants or beneficiaries; and, finally, to weigh the social, economic, and administrative consequences of alternative solutions to enforcing a ban on unreasonable age discrimination.

This Commission has been directed, under the law, to submit a report of its findings and recommendations for statutory and administrative changes and a set of general, recommended regulations for consideration by the President, the Congress, and affected Federal departments and agencies.

The act specifically directs this Commission, in carrying out its study, to hold public hearings and to seek the views of those administrators, consumers, and other interested parties involved in the implementation of federally-funded programs.

The hearings follow an extensive field review of eight federally-assisted programs; namely: the food stamp program, Medicaid, the community mental health centers program, the community health centers program, the vocational rehabilitation program, the social services program under Title XX of the Social Security Act, the legal services program. These programs were selected because they represent some of the more significant Federal initiatives in the areas of social and health services delivery, and they make up a large portion of the Federal, State, and local social and health services budget.

In addition, the Commission has looked into the field of education, emphasizing the admission policies of graduate institutions and professional schools, admission policies and financial aid procedures of undergraduate institutions, and targeting of appropriations at the elementary and secondary education levels.

Members of the Commission's staff have interviewed local administrators and service providers, State government administrators, and Federal regional office staff responsible for overseeing and enforcing implementation of programs, statutes, regulations, and policies. These interviews took place in six cities: San Antonio, Texas; Saint Louis, Missouri; Jackson, Mississippi; Seattle, Washington; Augusta, in the State of Maine; and in Chicago, Illinois. In addition, interviews were conducted in the six State capitals of which these cities are a part and also in the Federal regional offices which serve the States and cities in question.

In these interviews, the Commission focused on the steps involved in the process of deciding how to allocate funds and other resources among competing interests and whether, and to what extent, age was a factor in these decisions.

For our purposes, we have defined age discrimination as any act or failure to act or any law or policy which results in or constitutes unequal treatment on the basis of age. The field work, combined with inhouse policy and data analyses, has, in fact, identified widespread age discrimination.

The purpose of this hearing, then, is to build on and expand the body of information we have acquired from the field work; to receive testimony from persons who share responsibilities for the delivery of services, and who are in a position to explain the reasons for discriminating against potential clients, beneficiaries, or participants on the basis of age; and to solicit recommendations on suggested general regulations and Federal enforcement procedures to implement the act.

The session we begin today will be a public session. The witnesses whom we will hear today have been subpoenaed by the Commission, and the schedule, as you would note from the agenda, has been planned in advance; however, there will be a session at which persons who have not been subpoenaed, but who feel that they have relevant testimony, may appear and speak. This session is scheduled for Tuesday, August 23, 1977, between 4 and 5:30 p.m.

Persons who desire to appear at that session must contact the Commission's staff at the reception desk by 1 p.m., Tuesday, August 23. Staff members will briefly interview such persons before they appear to be sure that the testimony to be offered is relevant to the subject matter of this hearing, and that it does not tend to defame, degrade, or incriminate any persons. Persons will appear in the order in which they have signed up to testify. Each person will be allowed 5 minutes, until the time allotted for the open session is exhausted.

I think I should note that this is the third of the public hearings. One was held in San Francisco, California. Another was held a few weeks ago in Denver, Colorado. This hearing will be followed by a hearing by the full Commission in Washington, D.C., the latter part of this month.

As you will note, this hearing is being held by two members of the Commission. I am joined by my colleague, Commissioner Freeman. Under the law establishing the Commission on Civil Rights, we are authorized to hold two-member hearings, provided that both political parties are represented. The hearing in San Francisco was a two-member hearing, as was the hearing in Denver.

As required by law, notice of this hearing was published in the *Federal Register* on July 21, 1977. At this point, I will ask that a copy of this notice be introduced into this record as Exhibit No. 1.

Commissioner Freeman will now explain the rules that govern this hearing and that govern all of the public hearings that we hold in connection with the discharge of our duties and responsibilities.

Commissioner Freeman.

COMMISSIONER FREEMAN. Thank you, Chairman Flemming.

At the outset, I should emphasize that the observations that I am about to make on the Commission's rules constitute nothing more than brief summaries of the significant provisions. The rules themselves should be consulted for a fuller understanding. Staff members will be available to answer questions which arise during the course of the hearing.

In outlining the procedures which will govern the hearing, I think it is important to explain briefly a special Commission procedure for testimony or evidence which may tend to defame, degrade, or incriminate any person. Section 102-E of our statute provides, and I quote:

If the Commission determines that evidence or testimony at any hearing may tend to defame, degrade, or incriminate any persons, it shall receive such evidence or testimony in executive session. The Commission shall afford any person defamed, degraded, or incriminated by such evidence or testimony an opportunity to appear and be heard in executive session, with a reasonable number of additional witnesses requested by him or her, before deciding to use such evidence or testimony.

When we use the term executive session, we mean a session in which only the Commissioners are present, in contrast to sessions such as this one, to which the public is invited and present. In providing for an executive or closed session for testimony which may tend to defame, degrade, or incriminate any persons, Congress fully intended to give the fullest protection to individuals by affording them the opportunity to show why any testimony which might be damaging to them should not be presented in public. Congress also wished to

minimize damage to reputations as much as possible and to provide persons an opportunity to rebut unfounded charges before they were well publicized.

Therefore, the Commission when appropriate convenes in executive session prior to the receipt of anticipated defamatory testimony. Following the presentation of the testimony in executive session, and any statement in opposition to it, the Commissioners review the significance of the testimony and the merit of the opposition to it. In the event that we find the testimony to be of insufficient credibility, or the opposition to it to be of sufficient merit, we may refuse to hear certain witnesses, even though those witnesses have been subpoenaed to testify in open session.

An executive session is the only portion of a hearing which is not open to the public. The hearing which begins now is open to all, and the public is invited and urged to attend all of the open sessions.

All persons who are scheduled to appear who live or work in Florida, or within 50 miles of the hearing site, have been subpoenaed by the Commission. All testimony at the public sessions will be under oath and will be transcribed, verbatim, by the official reporter. Everyone who testified or submits data or evidence is entitled to obtain a copy of the transcript upon the payment of the proper costs. In addition, within 60 days after the close of the hearing, a person may ask to correct errors in the transcript of the hearing of his or her testimony. Such request will be granted only to make the transcript conform to testimony as presented at the hearing.

All witnesses are entitled to be accompanied and advised by counsel. After the witness has been questioned by the Commission, counsel may subject his or her client to reasonable examination, within the scope of the questions asked by the Commission. He or she may make objections on the record and argue briefly the basis for such objections.

Should any witness fail or refuse to follow any order by the Chairman, his or her behavior would be considered disorderly, and the matter would be referred to the United States Attorney for enforcement, pursuant to the Commission's statutory powers.

If the Commission determines that the testimony of any witness tends to defame, degrade, or incriminate any persons, that person, or his or her counsel, may submit written questions, which, in the discretion of the Commission, may be put to the witness. Such a person also has a right to request that witnesses be subpoenaed on his or her behalf.

All witnesses have the right to submit statements, prepared by themselves or others, for inclusion in the record, provided that they are submitted within the time required by the rules. Any person who has not been subpoenaed may be permitted, in the discretion of the Commission, to submit a written statement at this public hearing. Such statement will be reviewed by the members of the Commission and made a part of the record.

Witnesses at Commission hearings are protected by the provisions of Title 18, U.S. Code, section 1505, which makes it a crime to threaten, intimidate, or injure witnesses on account of their attendance at Government proceedings. The Commission should be immediately informed of any allegations relating to possible intimidation of witnesses. Let me emphasize that we consider this to be a very serious matter, and that we will do all in our power to protect witnesses who appear at the hearings.

Copies of the rules which govern this hearing may be secured from a member of the Commission's staff. Persons who have been subpoenaed have already been given their copies.

Finally, I should point out that these rules were drafted with the intent of assuring that Commission hearings will be conducted in a fair and impartial manner. In many cases, the Commission has gone significantly beyond congressional requirements in providing safeguards for witnesses and other persons. We have done this in the belief that useful facts can be developed best in an atmosphere of calm and objectivity.

This hearing will be in public session today and tomorrow. Both sessions will start at 8:30 a.m. Today, the hearing will adjourn at 5:30. We will have a lunch break—an hour's break for lunch—from 12:30 to 1:30.

On Tuesday, the final day of this hearing, we will be in session until 5:30 p.m. The time between 4 and 5:30 p.m. has been set aside for testimony from persons who have not been subpoenaed, but who wish to testify. As noted by Chairman Flemming, persons wishing to appear at that open session must contact members of the Commission's staff at the main desk outside of this hearing room before 1 p.m. Tuesday, tomorrow. Persons will appear in the order in which they have signed up to testify, and they will be allowed 5 minutes.

Thank you.

CHAIRMAN FLEMMING. Thank you very much, Commissioner Freeman.

At this time, it is going to be our privilege to listen to a number of statements by persons who are closely related to the issues that we are going to be considering and concerning which witnesses will offer testimony. I cannot begin to say how pleased we are that the first statement is going to be made by the Honorable Claude D. Pepper, a member of the United State House of Representatives and chairman of that body's Select Committee on Aging. As I personally think in terms of the outstanding service that Congressman Pepper has rendered this congressional district, this State, and our nation, I cannot help but feel that this service should serve as a model to any young person who is contemplating entering the public service.

Those of us who have been working in the field of aging are deeply indebted to Congressman Pepper for the kind of leadership that he has provided in the House of Representatives. Action has been taken by

the House of Representatives which has proven to be very, very beneficial to older persons, which would not have been taken if it had not been for the kind of vigorous, courageous leadership provided by Congressman Pepper.

The rules, as outlined by Commissioner Freeman, are rules which, of course, are based upon the law under which we operate. The law under which we operate is patterned very closely according to the rules that govern the proceedings of the House of Representatives and the proceedings of committees that function in behalf of the House of Representatives, so it seems to me that it is very, very appropriate that, at this time, we are going to listen to one of the leaders of the House of Representatives and one of the leaders in the field of aging. Congressman Pepper, we do appreciate your willingness to be with us this morning. We certainly look forward to hearing from you.

STATEMENT OF CLAUDE D. PEPPER, MEMBER, U.S. HOUSE OF REPRESENTATIVES

MR. PEPPER. Mr. Chairman and Commissioner Freeman. I am most grateful to you, Mr. Chairman, for your very generous and kind words of introduction. You are the best example that I know of, in our great country, of one who has passed the age of 65 and yet continues to do a magnificent job in the service of the people of our common country. We hope that your own illustrious example may contribute to others, similarly capacitated, to have an opportunity to enjoy the satisfaction of having rendered great service to their beloved country.

For too long, the elderly of this country have been treated as second-class citizens. Because I believe that age discrimination is as arbitrary and as odious as race discrimination and sex discrimination, I am pleased to testify before a commission chaired by the distinguished Dr. Arthur Flemming, who is both a close and admired personal friend and one of the most formidable leaders in the cause of the elderly in all of our land, and before his distinguished colleague, Commissioner Freeman.

It is particularly appropriate that the United States Civil Rights Commission has chosen to meet in Miami, and, on behalf of all of our people here, Mr. Chairman and Commissioner Freeman, I wish to express our very deep thanks that you have made this one of the four hearing sites that you have chosen in our country.

Approximately 1 out of every 10 persons in the United States is at least 65 years old. Approximately one in seven in Florida is 65 or older; in fact, Florida's 16.1 percent of the population over 65 is more than 3 percent higher than any other State in the Union, as you know. More than 220,000 elderly persons live in Dade County alone—our beloved county here—and that number is expected to rise to 323,000 by the year 1985. You and I will be here, Doctor, to check up on that, to see whether or not these figures work out as anticipated.

These persons—and all persons who plan one day to reach 65—share a concern about the subtle and insidious form of discrimination which punishes persons for reaching an arbitrary age. The Age Discrimination Act of 1975, which calls for the study you are conducting, must signal a national effort to eradicate discrimination against persons who by some arbitrary standard are “too old.”

In 1979 this important act will join the Age Discrimination in Employment Act in the battery of remedies and protections available to the elderly. However, by limiting the protection to persons between 40 and 65, the Age Discrimination in Employment Act has, in effect, sanctioned discrimination in employment against those 65 and over.

By the end of September, the House will have passed—we hope—my bill to extend the upper age limit in the act and signal the beginning of the end for all age-based discrimination in employment. [The legislation referred to, H.R. 5383, passed the House Sept. 23, 1977, by 359 to 4.] Our bill, as you know, eliminates a mandatory retirement entirely in Federal service, whatever the age of the individual may be, on the ground of age alone. In private industry—and I believe in the States and municipalities—it prohibits mandatory retirement under 70 years of age. We all hope that ageism will be eliminated very soon.

CHAIRMAN FLEMMING. May I interrupt to say that we are all deeply indebted to you for your leadership in connection with that bill.

MR. PEPPER. You have been most helpful.

CHAIRMAN FLEMMING. It has been one of the really exciting developments in the field of aging.

MR. PEPPER. We are very excited about the prospects. We expect to have our bill before the House. We requested the second week in September, immediately after our return from the recess, and I hope that we are going to do that.

Efforts to eradicate age discrimination are hampered by subtle and insidious stereotyping of the elderly; consequently, at first I was disappointed that the Civil Rights Commission's report on women and minorities in television devoted less than two columns of a 181-page report to the discussion of the treatment of the one minority which every person plans one day to join. However, when I consulted the distinguished chairman of this Commission, you told my staff last week that you were barred by law—ironically, the Civil Rights Act—from examining age discrimination in the report, because that was not covered in one of the protective categories—

COMMISSIONER FREEMAN. That is correct.

MR. PEPPER. —that the bill provides. What a tragedy, especially since I know of your—Mr. Chairman—deep commitment to the aging in your other job, as United States Commissioner on Aging, as well.

The civil rights law's omission of the elderly and the report's resulting treatment of the aging are symptomatic of the extent of the problem we are facing today. I think you may be sure that we will do everything we can in the Congress to amend the Civil Rights Act so

that the elderly will be given the same protection that other minority groups in the country are given, and then we will know that they will have the enthusiastic consideration of this distinguished Commission. The elderly are, too often, the forgotten minority; consequently, next year, when the Civil Rights Act is renewed, I intend to do everything possible to ensure that age is added to race and sex as explicitly prohibited reasons for discrimination.

The Civil Rights Commission's study examines the role of minority and female news correspondents and notes that their exclusion from network news suggests that minorities and women "may not matter." Unlike women and minorities, persons at age 65 are forced off the news programs by network policies of mandatory retirement. As a result, there are no persons over 65—male or female, black or white as reporters—on network news.

I believe that Eric Sevareid—at age 65—is to retire sometime shortly, although he exhibits his brilliant capacity every evening, but, because of some arbitrary fiat that somebody dreamed up out of the long past in the age of Bismark when most people did not live to be 65 years of age, we have put that 65 limitation in too many policies of retirement in private companies. As I said, the loss of Eric Sevareid to mandatory retirement this fall bears tragic witness to the damage which mandatory retirement inflicts.

I might add, however, that we all recall that the chairman of the Columbia Broadcasting Company—a very distinguished media—is able to stay on because the chairman of the board seems to have considerable influence in the organization—he is, I believe, 75—and, consequently, he is permitted to remain.

I am glad to point to another man, a Floridian, who is one of the two billionaires in the United States—and I assume he is getting along pretty well in that category—Mr. John D. MacArthur, who lives in Florida, the chairman of the board of Bankers Life and Casualty Company, and he is still running the company at the age of 85.

COMMISSIONER FREEMAN. I guess, if you are a billionaire, you get to do that.

MR. PEPPER. He is able to carry on pretty well after 65 years of age.

Elderly persons spend more time watching television than engaging in any activity besides sleeping. How do they feel when they see few elderly people on game shows, elderly people portrayed as villains or victims on crime shows, so-called comics masquerading as toothless, sexless, feeble-minded, constipated elderly?

One study—by the way, we are going to have a hearing shortly in Washington before our committee on the image of the elderly as created by the media of the country, to see if we cannot do something to improve the image of the elderly. We will have pictures of outstanding people, like the chairman and Ruth Gordon and Will Geer and Averell Harriman and others in the country who are doing great work.

One study found that children view the elderly as foul-smelling, toothless, and dependent. How can that ignorant view be dispelled, when there are so few elderly people who are characters in cartoons?

Because I am concerned that television may contribute to discrimination against the elderly by unbalanced, stereotypic portrayal, I have invited network representatives, scholars who have studied the issue, and performers accused of stereotypic portrayal of the elderly to testify before the House Committee on Aging, which I chair, on September 8, in Washington.

I would now like to turn to your current study of age discrimination in federally-funded health and social service programs. In the hope that you will recommend rooting out all age discrimination, I would like to present some of our House committee's shocking findings.

First, in order to be eligible for services under Medicare, a person must be 65 years of age or have been on social security disability benefits for 24 consecutive months.

Yet a list of covered and noncovered services would suggest that Medicare was set up for young people. For example, the program is ill-suited to deal with chronic illness. Moreover, there are no provisions for covering preventative checkups; prescription drugs that are needed in their homes by the elderly who do not have to go to hospitals or nursing homes; eyeglasses, which are needed disproportionately by almost all of the elderly; hearing aids, which are also needed disproportionately by the elderly; dentures; or long-term care for chronic diseases. Medicare treats acute illness as though its intended population were 20 or 30 and unlikely to suffer chronic illness; thus, even a program supposedly set up for the elderly discriminates against the elderly. As a result, the elderly now pay more dollars in medical expenses out of their own pockets than they did before Medicare.

I was told by an elderly relative of mine yesterday, who spent about a week in a hospital in a nearby county, that a doctor came in for 4 minutes as a consultant in her case for a stomach disorder, and the bill was \$75, and she was able to get—she is over 65—only \$30 or \$33 from Medicare. It was the same way with the hospital bill, which I think was \$140 a day. That was for a room that was shared by another lady, and I think she got a very small part of that. She said, "Well, there goes my little savings that I had from my school-teaching work."

That is simply an example of the fact that the elderly today are paying more for medical care than they were paying before Medicare even came into existence.

Second, the Medicaid program has a statutory limitation on the age of persons who may receive certain services, including services available under the early and periodic screening, diagnosis, and treatment program, which are available only to persons under the age of 21, and inpatient psychiatric hospital services, which also are for individuals under the age of 21.

In addition, Medicaid favors costly and often needless institutionalization of the elderly over home health alternatives. This, as you know, is one of the great concerns of our committee, and of you, as Commissioner of Aging.

Third, under the Community Mental Health Centers Act, there is a statutory requirement that centers serve older persons and children, yet the services disproportionately favor younger persons. Services in the center are oriented towards the problems of young and middle-aged adults and towards families with children; in fact, some studies indicate that only about 2 percent of the persons receiving community mental health benefits are elderly, yet one out of every four suicides in the United States is committed by people over 65 years of age.

We are not, of course, wanting to deny mental health services to the young or middle-aged; we are simply saying that it ought not to be denied, either, to the elderly, and that they, certainly, of all people, have psychiatric problems—problems of adjustment and problems of accommodating their mental states to the likelihood of possible imminent death. They need help, and they should certainly not be the excluded category of our population.

Fourth, in the fiscal year 1977, it is estimated that the Federal Government will spend over \$400 million to provide grants to medical schools for training primary-care practitioners and over \$85 million on the construction of health facilities. In spite of this, there is only one chair of geriatric medicine in the United States, and medical schools, in the main, offer minimal geriatric training.

Now, here are 22 or 23 million Americans—some 11 percent of our population—who are over 65 years of age. They have more medical problems, obviously, than any other age group, I would suppose, except maybe infants or tender-aged children; and, yet, the medical profession whose place it is to care for those people at a sensitive time in their lives is not being trained in the problems of that category of their prospective patients.

Fifth, another program that seems to warrant close examination is the vocational rehabilitation program. The preliminary national data for the fiscal year 1976 show that the average age of those rehabilitated was 32. A 1972 social security survey of the disabled, however, shows that, whereas the median age of the general population—20 through 64—is 40, for the disabled population, it is 50. Elderly persons requiring rehabilitation are apparently being ignored.

Why should an elderly person not have a chance to also be rehabilitated? If they are going to be mandatorily retired, they certainly need training to try to find some other means of livelihood, some other contribution that they can make to their community; and yet this program of vocational rehabilitation, somehow or another, has moved in the direction of the younger part of our population and not in the direction of those who need it just as badly.

Sixth, of particular concern to our committee has been the extremely low level of services received by older persons under employment programs funded by Federal dollars. I had a letter the other day, Mr. Chairman, that I thought was a very tragic portrayal of the problems of the elderly. This man wrote me that he had just been forced to retire at 65 years of age. He could not get another job; his social security was not enough to sustain him and his wife; and he asked me the question, "What am I going to do?"

What is the poor man going to do? What are he and his wife going to do? That is the problem, and we know how difficult it is—even after 40, they tell me—to get a job in private industry. If you go around looking for a job, too often—even at the point that you and I would consider a younger age—they say, "You are too old; we want a younger person for this position."

I say that it is a shocking thing to find that the employment program of the Government of the United States also seems to discriminate against the elderly. I realize that most employment-related activities are not within the scope of the act or your study. Any program or activity receiving Federal financial assistance for public service employment under CETA is covered, however, and I would like to recommend that your distinguished commission examine the Committee on Aging's findings on employment programs and older Americans, which documents the practice of age discrimination in CETA programs.

As we know—and, for the record, CETA is the Comprehensive Employment and Training Act—that is what it is for training; and, yet, this very agency, created by the Federal Government to provide employment training for our people who need employment assistance, does not seem to deal fairly with the elderly, who are the most needy and the ones who are having the most difficulty in finding employment.

The statistics at that time indicated that those 55 and over constituted less than 3.4 percent of the one and a half million job holders under CETA. Just imagine that. It is a comprehensive employment training program, and the elderly constituted less than 4 percent of the one and a half million job holders under that program, but the elderly represented 8.9 percent of the unemployed.

Finally, and perhaps most revealing, I wrote a letter to the General Accounting Office, and I asked them if they could get me some figures as to what part of revenue sharing funds that go to the counties and cities of the country were provided in any kind of an aid program to the elderly. I got back the shocking information that only two-tenths of 1 percent of the money that was provided by the Federal Government to the States, the counties, and municipalities of this country was spent in giving assistance in any way to the elderly.

Our local government here is far better than that, and I commend our counties and our municipalities in this area for having a much better record. At first—when the program first took effect—they did

not all, I think, have the desirable record that they have today, but the leadership at the local level and at the State level in this State is very much more sensitive, and they are making a much better record in the allocation of funds for the care of the elderly—much better than in many parts of the country—and I hope that we will continue to improve that program here.

Where, as I said, two-tenths of 1 percent of the revenue sharing funds aid the elderly, who comprise 10 percent of the population—since then, some improvement has been registered, but, when you are starting near zero, small improvements leave an unacceptable situation. A tremendous reversal of our priorities is needed.

Because I share your concern about the unmet needs of the elderly, I have scheduled in Miami—as I said—hearings on November 21 and 22, which will address such issues as age discrimination in employment, including mandatory retirement, and the health, housing, and social service needs of those 65 and over.

When the Age Discrimination Act of 1975 was passed, many hoped that it would constitute a genuine breakthrough in demonstrating that our Government believes that an individual should be judged on his or her merits, and not on the basis of such irrelevant factors as age, sex, race, color, religion, or national origin. I am hopeful that this will be the case once the act becomes operative in 1979. We must end the anomalous form of discrimination which punishes people for growing old.

I thank you and your distinguished colleague, Mr. Chairman. You have immeasurably contributed towards our goal. Thank you very much.

CHAIRMAN FLEMMING. Thank you very much, Congressman Pepper. You have provided us with an excellent bird's eye view of the kinds of issues that we should confront—and that we must confront—as we develop our findings and recommendations and make them available to the President and to the Congress.

I appreciate very much your commenting upon our most recent report, namely, the report dealing with the television industry. As you have noted, that report has not been received with the greatest enthusiasm on the part of some of the representatives of the media, so we appreciate your positive approach to it; and, as you know, as one member of the Commission, certainly, I would welcome an amendment to our act which would put us in a position where we could deal with that issue and other comparable issues involved in the area of age discrimination, so I noted with a great deal of interest what you have said you are going to do when the act extending the life of the Commission on Civil Rights is under consideration by the House of Representatives.

I particularly appreciated your putting a good deal of emphasis on the whole area of mental health because, certainly, the record that we have developed up to the present time bears out the kinds of statements that you have made. Here is an area where older persons are

certainly not obtaining their fair share of the resources that are being made available in this area. Like you, I am very struck by the statistic that, on an annual basis, 25 percent of all of our suicides are committed by persons who are 65 years of age and over, which certainly demonstrates the fact that there is a very real need here.

The other areas which you have identified are terribly important as far as older persons are concerned. One, as you undoubtedly have noted, is that the act which becomes effective in January of 1979 talks about unreasonable age discrimination. Now, this is one of the issues that we are confronting in connection with our hearings; it is one of the issues that we will have to confront when we make recommendations to the President and to the Congress, and, particularly, when we draw up some proposed regulations. I was just wondering whether you had any thoughts on how we might define that term, unreasonable age discrimination.

MR. PEPPER. Unless Congress specifically targets funding to special age groups for some reason by statute, such as youth employment or the Older Americans Act or social security, it is my view that any age discrimination is unreasonable. Ageism is as odious, as I said in my opening statement, as racism or sexism, and I hope that you will use the mandate for your study, and I hope you will write a strong report recommending that age discrimination be rooted out in all of its forms.

It is just like any other wrong. It is not a matter of degree. Any wrong is wrong, and any kind of age discrimination, it seems to me, is unreasonable.

I might say, too, that, while there is discrimination against various ages, the elderly are particularly severely affected. The fact that your study was enacted as part of the 1975 amendments to the Older Americans Act is evidence of Congress' intent to direct your study towards the problems of the older Americans.

[The following remarks were submitted by Congressman Pepper following the hearing.]

There must also be vigorous *enforcement* of the Anti-Age Discrimination Act of 1975 once it becomes fully effective in 1979.

My view is that the enforcement procedures in other laws relating to age might be used for precedents.

First, although it is not perfect, we can use the current 40 to 65, soon to be 70, employment age law as a model. There is an appeals mechanism for that and there should be a similar appeals process in all Federal health and social service agencies. Each agency should also be empowered to assist individuals who need information or other help in obtaining benefits.

Second, as the Federal revenue sharing statute has just been amended to require that senior citizens must be heard in hearings before revenue sharing funds are distributed, there should be a requirement for hearings involving senior citizens representatives before the distribution of any Federal funding for health or social services is distributed.

Third, where State or local plans are required before Federal approval of funds, I suggest that State or area aging directors be required formally to offer comments during this process.

Finally, I would recommend that notices be placed in the radio, television, press, and other outlets when funds are actually made available, so that all citizens know how to obtain them. Furthermore, senior citizen organizations should be given the means to reach out to persons who are eligible to encourage them to take advantage of their rights.

CHAIRMAN FLEMMING. Thank you, Congressman Pepper, and, before I recognize my colleague, Commissioner Freeman, I would like to make this statement.

You have identified certain persons who are beyond the age of 70 and who are continuing to provide leadership in this country, and I might say that, from my point of view, one of the most inspiring examples of a person well beyond 70, who is still providing very, very effective leadership, is yourself, and I deeply appreciate it; but I also would like to recognize the fact that, in connection with the work of your committee, you have enlisted the services of a young person who is rendering all of us outstanding service, and he is here, and I would like to recognize Mr. Robert Weiner, who is the head of your staff. Bob Weiner.

MR. WEINER. Thank you, Mr. Chairman.

MR. PEPPER. Mr. Chairman, I am very pleased that you have given that appropriate recognition to Mr. Weiner. I think he has been one of the finest staff directors that any committee has ever had. I am very proud of the quality of work that our staff has done for our committee, and it has been a great privilege for them to have worked with your staff and with you and your associates.

CHAIRMAN FLEMMING. We have been delighted to have had the opportunity to have worked with him.

Commissioner Freeman.

COMMISSIONER FREEMAN. Mr. Congressman, you have stated that age discrimination is just as pervasive as race discrimination or sex discrimination. Well, can you imagine, if one has the combination of all three, how pervasive it must be? I am—I guess that I have reached my age—I am over 45—

[Laughter.]

CHAIRMAN FLEMMING. We are willing to recognize you as an older person.

[Laughter.]

COMMISSIONER FREEMAN. One of the things that we will be considering during this hearing is the extent to which that triple jeopardy impacts on the minority member of a minority group—and, especially, when the member of the minority group happens to be a female, so I am especially appreciative of your testimony, and we are looking forward to receiving some other additional testimony, which will, in my opinion, document the obvious.

The other point that I want to make is that you commented on two hearings which your committee in Congress will be holding, one, I believe, in September, and one in November; and I would hope that the Commission's staff will have an opportunity to present testimony to the Congress at that time because you are at the point at which legislation can be enacted to correct some of the problems; and, on behalf of the Commission, I would just want to suggest to our staff that they keep on top of the dates that you have indicated, and that they indicate to your committee the availability of this Commission to present a statement or, at least, to present testimony at that time.

MR. PEPPER. Thank you very much, Commissioner Freeman. I can assure you that we will keep the closest contact with your Commission and with your able staff, and nothing would please us more than to continue to work with you in a very close and cooperative manner. We profit greatly by having your assistance.

With respect to the comment that you made about one having all three of those burdens, that, of course, would simply compound the problem, and that would make the problem even more acute, and it would take people of strong character and great ability to be able to rise above all three of those—

COMMISSIONER FREEMAN. Or just to survive.

MR. PEPPER. —of those forms of discrimination, when there should not be any.

We hope we will continue to make progress towards reaching the day when there will be no discrimination. Dr. Flemming and I have seen progress in our own time. I have seen here, in our own community, such changes that I remember, early in 1950, going into a little restaurant where I went two or three times a week, before I went back to the Congress. I was with a client of mine, and he had called me on the telephone, and he said, "I have two black men who are with me from Nassau."

They were business clients of his.

I said, "That does not make any difference to me."

We sat down in that little restaurant, and they did not even bring us a glass of water for a half an hour, and within a few minutes a policeman walked in and started walking up and down the aisles.

COMMISSIONER FREEMAN. I have had that experience.

MR. PEPPER. People began to whisper and titter around.

That is all gone now, as you know, not only in our community, but all over the country. In my own lifetime—

COMMISSIONER FREEMAN. It is not gone all over the country.

MR. PEPPER. —we have seen improvements in so many ways in our country, and now we want to eliminate the last vestiges of discrimination, and one of those is discrimination against the elderly.

CHAIRMAN FLEMMING. Congressman Pepper, there are times when I have the opportunity of introducing my colleague, Commissioner Freeman, and I say that she is the oldest member of our Commission, in point of service. I always underline that, of course, but Commissioner Freeman, as you probably know, was appointed a member of the United States Commission on Civil Rights by President Johnson, and she has served ever since as a member of the Commission and rendered us very, very outstanding service.

MR. PEPPER. Mr. Chairman, I know about the great record of Commissioner Freeman, and it comforts me to know that her great and brilliant intellect and beautiful spirit will keep her long young.

CHAIRMAN FLEMMING. May we, both of us, express to you our genuine and deep appreciation for starting this hearing in this particular manner. It is a source of real inspiration. We are very grateful to you.

MR. PEPPER. Mr. Chairman, I would like to acknowledge the excellence of your own staff director, Ms. Eileen Bradley. She has done a splendid job for your Commission, and you have a very able staff, and we are delighted that you have them with you here today.

CHAIRMAN FLEMMING. Thank you very, very much.

MR. PEPPER. Thank you, Mr. Chairman.

CHAIRMAN FLEMMING. At this time, it is my privilege to recognize the Honorable Stephen P. Clark, mayor of Metropolitan Dade County.

STATEMENT OF STEPHEN P. CLARK, MAYOR, METROPOLITAN DADE COUNTY

MR. CLARK. Thank you, Mr. Chairman.

CHAIRMAN FLEMMING. Mayor Clark, I just want to tell you how happy we are to have you with us and how much we appreciate the manner in which you and your associates have cooperated with our staff in developing the arrangements for this hearing. It is a real pleasure to be here with you.

MR. CLARK. Thank you, and it is a real pleasure to have you in our community, to understand firsthand some of the problems that we encounter and some of the steps that we have taken in the past and some that we plan to take in the future to assist in this great program.

Metropolitan Dade County provides numerous services for the elderly and for children of preschool age. These services range from transportation to child care and afterschool programs.

Dade County, being a tricultural community, in some ways differs from any other local jurisdiction across the country. Blacks, Latins, and Anglos make up a large group within our constituency, provide a great wealth of human resources, and demand a large amount of services; however, I find that there is a silent minority existing in our community. This minority group also reflects the racial and ethnic characteristics of this county. This group that I speak of is composed of Dade County's elderly, who are on fixed incomes and desperately need services provided in the area which will be discussed in your public hearings in the next 2 days.

In many locations the elderly are discriminated against in employment, housing, and social services delivery; however, here in Dade County, I do believe that great headway is being made to provide as many services and to open as many doors to employment and housing as possible with the amount of funding available.

Metropolitan Dade County was one of the first counties in the country to develop and implement an antidiscrimination ordinance affecting both housing and employment and to include age as an affected class, with an enforcement agency with responsibilities of investigation and conciliation. In February of 1977 the county commission approved and adopted an affirmative action ordinance, also including age, and barring the practice of discrimination on the basis of age.

It is my opinion that the mandatory retirement age of 65 is nebulous and arbitrary, and it does not allow the employer to utilize the available resources.

County services are also provided to another member of that silent minority: children of preschool age and children of school age, who need care and guidance after their normal school hours have elapsed. Metropolitan Dade County also attempts to provide this group of needy members of the silent minority with as much service delivery as possible under the present economic conditions.

I believe that you will find that the presentations given by the county administrators and personnel during the evolution of this hearing will focus on the present services being delivered, services needed, and some of the problems that are faced on a day-to-day basis, and their attempts to provide adequate services on a nondiscriminatory basis.

We have included a packet of information, Mr. Chairman, breaking down the department of human resources that was established in this community in 1974. We go through: manpower administration; elderly services; health services; child development services; rehabilitative services; housing and urban development; office of transportation administration—this has two programs available for the elderly, which are very important; the STS [senior transportation service] program in our community, because of the number of senior citizens; the fair housing employment and appeals board, which is very effective in our community; the community action agency; the number of children

served in child care and afterschool care, and the amount spent in the last fiscal year.

I could almost wager that you will never find another community like this in the United States. We, as a matter of course and acclamation back in 1965 and 1966, under the direction of our then President—President Johnson—accepted into this community some 500,000 people from a foreign country, who came here by chance and not by choice. There was no big problem with this on the local basis. Of course, it did cause an awful lot of reaction as far as employment was concerned, but the assimilation of a half a million people into a community no larger than Dade County, I think it is one of the greatest feats of human feeling that can be expressed in our country.

We do have in our community some 300,000 American black people, who are a great complement to our community. The ethnic breakdown in our community, as far as race and religion is concerned, is rather astronomical: Catholic, Jewish, Protestant, and just covering the complete spectrum.

I believe—after your session here, Mr. Chairman, and your colleague, the Commissioner—that you will have a greater joy that this county is doing its best to fulfill the aspirations and needs—the reason that this great board was formed back in 1967 or 1965 by President Johnson. I compliment you.

Our staff has many plaques that they can show you here, referring to our county, and where the services are located, and where the need is the greatest, and we are at your disposal for the next 2 days.

Thank you.

CHAIRMAN FLEMMING. Thank you very, very much. We appreciate your statement, and, again, the manner in which you and your associates have been cooperating with us, and we look forward to receiving the kind of testimony that you have identified.

MR. CLARK. Thank you, sir.

CHAIRMAN FLEMMING. Thank you very, very much.

At this time, I would like to recognize Mr. Ted Nichols, who is the Chairman of the State Advisory Committee, in Florida, to the United States Commission on Civil Rights. Mr. Nichols.

**STATEMENT OF TED NICHOLS, CHAIRMAN, FLORIDA ADVISORY COMMITTEE
TO THE U.S. COMMISSION ON CIVIL RIGHTS**

MR. NICHOLS. Mr. Chairman and Commissioner Freeman, it is, indeed, a great personal pleasure to see both of you in Miami, Dade County, Florida, and I believe that, in terms of the work which the Civil Rights Commission has been doing throughout the country over the years since its creation in 1957, the American people are privileged that such a commission exists. There is, without question, a continuing influence, and there has been a continuing influence brought by the research, the factfinding, the direct discussions with

Members of the Congress, with the Presidents that have gone on before, and, of course, with the current administration. I think that has been brought out again by this special mandate to hold this kind of hearing on aging, prior to any efforts to actually implement legislation in this regard. It is a special privilege, indeed, to have you in Miami, Dade County, Florida; and, in my opinion, the people in Florida certainly—because of the nature of the population in Florida and throughout this region—have been sort of waiting and hoping to see this kind of presence on this particularly important question.

It is not unlike the very old, but still often-discussed, story of the stranger who struck, with tremendous force, a Kentucky mule over the nose with a two by four, to the great puzzlement of the owner of the mule, who had, prior to that time, been unable to get any reasonable cooperation from that mule; in fact, the mule had insisted upon sitting down on the job. The stranger explained that he was merely trying to get the mule's attention, as the first step.

I feel that the Commission, through this hearing and the other hearings which you have scheduled throughout the country, will rivet the attention of the Nation in a similar manner.

Many people in this particular area are familiar with the work of the Commission, both through studies that have been published here and reports, and, also, through the work of the Florida Advisory Committee, which, under your auspices and with the assistance of the Southern Regional Office, very recently published a police study—police-community relations, for which we have been meeting more recently with members of the government and the community leaders in a followup to that study.

I believe that the hearings which we are engaged in here will do several things that are critical to the people of Florida. As you are no doubt well aware, Florida represents a significant proportion of those persons in this population who are over the age of 65. I realize that this hearing is not geared only to senior citizens, but, really, to Americans of all ages; and it is intended to discover just what the delivery of services is and has been with respect to the provision of Federal dollars throughout the country, and with respect to the provision of assistance to local and State governments as well; and I think that among the significant results will be a clear identification of both the goals and the services which these programs were intended to fulfill.

I think we will see a brand-new level of cooperation taking place between the various leaders in these agencies. In other words, they are going to know more about who they are and more about their particular roles, and, hopefully, we will see brand-new ways in which to cooperate in the future; and then, of course, in the final analysis, the critical recommendations which the Commission will be in a position to make to the Congress and to the President, and through them to the various Federal, State, and local agencies, which should lead to a final delivery and a more punctual delivery for the purposes of serving the needs of young and old Americans.

Again, I would like to personally state my appreciation at seeing the Commission in Miami, Dade County, Florida, and I would also like to thank the mayor and members of his staff who responded so rapidly and so graciously when I approached them about acquiring this particular beautiful facility; in fact, the only flaw which some people may complain about would be the parking, which is a perennial problem, of course, in many areas; and, with much personal appreciation to the Commission and hope for the success of the hearings of these few days, I bid you well.

CHAIRMAN FLEMMING. Thank you very much for your statement, and may I say to you that we are very grateful to you and your associates on the Committee for helping to work out all of the arrangements for this hearing, and we do appreciate your comments. I am wondering if there are any of your colleagues on the State Advisory Committee who are here, and, if so, I would like to ask them to stand so that you may introduce them to us and their names may be recorded, for the record, as being here.

MR. NICHOLS. I do not see all of them, but I do know that some of them are here. I will ask them to stand, wherever they are.

We have, to my left, Ms. Littler, who recently became a member of the commission, and we are delighted to have her. This is Mr. George Lewis, who has been a long-time member of the commission.

Are there any other members present today?

[No response.]

Thank you very much.

CHAIRMAN FLEMMING. Thank you very much, and I would also like to recognize the presence of Mr. Bobby Doctor, who is in charge of our regional office in Atlanta, the office that serves this State, along with seven other States. Is Mr. Doctor here? Yes; there he is. We are grateful to him for all that he has done to help make this possible, and I would also like to recognize the presence of Frank Nicholson, who is the regional program director for the Administration on Aging in the Atlanta office. He is in the back row there. Frank, I do not know whether any of your colleagues are with you, but, if so, we would be delighted to have you introduce them.

MR. NICHOLSON. We will have others from our department who will be testifying today, Dr. Flemming.

CHAIRMAN FLEMMING. All right; that will be fine. Thank you very much.

At this time, we will turn to the part of the hearing which consists of listening to testimony from witnesses. Commissioner Freeman in her statement pointed out that, whenever this Commission holds a public hearing, we do exercise the authority conferred on us by the Congress, and we do subpoena witnesses, and we do put all witnesses under oath.

I will ask counsel to call the first witness.

MR. DORSEY. Mr. Charles F. Cain.

CHAIRMAN FLEMMING. Mr. Cain, if you would, remain standing and raise your right hand, please.

[Mr. Charles F. Cain was sworn.]

**TESTIMONY OF CHARLES F. CAIN, ACTING REGIONAL DIRECTOR,
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ATLANTA**

CHAIRMAN FLEMMING. We are delighted to have you with us, Mr. Cain.

MR. CAIN. It is certainly a grand opportunity to be here this morning, Chairman Flemming and Commissioner Freeman. My remarks this morning are going to be addressed somewhat to the subject of regulation—to the business that I know that you are well into, as expressed by the meeting here this morning.

MR. DORSEY. Excuse me, but could I interrupt you for just one moment? I would ask that, if you do have prepared remarks, if you could indicate their length; generally speaking, the Commission engages in these hearings in a question-and-answer forum, in order to save time and to keep with the schedule. If you would make your opening remarks brief so that we may have an opportunity to put forth some questions.

MR. CAIN. My remarks will be about 8 to 10 minutes.

MR. DORSEY. Thank you.

MR. CAIN. As I was saying, they will be directed primarily to the review of the regulatory business that the Department of Health, Education, and Welfare is in, and I will be trying to express from that some feelings that might be helpful to you as you pursue your efforts in reviewing current regulations, in attempting to decide what kinds of new regulatory efforts, if any, might be necessary in this business.

My name is Charles Cain. I am the acting principal regional official for the Department of Health, Education, and Welfare in the Southeast Region. I work in Atlanta. That includes eight States in the Southeast: Alabama, Mississippi, Kentucky, Tennessee, North and South Carolina, Georgia, and Florida.

I welcome the opportunity to be here today for at least two reasons. First, since our Department, which is Health, Education, and Welfare, administers five of the eight programmatic areas upon which you intend to focus this hearing—which is Title XX, social services in the Social Security Act, community mental health centers, community health centers, Medicaid, and vocational rehabilitation—I am sure that experts from each of these programmatic areas in the Department, primarily from Atlanta, will be here in the course of today and tomorrow to bring to you their particular viewpoints about their programs and the regulations governing them, and how they suffer from age discrimination relative to them.

My second reason deals with the regulatory process itself, and the opportunity to be able to express to you my concern regarding the development of regulations and the review of regulations, and to stress the urgency I feel about the need to assure that the effective transla-

tion exists of legislative intent and that of impact of results to those people whom it intends to serve.

As you well know, our Department—perhaps more than any other—is in the business of regulation development and in the very onerous business of its administration. Our experience is vast, and I do believe that the results of this experience are now finding themselves reflecting in the new generation, if you will, of regulations, and, most certainly, in new processes for which these regulations may be formulated.

I believe that, without a doubt, unintelligible rules and regulations in the past have led to discrimination against all ages and groups and beneficiaries of our programs, and not just those of the older Americans. We feel that many steps can be taken to lessen and eventually eliminate rulemaking that leads to discrimination against any of our country's citizens, and this can be done in a manner which is fair and equitable to the people and the organizations providing services and to the taxpayers, who must eventually foot the bill for wasteful over-regulation.

Let me emphasize that the Secretary of HEW, Joseph Califano, Jr., has pledged that he will put an end to what he calls the befuddlement which engulfs State and local officials, ordinary citizens, and even the Federal bureaucrats within our own Department, when they attempt to read, understand, and comply with many of our rules and regulations. I hope that we, in the regional office back in Atlanta, will be able to provide an important role in this process.

The business of regulation in today's world and market is at least a tricky one—a tight wire between fairness and heavy handedness, between governmental controls and social reform, between concerted advocacy and equity for all. When one tries to reform a system through regulations, in order to make it more accessible to one group, one must be cautious not to restrict its accessibility to another, to drive costs in a way to impede performance, or to lessen the ability to have access.

The business of regulation is, indeed, a tricky one: to provide a proper level of clarity, to avoid the ambiguous and complex, and yet to not become overly detailed in spelling out the do's and the don'ts, and the shalls and the shall nots, so as to restrict the freedoms necessary to make social delivery costs effective and, hopefully, imaginative.

For more than 4 years as the Deputy Regional Director of the Southeast Region and as the Acting Regional Director and now in my current capacity, I have watched what I consider to be dedicated employees in our Department and State and local officials and our constituencies wrestle with a problem created by regulations. Hardly a day goes by without hearing questions such as: "Why can I not do it this way?" and: "It would be better and cheaper." and: "I really thought I was qualified." and: "Do you not know that this is unreal and that it does not make any sense to the people?" and, finally: "I cannot live with this, and, if there is to be no relief, I will have to sue."

Fuzziness over specifications and, in general, a lack of responsiveness to reality have and no doubt will continue to contribute to the tremendous amount of litigation which, in itself, will create confusion, but, at any rate, it creates delays in administering a program and delays for those who ought to be receiving the services, and in so doing it certainly is costly.

We are certainly living in an age of social consciousness and in an age of directed advocacy. There is no doubt that we have been very successful in the last two decades in removing social barriers and in providing more open and free social systems. Public administrators must continue to do this. We must do it with rationality and, hopefully, equity. We must not remove deprivation in one place only to create it in yet another. We must not create a service so entangled in regulations that it is too costly to deliver. What may be one person's reform may very well be someone else's retrogression.

In recent times, HEW has been caught up in two of the most controversial social regulatory situations that I can recall. Both of these stem from our age of social consciousness. Each has taught us an important lesson. While well intentioned, each has caused difficulty, confusion, and consternation. Each has gained us respect, and each has gained us notoriety.

The two situations that I am referring to are: first, regulations governing Title IX for higher education, dealing with sex discrimination in institutions of higher learning. Second is the 504 regulation governing rights for the handicapped. The first set of these regulations, we have certainly now had time to see their impact; the latter have been in existence but a few months.

Each created a considerable degree of controversy; each was the subject of considerable public debate; each was the result of social consciousness; each aimed at opening the system. In each case, reform to some meant retrogression to others. Each was necessary, at least in intent, and each has been and will continue to be costly. Each has provided new prerogatives and taken some away. Each attempted to walk the fine line of balance. How well is still a question in some cases, but certainly not in others.

There is no doubt that women's sports in colleges and universities are certainly on the rise. The question of all-boys choirs began to border on the ridiculous.

Regulations which, at one time, were well intentioned, and which individuals felt fit the bill, missed the mark widely in some cases in their interpretations. The regulations hit home heavily, and their intentions were fuzzy enough to cause uneven interpretations and, thus, to generate even more controversy.

The Department got good marks, and yet it got scars. We learned and made modifications. No doubt, the school—if you will excuse the expression—is still out on the bottom line which is the effectiveness.

It was but a very few months ago that I had a sizable number of handicapped persons demonstrating outside and inside of my building in Atlanta. They were demanding that I urge Secretary Califano to sign the 504 regulation that had been written under the previous administration but left unsigned.

The regulations, in their originally-written form, were didactic and complete with "shalls" and fairly narrowed their directions. These were the draft regulations that we were being pressured to publish.

The Secretary—realizing that he had inherited a volatile situation and potentially a very disruptive one—elected to give himself a reasonable amount of time—in this case, just about a couple of months—to restudy the situation and modify the draft regulations, if necessary. Advocacy pressure continued. In San Francisco, in fact, my counterpart's office was taken over by demonstrators for well over a month.

MR. DORSEY. Mr. Cain, may I interrupt you for a moment, please? We are running quite a bit along, and, if you could direct—

MR. CAIN. I am just about finished.

MR. DORSEY. I understand, but, if you could direct the remainder of your comments to the related issue of age discrimination, it would be very helpful.

MR. CAIN. The draft regulations were reviewed, in the perspective of translating congressional intent and understanding the needs of the handicapped and recognizing prerogatives of service delivery and acknowledging the existence of economic realities; and the draft regulations were, in fact, modified, as the redrafts would be more appropriate in some cases.

I would go on to say that the effect of this—the reviews, the opening of the process, and the intent to provide the level of reform which would reasonably remove barriers to the handicapped, while at the same time providing reasonable flexibility for those responsible for the removal of barriers, to allow them the prerogatives in going about their implementation—those regulations are new.

Other regulations that we have had on the books have taught us things. Even our strategies for implementing and enforcing them are still being designed and ironed out. What I think and what I hope is that these regulations—and the experiences that we have had—represent the latest and perhaps the best refinements in our modern-day governmental balancing act—responsible governmental actions to social problems, attempting to recognize and accommodate the concerns, ideas, and problems of all.

Service deliverers are already saying that they will not be able to afford to carry out what we are asking for, and the advocates, on the other hand, disclaimed the assertiveness that we put forth. In this public balancing act, the reform of some, again, must be balanced, to the best of our ability, with the retrogression of all.

Experiences have made it imperative to move assertedly in the area of reform. As I mentioned earlier, Secretary Califano has pledged that the Department will do this, and I expect that in the next few weeks he will be making a statement about the goals in the process for that regulation reform. I am sure, however, that it will include a comprehensive review of all of our existing regulations, taking a look at the barriers which today we currently have to inhibit the provision of services to all individuals who are qualified for them, regardless of age, regardless of race, regardless of religion, and regardless of sex.

The modification or elimination of those regulations, in order to provide the proper balance and the establishment of a more open and more accountable system for the development of new regulations—let me commend you for your comprehensiveness and the information seeking that you are going through and will be going through in attempting to identify the correct path to be taken, and in attempting to find out where the current regulations prohibit or inhibit their full use; and I caution you to listen well to all sides of the argument, in an attempt to design and pass a proper balance, and I am sure that you will do this, and I recommend to you—if you have not already done it—that you review those various sets of drafts in the sets of regulations which proceeded out of the 504 process, to determine, you know, what kinds of experiences will be useful, as you go through this particular process and talk to, if you will, the drafters of those regulations, and talk with, if you will, the people in our Department, at least, who have been charged with or are in the process of regulation reform, to see that they are aware of the kinds of things that you are interested in, and, as they go through reviewing our current regulations, are able to checkmark those and checklist those so that they can be identified against the subject of age discrimination.

Again, I thank you for the opportunity of being here today, and, as I said earlier, experts from our respective affected programs will be here for the panel discussions throughout the rest of the day.

MR. DORSEY. In view of the time, Mr. Chairman, I will turn over all questioning to the Commissioners.

CHAIRMAN FLEMMING. May I just express our appreciation for your drawing on the experience that you and your colleagues have had, both in connection with Title IX and in connection with 504, in an effort to identify the kinds of basic issues that always confront us when we seek to develop regulations, whether it is dealing with discrimination on the basis of sex or handicap or on the basis of age.

Commissioner Freeman?

COMMISSIONER FREEMAN. I have no questions.

CHAIRMAN FLEMMING. We are grateful to you for giving us this overview. Thank you very much.

Counsel will please call the next witnesses.

MS. GEREBENICS. Mr. Wayne Thornberry, Mr. William Twomey, and Ms. Martha Carrick.

CHAIRMAN FLEMMING. You will remain standing and raise your right hands, please.

[Ms. Martha Carrick, Mr. Wayne Thornberry, and Mr. William Twomey were sworn.]

**TESTIMONY OF MARTHA CARRICK, REGIONAL REPRESENTATIVE,
VOCATIONAL REHABILITATION SERVICES, DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE, ATLANTA; WAYNE THORNBERRY, PROGRAM
SUPERVISOR, AND WILLIAM TWOMEY, ADMINISTRATOR, CLIENT SERVICES
PROGRAM, OFFICE OF VOCATIONAL REHABILITATION, FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**

CHAIRMAN FLEMMING. We are very happy to have you with us. Be seated, please.

Ms. GEREBENICS. Beginning with you, Mr. Thornberry, would each one of you state your name, affiliation, and position for the record?

MR. THORNBERRY. Wayne Thornberry, program supervisor for the State of Florida Department of Health and Rehabilitative Services, Office of Vocational Rehabilitation.

MR. TWOMEY. I am William Twomey, administrator for client services program, Office of Vocational Rehabilitation, within the [Florida] Health and Rehabilitative Services Department.

Ms. CARRICK. I am Martha Carrick, and I am the regional representative from the Office of Vocational Rehabilitation Services, Region IV, Atlanta.

Ms. GEREBENICS. Thank you.

Mr. Thornberry, we have found in our studies that the rate of disability in the general population increases with age, but that the rate of participation in vocational rehabilitation programs decreases with age. As Congressman Pepper pointed out just a few moments ago in his remarks, the average age of persons rehabilitated is 32. What factors do you believe explain this?

MR. THORNBERRY. I think there are a variety of issues. One is the question of motivation. In our society, we have found a great—most of the individuals are oriented towards an early retirement—a life of leisure and not working—and this, we have found, in many instances, starts at the age of 40 to 45. I have had many clients who have refused services because they felt that they had worked and they were eligible and should have some of the financial support available through social security, etc.

There is a problem of monies, in that, in order to generate sufficient monies to serve the handicapped, the State of Florida, among other States, has had to resort to third-party funding, basically oriented in cooperative school programs. This has been for two reasons: one, funding; secondly, in order to serve the handicapped early in life, rather than waiting until later on when they doubly need the services, and preparing them, hopefully, so that they will not need the service

later in life. This is a factor in referrals because we get referrals earlier in the person's life span. We often serve them for many years and repeatedly over their life span.

I think that, however, the major factor is one of a question of employment for the handicapped. It has been difficult to convince businesses to hire the handicapped. It is doubly difficult to convince them to hire the elderly handicapped.

The office of vocational rehabilitation has as its major and only responsibility the employment of the handicapped. When we face these barriers, we try to solve them on an individual basis. All of our services are designed on an individual basis, and evaluations and decisions are made upon that. When we do this, we try to avoid the problems of age as a discriminating factor because we make it based upon the person's capabilities and matching them with what is available in the community. If we find any particular client who is being discriminated against because of a handicap, or any other matter, we approach the issue individually with the employer, the service facility, or whatever.

I think that these combinations of factors have a very important part in this.

MS. GERE BENICS. Going back to the referral process for just a moment, are the relative chances of knowing about the program, and being referred to it, equal for all age groups?

MR. THORNBERRY. Perhaps they have not been in many places.

I know that the State of Florida has taken some steps to try to correct that factor. Health and rehabilitative services was reorganized 2 years ago. The move is towards co-location of facilities. As an example, I can think of one particular VR office here in Miami that is co-located with the adult and aging services. We have provided clerical services for that office for the past year. Steps such as this—that is not a normal expectation of our office—but steps such as this are the ways that we are trying to accommodate this particular issue.

The referrals in our agency generally come from sources such as schools, SSI and SSDI, through workmen's compensation, the employment services, and, probably last, physicians. Our difficulties come, I think, from the fact that the referrals are often earlier. The emphasis upon other programs is earlier in life, and then the person has to follow through on the individual referral. We have many people who do not follow through for a variety of reasons, and I think the motivation on the referral is one of them.

MS. GERE BENICS. Thank you.

Mr. Twomey, in your experience, has age been a factor in whether a person is receiving vocational rehabilitation services?

MR. TWOMEY. Not generally, no. The fact is that—in terms of policies and procedures and regulations that determine eligibility—is the presence of a physical or mental condition that constitutes a substantial handicap for employment. The third criteria is the reasonable expectation that services will return the individual to work. Age does not

come into this picture at all. We hope that it does not; anyway, it should not.

MS. GEREBENICS. Does the State provide guidelines to counselors in making a determination that any one person can be rehabilitated?

MR. TWOMEY. Yes, ma'am; a little more explicitly today than we did a few years ago, as a matter of fact.

We have three levels of assessment: preliminary diagnostic assessment; a comprehensive assessment of rehabilitation potential; now, we have a period of 18 months in which we are able to evaluate, in that period of time, the rehabilitation potential of an individual. We have extended that kind of an opportunity to the counselor, before he makes that judgment on the question of feasibility, and this has helped a great deal.

MS. GEREBENICS. What do you do in the role of the vocational rehabilitation program to break down barriers in private employment?

MR. TWOMEY. Considerable. We have had a long and honorable tradition in this area. We enjoy speaking to this point.

Twenty years ago, as a young rehabilitation counselor, my primary problem was the returning tuberculous patient. There was considerable prejudice, and there was considerable discrimination against an individual who was or had a history of tuberculosis. We struggled with this. We were assisted by health departments, and we gained considerable access to selected industry and business, and we made good progress.

We moved beyond that to the efforts on behalf of the mentally retarded and the mentally ill, and now it is spinal cord injuries and, with affirmative action, we see all kinds of good things happening. We are encouraged by what has been developing. We have had as a major thrust the mission and role of the counselor and the agency to contend with and break down the barriers. These include age.

One of my earlier assignments which involved age was as liaison counsel with the Jewish Vocational Rehabilitation Services in Dade County, on an older-age project back in 1961, 1962, and 1963. The primary thrust of this program was to demonstrate the feasibility of rehabilitating the older worker.

I was liaison counselor, involving clients who were on my caseload, and we worked for 3 years in this effort, with considerable success. Our success rate was equal to the general effort put forth for other handicapped people and for other age groups.

We have had quite a bit of experience, and we hope to continue to do better.

MS. GEREBENICS. I understand that Florida now has a human rights act which bars age discrimination in employment. I would like to ask you two things. Do you think that is going to have a significant impact upon placing older workers?

MR. TWOMEY. Yes.

MS. GEREBENICS. Do you happen to know the enforcement mechanisms on—

MR. TWOMEY. No, not yet.

I do want to say that last year—last fiscal year—6 percent of those individuals rehabilitated were over 65 years of age, over 65 in Florida. I do want to reinforce Mr. Thornberry's comment about our involvement with cooperative school programming. This does skew our national data and statistics towards the younger age population. We are in this for financial reasons—to generate our State match so that we can hold down the Federal money from Washington, so it does tend to get us statistically, it would appear, into a younger age population.

MS. GEREBENICS. What you are saying is the number of cases rehabilitated and the number of closures is what determines the amount of money—

MR. TWOMEY. No, no, no; what determines the amount of money that comes from RSA [Rehabilitation Services Administration] is the available match in the State. The State has to appropriate a certain amount of match—20 percent, typically—to participate with the 80 percent from the Federal Government; and, in order to get that match, we are encouraged to develop third-party cooperative agreements with school systems—the third-party matching process—and that tends to move us into that age population.

MS. GEREBENICS. I see; thank you.

MS. CARRICK, how do you see the role of vocational rehabilitation in breaking down the private employment market barriers on age?

MS. CARRICK. I think that everything that comes does come sometimes secondarily. I see the 503 which is the regulation that relates to discrimination against handicapped individuals by private industry—at least those that are involved with the Government—to be one of the greatest things that has ever happened to rehabilitation.

I happen to also feel that, when this positive effort—as it has become an extremely positive effort in many of our States—becomes even more available and more noticeable, the aging will start coming in on the coattails.

For instance, one of the things that it is going to require is going to be a whole change in barriers. If you can reduce some of the architectural barriers that really make it difficult for older people and/or handicapped individuals to have accessibility, you are going to open up new avenues for employment, as well as with the 504, for utilization of services, which, again, leads to employment. So I see the two—both the 503 and the 504—being very, very closely related; and one, I think, will tend to positively influence breaking down some of the barriers for the aged.

As we place more and more handicapped individuals who have hearing problems, and who have visual problems, and who may have some mobility problems—well, our aging population has these, too. It does not mean that they cannot work if they so desire, so I see them very close, and I am hoping that VR will continue to do much more in terms of breaking some of the discrimination patterns.

Ms. GERE BENICS. Do you think the emphasis on the number of cases rehabilitated and the number of closures has an age-related impact?

Ms. CARRICK. I think the major emphasis of vocational rehabilitation has always been serving handicapped individuals, with the goal of employment. I do not think that the closures—how many were referred and the numbers gained—which I think has been thrown up over and over to vocational rehabilitation, truly influences age, per se. The employment, the capability and the feasibility of that individual—whoever he may be—and what his handicap is to employment is the major concern.

That is what we are about. We try not to dilute our services away from handicapped individuals with employment problems or problems that would cause employment problems.

Ms. GERE BENICS. Under the Social Security Act, funds available for rehabilitation services under Title II and Title XIV of the act are supposed to be awarded only when they can result in a savings to the social security trust fund. I wonder what effect this policy has on counselors' decisions on providing services to older social security disability beneficiaries.

Ms. CARRICK. I think that is pretty obvious. When you have to look for minimum income, and you have to look at what we term as a severely handicapped individual, when they are referred from SSI or SSDI, I think the deck is kind of stacked against a severely handicapped older person, to be able to read what they determine as SGA. [substantial gainful activity] I think that program needs to have a different look.

The other problem is: What do we have to offer an individual who is receiving SSI and SSDI benefits? They get Medicare and/or Medicaid, and we say, "If we help you real good, then what we can do is, we can rehabilitate you, and you can go to work and make less money."

We are in a Catch-22. We are offering them less, because of what we feel is "terribly important," and they may not feel that it is terribly important when their paycheck denies them medical benefits. You know, you are between a rock and a hard spot.

Ms. GERE BENICS. I understand that this does not pertain as much to Florida, but perhaps your knowledge of the rest of the region that your office encompasses—we have found that many older persons around the country are receiving VR services and being rehabilitated to the homemaker's status, but there has been substantial pressure to discontinue this practice, and I am wondering whether that is true in this region.

Ms. CARRICK. Yes, and I think one of the things that we are trying to do—let us look at it from a different point of view. What we are trying to say is: If an individual who is a homemaker is disabled and needs assistance to be a good homemaker—we will say a visually handicapped older person, whose whole life has been a homemaker—what

we are saying is: do not just do cataract surgery; provide services for that individual, within the home, that will truly be what we would term as a rehabilitation.

If that individual comes in with a goal as a homemaker, and you provide appropriate services—we have used it as kind of our catchall, when we could not find a person an employment, and then we would rehabilitate them as a—I have some in my caseload back in New York State that I am sure that they did that with.

What we are trying to say is: be definite; if you are going to do it, do it well.

We do have—by the Federal program evaluation standards—certain limits on what we are saying is appropriate for a State agency to work with, how many are rehabilitated as homemakers or unpaid family workers. It is interesting to note, however, that the blind agencies can have a higher percentage of those rehabilitated as homemakers or unpaid family workers, which I think is significant in terms of the disability itself.

MS. GERE BENICS. Do you have any idea of the age range of those rehabilitated homemakers?

MS. CARRICK. We have no statistics on that. I do not know whether they will eventually become available. In all of the material that I looked through, I could not find a breakdown in terms of that particular area. I tried to find it, but I could not.

MS. GERE BENICS. Thank you, and I have no further questions, Mr. Chairman.

CHAIRMAN FLEMMING. Mr. Thornberry, I was interested in your identification of factors that could lead to older persons possibly not getting their fair share of the resources that this country makes available in the area of rehabilitation. I was particularly interested in your identification of the lack of motivation. Have you had any experience—or have your associates had any experience—in working with older persons who at a particular point seemed to lack motivation, but who, after a period of unemployment and after a period of noninvolvement in the life of our day, developed a strong motivation for employment?

MR. THORNBERRY. I think that the trend that we find is that, when an individual is referred to us, they have an attitude of work—a strong work background—and they expect themselves to work. They see it as a part of their lifestyle. However, we find certain individuals who come to us with a feeling that they have worked, that they have earned, through social security, etc., the right to certain benefits. We try to encourage the work ethic, the involvement of the individual, and the attitude that they, too, can contribute. It is sometimes very difficult, in the face of the Catch-22 that Ms. Carrick mentioned, in that they are receiving more money from the various programs than they could get, potentially, in employment.

We do have a certain pride in finding those individuals who do want to work. I have had, within the last month—I have only been with this agency for about 5 months—in the last month, I have had two individuals—two counselors in our agency—who have bragged on the fact that they made an excellent placement of an individual over 60 or over 65.

They bragged on the issue as if it were more difficult, first of all, to find an appropriate placement because of discrimination in the community, in employment; and because they have related that so many of their clients did not feel that they could compete; they do not have the self-confidence to say: “I can do what the 30-year-olds in the manufacturing plant”—or wherever else the employment might be—“can do.” It is very difficult, at times, to overcome that attitude.

CHAIRMAN FLEMMING. I am particularly interested in the category which you have identified of persons who initially come to you with some feelings that they have put in their time working and that they really are not interested in further involvement. Have you had any experience with persons who fall in that category, who after a lapse of time come back with a different point of view and a different attitude?

MR. THORNBERRY. If their financial situation is not sufficient to sustain them, yes.

CHAIRMAN FLEMMING. Have you had any who have come back with a different point of view because of a desire on their part to continue to be involved in some kind of constructive activity?

MR. THORNBERRY. I cannot, from my counseling days, remember such an instance. If they had that interest, they carried it through. They often had a hard time letting go of the employment, rather than—

CHAIRMAN FLEMMING. I was also interested in your testimony relative to third-party funding, referring particularly to the cooperative school program, and Mr. Twomey also referred to that. What you are saying is: because of the need to obtain matching funds, a good deal of emphasis is placed on tying in with the cooperative school program. Then, as I understand it, you are saying: because of that tie-in, the referrals are typically of younger persons.

Do you note any change or any trend in the direction of referrals from the cooperative school program, in terms of older persons being referred now along with younger persons? In other words, is the school program, as you see it, giving any more attention than it has in the past to the needs of the older persons and is that, in turn, reflected in a shift in the age group as far as referrals are concerned?

MR. THORNBERRY. I will give you an example of the intention in some discussion that we have had with a school board. The school officials in Monroe County—that is the Keys in Florida—discussed with me about 2 months ago the question of their sponsoring an evaluation and adjustment workshop, which would be available to most of our clients, the issue being that, under present statutes, any aged individual

could participate. I thought that this was an excellent expression of the recognition that education does not stop at the age of 18, and that there needs to be a cooperation among the programs for later-aged individuals.

CHAIRMAN FLEMMING. I would say that it is an interesting and constructive development.

Do you, in connection with your program, carry on an outreach program addressed to older persons—a program which identifies some of the special characteristics of the older person in relation to the vocational rehabilitation, and that urges older persons to really inquire or make inquiry as to the possibility of their becoming involved in the program? You get referrals, and other people come in, just because they have heard about the program. What I am talking about is: have you developed an outreach program in this area, addressed to older persons, and indicating to older persons, what some of the possibilities are in this area?

MR. THORNBERRY. I think our co-location with adult and aging services of the State has had some positive effects. I know that their program office and ours have discussed certain issues relating to mutually potential clients.

I can give an example that Adult and Aging and the local Jewish Vocational Service signed a cooperative agreement or a contract to provide employment services in some of the housing for the elderly. This would be contract work, to be done within the individual's own home or apartment. Our staff has a direct contact, through the Jewish Vocational Services, with that particular program, and we are receiving referrals from that program.

Those are some of the examples of the kinds of things that we are doing. I do not think that we have had—we have had very little campaign and public information monies to spend on any particular group recently, and we have not concentrated on any group, except the handicapped, as an overall population. The elderly would be included.

CHAIRMAN FLEMMING. Ms. Carrick.

MS. CARRICK. One of the—the Tennessee Services for the Blind Agency hired, within about the last 2 years, a consultant for aging blind, and they have been developing programs and attempting to do more programs with Title XX—the expertise under Title XX and the aging blind relationship and evaluation, and so forth. I hold some real hopes for that. I think that is going to be most interesting.

CHAIRMAN FLEMMING. That emphasis on the aging blind arose out of an amendment to your law, which—

MS. CARRICK. Right.

CHAIRMAN FLEMMING. —requests the Administration to take a close look at the aging blind. As you know, that resulted in a working agreement between the Administration on Aging and the Rehabilitation Services.

MS. CARRICK. Right.

CHAIRMAN FLEMMING. In other words when Congress singles out older persons within a particular category, then that gives the vocational rehabilitation a kind of a green light to move in that direction.

Could I ask you if you would just give us an evaluation of the homemaker part of the law? You did, in response to counsel's questions, you did mention it; but, as one who is deeply involved in the area, I would like to learn from you what you think the impact of that program has been on the total vocational rehabilitation program.

MS. CARRICK. I think that the number of cases that we have indicated annually and nationally that were employed and "rehabilitated," were beginning to look—and I think that was a question at many congressional hearings—that we were not really taking a handicapped individual and going the full measure, and that we were not serving the numbers of people that we should have been serving; and that too many times, I think, that one of the outs for a counselor was to rehabilitate an individual as an unpaid family worker, as a homemaker.

What we have attempted to do, then, is to say: If you are going to rehabilitate somebody as a homemaker, provide the appropriate services that are needed by that individual to accommodate that disability within their own home. So I think what we will be doing is to have a very strong case for those individuals that we do rehabilitate as homemakers. We are developing now, with some of the extra money that is available, some special programs that relate to homemakers, and that relate to an individual who is going to be confined to a wheelchair, or who may be arthritic, to be able to manipulate around her home or his home better and be able to do things and build things differently.

We all know this, to some degree. The blind—again, to make it real, not to make it a false number—

CHAIRMAN FLEMMING. How do you determine when a homemaker has been rehabilitated and when you can count it, so to speak, as a rehabilitation?

MS. CARRICK. I think that the individual—regardless of what the employment is—must be in that employment for 90 days and must be successful in that employment for 90 days. If the individual were receiving some special training, then they would have had the reports from that special training as to how well that individual had done and what some of the needs were. Very often, they may get a request to put additional monies into the home; we will say, in order for that individual to work—or a different wheelchair, if it is an arthritic or something—so there is very close monitoring by the counselor before we can count that as a rehabilitation. There must be a closure paragraph, saying what this individual has done and how well the individual is doing, and then say: "We consider the case closed because the individual does not desire any more services."

CHAIRMAN FLEMMING. Another question is: I recognize the role that closures play in the obtaining of support for the program from the Congress, and—

MS. CARRICK. I am sure you do.

CHAIRMAN FLEMMING. I have—

MS. CARRICK. You were there once yourself.

CHAIRMAN FLEMMING. I have had to use those statistics in an effort to obtain support. Do you feel, drawing out of your experience, that the emphasis on closures—namely, a person actually becoming employed—does, as a matter of fact, work against the older person?

MS. CARRICK. I would say that it probably does, if you want to get down to the nitty-gritty. I would like to say no; but I think, honestly, that it probably does because I can recall when I was a counselor, although I had some very, very charming older people that I worked with, it was always: “What are you going to be able to do to be employed?” and: “Are you going to be able to be employed, even though it will only be part-time employment?”

I think perhaps one of the things that we have not done well—and maybe we need to look at it again—is to work with the elderly, and especially those who do not need the money, in terms of some very excellent part-time work or volunteer work in particular areas; and I do not think that we have emphasized that enough within the community—to utilize their skills.

CHAIRMAN FLEMMING. This is the point that I was driving at. Do you feel that older persons would benefit if the law were reworded in such a manner as to make it clear that the objective is to make it possible for the person to once again be involved in the life of our day in a significant manner, as a volunteer, as a part-time worker, or as a full-time worker? You mentioned the word volunteer; you used the word volunteer. As we all know, there are older persons whose primary objective is to continue to be involved in a significant manner. Some of them need full-time employment. Some of them need part-time employment. Others desperately need the psychic compensation that comes from involvement as a volunteer in a regular, systematic manner.

I guess my question is: should we not, as a society, be just as concerned about the rehabilitation of that person, who needs the psychic compensation of continuing involvement, as we are of the person who may end up with either part-time or full-time employment?

MS. CARRICK. I think it would be the best of all worlds, if that were possible. I think that we have lost, in our society, a tremendous amount of knowledge, expertise, and feelings that we do not have now with the older individual, and this would help; it really would.

CHAIRMAN FLEMMING. Let me give you a very specific hypothetical situation, in a way, but, in Los Angeles, the public schools there have worked out a program under which they are now utilizing the services of 3,000 older persons as volunteer teacher aides. Let us assume that

one of those teacher aides has a stroke which incapacitates him or her in terms of serving as a volunteer in the Los Angeles school system. In your judgment, would it make good sense for vocational rehabilitation to have a real interest and a real concern about the rehabilitation of that person so that that person could go back and continue to be a volunteer in the Los Angeles public school system?

MS. CARRICK. I agree; I think it would open up a whole new world for some of our counselors, and it would be a real challenge.

One of the major problems that we would get into, I think, again, would be the other services that would be available to that individual, which includes the role of the rehabilitation counselor, which has always been on a one-to-one basis.

What kind of a role—that would be a positive role—could the rehabilitation counselor have, in order to assist that individual? Usually, it would not require the medical services, because that would probably be covered by Medicare or Medicaid, depending upon the need. I think many of these already have most of the physical restoration or the physical therapy, and the speech therapy, etc.; and I think possibly it would be a totally different role, in terms of remotivation and working with the employer, even though it is a volunteer, as to how to best utilize that individual, and when to push and when not to push, so that you will get this kind of relationship that will make that aging individual more acceptable to return. This might be the role.

CHAIRMAN FLEMMING. Before I turn to Commissioner Freeman, there is just one other question that I would like to ask, growing out of your testimony. I guess I will make it a statement. I gather from your testimony that you feel that the legislation relative to the social security trust fund should be amended, if we are really going to eliminate a barrier in terms of the involvement of older persons in the vocational rehabilitation program.

MS. CARRICK. We are hurting people; we are hurting handicapped people and older people by making it impossible for them to really take advantage of some of the services in Title XX or vocational rehabilitation or almost anything by saying, "If you get a job, zap."

CHAIRMAN FLEMMING. I am sure that the staff has identified this, and this is certainly an area that I want to consider in making a recommendation back to the Congress because I agree that this has become an obstacle.

Mr. Twomey?

MR. TWOMEY. Mr. Chairman, I believe that there will be considerable discussion very soon on legislation pointing to independent living, in terms of a broader notion of rehabilitation, focusing away or including other objectives for an individual, other than a competitive job, and I think this discussion will have an opportunity to be—

CHAIRMAN FLEMMING. I agree with you, and I think the next step in the kind of discussion I was having with Ms. Carrick would be in that direction because here is a person who is playing a very real role in

the life of a home, making it possible for the older couple to continue to live in their own home or in another place of residence. Let us say that the person has a stroke. It seems to me that our society should be just as much interested in trying to bring about the rehabilitation that would enable that person to resume her or his normal role in the home.

Commissioner Freeman?

COMMISSIONER FREEMAN. The line of questioning which I will pursue was suggested initially by what I said to Congressman Pepper. The statements which you have given reveal a very serious problem as to the aged. My concern, however, is that it is even worse for the black and other minorities, and it is even worse than worse for the black and other minority female.

From the testimony which the Commission has received in other localities, we have found the need to be concerned with the makeup of the agencies that administer these programs, because we cannot just say: "lack of sensitivity of counselors." It would be helpful to know who they are. I would like to know, from each of you who represent the agencies, if you could state for the Commission the racial breakdown of the counselors who work for each of your agencies. Do you have that information?

MS. CARRICK. The Office for Civil Rights in the region has that available. We have it as a part of our State plan, which has recently been submitted, which breaks down the total agency in terms of the number of females, the number of minorities, and the number of handicapped individuals. That would be available. Those State plans are in the midst of being approved. Those would be available in our Washington office. Once they are approved, we send them to Washington.

COMMISSIONER FREEMAN. What office are you from, Ms. Carrick; where is your office?

MS. CARRICK. I am in the Atlanta regional office.

COMMISSIONER FREEMAN. The Atlanta regional office?

CHAIRMAN FLEMMING. Of HEW.

MS. CARRICK. I am sorry; of HEW.

COMMISSIONER FREEMAN. Are you in charge of counselors?

MS. CARRICK. No; I work with the State agencies, who implement the vocational rehabilitation laws.

CHAIRMAN FLEMMING. Commissioner Freeman, there has been this indication that the kind of information that you have requested is available through the State plans that are submitted to the regional office—

MS. CARRICK. Annually.

CHAIRMAN FLEMMING. —therefore, I would like to suggest that the staff contact the regional office—that would be the regional Office for Civil Rights—in order to obtain that information, and, once it is obtained, that it be entered in the record at this particular time.

COMMISSIONER FREEMAN. I would like to request that the information—and I want to make it very clear why this is important. You listen to unemployment figures. One will say that the unemployment rate is 7 percent. What that really does not include are those hundreds of thousands of people who are not in the job market and who are not being counted, and that also does not reflect the fact that the unemployment for black and other minorities might be 14 percent or even 20 percent, or that for teenagers it might be 40 percent to 60 percent, or that for the black elderly it might be even greater than that. What I am groping for is the extent to which this problem is recognized by any of your divisions and ways in which it is being dealt with, if at all.

MR. TWOMEY. I would like to comment on that, Commissioner Freeman, if I may.

We are actively recruiting staff almost constantly. It is almost a burden to be faced with the high turnover that we experience, 30 or 40 percent a year. That is staggering and devastating.

COMMISSIONER FREEMAN. How many persons do you have on your staff?

MR. TWOMEY. I am talking about the counselor ranks, of 590 counselors. There are 590 positions.

CHAIRMAN FLEMMING. That is for the State of Florida?

MR. TWOMEY. For the State, right.

COMMISSIONER FREEMAN. 590 counselors for the State, of Florida; all right.

MR. TWOMEY. Right, 90 supervisory positions and maybe 40 or 50 in middle management.

COMMISSIONER FREEMAN. This is the information that you are going to provide us as to race and sex?

MR. TWOMEY. I do not know if I can get that. I will almost have to do a head count. I am trying to explain my situation in terms of—

CHAIRMAN FLEMMING. Could I interrupt for just a moment?

MR. TWOMEY. Yes, sir.

CHAIRMAN FLEMMING. Now that we bring these two things together, as I understand it, you do provide information of that kind in your State plan that is submitted to the regional office?

MS. CARRICK. Yes.

CHAIRMAN FLEMMING. The information is available?

MS. CARRICK. Right.

CHAIRMAN FLEMMING. Are the State plans for 1978 coming in just now?

MS. CARRICK. Yes, they have to be approved by September 30, so we do have a problem.

CHAIRMAN FLEMMING. In other words, we can get the information from each State for the year 1978; is that correct?

MS. CARRICK. Right.

COMMISSIONER FREEMAN. Mr. Chairman, Mr. Twomey did not indicate that it is available, cross-classified as to race and sex.

MS. CARRICK. We have requested, in the regional office, for every State plan that we have received—if they do not have it for the staff, we have requested that they submit it to us according to the type of position, as it relates to minorities, as it relates to the handicapped, and as it relates to sex; so we are going to try to look to see, and also to put goals as to what they plan to change for next year.

We are trying to look at how many are in administration, how many are in direct service delivery, and how many are clerical. It is one thing to say, as far as I am concerned, that 53 percent of the VR staff are female. That means, of course, that almost everybody has a secretary. It does not mean that we have female counselors or female administrators. So we are getting to this; we are requesting every single one of our States—when they submit the plan—before it will be approved, that we will have that information.

COMMISSIONER FREEMAN. When you say that you are getting to it, it would be helpful if the Commission could have some idea as to when you will get to it.

MS. CARRICK. Our plans must be approved in the regional office and sent to Washington by September 30. Is that not the end of the fiscal year?

MR. TWOMEY. Yes.

MS. CARRICK. September 30; yes. They are in our regional office now, with the exception of Florida's, and we are in the process of negotiating with every State agency the various things that are right or wrong. It is not just the affirmative action; it would have to do with what they are doing with their money, and how many people they are planning on rehabilitating, and other areas that are involved and a part of the State plan, so that, by September 30, all of our approved State plans will be sent to Washington. We may have some of them right now that have been approved and that we can send, but there will definitely be a cut-off by September 30.

COMMISSIONER FREEMAN. The next question is the extent to which you monitor and determine whether the beneficiaries of the program are inclusive as to minorities.

MS. CARRICK. We have statistics. We have worked with the Office for Civil Rights. Within the past year, I have done two reviews with them. When every one of our State agencies does their own—what we term—their own program administrative reviews, monitoring—

COMMISSIONER FREEMAN. No, Ms. Carrick—

MS. CARRICK. —in selecting—

COMMISSIONER FREEMAN. This is the point—

MS. CARRICK. These are for the people who are being served.

COMMISSIONER FREEMAN. This is the problem: what disturbs me is that the monitoring is limited to the Office for Civil Rights.

MS. CARRICK. No.

COMMISSIONER FREEMAN. While it is very good that they do it, the persons who provide the monitoring, or the persons who administer

the program, have a responsibility to be sure that the beneficiaries are inclusive. This is the answer that I am trying to get.

MS. CARRICK. You see, this is what I was starting to say. Every State agency must do a program and administrative review, which includes reviewing clients and reviewing cases; and they report that to us, or we are oftentimes involved with them in doing it, as part of our whole program of evaluation.

Everything that goes into the computer we can pull out from the computer—what is being done—but the State administrative individuals review a select sample, a random sample of cases. For Mississippi, they do it every month. In others, they do it every 2 or 3 months, depending upon the size of the agency. And that is one of the things that they take into consideration; number one, what is the percentage of minorities, and what kinds of services are minorities being provided? Is it different from the kinds of services that are being provided by “nonminorities” to “nonminorities”?

COMMISSIONER FREEMAN. Do you have this report?

MS. CARRICK. The State agencies do this.

COMMISSIONER FREEMAN. The State of Florida, then, has a report?

MS. CARRICK. I do not know whether the State of Florida does. Florida is in a little bit of difficulty right now with it, and that has to do with something totally different. That is—that does not—

COMMISSIONER FREEMAN. I am not getting into the controversy. What I want to get into is the extent to which the State of Florida exercises its own responsibilities and has information as to whether the beneficiaries of the program are inclusive as to minorities and women. Mr. Twomey?

MR. TWOMEY. Yes, ma'am; as Ms. Carrick has indicated, we do have a monitoring process which does include this aspect of review, and the Office for Civil Rights last year did conduct an onsite case review with us to, first, determine the effectiveness of the monitoring system, and, two, to look at the cases—actual files and records—to determine whether such things as vocational objectives were reasonable and feasible and that there was no discrimination in terms of job opportunities or job expectations and that training was offered across the board, depending on—

CHAIRMAN FLEMMING. When was that review conducted?

MR. TWOMEY. One year ago, sir.

CHAIRMAN FLEMMING. One year ago, now?

MR. TWOMEY. Yes, sir.

CHAIRMAN FLEMMING. Is that report available?

MR. TWOMEY. In the Office for Civil Rights in Atlanta.

CHAIRMAN FLEMMING. I would assume that we would like to get a copy of it.

COMMISSIONER FREEMAN. We would like to have a copy of the report, but I also want to know from you, Mr. Twomey, what you can tell the Commission. What were the findings?

MR. TWOMEY. It would have to be off the top of my head. I have not reviewed them recently, but—in fact, I would prefer to submit that through channels and have it submitted as a part of the testimony.

CHAIRMAN FLEMMING. When did you do your last monitoring job, irrespective of the Office for Civil Rights?

MR. TWOMEY. Last month.

CHAIRMAN FLEMMING. Was that for the month of July?

MR. TWOMEY. July, yes, sir.

COMMISSIONER FREEMAN. Do you remember what that was?

CHAIRMAN FLEMMING. I would like to suggest that the staff obtain that report.

MR. TWOMEY. All right.

COMMISSIONER FREEMAN. In addition to the other report.

CHAIRMAN FLEMMING. That is right.

Commissioner Freeman's question was: do you have any recollection as to the result of that July report?

MR. TWOMEY. The July report tabulations are being done now and I have not, as yet, seen the actual findings, but we will have that available.

CHAIRMAN FLEMMING. Do you have any recollection relative to the June report?

MR. TWOMEY. Yes, sir.

CHAIRMAN FLEMMING. What is your recollection of that?

MR. TWOMEY. In terms of objectives—in terms of goals and employment opportunities, we have found very little variance. In terms of educational opportunities, we have found some increases in the utilization of vocational technical training and on-the-job training.

CHAIRMAN FLEMMING. By minorities?

MR. TWOMEY. Yes, sir, minorities.

COMMISSIONER FREEMAN. Mr. Twomey, you refer to whom when you say "we"?

MR. TWOMEY. The review team.

CHAIRMAN FLEMMING. Of the State?

MR. TWOMEY. The review team of the State; yes, sir.

COMMISSIONER FREEMAN. How many persons were on the review team?

MR. TWOMEY. Four.

COMMISSIONER FREEMAN. Would you state the race and sex of each of those persons?

MR. TWOMEY. There were two males and two females, one black, and three white. We have a black as a monitor—a program monitor in our office.

COMMISSIONER FREEMAN. Out of a total of how many?

MR. TWOMEY. Three positions, and I am the fourth reviewer.

CHAIRMAN FLEMMING. Do you have anything further?

COMMISSIONER FREEMAN. No.

CHAIRMAN FLEMMING. We appreciate very, very much your being with us and providing us with this helpful testimony. Thank you very much.

Counsel will call the next witnesses.

MS. GERE BENICS. Ms. Doris Norbraten, Mr. James Morrison, and Mr. Edward Davis.

CHAIRMAN FLEMMING. If you will, remain standing, please, and raise your right hands.

[Mr. Edward Davis, Mr. James Morrison, and Ms. Doris Norbraten were sworn.]

**TESTIMONY OF EDWARD DAVIS, DIRECTOR, MEDICAID PROGRAM,
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ATLANTA; JAMES
MORRISON, ADMINISTRATOR, FLORIDA DEPARTMENT OF HEALTH AND
REHABILITATIVE SERVICES; AND DORIS NORBRATEN, MEDICAL SERVICES
COORDINATOR, DISTRICT 11, DADE AND MONROE COUNTIES**

CHAIRMAN FLEMMING. Thank you, and we are very happy to have you with us. Please be seated.

MS. GERE BENICS. Beginning with you, Mr. Davis, please state your full name and position for the record.

MR. DAVIS. My name is Edward Davis, and I am the Regional Director of the Medicaid program of HEW, in Atlanta.

MS. GERE BENICS. Mr. Morrison, please state your name and position.

MR. MORRISON. James Morrison, State of Florida Medicaid Administrator, Department of Health and Rehabilitative Services.

MS. GERE BENICS. Ms. Norbraten.

MS. NORBRATEN. Doris Norbraten, medical services coordinator for District 11, which is Dade and Monroe Counties.

MS. GERE BENICS. Beginning with you, Mr. Davis, could you define the role of the Federal Government in relation to the States' decisions about what services they provide in the Medicaid programs?

MR. DAVIS. The statute—Title XIX of the Social Security Act—provides that each State that enters into a Medicaid program will cover certain basic services. There are about seven of those, and then there is a longer list of any number of optional services.

Now, what we tried to do—this was done earlier, when each of the States was developing a Medicaid program—was to work jointly with the State Medicaid agencies in trying to develop a Medicaid program that would be a balance of good options, a selection of options, so that the State—we did encourage them to select as many of the optional services as possible. Here, we were directed towards counseling with the States to come up with what we termed a balanced program, for example, of physicians' services as a required service, and drugs as an optional service. We felt, you know, that it made good sense to select drugs as an optional service, since physicians' services would be a required service, particularly when we are dealing with a constituency—

MS. GERE BENICS. If a State imposes a limitation on a service, can your office overrule that limitation?

MR. DAVIS. Actually, once the State Medicaid program plan is adopted—once the State Medicaid program has developed its Medicaid priorities, which is the program for the State, we can approve amendments at the regional office level of any amendment that the State might want to make. We do not disapprove amendments. This authority is retained at the central office level.

MS. GERE BENICS. When you are making those sort of decisions, do you consider age as a factor, or the age group to be a factor, in disapproving—

MR. DAVIS. I do not think that, up until this time, quite frankly, that age has been a factor, other than what is specified in the statute itself. Congressman Pepper very eloquently mentioned some of the discriminatory aspects of the statute—the Medicaid statute—as related to age. To that extent, yes, we do.

MS. GERE BENICS. When program modifications—pursuant to attempts to reduce the budget—occur, do you think that has a significant impact usually upon the older population, rather than the younger?

MR. DAVIS. Yes; in recent years—in the last 2 or 3 years—most of the States in this part of the country, and certainly in the southeastern area, have had to reduce the Medicaid program—the scope of the services—to some extent, to stay within the budget. This is frequently done by the optional services—reducing the amount of care provided, let us say, by drugs, or to limit the scope of the drugs. That, in a sense, would impact more severely on the aging.

They may eliminate such optional services as eyeglasses, or they may certainly put a limitation on the scope of a benefit such as eyeglasses, dentures, and that sort of thing, because the statute does not permit too much—it does not permit the elimination of the mandatory services at all. A State may impose some limitations on the amount of required services; but, by and large, I think that the reduction in the Medicaid program, when this does have to occur, does impact heavily on the aging.

MS. GERE BENICS. Thank you.

MR. MORRISON, how does a State determine what optional services it will include under its Medicaid program?

MR. MORRISON. Florida has traditionally not covered certain optional services for adults. I think the way it changes is, someone makes recommendations to the government and to the legislature for improvement in the program.

MS. GERE BENICS. When those recommendations are made, is the age group that will be affected considered?

MR. MORRISON. Well, for instance, now, if we would recommend an increase in the optional services for the adults, it would certainly affect the age groups.

MS. GEREBENICS. On what basis are decisions made to attach prior authorizations or even cost limitations to any given service?

MR. MORRISON. Usually it is on the basis that the administrative people look to see where it will do the least harm, in terms of patient care.

MS. GEREBENICS. This is for the cost limitations. Is it true in Florida that all services have prior authorizations?

MR. MORRISON. No, it is not. There are very few prior authorizations. We have, however, limits on our programs in several areas that are called, within the State, caps. For instance, we have the maximum coverage for inpatient hospital care of 45 days. We have a maximum of \$100 on outpatient care, which can go to \$200 with prior authorization. We have a maximum allowance on the pharmacy in the community of \$20 a month, and \$30 in the nursing home. These can be exceeded, if it can be shown that they are medically necessary.

MS. GEREBENICS. Our studies have found, across the country, that the early periodic screening, diagnosis, and treatment program, which is designed to serve those from 0 to 21, is serving primarily those under 6. I was wondering what the participation rates are in Florida.

MR. MORRISON. I think the rates in Florida are very high. I can submit this material that I brought today, after your staff person visited me. The participation, I would say, is greater for those under 6, particularly since, in our State plan, we cite the number of visits per year, and it is higher for a 0 to 5 child than it is for a child in the older group.

CHAIRMAN FLEMMING. Mr. Morrison, do you have a percentage? You have said that it is greater, but do you have the percentages there?

MR. MORRISON. Well, I do not have the percentages, but we can do them fairly quickly.

CHAIRMAN FLEMMING. There is no need to do it now. I would just simply like to have that done and submitted for the record.

MR. MORRISON. I shall do it now.

MS. GEREBENICS. Ms. Norbraten, could you explain some of the methods in Florida, in coordination with the SSI, ensuring that those eligible for Medicaid are taking advantage of the program?

MS. NORBRATEN. When a person applies for supplemental security income and is put on the eligible role, the Health, Education, and Welfare computer tells our computer that they are, indeed, eligible for Medicaid assistance in Florida, and that individual is sent a card at that time. He is also advised—at the time when he applies for supplemental security income—by the Social Security Administration that he would be eligible for these programs, and he is given some basic idea, I believe, as to what services will be available. He gets a card, and it states on the card the services for which he is eligible. He gets a new card each month.

He is not personally contacted, because of the enormous number of people on the program here, by a social worker. If he comes to us, a social worker will sit down with him and advise him as to what services are available and how to get them.

MS. GEREBENICS. Do you think the lack of instruction on how to use the card or what care is available has an impact upon—

MS. NORBRATEN. Indeed, I do. I think it would be wonderful if each person who is eligible could sit down with somebody and have it thoroughly explained to him—not only what services are available, but how they can go about obtaining those services.

MS. GEREBENICS. I have just one final question for Mr. Davis. We have found, again in our studies, that there are certain policies in the Medicaid program that encourage institutionalization. I was wondering whether you concur in that.

MR. DAVIS. Yes; I think there are a number of things that encourage institutionalization, particularly for people to go into nursing homes prematurely: the lack of aggressiveness in developing the home health care programs, which certainly encourage nursing home care and institutional care. There are a number of things that are involved in this, but certainly I agree that there is a tendency to institutionalize individuals who could function independently with other types of programs, if other types of programs were developed.

MS. GEREBENICS. Thank you.

MR. Chairman, I have no further questions at this time.

CHAIRMAN FLEMMING. Thank you very much.

I would like to make a statement and I would ask each member of the panel to comment upon it. As I have listened to your testimony, and as I have listened to the testimony of Congressman Pepper, I have reached this conclusion: one, that there are provisions in the Medicaid legislation that have the effect of discriminating against older persons; two, that the selection or nonselection of optional services on the part of a State oftentimes leads to discrimination against older persons. I would like your reaction to those two statements. We will start over here [indicating Mr. Davis].

MR. DAVIS. I think that Congressman Pepper did an excellent job in explaining how those things do impact upon the Medicaid program, and I agree fully about the selection of optional services, and, generally, these are not the most expensive services in the Medicaid program; and I think that is an important thing that—if Congressman Pepper mentioned that, I did not catch it, but, if you will look at such things as eyeglasses and that sort of thing, that is not an expensive part of it. It is expensive, but it is not expensive in terms of hospital care or nursing home care. Those are some of the things that are frequently left out of the Medicaid program that have the impact of discriminating against older people.

CHAIRMAN FLEMMING. If they were taken out of the optional category, it would be of real help to older persons?

MR. DAVIS. Yes, sir; very definitely.

MR. MORRISON. I agree with Mr. Davis, and I think that Florida is one of the States where the adult person does not get optional services. Our medical advisory committee met last month and is recommending that eye care, hearing, and dental care be extended to the elderly. At one time in the past, it was covered for a brief period in Florida, but we quickly dropped it because of the expense. I think the area that is well covered for the elderly is nursing home coverage, where we spend \$90 million a year. Again, I agree with Mr. Davis that the State and Federal establishments have not done enough in the area of developing home care programs.

CHAIRMAN FLEMMING. Would you like to comment upon it?

MS. NORBRATEN. I can only agree with these two gentlemen. I think it is discriminatory, of course. We do give our children a physical examination annually, which is a required program. We do furnish them with dental care, eyeglasses, and hearing aids, but we do not do this for our elderly people. I think it would make a great deal of difference in their living, if we were able to give them these services.

CHAIRMAN FLEMMING. I have one other question growing out of the testimony. Do you believe that you are in a position to carry forward an effective outreach program with older persons, designed to identify for them the services that are available, and designed to identify how those services can be obtained?

MS. NORBRATEN. Are you asking me?

CHAIRMAN FLEMMING. Your testimony identified this, so let us start with you.

MS. NORBRATEN. All right; just in the matter of staff alone, we certainly are not equipped to do an outreach program under the present staffing of the agencies. We just could not do it.

We have 60,000 adults, or something like that in Dade County, and 30 workers, all of whom are very, very busy with services of all kinds, so, it's a matter of staffing. I really do not think—the Medicaid program does do mail-outs of information to clients. Along with their Medicaid cards, they are frequently sent a mail-out, telling of the program—a new program or perhaps a deletion of an old one. This does not really help a person to understand too well, but it is certainly better than nothing.

CHAIRMAN FLEMMING. Would you agree with me that, when this program or any other program is operated in such a manner as to not make it possible to carry forward an effective outreach program with older persons, but the program is, in fact, discriminating against the older person—

MS. NORBRATEN. It is certainly limiting itself, yes.

CHAIRMAN FLEMMING. Would the other members of the panel want to comment on that line of questioning?

MR. MORRISON. I think that Doris, at the local level, sees it more than we do.

I think that the patients, for a large part, have to rely upon the provider—the physician, the dentist, or the pharmacist—as to what is covered. Some of them are well informed, but others are not.

CHAIRMAN FLEMMING. Did you say that you feel that the provider is well informed?

MR. MORRISON. I feel that some of the patients are. Many more of the providers are well informed as to our services; however, in this area, there is a lack of information by the provider as to what our services are and how they are delivered, in many cases.

CHAIRMAN FLEMMING. Has any effort been made on the part of the State to provide you with resources that would be designed to correct this situation?

MR. MORRISON. We have, in terms of the provider, in the planning stage for later this year, to educate the provider better, in terms of our program. As far as the recipients are concerned, I do not think there are any plans.

CHAIRMAN FLEMMING. There are no plans at all, as far as the recipients are concerned?

MR. MORRISON. Not that I know of.

CHAIRMAN FLEMMING. You might address it not just from the standpoint of Florida, but from the standpoint of the other States as well.

MR. DAVIS. Of course, I do not know.

I think that perhaps there could be more done, outside of a paid staff, in terms of volunteer groups or organizations, and those kinds of things. They could be brought in to work with their own constituents, and I think there is a shortage here, in terms of providing information through means other than a one-to-one type of relationship, because, you know, I am not sure that we could ever do that with the vast numbers. There has to be a broader base of getting word out.

CHAIRMAN FLEMMING. When the outreach aspect of it is ignored, or virtually ignored, then that certainly constitutes discrimination against the older person.

MR. MORRISON. If I could add, Chairman Flemming, I think there is, in most States, opposition to the—immediate opposition—idea of outreach, in other than the social agency. The fiscal budget people immediately react against it. They see an increase in caseloads. The opposition is usually at that level.

CHAIRMAN FLEMMING. In other words, there is a deliberate effort on the part of certain officials to hold down outreach, in order to hold down costs—

MR. MORRISON. That is right.

CHAIRMAN FLEMMING. —and that effort is at the expense of the welfare of the older person?

MR. MORRISON. I think you will find this in most States.

CHAIRMAN FLEMMING. This is a very real problem at all levels, and I am glad that you have, very frankly, identified it.

I would like to go to the question of institutionalization. I think we would all agree upon the fact that, as a society, we are not even beginning to scratch the surface in terms of the opportunities that exist in the area of home health services. This has, of course, been one of Congressman Pepper's crusades, really, and one where he has played a very important role. What is there in the Medicaid program that operates against the strengthening of home health services? What amendments could be made to the Medicaid program to result in directing more resources in the direction of home health services?

MR. DAVIS. I am not too sure that there are provisions in the Medicaid statute presently that would work against—or in regulations. Maybe the regulations are not clear enough, but I am not too sure that the statute and the regulation is what is working against the development of home health services.

Perhaps important in this would be the attitude of those who deliver or prescribe home health services. I am talking about the physician in the community. The traditional pattern has been the institutional type or mode for rendering care. I think physicians, generally, are more comfortable in managing their patients in an institutional setting than they are in a home setting, with home health aides and other workers, particularly if the patients are pretty sick or if they need quite a bit of care.

I think we are talking about a different way of delivering care. Until Medicaid and Medicare came along, home health was a way of delivering care. It was not extensive. It was mostly in urban areas, where there were visiting nurses' associations, and that kind of organization.

To get it much broader, in the rural communities, and to use someone other than professionally-trained, registered nurses to go into the home and deliver care—too, I think there is quite a social component to this, where maybe it is not the actual skilled type of care that is needed, but very much related to homemakers' services, and, instead of skilled nursing care, under the Medicare program, it is a little more difficult. Medicaid could provide care in a person's home.

CHAIRMAN FLEMMING. That is what I was coming to. In other words, I appreciate that there are some legal problems on Medicare, but, as far as Medicaid is concerned, you are convinced that it could be administered in such a manner that Medicaid resources could be utilized for the purpose of building up home health care to a much greater extent than is the case now?

MR. MORRISON. Yes.

CHAIRMAN FLEMMING. You mentioned the provider of services as being a factor in this. First of all, you identified the physician, who feels that it is much easier to make his rounds in a nursing home than it is to accommodate himself to a home health service program, and there is no question at all but that it is a factor. Do you feel that another factor is that, time and again, the providers—the physicians—really are almost ignorant about the availability of home health services or homemaker home health services?

I will give you just one personal experience in the District of Columbia, where I was talking with a physician who was describing a situation involving an older couple. He said, "I have got to get them into a nursing home; they can no longer live where they are."

I said to him, "Have you ever thought of relating them to a home health aide or a homemaker home health aide service?"

He said, "What are you talking about?"

He was completely ignorant of the existence of services of that kind, and yet they exist in the District of Columbia, and they can be utilized.

Do you think that this is a part of the problem, a failure to really educate the provider of services as to what can be done along this line?

MR. DAVIS. I very definitely feel that is one of the key reasons why the home care type of programs have not developed.

CHAIRMAN FLEMMING. This is another aspect of an outreach program. Here again, because we are not reaching the providers and not giving them the information and not resisting—as we should—their tendency to make rounds in nursing homes, rather than to get involved in this kind of a situation, it seems to me that, in the use of the resources that are available, it leads to a definite discrimination against older persons.

Commissioner Freeman.

COMMISSIONER FREEMAN. I want to pursue the statement that was made about the fiscal offices opposing the outreach programs because the concern is, then, that the program—that this whole idea—may be programmed to fail, if nobody knows about it, and nobody can receive the services. My question to each of you would be whether you have sent forth a memorandum or any proposals for an outreach program, recognizing that it would only be through an outreach program that the services would be extended. Have any of you proposed any revisions in the regulations or in the financing or funding of such programs?

MR. MORRISON. In terms of HMO—

CHAIRMAN FLEMMING. I think that, for the record, we better translate HMO.

MR. MORRISON. Health maintenance organization, which is a plan of prepaid medical care.

We have pursued this and have it in the planning stage, and there would be an active outreach program.

COMMISSIONER FREEMAN. What has been the result? What was submitted?

MR. MORRISON. We are presently in negotiations with HMO. It has not been finalized.

COMMISSIONER FREEMAN. At this point, you have recognized, or you have stated that you do not have the funding—that the persons who administer the budget do not look well on this; that because of the absence of an effective outreach program, fewer persons are served, but nothing has happened.

MR. DAVIS. I think there has been some outreach activity, generally, over this region, as it relates to the early and periodic screening program. There have been some spot announcements on the news media, and there have been notices put in the maintenance checks and mailed to each of the recipients. There has been—at the time of the eligibility determination, particularly there where the family is not under the supplementary security income—some awareness made of the early periodic screening program. I think there has been some of that type of outreach effort.

CHAIRMAN FLEMMING. If I might interrupt—has that effort, however, been directed more to younger age groups than to the older persons?

MR. DAVIS. Yes, sir; this would be particularly for the early and periodic screening program for children. I do not think there have been the same types of efforts for the other eligible groups in Medicare-Medicaid.

CHAIRMAN FLEMMING. Why do you think, when people talk about early and periodic screening, they tend to eliminate the older person from their thinking and consideration?

MR. DAVIS. I think the statute has something to do with it. It limits the early periodic screening program to people under 21, and, of course, from the Federal HEW side, we have definitely encouraged States—we have probably worked a little more vigorously with the States in conducting some kind of outreach or information in the early periodic screening program. We have not done that in other aspects of it.

COMMISSIONER FREEMAN. The other aspect of this is that, in addition to the discrimination against the aging, generally, there would then be an even greater and more negative impact against the indigent, the poor, and the minorities. I would like to know whether your office has done any analysis or any evaluation or any monitoring to determine the extent to which the impact on the black and other minorities and on the poor—to determine the extent of that impact.

MR. DAVIS. We have not.

COMMISSIONER FREEMAN. Have you done any Title VI analysis with respect to the beneficiaries of the program?

MR. DAVIS. We have worked jointly with the Office for Civil Rights in doing program reviews as far as discrimination against blacks. We have worked with the Office for Civil Rights in affirmative action programs and this type of thing.

COMMISSIONER FREEMAN. The problem—it gets worse as I hear more. If you recognize that there is discrimination against the aging, and also recognizing that there is pervasive discrimination against blacks and other minorities and against women, then the impact, of course, would be compounded. The thing that troubles me is that the agency does not seem to have any program for changing that.

MR. DAVIS. I do not think we have an aggressive program right now.

COMMISSIONER FREEMAN. Mr. Morrison?

MR. MORRISON. Mr. Davis cites the law, and I think, as you know, when there is a Federal penalty employed, States are very apt to pay more attention to the program. I would like to add that Florida does have, I feel, a very commendable program on followup in terms of early screening. We had problems early in the game with referrals for treatment for problems that were identified and screened. The statistics will show that we have done a good job on this.

COMMISSIONER FREEMAN. You are talking about the young now?

MR. MORRISON. Up to the age of 20.

COMMISSIONER FREEMAN. If you happen to be 21 or over, you are in bad shape.

CHAIRMAN FLEMMING. I would ask: has there been a recent monitoring of the program, from the standpoint of compliance with Title VI of the Civil Rights Act, either out of your office or in cooperation with the Office for Civil Rights?

MR. DAVIS. Not recently, no.

CHAIRMAN FLEMMING. How long ago did such monitoring take place?

MR. DAVIS. A couple of years—or 2 years—back.

CHAIRMAN FLEMMING. Two years ago?

MR. DAVIS. Yes.

CHAIRMAN FLEMMING. Did that result in a report being developed jointly by you and the Office for Civil Rights, the regional Office for Civil Rights?

MR. DAVIS. Yes.

CHAIRMAN FLEMMING. Was that report then submitted to the central office in Washington—both for Medicaid and, also, for Civil Rights?

MR. DAVIS. The Office for Civil Rights actually was the leader in conducting the review, and it did go to the Office for Civil Rights in Washington.

Primarily, these kinds of reviews and reports went back to the State agency, where there was corrective action planned to be developed and followed up, and a monitoring on that. It has been several years. It may even be more. These reviews have not been done recently. This type of review has to be done.

CHAIRMAN FLEMMING. Without objection, then, I would like to ask the staff to obtain the last available report—whether it is 2 years or 3 years or 4 years ago—and then I would also like to have a question addressed to the regional office, and also to the central office, as to why there has not been a monitoring job done within the last 12 months.

COMMISSIONER FREEMAN. I have a further question that I would like to have answered, and that is why the persons who administer the substantive programs do not, themselves, perceive that they have a responsibility to assure that these programs are available without regard to race, creed, color, sex, or national origin, not waiting for the Office for Civil Rights, but, when you put it out there, why do you

not perceive it to be your duty, when you monitor the files, to determine whether the service is going to be provided and whether, at that point, they are administered fairly or not?

MR. DAVIS. I hope that we do feel this responsibility, as the agency responsible for Medicaid, because I do feel that we have a responsibility—outside of the Office for Civil Rights—to see that the programs are administered in compliance with the statutes and with the regulations, and, while we do work with the State in this regard, we have not, as I have said, formally conducted a review in this. We have, as a part of our regular, ongoing work with the State—we do try to be sensitive in these areas.

CHAIRMAN FLEMMING. Independent of the Office for Civil Rights, you have not made, out of the regional office, a formal survey of the delivery of this particular service, in terms of the conformity with Title VI?

MR. DAVIS. No, we have not. We have made a number of reviews that had to do with functional areas of the program, but not specifically for compliance with the civil rights rules.

CHAIRMAN FLEMMING. I think I would like to ask whether the State of Florida has made such a review on its own motion.

MR. MORRISON. I think that we have. There are Federal requirements concerning what civil rights activities are carried on. There is a report that goes periodically to Mr. Davis' office. I have a monitoring unit in my office, and, when we monitor physicians, dentists, and other providers, part of this is a civil rights compliance.

CHAIRMAN FLEMMING. When would the last monitoring operation have taken place?

MR. MORRISON. This morning; it is an ongoing, year-in and year-out—

CHAIRMAN FLEMMING. When do you summarize where you are at on it? When do you develop a report? Is it on a monthly basis or a quarterly basis, or—

MR. MORRISON. It is on a monthly basis.

CHAIRMAN FLEMMING. Your last report would be for the month of July?

MR. MORRISON. Probably not the month of July.

CHAIRMAN FLEMMING. The month of June?

MR. MORRISON. Right.

CHAIRMAN FLEMMING. I would appreciate the staff contacting you and your associates in order to obtain a copy of that report, and, without objection, I would like to have it inserted in the record at this point.

MR. MORRISON. In addition, Mr. Flemming, at the district level, when new providers provide for the program, I believe that Mrs. Norbraten and her counterpart in other districts do, as part of their investigation, the civil rights compliance.

CHAIRMAN FLEMMING. Would you like to comment on that?

MS. NORBRATEN. That is true. Every new provider, I personally visit, and we have a form that is made out. He is questioned, and his promises are observed. We have never encountered anyone, really, who is not in compliance in this area. We do nursing homes. We are in there very frequently. We report any nursing home that is not in compliance with civil rights, as part of our job.

The clients, or the people who are eligible for Medicaid in the elderly category—this is administered by the Social Security Administration. They are the people who decide who is eligible and who is not. The basis of that eligibility is a financial one.

CHAIRMAN FLEMMING. You are referring to SSI?

COMMISSIONER FREEMAN. You are only talking about their being in compliance when you go into the nursing homes, and you have found no violations; is that what you said?

MS. NORBRATEN. Yes.

COMMISSIONER FREEMAN. Do you go into the hospitals?

MS. NORBRATEN. No, I do not personally go into the hospitals. I believe that all of our hospitals who participate in Medicare or Medicaid are also—

MR. MORRISON. I might also add that Ms. Norbraten is only speaking of District 11, which is Dade County. We have found violations in other parts of the State.

COMMISSIONER FREEMAN. What I want to pursue, Ms. Norbraten, is, when you look for the violations, what do you look for?

MS. NORBRATEN. Let us just say that it is a doctor's office. We go to see whether there are two entrances or two rooms or any signs of discrimination against black persons or persons in the minority.

COMMISSIONER FREEMAN. Are you just saying that you are looking to see whether they have a white and a colored—

MS. NORBRATEN. That is one of the things, yes.

COMMISSIONER FREEMAN. Do you look at the employment?

MS. NORBRATEN. Yes.

COMMISSIONER FREEMAN. When you go into an institution, do you look at the medical staff?

MS. NORBRATEN. Yes.

COMMISSIONER FREEMAN. And you find that they have—that the medical staff is inclusive as to black and female doctors and other minorities, and you found no violations?

MS. NORBRATEN. When you go into a private doctor's office, usually there is only one doctor in there, and he is only of one race.

COMMISSIONER FREEMAN. Your only providers are private physicians, where there is only one doctor?

MS. NORBRATEN. This is usually—we have occasionally gone in where there are a number of doctors, and sometimes you see a mixture and sometimes not.

COMMISSIONER FREEMAN. In the nursing homes, do you look at the boards of directors?

MS. NORBRATEN. Well, they do not usually have a board of directors. They have an owner and an administrator, nurses, and other staff.

COMMISSIONER FREEMAN. That is the report that you file—

MS. NORBRATEN. We do not make an indepth study of the actual percentages of relationships, no, because this is not—we are Medicaid. We are just seeing, overall, if it does appear that there is discrimination.

COMMISSIONER FREEMAN. Well, may I suggest to you that it is an inadequate assessment?

MS. NORBRATEN. Well, it probably would be if you were—

MR. MORRISON. That responsibility is another part of the department. The office that does licensure and certification—when they license and inspect and certify nursing homes annually, it is their job to determine if patients are being discriminated against, or staff.

CHAIRMAN FLEMMING. This activity would be reflected in your overall report, to which we have referred?

MR. MORRISON. No, this would be in another area, the certification and licensure process.

CHAIRMAN FLEMMING. Thank you very, very much; we appreciate your being with us.

Counsel will now call the next witness, please.

MR. DORSEY. Mr. Billy Brown.

CHAIRMAN FLEMMING. If you would remain standing, raise your right hand, please.

[Mr. Billy Brown was sworn.]

**TESTIMONY OF BILLY BROWN, ASSOCIATE REGIONAL ADMINISTRATOR,
EMPLOYMENT AND TRAINING ADMINISTRATION, U.S. DEPARTMENT OF
LABOR, ATLANTA**

MR. DORSEY. Please state your full name, title, and agency affiliation for the record.

MR. BROWN. My name is Billy Brown. I am an Associate Regional Administrator for the Employment and Training Administration of the Department of Labor in the regional office, in Atlanta.

MR. DORSEY. Before I begin the questioning, I would like to thank you. I recognize that you were not our originally scheduled witness and that you are representing Mr. Julian Colquit, who I understand was forced to stay over in Washington for a meeting with the Department of Labor.

MR. BROWN. Yes, sir.

MR. DORSEY. Recognizing the lateness of your substitution, but also recognizing your extensive background in that office and in this area, I would, however, ask you if you might relate to certain issues in that area of CETA. For my first question, I would like to relate specifically to the new requirement under the fiscal 1978 plans from prime sponsors, which will require them to report the distribution of their unem-

ployed population by age, sex, and race, and to compare these to comparable distributions for those they plan to serve. That requirement is designed to indicate differences between comparable categories, 15 percent or more, which would require an explanation on the part of the prime sponsors.

One of the issues that arises in this area—as I am sure you are aware—is specifically how prime sponsors will be able to determine those relationships, and the question that I have for you is: in terms of your responsibilities in coordinating and giving technical assistance how do you intend—and how does your office intend—to assist prime sponsors in this particular problem area?

MR. BROWN. Well, on the requirements for reporting and having in the plan—we have always had what we call a summary of participant characteristics, which has broken down and does require them to report quarterly on characteristics, which includes a breakdown by age, and it gives the age breakdowns of 18 and under, and 19 to 21, and 22 to 44, and 45 to 54, and 55 to 64, and 65 and older. This has been a requirement.

Now, we have not, in the past, had the very tight requirement of that being a major goal where there is a variation of 15 percent or more, which is normally a variation on any of the goals. If they varied more than 15 percent, then we have required a corrective action plan and the full reasoning behind the variation.

Of course, our technical assistance, as you know—I have read the material given to you in the previous hearings. Prime sponsorships of governments—either State, county, or city—operate the CETA program in the community. Each of the prime sponsors has, from the regional office, a Federal representative who is in constant contact and frequently visits for monitoring and technical assistance purposes, to offer technical assistance in achieving the goals or developing the plans. There is a considerable array of information that is available to the prime sponsor on age breakdowns through, I think, information that may have been given to you in Denver on the ESARS [Employment Services Automated Reporting System] report, where there is such a close identification by age of unemployment insurance or unemployment compensation applicants.

Now, there has not been, in my opinion, the very close coordination between prime sponsors and the various State agencies that administer the unemployment insurance laws, but the information is available through these sources, and we will just have to work more closely with the prime sponsors, in bringing our State unemployment insurance agencies and prime sponsors closer together.

MR. DORSEY. One of the problems within that reliance—the reliance, essentially, upon the unemployment compensation statistics—is that certain unemployed groups, so to speak, fall through the cracks. Now, that represents perhaps a larger or greater percentage, depending on the State or the degree of information dissemination in a given State

employment system in unemployment compensation. Do you have any way to associate those discrepancies with the data upon which the prime sponsors are relying?

MR. BROWN. It is my understanding that, within the 1978 program plans for local labor market information, the Department of Labor is putting more money into that. There is an area, and I guess that Florida is probably one of the more significant areas, where this kind of information is virtually unknown because of the tremendous numbers of people who come here on retirement, but, although on retirement, they continue to look for work or try to find employment. But, of course, those people are not only among the older, but in other categories; and, after a few months of search, they do disappear in the cracks, and they are lost, in many instances, unless there are attempts made through outreach and other counting procedures of labor market information in the community to find out if they are there.

The Department of Labor in 1978—fiscal 1978, I understand, is—since the implementation of CETA, they have put considerably more into labor market information, which includes the total study of the local labor market. I understand that there will be an increase in the fiscal year 1978 to have accomplished that.

MR. DORSEY. The statistics on the distribution, the age distribution, in the various titles and specifically I, II, and VI of CETA suggest a very strong concentration of both entry and also termination of client populations. I am wondering whether you see in that distribution either age discrimination or some explainable skewing in it to cause that effect?

MR. BROWN. We see a problem as far as—the total program is geared towards the identification of significant segments. A community or a prime sponsor can maintain that a certain age bracket or a certain age group is not a significant segment. There is no major drive within the program that, if they identify these as large groups, then we can tell them that these are significant segments and make them work with them, and one of the things that I guess—the statistics that we show, for instance, between Dade and Monroe, they do have a large number of retired people.

As of June 30, 14.8 percent of the total participants in Title I were aged 45 and over in the region, and that is—well, that is 14.8 in the region as a whole and that percentage is only 7 percent in Title I, so there is a reflection there of the predominance of that category of population.

CHAIRMAN FLEMMING. What is the percentage 65 and above or 64 and above?

MR. BROWN. I do not have that participation, sir; I do not have the statistics on that.

CHAIRMAN FLEMMING. Is it available?

MR. BROWN. Yes, sir, it would be available because it is one of the categories on the reporting form that is required.

CHAIRMAN FLEMMING. I would like to request the staff to make contact and obtain that percentage, and, without objection, we will enter it in the record at this point.

MR. DORSEY. In terms of distinguishing among the Title II and Title VI applicants and participants, can you see any conditions under which there would be a basis for making a distinction under those two titles on the basis of age?

MR. BROWN. Not really between II and VI, I would not, because, basically, the titles are largely to attract the same types of workers—all public service employment—and I can see that the nature of the titles, themselves—II and VI, both—would tend to possibly bring about some problems of hiring older workers because II and VI are basically public service employment jobs, where the people are hired for public service.

MR. DORSEY. Is there an effort being made in your region to counteract that tendency towards limiting the participation of older workers?

MR. BROWN. Yes, we have had considerable conversations and meetings with different prime sponsors on the problem of staying with a significant segment, and, inasmuch as the act controls the real participation that we can have, unless these categories show up as significant segments, we can only hope; however, if they are significant segments, we can attempt to bring them into line, as far as their being a part of the total program.

MR. DORSEY. I have no further questions of this witness.

CHAIRMAN FLEMMING. Commissioner Freeman?

COMMISSIONER FREEMAN. I have no questions.

CHAIRMAN FLEMMING. We appreciate very much your coming in at the last moment and giving us this overall background information, and this will be very helpful to us, as we listen to the testimony from the next panel. Thank you very much.

Counsel will please call the next witnesses.

MR. DORSEY. Clarence Ewell, William Smith, Robert Krause, and Herbert Breslow, and we would also ask Esperanza Carbonell, Luis Lopez, Maria Odoardo, and Gary Spencer—

COMMISSIONER FREEMAN. We do not have any of those names.

CHAIRMAN FLEMMING. I would ask you all to remain standing and to raise your right hands, please.

[Mr. Herbert Breslow, Ms. Esperanza Carbonell, Mr. Clarence Ewell, Mr. Robert Krause, Mr. Luis Lopez, Ms. Maria Odoardo, and Mr. Gary Spencer were sworn.]

TESTIMONY OF HERBERT BRESLOW, COMMANDER OF ADMINISTRATION, MIAMI POLICE DEPARTMENT; ESPERANZA CARBONELL, OLDER WORKER; CLARENCE EWELL, DIRECTOR, DADE COUNTY MANPOWER ADMINISTRATION DIVISION; ROBERT KRAUSE, DIRECTOR OF HUMAN RESOURCES, MIAMI; LUIS

LOPEZ, OLDER WORKER; MARIA ODOARDO, OLDER WORKER; GARY SPENCER, EXECUTIVE DIRECTOR, SOUTH FLORIDA CETA CONSORTIUM

CHAIRMAN FLEMMING. You may be seated, and we are very happy to have you all with us.

MR. DORSEY. Starting with Mr. Lopez, please give your full name for the record.

MR. LOPEZ. Pardon?

MR. DORSEY. Would you state your full name for the record?

MR. LOPEZ. Yes.

MR. DORSEY. Your name is?

MR. LOPEZ. Luis Lopez.

MR. DORSEY. Mr. Breslow?

MR. BRESLOW. Herbert Breslow.

MR. DORSEY. Your title?

MR. BRESLOW. Commander of administration for the Miami Police Department.

MR. DORSEY. Mr. Ewell?

MR. EWELL. Clarence W. Ewell, director of the Dade County Manpower Administration Division.

MR. DORSEY. Mr. Krause?

MR. KRAUSE. Robert Krause, director of human resources for Miami.

MR. DORSEY. Mr. Spencer?

MR. SPENCER. Gary Spencer, executive director of the South Florida CETA Consortium.

MR. DORSEY. Ms. Carbonell?

MS. CARBONELL. I am Esperanza Carbonell, and I work for the building department. I am a typist-1 trainee.

MR. DORSEY. Thank you, and Ms. Odoardo?

MS. ODOARDO. I am Maria Odoardo, and I work in records, and I am a clerk-1.

MR. DORSEY. Thank you very much.

MS. ODOARDO. I do not speak English very well.

MR. DORSEY. We will start with Mr. Ewell. Would you please describe the retraining of needy elderly workers program?

MR. EWELL. The training of needy elderly workers program—we call it the "Renew" program—is a work-experience program designed for persons 55 years of age and over. In that process, we attempt to put clients—our trainees—into a work-experience situation for 16 weeks or more. At the end of that time, we attempt to place them in private, unsubsidized employment.

MR. DORSEY. Have you found it very difficult to find persons willing to participate in this program?

MR. EWELL. It varies with our geographic areas. Our biggest problem has been we find a lot of people, we do not necessarily find the number of work sites, nor do we feel that we have adequate funding to put as many people into the program as we would like.

MR. DORSEY. How difficult has it been to place participants, once they are trained?

MR. EWELL. Let me qualify my previous statement by saying that one phase of the Renew program is the work-experience component.

We have ventured into something else that we do: our home companion aide training, which we do with the aid of the Red Cross and other—with the Miami-Dade Junior College. What we attempt to do there is to train individuals 55 years of age and older to be of assistance to those persons who may be needing some home health care, and in that particular area we have had no difficulty.

I might also add that, until recently, we trained those persons without aid of stipends because they did not necessarily want it. We certified them as a home companion aide and they were classified as such.

MR. DORSEY. What specific Federal programs funded your activity?

MR. EWELL. We are funded under the CETA Titles I, II, III, and VI.

MR. DORSEY. Mr. Spencer, many prime sponsors whom we have encountered throughout the country have relied—and tended to rely—upon Title IX programs under the Older Americans Act to serve their older workers. Is this primarily true in this area, or not?

MR. SPENCER. In our particular area—I think to amplify some of the comments that Billy Brown made, from the Atlanta region. The South Florida CETA Consortium takes in both Dade and Monroe Counties. That is under the provisions of the Formal Training Act.

There are three eligible jurisdictions that could be prime sponsors on their own: the city of Miami, the city of Hialeah, and Metropolitan Dade County. Those three formed the consortium and brought in, as participating jurisdictions, the City of Miami Beach and Monroe County, down in Key West. We are talking about a million and half population, roughly, that is being served.

As Mr. Ewell indicated, one of the programs that is being funded under the CETA act, that comes from the consortium to the manpower administration division for the Dade County implementation, is project Renew. Title IX has been utilized to some degree, but for our particular area we have had a substantial amount of utilization under the various titles of the CETA act itself. As an example, we have had many projects approved under the President's economic stimulus package, just in the last 2 months, that impact directly upon the elderly population, several hundred thousand dollars, in fact.

Some statistics that may be of interest to your hearing today—very quickly, we had just in Title I, alone, 2,377 elderly persons who received CETA training services, and, of those, the operators placed 791 into unsubsidized employment as a result of that. In the first 9 months alone of this year there have been an additional 1,641 elderly persons, with 680 of those going into full-time, unsubsidized employment.

CHAIRMAN FLEMMING. May I interrupt for just a moment?

MR. SPENCER. Yes, sir.

CHAIRMAN FLEMMING. That is 2,300 out of the total of what?

MR. SPENCER. Those we specifically indentified, Mr. Chairman. The problem that you have here is, in all of our operators' activities, none of the programs are set up specifically to either zero in on or exclude particular age brackets. Someone who is 65 and over can go into any county or private, nonprofit CETA operator or activity and receive services. We do have a breakdown in terms of overall population segments. We can indicate, for example—

CHAIRMAN FLEMMING. What I had in mind was: you indicated that 2,300 older persons were involved.

MR. SPENCER. Yes, sir.

CHAIRMAN FLEMMING. How many persons were involved in the total program?

MR. SPENCER. In Title I we are talking about roughly 18,000.

CHAIRMAN FLEMMING. That is 2,300 older persons—

MR. SPENCER. Yes, sir.

CHAIRMAN FLEMMING. —out of 18,000?

MR. SPENCER. Yes, sir.

CHAIRMAN FLEMMING. That is the figure I wanted.

COMMISSIONER FREEMAN. Are those 2,300 cross-classified by race and sex?

MR. SPENCER. Yes, ma'am.

COMMISSIONER FREEMAN. Are the 18,000 cross-classified by race and sex?

MR. SPENCER. Yes, ma'am; we have client characteristics ranging in everything from heads of households to Spanish-speaking to ethnic makeup, and the whole range. That is required by the Federal legislation, and we do that in all of our local activities here.

CHAIRMAN FLEMMING. All right; Mr. Dorsey?

MR. DORSEY. Thank you, Mr. Chairman.

MR. KRAUSE, I would ask you to describe the kinds of positions filled by older CETA participants in the Miami city government.

MR. KRAUSE. I have brought a prepared statement that I would just as soon give to the Commission.

CHAIRMAN FLEMMING. We would be very happy to accept it and make it a part of the record at this point, without objection.

MR. DORSEY. Thank you.

MR. KRAUSE. There is a variety of kinds of job opportunities for older CETA workers in the city of Miami program. Most jobs are not specifically identified either for young or old. Some of the people that are here this morning as witnesses are older participants in the city of Miami CETA program.

The one program that we had that was specifically designed for the employment of the elderly was not a CETA program at all. It was originally done under Federal revenue sharing, and Major Breslow, from the Miami Police Department, is here to describe that program.

MR. DORSEY. Thank you very much for that lead in.

Mr. Breslow, would you describe the program?

MR. BRESLOW. Yes. Back in 1974, the crime rate was going up, and we were trying to find a way to get more policemen out on the street, and we came up with a part-time program for senior citizens to come in and relieve police officers, to get them out on the street, and this was a 20-hour-a-week job for a clerk or clerk typist, and you had to be a senior citizen to qualify for this job.

Then, later on, it became a city-paid job. However, right now, because of budgetary problems, as these positions are vacated, we will not be able to fill them, because we will not have the monies. We will not have the money to fill any positions, let alone these positions.

MR. DORSEY. What has been the effect of this program upon the operation of your department?

MR. BRESLOW. It has been basically the same as if you put any employee anywhere. They do the job. The ones who qualified did the job; the ones who were not, went by the wayside. The great majority of them qualified.

MR. DORSEY. You also employ, as I understand it, some younger persons.

MR. BRESLOW. We have a public service aide program, which is a successful program, a very successful program. This program also relieves police officers of routine duties, so that they can concentrate on those duties that require police authority. For example, a public service aide who is not old enough to become a police officer makes traffic accident reports and directs traffic in the street and does crime scene searches and writes reports when the offender has already left the scene and the person is in no danger. He does many things that a police officer used to do, that this individual can do now.

MR. DORSEY. Thank you very much.

At this time, with your permission, Mr. Chairman, I would like to call upon the services of Ms. Sandra Rothman to act as interpreter, by virtue of the fact that your staff has limited Spanish-speaking ability.

CHAIRMAN FLEMMING. I appreciate her willingness to do so.

MR. DORSEY. Ms. Rothman, I would ask you to come forward and be sworn. Mr. Chairman, would you administer the oath?

CHAIRMAN FLEMMING. Ms. Rothman, raise your right hand, please, and remain standing.

[Ms. Sandra Rothman was sworn.]

MR. DORSEY. Ms. Rothman, I will address my questions to all three witnesses, and, at their option, they may utilize your services, or, if they prefer, they may simply respond.

MS. ROTHMAN. May I translate that?

MR. DORSEY. Yes, please.

Starting with Ms. Odoardo, if you would, indicate for us what your specific job is and what kinds of duties you have, and what the hours are that you work—whether you are working part time or full time.

MS. ODOARDO. I work in records, 6 hours, and I like it.

MR. DORSEY. For how long have you had this position?

MS. ODOARDO. How long?

MR. DORSEY. Yes.

MS. ODOARDO. In January, next, it will be 2 years. I am filing.

MR. DORSEY. Thank you very much. I should not really ask this question of a woman—and that may, in itself, be senseless—but could you tell us your age?

MS. ODOARDO. Sixty-five.

MR. DORSEY. Thank you very much.

MS. ODOARDO. I am 65, but I am working. Everything that happens in the city—I file it, and I know.

MR. DORSEY. Thank you very much.

MS. ODOARDO. Thank you.

MR. DORSEY. We appreciate it.

MS. ODOARDO. Thank you very much.

MR. DORSEY. Ms. Carbonell.

MS. CARBONELL. I will be 69 on September 17—next month—and I am working from 8 o'clock in the morning until 4:30 in the evening, and, because I do not take any time for lunch, I go home earlier than 5 o'clock, and I am doing microfilm for the customers who want plans, and I am filing—a lot of filing—every day, and I write the receipts for the utilities—Southern Bell and Florida Power and for water and sewers and Florida Gas, and all of the receipts. I answer the telephone many times, and I speak with the Spanish customers.

MR. DORSEY. For how long have you had that job?

MS. CARBONELL. I started on December 16, 1974, and I was absent only 3 days, because I had shingles, in March of last year. I had shingles, and I was only 3 days absent.

MR. DORSEY. Did you get training before you took that job?

MS. CARBONELL. Yes, I passed the civil service examination for the county. I have my qualifications here. Twice—one was on May 18, 1972, with 81 percent qualified, and the other one was in—let me see. The other one was on March 11, 1974, with 79 percent, for the county, but I never had a chance to get a job in the county, because, at that time, I thought that there was discrimination for the older person, so I am glad I could get this job, because Mr. Molay, [phonetic] from manpower, he gave me a chance to go to work, and Mr. Ronald Mayer [phonetic] hired me for this job, and I have a very good—I have all of my evaluations here, last year, from Mrs. Margo [phonetic], but she died already.

MR. DORSEY. But you have been working there since 1974?

MS. CARBONELL. Yes.

MR. DORSEY. Thank you very much.

MS. CARBONELL. You are welcome.

MR. DORSEY. Mr. Lopez, can you tell us where you are working now and what your job involves?

MR. LOPEZ. I work for the executive department of the Miami Police, in the microfilm. I put in all of it, and I file, and, after I copy the document, I pull the copies, and that is all.

MR. DORSEY. For how long have you been working there?

MR. LOPEZ. Almost 3 years. In December, December 17, I have 3 years.

MR. DORSEY. How old are you, Mr. Lopez?

MR. LOPEZ. I am 60 years.

MR. DORSEY. Did you receive training before you got that job?

MR. LOPEZ. Yes, because the last man who worked in that department—he gave me the training.

MR. DORSEY. Thank you very much.

Mr. Chairman, I have no further questions.

CHAIRMAN FLEMMING. Thank you.

Mr. Breslow, I was very much interested in the description of your program, and I noted that you are now in a position where, when vacancies occur, you cannot fill them for fiscal reasons. As I understood it, the program was financed originally out of general revenue sharing funds; is that correct?

MR. BRESLOW. That is correct.

CHAIRMAN FLEMMING. Has there been any reduction in the amount of general revenue sharing funds available to this jurisdiction?

MR. BRESLOW. I cannot answer that, sir; you would have to check with the people who do that.

CHAIRMAN FLEMMING. I would like to have the answer to that question supplied. Overall, there has not been any reduction, and I would assume, then, that the fact that you are not going to have as much in the way of funds available indicates some shifting of priorities within the jurisdiction.

MR. BRESLOW. We have been funding this program since the first year with regular city budgeted funds and not through revenue sharing.

CHAIRMAN FLEMMING. I see.

MR. BRESLOW. The first year, it was funded by revenue sharing; however, after the first year, I believe it was funded by us, the city budget, out of general funds. This is the same as our entire budget.

We were cut in our budget, like everyone else this year; and, in so doing, we are not replacing anyone, in most categories, who leaves. We have projections of how many people will leave in the course of the next year, and we will not be replacing them in the next fiscal year. That goes for police officers, clerical employees, and everyone else.

CHAIRMAN FLEMMING. Have you made any efforts to obtain financing for this program from any other source—

MR. BRESLOW. I have not.

CHAIRMAN FLEMMING. —such as CETA?

MR. BRESLOW. I have not.

CHAIRMAN FLEMMING. Am I correct in my assumption that a program of this kind would be eligible for CETA funds?

MR. SPENCER. Yes, sir, in fact, those types of programs are being funded currently, and several additional projects have been funded.

MR. KRAUSE. Mr. Chairman?

CHAIRMAN FLEMMING. Yes?

MR. KRAUSE. If I may comment on this—one of the intricacies of the CETA regulations and the law itself is the fact that you cannot use CETA funding to supplant municipal funding; therefore, if we have a budget cut in the city which impacts on this particular program, we would need some sort of exception, I guess, from the Federal Government in order to be able to use CETA funds to continue the program.

CHAIRMAN FLEMMING. There is a procedure for obtaining such an exception, however. In other words, the Secretary of Labor, or his representative, does have the authority to make an exception; am I correct?

MR. KRAUSE. I think, within certain limitations, yes.

MR. SPENCER. The maintenance of effort provision, to which Mr. Krause is alluding, is fairly specific, in that the 100 percent Federal funds under CETA cannot be used to provide positions that should be and have been picked up by local jurisdictions. You cannot have someone in the same or equivalent types of jobs of those that have been laid off by the jurisdiction involved. They can be transferred to other types of service delivery, but not in the specific one that would be impacted by the layoff.

CHAIRMAN FLEMMING. Would this same prohibition apply to Title IX?

MR. SPENCER. Yes.

Mr. Chairman, there is one other point that I think would be well to mention. In an area like we have in South Florida, which is fairly unique because of the weather and the retirees, one area that may or may not have been brought up before that we have found is that many retirees who are on fixed incomes, who are receiving social security benefits, because of their concern of exceeding the fiscal limitations, of \$3,000, I think—

CHAIRMAN FLEMMING. Now it is \$3,000.

MR. SPENCER. They are reluctant to avail themselves of various kinds of activities that could lead to other types of outside employment, and it is really detrimental, instead of being a positive situation, because many individuals are capable, as these ladies here are capable, of providing meaningful activity and employment, and we have found that there are several in an area particularly like South Florida that fall into that category, and, in your hearing, you may well want to address that question at the proper point in time.

CHAIRMAN FLEMMING. I recognize that it is an issue in this particular area. The tendency on the part of Congress has been to liberalize what we refer to as the retirement test, and, in many instances, of course, and in light of the present ceiling, it would not get in the way of part-time employment, but it might get in the way of full-time employment. Do you find it difficult to recruit older persons for either full-time or part-time employment opportunities?

MR. SPENCER. In some instances, yes; but I think, for the most part, the various service delivery agencies have made available various types of activities running the range of social service delivery systems. In the statement that I brought, there is a listing of various types of programs that you can take with you as part of the record.

We have found that, in particular, those things that deal with children—for example, if we have CETA clients that are going to a skill center location, where they have children that need caring for, this is an area where there is a great deal of empathy between the elderly population and the youngsters involved, and it has been successful. There are many meaningful jobs available, and they have been utilized.

As far as having any types of barriers to that delivery, I think locally, as far as the CETA programs are concerned, that we have had an open-ended approach to anyone who wanted to avail himself of those services.

CHAIRMAN FLEMMING. I would ask this: is there an active outreach program designed to call to the attention of older persons what the opportunities are, and how they can take advantage of those opportunities?

MR. SPENCER. There are several programs. One of the most successful is the one that Mr. Ewell mentioned—that the consortium is funding to the county—in project Renew, which involves roughly \$150,000. In addition, there have been some additional funds under the present stimulus package provided for that outreach and that activity. We are talking about several thousand dollars a year going to that kind of service, and it has been most successful in our particular two-county area.

CHAIRMAN FLEMMING. How well equipped are you to counsel with older persons as to the job possibilities, in terms of their background of training and experience?

MR. SPENCER. Locally, we have a network of 14 centers. We have utilized the Florida State employment services and the county manpower centers. We are tied together in a computerized job bank data system so that every day, on a 24 hour basis, any job opportunity that is available in the community is listed on microfiche.

As individuals come in looking for assistance, there are counselors available to them to sit down and discuss what type of training they have had, if they need additional training, what types of jobs are available that they can be utilized in; and, in addition, with the cooperation of the United Way, we are funding a human resources data bank system, listing all of the service delivery agencies in our community—over 5,000 of them—so that, if there is a problem with drug abuse, alcoholism, food stamps, or whatever, we can get an instantaneous readout at any of these centers to the closest location:

Is it accessible by public transportation? Is there a wheelchair ramp? What are the hours? Is it going to cost any money?

We have that type of network, dealing with anyone who is looking for assistance, and those centers are located in areas that we have tried to make as wide a dispersal of services as possible.

CHAIRMAN FLEMMING. Supposing an older person does come in for counseling, and let us assume that there is an identification of a need for training. Is the counselor in a position to refer that person for training, and what would be your judgment as to the availability of training resources for older persons? In other words, what I am getting at here is: when we are thinking of younger persons, we think in terms of the need for counseling, training, and placement. In terms of the older person—and I will zero in on 65 and above—what I am trying to get at is, are there counseling, training, and placement services available to them?

MR. SPENCER. Yes, sir; as I mentioned earlier, in the first 9 months, we have had 680 placed in unsubsidized employment, as a result of just such counseling and training.

CHAIRMAN FLEMMING. Is your feeling that the educational institutions of this particular area are responsive to the needs of older persons who do need some training if they are going into a particular job?

MR. SPENCER. It has been our experience that we have had excellent cooperation from the educational institutions, the skill centers, and the secretary of education activities, as well as the business and organized labor sector, who also have the same concerns. It is a joint cooperative effort to provide such service delivery to our senior citizens, and they are utilizing those. There are no age barriers in terms of an individual going to a location and seeking assistance under our local two-county program.

CHAIRMAN FLEMMING. Commissioner Freeman?

COMMISSIONER FREEMAN. Mr. Ewell, and also Mr. Spencer, I am sure that you have heard my concern expressed concerning the compounded jeopardies of age, race, and sex. The question which I would direct to each of you—and perhaps not limited to you—is that, in the programs that were described this morning, do you see any positive effect with respect to the elimination of race discrimination?

MR. EWELL. Do I see any positive effects?

COMMISSIONER FREEMAN. Yes.

MR. EWELL. Let me speak from the county's vantage point, if I may. We may have to qualify a few statements. The county has—for the last 2 years—been under a semifreeze in terms of hiring. We have been able, for various reasons, to get funded, through CETA, several positions.

We have noticed—since we have been involved with MAD—that there have been significant increases in the areas that normally did not have various kinds of people. To wit, we compared our—

COMMISSIONER FREEMAN. Could you give me some examples of these areas?

MR. EWELL. What we have attempted to do—there are generally, in this county, blacks, Latins, and Spanish-black, Spanish, and others, concentrated into the social services areas. We have made an effort to put those people in areas of building, zoning and planning, and other kinds of areas. That is as a result of our CETA program.

MR. SPENCER. Perhaps to expand upon that a little bit, the consortium has approved three minority intern programs under CETA: one at the City of Miami, one at Metropolitan Dade County; the third is at the City of Miami Beach.

Those individuals from minorities—Latin, black, women—who are doing work, and particularly graduate work in public administration, are brought on board in midmanagement positions, to bring them into the service delivery system in a variety of departmental activities. The implementation is done by each of the jurisdictions affected, but the funding has come from, and has been utilized under, the provisions of the CETA act. That is just one of several examples.

In the location where you are now presently, in Miami, as Mr. Ewell pointed out, we have a cosmopolitan area. We have an area that has a substantial Latin population and substantial black population, and it is really a tri-ethnic community, and many of us feel that it is because of this that it is a very positive factor in the lifestyle in this particular location.

In my own office, the other day I was looking at it, and my director of accounting is Lebanese; my director of management information services is black; my director of planning is Cuban. I am the only displaced West Virginian in the whole group. But, in terms of the ethnic backgrounds and the programs specifically geared to provide training and employment opportunities—speaking just from the CETA vantage point—it has a very substantial impact in raising the participation of minorities in all classifications in employment activities, skill training, and other things related both to governmental jurisdiction and private, nonprofit operations.

MR. EWELL. Commissioner Freeman, if I may continue my statement. Basically, Dade County has the largest responsibility; Dade County's government has the largest responsibility for the delivery of the manpower program from the governmental sector.

We have what we consider a very successful program. We call it our New Careers program. Persons in that program are specifically trained for entry into the public sector. More than 90 percent of our people are trained for some governmental jurisdiction in Dade County—Dade County, the City of Miami, Homestead, or other municipalities. Now, that one caters specifically—although it does not discriminate—to the ethnic minorities in Dade County: black, Spanish, Cuban, or whatever.

COMMISSIONER FREEMAN. My further concern is not just with the entry; it is what happens to the individual after he or she gets there—the ladder up. Could you comment upon the extent to which the upward mobility is available?

MR. EWELL. In the New Careers program, let me give you a typical example. That person will be enrolled in our program—a combined work-experience and classroom-training program—for a period of from 6 months to 2 years. We go into—that individual goes into a situation with a guarantee or the understanding that, after he or she has

completed that training successfully, he or she will be placed full time at the prevailing entry-level salary.

We have just done a study of those persons for the last 3 years. Eighty-five percent of the persons whom we placed are still there. Seventy-five percent of them have been promoted at least once. What we try to do is, we try to build in a situation for those New Careers enrollees. We would have to say that, as far as upward mobility is concerned, it has been a most successful program.

COMMISSIONER FREEMAN. Is that cross-classified by race and sex?

MR. EWELL. Yes, it is.

CHAIRMAN FLEMMING. And by age?

MR. EWELL. It is not by age; no, sir.

COMMISSIONER FREEMAN. Could you get it cross-classified by race, sex, and age?

MR. EWELL. We will get it.

COMMISSIONER FREEMAN. Could that be submitted to the Commission and inserted into the record at this point, Mr. Chairman?

CHAIRMAN FLEMMING. It will be done without objection.

What is your recollection as to the number of persons participating in the New Careers program who are 65 and above?

MR. EWELL. My recollection is that there are probably not any.

CHAIRMAN FLEMMING. If I could drop down, what about 55 and above?

MR. EWELL. There are probably none. It caters, basically, to the population between 18 and 30, generally.

CHAIRMAN FLEMMING. Might I just suggest—

MR. EWELL. There has been no overt attempt to exclude anybody, I might add.

CHAIRMAN FLEMMING. But there has also been no overt attempt to include?

MR. EWELL. That is right.

COMMISSIONER FREEMAN. And there has been no affirmative action as to age?

MR. EWELL. There has been no affirmative action as to age, to put it in those terms.

CHAIRMAN FLEMMING. I would suggest that you take a look at the program from that point of view because older persons do reach the place where they are interested in second careers and third careers, new careers, or whatever term you might want to use.

MR. EWELL. If I might add—or if I might amplify—we have been looking basically at the individuals who have been coming into the labor market for the first time.

CHAIRMAN FLEMMING. I understand.

MR. EWELL. We have looked at the Renew program with those persons who are, perhaps, in some cases, looking for a second career. We will get that information to you.

CHAIRMAN FLEMMING. We appreciate very, very much your coming and sharing this information with us. It has been very helpful. Thank you very much.

We will recess until 1:30 this afternoon.

Afternoon Session, August 22, 1977

CHAIRMAN FLEMMING. The hearing will come to order. Counsel will call the next witnesses.

MR. DORSEY. Ms. Miriam Zatinsky, Ms. Valria Garvin, Ms. Arie Gary.

[Ms. Valria J. Garvin, Ms. Arie J. Gary, and Ms. Miriam Zatinsky were sworn.]

TESTIMONY OF VALRIA J. GARVIN, SOCIAL SERVICES COORDINATOR, JAMES E. SCOTT MULTIPURPOSE CENTER FOR THE ELDERLY; ARIE J. GARY, PROGRAM COORDINATOR, HOUSING AND URBAN DEVELOPMENT; AND MIRIAM ZATINSKY, PROJECT DIRECTOR, JEWISH COMMUNITY CENTER OF SOUTH FLORIDA, SOUTH BEACH ACTIVITIES CENTER

MR. DORSEY. Starting with Ms. Gary, I'd ask you to state your full name and your organization affiliations for the record, please.

MS. GARY. All right. My full name is Arie J. Gary, and my job title, program coordinator for Housing and Urban Development.

MS. ZATINSKY. Miriam Zatinsky and I am the project director of the Jewish Community Center of South Florida, South Beach Activities Center.

MR. DORSEY. Ms. Garvin?

MS. GARVIN. Valria June Garvin, social services coordinator, James E. Scott Multipurpose Center for the Elderly.

MR. DORSEY. Ms. Garvin, I wonder if you would please give us some idea of the kinds of services that your program provides for the elderly?

MS. GARVIN. Okay. James E. Scott Community Association is a private social services agency with five programs. The one that I am connected with is the senior center. We have about four components of our program. We serve hot meals daily to averaging about 100 people a day. We provide social services to some 750 enrollees in our program.

We also have a transportation component wherein we bring people into our center as well as carry them to other social agencies during the day and take them on field activities. We have an activities component whose purpose it is to provide daily activities for the people who are there.

MR. DORSEY. Ms. Zatinsky?

MS. ZATINSKY. The Jewish Community Center is the ranking agency for four federally-funded programs, three under Title XX and one under Title III. The largest program is the South Beach Activities Center, which is a multipurpose community center. In the center on Miami Beach we do not have only activities such as classes, group activities, and mass activities, but we have support services for the elderly in the South Beach area such as homemaking, friendly visitors, shoppers, transportation, and so forth.

MR. DORSEY. Thank you.

Mrs. Gary, could you explain the homemaker services program? The types of service it provides and the age groups that receive these services?

MS. GARY. I surely can.

Mr. Chairman and Commissioner Freeman, the United States Commission on Civil Rights, ladies and gentlemen. I have a prepared statement. I'd like to read it if I may.

MR. DORSEY. Well, if it is in fact typewritten, as it is, I wonder if you could submit it for the record, and just briefly summarize it for us?

MS. GARY. All right, I surely will.

The HUD homemaker services program, under Title XX of the Social Security Act, State of Florida Department of Health and Rehabilitation Services, has been in operation for 4 years. The basic function of homemaker services program is to provide needed services to participants age 60 plus, eligible elderly persons living in public housing, so that they can retain their independent living arrangement.

Then I'll give you briefly some of the services that are provided. Of the services that are provided are cleaning—this means housecleaning services ranging from light to thorough housecleaning and the cleaning includes the vacuuming, dusting, polishing, floor waxing, laundry. The laundry services range from partial washing and ironing to complete washing, ironing, and drying of the clothes. Meal preparation—this is cooking. The meals are prepared for residents according to their individual desires or diet plans. In addition to that we do shopping services, which is provided according to the total need of the individual. The aides perform these services both on individual and group basis.

In addition to that the aides make home visits to evaluate the services. In other words, to identify the service needs, make case plans, determine the length of time the homemaker services will be needed; also, follow up to evaluate the need for continuing homemaking services and provide information about the community resources.

I would like to make another statement here. This is not related directly to our services. It's related more or less to our needs. Are you interested?

MR. DORSEY. Yes, we are.

MS. GARY. We're interested for you to be interested.

At the present time in public housing the service ratio is 1 aide for every 600 persons. These homemaker aides, which are 6, are attempting to provide services to 8,500 people at present, and considering the small staff available they are only able to serve a small percentage of the persons needing services. So, therefore, it is quite obvious that dire need for more homemakers that deliver service.

The allocation of the services and the funds set forth in the present or current program is the same as it has been in the past 3 years. During that time, right up to the present, the request for service has greatly increased. Within the past 2 years HUD has added on an additional 2,700 units for the elderly. This indicates that we need additional funds to expand the staff and the services.

MR. DORSEY. I'd like to relate back, if I could. What specific age groups are receiving these?

MS. GARY. Age 60 plus. The elderly, 60 plus.

MR. DORSEY. And do you have an idea of the age range of the people providing those services?

MS. GARY. That are providing the services?

MR. DORSEY. The aides.

MS. GARY. Their ages range from 30 to 40 and 50. These are our homemaker services aides you're referring to?

MR. DORSEY. Right. Thank you very much.

Relating back to Ms. Zatinsky and Ms. Garvin, we've just heard of one area of obvious underservice based on established need. Now I'll ask, in your experience in dealing with the programs that you have responsibility over, if you have noticed any areas of discrimination based on age particularly as it relates to the obvious underservices? I'd ask Ms. Zatinsky at this time.

MS. ZATINSKY. Yes, there are several areas. One is the whole area of Medicare and Medicaid. In our program we, too, service those that are 60 and above. So in this area, fortunately for us, we do employ a number of older people within the total program, so I don't feel there is this much age discrimination in the job area.

But the home area, medical services, in housing which is really in Miami Beach, and now what's happening in the State of Florida with the telephone, with the whole area of utilities, the area of dental—which is medical again—also in Miami Beach we lack enough homemaker services, although there are more coming into the area. We have only one very, very small pilot project for sure and we're dealing with a population in the area that our center is of people who are 70, 80, and 90 years of age.

We don't have enough in the area of day care services for the frail and elderly. There hasn't been enough money allocated for expansion of services throughout the area, and now I'm finding another discrepancy against the elderly and that is under Title XX. On one hand, it's good and, on the other hand it isn't, where we no longer have to do the Title XX eligibility form for income for those people who take part in the activity center, the activity part. However, if in our center we want to deliver, say, a homemaker service or we want to give a friendly visitor to someone who is homebound, then we have to do the form. Now, it's the same population and it would seem to me that we would not have to do the form for any of them. So I feel this is another form of discrimination.

MR. DORSEY. To follow up on what you said, is there any problem also in the area of Medicaid in terms of deductibles? Is that also a problem?

MS. ZATINSKY. Yes, that's a problem.

MR. DORSEY. Could you expand on that?

MS. ZATINSKY. Again, many of the doctors in the area won't take assignment, so you have elderly who need to have medical services and they don't have the money for the deductible to begin with. So many of them don't use first-class medical services. We have begun now to tap them into a new clinic that Mount Sinai has, a project, and it works. But there are thousands out there that don't have any medical facilities.

MR. DORSEY. I believe you also indicated in prior conversations with staff that there's also a problem in getting treatment for mentally disabled?

MS. ZATINSKY. On Miami Beach there is no place to send anyone who is severely psychotic except to the new Douglas Gardens mental health outpatient clinic. But there is no facility if someone breaks down that we can send them right to there. We have to send them to Douglas Gardens, and thank God it's there. We work very closely with them.

MR. DORSEY. Thank you very much.

MS. GARVIN?

MS. GARVIN. My areas of concern are very much akin to everyone else's I suppose.

The thing that causes the most stress to my agency is probably the minimization of services that are available to people who have dwindling mental capacities, which is a natural byproduct of the aging process. Many times when we need to secure services for persons, physical disabilities are in order, but mental disabilities are exempt. They do not qualify then for lots of services, and the mental disabilities many times are more overwhelming. I think I can pick up someone who couldn't walk more easily than I could coerce one who is in need of someone to stay with them.

There is, of course, Douglas Gardens, who cannot support all of Dade County, who are available for counseling. Many times it takes a bit of work to bring a person up to the point of understanding the needs for some counseling, or they may just need a homemaker because their mental organization is just too poor to carry out cooking and carry out house cleaning, which does not necessarily justify homemaking service. There is an unavailability of mental health centers—we mentioned that Douglas Gardens is it—that are geared particularly towards the elderly.

Another concern of mine is the lack of interim stages between independent living and nursing homes. There are many people, you know, who will just degenerate if put in a nursing home. Fortunately, HUD has congregate housing. But there are many people who might be helped toward remaining independent or make the rest of their lives more healthy and more pleasant if they could qualify for certain services or if services were available to help them do the little things that they can not do for themselves, even though they do not need total nursing home care. Other than the congregate housing facility, I know of no other sources of help in Dade County for people who are in between the two.

The health care issue—one of the social workers on my staff, who is labeled a health facilitator, whose job it is to seek out resources for health care in Dade County and to implement health training seminars and to actually carry out health group therapy sessions. Now, the problem with Medicaid is that it severely impairs continuity of health care. The elderly often have many chronic disorders, many of which are difficult to accept and difficult for them to understand. And the one thing we have been urging is selecting competent clinics or physicians and sticking with them rather than jumping around.

Most of the health centers that accept Medicare without the deductible and accept Medicaid have no weekend and evening hours, which means illnesses that occur during those times take you to the overcrowded county hospital with no followup from a physician who knows you. If you are incoherent or cannot explain what your condition is, you may well be given a different medical regimen from the one your regular physician has you on.

When we find physicians that are willing to accept Medicare—well, they cannot refuse it, the deductible—so you've got to have a senior who can afford the deductible or the type of family to pay for the deductible—we use them, but they're far and few between. And it constitutes the practicing of poor medicine for a person who is only on Medicaid. Most of the elderly do have Medicare, but the amount of services that the physician can provide on Medicare is just practically touching. No lab or stuff like that he can do. And it's all considered to be paid for out of the \$12 even if he took 12 X-rays.

And the other area that I'm not quite sure how this fits; but, you know, we spend our lives working toward acquiring houses and cars

and whatever else it is. We find that homeownership is a liability to the elderly unless you have means to keep that home up and do not need any other services. Having a home is fine, but we find that getting into public housing is forbidden if you own a home. It might keep you away from food stamps. It may keep you away from other things that you might otherwise qualify for. Which kind of explodes, you know, the myth of the importance of homeownership when you're younger.

I think, for people who have acquired a few things in life like a home and maybe even a car, that there should be some mechanism for them to even dispose of that when they're old, without that whatever they get from it being prohibitive. If you sold your house just to get in public housing, you would not be allowed. You cannot even sell it and give away the money if they know your goal is to get into public housing. The upkeep of a home is just unreal.

MR. DORSEY. To follow up on what you mentioned already, you spoke in terms of Douglas Gardens. I understand there is even a waiting list in terms of being able to use that resource. Do you have any idea what that is?

MS. GARVIN. They have a 4-year waiting list for getting into the home, but they have an outpatient mental health center that does not have that kind of waiting list.

But they still cannot service all of Dade County. They've got—what?—three or four or five social workers? Some of them go out to the homes to do psychotherapy. You cannot enter into a therapeutic contract with a person without their consent, but there are some elderly who are in a state of mental confusion, you know, moving toward senility, that could function in their own homes if that little bit of senility would be considered a disability, but it is not.

MR. DORSEY. I'd like to ask all of you, if I could, and I'd like to start with Mrs. Gary, I'd just like to know what effect knowledge of programs has on the availability of your resource to the elderly population that you serve, whether or not outreach is also a problem for your organizations as it is for others that we've noticed?

MS. GARY. Yes, it is.

MR. DORSEY. What kinds of outreach do you have going in your area?

MS. GARY. In our area we have two aides who provide the outreach services, I guess you would call it, to acquaint the residents with the availability of community resources. And, of course, we have the same problems as to mental health as to the other two speakers have said. I think we all more or less try to overuse the Gardens in their program, and this is it.

MR. DORSEY. Ms. Zatinsky?

MS. ZATINSKY. Since we've been organized—we're in our fifth year—one of the prime goals has been the development of some concrete outreach services, and I'm happy to report that we have con-

tinued each year in this area. We do outreach at this point a little bit differently. In the beginning, all social workers went out, the full staff went out, and stood on the street and gave out information, and it began to register, and talked about the services that were available to them.

Now we do it a little bit differently. We happen to have on our payroll, we have 17 senior agents. Some of them are assigned in the outreach department. We have just received now two social work agents through the new comprehensive employment act. These people, plus the full-time staff that have been in the department, are supervised by one social worker. So there's an ongoing supervisory situation between worker and supervisor.

We follow up in the agency every referral that we get. Whether it be from another agency or wherever it comes from, we follow it up with a home visit. Along with that we still, from time to time, go out on the streets because it has to be a constant thing. If you're not constantly putting your agency before the public, the elderly forget. We mail out in the mail about 2,500 from South Beach only—we do this in all of our programs—but from South Beach only, about 2,500 monthly calendars go out and many of the elderly will just keep them, and when they need a service they'll call us.

We'll go into the banks from time to time and give out flyers. It's a constant problem because the elderly forget where the services are. They need to be constantly reminded that there are agencies and that there are places that they can go.

MR. DORSEY. Ms. Garvin?

MS. GARVIN. You were speaking of outreach for the elderly and not to resources?

MR. DORSEY. Yes, but you could very well address both.

MS. GARVIN. Okay. Well, we have a way of kind of doing both. Our problem really right now is not bringing in new elderly. It's keeping up with the elderly we've got. The program that was probably designed to serve 200 people rose to 700, so we no longer knock on doors just as she does not. We are kind of getting overcrowded.

However, we maintain a column in a local weekly newspaper of our center activities with our number for contact. We get responses from that not only from seniors who live in the area, but from their children who subscribe to the paper out of town. They write and say, you know, like, "Go look up my mother."

We assign two or three members of our staff to contact several of the agencies in the city that serve the elderly—hospitals, nursing homes, anybody that has elderly running through, public housing—to let them know who we are and what we do and establish our referral sources. Our phones are ringing off with people who finally know who we are, giving us names of seniors. At the same time we found out what it is that they do, and we use them as referral sources.

We have another component that is in another area of Miami. I guess you might say it's a branch. They have slightly different funding sources so their primary service is a hot meal. They still do some door-to-door canvassing to develop their program. It's somewhat younger than the main center where I am.

That is about the bulk of what we do to publicize ourselves, except that our van goes door to door every morning picking people up, which has our name, and people call us and say, "I know you come down this street because I see your van every day." That's quite a bit of advertisement.

MS. GARY. I would like to add to our outreach program. We have a community services division with input. The caseworkers go out on what we call an initial visit and on this initial visit they acquaint the families with all of the available services that we have. And even on their followup visit they do this. They even make referrals directly to the homemaker services unit. We get referrals from individuals, other agencies, and other interested individuals, and this is a continuing thing.

MR. DORSEY. Thank you very much.

I have no further questions, Mr. Chairman.

CHAIRMAN FLEMMING. All three members of the panel are in a position where you can identify, as a result of your day-to-day experiences, the needs of older persons. You can also identify the relationship or nonrelationships between older persons and organizations that are in a position to serve them. All have identified the area of mental health as an area where there is a very real need for service for older persons. Have you had any experiences with the community mental health clinics coming to you and asking you to help them relate to the needs of the older persons that you are called upon to serve?

MS. GARVIN. We had a contact from Douglas Gardens. They contacted us to say that, "We're interested in your center and your using us for a referral source," and they held a half-day workshop for people who work with the elderly. And I carried most of the staff—

CHAIRMAN FLEMMING. How recently was that contact made?

MS. GARVIN. I believe it was in March.

CHAIRMAN FLEMMING. In other words, it's altogether possible it was a direct outgrowth of the fact that, when Congress extended the authorization for community mental health clinics, it specified that special consideration must be given to the needs of older persons?

MS. GARVIN. I suppose that's possible. Douglas Gardens does only provide mental health services to the elderly, so they have no other population. But I suppose their outreach might well be.

CHAIRMAN FLEMMING. Now, have you had contact with any other community mental health clinic in this area asking for assistance and building bridges between them and older persons?

MS. GARVIN. Well, my social workers do most of the direct contact, and when they hit a stone wall is when they run to me. And what we

usually get is, "Well, our rules and guidelines and intake procedures are thus and so," you know; and there seems to be no special consideration or no special encouragement to include their services for the elderly.

CHAIRMAN FLEMMING. You haven't had an administrator from a community mental health clinic come to you and say, "Look, we know that older persons have this special problem. We're baffled by the fact that we have very few older persons utilizing our services. Will you help us identify older persons who could utilize our services?" Have you had that experience?

Ms. GARVIN. No, sir, I never have.

Ms. GARY. Only from Douglas Gardens outreach program.

CHAIRMAN FLEMMING. But this is, I gather, a program for older persons?

Ms. GARY. Yes.

CHAIRMAN FLEMMING. What I'm talking about are the community mental health clinics in this area, whether or not the administrators or people representing them come to you and say, "Look, we have resources that could be utilized in behalf of older persons. We're having difficulty relating to older persons. Will you help us?" Have you ever had that experience?

Ms. ZATINSKY. No. There is no community mental health organization on Miami Beach at the present time. It is coming in next year. Now, I believe—Dr. Solomon will be here tomorrow—and I believe—it's his organization that has gotten the grant. So I know that our agency will certainly be working as closely as possible with him in establishing relationships and feeding in the elderly once it is open. Up until this time, it's "no" to the question that you asked.

CHAIRMAN FLEMMING. All right. One other question. I noticed the comments relative to homeownership and some of the problems that that presents. If the situation here is comparable to the Nation as a whole, two-thirds of persons 65 and above own their own homes and obviously are attempting to live in those homes. You've identified the fact that sometimes the fact that they have that kind of an asset makes it very difficult for them to qualify for services. Have you also identified the fact that oftentimes they find it very difficult to get home repair services as well as homemaker services?

Ms. ZATINSKY. Almost impossible.

CHAIRMAN FLEMMING. Almost impossible. In other words an older person here has a home, or let's say an older couple, that they've had for a good many years and is in disrepair. It's almost impossible for them to get help and assistance in repairing it?

Ms. GARVIN. Well, when the Title VI money was just unleashed, we did write for a grant to get home repair and we were funded.

CHAIRMAN FLEMMING. I'm sorry to interrupt you. Are you talking about the old Title VI?

Ms. GARVIN. No, the new.

CHAIRMAN FLEMMING. Under what, under the Social Security Act? Or is it Title XX?

MS. GARVIN. CETA. We are not equipped for major structural; you know, that takes a company to come in with all kinds of equipment. But we are doing minor home repair trying to keep the market value up just enough so that, if they are forced to sell, they'll get enough maybe to live off of. And there's one other agency here—I can't remember the name of it—has recently gotten a home repair grant.

CHAIRMAN FLEMMING. Let me ask another question. Have any of you had an experience where people running legal service programs have come to you and have said, "We are operating a legal service program. We know that older persons have special needs in this particular area, and we're prepared to work with the older person that you're working with in connection with their legal problems?" Have you had that kind of experience?

MS. GARY. Yes, we have.

MS. GARVIN. No one has come to us; but, when we've gone to them, we've had a good relationship with the community lawyers.

CHAIRMAN FLEMMING. But you've had to take the initiative?

MS. GARVIN. Yes.

CHAIRMAN FLEMMING. And one final one. As you deal with Title XX under the Social Security Act, do you feel that it is being administered in such a manner that older persons are getting what might be called their fair share of the resources that are available to the State and to this area through Title XX?

MS. ZATINSKY. No. I think that there could be much more given to the older person.

CHAIRMAN FLEMMING. In the way, for example, of helping to support homemaker, home health aide service, what we've been talking about, home repair service, and so on?

MS. GARY. Yes.

MS. ZATINSKY. Yes.

MS. GARVIN. We don't have Title XX at my agency. We have Title III, which is also social services.

CHAIRMAN FLEMMING. Title III of the Older Americans Act?

MS. GARVIN. Yes.

CHAIRMAN FLEMMING. But you're not the beneficiary of any programs financed under Title XX of the Social Security Act?

MS. GARVIN. I don't think so.

CHAIRMAN FLEMMING. Mrs. Freeman?

COMMISSIONER FREEMAN. Ms. Gary, you were referring to the HUD homemaker services program and the fact that there is a serious need, and also that those persons who are providing the services are usually between the ages of 30 and 50. I was wondering if you had considered some sort of a partnership program whereby individuals who are older than 50 might be made available under a CETA program to the housing agency, and, therefore, the services that would formerly be given

and additional services provided. That's sort of a combination. You see, under the CETA program your agency should be able to receive some of these trainees. Have you given any consideration to this?

MS. GARY. Yes, we have applied for CETA funds, and we were just notified Friday afternoon that two of our applications under the CETA Title VI were approved; but they were not in regard to the homemaker services program.

COMMISSIONER FREEMAN. Did you make application for additional homemaker services program?

MS. GARY. No, we did not.

COMMISSIONER FREEMAN. So you have not really asked for them?

MS. GARY. No, not under the CETA. We just asked for additional fund allocation under the homemaker services program. I expected Title XX to expand our program, expand our staff, so we could expand our services.

COMMISSIONER FREEMAN. I would like to ask each one of the witnesses to comment on the extent to which, if you have not tried to get additional resources because maybe you did not know they were available, what would be any barriers to your at least requesting additional resources from other programs that have not been utilized such as the CETA program, which is an area for providing not only employment, but additional services and then employment for the elderly, and also the other services—from each one of you. And, if it is, in fact, that Title XX is not utilized, certainly your agency, Mrs. Garvin, would seem to be eligible for Title XX funds. I would like you to comment on that. Ms. Gary did indicate that she did not ask for it, but Ms. Zatinsky and Ms. Garvin, if you could—

MS. ZATINSKY. We have just been the recipient of a Title VI CETA grant for eight more homemakers. We have right at the present time employed six. They range in age from 22 to about 55, but the unemployment has not sent us an older worker.

However, in our other section from our own budget, we have four homemakers that we have had now for several years. Two of them are part-time senior aides who work, and we just got two other senior aides from another CETA program.

I would like to, and I think when I go back I will call and request—I was not aware that I could request to get an older worker under the CETA program.

COMMISSIONER FREEMAN. Well the CETA program is the only employment training program that specifically provides for nondiscrimination on the basis of age.

MS. ZATINSKY. They're not sending them to us.

COMMISSIONER FREEMAN. Why?

MS. ZATINSKY. This is the problem.

COMMISSIONER FREEMAN. Sometimes, you see, if you don't know it and they know you don't know it, you'll never get anything.

MS. ZATINSKY. Well, if we have openings, I'll call when we get back and request it.

COMMISSIONER FREEMAN. One of the things that the Commission has found in the monitoring of Federal programs was that in many instances—and I think we're finding this true of local programs—the agency's reason for not providing additional services was that they had inadequate funds. But then we also found they did nothing to get additional funds. So what we're trying to suggest to you is that additional effort be made to use some resources that may be available.

MS. GARY. I would just like to add, in regards to our staff personnel of the homemaker services program, they are all residents except the supervisor and one of our social worker aides. All of the others are residents of public housing.

COMMISSIONER FREEMAN. I understand that. But it is also true that some of those residents may be 60 years old and very willing and able to provide these services if given a chance.

MS. GARY. Under the CETA program?

COMMISSIONER FREEMAN. That's right.

CHAIRMAN FLEMMING. We appreciate your coming here as really representatives of the consumers, and you are in close touch with the needs of older persons, and you are accustomed to acting as advocates for the older persons, and all of us are indebted to you for the kind of service that you are rendering to older persons. And you have helped us to identify some of the areas where, clearly, the people that you serve are not on the receiving end of outreach programs.

MS. GARVIN, did you have a comment that you were about to make when I interrupted?

MS. GARVIN. Well, Mrs. Freeman wanted me to respond to a question.

We rely heavily, too, on CETA Title VI, but one of the things we did provide for in the CETA applications that we were just recipients of was what we call research and development jobs. There's several specifically for the purpose of monitoring contact and needs of the existing agencies of James E. Scott and looking for new money. So there are about eight persons, two of which I think are elderly, who are working specifically now just on that.

Of the personal care aides and social service assistants that we just received monies for, about a third of them are elderly. And manpower has just gotten monies for persons to work out of the community with seniors in their homes, and they have given us one and promised us three.

COMMISSIONER FREEMAN. I would just like to suggest to you, it seems to me that the agency itself ought to be receiving Title XX funds, and it may very well be that they are and you are not aware of it.

MS. GARVIN. I'm pretty sure we are not.

COMMISSIONER FREEMAN. Then the suggestion would be that you check out the eligibility.

MS. GARVIN. Okay.

CHAIRMAN FLEMMING. Thank you very, very much for being with us. Counsel will call the next witnesses.

MR. DORSEY. Barbara Broeder, Wendell Rollason, Milton Willner.
[Ms. Barbara Broeder and Wendell Rollason were sworn.]

**TESTIMONY OF BARBARA BROEDER, CHAIRMAN, CHILD ADVOCACY
COMMITTEE, MIAMI JUNIOR LEAGUE, AND WENDELL ROLLASON,
EXECUTIVE DIRECTOR, REDLANDS CHRISTIAN MIGRANT ASSOCIATION**

MR. DORSEY. Starting with Ms. Broeder, I wonder if you would please state your full name and organizational affiliation for the record?

MS. BROEDER. My name is Barbara Broeder. I'm a volunteer and chairman of the child advocacy committee of the Junior League of Miami.

MR. DORSEY. Mr. Rollason?

MR. ROLLASON. My name is Wendell Rollason, and I'm executive director of the Redlands Christian Migrant Association.

MR. DORSEY. Ms. Broeder, I wonder if you could briefly summarize the functions of the committee you direct and also give a little background on the situation of child abuse, in particular in the State of Florida?

MS. BROEDER. You want me to give a summary of just my committee or the whole Junior League?

MR. DORSEY. Just your committee.

MS. BROEDER. Well, the child advocacy committee was formed several years ago by almost all the Junior Leagues throughout the United States, solely for the purpose of speaking up and advocating for children, mainly on the basis of the fact that children can't speak for themselves and they need an advocate to speak for them.

MR. DORSEY. You indicated earlier certain specific problems in Florida which your committee is addressing?

MS. BROEDER. Two years ago all Junior Leagues throughout the United States instigated a survey in the areas of child abuse and the areas of children services. The seven areas that we specifically studied were child abuse and neglect, day care, EPSDT [early periodic screening, diagnosis, and treatment program], early learning disabilities, adoption and foster care, and prenatal care.

In our particular league, after we conducted our survey, we then prioritized the gaps that we identified in the community, and one of our top priorities we felt we could deal with would be child abuse.

MR. DORSEY. As I understand it, there is a particular problem in dealing with this area in Florida by virtue of particular laws in Florida as they relate to national requirements for funding. I wonder if you would elaborate on that?

MS. BROEDER. Well, I'm sure the particular one you're speaking about is the fact that the Federal statute for the State, guidelines for the child abuse statute, make three rather specific qualifications in order to qualify for those Federal funds. We do not qualify for those

Federal funds because the statute of the State of Florida does not guarantee, or it is not written into the statute, that they provide a guardian *ad litem*, which I believe literally translated is, a friend of the court. It doesn't necessarily have to be an attorney. It is in many instance an attorney, but it doesn't have to be. We missed out this year on \$100,000 of Federal funds because we do not meet that qualification.

MR. DORSEY. Is there any funding source within Dade County?

MS. BROEDER. I don't know about that, because in order to qualify it would have to be a statewide amendment to the statute. I do know that there are 27 States that do qualify for these funds. I think most of them put it through their, like their legal aid society. However, I feel quite strongly that volunteers could be recruited.

MR. DORSEY. Has your organization taken any steps to utilize the volunteer mechanism as one to deal with this particular problem?

MS. BROEDER. Not this particular problem, no. We have followed quite closely since last year the legislature, you know, and what they were doing as far as updating the bill. We followed it quite closely.

MR. DORSEY. Thank you very much.

MR. ROLLASON, I wonder if you might briefly describe the program that you direct in relation to children services for migrant workers' children.

MR. ROLLASON. Our program accommodates today a maximum of 955 migrant children. We operate specifically in rural agricultural areas sweeping from Dade County here over to the west coast. We operate 14 programs in Homestead, Florida City, Immokalee, Ruskin, Wimauma, Arcadia, most of which are situated in rural areas. The day care is from infant—6 weeks—up through children who are in kindergarten and first grade and afterschool care situations.

MR. DORSEY. In terms of the services that you provide, as I understand it, it's not a typical day care situation in view of the hours involved and also the particular hazards to the children involved. I wonder if you could be more specific about that?

MR. ROLLASON. Well, the U.S. Department of Labor lists agricultural work areas as the third most dangerous work areas in the United States. They're third only to mining and construction, but the Department further notes that it is the only one in which the presence of small children is commonplace.

The dangers of taking a child to the fields involve everything from insecticide poisoning to being crushed by field trucks not seeing the child. I have here, for example, a letter we received, a request from the State of Florida, Department of Commerce, Division of Employment Security. It says:

During the week of February 3 to 7, 1975, I conducted compliance activities concerning the Florida State Crew Leader Registration Act in the Immokalee, Fort Myers, and Naples areas.

Those are west coast agricultural areas.

During my field visits I saw many children ranging in ages from 11 months to 6 years sleeping or playing around canal banks and ditches. I was told by the parents, crew leaders, and farmers that they had no choice but to bring them to the fields and groves because there were not enough day care centers and nurseries in the area to hold all the children who need the services.

And they were requesting if we would come in and try to assist.

The dangers are very real. Right here in Dade County the type of irrigation calls for deep wells, which are surface and mostly hidden. Children fall down these. The drainage ditches are in coral rock with very precipitate edges, and the child once falling in cannot climb out.

As I mentioned before, for the field trucks, time is a factor. They race through the fields, and the children are not readily seen.

Parents, the mothers of infants, have to put them in cardboard boxes and put them at the end of a row where they're going to pick and then go back and pick toward them. The swirling dust from the fields is one of the factors of the high incidence in the respiratory diseases that there are in migrant children. And the whole problems that we face of getting these kids out of the fields, keeping them out, and having enough wherewithal in which to cover them.

MR. DORSEY. As I understand it, there is a problem also that your program is funded primarily for Title XX, with getting matching funds for the Federal-State matching requirement in certain rural areas. So if you would, please, expand on that problem?

MR. ROLLASON. Well, as you all are aware, under Title XX the matching is 75 percent Federal and 25 percent local. In Florida, the State legislature picks up to the tune of about \$17 million and some odd hundred thousand; half of that 25 percent, or 12-1/2 percent, which leaves the other 12-1/2 percent purely local funds.

Now in Dade County here, metropolitan Dade County government puts up for our program about \$70,000, in which they're supplying that through the local share. But you get out in the typical rural areas and you have two problems that kind of work hand in hand.

Number one, some of these counties have very limited tax base. Agricultural land is politically a low tax item. Then you have, unfortunately, sociopolitical concepts which are opposed to services to farm-workers. And being caught between those two, we have areas in which we cannot get a foothold because we cannot find a financial base.

Now, Hillsborough County, where we operate in the small town of Ruskin, nonetheless, that is dominated by Tampa, and there, like in Dade County, the local political structure is more moderately oriented, and we do get assistance from Hillsborough County too. But in the purely rural counties coming up with that local match is a defeating process.

MR. DORSEY. Thank you very much.

I have no further questions at this time.

CHAIRMAN FLEMMING. Ms. Broeder, has the Junior League here, as it has in some cities, undertaken to become involved in the area of legal aid for older persons? Legal assistance for older persons? Has the Junior League here become involved in that program in any way?

MS. BROEDER. No, we have not.

CHAIRMAN FLEMMING. I know in various parts of the country that is going on.

As I understand it, your focus is on the area of child abuse. As you have worked in that area, have you identified any resources from the public sector that could be made available for this purpose but which are not being made available in any adequate way, if at all?

MS. BROEDER. Well—

CHAIRMAN FLEMMING. You're dealing with child abuse, dealing with children, and what I'm trying to identify, whether as a result of your experience you feel that some public funds are utilized in such a way as to discriminate against the children who are the victims of child abuse?

MS. BROEDER. Yes, we have identified several problems in that area. I think one of the biggest problems is the fact that most of the programs that are provided through either State or Federal or local funds are aimed at treatment as opposed to prevention. And I really feel quite strongly that that's where it really should be channeled, is towards prevention. In the long run, you're going to save a tremendous amount in human lives and dollars. There is very little available in our area in the field of child abuse and what is available is quite limited.

CHAIRMAN FLEMMING. All right.

Mr. Rollason, as I gather, your funding has been primarily through Title XX?

MR. ROLLASON. Title XX. Of the \$1,200,000, we get about \$833,000 out of Title XX.

CHAIRMAN FLEMMING. Thinking in terms of the group that you are serving, do you feel that this group is being given a fair share of the total resources that are available in the area under Title XX? Or to put it the other way around, do you feel that in the use of these resources there is, in effect, discrimination against the children that you are serving?

MR. ROLLASON. I feel, sir, that, as far as our organization is concerned, fine, as to the monies that we receive. But we cannot get it proportionately distributed in the deep rural areas because of these antagonisms and other blocks. In a big county like Dade County, dominated by Miami, there is all the sociopolitical empathy for the farmworker child that is missing elsewhere. And, therefore, in the rural areas there is discrimination against that child.

CHAIRMAN FLEMMING. I appreciate that.

Commissioner Freeman?

COMMISSIONER FREEMAN. Mr. Rollason, with respect to the problem which you've described, I want to direct your attention to the specific

provision of the law and the purpose of the act, which is to prohibit unreasonable discrimination on the basis of age in programs or activities receiving Federal funds. Now, this provision relates to all programs and all activities receiving Federal funds, and you've described a situation relating to the children for the migrant workers that is really a very tragic one. I wonder if you have also recognized, or maybe the Federal offices, Federal agents, recognize that they themselves are, in their administration, are not as sensitive as you're talking about? It's more than just being insensitive, that they perhaps are violating the law, and, if perhaps some report, a written report in addition to this record, could be transmitted to the Department of Agriculture concerning the situation that you have found—have you considered doing that?

MR. ROLLASON. Not exactly that way, ma'am, but I would point out that the only way that I see for this to this to be eliminated is in some manner having a formula whereby the local matching funds for migrant child care programs be eliminated when it becomes a barrier. In other words, there should be 100 percent funding, or at least that portion that the State puts in, 12-1/2 percent, but that other 12-1/2 percent that must come from a truly local area and is not forthcoming, then a mechanism can be put into motion to eliminate that, and the Federal funding come up with the other 12-1/2 percent.

COMMISSIONER FREEMAN. Under such a program, who would you see being the agency that would administer it?

MR. ROLLASON. It is currently being administered in Florida by the health and rehabilitative services, that do, really, a very fine job. And I would see them continuing in that.

COMMISSIONER FREEMAN. The other question—I'm wondering if maybe again we could consider the partnership. The young children are being denied, are being deprived of a great deal of services and especially day care. And the answer might be given that one of the reasons is because they do not have enough supervisors. They do not have enough day care facilities, and they do not have enough workers.

Now, if we take both ends of the spectrum, the older worker could be trained to be the supervisor and could be the worker in the day care center. And then the additional facilities, funds could be available, and more children would be serviced by this. Has such a program ever been considered by you, and what has been your response?

MR. ROLLASON. Well, ma'am, as far as the infant, we find that the older citizen is quite good in taking care of the infant. When it comes to the older preschooler, then the slower reflexes make it difficult. But, yes, with the infant care, very definitely. The senior citizen certainly makes a beautiful assistant worker.

CHAIRMAN FLEMMING. I think the record ought to show at this point that the Federal Government has had a good experience along the line that you're identifying, Commissioner Freeman, through the Foster Grandparent program.

COMMISSIONER FREEMAN. This is the next point that I'm coming to.

CHAIRMAN FLEMMING. This is the program that does tie the two together.

COMMISSIONER FREEMAN. Reflexes are slow. Reflexes which are slow can sometimes be trained to become a little less slow. I wonder if such a program could be at least considered? What we need to do is to be a little more resourceful and creative and sort of balance off the needs and the inadequacies and develop some new programs.

Ms. BROEDER. If I could interject?

The Association of Junior Leagues, whose headquarters is in New York City, just received a \$790,000 grant to instigate a program such as you are talking about, entitled VIE, Volunteers Intervening for Equity, and they have selected eight cities throughout the United States to spearhead this program. It's going to be with older people volunteering in the area of children services, bringing the two together.

COMMISSIONER FREEMAN. Does your agency have such a program for the migrant workers?

MR. ROLLASON. No, ma'am, we really do not.

COMMISSIONER FREEMAN. Thank you.

MR. DORSEY. If I might ask just one question just to follow up on the record. Do you have the name of who funded that particular grant?

Ms. BROEDER. I think it's the Mary Babcock Foundation.

MR. DORSEY. Oh, it was not federally funded. Thank you.

CHAIRMAN FLEMMING. Thank you very much. We appreciate you being with us.

Counsel will call the next witnesses.

MR. DORSEY. Aileen Lotz, William Sutton, Frances Kramer, Joseph Miles.

[Ms. Frances Kramer, Mr. Joseph F. Miles, and Mr. William R. Sutton were sworn.]

TESTIMONY OF FRANCES KRAMER, DIRECTOR, DADE COUNTY ELDERLY SERVICES DIVISION; JOSEPH F. MILES, DISTRICT SUPERVISOR, DADE COUNTY WELFARE DEPARTMENT; AND WILLIAM R. SUTTON, DIRECTOR, DADE COUNTY WELFARE DEPARTMENT

MR. DORSEY. We'll call again for Aileen Lotz.

MR. SUTTON. She's on her way.

MR. DORSEY. Starting with Mr. Sutton, I wonder if you would state your full name and organizational affiliation and position for the record?

MR. SUTTON. I'm William R. Sutton, Dade County welfare director and I'm also the chairman of the advisory council of the area agency on aging.

MR. DORSEY. Ms. Kramer?

Ms. KRAMER. Yes. My name is Frances Kramer. I'm the director of Dade County Elderly Services Division, a division within the county's department of human resources.

MR. DORSEY. Mr. Miles?

MR. MILES. Joseph Miles, Dade County Welfare Department, district supervisor.

MR. DORSEY. Ms. Kramer, I wonder if you could, for us, identify the funding sources, the amount of funds received by the division of elderly services?

MS. KRAMER. Yes, I'll be glad to.

We receive our funding from a variety of sources. Dade County government is one of our prime sponsors, and I'm very proud to say that they support much of our efforts through Federal revenue sharing, besides the general fund requirement for certain of our Federal-funded sources. For our adult day care program this past year, the county supported, with general funds, \$62,500 to match a grant of \$223,000 through Title XX. In addition to that sum, the county added \$206,000, Federal revenue sharing dollars through our homemaker program. The county provided a match of \$100,000, for a \$300,000 Title XX grant and added to that \$36,500 in revenue sharing dollars.

Our downtown impact program is supported by \$79,350 from Dade County, \$45,000 from the State of Florida community services trust fund grant, and Title VII dollars in the amount of \$61,200. Dade County has also supported a legal services effort with Federal revenue sharing dollars in the amount of \$70,000.

We also help the GESTA program that you heard a little earlier this afternoon, with a meals component of \$56,000 in the past year.

We have a community resources unit in our division office that provide I&R [information and referral] and advocacy services. That's supported by Dade County Federal revenue sharing to the tune of \$62,239.

And we have a small contract with the expanding nutrition program through the cooperative extension department for \$10,200.

MR. DORSEY. That's a significant input into the services for the elderly. My question to you in that regard is: do you find it more difficult to get funds for elderly services from any one source than from another, for example, Title XX as opposed to general revenue sharing, as opposed to State services?

MS. KRAMER. Well, I can report that our earlier experiences which really gave us the foundations in this division were supported through Title IV. We were one of the demonstration projects. We called ourselves INSTEP in the State of Florida. Through that experience we started up a number of different services, one of which was the expanding nutrition program, which provided funds for nutrition aides to go into the homesites of older people and bring to them home management, nutrition education skills.

We found, however, at the close of our INSTEP experience that that was one of the very few agencies that did not continue to the level at which they were originally funded, and the \$10,200 is our small attempt to continue some kind of incentive to get them to devote some

energy to the elderly. It has definitely declined over the past 4 years. Their focus is mainly families with small children. It has been, and it remains.

MR. DORSEY. In terms of time—with reference to children—in terms of resources for children under Title XX, do you notice any disparity in the availability of funds for programs for children?

MS. KRAMER. I'm not quite sure about the total funding amount. I'm more aware of the matching pattern where Dade County puts up 25 percent of the total match for the elderly program, the adult day care, and the homemaker.

Where the children programs are concerned, there's a partnership between the county and the State. The county puts up 12-1/2 percent, and the State puts up 12-1/2 percent. I've asked for that same approach where elderly services were concerned, and so far it has been denied.

MR. DORSEY. Thank you very much.

Mr. Miles, you have indicated to staff certain problems in terms of getting services to specific age groups, particularly age groups 50 years and older. And I just wonder if you would now tell us exactly what that problem has been?

MR. MILES. This age group is in a Catch-22 situation here in Dade County in that some of the services for training, rehabilitation, etc., feel it's not feasible to train them; and I can see their point in that there is no job at the end of the training even if they were adequately trained. There wouldn't be a job for them.

These same people are not eligible for welfare funds, so that presents a problem for us. Many of them—in one case we had a woman who was rejected for SSI on the basis that she could do her own housework. She was 55 years of age. We tried to get her training, but because of her educational background, her physical condition, and her age, and they couldn't train her.

These are the type of problems we're running into every day. It's a very difficult situation for us here in Dade County to work with people over age 50, because we cannot find them employment, we cannot find adequate training, because the agencies are reluctant to train somebody that they're not going to get any benefit out of the training.

MR. DORSEY. Thank you.

I wonder if I might interrupt just for a moment, Mr. Chairman? Aileen Lotz has come and I wonder if you could swear her at this time.

[Ms. Aileen Lotz was sworn.]

TESTIMONY OF AILEEN LOTZ, DADE COUNTY DEPARTMENT OF HUMAN RESOURCES

MR. DORSEY. I wonder if I might direct a question or two to you, Ms. Lotz. I wonder if you could describe for us how the department

of human resources determines what programs it will provide and the procedure that you go through that influences that decisionmaking process?

Ms. LOTZ. Well, as you might imagine, in a complex government, many people are involved in the decisionmaking process. We are funded through a variety of State and Federal funds, and sometimes our decisions are made simply based on the availability of the Federal funds and the knowledge that we do have the need in the community and, therefore, can use the funds.

Other decisions are made at the State level, particularly with Federal funds that come through the State, Title XX being one of those sources of funds where we basically have limited decisionmaking capabilities, the decision of what portion of Title XX funds to use for different categories—for example, for child care or for services to the aged. Those decisions are made in Tallahassee by the State officials.

Now, beyond that, Dade County has the opportunity of making decisions to provide local matching dollars to State dollars rather than Title XX dollars; and, as a matter of fact, Dade County has made a very heavy commitment, particularly in terms of services to the elderly. We provide some 57 percent of the total local match in the State of Florida for services to the elderly. We actually receive—I'm sorry, we provide more than that. We provide three-quarters of the local match for programs for the elderly.

This district, which is largely in Dade County, gets some 57 percent of the Title XX monies that the State has available designated for services to the aged. Now, that doesn't necessarily mean that those are the only kinds of money for the aged; for example, because the elderly people would be entitled to other services not so designated. But Dade County has made a substantial commitment to provide services to the elderly.

As far as child care goes, again, we at the local level are dependent on decisions that are made in Tallahassee for the funding. And where there could be more funding available for child care, we would certainly like to use it. In fact, we've had unused local match for those programs.

MR. DORSEY. If I could interject for a second here? In terms of the implementation of Title XX, has it been your experience that needs assessment and planning requirements have resulted in any greater flexibility to utilize Title XX funds for the specific needs within the community?

Ms. LOTZ. Not to any significant extent. The State legislature determined that, in the initial year of Title XX, that those funds would be used primarily to fund programs already in place. So the needs assessments perhaps this year have begun to make an impact.

MR. DORSEY. Has that impact, in fact, been seen yet? Has there been any demonstration of it?

Ms. LOTZ. Not in the programs that I'm responsible for.

MR. DORSEY. Another question for you. Overall, would you say that there's more Federal money available for one age group than another? And I'd ask you to answer that in two different respects: one, simply the availability of Federal money and, two, in the manner in which the State matches that money. So one is availability, and the other is a practical availability in terms of what actually gets to you.

MS. LOTZ. I can only answer that question insofar as Title XX is concerned, and here we are dependent upon information contained in the State plans, which is allocation, not necessarily expenditure. But in the current Title XX plan, 4.6 percent of the dollars have been designated for services to the aged; 15.9 percent has been designated for services for child care. And I might point out that Florida ranks 49th out of the 50 States for expenditures for child care.

COMMISSIONER FREEMAN. That's pretty far down the line.

MS. LOTZ. That's rather far down the line.

CHAIRMAN FLEMMING. Can I just clear up one thing? Those figures are for Dade County or for the State of Florida?

MS. LOTZ. Those figures are statewide figures.

CHAIRMAN FLEMMING. 4.6 percent for services for the aged?

MS. LOTZ. Correct.

CHAIRMAN FLEMMING. And 15.9 percent for services for child care?

MS. LOTZ. Child care.

CHAIRMAN FLEMMING. Do you have comparable figures for Dade County?

MS. LOTZ. I can give you the percentages of the Dade County expenditures of Federal revenue sharing dollars, which might be significant to you.

CHAIRMAN FLEMMING. That might be interesting. At this point I was just curious on Title XX. You've given us the Title XX figures for the State, and I was just wondering whether there are comparable figures for Dade County?

MS. LOTZ. It has to be very heavy in the field of aged, if we are providing three-quarters of the entire required State match on a statewide basis.

MS. KRAMER. May I interject something here, Commissioner? Title XX, I'm sure we all realize, is not only for aged, but disabled adults. One of the important questions to ask is what percentage, then, of the services we render actually get to elderly.

CHAIRMAN FLEMMING. No doubt about that. I was just interested in taking a statewide breakdown and then see whether or not there is a comparable breakdown for Dade County and, if there isn't, is it possible to obtain it and provide it for the record?

MS. LOTZ. Oh, yes, we can provide that.

CHAIRMAN FLEMMING. Then I will request staff to work with you to obtain that figure, and then I'd like to suggest that it be inserted in the record at this point without objection.

COMMISSIONER FREEMAN. Then I would like to pursue it. Ms. Lotz, you were going to give the figures for general revenue sharing, and, if you would also provide it, I would particularly be interested in knowing the extent to which your department does any survey to determine the extent to which the programs, the beneficiaries of the programs, receive them and if you have any cross-classification by age, race, and sex.

MS. LOTZ. Answering your last question, I'm sure we have some information that would be available to you giving those breakdowns. For all programs in the department?

COMMISSIONER FREEMAN. For all programs. And in addition to this, even with respect to the administration, the information that you have already provided to some agency, I'm sure, in terms of the breakdown of employees.

MS. LOTZ. Yes. We can provide the information on employees. The information on clients in some instances would have to be an approximation.

COMMISSIONER FREEMAN. Well, to the extent that you have to approximate it, if that's the best you can do. But we would like to know this—that it is an approximation—because then the question might be as to whether the Federal agency that is providing the funds is itself doing what it ought to do to be assured that the beneficiaries are included without regard to age, race, and sex.

CHAIRMAN FLEMMING. Mr. Dorsey?

MR. DORSEY. If I might address a couple of questions to Mr. Sutton. In terms of your experience, I believe you indicated to staff that you perceived certain age groups as being underserved, specifically in the area of Medicaid, vocational rehabilitation programs, and the like. I wonder if you might expand on that at this time?

MR. SUTTON. Well, let's take vocational rehabilitation first. It's been my experience through the years that there has been a general tendency of that agency to give preference or priority to the younger age groups. Certainly, those who would be under 40, those who would likely have at least a high school education. The thought being—the same thought I presume as in private industry—that is there is going to be an investment made in the person, and there would be some expectation of a long period of return after the training.

COMMISSIONER FREEMAN. You're not giving that as an excuse are you, Mr. Sutton?

MR. SUTTON. No. I'm just discussing my own observation.

COMMISSIONER FREEMAN. You're just saying that's the reason that is sometimes given for the refusal to employ females, that they might get married and they might get pregnant, and then they wouldn't be able to work?

MR. SUTTON. I'm not making any excuses. That's just my personal observation.

MR. DORSEY. Have you noticed the same problem in the area of Medicaid?

MR. SUTTON. Well, in the State of Florida, I think naturally—are there not some major restrictions with reference to eligibility for Medicaid?

MR. DORSEY. I have no further questions at this time, Mr. Chairman.

CHAIRMAN FLEMMING. We appreciate having all of you who have these responsibilities in Dade County with us. And, as you know, the objective of the hearings is to endeavor to identify situations where there is unreasonable discrimination in the utilization of resources based on age. Considering the sweep of the programs for which you have responsibilities, you are in an excellent position to identify situations where, in your judgment, there is discrimination, unreasonable discrimination, based on age.

Now, we've been discussing one area that has come in for a great deal of attention over the country and will come into further attention here, namely, the area of mental health. But you know the resources that are available, generally speaking, in Dade County for use in the mental health area. As you think in the terms and the way in which those resources are allocated and are used, do you feel that they reflect a discrimination, conscious or unconscious, against the older person?

MR. MILES. I'd like to address myself to that. It's a very difficult question in that many of the older persons will not seek help for mental—

CHAIRMAN FLEMMING. Well, could I just follow that by asking you also to address yourself to whether or not community mental health services endeavor to seek out the older persons and talk with them and work with them in terms of their needs?

MR. MILES. To that answer I'd say, no, they do not.

I do think that when older folks are having emotional difficulties, it's more, "How sick are they? Can we get them on social security?" rather than work with them. Get them some kind of disability. I don't think the effort is being put forth.

I think also in some of these programs—getting back to VR, and I'd like to respond to that. I should have before, but I will now. I'm not offering this as an excuse, but only as a thought. We're so hung up in statistics that, in order to take an older person and train them and then show no results, I think that reflects they're worried about getting the grant next year and that hurts. They worry about it. So, therefore, they'd rather take that younger person, train them, and have some success than take a chance on a older person. I've heard this said many times offhandedly. I'm not attacking any agency. I think it's a built-in situation. How many airline stewardesses are hired over the age of 40, so why train one when she'll never get the job?

I think that prevails throughout the whole social service system in training older people and finding jobs for them. The same thing with mental health.

CHAIRMAN FLEMMING. I'd like to come back to vocational rehabilitation; but, if I can stay with mental health, I would appreciate any reactions that other members of the panel have on that. I don't know what your statistics show here, but nationwide they would show that, for example, in relation to community mental health clinics that 4 percent of the total number of persons served are 65 and above, which seems to me creates an assumption that there is some element of discrimination built into the mental health program as it relates to older persons.

Ms. KRAMER. Yes, sir, that certainly speaks to the unfortunate general community attitude that older people are lost causes. And as Joe pointed out, that may be very true in training and most probably is very true also in mental health.

We were contacted a couple of years ago by community health agencies in an effort to identify elders in an outreach program, but it's been a couple of years. You heard earlier about the Douglas Gardens outpatient clinic. We worry them to death too and refer to them so often as a resource, and they just can't begin to meet the whole community's need.

CHAIRMAN FLEMMING. As you see it, when this law becomes effective in January 1979, is it going to be necessary for those who are responsible for community mental health services to change their approach and thus avoid being in conflict with the law? Or I'll put it another way. Do you feel that their present approach is in conflict with the law as passed by the Congress which becomes effective in January of '79?

Ms. KRAMER. Well, if our contact from them is a measurement, then I'd have to say, yes.

COMMISSIONER FREEMAN. Wouldn't that be necessary for them to go through a sensitivity or training program if the attitudes which prevail, if they feel that the older person cannot be trained, that's sort of a self-fulfilling prophecy that it will never get done. I'm suggesting the training or the orientation or some such program, in lieu of something more drastic that may be considered and that is that you remove them all. I don't think you want to do that immediately until after you've given them a chance to get educated.

Ms. KRAMER. That would certainly be a constructive approach.

CHAIRMAN FLEMMING. Of course, the penalty in the law would be a penalty of withholding of funds if they persist in violation. I'd like other response on the mental health, but the cost benefit concept has come into this discussion, and there isn't any doubt at all that people who have responsibility for the allocation of funds to serve the needs of people do, from time to time, resort to that particular approach. As I see it, the Congress, in passing this law, has put everybody on notice that's out of the window in the future as far as older persons are concerned. If you discriminate against older persons on a cost benefit theory or approach, you're in violation of the law, we're saying to those who deliver the services. And many of you have to work with

delivery of services to all age groups. I'd just like to hear from you as to whether or not you feel that there's ever any justification for using the cost benefit approach when it comes to making tough decisions, which I recognize they are, in terms of allocation of services for persons?

MR. SUTTON. Well, personally, I don't feel that should apply. However, when there are limited funds and the public generally expects those who work in public service to try to derive maximum benefits for those limited dollars, then how is it really possible to completely ignore it?

CHAIRMAN FLEMMING. Well, it seems to me that there is a higher value at stake here and no one, even if you're applying a cost benefit concept to the allocation of resources for services, can be sure that if you do it by age groups you are automatically providing more benefits to society than would otherwise be the case. Human beings don't lend themselves to classification by age groups. And are we ever justified in denying to a human being a service because that human being happens to belong to a particular age group?

Now, the Congress has said "no" when it passed this act. And although administrators, particularly those on the fiscal side, have found it very easy and very convenient in the past to try to do it by age groups, then justify it on a cost benefit theory, it seems to me that any administrator who does that in the future, relative to funds financed in whole or in part by the Federal Government, is in direct conflict with the Congress of the United States; and the administrator of the program will be under obligation to consider initiating proceedings that would lead to the withdrawal of funds. So, the representatives of the people have spoken on that one; and the Age Discrimination Act passed by an overwhelming majority, there wasn't any real difference of opinion within the Congress of the United States on it.

I'm interested in getting from you, as we approach the time—it's only a little over a year away now when this law becomes effective—whether or not, in your judgment, some current practices dealing with the allocation of the funds are not going to have to be changed in order to bring it into conformity with the law, which, in my judgment, is in conformity with values that we should be implementing in this country.

MS. KRAMER. Sir, that speaks to a greater tragedy, however. We're still talking within an arena of limited Federal dollars.

CHAIRMAN FLEMMING. Of course we are, and we'll always talk within an arena of limited Federal dollars in terms of we're always going to have to make decisions as between conflicting claims. I say always. We might reach the utopia where the appropriations were consistent with need in all of this area of human services. But I'm afraid we don't see that just around the corner.

I mean, on the basis of at least the instructions that are being followed in connection with the preparation of budgets for 1979 and so on. When Congress passed this law, it recognized that people had to make decisions. I mean, in terms of apportioning resources. But it is saying, and this just doesn't apply to older persons, it says you no longer apportion on the basis of age, no matter what the age may be.

COMMISSIONER FREEMAN. And there's another factor here, and this is precisely why there is an urgent need to eliminate all discrimination in employment. Because, if the persons who are making the decisions, if that group of persons is not inclusive of the minorities and women, then those decisions will not be sensitive to the needs of minorities and women. In the discrimination which we are finding in triple jeopardy, if you happen to be old, female, you see, and black, or even just black and old. Where there is in the society a pattern of discrimination in employment, where those jobs where the decision is made as to who gets what is made only by a certain group of majority, then it will never be changed.

And that's why I would like to—some people have said withholding of funds is not good, because the people who will suffer will be the people who need the services. I would like to ask if you will comment on, if, in lieu of that, perhaps maybe the law should include another provision that, where there is denial to the aged, that the administrator responsible for administering the program be removed, and the supervisors who make those decisions and who cannot balance the equities be removed? What about that? Would you comment on that?

CHAIRMAN FLEMMING. If I could just amend that a little bit to, or in the alternative that funds be withheld from the administrators. I mean funds being withheld that have been identified as being required for the administration of the program.

COMMISSIONER FREEMAN. That's right. I would like a comment from each of you because this may be the kind of recommendation that the Commission needs to make to the Congress.

MR. MILES. I believe you're hitting it where it's at, and that's where you should hit them. Then you're only hurting the individual that is discriminating. Here you're having an opportunity to get at the source. I don't think we should take and hurt the individual that needs the services by removing all the funds. But, certainly, if an individual is responsible for withholding services on age, race, or whatever it may be, then I think we should address ourselves to that individual and stop at that point.

COMMISSIONER FREEMAN. Then, that director of a program who cannot find the funds for the groups that need to be served could be the former director of the program?

MR. SUTTON. I would concur basically with what you just stated; however, with the provision that some period of time be allowed to make the necessary adjustments. I have some reservations about, on the spur of the moment, totally withdrawing all funding to a particular

program area because obviously there are some of those beneficiaries who will suffer in the process.

COMMISSIONER FREEMAN. We were talking about—first of all, Mr. Sutton, no funds have been withheld, period, in these programs.

MR. SUTTON. I know that up to now.

COMMISSIONER FREEMAN. So we're not really talking about a program of being precipitous, because we've been engaged in them for months and years.

MR. SUTTON. I thought you had reference to adding that in?

COMMISSIONER FREEMAN. Yes, that's right, and give them 30 days.

CHAIRMAN FLEMMING. We must keep in mind on this, Congress has done something very unusual. It passed a law in 1975 and into '76, and then specified that it was to become effective in January of 1979, and then directed this Commission to go in and make some studies, hold hearings, and so on and make recommendations back to it relative to regulation. Everyone is on notice that something is going to happen.

I certainly toy with the idea of recommending that when it comes to Federal-State programs, or grant programs such as the ones we're talking about, that there be a separate allocation to the State for administration as over and against the allocations for the program. So that you've got two identifiable funds. And then, when it comes to how-to-conform-to hearings, that the how-to-conform-to hearings be directed to the administrative funds as contrasted to the program funds, so that the administering agency, the Secretary of HEW or Labor or whatever it may be, would have authority to withhold administrative funds if there was a determination that there had been a violation of the Age Discrimination Act. And that same principle can be applied to other types of discrimination.

Also, and one of the reasons why we haven't had vigorous enforcement of Title VI—just one, don't misunderstand me, not the sole one—is the fact that there has been some hesitancy about withholding funds from school children, for example. But it seems to me that that hesitancy could be eliminated if there was a separate allocation for administration to the State, with the understanding that there was authority to withhold if the State failed to conform to the various discriminatory laws or the various laws against discrimination.

MR. SUTTON. I support that position unequivocally.

CHAIRMAN FLEMMING. Let's go back to vocational rehabilitation a little bit because we had a panel on that this morning, as some of you may know, people who are involved in the program. I sense that there isn't any doubt in your mind but that that program operates in such a manner as to discriminate against older persons. I'm not putting the responsibility solely on the administrators here. The law itself has built into it some elements that contribute to that.

But you have a chance to look at the end result. And I gather from some of the comments at least some of you believe that that law

operates today in such a manner as to discriminate against older persons. Do you want to make any further comment on the vocational rehabilitation program?

MR. SUTTON. Well, I would like to relate back to some of the requirements on the part of some of the Federal funding agencies. Now, the local people obviously have to satisfy the requirements of the Federal funding sources.

CHAIRMAN FLEMMING. Right.

MR. SUTTON. And during the monitoring process, in most instances, the Federal monitors will obviously look at the success ratio. They will look at the percentage of placements out of the total number of those who have been referred to the program. And I'm pretty sure it has some bearing and direct effect on funding levels. How do you get around that?

CHAIRMAN FLEMMING. Well, let's take vocational rehabilitation as an example. The figures that count the most are what they call the closure figures. In other words, how many persons as a result of the rehabilitation process have actually been put back to work?

And there isn't any doubt at all that, when the administration and HEW present their case to the Office of Management and Budget, that those figures loom up as being very, very important figures. There isn't any doubt at all that they loom up as very important figures when they're presented to the Congress. I can say that with conviction because I've used them. I've presented them, and I've relied on them in order to get additional funds for vocational rehabilitation.

But there's no reason why we've got to continue to live with that law just as it is. Let's assume that that law was amended in such a manner as to make this the test: the number of persons who were rehabilitated to the point where they could continue to be involved in our society in a significant manner as volunteers, as part-time employees, as full-time employees; yes, rehabilitated to the place where, to the point where the housewife who had suffered a stroke and, therefore, was unable to continue to play her role—in this case maybe as in connection with the home of an older couple—was rehabilitated so that she could continue to play that role. And that would be just as important a figure as the figure of the number of persons who were rehabilitated to the point where they could engage in full-time employment.

I think you put your finger on it. I think our definition of success is the kind of a definition that it is comparatively easy for people to deal with statistically. I mean, after all, you can finally identify, without people arguing with you about it too much, the number of persons that have been put back into full-time employment.

But I think we're not only going to have to implement the Age Discrimination Act if we're going to deal with this problem of age discrimination, but we're going to have to look at certain other laws that have age discrimination built into them. I mean, that's like the so-

called Age Discrimination in Employment Act of 40 to 65, has got age discrimination built into it as far as everybody over 65 is concerned. Of course, Congressman Pepper is leading a crusade to get rid of that, and he's making some progress.

MR. MILES. To compound the problem that we have, we have cases where the older citizen tries to get into vocational rehab, and they can't be rehabilitated for gainful employment; yet they will file for SSI and be rejected because they're trainable or because they're employable. And they're in a never-never land. People are really having a difficult time. We're talking about an emotional problem. It is an emotional problem. I don't know whether I could deal with it.

CHAIRMAN FLEMMING. Well, this is an issue that we clearly have to identify. And, as far as vocational rehabilitation is concerned, you've got the other provision of the Social Security Act dealing with the relationship between it and the trust fund, and that creates some very serious problems insofar as discrimination against older persons is concerned.

We feel that we've got an obligation not only to make some findings and recommendations relative to this act, but also, on the basis of the study and the public hearings and so on, identify other acts for the Congress that clearly are in violation of the objective that the Congress has now set forth in the Age Discrimination Act.

I just want to make clear on one request. Again, I was very much interested in the figure on services for the aged under Title XX, 4.6 percent, and then the 15.9 percent on children. I hesitate to even use those two figures together because I don't believe—well, I'll put it this way. I believe that we should try to keep ourselves in a position where, as I indicated earlier, our decisions as to the allocations and resources are made on factors other than the cost benefit. And, certainly, no one will quarrel with the 15.9 percent for child care. But, if you could furnish us with comparable figures on Dade County, I think it would be helpful to us.

Let me just ask you about Title XX in relation to older persons. First of all, could I ask, is Florida up against the ceiling as far as Title XX is concerned?

MS. KRAMER. Oh, yes, sir. Affected by the cap?

CHAIRMAN FLEMMING. I mean we've got the \$2,700 million ceiling for the country as a whole. Then that's broken down in terms of allocations to each State, and some States are utilizing the amount allocated to them and some States are not. Is Florida utilizing the amount allocated to them?

MS. KRAMER. I'm not sure. I don't think so. But, even if they did pick that up, and I'm sure they will quickly, Dade County will not realize any increase even if they do get additional dollars.

CHAIRMAN FLEMMING. Your reason for saying that is what? The way the funds are allocated within the State?

MS. KRAMER. Right.

CHAIRMAN FLEMMING. Well, with Title XX as it now is and with your situation in Florida, do you see any possibility of bringing about any changes in the way in which funds are allocated within the Florida ceiling so as to benefit older persons? Putting it another way, do you see any possibility of stepping up the 4.6 percent? And that relates, incidentally, to what is the percentage of the older population in Florida. What are you, around 15, 16 percent?

Ms. KRAMER. For the State, yes. For the county, close to 20.

CHAIRMAN FLEMMING. For the State, say 15 to 16 percent. So that's the percentage of the population, and about 4.6 is being utilized. Do you see any possibility under Title XX as it now stands, the Federal law as it now stands, the way in which it is administered, in improving that picture as far as older persons are concerned?

Ms. KRAMER. Not to Dade County. Maybe to other counties, but not to Dade.

The only hope—we talked about this—the only hope we see is that within the allocation to the aged, that the dollars be earmarked to the really critical services, for really critical needs like homemaking, like adult day care.

CHAIRMAN FLEMMING. That's what I'm driving at. I mean homemaker, home outlay. That wouldn't be exclusively for older persons, obviously, but a fairly good percentage of those who would benefit from an increased allocation to homemaker, home health aide would be older persons.

Ms. KRAMER. Yes, it would.

CHAIRMAN FLEMMING. They could possibly get some shifts there in program emphasis without regard to necessarily the age group, but programs which clearly relate to the older persons.

Ms. KRAMER. That's actually where the hope lies.

CHAIRMAN FLEMMING. Ms. Lotz, would you like to comment on that?

Ms. LOTZ. I would say in the short run probably "no." But we here in Dade County are attempting to educate the rest of the State and the rest of the Nation, if you will, to the plight of the older person. As a matter of fact, in connection with the development of the human resources master plan, the first report that we have done is a "state of the elderly" report because we are in a microcosm here in Dade County what the Nation will be in just a few years, so we are hoping that through our efforts we will be able to persuade others to focus their attention particularly on the needs for the elderly. And the Dade County government has made a substantial commitment. I think you will find that it is more so than exists in other places in the country.

I would like to go back—

CHAIRMAN FLEMMING. At that point I would like to say I was impressed with your statistic as to the percentage of the matching funds that are coming out of Dade County as far as the programs for older persons are concerned.

Ms. LOTZ. Additionally, you asked for the percentage of dollars from Federal revenue sharing, where Dade County does have a choice.

COMMISSIONER FREEMAN. Yes.

Ms. LOTZ. My department is responsible for the nursing home program, which serves largely the elderly population. And it is the largest such local program in the State by far. And, in order to assist in financing that and other programs for the elderly, Dade County has chosen to allocate some 35.6 percent of its total Federal revenue sharing operating monies to services for the elderly. I suspect you won't find that true in very many other places around the country.

CHAIRMAN FLEMMING. You're absolutely right on that because, unless it has improved drastically in the last few months, it's a little bit hard to identify 3 percent of the total general revenue sharing funds that are being used for services for older persons. So, you are setting the right kind of example, and we would hope that other units of government will do likewise.

Ms. LOTZ. Mr. Chairman, I'd like to go back to part of the earlier discussion and the terrific dilemma that we all have, you at the Federal level and we at the local level. In the absence of age priorities established in legislation or in guidelines, we have a problem at the local level, given the limited funds.

Now, we also have a problem with guidelines that are so specific that we can only serve a person 65 years of age or older, or 6 years or under. Then we get someone who is 63, who otherwise qualifies, but the Federal auditors are always breathing down our necks.

Now, we don't have that flexibility. But, on the other hand, with limited funding, if we get \$100 for mental health treatment and three people come into the room, one of them is 80 years old, one of them is 4 years old, and one of them is 30 years old, and we can only serve one with that \$100, our choice is a very difficult one.

CHAIRMAN FLEMMING. I would suggest that you try to make the choice on the basis of criteria other than age. Because take age—you probably weren't here when I think Congressman Pepper was the first one to bring out the statistic, but it's one that we use a great deal, namely, that on an annual basis 25 percent of all suicides are 65 and above. And an 80-year-old person may be confronting some very real problems as far as her or his life is concerned. And I just feel that, when we make a decision on the basis of age, it is in conflict with the concept of the dignity and worth of each human being. And I just feel that, in the allocation of resources for services, we've got to find criteria other than age.

To put it another way, criteria other than those that depend on whether or not a person belongs to a particular group, whether it's an age group or some other group. I appreciate that we're going to have to be creative and a genius in order to do it.

Well, we're very grateful to you for coming and sharing your experiences and your insights with us. It's going to help us a great deal. Thank you very much.

Call your next witnesses, counsel.

MR. DORSEY. Evelyn Bemby and James Bunsa.

[Ms. Evelyn Bemby and James Bunsa were sworn.]

MR. DORSEY. If the witnesses that were just excused have any data or documents that they brought with them, I would ask that you turn it into the clerk before you leave.

TESTIMONY OF EVELYN BEMBRY, ADMINISTRATOR, FAMILY AND CHILDREN SERVICES, AND JAMES K. BUNSA, OPERATIONS AND MANAGEMENT CONSULTANT, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Ms. GEREHENICS. Beginning with you, Mr. Bunsa, would you state your full name for the record, and your affiliation and position?

MR. BUNSA. Yes. I'm James K. Bunsa. I'm District 11 [Florida] Department of Health and Rehabilitative Services operations and management consultant. It's a staff position to the district administrator, who is responsible for all health and rehabilitative services for both Dade and Monroe Counties.

Ms. GEREHENICS. Ms. Bemby?

Ms. BEMBRY. I'm Evelyn Bemby, administrator for the Family and Children's Services, Social and Economic Services, Florida Department of Health and Rehabilitative Services.

CHAIRMAN FLEMMING. That's almost as involved as the Federal Government.

Ms. BEMBRY. Yes, it's a long title. I shortened it a little bit.

Ms. GEREHENICS. Ms. Bemby, can you please tell us exactly what it is your office does and what programs you are responsible for?

Ms. BEMBRY. Primarily in the social and economic services program office we're responsible for the Medicaid program, for AFDC, which is aid to families of dependent children, food stamps; and in the family and children's services program, which I am the administrator of, we're responsible for foster care, adoptions, protective supervision, investigations of abuse and neglect complaints, services to AFDC families, and child day care, the WIN program. I think that's just about the major part of it.

Ms. GEREHENICS. Have you, within any of those programs within the social and economic services, identified any age discrimination?

Ms. BEMBRY. Well, I've been thinking about that, and I'm not sure if it's age, okay? Maybe it's semantics at this point. But I think that discrimination exists in any programs in this State or anywhere else for those persons, for whatever reason, who cannot act independently for themselves. What I mean by that is, if you can't work a system, then you experience discrimination.

I think that children experience discrimination. I think that elderly people experience discrimination; uneducated people experience discrimination. So, I can't just say, you know, yes. I've seen age discrimination.

Ms. GEREBENICS. Within your program specifically, in the family and children's services, how do you feel the children are being discriminated against and for what reason?

Ms. BEMBRY. Okay.

I'm responsible for those programs, all right? So I see unmet needs. Now, it is easy for me to say that is a result of discrimination because I see the problem and I see the need and I try to justify the needs, the money needed to take care of those needs. So—plus the fact, in reality, children don't vote; children cannot lobby successfully; and, like I say, they can't work the system. And I don't mean to sound cynical about that, but I think that's reality. They cannot act independently for themselves. They must depend on someone else.

Elderly people, as a group, okay, I don't think are discriminated against as a group. I think that some elderly people would feel that age group is discriminated against for the same reason. It cannot act independently for themselves. Take people who are institutionalized. They must depend on someone else. And whether we like it or not—and this is a personal opinion, not necessarily the opinion of the department—whether we like it or not, if we must depend on somebody else, we face the possibility of experiencing discrimination.

Ms. GEREBENICS. I take it many of the problems deal with lack of resources. I'm wondering what level of decisionmaking your office is involved in, the interaction between your office and the legislative appropriation process?

Ms. BEMBRY. Okay. From my level, the planning process. I look at the programs that are currently in effect and try to project a workload for the next fiscal year, look at the cost, and try to make some decision of whether I'm going to recommend to my boss, who then must take it up through the channels, on up the ladder to the Governor's office or to the legislature—but try to make some decisions about what I can get somebody to buy, and whether or not I can use the facts available to me that can justify the purchase of another program. Okay?

Then all of that is presented to my boss, who then presents it to the secretary of the department, who then presents it to the department of administration, who then, you know, all through. And, when it gets down to the bottom line, it's whether or not we're going to increase the sales tax, you know, who's going to get the money.

Ms. GEREBENICS. Thank you.

Mr. BUNSA, would you describe the review process for the Title XX plan, for which I believe you're the coordinator?

MR. BUNSA. Yes. Basically, the review process occurs at the district level. The Federal regulations mandate that 90 days prior to the effective date of your plan—which happens to be July 1 in this State—you must hold public meetings of some kind and display the State plan, the proposed State plan, in locations that would make them available to the general population. We had approximately 15 public review sites for the Title XX plan this past year, as we had in the previous years.

Ms. GEREBENICS. Is that just in the district?

MR. BUNSA. In this district, which includes both Dade and Monroe Counties.

There were four public meetings held approximately 20 to 30 days—25 to 35 days—following the initial display of the plan itself. And one other meeting aimed specifically—and these were geographically located to have client input from across the district—and the fifth meeting was aimed specifically at the elderly population. It was requested of our department here locally to hold this meeting so that they, as a group, would get a chance to react to the State plan that had been proposed.

Ms. GEREBENICS. Was there a large response from the elderly population?

MR. BUNSA: The elderly population comprised approximately 50 percent of the participation that took place through the public meeting process in District 11. So there was a significant turnout of elderly persons.

Ms. GEREBENICS. Were the concerns expressed in these public hearings, did they come out in the legislature's appropriations?

MR. BUNSA. Not really.

The Title XX public review process in Florida occurs at the same point in time as the legislature is meeting and making decisions about the funds for that fiscal year to begin on July 1. A majority of the input, the feedback that we get from the community in general during this public meeting process has been used to change program policy and approaches and service definitions and so forth within the plan itself. It has not had a great impact, a great immediate impact, on the funding levels for the various program areas within health and rehabilitative services for specific client populations. The indirect result of this feedback, I think, is seen in the following year's legislative budget request.

So, this information gathered during the public meeting process, in effect, is fed into our local budget development process which is occurring just subsequent to the act of public review for Title XX. So, it's a delayed effect.

Ms. GEREBENICS. In your opinion, do you think the Title XX budget in general is distributed in an equitable way across the age spectrum, or are there certain people that are left out?

MR. BUNSA. I don't think there are certain people that are left out. There do seem to be groups that are discriminated against. For instance, approximately \$9.1 million in Title XX is estimated to be spent for the aging and adult services program. This represents approximately 9 percent of the total Title XX dollars available for the State. The population, as has been indicated, of the elderly within the State is about 16 percent, and in Dade County it's approximately 20 percent. So from a fair share aspect, from the Title XX perspective only—as one, single funding source—it doesn't seem to be equitable.

This argument has been raised before and I'm sure it will be raised again and it may have been brought to the Commission's attention, but Title XX is not the only funding source available to the elderly, whereas in other cases Title XX represents the sole or the predominantly major funding source available for certain client services.

MS. GEREBENICS. Would you identify some of the other sources of funding?

MR. BUNSA. For the elderly? Well, Title III and Title VII are available within this State, and a large percentage of those funds are coming to District 11.

MS. GEREBENICS. And what are the cases where Title XX is the sole source of funding?

MR. BUNSA. In our retardation program, Title XX represents a very large portion of Federal dollars available. There are DDSA, developmental disability funds available, but they're not available to a large extent in Florida. So, it does represent a significant amount—other than the State general revenue—that is put into a specific program area in this State.

MS. GEREBENICS. One final question. The overall budget for Title XX lists about 35 percent of the funds is to go to mental health. I was wondering if you could explain what those funds are for and for what group?

MR. BUNSA. The 35 percent figure, I think, represents the service dollars available for community mental health out of the total service dollars aimed at social services that are eligible Title XX social services. It's kind of a misleading figure.

The actual dollars that are available for mental health from Title XX as a funding source are about \$19 million, a little over \$19 million, which represents approximately 20 percent of the Title XX funds for the State of Florida. It is one of the largest programs in the State other than some of the income maintenance, food stamp, Medicaid portions of the social and economic services programs; and a lot of the funds are going to institutions. They are primarily the general revenue funds at this point that are going into State institutions for the mentally ill.

MS. GEREBENICS. Thank you.

I have no further questions, Mr. Chairman.

COMMISSIONER FREEMAN. Ms. Bemby and Mr. Bunsa, I would like to ask if you have any recommendations which you would like to make as to what needs to be done, number one, with respect to Federal law and rules; and, two, with respect to State law and rules to improve the conditions which you have described? And if you want to comment on them, or if you do not wish to comment on them at this point, if you would have any such recommendations, if you would be willing to submit those to the Commission?

MS. BEMBRY. I have one, a general kind of a recommendation and, more specifically, to some pending legislation that is now before Congress. I think that it is very important that Congress recognize that

Federal money must be put into the child welfare field. Now, Title IV(b) is—we had a very small amount in this State—but that title right now is receiving a very small amount of money, and there is some pending legislation to consider funding that to a greater extent. And I think that's very important because in this State, for example, almost all that money is general revenue because of certain restrictions in Title XX. This money simply cannot be used because of the board—and I can't quote to you the regulation—but there are restrictions in Title XX which prevent us from using funds in that area.

We receive no Federal money in the area of adoptions. And we are in this State, right now, extremely interested in the priority of the special needs child, moving in the area of adoptions. There needs to be some Federal money in there because it's another reality factor. As long as the State has to assume responsibility for funding a majority of any program, then that program is going to be limited.

And, you know, I'm not fantasizing to the point where I think Federal dollars is going to remove all limitations, but it will at least help us to some extent. That's one thing. And I think that, you know, if one wants to say that's age discrimination because there is not money coming in in that area, then I think that is discrimination from the Federal standpoint.

COMMISSIONER FREEMAN. Mr. Bunsa?

MR. BUNSA. I'm somewhat ambivalent concerning additional rules and regulations and laws to force a change of existing mandates by Federal, State, or local governments to force them into a certain mode or method of services.

COMMISSIONER FREEMAN. Well, do you believe that the laws that are now on the books are properly enforced?

MR. BUNSA. I don't know that I can say they are properly enforced. I think they've been written well. I think an indication, if I might use an example of Title XX—I'm more familiar with that than the others—there's a 50 percent rule in Title XX program regulations which mandates that half of the Title XX money going to any particular State must be used for income maintenance people versus the income eligible, and whatever ceiling that State sees fit to set for financial eligibility. We've seen, I think, within this State that we may be meeting it, but we're not meeting it to an extent that we feel comfortable in stating that we are serving the most indigent of our population. I think we could probably take all \$100 million and direct it toward those people who are in dire financial straits and provide them social services, rather than set any income criteria higher than what we're able to establish right now within the State.

So, I think there are mechanisms, there are rules, there are program mandates now in existence that force us to that. Whether or not we're achieving it is maybe an enforcement problem. Maybe there aren't enough sanctions that are really getting felt by service providers.

COMMISSIONER FREEMAN. When you refer to service providers, to whom are you referring?

MR. BUNSA. Well, I mean all levels. I mean the Federal dollars are allocated among States. The sanctions can be felt at that level.

This State, in essence, within Florida, allocates among districts which are specific geographical areas, and certain portions of those funds that come to the district to provide direct services through HRS staff members and certain available to purchase services within a community setting. In that case, they are local service providers who may be public or private, which would include agencies such as Dade County human resources.

COMMISSIONER FREEMAN. Thank you.

CHAIRMAN FLEMMING. Ms. Bembry, I was particularly interested in your theme, what we've got to be concerned about are the persons who can't work the system, and I agree with you. I mean, I think that's something we have to keep uppermost in our minds all the time.

Your field of concern, as I gather, is both the family and children services; is that correct?

MS. BEMBRY. Right.

CHAIRMAN FLEMMING. We, fortunately I think, at the Federal level are putting some new emphasis, increasing emphasis, on the family concept. The latest national statistics that I've seen show that 28 percent of all persons 65 and above who have children live in the home of one of their children; 33 percent on top of that live within 10 minutes of one of their children; and then, on top of that, another 17 percent live within 30 minutes. So you get up close to 80 percent of those who are living within 30 minutes.

As we all know this is not always an unmixed blessing. It does create tensions. I was just wondering whether or not in Florida any attention had been focused on a possibility of help and assistance where those tensions develop? Now, this could very well be in the mental health area, or it could be in other areas. But has any special consideration been given to that particular area?

MS. BEMBRY. Part of that I will not be able to respond to, because primarily the family part of the program that I have are those families who have dependent children.

CHAIRMAN FLEMMING. Right.

MS. BEMBRY. There is, within the department, a program of aging and adult services, and I know that they are working a lot in those areas. But, as far as being able to give you specifics on that, I'm unable to do so.

CHAIRMAN FLEMMING. Right.

I was very much interested, Mr. Bunsan, in your description of the hearings and your response to questions about the impact of the hearings in connection with Title XX. In connection with those hearings, has there been any effort in any of them on the part of any individual or groups to interrelate the Title XX with Titles III and VII of the Older Americans Act? Because, as you know, hearings are required there also. And I was just wondering, a couple of States I've

heard about have actually come very close to having joint hearings on it.

MR. BUNSA. We attempted that this year. In fact, we tacked the Title XX meeting onto the end of an areawide agency meeting hearing for funding purposes. We found that, because their meeting had been so long, that the elderly were very restless at that point, that group. I would be too. I don't think that's unique to their population when you have to sit for about 3 hours in one meeting. But we attempted that and decided as a result of that that we really did need an additional special meeting.

CHAIRMAN FLEMMING. Right.

As you look back now, I mean, as you look at results, do you feel that those public hearings proved to be advantageous as far as getting additional allocation of funds for services for older persons?

MR. BUNSA. No. No, we haven't seen the effects of that yet.

CHAIRMAN FLEMMING. All right. I caught your comment because of the way it operates here. As I understand it, here—under the Federal law, of course, it's the Governor that makes the allocations—but do you have a provision that requires Federal funds to, in effect, be reapropriated by the legislature?

MR. BUNSA. In essence, I think that's the way our system works.

CHAIRMAN FLEMMING. So that, in the final analysis, it's the legislature that has the final word. So you don't think the impact of these hearings will be felt until about a year from now? There's a lag of about a year; is that right?

MR. BUNSA. Yes. And the impact will be primarily through needs identification at these public meetings, the subsequent budget development processes at the local level to meet those specific needs.

MS. BEMBRY. I think it would be a minimum lag time of a year. It could go longer than that.

CHAIRMAN FLEMMING. All right. Thank you both very much. We appreciate it.

MS. GERE BENICS. Ms. Yvette Ruhi, Ms. Ollie Cantey, Ms. Naomi Benson.

[Ms. Naomi Benson, Ms. Ollie Cantey, and Ms. Yvette Ruhi were sworn.]

TESTIMONY OF NAOMI BENSON, JEWISH VOCATIONAL SERVICE; OLLIE CANTEY, COMMUNITY ACTION AGENCY OF DADE COUNTY; AND YVETTE RUHI, LITTLE HAVANA ACTIVITIES CENTER

MS. GERE BENICS. Beginning with you, Ms. Benson, would you please state your full name for the record and your affiliation?

MS. BENSON. I'm Naomi Benson of the Jewish Vocational Service, which is an agency that not only administers the Title VII nutrition project but also vocational rehabilitation program and sheltered workshop.

MS. GERE BENICS. Thank you.

Ms. Cantey?

Ms. CANTEY. I'm Ollie Cantey, Title VII nutrition project director with the Community Action Agency of Dade County.

Ms. GERE BENICS. Ms. Ruhi?

Ms. RUHI. I am the Title VII nutrition project director for the Little Havana Activities Center.

Ms. GERE BENICS. Thank you.

Back to you, Ms. Benson. You started to give an overview of the program. I wonder if you could expand on that and give us the eligibility requirements, other funding sources if there are any, and then the types of services you provide, the number of people, and the racial and ethnic breakdown?

Ms. BENSON. You want the total program?

Well, the agency was established as a vocational rehabilitation agency under Title VII, as you know, in just the past 4 years. The agency operates a sheltered workshop, and it is, what I think, one of the outstanding facilities in the community in dealing with people with emotional problems.

We seldom see in that facility a person referred to us from the State vocational and rehabilitation office as old as 50 years of age. Generally, the referrals are much younger people. The agency has a contract with the State vocational rehabilitation workers for the provision of services to the clients of the State vocational rehabilitation office upon referral. So, I'm not making any judgments about their policies, but we do not see any older people being referred.

Just prior to the time that we got the Title VII program, I was working with Ms. Zatinsky—whom you heard this morning—at the South Beach Activity Center, and we established a sheltered workshop for the elderly there. It's a great thing. It's still in existence. It serves a small number of people, and these are people for whom there is no competitive employment in the community or who are not suitable for competitive employment in the community. It meets the needs of such programs, we believe. The agency, even prior to that time, had an extended work program for people who could no longer be employed competitively in the community. So we believe in that.

Now, as far as Title VII is concerned, our staff is basically elderly people. There's just a few full-time employees who are not above the age of 60. We have people as old as 80 still happily and successfully employed. It is very important whether we pay them or not. I mean, there is very little difference between the volunteers and the paid staff, but it's very important to structure, to give people something meaningful to do to make them feel part of the team and to establish for them a daily routine. They're expected someplace at a certain time, and they have something meaningful to do when they get there. I personally believe that this contributes as much to the mental health of the elderly as any other program.

Ms. GERE BENICS. Thank you.

Ms. Cantey, can you give us the same sort of overview of your program?

Ms. CANTEY. Okay. The community action agency is funded by CSA [Community Services Administration] and is an umbrella agency and has many other programs, ranging from Head Start to senior programs. And I am in Title VII, so all of my efforts are concentrated within that group.

We do have the 60-year-old age eligibility. We serve 600 meals a day. We have an ethnic breakdown of approximately 75 percent black, 10 percent Spanish, and 12 percent nonminority.

Ms. GERE BENICS. Ms. Ruhi?

Ms. RUHI. The Little Havana Activities Center is funded by Title VII and the city of Miami revenue sharing funds. It serves approximately 15,000 persons, duplicate persons, per month and approximately half a million persons per year. We have 10,825 persons registered in the program to date and the racial breakdown of participation on a daily basis is about 90 percent Spanish, 5 percent black, 4 percent Anglo, and 1 percent Oriental.

Ms. GERE BENICS. I was wondering if you could comment on something Ms. Cantey alluded to just a moment ago. Could you describe some of your own experiences with individuals who are less than 60 years old and, therefore, ineligible for the program?

Ms. RUHI. I sure could.

Two of our sites from the Little Havana Activity Center are located in government housing buildings. It is very common to find in those buildings people who are handicapped and are eligible to live there and receive SSI or disability pensions, and yet they're not able to come to a dining site downstairs and participate in the activities of the program. That is very common.

Ms. GERE BENICS. Is that what you find in your program too, Ms. Cantey?

Ms. CANTEY. Yes. We have four sites in a housing complex, and you have all of the other eligibility criterias of other Federal programs such as Title XX or disability or social security or your food stamps, but we are unable to include them in our program because of the age.

Ms. GERE BENICS. You mean they're disabled or adult dependent children who are being disqualified?

Ms. CANTEY. Yes.

Ms. BENSON. I brought with me a statement from the *Congressional Record* about the adult dependent children. This is, I think, a problem that exists all over the country; and it is my feeling in communicating with Senator Stone on the subject that it was the intent of Congress under Title VII not to break up a family unit consisting of an elderly person or spouse under the age of 60, and it was a simple oversight that they forgot that some family units consist of an elderly person and an adult dependent child who has never lived independently, and that this should be rectified through legislation. So he introduced this bill, which is S.3066, in the 94th Congress.

Ms. GEREBENICS. Are there alternative programs now for those people who are excluded?

Ms. BENSON. No, not that we know of.

Ms. GEREBENICS. Ms. Benson, I wonder if you could describe the cooperative assistance that you receive from the food stamp program?

Ms. BENSON. We have a very fine relationship with our local food stamp office. We're concerned at the small number of people receiving food stamps. I think it was 3 years ago, that was when we counted 36 people receiving food stamps and we were serving 940 meals a day. The thought occurred to me that with a little cooperation we might pick up all the people who are homebound and bring them into the food stamp office for one day and get them all certified. We suggested this to the food stamp office, and they said, "No, let's not do it." And I said, "Well, why not?" And they said, "Because we will simply certify your staff members to take the application, and those people won't have to come in at all."

And that's what we've been doing ever since for the meals for the homebound. We save them that dreadful trip to the food stamp office, standing in line for so many hours; but we also act as proxy for those who are unable physically to get to the food stamp office to obtain their food stamps each month. But they've been great, and we've done a number of specific things for individuals by working cooperatively.

Ms. GEREBENICS. I have just one final question for each of you. If, in fact, the age eligibility of 60 restriction were lifted, about how many more people would that involve in the program? Do you have any idea? Could you estimate?

Ms. RUHI. On a daily basis, I would estimate 20, 30, 50, depending on the site and the project group that you're serving at that particular site, where it's located.

Ms. GEREBENICS. Ms. Cantey?

Ms. CANTEY. About 125.

Ms. GEREBENICS. Ms. Benson?

Ms. BENSON. Maybe 30 or 40.

Ms. GEREBENICS. Thank you.

I have no further questions.

CHAIRMAN FLEMMING. Mrs. Freeman?

COMMISSIONER FREEMAN. Ms. Benson, what is the ethnic breakdown of the persons served by your agency?

Ms. BENSON. Oh, it's probably 98 percent white and maybe 2 percent Spanish-speaking.

COMMISSIONER FREEMAN. That's 98 percent white and 2 percent Spanish-speaking?

Ms. BENSON. Right.

COMMISSIONER FREEMAN. Mrs. Cantey, the program that was described with respect to the cooperative arrangement for the distribution of food stamps, I would like to ask Ms. Cantey and Ms. Ruhi, do your agencies have similar cooperative arrangements?

MS. CANTEY. Yes. We have in some of our sites the same type of arrangement that Ms. Benson discussed, and in some of our sites we utilize community action agency staff and that type of arrangement with them.

COMMISSIONER FREEMAN. And the community action agency staff provides the stamps and makes the report to the food stamp office?

MS. CANTEY. Yes.

COMMISSIONER FREEMAN. Ms. Ruhi?

MS. RUHI. In our program we are certified to accept food stamps for the meals, and we are also eligible to buy food stamps for the person who cannot go there. So, what they do, they pay us, and we go over there and buy it for them and deliver it to them if they're homebound. If they come to the site, they pick it up at the site. Now we just simply transport them over there to buy it and bring them back.

COMMISSIONER FREEMAN. I would like to ask a question of each of you. In your opinion, is there any group that for which the services provided by your agency are being denied because of age?

MS. BENSON. I can't think of any service that they're not receiving that they've been denied because of age. About the only problem is employment, which is a very big area. And there I think the attitude in the community is the most important thing. Many eligible people work, and I know they work. But employers feel they don't want older people working. I think the attitude of the employment service is very often discouraging. They feel it's going to be difficult. And I think what we need really is some kind of training of the staff so that the employment service and other agencies will broaden their attitudes in dealing with older people.

CHAIRMAN FLEMMING. Because of the programs, the Title VII programs, all three of the witnesses are involved in, your question was a very interesting question. In effect, because there is an age requirement in Title VII—that means 60 and above—there are older persons who, in effect, are being denied the opportunity of participating in the program because of their age.

COMMISSIONER FREEMAN. They didn't answer that, Mr. Chairman.

CHAIRMAN FLEMMING. I know that. You don't normally think of Title VII in that frame of reference.

Now Title III, Commissioner Freeman, of the Older Americans Act, simply refers to older persons. There is no age requirement in it at all, and there's no regulation dealing with it. People are left to exercise their own good judgment as to who is an older person. Title VII does have this clause, and I'm very much interested in some of the observations about the relationship between, if there is a person who is over 60, say a spouse, and below 60, of course, that person can participate.

But then you referred to the retarded dependent child, and that wasn't thought of, clearly, when the act was passed, and you made a reference to another situation, what was that?

MS. RUHI. The handicapped and disabled people.

CHAIRMAN FLEMMING. Yes, the handicapped. Now, here, there's a good deal of reference made from time to time in connection with legislation to link the older person with the handicapped. And some of the legislation dealing with home-delivered meals, for example, raises that particular issue. There are those who don't like that linkage. Personally, I think it's a very important linkage and was interested in your observation.

COMMISSIONER FREEMAN. The other point that I wanted to make, and request to make of each of you who administer these programs, if you have any specific recommendations which you would like to, based upon your experience, of changes that ought to be made, not necessarily in the law but the rules and regulations, and especially if there is a need for outreach, if you would submit those recommendations to this Commission, it would be very helpful to us because we have the responsibility of, after all of the material is in, to make recommendations to the Congress and the President and to the agencies as to what we see needs to be done.

One of my concerns has been, throughout all of these hearings, that there is a triple jeopardy as to the poor minorities and as to what happens if one is black, female, and aged. There is one problem if one happens to be a child under 21 and a member of a minority. So, we all really know that there is a problem. What would be helpful is if we could find out from those who are administering the programs ways in which they see some improvements could be made. If you would indicate it to us, then we would keep the record open to receive the recommendations at a later date.

CHAIRMAN FLEMMING. Right, we'd be very happy to do that.

Let me approach your relationship to the field in this way. Those who administer Title VII programs really can provide other organizations that have services to render to older persons with almost a captive audience every day. Hundreds of persons come into the congregate meal sites, and you have indicated that you do take advantage of that in terms of providing other types of programs for them, cultural, recreational, educational programs. And this is one of the great opportunities that Title VII provides.

Now, you're relating clearly to close to a million and a half older persons every week. They come into these programs where now about 400,000 meals are being served. If you've listened to any of the other questioning, you've probably gathered that there is some feeling on our part that, if a particular agency is rendering a service which could be helpful to older persons, and if it does not make any effort to conduct an outreach program to reach those older persons and tell them what is available, that it is in fact discriminating against, or they in fact are being discriminated against.

Have you had experiences where other organizations that are in a position to serve persons have contacted you and asked to have the opportunity of coming to the congregate meal site in order to make

older persons aware of the services? For example, I know—maybe this is happening here—situations where the health department will have a public health nurse contact each site maybe once every 2 weeks or once every week, or something of that kind, to do some screening. I'm wondering whether you've had that experience. Have you had any experience where people in the mental health area have come to you and said, "Look, we'd like to come in sometime and talk with the older persons about some of the issues in the field of mental health, about some of the services that we're able to render?" The same thing might be said as far as vocational rehabilitation is concerned.

You can identify any one of the services that could be related to the lives of older persons, and I'm just wondering whether any of these agencies have gone out of the way to come to you and said, "You have a group of older persons meeting there every week. We'd like to get in touch with them so that we can conduct an outreach program in terms of our services"?"

COMMISSIONER FREEMAN. Ms. Benson, just this one point I wanted to ask. When you gave your ethnic breakdown of 98 percent white, 2 percent Spanish, and I'm concerned about the absence of blacks. Are blacks denied admission to your program?

MS. BENSON. No. It's the location of the meal site. Five of my seven meal sites are located on South Miami Beach, where the census figure doesn't even exist on elderly blacks in that neighborhood.

COMMISSIONER FREEMAN. Is that the result of housing discrimination?

MS. BENSON. It's, I think, the result of a long tradition of that being the kind of a neighborhood, which is beginning now to be changed.

COMMISSIONER FREEMAN. Which equals housing discrimination.

MS. BENSON. Yes. As a matter of fact, there was a law for many years on Miami Beach that prevented integration of housing. A new law has since been passed, but it takes time.

COMMISSIONER FREEMAN. Would your agency consider—do you receive any Federal funds?

MS. BENSON. Yes. Title VII.

COMMISSIONER FREEMAN. So then, of course, you are aware of the prohibition of discrimination on the basis of race?

MS. BENSON. Yes. Our agency is totally integrated in that respect. The services we provide for vocational rehabilitation are without any discrimination. We're happy to serve whoever needs our program if they live there and they can get to us and we can get to them. But we're separated by Biscayne Bay from the neighborhoods with the housing projects. We are serving only one public housing, and that has about 50 percent Spanish-speaking and they are very well represented in the meal. But, if they're not living there, I can't do much about it right now. The neighborhood is changing; I will tell you that.

COMMISSIONER FREEMAN. I would suggest that that should be part of your outreach.

CHAIRMAN FLEMMING. Okay, could I return to the outreach question?

Ms. BENSON. I would like to respond to that. You mentioned the health department. We've had a war with them in the past 2 weeks. They were doing a study on drug abuse, the old people taking medicine, or do they understand the medicine they're taking. They've been to all of our meal sites and the people just loved having some doctor come there and talk to them. That was very successful.

We have the police department coming to talk about how to protect yourself against crime. At the present time we have, on occasion, the home health agency to come in and explain to the people what they're entitled to under Medicare. We have legal services every month at each of our sites coming in to not only discuss legal things in general, but do individual counseling. Sometimes they can resolve something right there. Other times they make an appointment.

We work with all the agencies that can provide anything that would be of interest to our people. And we just love working with them.

Ms. CANTEY. I would recall two agencies that have contacted us in their effort for outreach to come over and provide specific services. One was legal services, and the other was information and referral. Other than those two agencies, all the action has been on our part to bring in the other agencies.

CHAIRMAN FLEMMING. And would you have been on the receiving end of an outreach program? Have to go out and get them into the picture?

Ms. CANTEY. Yes.

Ms. RUHI. My experience has been the same. There's been one agency after another. Home health agency, legal services. One time I recall from the police department—they came also for prevention of robbery and theft. And sometimes it's so much you can't accommodate everybody at the time they want to come and speak to the participants in the program.

CHAIRMAN FLEMMING. How about mental health? Any contacts?

Ms. RUHI. Not that I can recall.

CHAIRMAN FLEMMING. Had any contacts with mental health?

Ms. BENSON. Yes. There's an outpatient mental health agency for the elderly in our area, and they did come around and make themselves known to the people when they opened. But we found that they couldn't do much in the way of treatment at meal times and that it works better on referral. It works better when we identify the person and make the appointment for them.

CHAIRMAN FLEMMING. But have they made any effort to come in and meet with the group in order to discuss some common issues or problems in this area and to identify the services that they are prepared to render if the individual wants to voluntarily take advantage of those services? Apparently they haven't done that.

Ms. BENSON. I think there's still quite a stigma attached to the idea of mental illness. What I have found in our program is that people with a long history of mental illness know they have been sick and they are

receptive to referral for help once again. But an old person who has been healthy and who is now developing a problem feels terribly stigmatized, and it takes a great deal of individual counseling so we can get them to go.

CHAIRMAN FLEMMING. I'm not only thinking about a situation where the problem has already developed like other areas; I'm thinking of the preventive aspects of this. And it's clear that one of the situations that leads to emotional illness is a situation that grows out of people being forced to retire at a given age and waking up some morning and discovering they're not involved in life at all. The literature is very clear that noninvolvement leads to rapid physical and mental deterioration. Now, if someone could come in who was recognized as an authority in the mental health area and deal with that particular issue and suggest some of the kind of things that could be done on a preventive measure, we could conceivably prevent *X* percent of the large number of suicides that we're getting from persons 65 and above.

And I certainly commend all of you for reaching out and asking various organizations that can serve older persons to come in and talk and so on. But what I'm trying to get at is whether or not some of the agencies that have services that should be available to older persons really go out of their way to conduct an outreach program. It seems to me a failure to do it results in discrimination.

MS. CANTEY. I have a comment I would like to make about an agency making contact with us to set up an ongoing counseling program, group counseling program. After making the initial contact, after our first meeting, the director looked at me and asked me, if they implemented this program, what about the funding for the next year around?

And I let him know our funds were very limited. But I think sometimes some agencies do have limited funds.

CHAIRMAN FLEMMING. Thank you all very much. We appreciate sharing your experiences with us.

MS. GEREENICS. Mr. Phil Farias, Mr. Thomas Smithdale, Mr. Leo Davenport, and Mr. Haynes Presley.

[Mr. Leo Davenport, Mr. Philip Farias, Mr. Haynes Presley, and Mr. Thomas Smithdale were sworn.]

TESTIMONY OF LEO DAVENPORT, SUPERVISORY FOOD PROGRAM SPECIALIST, OUTREACH AND CIVIL RIGHTS UNIT, FOOD AND NUTRITION SERVICE, U.S. DEPARTMENT OF AGRICULTURE, ATLANTA; PHILIP FARIAS, VOLUNTEER COORDINATOR, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES; HAYNES PRESLEY, COORDINATOR OF EQUAL OPPORTUNITIES, FOOD AND NUTRITION SERVICE, U.S. DEPARTMENT OF AGRICULTURE, ATLANTA; AND THOMAS SMITHDALE, FOOD STAMP OUTREACH COORDINATOR, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

MS. GEREENICS. To begin with you, Mr. Farias, could you please state your full name for the record, your affiliation and position?

MR. FARIAS. Yes. My name is Philip Farias. Currently, I'm the volunteer coordinator for HRS. Previously, I used to be the food stamp outreach coordinator, up until January of this year.

MR. SMITHDALE. My name is Thomas Smithdale. I'm the food stamp outreach coordinator for the State of Florida Department of Health and Rehabilitative Services, Tallahassee.

MR. DAVENPORT. My name is Leo Davenport, supervisory food program specialist, responsible for the Outreach and Civil Rights Unit, Food and Nutrition Service, USDA regional office, Atlanta, Georgia.

MR. PRESLEY. My name is Haynes Presley, and I'm the coordinator of equal opportunities. I represent the regional administrator of the Food and Nutrition Service, Southeast Region.

MS. GEREBENICS. Thank you.

Mr. Farias, beginning with you, how many persons in this area do you estimate are eligible for food stamps, but aren't participating in the program?

MR. FARIAS. We have about 80,000 households that are participating. I understand that's over 100 percent of the target that we have in this district. Of the 80,000 certified, I believe we have about 73,000 or 74,000 participating.

MS. GEREBENICS. Do nonparticipants fall into a particular age group? Have you identified that at all?

MR. FARIAS. No, I have not.

MS. GEREBENICS. Mr. Smithdale, we've been looking at food stamp programs across the country and found that there are several, actually three, major barriers to participation in food stamps, and I was wondering if these were true here. We've found that there is a lack of information, or there's a stigma associated with food stamps as a welfare program, and that there is a great deal of complexity in getting the stamps in some places, where you go to two or three different places to get certified and get your stamps, with older persons being the most severely affected by all three of these. I was wondering if you found that to be true here?

MR. SMITHDALE. I find it to be very true. One thing peculiar about the food stamp program is that it's singly the most visible form of welfare. When you get a social security check or an AFDC check, you cash that check. Then you have that money, and you're going to spend that money; and they don't know if that's AFDC dollars or if that's an SSI dollar. But the food stamp, you have a coupon, and it singles you out and lets everybody know that, "Here, I'm a poverty case. I can't help myself, and I need help."

And many of the elderly that worked all their lives, that worked a job, they want to retire with a little bit of dignity. And I think this particular use of the coupon in many ways robs them of that dignity.

MS. GEREBENICS. I don't know which one of you is more qualified to answer this or if both of you want to, but we had some testimony from a panel of people who buy nutrition services under Title VII, and

they were speaking of authorized representatives to go and get food stamps for people in the areas that they serve. And I was wondering if that's a product of the outreach program that someone in the State or district has developed the use of options, home certifications? Is this common?

MR. FARIAS. I would say that is part of the outreach program. When I was the coordinator for outreach, we did go to these agencies like CAA that was mentioned earlier, and some of the housing projects, and we tried to get people that are qualified to be able to certify them and avoid the elderly person coming to the office.

MS. GEREBENICS. And how is your program funded and staffed, the outreach program?

MR. SMITHDALE. The outreach program is funded jointly 50-50 matched between State revenue funds and USDA Federal matching funds.

However, the State of Florida food stamp program—I have not had that much experience with other State programs to know how our program stacks up with other State programs—but we have been very fortunate to receive two Federal grants totaling almost a million dollars in CSA funds which were matched by USDA dollars under a special case where we were using Federal funds to match Federal funds. We've used this money to employ 77 individuals to work in the food stamp program around the State, 11 of whom, like Phil here, are district regional coordinators.

We've also hired additional certification workers, and in kind of a novel approach we've hired 23 people called social worker assistants who actually go out and pick up the money from people and return the stamps to them and perform other outside office functions. And another thing they do is act as representatives for persons who cannot act in their own capacity.

MS. GEREBENICS. Mr. Davenport, is that a fairly unique program within the region?

MR. DAVENPORT. There is only one other State in the Southeast that has been able to secure CSA funds, the State of Mississippi.

MS. GEREBENICS. Excuse me. Those are Community Service Administration?

MR. DAVENPORT. That's right, Community Service Administration funds. The State of Mississippi has employed about 25 full-time outreach people utilizing those funds.

MS. GEREBENICS. And how does your office specifically monitor and enforce the outreach mandate into the food stamp program?

MR. DAVENPORT. We are monitoring outreach through the same system we are monitoring other program activities. This is through our ENE—this is efficiency and effective monitoring system—to assure the total program is being administered in an efficient and effective manner. There is a portion of that review format that deals with outreach. In addition to that, the State agency submits to us, on a

semiannual basis, an outreach report of their activities for a 6-month period of time.

MS. GEREBENICS. And what is the enforcement mechanism for ensuring those are implemented?

MR. DAVENPORT. The same as all other program enforcements. They've got sanctions under the ENE system.

MS. GEREBENICS. Is the strategy of requiring outreach effective in removing barriers to participation, do you think?

MR. DAVENPORT. I think that has helped. I still believe there is room for additional work, especially with the group of people with whom we are dealing with here today, the elderly.

We found that most of the outreach plans submitted to us for approval have identified that group as needing special attention; and, even with all the efforts that's been directed to them, we still have the pride thing that Tom has already alluded to, that oftentimes, even after you make them aware of the availability of the program, some are still a little reluctant to participate.

As you probably are aware now there's going to be new legislation coming out in the Congress very soon which would eliminate the purchase requirement, and I'll refer to that as EPR. I think maybe this will probably get some of the elderly on the program. In addition to the pride factor, there has been also reluctance for them to participate because of the purchase requirement, having to lay out that fairly large sum of money for a fairly small bonus. Under the EPR system, they will get the bonus without any outlay of cash.

MS. GEREBENICS. We've also found that recipients of SSI, supplemental security income, seem to have been forgotten or are not participating in the food stamp program, and I was wondering if that's reflected in your region?

MR. DAVENPORT. I don't have statistics on exactly what the percentages are. I do know that the State outreach plans do address the need to deal with that segment of people.

MS. GEREBENICS. Mr. Smithdale?

MR. SMITHDALE. Yes. This is one group that we've been very much concerned about; and, to try to reach them, twice a year in their Medicaid receipt cards they get every month, we put a little food stamp brochure all about food stamps written in bold face type for the elderly. And in many regions around the State we've done what we call "pulling matches." In other words, getting the microfiche of the SSI people in that district and then match them against our food stamp records to see who is not participating and sending a letter to those people who are not participating.

MS. GEREBENICS. How much use, do you know, that's made of the provision allowing the elderly to use food stamps for congregate and home-delivered meals, such as the three witnesses before you described?

MR. SMITHDALE. That's been an area where we have had very, very small success, unfortunately; and I have attended a number of meal sites myself and spoken to many, many around the State, and our other coordinators have also spoke to many of them. We go in and speak and do the best job we can, and in many cases it has about a zero effect. I don't know what else you can do besides give it your best shot.

MR. DAVENPORT. Was your question directed to the total number of sites that are available, or the vendors who provide meal service?

MS. GEREBENICS. Either or both.

MR. DAVENPORT. Well, in the southeast region we have approximately 990 congregate feeding centers and approximately 200 meal delivery services. And I think the language might be in any agency, for meals-on-wheels service, it must be a nonprofit organization doing this. When you get into some of the remote rural areas, you really don't have organizations that, you know, provide these type services.

MS. GEREBENICS. I have just one final question for Mr. Davenport. Do any of the States in your region have food stamp outreach people stationed in the SSA [Social Security Administration] district offices? Do you know?

MR. DAVENPORT. The State?

MS. GEREBENICS. Any of the States in your region?

MR. DAVENPORT. Not stationed there, but all of them make regular contact with the Social Security Administration to use them as a referral and hand out literature. We have information material about our program, and I think all the outreach people utilize that as one resource of getting the word out to elderly people.

MS. GEREBENICS. Thank you.

I have no further questions, Mr. Chairman.

CHAIRMAN FLEMMING. I'd like to ask whether any of the members on the panel were participating in the food stamp program at the time there was a project known as Project Find?

MR. DAVENPORT. I was, and, Mr. Chairman, I remember that very vividly.

CHAIRMAN FLEMMING. Well, you recognized, as I did at that time, that there was some resistance to it within the executive branch of the Government, based on the same theory that was expressed earlier here, that you don't go out into the highways and byways in order to increase the cost of a particular program. Do you feel, now that Congress has mandated an outreach program, that that point of view is not as prevalent as it once was, or do you still have to deal with it as a practical day-to-day operating problem?

MR. PRESLEY. Mr. Chairman, are you referring to that time when we would only deal with the neediest of the needy?

CHAIRMAN FLEMMING. No. What I'm referring to is going back to Project Find in 1971. And I was very much aware of resistance, although I had the feeling that we made some progress and we did

bring some older persons into the picture that were never there before. And then I know that that reluctance continued; and, in effect, Congress responded to it by mandating an outreach program, and you're now in the middle of that type of a program. And I'm just wondering whether or not, just as a general proposition, do you run into difficulties in implementing it because of the point of view that was expressed earlier, namely, that people shouldn't be going out trying to increase Federal expenditures in your program?

MR. DAVENPORT. Mr. Chairman, if I may speak to that, I think that some of those attitudes still prevail. I think that they probably are not as great as they were back in the Project Find days; but we still find people who have those attitudes, you know, that you really shouldn't drag people into the office. You even hear the comment made that here in 1977 everybody is aware of the food stamp program, and some people even question the need for outreach.

CHAIRMAN FLEMMING. Yet, I'm sure your experience has proved on a day-to-day basis that there is that need in the field of the aged. We assume there are still several million older persons who are totally unaware of the resources and services that are available from food stamp, social security, SSI, and so on. And I'm sure you keep running into persons of that kind. I am interested that you link up outreach and civil rights, and I'm interested in just how you do link the two.

MR. PRESLEY. One thing, Mr. Chairman, outreach applies to all of our programs, child nutrition programs, so we link it up. And I am the coordinator of all civil rights for the agency to see that a unified thrust is put forward in outreach.

COMMISSIONER FREEMAN. Do you do the monitoring?

MR. PRESLEY. Yes.

CHAIRMAN FLEMMING. What special efforts are made in an effort to make sure that in the delivery of food stamps there is not discrimination on the basis of race, color, creed, and so on?

MR. DAVENPORT. We have an annual nondiscrimination review that is conducted in each county food stamp office. This is done by our field staff. We've got a staff of field offices throughout the southeast region and they conduct—it's an ongoing review—but once each year there is a scheduled trip into the office for a record review and all of this; and then a report is submitted to our office, even though every time they're in that office they're supposed to be aware of Title VI activities that are going on in there.

CHAIRMAN FLEMMING. If you find that—in connection with those reviews—there has not been effective implementation in the program in relation to minorities, what action is taken?

MR. DAVENPORT. well, we work through the State agency trying to get corrective action taken, as we do in every other program.

CHAIRMAN FLEMMING. Supposing the State agency, just for example, says, "We've done everything we're going to do, and we're not going to go any further?" What happens? Maybe that's just a hypothetical question.

MR. DAVENPORT. We haven't had any really holding back to that degree; but, if that would happen, then we would turn it over to our E&E people to possibly bring sanction against the agency.

CHAIRMAN FLEMMING. Well what kind of action under the law could they bring?

MR. DAVENPORT. Withholding funds.

CHAIRMAN FLEMMING. Right. In other words, is there any authority in your law which would enable them to withhold funds for administration, as contrasted with withholding funds for delivery of the service—in this case the food stamps. In other words, would it be possible to penalize the administrator who ignored the law instead of the people who are receiving the services?

MR. DAVENPORT. I understand the position you are taking, but all the bonus coupons are Federal dollars. So, if you withhold anything, it's going to be administrative money. That's all we match on. But, if you would do that, then you have no mechanism at the local level for disbursing the coupons. So, in fact, you have cut off the benefits.

CHAIRMAN FLEMMING. Wouldn't it be possible to substitute some new persons to administer the program?

MR. DAVENPORT. That would be a possibility.

CHAIRMAN FLEMMING. Has any action looking to that kind of result ever been taken, to your knowledge? Not just in this region, but any other region?

MR. DAVENPORT. I think—and Haynes, you might correct me if I'm wrong—we had a situation that developed some years ago where we went into a county in Alabama and administered the program for awhile. I don't think there was civil rights involved.

CHAIRMAN FLEMMING. You, in effect, put them in receivership?

MR. DAVENPORT. Right.

CHAIRMAN FLEMMING. You could take that particular action?

MR. PRESLEY. We could. We also did it in Virginia on a food distribution program several years ago.

CHAIRMAN FLEMMING. In fact, put that in receivership and administered it direct?

MR. PRESLEY. We did.

You may be aware of the child nutrition program. We have authority by Congress to administer that program where the State won't in the private schools and the child care centers. That's a little different than the food stamp program.

COMMISSIONER FREEMAN. Let's take the nutrition program, the congregate food service. When you make the visit and you would find that all of the recipients are all of one race, all are white, would you make any judgment as to that, or would you make any further investigation?

MR. PRESLEY. Well, not unless it required further investigation to identify the population they come from.

COMMISSIONER FREEMAN. Does the Department of Agriculture have any input with respect to site selection?

MR. DAVENPORT. No. That is definitely up to the State agency.

CHAIRMAN FLEMMING. That's the State agency working through the area agency?

MR. DAVENPORT. The approval of meals on wheels and congregate feeding sites are done by Food and Nutrition Service people. But, if they meet the nonprofit criteria and things of that nature, then they are given approval to deliver the services. Now as far as reviewing them for Title VI activities, we routinely haven't been doing that.

MR. PRESLEY. Mrs. Freeman, are you referring to the preapplication review?

COMMISSIONER FREEMAN. Yes, I am. It's the Federal agency's responsibility. And what I'm trying to find out is what you do with that preapplication review?

MR. PRESLEY. The program we administer ourselves, we do the application reviews. Some of them that you're speaking of, meals on wheels we don't do the application reviews. We do followup.

Under the new Department of Justice regulation, we will be required to do preapplication reviews and postapplication reviews. In effect, we are in the process of implementing new regulations now.

COMMISSIONER FREEMAN. Do you do any reviews with respect to employment practices and pattern?

MR. PRESLEY. Not in the strict sense. We are in the process now of determining, administrative process to determine what is the authority to go into employment practices. We're not quite sure of our position on that.

MR. DAVENPORT. We gather those statistics, Mrs. Freeman, during our annual nondiscrimination review. We develop kind of a county profile as to the nature of the work of the population. We get racial-ethnic data submitted to us semiannually. In the nondiscrimination review report itself, there is a breakout of the county.

Now, I must admit that we haven't done an awful lot with that information unless a problem should arise, simply because it was unclear whose responsibility it was in the past. We kind of take the position, since State and local agencies employ under the merit system that's administered by HEW—

COMMISSIONER FREEMAN. You see, the State and local systems are now under the requirement of Title VII. And this Commission held a hearing and did a survey quite some years ago and found there was more discrimination in State and local governments than there was in private industry in some instances.

MR. DAVENPORT. I think under the new Justice rule changes this will be addressed, and the cognizant agency will be the responsible agency.

COMMISSIONER FREEMAN. But now your agency does not believe that it has the power?

MR. PRESLEY. We are reviewing our position on it to see whether we do have the power on this.

CHAIRMAN FLEMMING. In light of the new Title VI regulation?

MR. PRESLEY. Correct.

MR. DAVENPORT. I'd like to regress a little bit. You asked me how we got the outreach and civil rights tied together in the region. Even before outreach was mandated by Congress back as a result of the 1964 Civil Rights Act, and the memorandums that were handed down concerning Title VI activities, civil rights activities, there were provisions way back then for outreach as we saw it. It's called notification—is what they called it then—which is still a form of outreach. Get the word out to minorities and low-income people. So, in the regional office, when outreach was mandated by the Congress, we saw it being a natural thing and we just kind of just merged the two units into one.

CHAIRMAN FLEMMING. Have you, in connection with your outreach program, worked in and through some of the national organizations of older persons such as the National Council of Senior Citizens, the American Association of Retired Persons, National Retired Teachers Association, and so on?

MR. DAVENPORT. This, Mr. Chairman, would be the responsibility of a State agency, and I think they are utilizing all resources that are available to them. They are more or less supposed to do this because of their budgetary restraints. They just don't have the monies to employ enough staff to get the job done. So they give us a listing of agencies and organizations, groups and individuals that they involve in outreach, and these are part of that list.

CHAIRMAN FLEMMING. Do you have the feeling that they're working through or with the State agencies on aging?

MR. DAVENPORT. If I may let Mr. Smithdale respond to that.

MR. SMITHDALE. We are nondiscriminatory in our outreach efforts. We beg, borrow, buy, or steal help everywhere we can, everywhere we can get it, anytime we can get it from anybody who will give it to us. In terms of groups like the ARP, the NRTA, and the various other groups, we do work very closely. We solicit their help continually and we write them letters. We ask them if they have any problem areas or of anything that we can possibly do to help them, to please contact us. I think they are very well aware of that at this time.

CHAIRMAN FLEMMING. What about the State agency on aging, or whatever name is employed here, and through that agency, the district area agencies?

MR. SMITHDALE. We have worked with them on a number of occasions and have conducted training for their staff on the basic outlines of the food stamp program, what it's about, basic eligibility requirements, and so forth.

CHAIRMAN FLEMMING. I was interested in your observation about the pending changes in the law. We took some testimony on that in another part of the country. The prediction on the part of people in positions comparable to yours was that this would lead to a fairly sharp increase in the number of persons participating and, therefore, would lead to an early sharp increase in cost. Is that your evaluation of the situation in this part of the country?

MR. DAVENPORT. I think we definitely will see an increase in participation. However, the prediction from the national level is that, because of some of the other changes being made in determining eligibility and making the income exclusion cutoff at the OMB poverty guideline, we are going to lose some people in the high-income brackets, whereas we will pick up others, which will kind of counter the whole process.

CHAIRMAN FLEMMING. Would you think that the group that you would pick up, or one of the large groups that you would pick up, are older persons who just haven't been able to provide the cash?

MR. DAVENPORT. I think they would definitely be a high percentage of that group, yes.

CHAIRMAN FLEMMING. Thank you very much. We recognize the importance of this program to the total field of the aging. It's very helpful to have you bring us up to date on what you're doing in this part of the country.

MR. DAVENPORT. It was our pleasure to be here, Mr. Chairman.

CHAIRMAN FLEMMING. Gentlemen, the hearing will be in recess until 8:30 tomorrow morning.

Morning Session, August 23, 1977

CHAIRMAN FLEMMING. The hearing will come to order, and I will ask counsel to call the next witnesses.

MR. DORSEY. Mr. Jerome M. Conger, Mr. Robert Jones, Dr. Thomas Garvin, and Mr. Emilio Lopez.

CHAIRMAN FLEMMING. You will remain standing and raise your right hands, please.

[Mr. Jerome M. Conger, Dr. Thomas Garvin, Mr. Robert Jones, and Mr. Emilio Lopez were sworn.]

TESTIMONY OF JEROME M. CONGER, DEPUTY ASSISTANT SECRETARY FOR HEALTH PLANNING AND DEVELOPMENT, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES; THOMAS GARVIN, MEDICAL CONSULTANT, FAMILY HEALTH CENTER; ROBERT JONES, EXECUTIVE DIRECTOR, HEALTH SYSTEMS AGENCY OF SOUTH FLORIDA, INC.; AND EMILIO LOPEZ, EXECUTIVE DIRECTOR, CLINICA BORINQUEN

CHAIRMAN FLEMMING. Thank you very much, and we appreciate your being here with us.

MR. DORSEY. I would ask of each of you—starting with Mr. Conger—to state full name, your position, and the agency which you represent. Please do that for the record, if you will.

MR. CONGER. My name is Jerome M. Conger, and I am the deputy assistant secretary for health planning and development, with the Florida Department of Health and Rehabilitative Services.

MR. JONES. I am Robert Jones, and I am the executive director of the Health Systems Agency of South Florida, Inc.

DR. GARVIN. I am Dr. Thomas Garvin, and I am the medical consultant with the Family Health Center.

MR. LOPEZ. Emilio Lopez; I am the executive director of the Clinica Borinquen.

MR. DORSEY. Mr. Lopez, if I may begin with you, I wonder if you would enumerate for us some of the factors which you believe account for the low utilization by older persons, compared with other age groups, of the community health systems?

MR. LOPEZ. I think that the biggest factor is that they have to pay for the initial visit. When you call—you know, when they are on a fixed income like they are, and they have to come into the system, and they have to pay an initial amount of money for them to be, that could keep them from going to the agencies that are supposed to be serving them.

Other factors—I am going to refer specifically to the poor, Spanish-speaking population—in which one of the reasons that the clinic that I serve came about, it was that on many occasions we found that the agencies that are supposed to be giving services, they didn't have enough personnel trained to be able to deal with persons that didn't speak English, or any other foreign language. They just assume the fact that everybody that goes to that center of that particular institution is supposed to be speaking the language of the mainstream of persons that deal with the problem of health, and on many occasions we have found that this is not necessarily so.

Another factor that I encountered was that, due to the agency's inability to—some of the things that I heard discussed yesterday, of not having enough personnel, or not allowing them in the budgets to be able to go out and have an outreach program, that is to let the people know that they are in those communities and the kinds of services that they are supposed to have—those three, I think, those are the three basic ones that I have found, especially in the age group that you are dealing with.

MR. DORSEY. In some of our studies in the country, we have found that there have been problems with physicians' attitudes towards the elderly in many cases—towards the elderly and the treatment of the elderly—and I was wondering whether you had encountered any problems in that area?

MR. LOPEZ. Maybe I have been lucky because in the center which I run some of the doctors that I have are in the bracket that you are

discussing right now, you know, and I have not had any discrimination or problems or anything.

As a matter of fact, I have found a little bit of the reverse. I have been in a little bit of trouble because some of the younger people that are going to the center—even though they admire the doctors for what they represent and their wisdom—if they become too old, they don't want to go to them; and I did find—we have found that problem in some locations, and I have had some complaints from some of the consumers that I had, in going to the centers. Some people say, "You have a doctor, and he is already too old; he doesn't know what he is doing."

I have had the problem in reverse, you know.

MR. DORSEY. Dr. Garvin, I will ask you the same question, basically, have you noticed particular factors that help to account for or explain the low utilization of certain age groups being discriminated against, as compared to others?

DR. GARVIN. Not directly; most of my experience has not been in terms of administration, but as a physician practicing in local health centers, CHI and places like that.

I would think that there are perhaps several reasons why there is low utilization by elderly people, one of which is the lack of proper transportation. Some of these health centers, namely, CHI, for example, have a fairly well-organized transportation mechanism by which the patients can be brought to the centers. Others do not have that kind of a system. I think that is one of the basic reasons.

The other, perhaps, would be, there is a lot of red tape in all health centers, as well as hospitals or any other kind of operation that delivers health care. I think that most people, whether elderly or not, just do not wish to go through that initial encounter experience, with a bunch of forms that need to be filled out, and it is a lot of hassle just trying to get into the system. Once you get in, I think that perhaps things run along more smoothly.

Thirdly, there may not be enough people who understand what health centers are exactly all about, in terms of what kinds of services that particular health center offers, and perhaps to the extent that the programs that the particular health center offers may not be what some of the elderly may need. Medical care certainly is part of it; but, then, there are other kinds of services that should be available in all health centers. I do not think there is any of kind of standard, and it is different in different places. Certainly, a large part of medicine deals with nonorganic problems, social problems, and so forth; and I think that health centers should try to meet those kinds of needs, and perhaps we are not doing that as well as it should be done.

MR. DORSEY. Thank you.

Mr. Jones, we understand that, despite the large number of physicians in the South Miami Beach area, older persons experience considerable difficulties in obtaining health services needed in many cases. I wonder if you would elaborate on that.

MR. JONES. Certainly.

We held a hearing in Miami Beach—our division of consumer affairs of the State, which happens to be in the department of agriculture for some reason. Nevertheless, we held a hearing several weeks ago. It was on some of the problems that the elderly were encountering in connection with the Medicare and Medicaid programs.

One of the things that we recognized in the health systems agency, and which we have been planning for for several years, we do need to provide access to services, and in the South Miami Beach area, if one looks at the ratio of physicians to patients, you would believe and assume, by simply looking at the data, that there was an adequate number of physicians to serve that population. I think the point that one has to consider is that the availability of medical manpower does not necessarily mean that the access is there.

At the hearing that I referred to earlier, there was considerable testimony about the problems of the aged in determining the physicians who would accept assignments from Medicare. I think it is, indeed, unfortunate that there is no mechanism other than the elderly taking the time—and their time is valuable—to search out for themselves whether or not a physician will accept an assignment from the Medicare program.

It would seem to me that the legislation should be corrected for the physician population to accept assignments or not accept assignments; and then they should be required to accept assignments for all types of services and not make a determination on a case-by-case basis, which in essence, is an indirect economic discrimination, because that decision, for the most part, is whether or not they feel that they are going to be adequately paid or reimbursed for their services, which they have a right to be.

It creates a number of problems that we are aware of. A number of other Federal programs are related to this. For example, we are attempting to get community health center funds to serve the population in South Miami Beach. Without it being designated as a medical scarcity area, it is very difficult to receive these Federal funds to support this type of neighborhood health service which this doctor just referred to.

We were able, though, to demonstrate satisfactorily to HEW that the physician-to-patient population ratio did not necessarily reflect the availability of services in that area. That has been changed.

One of the other problems that you have is the lack of knowledge throughout the medical system. In some areas, where we do have good community neighborhood health centers, there is an awareness of where services are; but, other than that, it is very difficult for the elderly when they have to seek out for themselves where the services are available, which is unfortunate.

MR. DORSEY. Thank you very much.

Mr. Conger, I wonder if you would indicate some of the barriers and problems which you see existing in specialized medical services for the elderly in Florida.

MR. CONGER. I will try to do that, Mr. Dorsey.

A couple of thoughts come to mind. The first relates to some of the points that Mr. Jones was making. Access to health care troubles much of our aging population, which is not because of any direct discrimination or barrier, but because of economic access problems and, in many of our rural areas of the State, because of actual physical barriers or the lack of available manpower.

In terms of the economic barriers, I think it is pretty evident that some of these can be attributed to the Federal financing mechanism. In many cases, Medicaid and some of the other programs—both at Federal and State level—because even though they are well-intentioned programs that do provide a lot of services to a lot of people, they have created some inflationary pressure on health systems, and they and other factors have driven health care costs up markedly in the past decade, to such an extent that folks who are on a fixed income, in fact, have real difficulty in obtaining access to health care.

Even the Medicare program, which is intended to pay for health care costs for the health of the elderly, does not, in fact, do that any longer. I think the average Medicare recipient is forced to dip into his or her own pocket for about half of the health care cost. That is something that I think can be corrected with proper attention at the Federal level.

Another point that I would like to make is just an example of the physical barriers that exist in our State and across the country.

About 30 out of 67 of our counties are described as critical areas of medical scarcity. They are rural areas, and there is a direct correlation between that medical scarcity, the ruralness of the counties, and the age of the population. If you will look at our rural counties, you will find that the population is older, by and large, there than it is elsewhere, and those who are older have a tendency, more often than not, to be in poverty in the rural areas than elsewhere.

You have a combination, I think, of an increasing older and poorer group in rural areas of our State, which are characterized by lack of health manpower. Our older folks just are not able to get up and go to health care in some of our metropolitan areas, whereas other younger people and more affluent people can.

Those are two major problems that I see.

MR. DORSEY. In terms of State response to those particular needs, are there planning mechanisms now in the works to deal with those problems that you have stated?

MR. CONGER. Yes, sir, there are, and, if I could make one single recommendation to this Commission, it would be to support that effort across the country. What I am referring to is the health planning and resources development program in the country and in the State.

We are very much involved at the present time, all across our State, in examining health care needs and ascertaining what the priorities are and the special problems that afflict particular groups. However, that is going to culminate into a series of nine regional health plans and a new State health plan, which we hope will effectively identify those needs and start developing some solutions for them.

Solutions, unfortunately, do not simply rest in plans. Those plans have to be implemented; and, even though we in the health planning business in this State, with the very strong support and involvement of many consumers and providers—even though we end up identifying those problems, it is difficult to find solutions to them. It is going to take action by the Congress and by our State legislature to really solve a number of those problems.

To return to the comment that I made about a very specific recommendation, the Congress is at the moment beginning to look at the health planning structure in the country, and where it ought to go. I think that—even though it may be a bit off track, in terms of this Commission's objectives—I think it would be a service to the country if the Congress had some strong input from this Commission, in terms of supporting that particular activity and strengthening it wherever possible.

MR. DORSEY. Thank you very much, Mr. Conger.

MR. Chairman, I have no further questions.

CHAIRMAN FLEMMING. Mr. Conger, if I could pick up at the point where you just left off. In connection with the health planning and resources development program, as you carry forward the development of your plans in the State of Florida—both on the State level and the nine regional levels—is some attention being given to the issues that confronts older persons in this area?

MR. CONGER. Mr. Chairman, I would say that high priority is being given to that particular problem in each of the nine health systems plans that are evolving. I have only seen drafts of about five of them now, and, in each case, considerable attention is being given to that.

It is only natural that this would be the case because, as you know, this State has an elderly population—those over 60 represent about 23 percent of our population. The health care needs of that population are generally about twice those of the rest of the population. The cost that the elderly experience in health care is almost three times that which the rest of us experience, on the average; and all of those facts are very well known to health planners, so we are spending a lot of time on that, and, hopefully, we are developing some solutions to those problems.

CHAIRMAN FLEMMING. Is there any work being done in conjunction with the State agency on aging, or the program unit in the State's government which is concerned with aging, and, also, are there any relationships being developed between those who are working on these plans and the district offices and the area agencies on aging? In other

words, are there interrelationships developing between the persons who are engaged in health planning and those who have overall responsibility in the field of aging?

MR. CONGER. Yes, sir, that relationship is developing; but, in all honesty, my personal opinion is that it needs further development. I think we are just beginning to put the health planning efforts and the formalized aging program efforts together.

Our department does that because of the way that it is organized; the aging program is housed in our department. The aging and adult services program's office is immediately adjacent to mine, and we are in communication because of that. But that is a relationship that needs to be developed further, both in terms of formal structure and informal structure, across the State.

I do notice, with appreciation, that some of the aging organizations—the organizations serving elderly citizens—have become very much aware of health planning and what it can and should be doing for them. So representatives of those organizations are actively attending meetings of our statewide health coordinating council, and they are in continuous communications with my staff and myself, and they have become allies of some of the things that we are trying to do with our legislature. That relationship is evolving, and I hope that it is getting better.

CHAIRMAN FLEMMING. Are you aware of a working agreement developed within HEW—on the health side and the Administration on Aging—that is tied into the health planning and resources development program?

MR. CONGER. Yes, sir.

CHAIRMAN FLEMMING. Is that proving to be helpful in building bridges at the State level?

MR. CONGER. I think that it has captured some interest, and it is starting to point in the direction that we all ought to take, yes, sir.

CHAIRMAN FLEMMING. As you engage in this aspect of health planning—namely, the aspect related to older persons—what are you identifying as some of the principal obstacles that stand in the way of meeting the needs of the older person in an effective manner? You have, in response to questions by counsel, identified some obstacles. I am just wondering, however, whether there are not, in fact, others that you have noted or that you might like to identify for the record.

MR. CONGER. Well, in addition to the economic access problem and the manpower scarcity, the transportation and physical barrier problems are very real and probably should head the list.

There are problems relating to the way in which the health system is structured; and the fact that the financing mechanisms, both private and public, tend to put people who need health care into the institutional setting, whether it be acute care or long-term care, and that, for us, frequently is inappropriate. There are many occasions when health care could be given outside of the institutional setting, if an alternative

were available, and that is a concern of the health planners in this State. We are attempting to develop some solutions to that.

When you look into the institutions—the way they are made up and the emphasis that they have—there are problems there, too. Just as one example in Florida, our nursing homes, which provide services to the elderly, have been structured to pretty much reflect the economic incentives and payment incentives in the State and in the Nation; and we find, for example, that beds allocated for Medicare represent less than half the total nursing home care, and that ought not to be; and the reason is the problems with Medicare payments, program eligibility, and so forth. The same problem exists in our Medicaid program.

The nursing home industry puts most of its emphasis on skilled-care beds, which more nearly bring in an adequate return to the nursing homes, as opposed to the intermediate-care beds. Most of the beds are skilled-care beds, and most of our Medicaid patients need the intermediate-care beds, as opposed to the skill beds. There is an imbalance there that we hope in time to correct, both with changes in the programs and with changes in the financing mechanisms.

CHAIRMAN FLEMMING. Do you find that one of the problems is the attitude that some members of the medical profession have towards older persons? In other words, are some members of the medical profession more interested in being involved in meeting the problems of younger-aged groups than they are in dealing with the problems that confront older persons? I guess, along with that, I would ask: do you find that some members of the medical profession, at least, are not trained or equipped to deal effectively with the problems of the older person?

MR. CONGER. Mr. Chairman, in dealing with the first part of your question, I do not have any personal knowledge of physicians who discriminate against the elderly population on purpose. I think it happens by accident, frequently, and I think there is a natural tendency—it is human nature—to want to produce dramatic results in the health care field, and in the medical profession; and I think it is only natural that the emphasis might creep into some practices because it is very difficult to produce dramatic results when you are dealing with chronic illnesses, as you know. I think that is a problem, but I do not think that it is one of intent.

In terms of the ability of the medical profession and the health profession in our State as they relate to chronic illness and the practice of medical gerontology, we do not have enough of that, and that is about the long and the short of it. I believe that the number of physicians who specialize in that area of medicine are far fewer than would really be appropriate for this State, with its very old population. I would hope that, in time, that can be addressed, but that is a very long-term problem. It is one that, as you know, takes new emphasis, internships and residencies in the medical schools.

CHAIRMAN FLEMMING. You referred to home health care—the care outside of the institution. Do you find that the attitude of the medical profession sometime stands in the way of the full utilization of the home health care approach?

MR. CONGER. Yes, sir, I think that is true. I think that the medical profession, as a general thing, has not fully come to recognize and pursue that avenue, that alternative to health care.

CHAIRMAN FLEMMING. Does that somewhat grow out of the fact that they can cover a lot of patients in a fairly short period of time in an institution, whereas, if there is reliance upon home health care, it gets complicated from a logistics point of view?

MR. CONGER. That would be a factor.

CHAIRMAN FLEMMING. In terms of your planning on a statewide basis and in the regions, you are going to put increasing emphasis on care outside of the institutions; is that correct?

MR. CONGER. In every way that we can, yes, sir. That is our intent.

CHAIRMAN FLEMMING. You have listened to this line of questioning, and I would like you and the other members of the panel to feel free to respond in any way that you would like to respond to the questions that have been asked.

MR. JONES. Let me start with home health care. In this community, we are responsible for Dade and Monroe Counties. We have at this point in time, from a planning perspective, far too many home health care agencies. We have about 23, I believe, and the average patient population is approximately 100 to 125.

CHAIRMAN FLEMMING. How many of those 25 are proprietary and how many are not proprietary?

MR. JONES. The vast majority of those are nonprofit corporations. It is my understanding—and I have just recently moved to Florida—that, under the prior reimbursement policies of the State, the Medicare program required that nonprofit corporations serve as home health care agencies, so there has been a propensity for this type of organization to develop in the past.

The point that I was going to make, though, is there is not an efficient operation with that patient load. The administrative costs are very high, and they are reimbursed on a reasonable cost; and the State has recommended that the patient population should average approximately 300, so we are, utilization-wise, only about a third.

On the other hand, though, in my opinion, if we had a program of use of that modality of care, there would not be enough agencies, so the concept has just not been accepted.

We are treating the patients in the wrong places and with the wrong type of treatment. This is going to require some changes in the thought patterns of some of the providers and some efforts by the health planners and certainly some changes in legislation.

Now, the Medicare gives 100 visits, and, when that is over, you do not get service anymore. That type of thing has to be changed.

That is all I had, but I would be happy to respond to any other questions.

CHAIRMAN FLEMMING. Dr. Garvin.

DR. GARVIN. I keep hearing things about the attitudes of physicians. I do not totally agree with the thought that physicians, in general, have a certain kind of attitude towards the care of elderly patients. I think that I do have to agree with Mr. Conger that we do not have enough physicians who are specialists in geriatric medicine.

I am not so sure that, in general, most physicians have a need to see rapid results. I think certain kinds of physicians do, such as surgeons, for example. They like to see things happen fast. I think that in medicine, in general medical practice, that is not the case. It depends upon what the illness is. As you well know, the elderly very often suffer from chronic illnesses that take a long time, with basically no cure for most of these things, and it is a matter of, perhaps, therapy, and it takes a long process.

Secondly, as Mr. Jones, I believe, mentioned during his first talk, I do not think that the way the Medicare or Medicaid structure is now—perhaps there is some discrimination in terms of whether or not a physician accepts an assignment or does not accept an assignment, or whatever, but physicians in private practice are not like health centers, where there is Federal funding involved and they get monies to help run their facilities. In private practice, what you make is what you make, and that is it. You get no outside funding.

For example, if Medicaid pays for the initial visit \$15, no matter what you had to do, that is all you would get; and there is no way that you can meet your overhead with that. There is just no way. If a patient came in who needed a chest X-ray and some laboratory tests, you would wind up paying for those yourself.

In terms of Medicare, it is sort of a similar situation, and we are not talking about—perhaps there is discrimination, but I do not know about that, but what I do know is, no physician in private practice can afford—one basic laboratory test costs \$5.

For example, if the patient has diabetes mellitus and you know that there are certain kinds of tests that you have got to get because you know what diabetes represents, you cannot just follow a patient and talk to him and ask him how he is doing if he has diabetes. You cannot just collect \$10. You are going to have to do some tests that will show you exactly where that patient is, and you can wind up paying for \$15 or \$20 worth of tests just to find out how that patient is doing.

I think it is not fair to say that physicians discriminate against the elderly. I do not think that is fair. In my private practice, I do not accept Medicaid, because it does not seem right to me that I cannot follow a patient who has a chronic illness adequately on the return that I am going to get from Medicaid. That is impossible. So, rather than just play the game of just seeing patients, I would rather not even deal with them.

CHAIRMAN FLEMMING. In other words, Dr. Garvin, you do not feel that there are too many physicians who would fall into a category which I can identify by relating a conversation which I had with a physician in the District of Columbia, one that I know and personally respect. He said to me, "The thing that I hate doing more than anything else is making my rounds in a nursing home."

I said, "Why do you say that, and why do you feel that way about it?"

He said, "Well, basically, I am interested in victories and not defeats."

I gather that you have not, in your association with members of your profession, run into too many physicians who approach it in that particular way?

DR. GARVIN. No; I have not. My training, of course, is in family medicine. I have not personally experienced that kind of an attitude. I hate making rounds, too, period.

CHAIRMAN FLEMMING. Yes, I understand.

Mr. Lopez, do you wish to make any comments?

MR. LOPEZ. I do not wish to make any comments on the same subject, but one of the things that I would make a comment on is, you know, you have some ideas of some of the changes that you would like to make in the law, and after the law has been established and Medicare and Medicaid and all of those things have been established, and then you encounter some problems, then you try to change it, and then— What I am trying to say is, the enforcement and the compliance of the law, I have found that one of the biggest problems that we have in that area. The problems are established, you know, and somebody is supposed to do something, and, when it comes to the real nitty-gritty, I should say, you know, that they find something wrong with it. And, then, when it comes to the compliance and the accountability of the things that are supposed to be done, I find that most of the problems have a failure in the aspect of compliance and enforcement; and this is one of the basics in the area of health of the aging, you know, that we have got problems on problems.

There is mental health. I can give you, as an example, the food stamps. We find outrageous discrimination, you know, not only in the sense of aging—you know, we are talking about aging, but we find it in many other areas.

One of the things that I find is, when it comes to enforcement, we know all of the problems, and we know all of the things that are supposed to be done; but, when it comes to enforcing this thing, there is no agency for enforcement, you know, and it becomes a ping-pong ball. Everybody is playing the game and accusing this agency; you know, "You are supposed to do it," and, "That agency is supposed to do it." And I would like to see something coming out of this recommendation to whoever is necessary, that when it comes to these problems, that when the Congress or whoever establishes these pro-

grams, they could make what I say is a compliance and enforcement agency to see that, you know, discrimination is—you know, we can talk about race discrimination all day long, and we can talk about the aging, but nobody is really doing anything.

You can come every week and you will hear different things; but, when it comes to discrimination, you know, we find it every day. I find it every day—discrimination. I find more race discrimination, I would say, than with the aging, and this is the thing that really bothers me.

CHAIRMAN FLEMMING. Commissioner Freeman.

COMMISSIONER FREEMAN. Mr. Conger, I have been concerned about and pursuing a situation which I call triple jeopardy within the context of this hearing on aging. I have found the necessity to deal with race discrimination—discrimination against blacks and other minorities—and sex discrimination, and, then, if you happen to be a female who is 60 years old and who is black or Spanish, and then you find yourself, as a result of all of the discrimination that society has imposed upon you—we look at this issue and we try to find out what is happening to those individuals.

So my question is addressed to you. I am looking at you and listening to you describe your responsibilities. You say that you are responsible for the development of a comprehensive information system on the health needs of the citizens of Florida. Now, the citizens of Florida are tri-ethnic, or maybe even more than that ethnic, and my question first is, recognizing the discriminatory impact by virtue of being underserved, the health needs of certain sections are underserved—my first question is, how does your agency identify the needs of those underserved? Do you, in selecting and getting information, cross classify it as to age, race, and sex?

MR. CONGER. I guess my first answer is, yes, we try to do all of those things in terms of analyzing the health care status of Florida's population.

COMMISSIONER FREEMAN. Does that mean that you have a report of the population of Florida that would enable this Commission to know the ages of the citizens and how many of them are black and of other minorities, and what their health needs are, and whether they are being served? Does your office have such a report?

MR. CONGER. No, we do not, and that is one of our real deficiencies, and it is one that we are attempting to work out.

COMMISSIONER FREEMAN. I thought you said that you did.

MR. CONGER. We are trying to gather that information along the lines that you have suggested. There are a great many barriers to doing it. For example, health care information is not readily available from the ambulatory standpoint. It is almost impossible to acquire. I am talking about any kind of health care that is provided outside of the institutional setting.

COMMISSIONER FREEMAN. Just a minute.

MR. CONGER. Yes?

COMMISSIONER FREEMAN. Just help me. From the ambulatory standpoint—you are saying that is a person who walks into a clinic or a hospital?

MR. CONGER. Or a doctor's office.

COMMISSIONER FREEMAN. Or a doctor's office, yes. That doctor cannot get the information as to age, race, and so forth?

MR. CONGER. Yes, that doctor has the information, but making it available to the planners is altogether another story.

COMMISSIONER FREEMAN. Well, now, if you are charged with the responsibility of writing a health systems plan and you do not get the information, how can you develop the plan?

MR. CONGER. If we do not get adequate information, the plan is going to be very poor. I know that is the point that you are making.

There is another problem, in addition to the availability or the access of the information. Records are not kept, frequently—at least not very well—in terms of ethnic characteristics. You do not see very much today that is published along those lines. We do not know, in every instance, what the morbidity of the folks might be on the basis of their race.

COMMISSIONER FREEMAN. In my 40 years with the civil rights movement, I have been hearing that answer, "We do not discriminate."

"How many do you have?"

"I do not know."

MR. CONGER. It is a very poor answer, and I agree.

COMMISSIONER FREEMAN. That is precisely the problem. What I am trying to get at is, the health services agency, this is a governmental agency. It identifies, relates to, and submits proposals to the Federal agency.

MR. CONGER. Yes, ma'am.

COMMISSIONER FREEMAN. If that Federal agency does not receive the information that you are unable to get, because you say that it is difficult to have, how do you ever know whether the Spanish surname, the black, or the female, or the children, or the elderly are being served properly or not?

MR. CONGER. We are not going to know adequately until we have the kind of information that you suggest that we need. We are very much aware of that, and we are very much working on it at the moment through a great many efforts, and a major effort reflects the structure of the health planning system.

COMMISSIONER FREEMAN. That is the next thing that I want to come to. Let us start with your agency.

MR. CONGER. Yes, ma'am.

COMMISSIONER FREEMAN. Does your agency have information as to employment, the physicians, whoever the administrators are, and the supervisors cross-classified by age, race, and sex?

MR. CONGER. No, we do not.

COMMISSIONER FREEMAN. How many persons are employed in your office?

MR. CONGER. Are you referring to my own office?

COMMISSIONER FREEMAN. The health planning and development office of the State of Florida.

MR. CONGER. Let me give you two sets of figures. The department within which we are housed has about 30,000 employees.

COMMISSIONER FREEMAN. 30,000?

MR. CONGER. Yes; it provides all of the health and social services at the State level. My own office is a very small part of that.

COMMISSIONER FREEMAN. Let us take the 30,000 employees. You have information that your department has 30,000 employees?

MR. CONGER. Yes, ma'am.

COMMISSIONER FREEMAN. Can you, from that 30,000 figure, give the Commission information as to cross-classification by age, race, and sex of the supervisors?

MR. CONGER. I cannot give it to you right at this time, but I can certainly have it provided to you.

COMMISSIONER FREEMAN. Mr. Chairman, I would like to request that the staff meet with Mr. Conger and submit the information as to the employment breakdown—cross-classified by age, race, and sex—of the 30,000 employees whom he refers to.

MR. CONGER. I am sure that we can do that reasonably well.

CHAIRMAN FLEMMING. That will be done and inserted in the record of the hearing at this point.

COMMISSIONER FREEMAN. I want to explain to you the reason why the Commission needs this information. We have recognized that certain decisions reflect the background and attitude of the persons making the decisions, and, if your office does not have any black physicians or black planners, or if there are no Spanish surnames or no females, then you would not have the advantage of the input to know what the problems are.

MR. CONGER. Absolutely, I agree with you.

COMMISSIONER FREEMAN. If that were the case, we could never get a solution; do you understand what I am saying?

MR. CONGER. Yes, ma'am, I agree with you wholeheartedly.

COMMISSIONER FREEMAN. Since you do not have the information, it is possible and probable that any plan that you have prepared is, to that extent, deficient.

MR. CONGER. I would agree with you except for the fact that, in our structuring process, the plans that we develop require two kinds of input that are structured to do what you want done.

First, there is the fact that the plans are the product of the consumer and the provider—citizens, councils, committees, and boards—both at the State level and—the statewide health coordinating council is the entity of State government that has the final responsibility for the State health plan. That council is very carefully structured to take into consideration Florida's population composition.

COMMISSIONER FREEMAN. What council is that?

MR. CONGER. It is the statewide health coordinating council.

COMMISSIONER FREEMAN. What is the membership of that council?

MR. CONGER. It is 31-member body appointed by the Governor under the terms of Federal law and regulations, which are very precise as to its composition.

COMMISSIONER FREEMAN. Would you submit that council's composition, cross-classified by race, age, and sex?

MR. CONGER. Yes, ma'am, I would be glad to do that.

The other citizens' groups that participate in this health planning process—and who, in fact, control it—are the governing bodies of the nine health systems agencies of Florida, and each of those groups has large numbers of citizens from all kinds of economic and racial and age backgrounds.

COMMISSIONER FREEMAN. The governing bodies do?

MR. CONGER. Yes, ma'am.

Mr. Jones can talk to you a lot better about that than I can. He works for such a governing body.

I guess that the last thing that I would want to say to you is, throughout the entire process, we are required to have a series of public hearings—no question about it—and we have got to maximize the opportunity for complete citizen input into what we are saying. That opportunity is there, and, if we were to come up with a plan that neglected some concern that should have been in there, the public process would surely bring that to our attention. It has in the past.

MR. DORSEY. May I interrupt for just a moment to ask that the data that you asked for also indicate—since I am sure that this is what you want—the administrative level?

COMMISSIONER FREEMAN. Yes, that is correct. In addition to that, I would like to have the composition of the governing bodies at the administrative level.

At the public hearings, you receive the input, but it is the governing body or the coordinating committee that makes the final decision; is that not correct?

MR. CONGER. Yes, ma'am.

COMMISSIONER FREEMAN. If the persons at the hearing all got up and said whatever they wanted to say, the governing body could then go into session and make a decision that would not reflect anything that was said at the public hearing; is that not correct?

MR. CONGER. That is theoretically possible, but not likely, given the whole process.

MR. JONES. The other requirement, I might add, is that all of the comments from the public hearings at the local level and the State level are required to go forth. The final decisionmaking, as it relates to many of these things, rests with HEW; and they have an opportunity to see the public comments—good or bad.

COMMISSIONER FREEMAN. I understand that, except that the only thing—according to the information that we received in other hearings—is that the comments must go forth, but still the governing body, without question, has the power to make the final decision.

MR. JONES. Without question.

COMMISSIONER FREEMAN. And that is without even any explanation; is that not correct?

MR. JONES. Without any question.

MR. LOPEZ. Ma'am, I would like to make a comment.

Being not only a member of a minority, but being a member of a minority within a minority in this community, I have found that the process that takes place—like you asked the gentlemen over here, they might go through that process, but not all the concerns are included.

Right now, we are having problems with some of the programs, you know. I am not talking only in the area of aging, but some of the other problems in this community, in which we talk about Latins, you know, and we only think, you know, right away, that everybody thinks that the only Latins in this country are Cubans; and when we talk about blacks that they are the only poor, and we have a problem with that here.

The Puerto Rican community, at this particular time, is, you know, talking of civil movements and rights, which is probably still in the stage now that we not only have problems with the powers that be, but, once again, within the minorities, we are being excluded; and, if you take a look at the report that was written by the U.S. Civil Rights Commission, our community has been excluded in many programs and things that happen not only nationally but in this community, and we feel that we are also excluded in the system of health.

That was one of the reasons that we had to fight to get the health care center, you see. We had to fight the whole system, and now we are in a good working relationship; but, at one time, we had to fight all of them to just be able to salvage a health care facility.

COMMISSIONER FREEMAN. Well, Mr. Lopez, perhaps after the Commission has received the information that has been requested, and after we have completed the hearings, then it is the responsibility of this Commission to make recommendations to the Congress and to the President about any revisions in rules or any revisions in the law that would make the whole program much more meaningful and to serve the entire population.

MR. LOPEZ. This was my point previously when I said about compliance.

CHAIRMAN FLEMMING. That is right; that is a very important point that you have made, and that is the key to it.

Just before we move to the next panel, in view of the fact, Commissioner Freeman, that Mr. Jones is here, and in view of the fact that he is the executive director of a regional planning group, I think it might be helpful if he would identify or summarize for us the composition of the advisory group that he works with.

MR. JONES. First, I think it is important that there are organizations like ours nationwide. There are over 200 health systems agencies in this country, primarily as a result of Public Law 93-641, which is the

National Health Planning Resources and Development Act. You will find these agencies in different types of organizational structures—approximately 18 or so public agencies. We are a volunteer, nonprofit corporation.

The law requires that, if you have a board of directors of over 30, you must have an executive committee. Our board of directors has 41 members. It meets monthly. The majority of the members are consumers. The only definition of consumer is that they are not a provider.

There are two types of providers. There are those that you think of in the professions: physicians, hospital administrators, nurses, and so forth; and then there is a classification of providers that we call indirect providers. An indirect provider is an individual with a fiduciary responsibility in a health care organization. This creates some problems for us, in that an individual who is serving on a neighborhood health center board is a provider. One, this upsets them somewhat. Number two, that is the way the law is written.

This is the—the board of directors establishes the policies and makes recommendations for the direction of our agency in this community. We have evolved from a former organization under the Comprehensive Health Planning Act of this community. Our major focus at this point in time is the development of primary health care centers throughout this community. We were instrumental, I believe, in bringing together Community Health, Inc., that was mentioned earlier, in South Dade, and it now operates with an annual budget of over \$5 million a year, and it primarily serves the indigent and the poor of South Dade County.

CHAIRMAN FLEMMING. Could you give us the breakdown of the body of 41, in terms of minority representation and so on?

MR. JONES. I have that information, but I do not have it in my head at this particular point in time. Our representation, as I said, includes minority representation from the Cuban population, I am certain. My current president came from Cuba in 1960. The black representation—the minority representation very closely approximates that of this community.

As I indicated earlier, I was not here when this board was put together, and I have not looked at it from those details. I am certain that we have that information, and it is provided in our annual grant award. I just do not have it in my head.

CHAIRMAN FLEMMING. I would like to ask the staff to also obtain this information from you.

MR. JONES. We will send it.

CHAIRMAN FLEMMING. It will be inserted in the record at this particular point.

I have just one other question. In your work, have you been working with the area agency on aging in this particular part of it?

MR. JONES. Yes, we have two types. We have our staffs working and communicating together. We have been looking at a number of policy studies relating to problems of the aged; and, secondly, we have representation on our board from individuals who are very active in the council on aging. That is at both the State and national level.

CHAIRMAN FLEMMING. There is an interrelationship?

MR. JONES. Very definitely, and, third, for example, we have just returned from a State meeting of all of the HSAs [Health Services Agencies] and all of the State health planning agencies in this region; and we had a presentation at that meeting, for instance, from the HEW regional office on their aging problem, and that gentlemen happens to be here today, so we are very much aware of the problems and the ability that we have to coordinate our problems.

CHAIRMAN FLEMMING. We are very appreciative that all of you members of the panel were willing to come down here early in the morning and provide us with the benefit of your experiences in this area. We are grateful to you, and we thank you very, very much.

Counsel will please call the next witnesses.

MR. DORSEY. If any of the participants have any data or records to submit, please leave them with the clerk.

CHAIRMAN FLEMMING. Call the next witnesses, please.

MR. DORSEY. Dr. Robert Dick, Mr. James Noble, and Dr. Roger Patterson.

CHAIRMAN FLEMMING. I would ask that the witnesses stand and raise their right hands, please.

[Dr. Robert B. Dick, Mr. James W. Noble, and Dr. Roger L. Patterson were sworn.]

TESTIMONY OF ROBERT B. DICK, REGIONAL COMMUNITY MENTAL HEALTH CENTER ADMINISTRATOR FOR FLORIDA, REGION IV, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ALANTA; JAMES W. NOBLE, GERONTOLOGY PROGRAM SPECIALIST, MENTAL HEALTH PROGRAM OFFICE, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES; AND ROGER L. PATTERSON, DIRECTOR, GERONTOLOGY PROJECT, FLORIDA MENTAL HEALTH INSTITUTE, TAMPA

CHAIRMAN FLEMMING. We are very happy to have you with us, and you may be seated.

MR. DORSEY. Starting with Dr. Patterson, I would ask that each of you give your full name, title, and agency for the record.

DR. PATTERSON. Roger L. Patterson, director, gerontology project, Florida Mental Health Institute, Tampa.

MR. NOBLE. James W. Noble, gerontology program specialist, Mental Health Program Office, [Florida] Department of Health and Rehabilitative Services.

DR. DICK. Robert B. Dick, of the Region IV Mental Health Services, in Atlanta, Georgia, health service representative, Division of Health Services, [HEW], and I am responsible for the community mental health programs in the State of Florida.

MR. DORSEY. Starting with Mr. Noble, could you tell us what services or age groups are considered priorities for purposes of the State mental health plan and indicate whether you believe that these priorities are being met and what problems there are, if any, in meeting these priorities.

MR. NOBLE. In regards to the State plan, the two age groups that have top priorities are the elderly, which we define as 55 and above, and the other is children and adolescents, which we define as under 17 years of age—17 and under.

Whether they are being met, I think, just by reason of the fact that they are priorities, that is an indication that they are not being met. The occurrence of older people in the State of Florida, 55 and above, in 1975 was 28.6 percent, and the occurrence of being served was 13 percent in the community mental health services system. The children are doing somewhat better than that in the system.

We have just gone through a budget process and the number of issues that have come up from the districts—we organized on the district structure for the department of health and rehabilitative services—the majority of the budget issues that have come up were directed to children; for gerontology, the number of requests were something under \$500,000, as far as the State is concerned.

MR. DORSEY. Could you indicate some of the problems in meeting those priorities—specifically, the priorities of services to the elderly?

MR. NOBLE. Some of the problems?

MR. DORSEY. That is right.

MR. NOBLE. I think as far as the community system is concerned, it is that they have to be treated as a special service category. The older person is reluctant to come in for services. There are a number of people in other age groups who are coming to the community system requesting services. So, it is easier to give it to those people who are knocking on the doors, as opposed to those people who are sitting in the house, and they have to launch a specific program in order to reach the older person, and they don't feel that they have the resources to do this.

MR. DORSEY. We have noticed in other areas that one of the issues that comes up, in terms of making facilities available to the older person—realistically available to the older person—is the problem of attitudes in treating the older person and, also, the stigma which is attached to receiving such services by many older persons, and I am curious about whether or not those particular problems have been identified by you in this area.

MR. NOBLE. I think the general attitude, which is a misconception, is that, if an older person has mental problems, these are the results of a number of years, that this is a set pattern of life, that you would have to spend a great amount of energy in order to reverse this and these people only have a few years to live, so they prefer to spend their energies on the younger people.

I have forgotten the second part of the question.

MR. DORSEY. The other part of the question was whether you have noticed a reluctance on the part of older persons, by virtue of some stigma being attached, to receiving these kinds of services.

MR. NOBLE. That is accurate, I think, as far as it is perceived by the community mental health system. I think the older person is probably afraid to be considered old and also mentally ill. People are concerned about what it means to be classified as mentally unstable.

MR. DORSEY. Do you have any recommendations about alternatives for increasing services to older persons who are in trouble?

MR. NOBLE. Recommendations?

MR. DORSEY. Yes.

MR. NOBLE. I just find a lack of interest amongst people in this whole area, when you talk about mental health services; and this is not only from the staffs of the centers, but it is also from the board members. I am not sure how you would classify that.

MR. DORSEY. Thank you very much.

Dr. Dick, under the community mental health center program, community mental health services are mandated to develop special programs to serve children and older persons; however, we found—in looking at this area in other parts of the country—that few community mental health centers, in fact, implemented such programs. We are curious as to what steps you have taken to develop such programs and what successes you have met in that area.

DR. DICK. I would think—let us say in our region, which is Region IV—that some of this depends on the State. For example, Florida and Tennessee have had active interests in improving the services for the elderly, and these States are ahead of other States.

Generally, our thrust has been through trying to enforce Public Law 94-63—the 1975 version—which did emphasize special services for the elderly and for children; and I would say that, in our last year's round of site visits, these were probably listed as two of the most common deficiencies: the lack of development of specialized services for the elderly and the lack of specialized services for children.

Centers were cited; they were expected to be in compliance this year. But then I believe the Congress extended the compliance date 1 more year on what is referred to as the 201 requirements of Public Law 94-63. I think that the centers that went ahead and applied for conversion grants, which included specialized services for children and the elderly, are much farther ahead of the other centers that did not apply.

Again, we were pleasantly surprised this spring, when we had a National Institute of Mental Health staff conference held in Atlanta, Georgia, and about 15 centers were represented from our region, all of which had elderly services coordinators and seemed to be into the program quite actively and attempting to launch elderly services programs. I did bring an example of one of the programs for the Commission.

The only thing I can conclude is that, when the specific grant which the center was applying for—either a conversions grant or an initial operations grant—specifically had a program of specialized services for the elderly or for children, if we see this carried out by the center, we do not see much adjustment of resources which the centers already had to meet the 1975 amendments to the law.

MR. DORSEY. I have two questions. First of all, Mr. Chairman, I would ask that the example documents to which Dr. Dick referred be admitted into the record at this point.

CHAIRMAN FLEMMING. That will be done.

MR. DORSEY. Secondly, to follow up on what you just said—implicit in what you said is the possibility that, although those conversion grants are, in fact, available under the 1975 amendment, not all of the possible recipients are, in fact, requesting these funds.

DR. DICK. That is true.

MR. DORSEY. Now, in view of the testimony that we hear time and time again, in terms of serving the elderly and children and about the lack of resources available to deal with these specific problems, and, also, the repeated suggestion that there is a lack of trained personnel to deal with these problems, do you have any estimate or guess or feeling at all as to why these conversion grants are not being fully utilized?

DR. DICK. All right; let me add two things. Some centers, I think their boards did not want to bring in more Federal money on a 2-year basis, which is all a conversion grant would run for, without seeing any other type of revenue coming along that would pick this up. They did not want to go ahead and hire a staff and then have to absorb this staff, without seeing other sources of revenue available.

Secondly, there was not enough conversion grant money, actually, to go around at the levels requested—even by those that did request the grants—and I think that what we hear out of Washington now is that they are not intending to continue the conversion grants next year.

MR. DORSEY. Does that word carry with it a probability that they are not going to continue to stimulate increased efforts in the area of elderly services and services for children?

DR. DICK. I think it is a problem with the existing grantees. We are talking about community mental health centers which are in their sixth, seventh, and eighth years. I think they are all complaining about the lack of resources to be able to meet the 1975 amendments.

Now, at the new centers, I think the money will be available for several years through the initial operations grants; and, as the grants are reviewed, the committees do look for programs that relate to specialized services for children and the elderly.

MR. DORSEY. Is there any way that you can think of to meet the very real problems of those centers that are in their seventh and eighth years, which, in fact, do not have the resources to expand their staffs or to increase the training of their staffs to meet the needs of the elderly and children?

DR. DICK. I think that there are two things that can happen. One is that the States can through their funding mechanisms make monies available. We have seen this, as I have already mentioned, in Florida and Tennessee. Funds can be earmarked for special grants. State funds have been made available to centers for elderly services and children's services.

At the Federal level, I think it depends upon the attitude of the administration and the Congress as to how long and what type of Federal support they want to keep going into community mental health at the local level. Do they want it to be a time-limited type of support, or do they want it to be some type of ongoing support?

I think that some of the answers for this problem will probably come from the new Mental Health Commission, which is supposed to have a preliminary report available to the President by, I believe it is, September 1.

My own personal feeling would be that some sort of specialized grant mechanism may have to be made available if services for children and elderly, you know, want to be expanded at the community level.

MR. DORSEY. As probably the Federal person closest to the grassroots level, you have an opportunity to see, in a very real sense, the needs being demonstrated, which are not being fully met or dealt with adequately, in terms of distribution of Federal funds, and, as that link between the grassroots level and Washington on the other hand, I am curious as to whether or not there has been any indication in reports and whatever recommendations you make to the authorities to get the message back, in terms of the problems in conversion grants and the problems of the centers that are in their seventh and eighth years, in dealing with this very specific need to service the elderly and children.

DR. DICK. I think these problems have been related quite conservatively across the country, not only from the regional offices, but also from the National Council on Community Mental Health Centers and their representatives. Conversion grants, by themselves, are also a tremendous administrative problem because they are another grant or another ream of paper, so to speak; and they require us to panel review committees, and they just add additional staff time, and we have not had significant increases in staff, and we do not need them if we can cut out the paperwork.

I think that one of the things that they should do is to try and simplify the grant mechanism. I do not think that just tacking on various types of grants is sometimes the answer if it increases the paperwork, but I think that the law is clear on the fact that there has to be specialized services for children and the elderly. If the money is made available through one single grant mechanism, then the problem becomes more one of enforcement, and we should be able to handle it that way.

MR. DORSEY. Thank you very much.

Dr. Patterson, I wonder if you could tell us about the gerontology project of the Florida Mental Health Institute and specifically the age groups of the persons whom you relate to and the kinds of training that you stress.

DR. PATTERSON. In order to do that, maybe I'd better explain a little bit about the organization of the institute, in that we are age stratified within the institute. We have children's projects. We have two middle-adult-level-type projects. We have an adolescent project, which is expanding, and then we have the gerontology project, which serves people 55 and over—age 55 and older. The whole place is stratified in that way.

MR. DORSEY. In terms of the 55 and older group and the children's group, would you tell us the kinds of things that you are involved with?

DR. PATTERSON. With regard to my specific project, our purpose is to develop and disseminate model service delivery within the State of Florida for citizens in this age group.

We have a residential unit, 32 beds, and then a day treatment center, which has a clientele of 32—and more than 32 sometimes—and, specifically, the residential program is aimed at getting older people out of the State hospitals, or we also take people out of local facilities, and we prevent them from going to the State hospitals. The day treatment program is more for prevention, to prevent them from being institutionalized.

MR. DORSEY. What kinds of success and training have you conducted?

DR. PATTERSON. We have been in operation since December of 1975. We have—what kinds of success?

MR. DORSEY. How is the program going?

DR. PATTERSON. Of the people that we have taken out of the mental health facilities and residential facilities—I do not know the figures exactly—we have succeeded in getting about 75 percent of them placed in the community, and that is exclusive of nursing homes. We avoid that whenever possible; we regard that as another institutionalization.

Of the 75 percent, about 90 percent have stayed out for various lengths of time. Of course, I cannot give you the exact figures, because I do not have them with me.

MR. DORSEY. Are those figures available?

DR. PATTERSON. Are the figures available?

MR. DORSEY. Yes.

DR. PATTERSON. I can compile them.

The project is still in operation, and, obviously, to have a 12-month followup, you have to, at some point, stop and see what is going to happen. What we do is we have ongoing computer printouts every month. The figures are constantly changing. That is why, you know, I can give you a month's summary—

MR. DORSEY. To show a general type?

DR. PATTERSON. —if you want it, yes.

MR. DORSEY. I would ask that it be made available to the staff, if we could reserve a spot in the record for it.

CHAIRMAN FLEMMING. Without objection, that will be done.

DR. PATTERSON. I will have to mail those things in to you.

MR. DORSEY. We will get together with you right after this.

Do you see this as a possibility for wider application not only in the State of Florida, but in other areas as well?

DR. PATTERSON. Most definitely. The populations that we are addressing ourselves to—in terms of State hospital populations—is different from the community in that, in some respects, our population is overserved. There are an awful lot of older people in the State hospitals, and the informed opinion in the State of Florida—in the mental health programs and in the State hospitals—is that many of the citizens could and should be discharged from the mental hospitals to a variety of places in the community; and we are trying to develop a model for this, and we want to work with the officials in the program office and within mental health of Florida to complement the program in the State hospitals. We are beginning to do this at this time.

MR. DORSEY. Thank you very much, Dr. Patterson.

I have no further questions.

CHAIRMAN FLEMMING. I have a number of questions that I would like to ask the members of the panel, but I think that I should say that, looking at it from a national point of view, I have concluded that one of the most glaring illustrations of discrimination on the basis of age that we have in the Nation at the present time is in the field of mental health.

I would like to ask Dr. Dick, first of all, if he has any figures for the region, or for the States within the region, which would point out the percentage of persons 65 and over who are being served by the various community mental health centers, either within the region or within any of the States within the region.

DR. DICK. No, we do not have that data available. I called Washington last week to see whether they had the results in 1976, but they do not. The only thing that would be available would be 1975, which I think you already have, and it is about 4 percent nationwide.

CHAIRMAN FLEMMING. That is correct.

DR. DICK. That is for those over 65. This has been a problem, and we do operate with patient data which is sometimes 2 years old before it reaches the regions.

CHAIRMAN FLEMMING. Do you have any evidence which would indicate that there is any variance—any substantial variance—from the 4 percent figure as far as the States within this region are concerned?

DR. DICK. I believe that Mr. Noble here reported 13 percent for the community programs in Florida, which is better than nationwide.

CHAIRMAN FLEMMING. I was going to get to Mr. Noble next. That is the figure for the State of Florida? Of the total number of persons served by community mental health centers, approximately 13 percent are aged 65 and above?

MR. NOBLE. They are 55 and above.

DR. DICK. Again, we have a variance.

CHAIRMAN FLEMMING. Yes, there is a variance. The figure that you have cited is 65 and above—as I recall—the national figure. The 4 percent on the national basis, the 4 percent of those served by the community mental health clinics are 65 and above; is that not correct?

DR. DICK. I might add that it would be prior to the 1975 amendments; so, being able to judge what the impact of the 1975 amendments are, I do not think any data is available at this time.

CHAIRMAN FLEMMING. Well, we will try to get some information along that line at our Washington hearing. Is your figure broken down so that you can give me a figure of those 65 and above for the State of Florida?

MR. NOBLE. It is about 8 percent, which was taken a couple of years ago.

CHAIRMAN FLEMMING. About 8 percent?

MR. NOBLE. Yes, sir.

CHAIRMAN FLEMMING. The remaining 5 percent are between 55 and 65; is that right?

MR. NOBLE. Right.

CHAIRMAN FLEMMING. Mr. Noble, you discussed the whole question of outreach, and, if I reached the right conclusion, your observation is that there is very little going on in the way of outreach programs designed to make it possible for older persons to understand what services are available and under what conditions they can be made available, and you feel that one of the reasons, anyhow, for the failure to conduct outreach programs is a feeling on the part of those who operate the mental health clinics that they do not have the resources; is that correct?

DR. DICK. That is Mr. Noble [indicating].

CHAIRMAN FLEMMING. That is right; you did identify that. That is a fair conclusion; is it not?

MR. NOBLE. I think that is the perception of the people who are providing the service, but it is not necessarily my perception.

CHAIRMAN FLEMMING. I understood that; that is the perception of those who are operating the community mental health clinics.

While you are commenting on that, could I ask this question. Do you know of any situations where the community mental health clinic has endeavored to enlist the services of volunteers who would help them in carrying on an outreach program? In other words, that would be just identifying services available, and how older persons could obtain those services.

MR. NOBLE. That is one of the issues that I got on the current budget process that we are going through. That would be for 1978 and 1979.

We found that there was an extensive volunteer program. There is an additional volunteer program that is taking part in a portion of the county, in which they are doing this kind of thing.

I would like to address, just for a moment, the question of specialized programs and special monies for the elderly.

CHAIRMAN FLEMMING. I would be glad to have you do that. I did want to ask some questions on that, but go ahead.

MR. NOBLE. Florida, in 1974 and 1975, started 13 specialized projects for older people, which is currently just under a million dollars. Our experience is that, once we do this, we can get the people to address the issue and be dedicated and concerned about the thing.

The reaction to the centers generally was that we would put \$80,000 into a catchment area that might have 37 or over 50 percent elderly people, and the response of the centers in many cases is, "Well, that project serves the older person. We at the center do not really have to be that much concerned. We have a special place for them to go to."

We are talking about 50 percent of the elderly receiving \$80,000 worth of services, and we have a situation where it really becomes a regression of services. As the center continues to grow and expand services to other people, they really do not expand them that much to the older person, and they say, "We are really meeting our responsibilities."

CHAIRMAN FLEMMING. This is an issue which I would really like to address to Dr. Dick. I certainly appreciate your comments on it.

Up until the time when this special legislation was passed at the Federal level, it is very clear, it seems to me, from the evidence, by and large community mental health centers did not feel that they had any kind of a commitment to identify and to meet the needs of the older persons.

DR. DICK. I would say that, in general, that is true. We did have a couple of outstanding exceptions who did a needs assessment on their catchment area.

CHAIRMAN FLEMMING. I appreciate that when you make a generalization of this kind—particularly when you do it on a national basis—that there are always exceptions, and I recognize that there have been exceptions in this area; but, taking the country as a whole, it seemed to me that the 4 percent figure and other evidence available indicates very clearly that, as far as community mental health centers were concerned, there was no real or genuine commitment to either identify or meet the needs of older persons.

Now, along comes special legislation or a special program, and this legislation deals with a 2-year time span. At the moment, you indicate that, at least from the word that you get, there is some question as to whether or not that is going to be extended, and I get the feeling that the new attitude is, "Well, if you will give us a little extra money, and it is earmarked for older persons, then we will try to do something with the older persons. But, if that money is going to run out, then we do not have any real interest in continuing to do something with older persons."

In other words, again, I definitely sense a lack of commitment in terms of the reaction to the new Federal legislation.

DR. DICK. Yes, I think that is true, even in this example that I will give you here about what one center in Alabama did. Their opening comment was that they were all motivated by the amendments to the CMHC act to get into the elderly services business. I think that is true to a great extent.

CHAIRMAN FLEMMING. You are all in this field and working in this field. Would you agree with me that, if community mental health centers persist in being unwilling to conduct outreach programs which would acquaint older persons with these services, and if they persist in simply looking upon this as an add-on that they will do something about if somebody comes along with a little extra money, that they are, in fact, engaging in unreasonable discrimination against the older person—whether you use 65 and above or 55 and above?

MR. NOBLE. I just might add that we do have quite a few centers in the rural areas, and outreach is really their mode of operation. It might really be unfair to put them in that bag. I think that they do operate considerable outreach programs.

CHAIRMAN FLEMMING. Again, I recognize the fact that, when I make that kind of a generalization, there are exceptions to the generalizations, there are exceptions to the generalizations within a particular State or a particular city and so on; but I am trying to take a look at the picture as a whole, and it is clear that we are not reaching the older person, and that we are not relating to the needs of the older person, and it seems to me that we are not reaching them and meeting their needs, because those who operate community mental health centers, by and large, with exceptions here and there, are following practices or failing to put into effective practice, which constitutes unreasonable discrimination against older persons.

DR. DICK. I would say that is true for minority groups, also, who many times require outreach services.

CHAIRMAN FLEMMING. Here you will get over into what Commissioner Freeman will talk about as triple jeopardy. This is absolutely right. At the moment, I was focusing on older persons. I recognize that, within that particular group, there are many representatives of the minority groups who are being discriminated against both because they are old and because they are members of a minority group, and then, without regard to the age limit, there are those who are being discriminated against in the mental health area by reason of being members of minority groups.

But, at the moment, I am focusing on the law which we have been asked to hold hearings on, and the law which is going to result in some regulations being issued, designed to deal with the discrimination. What is running through my mind is that one condition for grants in the community mental health area might very well be an agreement—a commitment on the part of the community mental health administra-

tion—to carry on a meaningful outreach program, because, without it, we are not going to reach the older person, for reasons that have been indicated here. They do not come around knocking on the doors of community mental health clinics to the extent that other age groups do, and the children do not come around knocking on the doors, and that is why it seems to me that the Congress was justified in identifying this as a special problem.

MR. NOBLE. We have a struggle sometimes with communities over the model of delivery of services, and the first CMHC act was a construction act.

CHAIRMAN FLEMMING. I know.

MR. NOBLE. That dictated a particular type of model, which was a sort of a building-oriented model—a single location center type of thing.

We have evolved, since then, into a model that is supposed to be, some would say, very fluid; and it is supposed to be designed for a certain catchment area, where the needs are; and sometimes that takes an enforcement approach from the regional office to get the people to pay attention to the centers—to pay attention to the best model, if they are going to deliver services in their area.

CHAIRMAN FLEMMING. Would either of the other members of the panel like to comment on that generalization that I have indulged in relative to discrimination against older persons in this particular area?

MR. NOBLE. I think there is discrimination. It is kind of a passive discrimination: If they come in, they will serve them; but, since they do not come in, nobody is really going to go out after them.

CHAIRMAN FLEMMING. Discrimination by means of ignoring them?

MR. NOBLE. Right, and I think that this kind of—one of the questions that I asked some of the people—Some of the people looked at the minutes of the board, and I asked them, “Is there a lot of talk in the boards of the centers about the elderly people?”

They said, “No, there is not.”

They could not even remember one particular instance where there was. It is kind of an avoidance of the problem.

CHAIRMAN FLEMMING. The field of mental health is very much aware of the technique in our society of people being out of sight and out of mind. Certainly, this is characterized in the attitude towards mental health institutions, and it seems to me in the field of aging, in view of the fact that the older persons are not there knocking on the doors, they are out of sight, and, as far as most of the community mental health centers are concerned, they are, therefore, out of mind, and they are just not going to pay any attention to them.

MR. NOBLE. An additional thing is that we tried, in some instances, to provide mental health services where the elderly normally congregate, such as meal sites, and we find bias against mental health in these kinds of areas, where the staffs of these services are concerned that mental health services be provided.

CHAIRMAN FLEMMING. I am very much interested in that comment because yesterday, when some persons were testifying, who have responsibility for the operation of the nutrition programs, we asked whether or not community mental health centers had, on their own initiative, come to those who operate the nutrition sites and asked for the opportunity of, in effect, putting on an outreach program, telling about the services that were available and how the services could be obtained. As I recall the testimony, they had very, very few examples of that kind of an initiative on the part of the community mental health centers, but you are saying that sometimes where the initiative is taken those who operate the nutrition sites resist the initiative; is that correct?

MR. NOBLE. That is correct; I have seen this.

DR. PATTERSON. Mr. Chairman, I was just going to say that one very significant thing that we run into is, why do we have the name mental health? That is a grand obstacle to many of the things that many of the people try to do, and this is something that we have run into. Our outreach program operates through Hillsborough County, through an agency of the county. If you want to scare a person off, just tell him that you are from the mental health place. I really do not understand this, but I wish that the words would go away.

CHAIRMAN FLEMMING. Apparently it is not going to go away, so we are going to have to do a job of—

DR. PATTERSON. For the name to be such an obstacle is really tragic.

CHAIRMAN FLEMMING. Conceivably, someone could come up with a solution to the semantics problem.

DR. PATTERSON. I think it also works with minority groups of various types and lower SES [socio-economic status] people.

CHAIRMAN FLEMMING. Let me just ask this final question. Has Florida gone through a program where a fairly large number of persons who have been in mental health institutions have been discharged, theoretically to go back into the life of the community?

MR. NOBLE. Some of that has taken place, yes. It is not enough. Right now, about 40 percent of the State institutions are—they are persons who are 55 years of age and older.

CHAIRMAN FLEMMING. There has been some movement in that direction; is that right?

MR. NOBLE. Right.

CHAIRMAN FLEMMING. How well equipped has the community been to receive those persons when they have been discharged? What has happened to them when they have been discharged from the mental institutions?

MR. NOBLE. The community has not been equipped, and many times they have to go into substandard boarding homes or adult living facilities. Sometimes they go into foster homes. The people who are running the foster homes are not equipped or prepared to deal with these people who have been released from the mental institutions. They have kind of bizarre behavior.

CHAIRMAN FLEMMING. In your judgment, would many of these older persons have been better off staying in the mental institutions, rather than going through the experience that they are now going through?

MR. NOBLE. Oh, yes.

CHAIRMAN FLEMMING. In other words, this adds up to a picture of discrimination against older persons—older persons who have been in the mental institutions and who oftentimes have adjusted to the life of the mental institutions but then are, in effect, ejected from the mental institutions into the life of the community that is totally unprepared to receive them and to deal with them in a positive and constructive manner. Have the community mental health centers tried to develop a special program designed to be of help to these persons?

MR. NOBLE. They provide outpatient services, as required, and they follow up because they have been identified as needing mental health services; but, other than that, no, there would not be anything of any substance. There might be instances where this is done, but there are very few. This, also—having to deal with very sick individuals, I think has colored the perception of the centers, as far as what mental illness is, with regard to older people.

CHAIRMAN FLEMMING. I appreciate that the problem identified deals with people of all age groups, but, as you have indicated, it hits the older person hardest. I know of a situation, for example, involving St. Elizabeth's Hospital in Washington, D.C., where the person was admitted at the age of 18 and moved out at the age of 73 and told to find a place in the life of the community. I know that I do not need to enlarge upon that, but in that particular instance a foster home program happened to be of some constructive help. But I cannot overlook the fact that it is really the older person who is being hit the hardest by these programs, and this is not common only in the State of Florida, but it is going on all over the country, and I am sure that you can identify other States in this region.

DR. DICK. I might add, in listening to the comments here this morning, that I think that one of the biggest areas of discrimination in terms of age has to do with health economics—just the whole economic structure behind it and how health services are paid for.

My experience has been that, when community mental health centers, administrators and boards, HSAs, and so forth, sit down to discuss health policies, everybody is more interested in how it is going to be paid for and whether they are going to get the money to pay for the services, rather than the actual need for the services. You cannot deny—if you did a needs assessment in any catchment area in our region—that the elderly services would not constitute a high-risk group, yet trying to convince policymakers that the present health economics structure would help pay for this service is difficult.

CHAIRMAN FLEMMING. I agree with you. All it does is reinforce the fact that there is a lack of commitment to identifying and trying to meet the needs of older persons because, if there were that feeling of

commitment, some ways and means would be developed to improve the picture over what we have got at the present time and over what we have had for a considerable period of time.

Commissioner Freeman, do you have any questions?

COMMISSIONER FREEMAN. Yes, I do.

Gentlemen, perhaps the Chairman has asked this. The Chairman referred to what I call triple jeopardy. Maybe you call it double jeopardy. You have also indicated another dimension, and that is the attitude of this society about even the term mental health. I would ask each of you if, in your operations, you know of examples that would fit under this category, and, if so, how you feel that they should be solved. What changes need to be made with respect to enforcement?

I would like you to respond to that, first, and then, as an overall thing, and in assistance to this Commission, could you submit any recommendations which you believe should be put into operation—to the Commission—so that we could consider them in making the report to the President and to the Congress? I will start with Dr. Patterson.

DR. PATTERSON. In terms of examples, in our operation I can truthfully say that we do not have any; however, I have a lot of opinions about the mental health system as a whole.

I think the whole thing is slanted, as is popularly known, for the people who are verbal, socially attractive, or rather psychologically minded. The people whom we serve are far from the popular conception of those things. They are not psychologically minded. Many of them have rather poor verbal skills. A lot of them are considered socially undesirable or socially unattractive. That is, in my opinion, the major reason that people get into these kinds of predicaments. I think, to a degree, any group that falls in those categories would be left out.

COMMISSIONER FREEMAN. You do not have any examples, but who is being served by your project—how many persons?

CHAIRMAN FLEMMING. There are 32 in a residential program, as I recall it.

DR. PATTERSON. That is right.

CHAIRMAN FLEMMING. And there are 33 in a day center program for older persons, and I would think that you would be interested in their distribution.

COMMISSIONER FREEMAN. That is right, the distribution. Let us start with your own staffing.

CHAIRMAN FLEMMING. Minorities, women, and so on.

COMMISSIONER FREEMAN. Minorities and females, and cross-classified by age, race, etc.; how many employees do you have?

DR. PATTERSON. You are asking me for some data that I do not have. There are a number of employees.

COMMISSIONER FREEMAN. You are the head of the project.

DR. PATTERSON. There are 44 State employees, and about three FTE [full-time equivalent] or county employees.

COMMISSIONER FREEMAN. Of the 44 State employees, how many are in supervisory positions?

DR. PATTERSON. Let me see. I cannot remember. There are about 17.

COMMISSIONER FREEMAN. Of the 17, how many are black?

DR. PATTERSON. One.

COMMISSIONER FREEMAN. One? How many are Puerto Rican?

DR. PATTERSON. There would be two, if you count the R.N.—two blacks.

CHAIRMAN FLEMMING. Did you say Oriental?

DR. PATTERSON. R.N., registered nurse.

CHAIRMAN FLEMMING. R.N.; I am sorry.

COMMISSIONER FREEMAN. How many are Puerto Rican?

DR. PATTERSON. I do not believe that we have any Puerto Ricans.

COMMISSIONER FREEMAN. How many are Cuban?

DR. PATTERSON. Our physician is Cuban—Cuban American.

COMMISSIONER FREEMAN. One?

DR. PATTERSON. Yes.

COMMISSIONER FREEMAN. How many females?

DR. PATTERSON. Vast numbers.

COMMISSIONER FREEMAN. How many of the 17 are supervisory?

DR. PATTERSON. Two key positions are held by females. Directors of each of the units are females. Then, over half of the others—about half of the others.

COMMISSIONER FREEMAN. You are talking about the 17?

DR. PATTERSON. Yes, we are heavily dominated with females.

COMMISSIONER FREEMAN. What positions do those females hold?

DR. PATTERSON. The director of the inpatient unit, the unit manager of the inpatient unit is a female. The director of the treatment center is a female. The therapy program supervisor is a female. The R.N. supervisor is a female. The nursing supervisor is a female.

COMMISSIONER FREEMAN. Of those females, how many are black?

DR. PATTERSON. Of those females, there are none.

COMMISSIONER FREEMAN. None?

DR. PATTERSON. Our two black supervisors—there is one nurse and one shift supervisor, who is a person in charge of a shift, who is male. There is one male and one female.

COMMISSIONER FREEMAN. The director is you; is that correct?

DR. PATTERSON. Yes; I am the project director in charge.

COMMISSIONER FREEMAN. Who is the assistant?

DR. PATTERSON. He is Irish—another minority.

COMMISSIONER FREEMAN. The Irish are minorities here? You do not see a problem?

DR. PATTERSON. Yes, we have a problem.

COMMISSIONER FREEMAN. I thought you said that you did not have any examples. The first example has been demonstrated by what would appear to be an imbalance. One black is tokenism. One Cuban is tokenism in this community.

DR. PATTERSON. I do not live in this community. I am in Tampa. It is not that different in some respects.

COMMISSIONER FREEMAN. Wherever; I know a little bit about Tampa, too. The point is that, if in the employment—if in the decisionmaking—there is no input from these groups, then your project is deficient in that respect. This is an example that I am talking about. I would suggest to you, sir, that there is that example.

I do not want to belabor this, because I have been talking about it since yesterday at 8:30, and I will continue talking about it until we end up in September, but the point is that, unless we can get at least a recognition that the personnel must be inclusive of the population and unless there is a recognition, the perceptions will always be just as I have heard it today.

DR. PATTERSON. You might ask about the ages, too.

COMMISSIONER FREEMAN. That was the question, cross-classified by age, race, and sex. That is what we want.

CHAIRMAN FLEMMING. What we would appreciate is if you would develop a memorandum for us which will give us the cross-classification so that it might be made a part of the record at this particular point.

COMMISSIONER FREEMAN. I would request that from each of the witnesses.

CHAIRMAN FLEMMING. That is right, and, considering your respective responsibilities, if you would do the same thing for us.

I would like to say this. Commissioner Freeman has in her questioning come back to this time and again, and, in so doing, she reflects a basic conviction of the United States Commission on Civil Rights. Last Tuesday, we released a report on the conditions that prevail in the television industry, and we had some things to say about stereotypes, in terms of the programs that are made available by or through television. And we also had some things to say about the failure on the part of the television industries to adopt and implement a meaningful affirmative action program; and, in our report, we said that there are some things that the Federal Communications Commission could do in an effort to bring about an improvement in programming, but the most important thing that the Federal Communications Commission could do would be to put the heat on the television industry to adopt and implement meaningful affirmative action programs, and, if that is done, then we will have in positions of responsibility within the industry people who will understand what we are talking about when we talk about stereotypes.

This applies right across the board. Wherever we are dealing with the substance of programs, and the way in which programs are being administered, we feel that there is a direct relationship between those issues and who it is that is implementing the program. What the composition is of the work force, so to speak, that is influencing the way in which programs are carried on. And we are particularly interested in those in middle management and top management positions because that is where the decisions are made, and we are applying to this area

the same principles that we have applied right straight across the board.

I wish we had time to go further into some of these issues because you have helped to identify them and you have given us material that will help us arrive at findings and recommendations which will have a bearing on the way in which this new law is going to be implemented, and one thing that I am becoming aware of is that people have so far really put this into their planning, because I guess it is January of 1979 when it becomes effective; but, as far as I can see, it would not be possible for community mental health clinics to continue to operate in the way in which they have operated and conform to the Age Discrimination Act. It seems to me that they are out of compliance. Right now, they would be out of compliance with any regulations that may be issued. I hope that those of you who have the opportunity of working for community mental health clinics keep stressing this. You better begin to think about it.

DR. DICK. I might add that I also brought with me a paper from one of our consultants that we have under contract, and I think it is very good. It talks about a lack of a model for the delivery of services.

CHAIRMAN FLEMMING. We would appreciate very much your making that available to us, and, without objection, I would like to have it included at this point in the record as an exhibit. I do not know what number it is by now, but it will be included.

We thank you all very, very much.

DR. PATTERSON. There is something that is a matter of great concern to me, and we have not touched upon it. That is the educational level of the people who work in these programs that I find in the community.

I am a clinical psychologist, and I have been engaged in research to a degree in my career, but I am very lonely. I find that when people go in to institute a program for the elderly they will take their lowest level—the most poorly qualified staff—and assign them to this project as kind of a backdoor operation. This is of great concern to me.

CHAIRMAN FLEMMING. I appreciate your identifying that, and I would like to pursue it further, but we are well behind our schedule. If, however, you would like to amplify that in the form of a memorandum, we would be delighted to receive it, and I will say the same thing to the other members of the panel. If you have not had the opportunity to amplify a point that you would like to, it would be a great service to us if you would give us a memorandum, and it will be made a part of the record, and it will be considered by the Commission.

COMMISSIONER FREEMAN. The second panel from now is on that, as you are aware, and there will be a panel in which we deal with this. It is of concern to the Commission.

CHAIRMAN FLEMMING. Thank you very much. We appreciate that. Counsel will please call the next witnesses.

MR. DORSEY. Dr. Evalina Bestman and Mr. Jeffrey Solomon.

CHAIRMAN FLEMMING. Remain standing and raise your right hands, please.

[Dr. Evalina Bestman and Mr. Jeffrey R. Solomon were sworn.]

TESTIMONY OF EVALINA BESTMAN, DIRECTOR, COMMUNITY MENTAL HEALTH CENTER, UNIVERSITY OF MIAMI, JACKSON MEMORIAL MEDICAL CENTER; and JEFFREY R. SOLOMON, DIRECTOR, COMMUNITY SERVICES, MIAMI JEWISH HOME AND HOSPITAL FOR THE AGED

CHAIRMAN FLEMMING. We are happy to have you here today.

MR. DORSEY. Starting with Mr. Solomon, I will ask each of you to state your full name, position, and organization for the record.

MR. SOLOMON. Jeffrey R. Solomon, director, community services, Miami Jewish Home and Hospital for the Aged, Miami, and I also supervise the Douglas Gardens Mental Health Center.

DR. BESTMAN. Evalina Bestman, director of the community mental health center, University of Miami, Jackson Memorial Medical Center.

MR. DORSEY. Thank you very much.

Starting with Mr. Solomon, if I could, I would ask you a general question based on what you have probably heard so far this morning, but specifically directed to you: do you believe that older persons are discriminated against in terms of quality and kind of mental health treatment they generally receive, and, if so, would you describe the manner in which you see that discrimination?

MR. SOLOMON. I do not think there is any question about the discrimination, both in quality and quantity.

I have found it interesting to talk in terms of the percentage of the CMHC population that are elderly being 2 to 4 percent because, if you take a look at the prevalence of psychopathology in the elderly, it is much greater than that in the general population. We are talking about the five studies of prevalence of psychopathology. We are talking about 17 to 50 percent of the elderly who are suffering from some kind of an emotional impairment, and they are 11 percent of the population, yet they are only being seen as 2 to 4 percent of the CMHC population. It is even more serious in private psychotherapy, where they are less than 1 percent of the caseloads of private psychiatrists.

The second part of your question—and perhaps the more important part—relates to the quality issue, and there is a certain assumption made in the ages of mental health professionals—that an elderly person showing a mental health symptom is automatically diagnosed as organic or senile or needing nursing home care; and this community historically was guilty of that, as well, where somebody would wind up—somebody who could not afford private psychiatry would end up in a hospital and be automatically diagnosed as organic and, in fact, wind up in a nursing home, wasting away prematurely.

The fact of the matter is that in our mental health center—we serve only the elderly—77 percent are suffering from functional psychiatric illnesses, most of which are curable. The primary one is depression.

If you look at the fate of the elderly in this society, depression is a fairly understandable outcome. If you lose half of your income, and if you lose your health, and if you lose your friends to illness and death, and if you lose your status because you cannot get a job any longer, and you do not have credit, and then you begin losing your family members, depression is kind of a normal thing. With a little bit of help, depression can be relieved; however, unfortunately, our communities have not reacted to this.

MR. DORSEY. Thank you very much, Mr. Solomon.

Dr. Bestman, under the community mental health centers program, community mental health centers are currently mandated to develop special programs to serve children and older persons. In many regions of the country, this particular mandate is not being carried through. In terms of your particular organization, what kinds of steps have you taken to develop special programs to meet the needs of the elderly?

DR. BESTMAN. In regards to the community mental health center here, we were funded in March of 1974. We realized that we were serving a population which was comprised of a cross-age range, as well as racial and ethnic backgrounds. We did not—in terms of funding, we did not feel that we had adequate funds to develop all of the programs necessary, but we did hire a gerontologist specialist who put together a group of volunteers who did outreach into our community.

As a result of that outreach, a group was formed, which is referred to as Neighborhood Family, Inc. They secured free quarters in one of the local shopping centers; it is a large warehouse. They decorated the warehouse. Donations were secured throughout the community for that project. We did assign nurses, a psychiatrist, and a social worker to that body, which is now composed of over 400 members, and they have an extensive outreach program which is based upon volunteers.

Most of the elderly are residing in the northwest corner of our area, in trailer courts, and we have what we call a network within the trailer court, where every other trailer serves as a contact for our program, and the volunteers are in touch with the individuals who have those trailers; and, thus, if any incident occurs within the trailer court system, we know if a person has to be hospitalized or if we need to send a psychiatrist out, or we get a nurse out for some physical treatment.

MR. DORSEY. You are in the community, in terms of identifying persons needing the service, in terms of making the service available at a location which is likely to involve that specific age group?

DR. BESTMAN. Yes, we are; and, in addition, we have made a deliberate attempt to link up with other agencies because we have limited resources. One particular agency—James D. Scott—provides transportation for our elderly members to the center. We also have congregate meals, which are provided at the center for clients who come in, and this is through our linking with one of the elderly services.

MR. DORSEY. Mr. Solomon, recognizing that the Jewish Home and Hospital for the Aged is not federally funded and, therefore, not encompassed by the mandate I referred to a moment ago, it has an out-patient mental health center and program, we understand. What is the origin and source of funding for that program?

MR. SOLOMON. The funding for that program consists of State grants-in-aid and mental health funding, which includes a piece of Title XX as well as we are one of the 13 programs mentioned in Mr. Noble's presentation that receive a special gerontology grant.

I think the piece of it that the State was most pleased with, in terms of that gerontology grant, was the discussion that was held earlier on outreach. We are firmly committed to outreach, as well as primary prevention as a piece of that, so we have come up with a number of ways of demythifying mental health, if you will.

We took the cartoon concept from "Peanuts," the booth where Lucy provides the psychiatric help for a nickel. We did it for real, at places where elderly people congregate.

We have been training hotel managers—retirement hotel managers—how to recognize symptoms of mental illness. We have engaged in a project of drug misuse and drug education for the elderly. This, too, is a serious problem.

One of the other realities of the area that we are serving—in South Miami Beach—is that the median age is 64. We are talking about a population that is primarily elderly. The suicide rate is five times that of the Nation. The kinds of pathology that we see are significantly different from those seen in most communities throughout the country.

CHAIRMAN FLEMMING. If I may interrupt, you say that your suicide rate is five times the national rate. The national rate is 25 percent are 65 and above.

MR. SOLOMON. That is right.

CHAIRMAN FLEMMING. What is yours?

MR. SOLOMON. The national rate is 11 suicides per 100,000. In Miami Beach, the rate is 55 suicides per 100,000.

MR. DORSEY. Has your operation, agency, or hospital made any effort to get community mental health money for its program?

MR. SOLOMON. One of the interesting pieces of the history of Dade County is that Dr. Bestman represents the only federally-funded community mental health center in eight catchment areas. That is one of the tragedies of this county.

On August 1, we began a planning grant for developing a community mental health center on Miami Beach, and, as I indicated, Miami Beach is a rather unusual catchment area because it consists primarily of elderly people; and, in designing a center for this community, we are trying to design something that speaks to that, so that when Dr. Dick spoke before about starting with construction money in the center, we are unanimously opposed to developing a center. What we want to do is to have a string of storefronts in shopping areas. We

presently go to the food sites. We want to do more of that, and we want to be as responsive to the posture of that community as possible.

MR. DORSEY. I understand, also, that there is currently an effort or proposal for the use of CETA funding, to use that in a unique way in this area. Could you elaborate on that?

MR. SOLOMON. Yes, in fact, today is the first day that the CETA people are actually operational. We have received a grant for six persons over the age of 55 years, for Title VI of the Comprehensive Employment and Training Act, to service as reality-orientation technicians, where they are providing R.O. services. This is a service primarily for brain-impaired elderly in the community, and they have now gone through 60 hours of training, and they are beginning to provide these services in the retirement residences, as well as in people's homes.

MR. DORSEY. Thank you very much, Mr. Solomon.

Dr. Bestman, in terms of dealing with providing services to older persons, you have recommended alternatives in a manner in which services are brought to them.

DR. BESTMAN. I think one of the successes—one of the aspects of the successes that we have experienced—is that we went in with the self-help concept, that we were not going to go in with a set of services and say, "This is what it is going to be."

In fact, our group that is most active is the Neighborhood Family group. They have identified what they see as primary areas of concern, and, of course, the major one is the crime in housing. We began to focus in on that.

Now, I might add that we see this as preventive. The community mental health funds do not allow for preventive activity; they allow more for treatment-oriented activity which can be reimbursible in terms of third-party payments and so forth.

We have taken a stand that we will continue with this sort of work, and, as an extension of that, in terms of recognition of what we have done as a model, in that it is a self-help completely manned almost by volunteers—the members of the family serve as the linkage with the various groups within the community, and, as I indicated, they identify for us what they see as their needs.

One primary need was to have a psychiatrist who could go out into the area and a psychologist to go out into the community, which gets away from the one-site location, per se, where people have to come for services.

The other issue is that we do not close on holidays. We stay open because this is when most of the elderly members need someone to be available; thus, our centers are open on holidays. We do not close on holidays in that particular location.

MR. DORSEY. Mr. Solomon, I would like to relate to you some testimony that we received yesterday. I would like to get some feeling from you as to some corrective action possibly. It was indicated to us

yesterday in testimony that, in terms of meeting treatment needs, there is a considerable waiting list for services at Douglas Gardens, and there is a time frame, in terms of available treatment. Do you see any funding resources available to be tapped to help meet that rather substantial need?

MR. SOLOMON. In fairness to whoever provided that information, I think Douglas Gardens is really several separate agencies: a day center, a day treatment center, a nursing home, a hospital. In the mental health program, you do not have a waiting list. We have a system which tries to move people into group therapy as quickly as possible. One, it is because we believe that for many people it is more productive. Two, because it is more economic.

We do have a horrifying waiting list for our inpatient services. We have 1,100 people waiting for 50 slots a year, and we have a waiting list for our day center; but, in the mental health program, per se, anyone who called today and said that they needed help could get help today; in fact, yesterday, we had someone call and our outreach team went out to see him, and, within 15 minutes after leaving his apartment, he was rather distraught, and he called the police to say that "Two gypsies were here, robbing my place."

We run into a variety of interesting experiences.

Sometimes, we have to go to Jackson for some help, but there is no waiting list in the mental health centers.

MR. DORSEY. I have no further questions at this time, Mr. Chairman.

CHAIRMAN FLEMMING. We appreciate very much this testimony from both the private and the public sectors. As I gather, Mr. Solomon, your program does rely to some extent on funds from the public sector, but, basically, it is a private-sector program; is that a fair generalization?

MR. SOLOMON. Yes; we receive about \$750,000 worth of funds from the United Way and from the Greater Miami Jewish Federation; but we are receiving benefits from Titles XVIII, XIX, and XX of the Social Security Act, as well as monies from CETA and grant-in-aid funds from the State department of mental health.

CHAIRMAN FLEMMING. Do you have an approximate figure as to the amount of money coming from the public sector?

MR. SOLOMON. It is about \$1.2 million.

CHAIRMAN FLEMMING. That is about \$1.2 million as over against \$750,000 coming from the private sector, so to speak?

MR. SOLOMON. Right.

CHAIRMAN FLEMMING. Dr. Bestman, I am interested in the amount of funds that are involved in the carrying forward of your program and roughly where they come from.

DR. BESTMAN. We have a total budget of \$738,000, with over \$500,000 coming from the Federal source and the remaining coming from the local match—Dade County.

CHAIRMAN FLEMMING. Let me make this generalization and see if you agree with me. It seems to me that you have demonstrated—both of you—that within the resources that are now available it is possible to operate a mental health program which reflects a commitment to the needs of older persons. I assume that you feel that you can go much farther than you have gone, if you had additional resources, but the point that interests me is that, in both cases, within the existing resources you are reflecting a commitment to trying to deal with the problems and needs of older persons. Is that a fair generalization?

DR. BESTMAN. That is a fair generalization.

As an additional point, we have a commitment. Within our catchment area, our elderly population is 11.4 percent. We have a client population of 13.7; and, in addition, we have a commitment in that we have taken \$10,000 from our operating budget which is minimal. Our operating budget is minimal, but we sought additional funds from the areawide agency on aging to implement a second neighborhood family within the catchment area.

CHAIRMAN FLEMMING. Both of you are leaders within this field. Do you see any reason why, if other community mental health centers have a real commitment, endeavoring to do something in the field of aging, it would not be possible for them to at least make a start in the direction of meeting some of the needs of older persons?

MR. SOLOMON. I think it is necessary to have the commitment first. I do think it is important to take a look at at least some of the frustrations that we find in some of the Federal programs in trying to meet that commitment.

For example, if one takes a look at the categorical aid program in designing a day treatment center for the elderly, it needs certain things, like a stethoscope and an oxygen tank, and yet Title XX will disallow those kinds of expenses; and you get caught within—I commend the State for trying to use Title XX to its fullest, but you get caught within certain guidelines for certain service programs, when the needs of the elderly are, in fact, comprehensive and go beyond social services.

When one looks at private foundations, even though they are private, they are guided by Federal tax laws. One sees a very clear discrimination against programs for the elderly. I know in our efforts in looking at some of the national foundations and discussing a variety of programs with them, they expressed openly, "We are not interested in the elderly; they have no sex appeal to us."

CHAIRMAN FLEMMING. Here, again, what you are identifying is an attitude on the part of those who operate the foundations. There are one or two exceptions to that generalization, but the generalization is sound.

MR. SOLOMON. That is right; I think there are a couple of foundations that have taken leadership, such as the Park Foundation, in developing programs for the elderly; but, if one looks at the other

major foundations, be it Ford, Johnson, or Rockefeller, one finds no commitment whatsoever to the elderly.

When one looks at Title XVIII in Medicare, one finds serious gaps in areas like dentistry and psychiatry, and, needless to say, Medicare was designed for the elderly, and yet, in outpatient mental health and dentistry, there is very little help for the elderly. In these things, again, when one looks at the older person, you have to look at them comprehensively. If someone does not have dentures, that is going to affect nutrition, and it is going to affect physical health.

CHAIRMAN FLEMMING. I certainly agree with the point that you are making, but I come back to my point: even considering all of those problems, which I fully recognize exist, and that we ought to be doing something about—even if you take those into consideration, if the community mental health clinics decide to make a commitment, beginning to deal with the needs of older persons, there are ways and means of doing it.

MR. SOLOMON. Absolutely.

DR. BESTMAN. Yes, absolutely.

CHAIRMAN FLEMMING. You do agree with that?

MR. SOLOMAN. Yes.

DR. BESTMAN. Yes, absolutely.

CHAIRMAN FLEMMING. One thing that I would like to take note of is the fact that apparently in both instances you are taking advantage of other programs and relating to other programs in a significant way, and obtaining the services of volunteers and relating to the nutrition programs, and so on, and, personally, I appreciate the kind of leadership that is reflected by both of the programs.

Commissioner Freeman.

COMMISSIONER FREEMAN. Dr. Bestman, you said that the community mental health funds do not allow for preventative activity. Is this restriction in the law, or is it in the guidelines?

DR. BESTMAN. The restriction itself is not in the law, but you are expected, in the guidelines, to recover funds because, at the end of 8 years, you are left with no funds. Once that money is out, you know, it is finished. If you have no means of reimbursement, then the center cannot continue; and, thus, we are encouraged—particularly from the local match sources of the hospital—to recoup as many funds as possible, if we are going to survive.

COMMISSIONER FREEMAN. The solution, then, does not have to wait for Congress. The guidelines—Mr. Solomon has referred to their disallowance under the guidelines, but not the law, with respect to the dentures. What we are trying to get at is, are those recommendations that could be made for a change, which could, but for a “stroke of the pen” come into effect now, and then those that would require additional legislation?

What we would like to ask you to submit—because of your wide experience; and this is for both of you—are areas and examples such as

you have given this morning, but perhaps you could be more specific, areas of need that the constituency is being denied purely because of the operation of the agency that is administering the program. I would like to request that, Mr. Chairman, to be submitted and inserted in the record at this point.

CHAIRMAN FLEMMING. If you find it possible to provide that, we will be delighted to receive it, consider it, and make it a part of the record at this point.

Thank you, both of you, for being with us, and, again, we appreciate your positive approach with the utilization of the resources that are available, even though we all recognize that additional resources are very much needed.

Counsel will please call the next witnesses.

MR. DORSEY. Mr. Peter Siegal, Mr. Larry Baker, and Ms. Susan Osorio.

CHAIRMAN FLEMMING. Please stand and raise your right hands.

[Mr. Larry Baker, Ms. Susan Osorio, and Mr. Peter Siegal, were sworn.]

TESTIMONY OF LARRY BAKER, MANAGING ATTORNEY, MIAMI BEACH OFFICE; SUSAN OSORIO, UNIT MANAGER, COMMUNITY EDUCATION; AND PETER SIEGAL, EXECUTIVE DIRECTOR, GREATER MIAMI LEGAL SERVICES

CHAIRMAN FLEMMING. Thank you very much, and we are glad to have you here with us today.

MR. DORSEY. Starting with Mr. Baker, would each of you give your full name and position for the record?

MR. BAKER. My name is Larry Baker. I am the managing attorney at the Miami Beach office—the senior citizens' office—of the Greater Miami Legal Services.

MR. SIEGAL. Peter Siegal, executive director, Greater Miami Legal Services.

MS. OSORIO. Susan Osorio, unit manager, community education, Greater Miami Legal Services.

MR. DORSEY. Mr. Siegal, we will start with you. Could you describe the funding level, the source of funding, and the specific client categories that you service?

MR. SIEGAL. This calendar year, our total funding is roughly \$1,100,000. Of that, approximately 80 percent comes from the Legal Services Corporation in Washington. There is \$144,000 from Dade County in revenue sharing funds of one type or another, \$70,000 of which are earmarked for the senior citizens' law center and the remainder of which are earmarked for other uses. There are approximately \$26,000 in Title XX funds, and other miscellaneous items—not of substantial sums—which bring it up to the total.

Legal Services serves low-income individuals who cannot otherwise obtain private counsel in civil matters. There is no criminal representa-

tion. We have been doing basically no juvenile representation, because of limited resources, and we do not accept fee-generating cases.

MR. DORSEY. Could you briefly describe the nature of your office?

MR. SIEGAL. The senior citizens law center has three attorneys: Larry Baker is the managing attorney, and there are two service paralegals, who assist clients with their problems. We also have the intake paralegal, who serves to screen all of those who seek services in terms of eligibility for services, and the office also has two secretaries.

MR. DORSEY. Are all of the clients who are 60 years of age or older within the area covered by the entire program serviced out of the senior citizens legal center?

MR. SIEGAL. No.

MR. DORSEY. What is the general range of service provided, in terms of that age group?

MR. SIEGAL. Our statistics, which are probably of questionable validity, indicate that roughly 25.9 percent of our clients are of that age group. I suspect that is high, based upon the fact the senior citizens law office makes sure that everything gets reported, but some of the other offices tend to be lax on reporting; but, whatever the errors are, they are probably consistent and I would suppose representative.

The senior citizens law center limits itself to those 60 years of age or more. Occasionally, though, when there is a crying emergency, we will accept somebody who is not of that age group, rather than forcing him to go to another one of our offices. The other offices accept anybody who is financially eligible, who comes in the door, regardless of their age group, and they are not forced to go to Miami Beach for services.

MR. DORSEY. Approximately, if you know, what percentage of the clients of your other offices are 60 years of age or over?

MR. SIEGAL. It is relatively small, not exceeding 5 percent.

MR. DORSEY. I gather from your testimony that they are not sent to the Miami Beach office?

MR. SIEGAL. No, they are not sent to our office.

MR. DORSEY. They are serviced where they are found; is that correct?

MR. SIEGAL. Yes.

MR. DORSEY. Could you just briefly describe the process by which your resource allocations are made? You indicated earlier that you do not service, extensively at any rate, children.

MR. SIEGAL. Yes.

The research allocations are a function of two things. One is a planning process, in terms of the types of cases, which has involved the staff, members of our board of directors and community members, and the client who will be eligible for services, in terms of an allocation of resources as to the types of cases the program will provide assistance in and, also, as to how much resources we will devote to housing and health areas, and so on and so forth.

A second type of resource allocation has to do with the location of offices, in terms of concentrations of poor people, and in an effort to locate our various regional offices in those areas of the county which have the highest concentration of poor people.

Both of those decisions—the case priorities and the office location priorities—are not made with respect to age, whether youth or elderly.

MR. DORSEY. Do those decisions, however, tend to result in a specific age distribution, in terms of client population?

MR. SIEGAL. Not really; at least, in terms of—the senior citizens law center has been in existence for a good number of years. I was not around, and I cannot really speak as to what caused its location.

In terms of other segments of the county that are elderly poor, they tend to be—as far as we can tell from census information and other things—grouped in with the other younger segments of the poor, so that we do not see, in looking at whatever demographic information we come up with for planning purposes, where, with the exception of South Beach and Miami Beach, where there are concentrations of elderly poor, but where there are not also concentrations of other poor.

MR. DORSEY. In terms of services to eligibles under 21, what are the dynamics which lead to the fairly low—

MR. SIEGAL. Well, it is two things. First of all, to the extent that children are involved in a legal process in juvenile delinquency proceedings, they are provided representation by the public defender, where what is involved is essentially criminal in nature. If it were committed by an adult, we would not be involved, in any case.

On the other side of it, where children are involved—custody termination proceedings, abandonment proceedings, and the like—because of the mechanics of the way that counsel are obtained, we tend to end up representing the parents, rather than the children. Whether it is a divergence of interest—well, there is from time to time. Since the courts have not yet come around to the notion that children have a right to counsel when caught up in the process, other than when it is more or less of a criminal nature, the people we get in our office are the parents.

That reflects in our statistics, and it reflects, in actuality, in the representation, and then, of course, once we have got the parents in the office—because of the conflict of interest rules—we cannot very well be representing the children. We are beginning to tentatively explore the possibility of some funding whereby we would be representing the children, and we will set up a mechanism whereby the children will be referred to us before the parents get there.

MR. DORSEY. Would that mechanism also include outreach to ensure that children—let us say that the children are emancipated, or not even emancipated, but, in fact, young adults between the ages of 18 and 21—are made more aware of the availability of the service?

MR. SIEGAL. In terms of talking about representing youth, I was not really thinking of young adults in the 18 to 21 age bracket. I had in

mind people who were younger than that. I do not think that, based upon our statistics and, also, based upon our services, we have any real lack of representation in that area or any particular problem associated with representing people in that age bracket.

MR. DORSEY. Mr. Baker, would you describe the range of outreach efforts taken by the Miami Beach office in terms of meeting the needs of the elderly?

MR. BAKER. Yes. We attend—some staff member attends, like, the hot meal site, and he does communicate in that way. We occasionally will get involved in group representation, as far as apartment buildings, if there are housing code violations. We give representation to the tenant council at Rebecca Towers, which is the housing project for the elderly. We have pamphlets and leaflets that are distributed throughout the city at different sites, explaining where we are and what we do and, also, sometimes just some simple substantive rights as far as “what your housing rights are,” or, “what your consumer rights are.”

MR. DORSEY. In your opinion, as a result of your working exclusively with the older population, is it your opinion that a separate unit is necessary in order to meet the needs of the elderly?

MR. BAKER. Do you mean a separate office?

MR. DORSEY. Yes.

MR. BAKER. Yes; I think it is very, very crucial. As long as the office—I know that, in some cities where they have branch offices like we do, when they have an elderly office, that office services all of the elderly for that area.

I think that is bad. We do not do that here. Every office will service elderly, but our office is specifically serving the elderly just by virtue of the fact that it is in an area of Miami Beach that is almost exclusively elderly, to begin with.

I think, a lot of times, the elderly population comes—they come in many times with problems that are not really legal, but, yet, to them, it is a legal problem and a very real problem, and you cannot just slough them off to social workers. Sometimes they are just not available. Sometimes, even though the problem is not legal, it would become legal if they did not get some assistance right then.

A lot of times, even their legal problems are not of major importance maybe to the average person; but, to the elderly person, it is a big problem, and I think that, in order—by having a separate office, you get a staff that is more sympathetic and who are, hopefully, more patient with the elderly. A lot of times, you have to explain something five times in order for them to understand, or they will call you every day to find out why they signed something, or they will be asking what is happening, and a lot of attorneys would not put up with this. I think it is important to get people who can deal on the level that you have to deal on when you are dealing with the elderly.

MR. DORSEY. In terms of what you have just indicated—the sensitivity to deal with the particular needs are frustrations which may not, in

fact, be limited to the elderly at all, as some clients indicate—within your office, do you provide any kind of interoffice training or discussions, or whatever, to share with the people in the other offices, who admittedly only deal with 5 percent, but who do, in fact, deal with the elderly, to indicate to them some of the sensitivities which you have developed by virtue of your extensive interaction with the elderly people?

MR. BAKER. As far as within our own office, we talk, at regular staff meetings, about dealing with telephone calls and people who come in, and people who are upset, and things like that; but, as far as extending this to the other offices, it is not on an organized basis. Occasionally, just through talking with other staff people in the other offices—

MR. DORSEY. Do they tend to call you and your staff to assist them with various cases when they have older persons to deal with?

MR. BAKER. It would not be based upon the fact that they were older, but I must say that it is a referral type thing. Occasionally, they will need a referral. They figure that our office is pretty much aware of the referral agencies for the elderly, and, in that case, they will. Legally, the only reason would be for substantive purposes.

MR. DORSEY. Ms. Osorio, could you indicate and relate the reasons why the community education unit was established, and what its function is?

MS. OSORIO. The community education unit came into existence as a result of our specialization plans for legal services, which started back on November 1 of last year. The community education unit's primary purpose is to do some preventive law so that our clients will be able to eventually help themselves or at least prevent those legal problems from reaching a point of crisis.

With respect to the elderly community, as far as the community education unit is concerned, up until 2 months ago, we only had one person working, and that was me. Now, through some CETA funding that we just received, we have five community education specialists that will be working throughout Dade County. One of our prime areas of concern will be the elderly, mainly because we had been servicing them before, like Mr. Baker explained, at hot meal sites.

The elderly tend to congregate at specific sites, whether it is at the bank, at the park, or at the hot meal sites, or at the auditorium where they go for the dances; and it is easier for us to reach them with our pamphlets and lectures, and we not only limit it to the pamphlets and the lectures, but we also stay around for at least an hour or two, just answering general questions and trying to guide them through referrals.

MR. DORSEY. In terms of your experiences—both in this capacity and as a paralegal at the Beach office, as I understand you were—do you share the view that it is essential to have the separate unit with respect to meeting the needs of older people?

MS. OSORIO. A separate office?

MR. DORSEY. Yes.

Ms. OSORIO. Definitely, most definitely, and more outreach efforts to really reach the elderly.

MR. DORSEY. I have no further questions at this time, Mr. Chairman.

CHAIRMAN FLEMMING. I would like to address this question to any member of the panel: First of all, how many law schools are there in this area?

MR. SIEGAL. There is one in Dade County, the University of Miami. There is one in Broward County, Nova University.

CHAIRMAN FLEMMING. Have either one of the law schools shown any interest in working with you in the legal services area, generally, and, specifically, in the area of the older person?

MR. SIEGAL. Both law schools work with us, generally. They have clinical programs that operate at the law schools, and a lot of law clerks and legal interns, some of whom have been placed in the senior citizens office.

We really have not as of yet approached the law schools about using law students in any specialized kind of way or any earmarked way. We plan to do that. We have not worked out the details of where that is going to be, but I am sure that they will be cooperative when we get around to it.

CHAIRMAN FLEMMING. Do you have in any institution a formal paralegal training program?

MR. SIEGAL. Yes, there are paralegal training programs in Dade County.

CHAIRMAN FLEMMING. Where and what institutions sponsor those?

MR. SIEGAL. Miami-Dade has three campuses, and it has paralegal programs, and I believe that Barry College has—or will be shortly instituting—a paralegal program. There are probably some others. It seems to be the “in” thing.

CHAIRMAN FLEMMING. In recruiting for the paralegal programs, do any of the institutions that are operating place emphasis on recruiting older persons for those programs, with the end in view of the older person then, in turn, helping to meet the needs of other older persons?

MR. SIEGAL. No, not to my knowledge, but I would not presume to speak for what they do.

CHAIRMAN FLEMMING. I assume that those of you who are in the operating picture are not aware of older persons being available who have been trained as paralegal persons?

MR. SIEGAL. I am not aware of that.

Also, to a certain extent, the type of paralegal training that the colleges and the junior colleges in Dade and Broward County offer—it is not particularly suitable for the kinds of duties that we assign paralegals to. Most of the colleges train the paralegals for private practice in areas of law and procedures that we are rarely engaged in—negligence, probate matters, tax matters, and a number of other things.

Our paralegals are much more service oriented, in terms of actually working with clients, and to assist them. The private bar does not do very much of that, of course, and, since our employment opportunities are rather limited, the formal training that is going on within the institutions is directed towards where the job opportunities are.

CHAIRMAN FLEMMING. Have you approached any of the institutions that are conducting paralegal programs with any suggestions as to what they might do to better train the people that are going through these programs to participate in your programs?

MR. SIEGAL. No, we have not, because we are not doing any hiring.

CHAIRMAN FLEMMING. You are not in a position to utilize the services of paralegal personnel, even though they are available? How about those who are willing to volunteer their services?

MR. SIEGAL. We have a large number of paralegal staff, 17. What I am speaking of is we are not anticipating any turnover of the paralegal staff, and we are not really anticipating any significant increase in the staff's size. So, to go out and talk to the colleges about revising their courses to meet our needs, when we cannot offer, in any real way, employment to those people who would then take the revised courses—

CHAIRMAN FLEMMING. How many of the 17 paralegals that you have are older persons, 55 and above?

MR. SIEGAL. Two—three.

CHAIRMAN FLEMMING. If there were persons trained as paralegal personnel who were willing to volunteer their services, could you utilize their services as volunteers?

MR. SIEGAL. We think we will be able to. We have been talking with some people about volunteer services. The problem is supervision, and, in terms of the senior citizens' office, the problem is also space. The office space is made available by the city of Miami Beach, and, right now, people are almost sitting in each other's laps because it is overcrowded. Volunteers are useful, but only if we have space for them and the time to supervise them.

CHAIRMAN FLEMMING. For whatever reason, you are not putting emphasis on expanding your base, in terms of the number of persons who can be served by utilizing the services of volunteers?

MR. SIEGAL. No, not in the use of volunteers, although we do have some.

CHAIRMAN FLEMMING. Has any effort been made at any time to approach the appropriate officials and say, "If we can get some additional space, we can get people who are willing to volunteer their services," and, in this way, add to the number of older persons who are being served?

MR. SIEGAL. Yes, we are attempting to obtain—or we are hoping that we will obtain—additional space in the building that we are in. There may be some offices moved out of there. If that does not occur, we have pretty much made a tentative plan to go out and rent space.

CHAIRMAN FLEMMING. I think that you have answered this question, but, none of the law schools offer paralegal training at the present time?

MR. SIEGAL. No, the law schools do not offer that training at the present time.

CHAIRMAN FLEMMING. It is all being offered at other types of institutions?

MR. SIEGAL. Yes.

CHAIRMAN FLEMMING. This obviously is a generalization, but, at the moment, what percentage of the needs of the older persons in the area of legal services do you feel are being met?

MR. SIEGAL. It is difficult. The Legal Services Corporation—the ABA is using a figure of 23 percent of the poor who need, or have reason to use, an attorney every year. If you took that figure and assumed it also applied to the elderly, you might well say that perhaps 18,000 to 20,000 elderly poor in Dade County should see a lawyer at least once a year, whether it is for advice or major litigation. We are probably serving somewhere in the vicinity of 2,000, so we are talking about meeting 10 percent of that need. Of course, we are in the same fix as everybody else.

CHAIRMAN FLEMMING. That is right, and you are dealing with about 10 percent of the need at the present time. What are your plans for expanding the services so that more than 10 percent of the needs can be met? As you look down the road, let us say, for the next 12 months, what are your plans for endeavoring to expand the number of people who are being served?

MR. SIEGAL. It comes from several levels, and it all goes back to funding. Of course, the Legal Services Corporation has received a larger appropriation from Congress this year, and we will get some of that, which will enable us to provide—to increase our staff somewhat, so as to provide more services.

We also have attempted to—we applied for Title III funding from the areawide agency on aging, in order to, in effect, open up a branch office of our senior citizens' office branch to be based in the city of Miami, where there are large concentrations of Latin elderly and large concentrations of black elderly. We were rejected for various reasons.

COMMISSIONER FREEMAN. May I interrupt you? I do not think we need to wait on that one.

CHAIRMAN FLEMMING. All right; go ahead. I wanted to follow on that.

COMMISSIONER FREEMAN. You are saying that the minorities are not being served at all—the minority aged are not being served at all by the Legal Services Corporation; is that correct?

MR. SIEGAL. No, I am not saying that. I am saying that the minority elderly are not being as well served by our program. Conversely, I think that the nonelderly minority are better served, but it is pretty much a question of office location.

CHAIRMAN FLEMMING. You are serving 2,000?

MR. SIEGAL. Yes.

CHAIRMAN FLEMMING. How many of the 2,000 are members of minority groups?

MR. SIEGAL. I cannot tell you that.

CHAIRMAN FLEMMING. You have no statistics?

MR. SIEGAL. No.

CHAIRMAN FLEMMING. Could you provide us with that information for the record?

MR. SIEGAL. I could do it on a sample basis, yes.

CHAIRMAN FLEMMING. Do you have any feel at all? Are we talking about 10 percent of the 2,000, or 20 or 30 or—

MR. SIEGAL. I would guess that we are talking about less than 20.

CHAIRMAN FLEMMING. Less than 20 percent?

MR. SIEGAL. Yes, but that is a pure guess.

CHAIRMAN FLEMMING. Now, let me, if I may, go back to the area agency. You got turned down, you said, for a variety of reasons. Why do you think you were turned down?

MR. SIEGAL. Why do I think we were turned down?

CHAIRMAN FLEMMING. Yes, sir.

MR. SIEGAL. Because the areawide agency is operated by the United Way, who never wished to fund legal services because we cause trouble. That was not the expressed reason.

CHAIRMAN FLEMMING. I understand. That is what I wanted, a frank response on your part. In other words, you feel that, as long as the area agency is operated by the United Way, it is going to be difficult to get put into the area agency budget funds for legal services for any group, but certainly funds for legal services for older persons. Do you intend to renew your application?

MR. SIEGAL. Yes.

CHAIRMAN FLEMMING. I assume that the area agency presented at a public hearing its plan and its budget for whatever year it is operating under; is that correct?

MR. SIEGAL. Yes.

CHAIRMAN FLEMMING. Did you appear at the public hearing to push for an amendment to the budget to include legal services for older persons?

MR. SIEGAL. No, no; we appeared at a meeting of their advisory council, and also at a meeting of the executive committee, to push.

CHAIRMAN FLEMMING. But you did not appear at the public hearing?

MR. SIEGAL. No, we were not aware of it. We missed it, but I am sure that they gave notice. I am sure that it was not hidden.

CHAIRMAN FLEMMING. But you were not aware of it, and you did not appear. The next time, will you appear at the public hearing.

MR. SIEGAL. Absolutely.

CHAIRMAN FLEMMING. You will do that, as well as appearing before the advisory committee?

MR. SIEGAL. Absolutely.

CHAIRMAN FLEMMING. What additional plans do you have for being in a position where, first of all, you can serve a larger percentage of minorities—minority persons within your total group—and what plans do you have for expanding the total group?

MR. SIEGAL. All right. The reality of the situation is that, in terms of funding sources, any meaningful new funds are going to have to come from the Legal Services Corporation, which has been allocating money for the past few years on a formula basis. The programs, by and large, in the South and Southwest, and in other areas of the country, are terribly underfunded, in comparison to programs in other parts of the country—the Northeast and California and the upper Middle West—so that, in terms of the corporation's formula, which is dollars for poor persons, we have a long way to go to catch up, and that is a slow process.

Another factor that comes into play, particularly in the State of Florida and in Dade County, is the last good demographic information was the 1970 census. The Legal Services Corporation is using the 1970 census data for purposes of funding allocations. As that applies to the State of Florida—and particularly as it applies to Dade County—it is a disaster.

We have had an enormous growth in population, and, unfortunately, an enormous increase in the number of poor people also, so that we are being given credit for 178,000 poor people, based upon the 1970 census, in terms of the funding that we receive, when, in reality the current figure is close to 220,000 or 225,000. That affects us.

CHAIRMAN FLEMMING. Assuming that you get additional funds from the Legal Services Corporation, as you indicate that there is an increase in the appropriations money, how do you plan to use those funds in such a manner as to serve a larger percentage of the minority population?

MR. SIEGAL. First of all, we are talking about minorities—we are talking about minority elderly.

CHAIRMAN FLEMMING. That is right.

MR. SIEGAL. I do not think, at the moment, that our first priority is to open up another office that is designed to serve the elderly because we are so underserving the county that, at the moment, I think our first priority involves an area of the county which includes a lot of elderly which is primarily Spanish in nature. We also have some blacks and whites.

CHAIRMAN FLEMMING. Just to help to get the picture here, you are serving 20,000 of all ages at the present time?

MR. SIEGAL. No, we are probably serving or providing assistance to 8,000 people a year, total.

CHAIRMAN FLEMMING. 8,000 a year?

MR. SIEGAL. That is right.

CHAIRMAN FLEMMING. What percentage of the 8,000 are members of minority groups?

MR. SIEGAL. That I can give you. I cannot break it down by age. Roughly 3,000 are white, so the rest—counting Hispanic and black—are about 60 or 65 percent.

CHAIRMAN FLEMMING. Do you plan to place new offices in locations that will serve the needs of minorities, irrespective of age?

MR. SIEGAL. Yes.

CHAIRMAN FLEMMING. You would predict that the number of minority older persons would increase if you obtained additional funds through the Legal Services Corporation?

MR. SIEGAL. Yes, by virtue of office locations.

CHAIRMAN FLEMMING. Of course, under your law, to the extent that your funds come from the Legal Services Corporation, you have got to utilize them for low-income persons; is that not correct?

MR. SIEGAL. That is correct.

CHAIRMAN FLEMMING. Commissioner Freeman.

COMMISSIONER FREEMAN. Mr. Siegal, I would like to pursue the problem that you encountered with the United Way, and I believe that I would agree with you, that you were turned down because you cause trouble. But I come from St. Louis, and I practiced law in St. Louis, and we had a similar problem with the United Way. One of the things that we found—in looking at the structure of United Way itself, would you, on the basis of just your observations, identify the makeup of the board by age, race, and sex?

MR. SIEGAL. I cannot do that; I am not that familiar.

COMMISSIONER FREEMAN. You have no information? Would you know whether it was predominantly white male—

MR. SIEGAL. No.

COMMISSIONER FREEMAN. —or corporate presidents?

MR. SIEGAL. I would guess that it was, but I really do not have the information.

COMMISSIONER FREEMAN. One of the things that we have seen is that the decisions are made on the basis of why and how the members of the board—or the decisionmaking bodies—perceive whether the structure would be threatened. At one time, the legal services organization in St. Louis was denied funding by the United Way, but then some things happened by the people in the community—the consumers—and there have been some changes, so I am going to suggest to you that you might perhaps hang on in and try to get the United Way to be more responsive.

MR. SIEGAL. We are submitting another application for membership this week.

COMMISSIONER FREEMAN. I would certainly suggest that you pursue it.

CHAIRMAN FLEMMING. Could I interrupt for just a moment? You appeared before the advisory body; is that not correct?

MR. SIEGAL. Yes.

CHAIRMAN FLEMMING. What was your perception of the composition of the advisory body, in terms of representation of minorities and in terms of representation of older persons?

MR. SIEGAL. I think that the overall body was probably—just by looking around the room—reasonably represented. That is just an off-the-top-of-the-head observation.

COMMISSIONER FREEMAN. Was that the total executive committee?

MR. SIEGAL. No, that was not the executive committee, which are all agency people, none of whom, I think—perhaps one might be 60 or more, but all of whom are employed agency executives. Also, in terms of the entire advisory board, the active people—the people who participate—were primarily not the consumers who were on the advisory board, but, again, the agency people.

CHAIRMAN FLEMMING. Do you know what recommendation the advisory board made to the agency, in terms of your application?

MR. SIEGAL. No, what happened was—it was a very curious situation. Initially—at any rate, initially—the staff of the areawide agency recommended that it be approved.

CHAIRMAN FLEMMING. All I want are the facts.

MR. SIEGAL. Yes, sir; these are the facts.

The staff recommended that it be approved. At some point—just before the staff recommendations were mailed out to the advisory board—the recommendation for approval was whited out by somebody, but we do not know whom. Then it was sent out to the advisory board.

The advisory board never got to consider the application, as such, because they were so involved in time constraints in considering the ones that had been recommended for funding and refunding under Title III and Title VII that the full board—at least at the meeting that we attended to review the application from agencies where the staff had not recommended that they be funded, and then, after that, the full board delegated to the executive committee review and everything else, including a whole bunch where the staff had recommended approval and the full board had not gotten to them or had questions about them.

At the executive committee, we got to make—I did, at least—a presentation of what we were about, why we needed the funds, and what we were going to do with them, and so on and so forth. The executive committee then subsequently made a decision not to fund it, although they never advised us of that. We learned that elsewhere.

Whether that recommendation then went back to the full advisory board or not—I assume that it did, but I do not know.

CHAIRMAN FLEMMING. It is possible for us to get for the record a complete case history on this, from the points of view of all persons represented. I am going to set the wheels in motion to get a complete case history, and, without objection, Commissioner Freeman, will then enter the case history in the record at this particular point.

COMMISSIONER FREEMAN. There is one other question that I would like to ask, with respect to the Legal Services Corporation itself and the funding from the Legal Services Corporation. Particularly, I am distressed about the fact that the legal services office here—and it is true nationally—that there is a discriminatory effect not only with respect to the aged, but with respect to the children. The Legal Service Corporation's guidelines, and in some instances, laws, deny legal services to children on the basis of their need; is that correct?

MR. SIEGAL. There is a statutory provision concerning juvenile representation, which makes it—

COMMISSIONER FREEMAN. That is with respect to the misdemeanors; when they come into defenses.

MR. SIEGAL. No, that is in general. In other words, we are precluded by the Legal Services Corporation Act from providing representation in criminal matters.

COMMISSIONER FREEMAN. I am not talking about that.

MR. SIEGAL. To the extent that the juvenile delinquency proceedings are essentially criminal in nature, that is not a problem. The public defender is available.

There is a statutory provision in the Legal Services Corporation Act which purports to limit our ability to represent young people—I am talking about minors—in noncriminal-type cases, in an effort, as it was indicated by the Congress, that we would not be disrupting the family relationship, so that means that there are six exceptions. I cannot give all of them to you off of the top of my head; but, essentially, if the parent requests representation, or if a judge requests that we provide representation, and there are some others, and finally it gets down to whether it is necessary to prevent somebody from being denied his constitutional rights, which may be a catchall for everything—

COMMISSIONER FREEMAN. One basis for the Legal Services Corporation, in the first place, was the need for legal reform. What I would like to ask is: has your office made any determination, based upon your experience, of the need for reform that you see that could be transmitted because it may very well be that, in order to properly serve and in order to properly take steps to prevent discrimination on the basis of age, young or old, that not only would the Older Americans Act have to be revised, but the act providing for the legal services, perhaps it should require some revisions; and we would like to ask you to submit a memorandum as to such changes as you perceive ought to be made in the law that we could consider as we make our recommendations.

CHAIRMAN FLEMMING. Thank you, and I want to thank all of you for being here and providing us with this testimony. We appreciate it very, very much.

MR. DORSEY. If any of you have brought any documents with you that you would like to submit for the record, I would ask that you please leave them with our clerk.

CHAIRMAN FLEMMING. Counsel will call the next witnesses, please.

Ms. GEREBENICS. Dr. Peter Masiko, Dr. John T. Gaubatz, Dr. Lou Kleinman, and Dr. Rodney Lane.

CHAIRMAN FLEMMING. I would appreciate it if each of you would stand and raise your right hand.

[Drs. John T. Gaubatz, Lou Kleinman, Rodney Lane, and Peter Masiko, Jr., were sworn.]

TESTIMONY OF JOHN T. GAUBATZ, ASSOCIATE DEAN, SCHOOL OF LAW, UNIVERSITY OF MIAMI; LOU KLEINMAN, DEAN, SCHOOL OF EDUCATION, UNIVERSITY OF MIAMI; RODNEY LANE, DEAN, SCHOOL OF CONTINUING EDUCATION, FLORIDA ATLANTIC UNIVERSITY; AND PETER MASIKO, JR., PRESIDENT, MIAMI-DADE COMMUNITY COLLEGE

CHAIRMAN FLEMMING. Thank you very much, and we are very happy to have you with us here today.

Ms. GEREBENICS. I would ask that each one of you, for the record, give his full name, university affiliation, and position, please.

DR. LANE. Dr. Rodney Lane, Florida Atlantic University, dean, School of Continuing Education.

DR. KLEINMAN. Lou Kleinman, dean, School of Education, University of Miami.

DR. GAUBATZ. John T. Gaubatz, associate dean, School of Law, University of Miami.

DR. MASIKO. Peter Masiko, Jr.; president, Miami-Dade Community College.

Ms. GEREBENICS. Beginning with Dr. Masiko, would you please describe some of Miami-Dade's efforts to provide educational services to the county's older residents, and in that description would you indicate exactly how many places there are where you provide educational services?

DR. MASIKO. I have, for the record, a map which was made a couple of years ago, indicating that, at that time, we offered services at 314 different locations in Dade County. I would say that we have since expanded that by virtue of our programs and radio and television, as well as individualized study programs on each of the campuses. We have accessibility now on and off campus throughout the whole county.

What was the first part of the question, please?

Ms. GEREBENICS. Some of the various programs that you offer.

DR. MASIKO. We had a \$100,000 grant from the Clark Foundation to do a study on the particular needs of the older citizens, and particularly with reference to what might be done to make them either employable or to qualify them for effective volunteering work, or just for general upgrading and perhaps a more satisfactory lifestyle. This study indicated that it required a pretty fair amount of personal work in the employment market, particularly in getting employers to consider the specific contributions which the older citizens could make, but we have had a fair amount of success in matching up some of the individuals involved in the program and getting them employed.

We started out with a notion that possibly a specific junior program might be in order—one of the regular degree programs—but we discovered in working with the older adults that this really was not what they wanted. Some did want specific school training, with a couple of courses to qualify them, but not a formalized program. Many had skills which needed to be brushed up, and then they could get back into the employment market.

Another program that we developed was in connection with older people—running from 60 to well over 75—who worked at the Kendall Home, which is a home for youngsters who get into difficulties. The bulk of these people could not even write their own names, so we developed what we considered a low level, a pre-first-grade educational program; and we had had very excellent success in getting them to understand and do simple arithmetic and basic reading and writing, and particularly in understanding the psychology of working with youngsters. We have had good success with that.

We have any number of programs that reach out into the community. A fair number of the centers that I have identified in the original statistics are places where older people congregate: condominiums where some of them live, and places where hot meals are provided, and a variety of programs and other centers provided through either the public schools or the recreation department of the county, and churches and other agencies of this nature. We go out if there is a group large enough—12 or 15—who are interested in a common program or course; and, if they are willing to get together, we will provide the service, and we have had very excellent response. A large number of these are not particularly interested in getting college credit. They do want the courses. Many of them do not want to go very far from where they live.

There is this problem of personal security and safety, which I think is a very important consideration in such programs. This is one of the reasons that we have taken our programs as close as we could into the community, and I think this helps to explain the great success that we have had thus far with some of our television programs. They do not have to get out of their apartments or flats, and they can still get a good quality program.

One of the programs that we are very proud of—and I have to give the University of Miami some originating credit for it—is the council of continuing education of women. They started out about 11 years ago with this program, and, as outside funding for the university dried up, the junior college took it over.

This was designed originally to serve as a clearinghouse, and the primary object was to get women as a group interested in doing something productive with their time after the youngsters were either in school or had flown the coop, as the saying goes, and they wanted to upgrade themselves, and we provided the opportunity, either for specific skill training—I think the community got a tremendous

number of highly-qualified new teachers, while they were still in demand some years ago, and teachers aides, nurses and nurses aides, and a whole host of very effective programs that we were able to develop.

As I said, this was primarily a referral thing, and we serviced all of the institutions and colleges—public and private—and all of the volunteer agencies and the social services.

We had, for the first number of years, annual fairs in which all of the opportunities for social services on a paid or even volunteer basis were made available to the community.

We have, in our allied health program, clinics for dental technicians and for optometrics. We have some very excellent programs there, and our new facility is just across the street from the county hospital. It is very close and convenient for a large part of our low-income population, and the services are being provided free to those who are qualified under the Federal standards as meeting the guidelines, and I would say that a fair number of the people who are taking advantage of the opportunities would be in the older population category.

Philosophically, Miami-Dade, like so many other community colleges, has an open-door policy, which means that there is no age limitation discrimination. The same policy applies to employment; there is no mandatory retirement. This is something new in the State of Florida. We do not yet know the full implications of it. All I know is that we have no mandatory retirement. It had been 70, which was better than the Federal regulation, but now it is nothing. What impact it is going to have on pensions and other considerations, we do not know, but these are things that will be worked on, and I am sure that those who want to continue working and who are physically able to do so will be able to do it.

We have developed a fairly small program for people who suffered strokes, and this, again, got down to very elementary basics. Some of the people who suffered this condition just had complete memory loss, so you had to treat them like first graders again. We have had some very good success in that program, and it is still available.

On three of the larger campuses of the college, we have established special centers on the campus for mature students. Basically, there is no great problem in mixing all ages in the same classes, but, in the area of student activities, there is some problem in a sense that the people who are in the upper age brackets like to mix with their counterparts. So, we have learned that we provide a much better service when we provide a specific place where they can meet with their own age group, and where we can provide counselors who are specially trained, and who provide special sympathy and the proper attitude to work with such students.

At the North Campus, particularly, we have developed programs or courses, such as psychology of aging; health, diet, and nutrition for the elderly; and companion aide to the elderly, and, up to this point, over 400 senior citizens have partaken of those particular courses.

We have provided a fair amount of financial aid to our elderly citizens. We have a general policy of waiving all local fees for anyone who qualifies on the Federal standards as poverty level, and many of our older citizens would fall into that classification. At one time, before the State tied up the purse strings as tightly as it has now, we had a categorical waiver of fees for all students over 65. We had to pull back on that, because we just could not afford to do it. Anyone over 65 who still qualifies as a person in that category is carried. The cost of the noncredit program is very nominal, and even there, if it gets to be a burden, we can find ways to service the individual students.

So, in terms of the basic interest of the Commission, I think it is not unreasonable to say that Miami-Dade is an alert community college, and it has recognized this problem and worked closely with all community agencies in trying to do something about it, and, within the kinds of resources made available, I think we have not done too bad a job.

We would like to do more, but legislatures, generally, do not feel that they have too much responsibility for funding the education of people beyond the normal college-age group, and, looking at the statistics of who is going to college these days, I think it behooves the legislature to see what is happening. It is a bread-and-butter situation, frankly, for the colleges; but, to me, it is a tremendous recognition of the fact that we not only can but do need to learn and adjust throughout our lives, so that is my little contribution to the discussion.

Ms. GERE BENICS. Thank you very much.

Dr. Gaubatz, I would like to know approximately how many applications your law school gets per year and for how many seats?

DR. GAUBATZ. First of all, let me say that I am probably not the person who should be answering questions like that. I have been the associate dean of the University of Miami for about 2 months. Admissions is not my area of responsibility, so I have not paid a lot of attention to it.

I suspect that I was asked to come because I had been an admissions officer at another law school for about 5 years where I was chairman of the admissions committee, and it was thought I might be able to contribute from that.

But I believe the answer to the question is about 1,800 applicants for about 375 seats.

Ms. GERE BENICS. I see. Based upon your experience at either Miami or the other law school, do you make any distinctions based upon age?

DR. GAUBATZ. At the other school, our admissions committee, I think it is safe to say, did make distinctions of sorts. The whole admissions process to law school, as you know, is a relatively tight one these days, and you have a variety of different pieces of information available to you, some of which you may believe with respect to one age group and not believe with respect to another.

We felt that two of the critical pieces of information that we had for most students might not be all that accurate for those beyond the

normal feed group for law school. The Law School Aptitude Test scores for those out of school for a substantial period—I am speaking of more than 2 or 3 years now—tended to come in fairly low, and we felt that we ought not to be too concerned about those scores if the other pieces of the picture looked good. So we tended to, I guess, discriminate against the young in favor of the old with that piece of information, because we did not trust the information for the small group.

Secondly, with respect to grade point averages, we were conscious of, I think, the well-known phenomenon of grade inflation, and the grades for some of your older students—now, you would almost have to pay attention to it on a year-by-year basis—the grades did not mean the same things; and we had to worry about what the particular grades meant with respect to the particular students, in terms of intellectual competence, which is what we were, I think, trying to judge. So an older student would probably get in with a lesser grade point than a younger student.

The second thing in that area that helped out the older student was that the older students tended to have better transcripts. They had better transcripts, in the sense that, when they went to school, their college or university required that certain minimum courses of study be taken before they graduated the student, so we believe that such things as mathematics and hard sciences and foreign languages and the like probably helped one educationally and made for a more well-rounded and probably better law student. The older student had an advantage there, too. We tended to like the transcripts better, just on that subjective response.

Finally, I think it is safe to say that we discriminated in favor of the older student on an experience basis, although here I think it is very difficult to call it discrimination because the older student was inherently different from the younger student, given that the older student, by and large, brought experience to the law school that the younger student could not, because the younger student had not had experience. The younger student had not been around long enough to have experience.

We felt that this ability to bring experience to the classroom certainly helped the institution because it provided a reality input into the legal education of all of the students that would not otherwise be there. So, for example, if we got an application from a businessman who looked as though he were intellectually capable of handling the legal education, we would probably accept that application, even though the objective criteria did not fit the pattern of our normal admissions. The reason for this is that—those of us on the admissions committee chuckled a little bit about the faces of the corporation law teachers when they found out that they had a corporate vice president in their midst—we felt that it would make a law school classroom a more lively and informative place.

The same thing was true if you got an application from, for example, a policeman. We thought that the criminal law class or the criminal procedures class would be a lot better educational experience for all of our students. So we were, in a sense, trading on that particular aspect of the students.

I suppose that implicit in the minds of some of us in making these decisions was that the experience might also make the student a better student, although I think, statistically, that has not been borne out, certainly, in the first year of law school, by the studies that have been done. I suppose I should interject, however, that I am not sure that the first year of law school is, for the mature student, really the one to judge by, particularly if the student has been out of school for a particularly lengthy period of time. There is the relearning how to study phenomenon going on there, and, also, the first year of law school may be one of the more rigorous educational experiences that one can go through. It is probably an unfair standard by which to judge the older student.

MS. GEREBENICS. Some of our studies have shown that particularly the medical schools put a very high premium on career length—how long a physician will be able to practice—as a reason for taking age into consideration. I was wondering if that is also true of the law schools.

DR. GAUBATZ. I do not know about law schools in general. The admissions officers that I have spoken to did not seem to be terribly concerned about that. I guess I would note that legal education is not quite as scarce a resource as medical education, nor is it thought that lawyers ever retire. None of them that I have known have ever really retired. It seems that the worst that happens is that they probate the wills that they wrote, so we may be looking at a longer active life, in a sense, in legal education. I really do not have a real good feel for this sort of phenomenon that you are talking about in medical education.

The only point that I would make with respect to that is, it would seem to me that an educational institution, certainly private ones, has to be conscious at some point along the line of what benefits the student is going to provide to the institution, and I am not just speaking of short-term benefits. I am speaking of long-term benefits, and if, for example, medical education continues to be very, very expensive, and if there is some likelihood that the graduates are going to be good givers—and I think that most medical school graduates have been; certainly, the schools that I have been associated with had relatively good givers—then perhaps the institution might pause for a moment about the likelihood of the particular student gathering to himself the wherewithal to become that sort of a giver.

Now, about the other factors, the reasons one might give for preferring young over old in that situation, I really cannot say.

MS. GEREBENICS. Thank you.

Dr. Kleinman, could you comment on whether age is a consideration in getting into the school of education?

DR. KLEINMAN. Not to my knowledge. It certainly is not formally considered. Whether age plays a role in the minds of the people in reviewing the applications, I do not know. I imagine that it might be. I think there is probably no problem where there is plenty of room.

Where you have limited seating, then there is a problem, in that there just about has to be because, if somebody is in, somebody else is out. The question is, who is out? That is very difficult to decide.

For instance, if we had a 60-year-old person come up and ask for admission, to become an elementary school teacher, in my school—assuming that he would have talked to the counselor person about the likelihood of getting a job at the age of 60—and then, if the person wanted to come into the school and if he were otherwise qualified, he could go ahead, as long as the prospective student were made aware of the situation.

On the other hand, if we have a person who is applying for a doctorate, let us say, to become a school psychologist, at the age of 60, and we have 11 such places for admission, and we have 100 applicants, we could tell that 60-year-old prospective school psychologist, “You are not likely to be placed at this point.” If that person persists, then you do have to make a decision about whether to accept the person who is 25 or the person who is 60, as far as service to the profession and payoff on professorial effort. There are all kinds of considerations.

The answer to the question is, no, technically, we do not take it into consideration; but I would be very much surprised if the committee of professors who looked at the records, in deciding which 10 to take out of the 100, I would not be surprised if in somebody’s mind that would be a factor.

MS. GEREENICS. Is there a mandatory retirement age for public school teachers in the State of Florida?

DR. KLEINMAN. I believe that it is 70.

MS. GEREENICS. Thank you.

Dr. Lane, could you tell us a little bit about the continuing education program at Florida Atlantic University and what ages it seems to be serving?

DR. LANE. The continuing education program is the university’s outreach, in terms of both credit and noncredit offerings. We operate in several ways. One of the ways is by centers. We have a center in Fort Lauderdale, and we have one in West Palm Beach, and we have one in Fort Pierce; and, at those centers, we offer approximately the same courses that we offer on campus, but only in selective areas—primarily business and education—because they are the only ones that we can maintain a sufficient population on to have a normal progression for a degree, and that is the intent of those courses.

We will also offer credit courses anywhere in our six- or eight-county service area—which does not include Dade County; it goes down to Broward, and up to Indian River and Hendry and Glades Counties—if there is a request that seems to have a sufficient number of people to support the course, and supporting a course—by that, I mean, in terms of the board of regents' minimum for offering courses away from campus and on campus, too.

Noncredit activities we offer almost exclusively upon request only. Noncredit activities in the State university system must be self-supporting. That is by decision of the budget commission and the legislature.

It is not necessarily a bad decision. I dislike it, and I think it prevents us from providing certain services; but, looking at the rationale of limited money, essentially the county school systems in each of the 67 counties have adult and community education programs. In those programs any adults can go in, and there are no qualifications for any of the courses, and, for \$2, \$3, \$4, \$5, or \$10 they can take any course, and the courses are generally rather well done.

The community colleges, it is true, receive a little bit of State money, but not as much as they used to, for noncredit activity; and they, too, are able to provide many courses at a much cheaper level than we can; and the State, essentially, has decided that for the universities, that those who come to them for noncredit activities should be able to afford them. We still put on over 225 noncredit activities each year. We have to be self-supporting overall. Some lose, and some make a little bit more than others. We are not allowed to end up with a profit, and that, essentially, is continuing education.

And, also, there is a statewide network and that is something else to consider. If a course is requested in our university, which happens to be upper division graduate only and which happens to be relatively small compared to some of the others, then we refer it on to the board of regents, and they will refer it to the next-nearest university to offer that course, if they have the resources available to offer it.

In noncredit activities, we can go anywhere in the State and we often cooperate in putting on programs. For example, many noncredit courses and programs are put on in Orlando because people like to go there, and there are a few extra hotels.

I would like to bring one other thing to your attention. This was completed in 1976, and it is really a four-volume study. It is from the Commission on Outreach. The community colleges and the State university system cooperated, and private citizens from all over, to just study the outreach needs of the State of Florida, and it has many interesting things in here. I could get all four volumes for you, which has the actual studies and the backup. It was published last July, which means that it is about a year older than that.

They ended up with a series of recommendations about improving access to knowledge in Florida. I just want to say, from the first one: "It is recommended that the Florida Legislature mandate a public pol-

icy which enables the State's adult learners to have the educational resources and services of the public and private post-secondary educational institutions accessible to them throughout their lifetime, and that such access be made available without regard to race, age, sex, or place of residence," and then the other recommendations essentially are in line.

I have already noticed some slight difference. They implemented most of the recommendations that did not cost anything, but that did involve a broad spectrum.

Another place that is pushing very heavily for more education for adults, and involving all adults, is the National University Extension Association. They have come up with some public policy proposals which have been presented to the Congress and to various other committees, all of which tend towards—in the eyes of the National University Extension Association—the broadening of access and to give people the opportunity to try.

MS. GEREENICS. Thank you, and we would appreciate and are very much interested in any of that information that you may be able to provide.

Mr. Chairman, I have no further questions.

CHAIRMAN FLEMMING. Dr. Masiko, just for the record, what is the enrollment at the Miami-Dade Junior College?

DR. MASIKO. We have a gross enrollment of 54,000. It will probably go up to about 56,000; we are just starting this week.

CHAIRMAN FLEMMING. Would you translate that into the full-time equivalent?

DR. MASIKO. For the year, it will be in the range of 35,000. On the gross number, about 38,000 credit and about 16,000 noncredit.

I should point out to my colleague here that we, too, have been cut short in the prime by the legislature, and, aside from a few categories of courses which the State is still willing to help out on, the bulk of our noncredit courses also have to be self-supporting.

CHAIRMAN FLEMMING. Do you have an estimate as to the amount of Federal funds that you receive for, I assume, a variety of programs?

DR. MASIKO. Including student aid and that type of thing?

CHAIRMAN FLEMMING. Let us put student aid aside. I am just thinking in terms of funds for programs.

DR. MASIKO. We might get a million and a half, altogether. The biggest thing would be student aid. We do get very substantial student aid.

CHAIRMAN FLEMMING. From a program point of view, what programs do get Federal support?

DR. MASIKO. Well, we have a number of programs in the allied health field, regular programs there.

We are trying a variety of approaches using the audiovisual techniques and doing a lot of work, and a good bit of that is deliberately aimed at a national market—not just for our own use, but

broadly-based use. We have done some rather unusual things for the community college level. We did the course work for "Roots" on TV. We worked with Bronowski on his "Ascent of Man." We did the course work for that, and we are doing a couple of courses now for the British Broadcasting Company, and these will be nationally available.

There is a broad range of programs in what we would categorize as human services, and this is one area that we are going into rather heavily. I was kind of interested when you were talking about the legal aid program. We are involved in that, but there is a large area of types of services in the community where you do not want too-highly-trained specialists, because you never know what the particular market is going to be, and certain basic skills are required. Most of these are how to get along with people and how to understand people, and, of course, in Miami, knowing how to converse in Spanish is getting to be more and more important, and then there are some specific skills, where we send the students out into these agencies. There are various types of work opportunities, and this has been a very effective way in letting them know what is required on the job, and then actually landing a job after that.

CHAIRMAN FLEMMING. I am aware of the grant that you received from the Clark Foundation. Have the results of that study influenced in any way your program in relation to older persons? For example, has it influenced your counseling program, your placement program, and so on?

DR. MASIKO. I would say, very definitely. When the grant ran out, we provided the resources internally to continue the employment of the person who was doing the employment counseling, so that service is being continued.

We have not done nearly as well—I think that is probably true of most colleges—in the so-called followup aspect of our program, so we are making a very determined effort. It is not broad scale, but rather substantial percentages of our students are followed—particularly in the career programs—to see whether or not there is a good tie-in between what the student has taken and whether they are getting jobs in those fields, and how effective they are once they get out into the market—job opportunities, promotions, salary increases, and so forth.

CHAIRMAN FLEMMING. It is my understanding that there is a program here in Miami under which older persons can volunteer as student aides. I think that was helped, to some extent, by the Clark Foundation. Are you acquainted with that program?

DR. MASIKO. I do not think that we got involved in that particular thing, although in our CCEW [council of continuing education of women] program, we have emphasized the training of women, particularly for work as volunteers in various community agencies. I read through our report—the Clark Report—and I did not identify that particular thing.

CHAIRMAN FLEMMING. Dr. Kleinman, are you aware of that?

DR. KLEINMAN. No, sir.

CHAIRMAN FLEMMING. I gather that, when the law that has been passed by Congress preventing discrimination on the basis of age becomes effective in January of 1979, in the light of your own policies and in light of the laws of the State of Florida, that will not present you with any problems in terms of the receipt of Federal funds?

DR. MASIKO. No.

CHAIRMAN FLEMMING. Dr. Gaubatz, are there any Federal funds involved in the operation of the law school at the University of Miami, aside from the funds for student aid?

DR. GAUBATZ. There are none that I know of, other than student loan funds.

CHAIRMAN FLEMMING. The student loan funds undoubtedly play a fairly major role in the operation of the law school, which would mean that the school would be subject to the provisions of this act.

DR. GAUBATZ. I assume so, sir.

CHAIRMAN FLEMMING. Do you see any problem in applying the provisions of this act to your own operations?

DR. GAUBATZ. I do not see any problems in applying it to Miami's operation, as I understand it. Again, I am looking at the admissions and financial aid side a little bit as an outsider.

Given the proviso that we do not end up with some *De Funis* and *Bakke* problems, or, at least, if *Bakke* turns out the wrong way, or the right way—it depends on how one views that whole thing—then I suppose that one would have to be very careful about how one approached objective criteria in admissions and what-have-you. Then it is going to be a real problem.

CHAIRMAN FLEMMING. The Commission recognizes the importance of the *Bakke* case, and, of course, we are following that very closely in terms of its impact on affirmative action plans in the area of race, color, national origin, creed, sex and—of course, when this law becomes effective, age, which, of course, becomes a part of the affirmative action programs, and consequently that case can have an impact on the way in which this law is administered; but I, in listening to your testimony in the light of your experience in another school, I rather gathered that you do not see any insurmountable problems when age is eliminated as a factor in making a choice—age, per se.

DR. GAUBATZ. I do not see any real problems, sir. The problems that will arise—if they do arise—are going to be problems on how the regulations under the act are appraised. Depending upon the reporting requirements that may be imposed, and depending upon what evidence is taken to constitute a *prima facie* case of discrimination, there may, indeed, be some problems. But, as I understand the concept of age discrimination, given the inherent fact that older people are different from younger people just because they have been here longer, if for no other reason, I think there will be no problem.

CHAIRMAN FLEMMING. Do you want to follow on that, Commissioner Freeman?

COMMISSIONER FREEMAN. Yes; I want to pursue it from another point of view, and I would like to ask each of you, beginning with Dr. Masiko, you have a student body of 54,000; how large is your faculty?

DR. MASIKO. Well, the full-time teaching staff is 950.

COMMISSIONER FREEMAN. 950, full-time teaching—

DR. MASIKO. Part-time and full-time—do you want all employees, or just the faculty?

COMMISSIONER FREEMAN. The teaching faculty.

DR. MASIKO. They run about 1,600.

COMMISSIONER FREEMAN. About 1,600?

DR. MASIKO. Yes.

COMMISSIONER FREEMAN. Do you have tenure?

DR. MASIKO. Yes.

COMMISSIONER FREEMAN. How many of them are tenured?

DR. MASIKO. We must be about 96 percent now.

COMMISSIONER FREEMAN. Ninety-six percent?

DR. MASIKO. The full-time staff.

COMMISSIONER FREEMAN. Well, you know the question that I am going to ask, and that would be of each of you, if you will provide the information cross-classified by age, race, and sex. Beginning with sex, how many of your tenured faculty are female?

DR. MASIKO. We run about 36 or 37 percent, in that range.

COMMISSIONER FREEMAN. How many of them are black?

DR. MASIKO. I think about 12 percent.

COMMISSIONER FREEMAN. How many are other minorities?

DR. MASIKO. Right now, about 7 or 8 percent.

COMMISSIONER FREEMAN. How many of them are over 55 years of age?

DR. MASIKO. That one I would have to look up.

COMMISSIONER FREEMAN. Would you, then, with respect to the tenured and the other faculty—the nontenured faculty—submit to the Commission the breakdown that I have requested?

DR. MASIKO. Yes.

COMMISSIONER FREEMAN. Dr. Gaubatz, in connection with the school of law—

DR. GAUBATZ. Yes, ma'am.

COMMISSIONER FREEMAN. —how many are on the faculty?

DR. GAUBATZ. The full-time faculty right now, as opposed to adjunct faculty, is running, I believe, somewhere in the order of 40 members.

COMMISSIONER FREEMAN. Forty full-time faculty members?

DR. GAUBATZ. Yes.

COMMISSIONER FREEMAN. How many adjunct?

DR. GAUBATZ. That is a number that it is hard to put your finger on exactly because we have a couple of programs where people will come in for 1 year, and then they may not show up again for 5 years.

COMMISSIONER FREEMAN. Let us take this year.

DR. GAUBATZ. It is hard to answer that question, exactly. In terms of adjunct faculty that taught this year, another maybe 40 or 50 or something like that.

COMMISSIONER FREEMAN. How many of them are black?

DR. GAUBATZ. Of the full-time faculty?

COMMISSIONER FREEMAN. Yes.

DR. GAUBATZ. One member of the full-time faculty is black.

COMMISSIONER FREEMAN. How many are female?

DR. GAUBATZ. The dean is female. The assistant dean is female. One tenured member of the faculty, in addition, is female.

On the adjunct faculty, I am not sure of the answer to that question. I really, I was guessing about the numbers, and I do not know if there are more than a couple of females on the adjunct faculty.

COMMISSIONER FREEMAN. How many are other minorities?

DR. GAUBATZ. On the full-time faculty, I think two members of the full-time faculty are other minorities. On the adjunct faculty, I really do not know.

COMMISSIONER FREEMAN. Would you similarly, the same request, supply to the Commission for the record and to be inserted in the record at this point the answers to the questions?

DR. GAUBATZ. Of course.

COMMISSIONER FREEMAN. Dr. Kleinman.

DR. KLEINMAN. Yes, ma'am.

COMMISSIONER FREEMAN. Do you know for the University of Miami, or do you just want to relate this to the school of education?

DR. KLEINMAN. I better stick to the school of education.

COMMISSIONER FREEMAN. What is the faculty of the school of education?

DR. KLEINMAN. Sixty-two.

COMMISSIONER FREEMAN. Sixty-two?

DR. KLEINMAN. Yes, ma'am; full-time.

COMMISSIONER FREEMAN. Full-time?

DR. KLEINMAN. Yes, ma'am.

COMMISSIONER FREEMAN. How many are tenured?

DR. KLEINMAN. I think we must run about 65 to 70 percent.

COMMISSIONER FREEMAN. Of the tenured, how many are black?

DR. KLEINMAN. One.

COMMISSIONER FREEMAN. One?

DR. KLEINMAN. No, none.

COMMISSIONER FREEMAN. None?

DR. KLEINMAN. None.

COMMISSIONER FREEMAN. How many are other minorities?

DR. KLEINMAN. Three.

COMMISSIONER FREEMAN. How many are female?

DR. KLEINMAN. I do not have that number, but I would say that it is about half or a little better. We probably have more females in the school of education than any of the other schools. That is historically true.

COMMISSIONER FREEMAN. How many are over 55?

DR. KLEINMAN. I do not have that number.

COMMISSIONER FREEMAN. Could you submit for the record the answers to the questions?

DR. KLEINMAN. Yes, I can get the ages.

COMMISSIONER FREEMAN. Dr. Lane.

DR. KLEINMAN. There is one point, is that permitted?

COMMISSIONER FREEMAN. Oh, yes.

DR. KLEINMAN. The issue of the age of the faculty members may become an important issue in this legislation because, with tenure and with an aging faculty in most institutions, there are some departments that are looking for new faculty members. They do not put this in the announcement; but, in looking, I am sure that there are some search committees that would lean towards new Ph.D.s, as they go in search for new faculty members. Of course, there is an age factor, when you are looking for a recently graduated doctor.

COMMISSIONER FREEMAN. Well, let me get to Dr. Lane. Dr. Lane, at Florida Atlantic University, what is its faculty, the total number?

DR. LANE. Somewhere between 280 and 300.

COMMISSIONER FREEMAN. 280 to 300?

DR. LANE. Yes.

COMMISSIONER FREEMAN. Of that number, what percentage are tenured?

DR. LANE. I would say 60 to 70 percent.

COMMISSIONER FREEMAN. How many of those are black?

DR. LANE. I would have to look that up.

COMMISSIONER FREEMAN. How many are other minorities?

DR. LANE. I am just not that familiar with the total composition, as I think about it, of the university.

COMMISSIONER FREEMAN. Let us take the school of continuing education.

DR. LANE. We do not have our own faculty; we just borrow from anybody.

COMMISSIONER FREEMAN. Are the people whom you borrow employees of the Florida Atlantic University?

DR. LANE. Oh, yes, they are.

COMMISSIONER FREEMAN. Then I would like to ask you if you will submit to the Commission, for the record, the information concerning the entire university—

DR. LANE. Surely.

COMMISSIONER FREEMAN. —since you do borrow them from anywhere; but, as far as you know, are there any black or other minorities amongst them?

DR. LANE. Oh, yes. I would not say that there are large numbers, but I know of at least one.

COMMISSIONER FREEMAN. One?

DR. LANE. That is one that I happened to borrow, and I do not borrow everybody.

COMMISSIONER FREEMAN. Yes, we have been tokens for a long, long time.

DR. LANE. That is right.

COMMISSIONER FREEMAN. That is what I meant by the triple jeopardy: the old black female.

DR. LANE. Do you want this separated by tenure and nontenure?

COMMISSIONER FREEMAN. Yes.

DR. LANE. What about age? Will one breakdown be sufficient?

COMMISSIONER FREEMAN. I would like to have it cross-classified by age, race, sex, and, since tenure has been found by this Commission—or lack of tenure—to be a problem, we would like to have it submitted. Since you have that information, we would like to have it submitted that way.

DR. LANE. Let me clarify this on age. May we break it down by 55 and above, and below, or do you want more breakdowns than that?

COMMISSIONER FREEMAN. Fifty-five and above will be all right.

I will yield to the Chairman right now.

I am still talking about the fact that, as long as one has to endure triple jeopardy, the educational system is part of the problem.

DR. GAUBATZ. Mr. Chairman—

CHAIRMAN FLEMMING. I would just like to follow up on one observation that was made relative to age discrimination tenure. As you probably know, the law that we are operating under excludes us from considering questions of employment, except as it relates to the CETA program, because that is a service that is being rendered by the Federal Government; however, Congressman Pepper, in his presentation yesterday, pointed to a development that is going to have a definite effect on that kind of issue. He is sponsoring legislation that seems to be on its way to approval which would eliminate compulsory retirement in the Federal Government, but it would change the Age Discrimination Act and amend it so that, instead of it talking about the ages of 40 to 65, it would move that up to 70, and I think that definitely would have an impact on the personnel policies of colleges and universities.

DR. KLEINMAN. It could create problems, very serious problems, if we are getting to have an aging faculty at most universities, with little or no movement.

CHAIRMAN FLEMMING. Having been on your side of the fence on three different occasions, I recognize that, and yet I do not recognize it as a liability. I mean, I see no reason why the institutions of higher education should not move away from policies that are in direct conflict with the dignity and worth—the concept of the dignity of worth—of each human being; and I would feel that a policy that forces retirement at a given age without regard to the merits of the case is in conflict with that concept, and it seems to me that the administrators are going to have to go through a process of making some decisions relative to individuals—how long they are going to stay—on the

basis of the merits. In the long run, the educational institution can emerge as a stronger institution because it will be retaining older persons who are maybe at the peak of their careers in terms of their effectiveness, and it will be under some pressure to eliminate those who reach their peak many, many years prior to the age of 65.

DR. KLEINMAN. Would it be of any value, sir, to the notion of age balance on a faculty as having some virtue?

COMMISSIONER FREEMAN. The concept of *Bakke* is the same thing: inclusive as to age, inclusive as to race, and inclusive as to male and female.

DR. KLEINMAN. That moves towards balance.

CHAIRMAN FLEMMING. I think we would like the normal processes to operate, but we will not have to worry too much about the balance, because I think fears are created here. For example, there are members of our faculties who have got plans to live beyond retirement, and who want to retire on a voluntary basis and who will retire on a voluntary basis and implement those plans.

Over in another area, I am struck by the fact that in testimony before Congressman Pepper's committee in Washington, the vice president of General Motors submitted testimony to the effect that 8,000 of the employees at General Motors had retired in 1976, and, of that number, just 160 retired because they reached compulsory retirement age. The others had other plans and proceeded to operate in terms of those other plans.

You had an observation?

DR. GAUBATZ. Yes, Mr. Chairman, but I have reconsidered.

CHAIRMAN FLEMMING. Well, let me ask this. You are all in this field, involved in it, and in significant ways. The best figures that we have got on the use of Federal funds that are made available for adult education purposes indicate that not more than 3 percent of those who are involved in those programs are 65 and above. In other words, it is just a *prima facie* case of discrimination against that particular age group. Now, I know that this involves the public school system to a considerable degree and so on; but, as you look at the field and work in the field, do you have any suggestions to make as to how that kind of discrimination really could be eliminated?

DR. MASIKO. Well, Dr. Flemming, in our case we have found that many of the older citizens do not like to be asked questions when they register. They resent having to fill out forms. They are very difficult and they are very, very suspicious. In the credit program, there is less difficulty. Within the noncredit program, all they want to do is come in and say, "I want this course, and, if there is a fee, here is my money, and here is my name," and that is about all they want to volunteer.

We have tried to get some of the demographic information. We would like to have it, you know, for our own purposes. I know that in a noncredit program very significant percentages are people beyond

60, so the 3 percent figure would not be reflective of the situation here.

CHAIRMAN FLEMMING. They regard the question relative to their age as an invasion of privacy?

DR. LANE. We have the same thing.

CHAIRMAN FLEMMING. I appreciate that.

DR. LANE. It is in connection with any question beyond their age; we have the same problem.

CHAIRMAN FLEMMING. You are suggesting that the actual practice is better than the figures would indicate?

DR. MASIKO. I would suggest that it is certainly true here in Dade County.

CHAIRMAN FLEMMING. That is certainly something that ought to be probed a little bit before we reach conclusions for the 3.5 percent figure.

If there are no other suggestions or comments, we are grateful to you for coming here, and we appreciate the testimony that you have presented and the information that you will provide for Commissioner Freeman and the rest of us.

MS. GERE BENICS. If any of you have any documents or data that you wish to leave, please give it to the clerk.

CHAIRMAN FLEMMING. We will be in recess until 1:45 this afternoon.

Afternoon Session, August 23, 1977

CHAIRMAN FLEMMING. The hearing will come to order.

Counsel will please call the next witnesses.

MS. GERE BENICS. I would ask that each of you, beginning with Dr. Schulz, give your full name and spell your last name for the record, and also give your agency affiliation and position.

CHAIRMAN FLEMMING. Before you do that, please—each of you—stand and raise your right hand.

[Mr. Edwin Levine, Mr. Edwin E. Schulz, and Mr. George W. Tsismanakis were sworn.]

TESTIMONY OF EDWIN LEVINE, INTERPROGRAM PLANNING, EVALUATION SUPERVISOR, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES; EDWIN E. SCHULZ, ACTING REGIONAL DIRECTOR, PUBLIC SERVICES ADMINISTRATION, OFFICE OF HUMAN DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ATLANTA; AND

GEORGE W. TSISMANAKIS, EXECUTIVE DIRECTOR, GULFSTREAM AREAWIDE
COUNCIL ON AGING

CHAIRMAN FLEMMING. We are very happy to have you with us.

MS. GERE BENICS. Would you now, each of you, give your full name?

MR. SCHULZ. Edwin Schulz, S-c-h-u-l-z, Acting Regional Director, Public Services Administration, Office of Human Development Services, Department of Health, Education, and Welfare, Region IV, Atlanta.

MR. LEVINE. Edwin Levine, L-e-v-i-n-e, interprogram planning, evaluation supervisor, Department of Health and Rehabilitative Services, State of Florida.

MR. TSISMANAKIS. George William Tsismanakis, T-s-i-s-m-a-n-a-k-i-s, executive director, Gulfstream Areawide Council on Aging, HRS-9 planning and service area.

MS. GERE BENICS. Beginning with you, Dr. Schulz, could you tell me if there is any discrimination on the basis of age in the way that the Title XX funds are distributed within the region or the State?

MR. SCHULZ. I would have to say that, the way they are distributed to the regions, there is none. The way they are distributed in a particular State, I would have to say that I do not believe that there is specific discrimination on the basis of age, since I would say that, to the extent that any program is limited by funds and any individual or any group is deprived of a service due to the limitation of the funds, where another member of the same group, by classification, would be deprived of the services, there is a deprivation. Whether it is discrimination or not is an open question.

MS. GERE BENICS. Those groups that are deprived of certain funds, do they have any recourse—effective avenues of recourse—through advocacy or any other—

MR. SCHULZ. Through the State programs, they have the fair hearing processes within the State programs. Following the exercise of administrative procedures, they do have the courts.

MS. GERE BENICS. Thank you.

MR. LEVINE, I would like to address basically the same question to you. Do you believe that there is any discrimination on the basis of age in Title XX services as distributed within the State of Florida?

MR. LEVINE. No, not at all, although I would concur with Mr. Schulz that we do have groups that are deprived, due to the lack of resource availability.

MS. GERE BENICS. Let me ask you, then, how effective can an advocacy group be in influencing priority settings in Title XX services?

MR. LEVINE. I think that an advocacy group can be effective. In Florida, we are witnessing the growing effectiveness of the aging group, for example, but I think there are some very real costs associated with that advocacy.

MS. GERE BENICS. Such as?

MR. LEVINE. I think we are dealing with a zero sum game. By that, I mean the cap—the Title XX allotment to the State of Florida. It increases every year, in response to population growth; however, the increase is simply not enough. The national ceiling, \$2.5 billion, has not been raised since 1972; therefore, the degree to which a group is effective in changing the current levels of funding—we are witnessing another group's losing of social services resources.

MS. GERE BENICS. How is it decided which services are provided to which groups?

MR. LEVINE. That is, I think, in the final analysis a political decision. In the State of Florida, the Title XX dollars are, in fact, appropriated by the legislature, although this appropriations process is the culmination of a budget situation, so that the agency itself has a major role to play in establishing priorities; but it is finally the legislature that appropriates the dollars.

MS. GERE BENICS. To you and Dr. Schulz, I was wondering if you think that an adequate needs assessment procedure, such as is now being developed in Florida, could help in equalizing the allocation of funds to various groups—either or both of you?

MR. SCHULZ. An adequate needs assessment—I do not think that any State has an adequate needs assessment. I do feel that a needs assessment will not, per se, change the allocations by age groups or characteristics. I think that the allocation of funds is based upon the needs assessment; it is based upon the community's perception of its needs, and how it wishes to meet those needs, and then the decision is based upon priorities established by an agency.

MS. GERE BENICS. I believe that you said that no State has an adequate needs assessment. What is lacking in the various States?

MR. SCHULZ. By not being—they are minimally adequate, but they do not really establish what the needs—as to the Title XX mandates—the needs of all of the residents of the State and all of the geographic areas. The needs assessments that are currently being made are based upon a number of methods, where there is duplication, and it does not really take the entire gamut of needs into consideration; so, to the extent that it does not, it is not adequate.

MS. GERE BENICS. Mr. Levine?

MR. LEVINE. I would like to say that, even when you have adequate needs assessment—and I think in Florida, with our SNAP [systematic needs assessment program] project, we certainly are—the real issue is not in the determination of needs, but in the utilization of that needs assessment data in the allocation of resource funding; and that is much, much harder, quite frankly, than assessing needs or the unmet need of the total community.

MS. GERE BENICS. Is the SNAP program beginning to address that?

MR. LEVINE. I think the SNAP program has developed the finest methodology for determining needs and unmet needs that I am aware of, but that does not really answer the other end of the equation: how they will be used.

MS. GEREBENICS. Mr. Tsismanakis, let me go back to the question that I addressed to the other gentlemen.

MR. TSISMANAKIS. Yes, ma'am.

MS. GEREBENICS. Do you believe that there is any discrimination on the basis of age in the Title XX social services program?

MR. TSISMANAKIS. Yes.

MS. GEREBENICS. Could you elaborate on that?

MR. TSISMANAKIS. In the State plan—the State Title XX plan—the monies that are clearly earmarked for the office of aging amount to approximately 4 percent of the Federal monies. The monies which are clearly earmarked in terms of State general revenue monies amount to four-tenths of 1 percent of the State general revenue monies.

The budget for aging, if you will, does not reflect any inflationary increases that the department of HRS has given other offices. The department speaks of inflation and justifies increased funding for other program offices, based upon inflation, but there has been no inflationary clause in the office of aging's budget.

The department cannot provide data—or will not provide data—showing the number of elderly who are served under Title XX. Those of us who have sought this information are told such things as, "The office of adult services, most of the monies that go to that particular office go to aging." Indeed, in several letters from the secretary of HRS to people in the office of program planning—supervisors, and, if I remember correctly, Mr. Levine—asccribed all of the data for "adult services" to "aging services."

We hear such things when we talk about 4 percent of the Federal monies and four-tenths of 1 percent of the nonfederal monies.

Just look at what Title III is providing you. We hear about this Title III and VII of the Older Americans Act. We hear of the \$17 million that these two programs are providing, but we never hear anything about other monies available for other age groups.

For example, Title III and VII of the Older Americans Act provide for \$17 million, and that is added in there to the monies for the aged; but, if one looks at the final CASP on page 195, one will find that some \$353 million are listed there, and not only the 100 million—or approximately 100 million Federal dollars—from Title XX; and explanations and delineations about how these monies are being spent are never forthcoming.

Now, anyone who has ever filled out a Title XX form knows that one of the things that you list on there is the date of birth. I would surmise—and the only conclusion that I can reach is—that the State of Florida does not want the people to know how much—or how little, I should really say—is being spent for the aged under Title XX.

I would like to comment about the approach of referring to Title III and Title VII funding. Title III is used to provide a variety of services. Among them are transportation. Perhaps the foremost service in the State of Florida under Title III is transportation.

Now, Title III consists of \$7 million in the State of Florida, rounded off. Last year, the school boards in the State of Florida spent \$66.6 million to transport youngsters. I would think that \$7 million and \$66.6 million would indicate that a little more money is spent for youngsters in transportation than for the elderly.

Additionally, in 1972 and 1973—the last figures that I could find available—the Florida statistical abstract indicated that approximately \$30 million was being spent to feed some 994,000 youngsters in the school lunch program. I would think that feeding 994,000 youngsters—if you are going to introduce extraneous variables—should offset feeding less than 20,000 senior citizens under Title XX.

The State, in defending its horrendous allocations, has appealed to other resources available to the elderly, but chooses not to look at other resources available to youth. Under the Head Start programs in the State of Florida, some \$15.5 million are available for providing Head Start services to youngsters. That is never called to anyone's attention when the State defends its Title XX plan. The omission of information, the lack of available information, and the lack of research, well within the State's command, suggests very strongly that there is discrimination against the elderly under Title XX.

Ms. GERE BENICS. Thank you.

Mr. Levine, could you tell us exactly how the federally-assisted categorical programs, such as Title III and Title VII, are taken into account when allocating monies under Title XX?

Mr. LEVINE. We attempt, to the best of our ability, to find out what resources—what other resources, such as Title III and Title VII in this particular case, are used, and where they are used, and we would like to use our Title XX funds to supplement and fill in the "gaps" between them. We attempt to coordinate, the best we can, with the other Federal sources of funds.

Ms. GERE BENICS. Thank you.

Mr. Tsismanakis, I would like to also ask you how effective you think an advocacy group can be in influencing the priority setting under Title XX?

Mr. TSISMANAKIS. During lunch, I heard a gentleman quoting something about trying to chip at the Rock of Gibraltar with a tack hammer, and I think the advocacy groups in the State of Florida are as effective as chipping at the Rock of Gibraltar with a tack hammer that has no handle. I think that these advocacy groups have been put down and put aside completely by the department of HRS.

Ms. GERE BENICS. Mr. Levine, I was wondering whether your department keeps track of all of the funds that are spent and for exactly what groups and which group they serve? Do you have that available?

Mr. LEVINE. No, I do not. I cannot tell you the client groups which have received the Federal dollars.

I would like, however, to respond briefly to the comment about the advocacy groups. I think that people like Mr. Tsismanakis have been

successful. I think the department has been responsive to the advocacy groups. I think there has been—

MS. GEREHENICS. Do they have any impact at the hearing process?

MR. LEVINE. The impact has, on occasion, been through the Title XX public hearing process. For example, our child day care center fee schedule was drastically reduced as a result of the public meetings this year, but there are multiple points of access to the system, which has, as its final output, the budget to fund social services.

MS. GEREHENICS. Dr. Schulz, I was wondering if you could comment on taking into account other federally-assisted categorical programs when planning and setting priorities under Title XX. Are there any guidelines as to how that should be balanced?

MR. SCHULZ. There are no guidelines as to how other resources are to be taken into account, other than the mandate of the statute itself, which indicates that, in planning for the utilization of Title XX funds, the Title XX plan shall explain the coordination with other agencies and the extent to which resources—human resources—are available and utilized to the maximum feasibility from other programs. So, there are no specific criteria for development.

MS. GEREHENICS. Do you think that establishing categorical programs to address the needs of special groups, do you think that would solve some of the problems under Title XX?

MR. SCHULZ. I think it would do just the opposite because the more you identify specific groups, the more you are treating individuals, or individual problems, and forgetting the family and forgetting the groups, etc., as a whole.

Title XX does not identify groups in any way, other than as groups for purposes of entry into the program. The eligibility groups are essentially the groups on which the mandate says: of the aggregate expenditures, 50 percent of the Federal funds shall be spent on those categorical groups. The categorical groups would be: aid to families with dependent children; SSI, which is supplementary security income; and medical care.

All of the other eligibility groups are based on either income or without regard to income, so, the more you identify individual groups—whether by age, sex, or disability—you are fragmenting those programs and handicapping, I think, the agency in making maximum beneficial use of the limited funds that are available.

MS. GEREHENICS. Mr. Tsismanakis, would you like to comment on that?

MR. TSISMANAKIS. I feel that it is a drastic measure, but by the same token it was also a drastic measure to require affirmative action plans. I think the plight of the elderly in the State of Florida is somewhat analogous to the plight of women, the handicapped, minority individuals, and others who have been discriminated against. So, consequently, I feel that, unless the State is responsive, and unless other States are more responsive than the State of Florida has been, I see no alternative.

MS. GERE BENICS. Mr. Levine, I will ask you the same question.

MR. LEVINE. I would be very much against that, very much against that, because I think that, to the degree that we begin to take Title XX, which is a watershed in allowing the States to define their own needs, and for the first time told the States to be responsible and to examine their needs at their roots and in their situation and to define the services that they would provide, and to determine how they would provide them, and to deal with the problems of the 50 percent rule, and to deal with the problems of the entire State, and it allows us, for the first time, to begin looking at people, as Mr. Schulz says, and not at a person who manifests a particular problem.

I think to the degree that you tie this down to one specific use, the more you are making the process of putting the hands on it that much more difficult. When I speak of making the process more difficult, I speak particularly of the Federal strings that come with these dollars. There is a cost-allocation plan. There are sampling systems. There are the eligibility forms which have to be completed. There are the reams of paper that have to be produced in order to keep a count of the Federal dollars.

MS. GERE BENICS. Mr. Tsismanakis, I would like to ask you if you think that the needs assessment plan, as working in the State of Florida now, is adequate and sufficiently defining the needs of various groups and responding to them.

MR. TSISMANAKIS. The needs assessment a couple of years ago talked about the elderly being the age group most in need of expanded services, and at least it is a significant segment in the needs assessment; and, as I mentioned earlier, there was not a single increment in funding until the political-type decision was made, subsequent to the initial draft of the CASP for 1977 and 1978.

The needs assessment for this next year—I surely hope that it has some impact. The State needs assessment on what the State does, because it reveals a number of things.

Our own needs assessment I will not quote, because I feel confident that no one would accept our data, but I hope that the State can accept its own data.

Among those data the State has indicated in its study—the study is entitled, “A Needs Assessment of Human Problems Experienced by Florida Residents, 1977.” It indicates that some 61,483 adults had limiting health conditions, that 41 percent of those were elderly; and that number, incidentally, indicates that, since there were only 31.7 percent—am I correct, Mr. Levine?—that there was an expanded need for this kind of service among the elderly population.

Housekeeping problems related to physical health problems: 66.7 percent of the adults who responded were elderly. Day care and health care problems: 33.6 percent. Again, it was an amount that consisted of more individuals than were represented in the particular sample.

We go to major housing repair problems, and we find—in the adult population—45.9 percent. We are talking about our elderly again—overrepresentation. Adult transportation problems, again, overrepresentation of the elderly.

The need for food stamps: we have an overrepresentation of the elderly with unmet needs, and the need for, of course, financial assistance; and, unfortunately, the State's survey—although it was better than any they had done in the past—did not analyze all of the data in ways that I felt that they could have been analyzed.

For example, the State did not differentiate between the elderly who are eligible for Title XX services—at least in their published research—and the elderly who are not eligible for most Title XX services, in their published research. That simple kind of assessment would have been most informative.

I am going to appeal to our own survey. We found—in a random sample in our service area—that approximately 66 percent of the elderly meet—60 percent, I should say—in our service area are eligible for most Title XX services; and I would certainly like to know what the State of Florida found in its own research, but, unfortunately, that information is not available. When I see glaring little omissions like this, I have to come to the conclusion that maybe no one wants to make the information available.

MS. GERE BENICS. Mr. Levine, would you care to respond to any of that?

MR. LEVINE. Yes. Mr. Tsismanakis and I have had this conversation several times before, and, in fact, we have been unable to generate the kind of data that he was just asking for. We simply are unable to generate that. I recognize his need for it. I would like very much to have that data myself; but, at this point, that information is simply not provided to us.

There is one thing that I would like to say about needs assessment. I hope the whole needs assessment is entered into the record because I think it will demonstrate not only the needs of the elderly—that is, our needs assessment—but also the needs of all of the other groups in the State as well, by whatever definition you wish to apply to make a group.

The needs of the State of Florida are not being met. No one's needs are being met. The resources do not allow us to meet them.

MS. GERE BENICS. Thank you.

Mr. Chairman, I have no further questions at this time.

CHAIRMAN FLEMMING. I would like to ask a number of questions dealing with procedures in the State of Florida, Mr. Levine, and, if this varies in other States in the region, I would like Dr. Schulz to so indicate. Under the existing Title XX, does your department develop a plan for the utilization of the Title XX funds allocated to the State of Florida?

MR. LEVINE. Yes, we do. We have this in our comprehensive annual services program plan, which is required by statute.

I might say, however, that in the State of Florida Title XX is not a program. Title XX is a funding source that is used for all of our social services.

That plan illustrates where these dollars will be spent—not only Title XX funds, but State general revenue match, and the local matched dollars as well.

CHAIRMAN FLEMMING. But you are required to give the public an opportunity of knowing how you propose to utilize the Title XX funds?

MR. LEVINE. Absolutely. This year, I think—I will ask Mr. Schulz to comment—we made a very serious effort to revise our plan to make it a more legible, readable, and understandable document. A number of States, including the State of Florida, I think, have failed to present this information in a manageable manner. I think we made an attempt there, and I think we were successful.

CHAIRMAN FLEMMING. You are required to develop the plan, and then you are required to hold a public hearing; is that not correct?

MR. LEVINE. No, sir.

CHAIRMAN FLEMMING. Excuse me; you are then required to submit it to the public?

MR. LEVINE. Yes, we do submit it to the public because it is—

CHAIRMAN FLEMMING. How do you submit it to the public?

MR. LEVINE. It is promulgated—this year, we published display advertisements.

CHAIRMAN FLEMMING. It is promulgated where?

MR. LEVINE. Excuse me. This year we published 17 display announcements in local newspapers, informing people of the availability of the plan and the toll-free number or a location in their local geographic area where they could review it. The plan was distributed free of charge.

There is then 45-day, public comment period. We held 22 public meetings around the State during that period of time.

CHAIRMAN FLEMMING. Those public meetings were presided over by representatives of your department?

MR. LEVINE. Yes, sir.

CHAIRMAN FLEMMING. At those public hearings, interested individuals or groups had the opportunity of presenting their views?

MR. LEVINE. Most definitely.

CHAIRMAN FLEMMING. You received those views. You weighed them. You made any changes that you felt should have been made. Where does the document then go next?

MR. LEVINE. The document is then rewritten in light of the comments, and, most importantly, the document is rewritten in terms of the final appropriations act of the State of Florida.

CHAIRMAN FLEMMING. Wait a minute, you are jumping ahead of me a little bit here. When does the Governor get involved in it?

MR. LEVINE. The Governor is involved prior to the publication of the proposed plan on April 1. He must sign it for it to be a legitimate

document. It is signed by the Governor in its proposed form, and then when it is published in its final form, he must also sign it at that point.

CHAIRMAN FLEMMING. It is that document which then becomes a subject of consideration by the legislature?

MR. LEVINE. No, sir; let me take us back a few steps.

We publish a proposed plan on April 1 of each year which contains an allocation of dollars, including services to specific groups, and that is based upon the Governor's recommended budget, which is submitted to the legislature, which also goes into session on April 1. We then publish a final plan in July, which attempts—the legislature has produced an appropriations act—to contain those breakouts. In other words, the governing document for our purposes is the final appropriations act.

CHAIRMAN FLEMMING. Before the legislature acts, does the legislature not have the benefit of the judgment of the Governor as to how the funds should be allocated?

MR. LEVINE. Yes; in fact, the Governor's recommended budget, which we base the proposed plan on, is sent to the legislature.

CHAIRMAN FLEMMING. That is your proposal, and then you have a hearing?

MR. LEVINE. Yes, sir.

CHAIRMAN FLEMMING. The proposed one has gone to the legislature?

MR. LEVINE. Yes.

CHAIRMAN FLEMMING. If, on the basis of the hearing, you decide that changes should be made, does the Governor get involved in that process?

MR. LEVINE. Yes. This year, the Governor did become involved in the process of making changes in the plan. The specific example was our child day care fee schedule, which was radically reduced from a maximum of \$30 a week to \$12.

The larger point that I think you are driving at is, where do the financial decisions—

CHAIRMAN FLEMMING. No, no; I was not. What I am driving at is, what is the involvement of the Governor? Does the Governor advise the legislature that, as over against his proposed budget, he has changed his mind, and he feels that there should be some changes in the proposed allocations?

MR. LEVINE. To the best of my knowledge, that has not yet occurred.

CHAIRMAN FLEMMING. Does the Governor have the authority to do that?

MR. LEVINE. He certainly does.

CHAIRMAN FLEMMING. Did your department, as a result of the public hearings, make some changes in the proposed allocations, of which the legislature became aware?

MR. LEVINE. To the best of my knowledge, we did not make any specific requests for increases or decreases in funding that had a Title XX component while the legislature was in session.

CHAIRMAN FLEMMING. In other words, you held the public hearings, and—first of all, you publicized the proposed allocation. You held public hearings; but, after the public hearings were over, and after you weighed the evidence obtained at those public hearings, and after you examined the communications that had come in from the publications, you decided not to make any changes in the proposed allocations?

MR. LEVINE. I do not think that is quite accurate. I do not think that it is accurate to say that we decided not to make any changes in our proposed allocations. I think that, at that point in the legislative process, the constraints—in Florida, at that time, we were discussing an increase in taxes. I do not think that it would have been possible to make meaningful recommendations as to changes.

CHAIRMAN FLEMMING. The fact is that you made no recommendations for changes as a result of the hearing?

MR. LEVINE. To the best of my knowledge, we made no recommendations for changes as a result of that hearing.

CHAIRMAN FLEMMING. In other words, the hearing had no real impact upon the decisionmaking process?

MR. LEVINE. I disagree very strongly.

CHAIRMAN FLEMMING. How was that impact reflected? What changes were made, specifically?

MR. LEVINE. The specific example that I would cite is that the public comment was the primary motivation for reducing the child day care fee schedule.

CHAIRMAN FLEMMING. Who made the recommendation to do so?

MR. LEVINE. The department made that recommendation.

CHAIRMAN FLEMMING. To whom?

MR. LEVINE. The department made the recommendation to the Governor.

CHAIRMAN FLEMMING. The recommendation was made to the Governor?

MR. LEVINE. Yes, sir.

CHAIRMAN FLEMMING. The Governor accepted your recommendation?

MR. LEVINE. Yes, he did.

CHAIRMAN FLEMMING. Was there any other illustration of changes made in the plan, as a result of the public hearings by the Governor, upon recommendation from your department?

MR. LEVINE. We added a group eligibility provision for a number of services—particularly for the aged in Dade County—as a result of our public meetings, and those recommendations were made to the Governor.

CHAIRMAN FLEMMING. In terms of the allocation of funds—outside of the child day care funds—no changes were recommended in terms of from the original plan that was submitted to the public?

MR. LEVINE. That is correct.

CHAIRMAN FLEMMING. I would like to ask now, as of the year that you are operating under now, or the proposed budget, what percentage of Title XX funds are earmarked for services for older persons?

MR. LEVINE. At the risk of generating a little cross-conversation here, I would say that we show—in our aging and adult services program office—that approximately 8 percent of the Title XX program goes to the aged and adult population.

CHAIRMAN FLEMMING. Eight percent?

MR. LEVINE. Yes, sir.

CHAIRMAN FLEMMING. As I understand it from the earlier testimony, there is a difference of opinion there, in terms of whether that is all services for older persons, as we normally think of it, and the suggestion is that possibly that percentage is 4 percent of the 8 percent.

MR. LEVINE. You raised this issue, and Mr. Tsismanakis raised this issue, and it gives me some concern. To break out the dollars that are specifically earmarked for our program office on aging and to say that those are the only Title XX dollars that go to the aged is, I think, grossly unfair. The comment that has to be made is that we truly do not have the data to say how many of the Title XX dollars go to the aged. We do not know.

I do have some figures that indicate, for example, that about 12 percent of the mental health allocation—the Title XX allocation—is spent on the aged; but I think that it gets us in a great deal of difficulty to say, if the dollar does not go to that one program office, which has the label of “aged” on it, it is not spent on the aged. I do not think that is accurate.

CHAIRMAN FLEMMING. For purposes of this discussion, then, let us assume that 4 percent does go to the office on aging, and then you feel that another 4 percent goes to services for older persons. What is the percentage of population of the State of Florida that is 65 and above?

MR. LEVINE. I think it is about 16 percent.

CHAIRMAN FLEMMING. Sixteen?

MR. LEVINE. Yes, sir.

CHAIRMAN FLEMMING. That was my recollection. How many of those persons have annual incomes below the poverty threshold?

MR. LEVINE. I really do not know.

CHAIRMAN FLEMMING. Is that information available, however?

MR. LEVINE. Yes; it is.

CHAIRMAN FLEMMING. I would appreciate it if you would furnish that for the record.

MR. LEVINE. Surely.

CHAIRMAN FLEMMING. I do not know how long you have had experience with the handling of Title XX and the predecessor titles here in the State of Florida, but I would like to ask you for your opinion. Do you feel—taking into consideration the total amount of money that is available under Title XX to the State of Florida—that the percent-

ages that you have identified represent a fair share of the Title XX resources, as far as older persons are concerned?

Before you answer that, let me ask this question: are you up against the ceiling—

MR. LEVINE. Yes.

CHAIRMAN FLEMMING. —as far as the State of Florida is concerned?

MR. LEVINE. Yes, I am.

CHAIRMAN FLEMMING. For how long has the State of Florida been up against the ceiling?

MR. LEVINE. We were within one million dollars the year prior to the one that just ended, and we were at the ceiling this last year.

CHAIRMAN FLEMMING. In effect, then, the present pattern for the distribution of funds is really an historical pattern?

MR. LEVINE. It surely is.

CHAIRMAN FLEMMING. It is something that has evolved over a period of time, going back to the predecessor titles?

MR. LEVINE. Absolutely.

CHAIRMAN FLEMMING. Do you feel that the historical pattern has evolved in such a manner as to provide older persons with a fair share of the total resources?

MR. LEVINE. No, obviously not. But I must say, at this point, that I do not think that anyone representing any defined group of people can say that there is such a thing as their fair share. We are dealing with a very limited amount of money. In the State of Florida, we are talking about \$100 million in Title XX funds. Absolutely no one is having their needs met.

The historical pattern truly does not give to the aged in the State of Florida the same kinds of funding levels that other groups have had, that were there "first." The issue that we face in the State of Florida—given that we are at our cap—is, where shall we reduce?

CHAIRMAN FLEMMING. At the moment, you recognize that, in terms of the allocation of the Title XX funds, there is discrimination against older persons?

MR. LEVINE. No, I do not recognize discrimination. I recognize inequities. I recognize a lack of resources. I do not recognize discrimination.

CHAIRMAN FLEMMING. In other words, you recognize that, under this historical pattern, they do not have their fair share, but you do not equate that with discrimination at any point in connection with the evolution of this historical pattern?

MR. LEVINE. I have a great deal of difficulty with fair share. We have no—I am not aware of any allocation methodology that would allow each group to have their "fair share." I do agree with you that the historical spending pattern resulted in a situation where aging—if you look up the total population—is not getting sufficient resources, but no one is, in effect, getting sufficient resources.

CHAIRMAN FLEMMING. If, at the beginning of the evolution of this historical pattern, forces had been at work which had led to an effort at that time to make sure that older persons did get their fair share, would it follow that today older persons would be receiving a larger percentage of these funds than they are now receiving?

MR. LEVINE. Yes, if I am allowed to say that, after that, we are dealing with a program that had its roots—this is August 14, 1935—based upon a set of assumptions about this country and the people in it and the economy that simply do not appear to be relevant to the situation in which we find ourselves, although Title XX is a watershed in terms of social services legislation. It is, indeed, another patch on a very old quilt. We are not truly addressing the social service problems.

CHAIRMAN FLEMMING. This matter has arisen in the questions and the answers that have been given. Let me put the question in this way. I would like to address this question to all three members of the panel. Does the fact that funds are earmarked for older persons under other programs justify age discrimination in the administration of a particular program; or does it justify—I will approach it this way—a result which leads to the conclusion that the older persons have not received their fair share in connection with the administration of a particular program?

I recognize the language that has been quoted very accurately from the Social Security Act. You can quote similar language from the Older Americans Act.

The Older Americans Act makes it very clear that there is an obligation resting on many departments and agencies to make it possible for older persons to receive the kinds of services that they are authorized to receive, so we have got a number of statutes where the language is very, very comparable. But, in looking at the government as a whole, and recognizing that the government is responsible for administering a number of programs, is any one program justified in saying: "Well, there is another program over here, where older persons are getting some help; therefore, that relieves us of some responsibilities that we would otherwise have"? Does anyone want to pick that up?

MR. LEVINE. Let me say that I do not think that the existence of another program relieves us of responsibilities; however, our primary responsibility is to take a very limited number of resources and deal with some enormous problems. To the degree that there are other funding sources which, in fact, cannot be used, we must prioritize; we must make choices.

I do not think that choice making is discrimination. I do not think that the existence of a funding source that is available to a group of people relieves a source with multiple responsibilities from responsibility, but I do think that priorities have got to be made, and I do think that choices have to be made.

CHAIRMAN FLEMMING. Do you think that making those priorities and making those choices year after year, on the basis of an historical pattern, which all of us recognize is not a fair pattern, going back to the beginning—do you think that is a justifiable action on the part of the government at any level?

MR. LEVINE. No, I do not.

CHAIRMAN FLEMMING. Dr. Schulz, do you want to respond to any of the questions in relation to any of the other States in this region?

MR. SCHULZ. Thank you for the promotion, but I am not a doctor.

CHAIRMAN FLEMMING. Well, that is the way that you are listed here, so somebody promoted you. That is the way you appear on my agenda.

MR. SCHULZ. First, in relation to the other States in this region, services to the elderly in this region, or to the adults in this region, have slowly developed; in fact, as of 8 years ago, there were only five States in the region that had a program for social services for which there were Federal funds in the provision of services. All States at this point, in this region, are committed to the ceiling. At least three of the States will not spend at the ceiling, because of legislative restrictions, as opposed to their anticipated expenditures.

As for the second part of your question, which gets into the fairness, I think—in looking at the distribution of resources so that each group or individual or group of individuals get their fair share of “service expenditures” or public funds, I think that we do have to examine all of those public funds in each community that is available to meet the array of needs which are displayed through needs assessments and through other means. I do feel that Title XX at its inception was—it was formed by a group of individuals, interests, and agencies which wanted less Federal restrictions on how to allocate monies and programs, and Title XX does that. It places the responsibility with the State to array all of the resources to the best of its ability, to meet the needs of all of the people, all of its residents in each geographic area.

I can only say that, where there are inequities, it is by the planning and the decision at the State level, and it is not inherent in Title XX programming. That is what we are discussing. There are inadequate resources to meet all of the needs of all of the people in all of the geographic areas of all of the States; thus, the priorities established by the States are thought to be those which must be followed, and the public has the opportunity to participate in the decisions.

CHAIRMAN FLEMMING. Six years ago, when I came back into the field of aging, the States were not utilizing to any considerable degree the resources made available under the predecessor titles to Title XX. That is where we start, and, as this testimony would indicate, where we start is where we now are, in terms of the relationship between older persons and others who are serviced by Title XX. In other words, we are following an historical pattern.

We recognize that the beginnings of that historical pattern were very unfair to older persons because they were ignored; and now we, in effect, are saying that we are going to perpetuate that historical pattern, and that we have no way of correcting that kind of a built-in inequity. And I feel that government officials have to think twice before they just simply say that the pattern that has built into it an inequity has got to be continued, and that there is no way of bringing about—

MR. SCHULZ. I did not say that the patterns, the traditional patterns, had to be continued. I am saying that the discretion—that the ability is there.

CHAIRMAN FLEMMING. To correct it?

MR. SCHULZ. To correct it, if there are inequities.

CHAIRMAN FLEMMING. That is just exactly the point that I am making: The authority to correct rests with the State. I recognize that under Title XX a great deal of authority has been delegated to the State, but this Commission is now charged with the responsibility of seeing how authorities of this kind are being administered in terms of their impact upon the older population, and—well, I will just stop there and let Commissioner Freeman ask a few questions.

COMMISSIONER FREEMAN. Mr. Levine, I would like to ask you for further information concerning two statements that you made:

“We must prioritize; we must make choices.”

What I would like for you to tell us is more about who the “we” is that you are talking about, starting with your agency.

MR. LEVINE. Let me very briefly give you a description of the development of our budget process.

COMMISSIONER FREEMAN. No, no; I want to know who the “we” is.

CHAIRMAN FLEMMING. The question is, what is the composition of your agency?

COMMISSIONER FREEMAN. Yes; by age, race, and sex.

MR. LEVINE. I have a staff of eight—excuse me, seven—planners.

COMMISSIONER FREEMAN. Excuse me, but your staff consists of how many people?

MR. LEVINE. Seven planners.

COMMISSIONER FREEMAN. Seven planners?

MR. LEVINE. Yes, ma’am.

COMMISSIONER FREEMAN. We will start with that. How many of them are black?

MR. LEVINE. None.

COMMISSIONER FREEMAN. How many of them are female?

MR. LEVINE. Three.

COMMISSIONER FREEMAN. How many are of other minorities?

MR. LEVINE. None.

COMMISSIONER FREEMAN. You have an all-white staff of planners?

MR. LEVINE. Yes.

CHAIRMAN FLEMMING. Did you not say one black?

MR. LEVINE. No.

COMMISSIONER FREEMAN. No; no blacks.

CHAIRMAN FLEMMING. No blacks?

COMMISSIONER FREEMAN. No; no blacks and no other minorities. They are all white.

Let us take your next—is that the top classification that you have?

MR. LEVINE. Yes.

COMMISSIONER FREEMAN. What is the next classification?

MR. LEVINE. I have no other classifications.

COMMISSIONER FREEMAN. Now, the State, you submit information to the Federal agency concerning the composition of your staff, or are you required to do that by any Federal agency?

MR. LEVINE. I do not understand; excuse me?

COMMISSIONER FREEMAN. Does HEW require of the State of Florida any information concerning the breakdown or classification of your staff, cross-classified—or any other way—by race, sex, creed, color, national origin, or age? Even though I recognize that age is not yet a requirement—

MR. LEVINE. I am sure that HEW does require it.

COMMISSIONER FREEMAN. Do you submit that information to HEW?

MR. LEVINE. I personally do not; no, ma'am.

CHAIRMAN FLEMMING. It would be the head of his department.

COMMISSIONER FREEMAN. It would be the head of the department, and you are the assistant secretary?

MR. LEVINE. No, ma'am, and, in fact, if I may take this opportunity, I am not even a deputy assistant secretary, as is stated on your agenda. I am an interim program planner.

COMMISSIONER FREEMAN. We want that information. Are you in a position to communicate with the person who is in charge? Where the buck stops is what I want to know. This Commission would like to have the information transmitted to it.

MR. LEVINE. Yes, I am.

COMMISSIONER FREEMAN. Anyway, you do hire seven planners, and the seven planners whom you have already described—are there any other persons whom you hire?

MR. LEVINE. No.

COMMISSIONER FREEMAN. You have no secretaries?

MR. LEVINE. Excuse me; I have one secretary.

COMMISSIONER FREEMAN. In your office, there are just eight persons who work there?

MR. LEVINE. That is correct, and I must say, in terms of the planning processes in Title XX although they are called planners, in terms of the publication and preparation and the way in which the plan is put together—our role is to compile the plan and that information comes to us from the HRS, and our role is to write the basic narratives and to state the changes made, following that plan; and our primary role, of course, would be to ensure that the department maintains the correct implementation of the plan.

COMMISSIONER FREEMAN. I am going to come back to the statement which you made. You said, "We must prioritize." Were you talking about yourself and your staff?

MR. LEVINE. No, ma'am, I was not talking about myself or my staff.

COMMISSIONER FREEMAN. On what basis did you make the statement?

MR. LEVINE. I made the statement on the basis that there are decisionmakers in the State of Florida—the Governor, the legislature, the secretary of this department and the assistant secretary, and the district administration.

COMMISSIONER FREEMAN. You were speaking for them?

MR. LEVINE. I was saying that, regardless of who makes these decisions, we have a limited number of resources, and there must be choices.

COMMISSIONER FREEMAN. The point that I am making, again, is the decisions that are made are reflected by who makes the decisions. If the only people who are making the decisions are white, then their backgrounds—whatever decisions they make—are limited by their perceptions and experiences, and, if the State of Florida deprives itself of the input from minorities and women and elderly, then the whole program is sort of programmed to failure at the outset.

CHAIRMAN FLEMMING. In that connection, may I ask you if you have anyone engaged in the planning process who is 60 or above?

MR. LEVINE. No; the oldest individual on my staff is 55.

COMMISSIONER FREEMAN. You are how old?

MR. LEVINE. I am 30 years old.

CHAIRMAN FLEMMING. Do you have anything further, Commissioner Freeman?

COMMISSIONER FREEMAN. No, that speaks for it.

CHAIRMAN FLEMMING. May I ask one other question? I think you made reference to the fact that four-tenths of 1 percent of general revenue sharing funds are being utilized for services for older persons. Where would that determination be made, and who has the responsibility for the allocation of the general revenue sharing funds?

MR. TSISMANAKIS. I guess Mr. Levine can answer that best, since he has to defend those allocations.

MR. LEVINE. Thank you.

CHAIRMAN FLEMMING. Planners have not only got to plan, but they have got to defend the planning; that is right.

MR. LEVINE. As I recall, the four-tenths of 1 percent figure is generated by looking at the general revenue match of the Title XX funds. There are additional—that is based upon the 4 percent figure that goes specifically here, that is specifically earmarked only to the elderly.

I think that is an incorrect figure, and, once again, we are spending other general revenue dollars as well for the aged. Not every aged individual who is served is Title XX eligible; and, when they are not Title XX eligible, the State pays the entire cost.

CHAIRMAN FLEMMING. Let me just make a statement. You, at the beginning, had been responding to my questions, and, I guess, to the questions of counsel. Underlining the fact that there are programs that are financed by the State that do serve older persons, as well as people in other age groups—I recognize that, and I think that people generally would recognize that—but I would hope that, in connection with the total planning for older persons in this State, you would endeavor to identify either the percentages of funds that are used for that purpose, or the number of persons served in this way. I think it is legitimate to think of that as a part of the total program of the State, but it does not help to determine whether or not—to use my phrase again—there is a fair share; and, if we just say that there are other programs that serve older persons, without our knowing the extent to which older persons are being served by the other programs—if that can be identified, I think that should be regarded as a part of the total picture, and I am also saying that I pressed hard on the allocation under Title XX.

I recognize the practical difficulties that you have identified; but, at the same time, I just feel that those in government have got to try—they have got to come up with approaches that will mean that we will not have to live for a long period of time, as we have been doing, with the inequities that were built into a system at a time when society, generally, was just turning its back on the older persons and refusing to give them any kind of consideration. If we are now living with something that is the outgrowth of that, somehow or other we have got to figure out a way of breaking with the past and getting the older person back to the place where they are being treated more equitably and fairly.

Now, that is a challenge to an administrator, and I recognize that, when you disturb the status quo, you cannot disturb it without affecting some other person, and then you have to live with that; but, yet, I still feel that, when we have got built into our present system an inequity that started a good many years ago, we have got to figure out some way of getting it out of there.

MR. LEVINE. Let me say that I think that we are about to witness a major change in the historical budgeting, and I am concerned primarily about the new flexibility that States have to provide services to individuals, up to 115 percent, and the restriction that only 50 percent of the Title XX allocation be spent on those who are categorically related. I think we are about to witness a tremendous increase in demands for social services from many, many kinds of groups in our society. Many of them are above the 80 percent median income level; and, when this begins to happen, you are going to have some politicization of social services. And I think the question that we must ask is, when this kind of argumentation occurs—no matter where the resources are going to be spent or how they are going to be spent or who might be spending them—you also have got to ask: “Who are

going to be the winners?" and "Who are going to be the losers?" You are correct; when we allocate, someone is, in fact, hurt.

CHAIRMAN FLEMMING. Thank you, sir. We are confronted now with the opportunity of rethinking the way in which the resources have been allocated.

MR. LEVINE. I would hope so.

CHAIRMAN FLEMMING. I share that feeling on your part. I think it is a significant development that is just around the corner, and I would hope that this development would be looked at in the light of what the Congress has said in passing the Age Discrimination Act of 1975.

Thank you very, very much for being with us and sharing these insights.

Counsel will call the next witnesses, please.

MS. GEREENICS. Mr. E. Bentley Lipscomb and Ms. Margaret Jacks.

CHAIRMAN FLEMMING. Please stand and raise your right hands.

[Ms. Margaret Jacks, and Mr. E. Bentley Lipscomb were sworn.]

TESTIMONY OF MARGARET JACKS, FORMER DIRECTOR, AND E. BENTLEY LIPSCOMB, DIRECTOR, OFFICE OF AGING AND ADULT SERVICES, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CHAIRMAN FLEMMING. Thank you, both.

MS. GEREENICS. Mr. Lipscomb, please state your full name, affiliation, and position for the record.

MR. LIPSCOMB. My name is E. Bentley Lipscomb. I am the Program Staff Director of the Office of Aging and Adult Services for the Department of Health and Rehabilitative Services of the State of Florida.

MS. GEREENICS. Ms. Jacks.

MS. JACKS. Margaret H. Jacks. I am a retiree. I am a former director of the Office of Aging and Adult Services, and I am a person who has worked in the field of social services in Florida for some 36 years.

MS. GEREENICS. Beginning with Mr. Lipscomb, please describe the role of the adult services program.

MR. LIPSCOMB. Would you like for me to do both aging and adult services? It would be somewhat difficult to separate the two.

MS. GEREENICS. That is right; aging and adult services.

MR. LIPSCOMB. Essentially, we are that branch of the department of health and rehabilitative services that is charged with the development of policy, promulgation of standards, and quality assurance, to make sure that those standards are taken care of in the field, for the department of health and rehabilitative services.

MS. GEREENICS. Please describe some of the attitudes that you have encountered in your work towards the elderly in Florida.

MR. LIPSCOMB. If I had to cite for you what I consider to be the largest problem in doing my job in the State of Florida, it would be the fact that so very few people understand aged individuals and the problems that aged individuals have. I am constantly trying to over-

come the stereotype that aged persons come to the State of Florida to retire and play shuffleboard and canasta for the rest of their natural lives, and that they never have another problem.

Ms. GERE BENICS. What, specifically, has your department done, or what can be done to counteract those—

Mr. LIPSCOMB. Well, we seize upon every opportunity to try to enlighten both the public in Florida and elsewhere to the kinds of situations that older persons find themselves in. This takes the form of getting involved in many different kinds of activities.

Just to cite a specific example, in the last 6 months, I have been very active in terms of trying to work with different groups who are interested in setting up retirement communities, if you will, in the State of Florida, pointing out that, while persons who come here to retire who are between the ages of 55 and 65 are quite mobile and able usually to take care of their needs in the fashion to which they have been accustomed to all of their lives, when they buy into these communities that might be 40 or 50 miles from the nearest facilities, as time goes by, and they get older, then they need to have available for them things like public transportation, health facilities, and other kinds of amenities that we take for granted in urban areas, which are not available in some of these remote areas where the retirement communities have sprung up.

Ms. GERE BENICS. What are some of the other agencies with which you work?

Mr. LIPSCOMB. Well, of course, we are closely associated in an attempt to coordinate and integrate our programs with the other facets of the department of health and rehabilitative services, which includes the public health department, the mental health program office, the department of mental retardation, vocational rehabilitation, and other such departments there.

Outside, through the areawide agencies, which are an extension of this program office throughout the State, in those districts where we have them, and through the program offices in those districts where we do not have areawide agencies, we attempt to work with whatever available network there is there on the ground to provide services for the elderly citizens.

Ms. GERE BENICS. Your agency makes findings and recommendations, I understand, to other departments in Florida, or within the State rehabilitative services?

Mr. LIPSCOMB. Insofar as we are able to do so, yes.

Ms. GERE BENICS. Does that have any impact upon services or the allocation of resources?

Mr. LIPSCOMB. I would like to say to you that I am pleased—I have only been in the position since February, but I am pleased by some of the advances we have made in that period of time; but I am very frustrated by some of the things that I feel that we need to do and have not done.

Ms. GERE BENICS. Do you feel that your agency is an effective advocate for the aged in Florida?

Mr. LIPSCOMB. I like to think that.

Ms. GERE BENICS. Thank you.

Ms. JACKS, could you talk about some of the attitudes which you encountered in your position with this agency?

Ms. JACKS. Yes. I would like to say that, since I left HRS in October of last year, I have been acting as legislative liaison for the Florida Council on Aging, and I was registered as a lobbyist this last session, so that I—not only would I like to inject in this meeting some of the things that happened before I left, but I would also like to say that I have gotten a good dose of legislative attitudes towards older persons since I left the HRS office.

I could not help but think so many things during the last session—the last group that was talking—because I feel very strongly, and this comes out of my years of experience: our problem in developing services for older people comes from a denial of a need of older people for services. I think each of us, within ourselves, denies this. We do not want to get old. We do not want to think of ourselves as becoming dependent or having problems.

Historically, we have failed to accept that older people who have lived a lifetime can come to the end of that lifetime, or towards the end of it, and not be able to handle anything that society or life dishes out to them, if I may use the slang expression. It is hard for us to accept this, and I think, as a society, we deny this, and this, I believe, is the biggest problem in trying to develop sound resources for older people.

Older people, themselves, do not want to accept services, because this, to them, is a denial of their own adequacy. I am now getting philosophical, but I think that this is an attitude that we have to deal with, and, until we can do something about making dependency—I hate to use the word “dependency”—unless we can come to the point where we can say that people can need help and accept help without being inadequate, we are never going to get over this.

Ms. GERE BENICS. I understand that some of your major concerns are about attitudes among physicians in the State of Florida. Would you like to comment on this?

Ms. JACKS. I would be very glad to talk about that.

I think that part of this attitude is the myth that, when you grow older, you are going to be senile; you are going to be physically disabled; you are not going to be able to live out a life fully, because these things are going to be injected into your life—disability, senility, loss of ability for self-determination.

All of these things are tacked on to old age, and I think that the doctors are probably certainly—let me go back a minute. Because older people are not getting the medical care or the mental health care that they should have—both of a preventive nature and of a rehabilita-

tive nature or really of a treatment nature—I think a lot of this comes from the physicians who, when an older person comes for care, merely assume that the older person is getting old.

They are saying: “The older person is getting old, so why should I waste my time on him? He is not going to live very long, anyway. I will spend my professional skill, my knowledge, and my time in treating children and in treating young adults and in treating younger people who have longer to live because what I have to give is worth too much to waste on somebody who is going to die pretty soon.”

This is a cruel way to say it, but it is the truth; therefore, many older people, as they go in to see doctors, are almost patted on the head—verbally patted on the head, anyway, you know—and it is almost like the woman who is reaching menopause, and the doctor says, “You will feel better after a few years.”

They do not even say that to the older person. They just say, “Well, you know, you are growing old.”

Well, so what if I am growing old? Can there not be something done to preserve what I have and to help me to live well for the remaining years?

The doctor does not see this. For one thing, a lot of older people talk too much, just like I am talking too much now. They do; they want to talk, and they want someone whom they can turn to, who will say, “Yes, you are going to be all right,” or just someone to talk to because they have problems of loneliness.

The doctors cannot put up with this. The doctor does not have the time, so, what does he do? He gives them a prescription. If they seem to be disturbed a little bit, he gives them a tranquilizer; or, if there is some indication of a real physical disability, the doctor will do an examination, but, by and large, they come to the conclusion, before they finish this, that the person is just getting old, and that there is not much that they can do.

The doctors do not believe that these conditions can be reversed. As a result of this, the older person gets the runaround with the doctor, much as they do with the social workers, and they go home and take the pills, and they really do not do them any good.

I think in mental health it is even worse because, as they said earlier—and I have the figure of 2 percent of the time of the psychiatrists that is spent in working with older people—what good is it for an older person to go to a psychiatrist, if that psychiatrist just says, “Nothing can be done for you”?

I have the figure of 5 percent of the time of the mental health clinics that is used in helping older people. This is not anything in terms of the emotional problems that face older people and for which they need help. If they cannot get this help, because of the myth that nothing can be done about their conditions, that is a pretty bad situation.

MS. GEREBENICS. Do you think that much of this is attributable to the fact that there is a lack of geriatric training and specialization?

Ms. JACKS. I think that the medical schools—if this is ever to be reversed, as far as practice is concerned, the medical schools must wake up to the need for geriatric specialty, and the doctor or physician, as he goes through his training, internship, and residency, should be exposed to the special use of medical care in treating the older person, including his total person—emotional reactions, social pressures that he is under, the pressures that he is under of rejection, losses, and fears that have to be taken care of if his total being is going to be taken care of.

Ms. GEREBENICS. Thank you.

Mr. Lipscomb, I have a couple of followup questions for you. Aside from administering the adult services portion of the Title XX program, tell me what role your office plays in attaining more resources for the older person.

Mr. LIPSCOMB. Well, of course, a lot has not been stated. We are the single State agency designated under the Older Americans Act, so, therefore, Title III and Title VII funds will be available.

Ms. GEREBENICS. Then it is your office that makes the decision on how the adult services are distributed; is that correct?

Mr. LIPSCOMB. No.

Ms. GEREBENICS. That is not a function of Adult Services?

Mr. LIPSCOMB. No.

Ms. GEREBENICS. Where is that decision made?

Mr. LIPSCOMB. That decision is made at the secretarial level in the department of health and rehabilitative services.

Ms. GEREBENICS. I have one final question. I was wondering if your agency has any problem in acting as an advocate for the aged.

Mr. LIPSCOMB. I do not really feel so.

When I took this job in February—Margaret and I were friends before that time, and we appeared jointly before groups together—some people said to me, “Do you not feel that you are too young to be in charge of an aged program?” I suggested that, if we used that criteria, we would put probably 90 percent of the gynecologists out of business in this State.

Ms. GEREBENICS. Thank you.

I have no further questions at this time, Mr. Chairman.

Mr. LIPSCOMB. I would like to make one followup comment to what Ms. Jacks said, and to share with you some levity this afternoon. I think this gets kind of heavy. One of my favorite gerontologists is Dr. Alex Comfort, and he recently made a statement which I thought was very astute. He said: “According to most of the practicing physicians in the country right now, based upon what Margaret [Jacks] was just saying, most older people suffer from a gross Valium deficiency, and they are being diagnosed and treated accordingly.”

CHAIRMAN FLEMMING. In looking at the agenda, I see the testimony from Mr. Lipscomb and Ms. Jacks is listed under the heading: “advocates for the elderly,” and I am very happy that it has been put

under that kind of a heading because, as Mr. Lipscomb knows, I feel that one of the primary responsibilities of the head of a State agency on aging is to act as an advocate for older persons in connection with all issues that confront the lives of older persons. I am very happy, also, because, as I have become acquainted with the field of aging, I know of no one who has served as a more effective advocate on behalf of older persons than Margaret Jacks.

Ms. JACKS. Thank you, sir.

CHAIRMAN FLEMMING. The State of Florida has been very, very fortunate to have had the benefit of her services over such a long span of time, but, in addition to that, the Nation has been very fortunate to have had the benefit of her leadership, as she has come to grips with the issues that confront us on the national level.

MR. LIPSCOMB. And we hope that she is going to continue for a long time to come.

CHAIRMAN FLEMMING. We are sure of that, and I am just delighted that you are appearing here together, and I am delighted to know that Margaret Jacks is still very much involved as an advocate.

You have listened to the discussion relative to Title XX. I will not pursue that any further, unless either you or Margaret Jacks want to make a comment on the Title XX aspect of it. I recognize that it is only one program, but it is a major program. When it comes to dollars, it is up to \$2,700 million; and I suspect that, as we look down the road, it is going to go up further as time goes on.

Ms. JACKS. If I may make a comment, Dr. Flemming, this is not a new thing, as you said earlier this afternoon. As I look back on the old original Title VII and before that the State department of public welfare, working with older people was never considered very important.

When we had weighted caseloads, the old age assistance worker was counted with a weighting of one, and AFDC workers were counted with a weighting of two and a half, and child welfare were counted with a weighting of eight. This means that there has never been a staff allocated, in public welfare, to serve the aged adequately in terms of providing social services. There has been little or no recognition of the need for time and skill in working with older people, and that has been perpetuated.

Now, I am going to say something that Bentley Lipscomb cannot say, and anybody can slap me down if they want to, but one of the things that has happened just recently is that, in the reduction of the State office staff across the board, as a result of reorganization of the Florida Department of Health and Rehabilitative Services, the office of aging took a larger reduction proportionately than any other program office. This year, there was a smaller request for aging and adult social services staff than they had been given freely by the legislature the year before. The department did not ask for the same number of staff. Now, when you do not get a commitment out of the agency that is operating the program, something is wrong.

CHAIRMAN FLEMMING. That decision, in terms of what was recommended to the legislature, in terms of how funds are being allocated, was that made by the head of the department, or was the decision made, finally, by the Governor or—

MS. JACKS. It was in the Governor's recommended budget.

CHAIRMAN FLEMMING. Did the department of administration come into the picture?

MS. JACKS. I am sure that it was a joint decision by the department of HRS, by the department of administration, and by the Governor's office. I know that there has been a push for reduction of all staff, but there was not a reduction of overall staff in the department; but there was a reduction in that item, and I think that it merely reflects that, when they get in a crunch—again to use a slang expression—a cut has to be made somewhere, and, inevitably, throughout the years it has been in programs for the elderly, or adult services, as it was called.

CHAIRMAN FLEMMING. Mr. Lipscomb, your State plan for this year, and the State plan which you submitted for 1978 has been submitted, of course, by the Governor, or it was submitted in 1977 by the Governor, and it is now submitted for 1978. In that State plan, the Governor certifies that there is in existence, in the State of Florida, an action program designed to interrelate in a meaningful and effective way the resources available under Title XX and the resources available under Title III and Title VII of the Older Americans Act. In your judgment, has that agreement—the one that is now in effect—operated in such a manner as to be beneficial to older persons in the State, and, if so, how has it proved to be beneficial?

MR. LIPSCOMB. Mr. Chairman, I would say that, to the extent that we have found it possible to do that, amid funding and staffing constraints, it has in fact worked. It is not for me to say to you that I believe that it is optimal by any stretch of the imagination, and we could have done better if we had more opportunities.

CHAIRMAN FLEMMING. The net effect is that more resources—I am not asking for the proportions—more resources have been made available to older persons during the fiscal year of 1977?

MR. LIPSCOMB. That is correct, sir.

CHAIRMAN FLEMMING. Have you any kind of a working agreement between the office on aging and the health unit and/or mental health [unit]?

MR. LIPSCOMB. The three program staff directors—my counterparts in those other two program offices in HRS—began serious dialogue about 45 days ago, the end result of which I hope will be the kind of working agreement that you are talking about.

The vehicle that we are using to bring this about is a plan that we are working on jointly, right now, to deinstitutionalize some 800 geriatric patients that currently are in the State mental health institutions and who have been identified as being able to leave those institutions if they could be removed to the community and be placed in a

supportive environment in the community, where they could exist adequately in the community. So those three program offices are working together on this project jointly, right now; and I hope that out of this interaction among the three of us will come an ongoing working agreement, whereby we can cooperate in these kinds of endeavors in the future.

CHAIRMAN FLEMMING. I am very much interested in what you say about the 800 geriatric patients. How do you plan to bring them back into the life of the community? What supportive services are going to be made available to those older persons who are now in hospitals for the mentally ill?

MR. LIPSCOMB. Some years ago—and Margaret can give us the exact historical prospectus on this—the Florida legislature passed a piece of legislation that was called “community care for the elderly,” the notion of which was to support the older persons in the community, to prevent institutionalization, and to deinstitutionalize and reenter into the community those who were inappropriately institutionalized.

Again, through funding problems, staffing problems, and what-have-you, these programs have not come to fruition, as she would have liked to have seen them, and I am sure that I would have liked to have seen them, too. We did get some three-quarters of a million dollars this last year, and we have begun some of these programs in the community.

Now, this is not to say that the Title III and Title VII programs that were existing in the community did not provide some of these support systems that would have helped these people; but what we are aiming for in my budget presentations, which I would like to say a word about to you before we wind up this afternoon. This was to the secretary last Friday, wherein I was presenting my budget for next year.

What we are attempting to do is to lay down a floor of comprehensive services in each community across the State of Florida, so that we might have some expectation that an individual who was deinstitutionalized—out of, let us say, Chattahoochee—regardless of whether he went to Wewahitchka, Florida, or to Miami, Florida, he could have some expectation of services to sustain him there in the community.

The budget request which we presented last week, which was quite substantial—there have been discussions about not asking for increases—and remediation of the Title XX patterns that have existed over the years, and one of the things that I pointed out to the secretary, in my presentation to him, was that those of us in aging programs, who are Johnny-come-latelies, if you will, in terms of going after the big Federal bucks, there should be redistribution.

I am not saying that we want to take services to abused children away from them, and I am not saying that we want to shut down mental retardation institutions; but I am saying that those programs can go to the State legislature and ask for a general revenue fund, the same as aging programs can, and I would like to see some equity in terms

of who asks for general revenue funds because these are the hardest funds to come by.

Hopefully, if we can lay in this floor where we can provide legal services, nutrition programs, transportation programs, foster homes, adult congregate living facilities, and a notion that I have—that some of my mental health colleagues are not too superexcited about, but I am—is: if you take some of these geriatric patients and put them together in an apartment—they are used to communal living because they have been in an institution—if you put four of them in an apartment together, then, with their combined incomes, they might be able to function fairly independently, without having to go into the foster home or to some kind of a supervised place. We have done this in some other areas, and it has worked, and I would like to see it tried here.

Ms. JACKS. If I may, I would just like to add a comment to that. I think what Mr. Lipscomb is planning is excellent.

We had an agreement with the mental health division for many years, and we had removed some 3,000 people from State hospitals here in Florida. Part of this was our foster home program, which was small but a very good program, but we found—and something that you said this morning did ring a bell because you said that the removal of people from State hospitals could be a form of discrimination. We found that this was true because, when you put them out in the community and they cannot get care, except very poor nursing homes sometimes, or situations that did not meet their needs, or even denied them some of the recreation programs that they had in the hospitals, it was discrimination.

The community care, I am delighted that this is being carried on and developed more fully. Community care was an attempt to prepare the community for programs that would fully meet the needs of the patients, either to keep them from going into institutions or to get them back out of institutions, with a comprehensive array of services that would accomplish this, so that they would not be in the institution because the institution was the best place for them in many situations, when they really did not need to be there. So I think this, I think we need to remember that this is a pulling together of the services.

CHAIRMAN FLEMMING. Your best judgment is that you can develop this cooperative program, and it will mean that older persons in the State will be getting a larger share of the community mental health dollar than they are now obtaining?

MR. LIPSCOMB. I would certainly hope so, Mr. Chairman. I think that the bulk of the mental health expenditures in this State right now are going to institutionalize individuals in the State of Florida, rather than treating them in the community on an outpatient basis; and, until we turn that corner and start trying to keep them independent in their own homes, which is where they would rather be as you know and I know, then we are not going to be making much headway.

I would like to say one thing to you. I think that one of the things that I would like to urge the Commission to look for is what I would call subtle discrimination—things that people do not often maybe think about as much as the more blatant forms, but the constituency that I am responsible for is very dependent upon some kind of transportation to get to existing services. You can have all of the services in the world, but this particular group is most vulnerable, in terms of not being able to take advantage of the network of services that are available in the community, simply because they cannot move from point A to point B to receive those services.

CHAIRMAN FLEMMING. Let me ask you this. Do you have the figure of the percentage of Title III funds that are being spent in the State for transportation?

MR. LIPSCOMB. I do not have that at my fingertips, but I can furnish it to you.

CHAIRMAN FLEMMING. We would appreciate it.

MR. LIPSCOMB. Another thing that has given us a great deal of problem in this State—and I would suggest to you that, in terms of aging issues, Florida probably is going to be the test tube or sounding board for the aging programs in this country for some time to come, given the percentage of our population now—is insurance, just the possibility of both of our programs being able to purchase insurance for the vans, the minibuses, and whatever we use to transport people. In this particular county in which we sit right now, the sums are astronomical, in terms of what one has to pay, so this has a very definite impact on the programs for older people.

CHAIRMAN FLEMMING. There are quite a number of other areas that I would like to explore, but the time schedule is such that I guess we will have to bring it to a close. But I just want to say to both of you thank you for what you are doing as advocates for the elderly.

Counsel will please call the next witnesses.

MS. GERE BENICS. Mrs. Sandra Rothman, Mr. Howard Abbey, Ms. Ruth Perlmutter, Mr. Rafael Villaverde, and Mr. Robert Zeger.

CHAIRMAN FLEMMING. I would appreciate it if each witness would stand and raise his or her right hand.

[Mr. Howard Abbey, Ms. Ruth Perlmutter, Ms. Sandra Rothman, Mr. Rafael Villaverde, and Mr. Robert Zeger were sworn.]

TESTIMONY OF HOWARD ABBEY, DIRECTOR, AREA AGENCY ON AGING, DADE AND MONROE COUNTIES; RUTH PERLMUTTER, COORDINATION SPECIALIST, AREA AGENCY ON AGING, DADE AND MONROE COUNTIES; SANDRA ROTHMAN, REGIONAL COORDINATOR, NATIONAL ASSOCIATION OF THE SPANISH-SPEAKING ELDERLY; RAFAEL VILLAVERDE, EXECUTIVE DIRECTOR, LITTLE HAVANA ACTIVITY CENTER; AND ROBERT ZEGER, MEMBER, CONGRESS OF SENIOR CITIZENS OF FLORIDA

CHAIRMAN FLEMMING. Thank you, and we appreciate your being here with us.

Ms. GEREBENICS. Beginning with you, Mr. Zeger, would each witness give his full name for the record, affiliation, and position with your organization?

MR. ZEGER. My name is Robert Zeger, Z-e-g-e-r. I am a member of the Congress of Senior Citizens of Florida.

Ms. GEREBENICS. Thank you.

MR. VILLAVERDE. My name is Rafael Villaverde, R-a-f-a-e-l V-i-l-l-a-v-e-r-d-e. I am the executive director of the Little Havana Activity Center.

Ms. ROTHMAN. I am Sandra Rothman. I am the regional coordinator for the National Association of the Spanish-Speaking Elderly.

Ms. PERLMUTTER. I am Ruth Perlmutter. I am with the Area Agency on Aging for Dade and Monroe Counties. My title is coordination specialist.

MR. ABBEY. My name is Howard Abbey. I am the director of the Area Office on Aging for Dade and Monroe Counties.

Ms. GEREBENICS. Beginning with you, Mr. Zeger, please characterize exactly what your agency does, the type of work it does, and its funding sources.

MR. ZEGER. I would rather give my little talk and then have questions asked of me.

Ms. GEREBENICS. Is it very long?

MR. ZEGER. It is 7 minutes.

Ms. GEREBENICS. Could you summarize it just a little?

MR. ZEGER. No.

Ms. GEREBENICS. No?

MR. ZEGER. No way, because this is on discrimination, and I want to make sure that you hear every word of it.

Ms. GEREBENICS. All right.

MR. ZEGER. By the way, my organization has about 14,000 members statewide, who pay \$5 a year dues, and this is the entire funding.

Ms. GEREBENICS. All from dues?

MR. ZEGER. All from dues.

Ms. GEREBENICS. If we could come back to your statement, would that be all right?

MR. ZEGER. Yes, I will take my turn.

Ms. GEREBENICS. Mr. Villaverde, could you tell us about your program?

MR. VILLAVERDE. We are running a countywide agency, trying to provide services to the elderly, 60 and over. We provide transportation, picking them up at their homes and bringing them to the sites; and then we try to have educational and recreational activities, social work, outreach, hot meals, services for the homebound, telephone reassurance, friendly visitors, and, also, the elderly, themselves, serving the elderly in order to solve problems such as bringing shows and artistic presentations to nursing homes and other homebound elderly persons.

Our funding sources are Title III of the Older Americans Act, Title VII, city of Miami revenue sharing, and United Way of Dade County. Those, basically, are our funding sources.

MS. GERE BENICS. You have identified the lack of services for the elderly as one of the major problems?

MR. VILLAVERDE. Yes; we find, basically, in the employment areas, in the public sector, with the new plans that we have seen implemented by the government, specifically on CETA Title VI, we find that in a 1-year duration program the emphasis is placed on construction work because it has to be ended in 1 year, according to the new law; and that works entirely against the elderly because most of the programs, or a lot of the programs, are physical labor, and the elderly have, due to their age, a physical limitation in lifting or construction work; and, also, we find in the other titles, Title I and II, that not enough of our elderly are being employed in the public sector. That is a matter of worry to us, and it is of great concern because we do consider that they are productive, and they can do the work, and there is no reason why they should not be listened to and provided the opportunity to perform.

Also, we find that laws emanating from Washington are discriminatory against the aged, specifically, supplemental security income. If an elderly person lives with a family and if the family goes a little beyond the poverty level, then they receive what is called a one-third reduction in their living expenses, and in the State of Florida we are talking about \$157 per month. If they have a reduction in their monthly allocation, just because they live with a family, then we find that they are living with a very, very small amount of money. We also find the same thing in food stamps.

We would like to see a change in the division of vocational rehabilitation, where age could be considered as an impairment to obtaining work, and some remedial courses could be followed to assist the elderly in obtaining gainful employment.

In the Medicaid and Medicare, we find that not enough restrictions are being put on some of the physicians, and they are taking advantage of our elderly, which works against the rights that they have. Number one, they do not know what they are entitled to under Medicaid and Medicare. It is very hard for them. Number two, they do not have sufficient protection against unscrupulous doctors and other kinds of medical services provided to them.

Speaking specifically now about the Spanish community, we find that a lot of our elderly—due to the immigration backlog—are being deprived of services, because they do not receive their permanent resident status in accordance with the law, fundamentally because of the red tape involved in the bureaucratic system.

MS. GERE BENICS. They are denied services until they get that?

MR. VILLAVERDE. Under Medicare.

MS. GERE BENICS. Under Medicare?

MR. VILLAVERDE. Yes.

Ms. GERE BENICS. Thank you.

Mrs. ROTHMAN, could you please describe your organization and its funding source?

Ms. ROTHMAN. The National Association for the Spanish-Speaking Elderly is funded by the Administration on Aging as a model project. We receive our funding directly from Washington.

Our activities are mainly to articulate the needs of the Spanish-speaking elderly throughout the Nation. My office covers the southeastern region, so we cover about approximately 7 States in this area from Miami—our office is in Miami.

We are—our main emphasis has been—we have been in operation about a year and a half now in Miami, and we have been covering mainly those areas where we feel that there is a substantial Spanish-speaking population. That is where our efforts have been going.

Ms. GERE BENICS. Does your group act as an advocate?

Ms. ROTHMAN. Yes.

Ms. GERE BENICS. Do you work in the legislative process at all?

Ms. ROTHMAN. Yes.

Ms. GERE BENICS. What sorts of activities have you been involved in?

Ms. ROTHMAN. In terms of legislation, the area where we have been involved the most has been the area of amendments to the Social Security Act, whereby the Spanish-speaking elderly—mainly, in this case, the Cubans—will not be denied—it is the Cubans mainly in this area, but it would affect aliens throughout the Nation—they will not be deprived of Medicare coverage, because, under Medicare, if you have not been in the country for 5 years and if you do not have your residency card, you are not entitled to Medicare. We won that case a few years ago, through the assistance of Legal Services, but the Supreme Court turned it down.

Ms. GERE BENICS. Was that the supreme court of the State of Florida?

Ms. ROTHMAN. No; the Supreme Court of the United States.

Therefore, quite a few elderly—mainly in this area, the Miami area—have been losing their Medicare coverage Part B, and we have been very involved in supporting and getting support for an amendment to the Social Security Act whereby this benefit will be restored.

Ms. GERE BENICS. Have you identified discrimination in other programs, such as Mr. Villaverde was speaking of, and specifically CETA?

Ms. ROTHMAN. With CETA, we have had really a very sad experience locally because, since the inception of our program in Miami, we were very interested in getting CETA positions in order for our office to offer for elderly persons employment opportunities full time. We were very distressed because every time we called or contacted the CETA office here in Miami, Dade County, our letters and telephone calls have not been returned. So, even though we are ready and willing to hire elderly persons at a professional level and clerical level, we have not been able to obtain the slots or any kinds of information. For

that matter, we just have not been able to get a hold of the person who can make that decision, and that person has not delegated anyone to return our calls or to answer our letters.

Ms. GEREBENICS. This is specifically requesting older workers?

Ms. ROTHMAN. Yes, specifically.

As far as other areas of discrimination, I think our main problem, nationwide, that is working against the Spanish-speaking elderly is the census data. Wherever we go, they are asking us, "Well, how many people are you talking about? Where are you basing your population?"

Well, it is well known that the census data overlooked and undercounted the Spanish-speaking population throughout the Nation; so, therefore, there is nothing that we can work with in terms of population, and we have no funding, in terms of us starting up studies to find out what population we are talking about. So, when either area agencies or State agencies or Title VII projects tell us, "Sure, we are interested, but, you know, how many people are you talking about, and what is the representation?" we get into, "What is reasonable?" You know, it is, "What is a reasonable population?" What might be reasonable to me might not be reasonable to somebody else. There is definitely a problem there.

In terms of discrimination—if we can call this discrimination—I find that, with the Spanish-speaking elderly and the Spanish-speaking community overall, one of the main problems that we suffer from is the lack of information. We just do not know what is available. We just do not know how to use the programs that are in existence.

For example, one of the things that we have done—again, in a limited way—is that we get groups of elderly together, and we train them as to what is a Title VII program and what are the regulations of a Title VII program. Most of them think that this is a giveaway program, so you cannot complain because it is free. They think, "The government gave it to us, so how can we make any kinds of complaints against the government?"

Most of them do not know that they do have a board of directors, or councils, that they can participate in. This type of information, it is just not available, or it has been overlooked, or the information is not given in a way that is understandable to the people using the program.

We find, too, that—and this is something that has been referred to before this afternoon—when we talk about staff composition, it is a tremendous problem for the Spanish-speaking people. The State agencies on aging, the area agencies on aging, the Title VII projects outside of Miami, I would say more than anything, have no Spanish-speaking staff. So, in terms of people like them complying with the needs and understanding the plight of the Spanish-speaking elderly, again, you know, it is hard for us to communicate those needs, because there is no identification. They have too many other problems, too many other responsibilities, and too many other groups that are putting pressure

on them, for another group coming from the outside to put pressure on them.

To me, the most successful way of dealing with this type of program has been to identify local leadership in those little towns or cities and to train that local leadership—if you will, brainwash them—to tell them that they do have an aging problem and elderly that need services and to see that as a priority; and then these people—not the elderly, themselves, but the so-called leaders of those Spanish-speaking communities—will then take that as an issue and something that they need to get done and resolved. As you can imagine me, being in Miami, with a very limited budget, it is almost impossible to go out into the boonies and locate leadership and to identify leadership, but it has been done.

It is extremely, extremely difficult, and I guess the data is one of the things that we need the most, in order to make the people that have—it is to make the decisionmakers say: “All right, we will fund this program, and we will do this and that,” but we need that data to give to them, because they are not doing it for *X* number of reasons. I know nothing of what the reasons are, but that is one of the problems that we have.

MS. GERE BENICS. Thank you.

Mr. Abbey, could you describe your area agency aging’s role in advocating for the elderly and providing services?

MR. ABBEY. Certainly. Basically, our role is to plan for and coordinate funds of the Older Americans Act, specifically Titles III and VII. We will soon have additional roles with regard to Title V, which is just coming into the State. This role extends both in Dade and Monroe Counties. We also have advocacy responsibilities for the elderly population as a whole, and we have input into the planning processes with regard to Title XX of the Social Security Act.

MS. GERE BENICS. Most of the panel here that has testified has talked about outreach or lack of it, or lack of information, and I was wondering—it plays an important role in all of the aging programs, so I was wondering whether you could explain the special problems that exist in Miami concerning outreach or lack of it, or whether you could elaborate on the problems that the other panelists have described.

MR. ABBEY. Well, several of the Title III and VII agencies have indicated, basically, “Outreach to what?” One must be aware that most of these agencies have extensive waiting lists, and, if an agency is not able to expand its service base, outreach becomes a nebulous objective. Perhaps the quality of that outreach should be investigated, but specific outreach becomes almost nebulous, like I say.

MS. GERE BENICS. Do you encounter difficulties in regard to the reluctance of elderly persons at times to accept what they may view as welfare, rather than social services?

MR. ABBEY. I think that is an overall attitude which most agencies have to deal with. Basically, your elderly person has a great deal of

pride, and any type of social service which has a hint of being a welfare-type service is looked upon with some negativeness. It is a responsibility of the direct service agencies to try to redirect this opinion of the elderly and to indicate to them that these types of services will afford them, hopefully, a more comfortable life than they are currently leading.

MS. GERE BENICS. What, specifically, has your agency done to get rid of those negative attitudes?

MR. ABBEY. I think, basically, that you have to understand that my agency is not a direct service agency. We work very closely with the direct service programs, such as the activity centers, such as the community action agency, which has testified prior to this time; and through our monitoring, which is mandated in the Federal and State regulations, we try to uncover any problems that might be shown that would indicate a necessity to adjust programmatic views—through that and also through the close working relationship that we do have with our agencies. We can better plan for their programs to operate and, hopefully, through that better planning, the program would be directed more efficiently towards the elderly population.

MS. GERE BENICS. Thank you.

Mr. Zeger, do you have a statement on behalf of your organization?

MR. ZEGER. Yes, you could say that.

We have no actual statistics on discrimination against the elderly. All I can tell you about is my own personal experiences, but first let me give you some of my resume.

I was born in 1912. My education is bachelor of arts at FIU; associate of arts, Miami-Dade Community College, and I did graduate studies in gerontology at FIU. I owned and managed retail stores. I was a construction engineer in Alaska and Cuba. I was the president of a meat-packing firm for 20 years. I owned and managed food establishments. I was the chairman of a youth group and educational committee in New York. I am an art teacher, and I teach graphic arts and history to senior citizens.

I wrote a course, and I am teaching this course of business administration at the Dade County Skill Center. I am a real estate broker and appraiser. I was an insurance agent. I am a member of the National Society of Appraisers; I am an active member.

I am a member of the advisory council of elderly services, department of human resources, in Dade County. I am a member of the National Council of Senior Citizens. I am a member of the Congress of Senior Citizens of Florida. I am also a member of the Association of Retired Persons.

For the past 3 years, I wrote to every insurance company in Dade County, and I answered all ads for help wanted in insurance. I received no replies to my letters. The interviews that I had brought no results.

Due to the fact that I was not employed in the insurance field for 2 years, I lost my license, which it had taken me 1 year of schooling and passing the State examination.

I made applications to all meat companies and food stores in this area to work as a meat cutter or at any part of the meat business, and in 3 years I have received no replies. I answered ads for positions in restaurants, but to no avail.

The only work I can get is volunteer work, such as the advisory council, teaching oil painting, and lecturing in the Dade County skill center.

I did a 3-year study of senior citizens, which entailed the polling of about 1,100 persons, to find out the degree of their needs, and I interviewed over 2,000 senior citizens so that I could evaluate their needs and frustrations. I took this information to the University of Miami. They were impressed, and they said that they would try to get me a grant for graduate studies in gerontology. I was just notified the other day that the grant is not available.

I made an application as a counselor for the elderly in Dade County. I was refused the job without even being interviewed.

I wrote a proposal for a grant for the study of discrimination in the hiring practices of the elderly. I sent it to the Florida State division of aging, to HEW in Washington, and to Manpower in Washington. I never received any acknowledgment or receipt of the same from anyone.

Based on the study I made of senior citizens, I wrote a proposal for a grant to erect a building to serve the needs or wants of the elderly. This program would almost be self-sustaining in a short time. I wrote to the Florida State division of aging, to HEW, and I contacted the county, the United Way, and the federation. Everyone I spoke to said that it was a good idea, but that they were not in a position to help, and they always pointed a finger at the next group.

I can understand the working of the bureaucracy, that they must work within certain guidelines; but, when a proposal is made, based upon research, where senior citizens can help themselves—a self-sustaining program—it does not seem right that it does not fit within their guidelines.

I do not know if this has any bearing upon the discrimination of the elderly, but the senior citizens have the highest, or the next to the highest, suicide rate in this country, and this is based upon information from the United States health department.

Time is on your side. In a short time, we will not be here. If you have any feeling towards your fellow man, in a few years you will be sitting where I am and speaking to a new panel and doing what I am doing. When that time comes, I hope that you will be able to appreciate the gallow humor.

Ms. GEREENICS. Thank you.

Mr. Zeger, do you consider your case fairly typical?

MR. ZEGER. You would have to go from the specific to the general. If that is it, yes, but there are very, very few who have my qualifications. I was interviewed several times, where I saw that, if the fellow

had hired me, he would have been out of a job, and, you know, I would have to understand that, too; but I cannot understand them not answering my letters, unless it was because, as I stated, I was born in 1912.

Ms. GERE BENICS. Thank you.

Mr. Chairman, at this time, I have no further questions.

CHAIRMAN FLEMMING. Commissioner Freeman and I certainly appreciate all of your being here and sharing with us the testimony that you have given up to the present time.

Mr. Abbey, there is one question that I would like to address to you. You noted the emphasis that there has been on the outreach programs, and you raised the question, "Outreach for what?" You were taking note of the fact that, in many instances, the persons or agencies do not have additional resources; and, yet, when we take testimony relative to developments in the field of mental health, and we ask why they are not serving more older persons, typically the answer all over the country is, "Well, the older persons never come to us. We are not aware of their needs." Do you not feel that, when a community mental health clinic, or any other agency in the mental health field, fails to try to call the resources they have to the attention of older persons, that, in effect, discriminates against the older person?

MR. ABBEY. Mr. Chairman, to answer your question in general terms, I think—if I recall my statement correctly—it was, "Outreach to what?" and there is also a need for evaluative procedures into that type of outreach. I think—depending upon the type of program—one must consider that outreach should be of the quality and, also, should be to the person that you are trying to outreach to, and not standing back in an agency office and putting advertisements on the window. To me, that is not outreach. To me, you must go out to the individual.

CHAIRMAN FLEMMING. Do you feel that agencies like community mental health agencies could utilize volunteers in getting out into the community and getting in touch with older persons and acquainting older persons, in general terms, with the kinds of services that are available?

MR. ABBEY. I think that they could not only use volunteers more, but I think their professional staff should lead the way. It is fine to rely upon volunteers, but, if the professionals are not in the field as well and they do not have a feel for the community, the volunteers certainly cannot be directed in the proper direction.

CHAIRMAN FLEMMING. Certainly, the volunteers have to be trained by the professional if they are going to go out and do a meaningful job, but I also share your conviction that it is good for the professionals to get out where the older persons are and to talk with them.

Have you had any experiences in connection with your area where community mental health personnel, on their own initiative, sought to take advantage of the fact that older persons do come together on a daily basis for the nutrition programs, or for other types of programs,

by getting out and talking to the older persons as a group about what is available in the way of mental health services?

MR. ABBEY. I think one good example—the previous witness, Dr. Evalina Bestman, mentioned the neighborhood family organizations. We are currently as of October 1, going to be putting Title III monies into them. It is a good example of an outreach program in a community mental health type operation, which I personally feel is necessary.

This operation is neighborhood based, and it is within traveling distance for the elderly individual, and the elderly individual actually creates the program. As she mentioned, in the first center, the elderly individuals in that neighborhood felt that a psychologist was necessary, and the program was then created around that. I think, basically, that is the type of program which my agency and my personal conviction feels we should direct more funds towards.

CHAIRMAN FLEMMING. How many senior centers do you have in this area?

MR. ABBEY. We fund 13 service projects as of October 1, 1977.

CHAIRMAN FLEMMING. How many senior centers do you have in this area—organizations that are set up to become focal points for older persons, where they can come to participate in programs and also receive services?

MR. ABBEY. Out of Title VII we have seven major Title VII providers, with approximately 45 meal sites.

CHAIRMAN FLEMMING. I am not getting across. What I am thinking of—let me identify Title V, which is designed to help in the development of senior centers. We know that long before Title V was passed in this country there had been approximately 5,000 senior centers. Many of them were started by people in the private sector, and many of them were financed by persons in the private sector, and I am wondering how many senior centers are actually functioning and operating in this particular area.

MR. ABBEY. We have 15, roughly.

CHAIRMAN FLEMMING. About 15?

MR. ABBEY. That is right.

CHAIRMAN FLEMMING. Are you aware of efforts on the part of people in the field—in the health field, generally, or people in the area or in the community, and people in the area of mental health—going to those centers for the purpose of acquainting people who come together in the centers with their services, or are you aware of any program whereby representatives of the health department take advantage of the existence of those centers in order to send nurses, who, in turn, can screen persons in the centers for any possible health problems, and so on?

MR. ABBEY. Yes, Mr. Chairman, there are. Since many of the senior centers are the congregate-type sites—in other words, the elderly are congregating at specific times—many of the directors of these programs try to get other organizations to come in and provide informa-

tion to their clients, such as nurses, mental health institutions, food stamps, SSI, etc.

CHAIRMAN FLEMMING. I would like to ask this of you, Mr. Zeger. Is your organization tied in or responsible for any of the senior centers in this particular area, and, if so, do you have any feeling as to the value in connection—

MR. ZEGER. I do not want to answer that question, because I am not fully aware of it, but I want to answer it in another way. From the results of my studies, there are certain things that senior citizens want. They told me their needs. One of the things that they say is, "Who are these agencies that play God and tell me what I should have?" My argument is, "Why do you not either put us on our agency or ask us what we want?" This is what my study brings out.

Yet, I have never seen any center run right. It is run because they want it that way. It is because they feel that they know what we should have. This is why I tried to plan my own center—run by senior citizens, operated by senior citizens, and sustained by senior citizens—and we do not want Federal money.

CHAIRMAN FLEMMING. Is there such a center in this area?

MR. ZEGER. No, there is not. I need the money to put up the physical structure. After that, I can run it; it could be run by the senior citizens.

CHAIRMAN FLEMMING. Are you acquainted with any of the existing senior centers?

MR. ZEGER. All of them.

CHAIRMAN FLEMMING. Do older persons run those centers?

MR. ZEGER. No, they are run by the CAA—the community action agency—of the county, or human relations [office], and they all have young people running them. The ones that they run, they only cater to the old and frail. I do not want to cater to those. They are being taken care of. They are being taken care of the best that they can.

I want to take care of the 65 percent of the people who can get around, mobile, and who can pay their own way. These are the people that are suffering, and they are living in limbo. These are the ones that I want to take care of, and these are the ones that I interviewed, and these are the ones that are committing suicide.

CHAIRMAN FLEMMING. How about the Little Havana project? Do you utilize the device of the senior center at all in connection with your work?

MR. VILLAVERDE. Sir, according to the law, we have to have an advisory council that sets the rules and regulations, and, as far as I know, all centers are run the same way.

CHAIRMAN FLEMMING. But there are senior centers that are a part of your program?

MR. VILLAVERDE. Yes, sir; not only the physical structure of the senior center, but—

CHAIRMAN FLEMMING. Do you have any of what people might sometimes refer to as storefront centers?

MR. VILLAVERDE. Yes, sir, we do.

CHAIRMAN FLEMMING. Are those used as a base for making services available to older persons—health services and other services?

MR. VILLAVERDE. Yes, sir, they are, and they are extremely successful.

CHAIRMAN FLEMMING. Mrs. Rothman, I know that you have been on the job here for a fairly short period of time, but are you aware of the role, if any, that the senior centers play in terms of the life of the persons whom you are serving?

MS. ROTHMAN. Surely, sir. As a matter of fact, last year we were very involved with one of the projects here in Miami because the population they were serving was almost 50 percent Latin, and the other 50 percent were other minorities and whites. And, even though the population—the Latin population—was 47 percent, the manuals and the advisory board and the project council were not reflecting the population at all, and we were contacted by one of the participants that represented another group within the organization, and we gave them technical assistance in terms of, what were the rules, what could they ask for; and at the same time we made contact with the area agency on aging and with the project administrator in order to solve the situation. It has improved greatly since our initial contact; but, again, it showed the ignorance of many of our elderly, in terms of knowing that they could avail themselves and make their program a better one.

CHAIRMAN FLEMMING. Commissioner Freeman?

COMMISSIONER FREEMAN. I have no questions.

CHAIRMAN FLEMMING. We appreciate very, very much all of your coming and presenting your views in this manner. This will be very helpful to us as we evaluate the situation, looking towards the recommendations that we will be making to the President and to the Congress. Thank you very, very much.

I will ask the hearing to come to order, please.

The opening session of this hearing—I commented on the fact that our sessions would be public sessions. I also commented on the fact that the witnesses that we would hear had been subpoenaed by the Commission and that they would testify under oath. I also referred to the fact that the agenda for the 2 days had been planned in advance; however, in that statement, I also said that there would be a session at which persons who had not been subpoenaed by the Commission, but who felt that they had relevant testimony to offer, might appear and speak.

This session is scheduled for Tuesday, August 23, 1977, between 4 and 5:30 p.m. Persons who desire to appear at that session must contact the Commission staff by 1 p.m. on Tuesday, August 23. Staff members will briefly interview such persons before they appear to be sure that the testimony to be offered is relevant to the subject matter of this hearing, and that it does not tend to defame, degrade, or incriminate any persons.

We stated that persons would appear in the order in which they had signed up to testify. I also stated that each person would be allowed 5 minutes, until the time allotted for the open session is exhausted. Persons have, in conformity with that application, signed up.

I think that, what I just read, indicates clearly the rules that will be followed. I am going to ask counsel to call the persons who have signed up, in groups of four, so that I can swear in four persons at a time, and then he will recognize the persons in the order in which they have signed up, and counsel will also be responsible for keeping time and indicating when the time has expired. Please proceed.

MR. DORSEY. Max Serchuck, Rafael Gonzalez, Juanita Horton, and Jose Navarro. Would those four people please come forward? Max Serchuck, Rafael Gonzalez, Juanita Horton, and Jose Navarro.

CHAIRMAN FLEMMING. Apparently two of those persons are not here. Is that correct, Mr. Dorsey?

MR. DORSEY. Yes. I will call two more names.

CHAIRMAN FLEMMING. Please let us have the name of the two persons who did not respond.

MR. DORSEY. Max Serchuck, Rafael Gonzalez.

MR. GONZALEZ. Here.

MR. DORSEY. Are you Jose Navarro?

MR. NAVARRO. Right.

MR. DORSEY. Juanita Horton and Max Serchuck did not respond. Leonard Batz.

MR. BATZ. Here.

MR. DORSEY. Joseph Goodman.

MR. GOODMAN. Here. I am right here.

CHAIRMAN FLEMMING. Please join us over here at the table. If each of you would please stand and raise your right hand to be sworn.

[Mr. Leonard Batz, Mr. Rafael Gonzalez, Mr. Joseph Goodman, and Mr. Jose Navarro were sworn.]

CHAIRMAN FLEMMING. Thank you, and we are very happy to have you with us.

MR. DORSEY. If I may, I will just one more time explain the procedure that we will go by. I will call upon you in the order in which your names appear. Each person will be given 5 minutes in which to speak to the Commission without interruption. At the end of 3 minutes, I will signal to you that you have 2 minutes left, and at the end of 4 minutes I will signal that you have only 1 minute left. Because of the time restrictions and limitations, it will be necessary to limit each person to the 5-minute rule.

CHAIRMAN FLEMMING. However, let me say that, if you have a written statement, and you are not able to complete your statement within that period of time, we will be very happy to have you file the statement with us, and we will make it a part of the record here.

MR. BATZ. I have three copies. Do you wish to have them?

MR. DORSEY. Yes. Thank you.

I would ask each of you—and this will not be included in your time—before you give your address, and after I call your name, for the benefit of the reporter, please state your full name and spell your last name. That will be very helpful.

MR. GOODMAN. Speak and spell; is that correct?

MR. DORSEY. Actually, it might be better in reverse; spell and then speak. Mr. Rafael Gonzalez.

TESTIMONY OF RAFAEL GONZALEZ

MR. GONZALEZ. Yes, my name is Rafael Gonzalez, G-o-n-z-a-l-e-z. I am a citizen of the United States of America. I am 66 years old. I am retired and living in a government project.

My experience, as an elderly person, is as follows about Medicare and Medicaid. I am receiving hospital and medical services and, also, prescriptions without any interruption, but I have seen, at the same time, that the ambulance services here in Miami are discriminatory against the old, the poor, and the sick people that need to be cared for.

A few weeks ago, an old lady fainted, and I was calling the ambulance, and it took 1 hour and 40 minutes. A few days ago, another old lady fainted. After seven telephone calls and 1 hour and 30 minutes, we called the police, and they came immediately, and the officer called the ambulance once more. It arrived 20 minutes later.

When I asked the ambulance driver why it would take 2 hours to arrive, after eight calls, he answered with another question, "Who will pay for this service?" and he began to joke about Medicare.

Something must be done by the authorities to prevent that this painful situation will be repeated; and, now, we want to express our sincere gratitude to the police department and to the fire department and to the rescue service for the excellent, fast, able, and kind attention that they give to everybody that asks them for help.

About food stamps, I am receiving food stamps. In this department, there are not many nice employees who are polite, and the people must go to this office. There are some that I have had that are very kind and gentle with the old people, doing their duties and, at the same time, helping the elderly that have troubles. The names of the two excellent employees at the food stamp department are: Jose Arabia [phonetic] and Sandra Berry [phonetic], but, also, I have seen mean employees—insulting and giving not good treatment to the poor people that need to go to that office to ask for help. I will not give the name of the one, especially, because she is a woman, but something must be done. They are there, receiving payments from our government to work for the people, and not to insult and be mean with the poor and the sick that need to be helped.

MR. DORSEY. You have 2 minutes.

MR. GONZALES. Yes, sir.

About our protection, the police department is doing a very satisfactory work.

Jobs for senior citizens, there are great difficulties in trying to get a job as a senior citizen. Although the government gave money to pay for jobs for retired persons, nothing has been done about my application.

Housing, about housing, when I tried to get a house, I was rejected. When I went to the director's office, the employee told me that my request was granted, that I was to come to the office where they had taken my first application. When I arrived at that place, it was not true. One employee called to the person that told me and said that nothing could be done, and that I must leave.

MR. DORSEY. You have 1 minute.

MR. GONZALES. Yes; and then I went to the director, and then there was the investigation, and I got my home. I am very grateful for that.

About homemaking services, the homemaking service is paid for by the government to clean the home of the elderly, but many old people are not receiving the services that they are entitled to, and, when they complain, the employees say that they are receiving a free service, and that it cannot be better.

Sometimes they are good and polite with the poor seniors who are not afraid to talk about this. If the government is paying for the service, the employees are to be there at a specific time each morning, but they are not doing that. They stay for about 40 percent of the time that they are getting paid for.

MR. DORSEY. Excuse me, but I will have to stop you at this time because your time is up. I do notice that you do have a written statement, so, if I could have that, we could enter the whole statement into the record, and the remainder would be there. May I have the statement?

MR. GONZALES. Yes, sir.

MR. DORSEY. Thank you very much.

TESTIMONY OF JOSE NAVARRO

MR. DORSEY. Mr. Navarro, if you would, please, spell your last name for the record.

MR. NAVARRO. Jose Navarro, N-a-v-a-r-r-o. I am an executive director of the Senior Centers of Dade County, an agency operating eight multipurpose senior centers in Dade County.

I specifically want to speak about the consequences that this community is facing, and will be facing, due to the discrimination in Title XX funds by the State of Florida. I will not attempt to repeat the facts presented in an earlier meeting of this committee, but I will say what is happening and what lies in the future for Dade County as it refers to services for the aged.

Our agency—dependent on Title XX funds—has not received an increase for the past 3 years. When you consider that the cost of living in this community has increased over 15 percent, that has to fail in the quality and quantity of services which you deliver to over 6,000 senior citizens. When you consider that Title XX is purchasing the most basic services in this community, such as transportation, homemaking services, and adult day care, you have to be very much concerned. As a consequence, the adult day care agencies in the community will have to be reduced from five to three centers.

When you consider that Dade County is receiving 43 percent of the total Title XX allocation of the State of Florida, and when you consider that the other districts are complaining about the unfairness of Dade County receiving more than its fair share, you have to be concerned because, if any money is going to be distributed to adult services—aging and adult services—through Title XX in the future, it will go to the other districts before it comes to Dade County; and, finally, when you consider that Title III services have already completed 3 years of services and has begun its 1-year waiver, you have to be very much concerned as to what will be happening in a year, two years, or three years from now, when there is discrimination in Title XX and the possibility that Title III will not be continued.

Thank you very much.

MR. DORSEY. Thank you, and did you have a document or documents that you wanted to present?

MR. NAVARRO. No, thank you; I had something prepared, but it is a repetition of the facts that were presented before.

MR. DORSEY. Mr. Leonard Batz.

TESTIMONY OF LEONARD BATZ

MR. BATZ. I am Leonard E. A. Batz, B-a-t-z. I am the president of the Senior Centers of Dade County, Inc., and our new executive director, who I am pleasantly proud of. We have eight centers, but we have 4,200 people in housing. We have over 6,000 people who live around the various centers in the community, whom we also provide services for.

I am also the secretary of AAA, which is the areawide agency on aging, on which you asked some questions, Chairman Flemming.

I will read this very quickly.

We are very grateful to you, Chairman Arthur S. Flemming, and we are very grateful that your Commission chose to have a hearing in Miami, Florida. We recognize that the reorganization of the Florida Department of Health and Rehabilitative Services—HRS—is still in that new phase, but this does not excuse the lack of definite guidelines that determine the parameters of Title III, Older Americans Act, for the aged, 60 and over, versus Title XX, a relatively new aging and adult services program—ages 18 to 59—including child care programs.

Our greatest complaint is: the duplication of services; additional agencies; the waste of money for administrative purposes, which could be done by one agency leaving more monies for actual operation of programs for the aged 60 and over.

In order to justify our request for definitive guidelines, actual case requests for funds are presented, to show the difficulty in determining the correct allocation of funds.

The area agency on aging—AAA—is a federally-funded agency, administered by the United Way. The agency examines concept papers of programs and approves those within the framework of Titles III and VII, while the HRS, District 11, examines those papers for Title XX, aging and adult services.

I have also provided a chart—see page 3—showing the services breakdown, as a part of this statement, and this will clarify some of the questions that you asked previously.

I have omitted the names and the agencies because some people are present, and, therefore, I would not wish to embarrass them; but these are cases, and they indicate the difficulties we have in determining funds.

Case One: A request for \$23,048 in Federal funds—a total budget of \$42,700—to provide transportation to complement a meals-on-wheels program. This request could be combined with other transportation programs, or it could be a part of Title XX's transportation program. A statement that only citizens aged 60-plus will be served is not included in this proposal; therefore, it should not be part of Title III.

MR. DORSEY. You have 2 minutes.

MR. BATZ. A request for \$24,355 in Federal funds—a total budget of \$27,000—for prosthetic devices and aid for needy persons. Those persons 65 and over are in conflict with Medicare. This is a Title XX adult services program, in our opinion, that has no place in requesting money from the Title III aged program.

Three: A request for \$22,017 in Federal funds—a total budget of \$24,463—for home repairs and heavy cleaning. This is a volunteer requesting two maxivans. This is a program that has Federal approval and no assurance that persons under the age of 60 would be denied services. This program must be entitled to Title XX allocations.

A request for \$69,212 in Federal funds—a total budget of \$85,843—to establish another agency in downtown Miami, which would provide all of the services now available from many other agencies.

MR. DORSEY. You have 1 minute.

MR. BATZ. This is to establish a staff of people to identify, assess needs, and offer services as required, based upon demands, and it is a travesty of practical application, and, because of the unknown ages of the supposed people, this might be established as a Title XX aging and adult services program.

I have—how much more time have I got?

MR. DORSEY. Thirty seconds.

MR. BATZ. Thirty seconds.

In conclusion—I will leave out the legal one, but I would like to talk to you about that before you leave tonight—in conclusion, we recommend that the Congress complete their work by establishing strict guidelines for the application and administration of services in two categories: one, aging category, Title III and Title VII—60-plus age, no income level; category two, adult services, Title XX—18 to 59 age group, poverty income levels.

MR. DORSEY. Time.

MR. BATZ. The area agency on aging would examine and recommend that Title III and Title VII programs—that HRS would examine the recommended Title XX program.

Thank you for the privilege of being heard.

MR. DORSEY. Thank you very much, sir.

Mr. Goodman.

TESTIMONY OF JOSEPH GOODMAN

MR. GOODMAN. I am Joseph Goodman, G-o-o-d-m-a-n.

I am past the age of 89, and I have been requested by Dr. Kelly [phonetic], the assistant to Dr. Peter Masiko, who is the president of the college that I attend, which is Miami-Dade Community College-North Campus, to come here and give you people some idea of what it means for a man my age to get some value out of life by going to college and getting the real kick out of life.

I have been a member, and I have been a student, at Miami-Dade College since I entered on January 7, 1971. At that time, I was 83 years of age. I have enjoyed each and every course that I have taken, and, so far, I have taken 16 courses.

I have found the instructors dedicated beyond measure. They teach, they tell, they argue, they stir up emotions, they stir up your interest, they arouse your questions, and they want an answer. You have to be awfully dumb or mentally retarded not to get the value out of any course taken. I do not know of any other college—I have gone to other schools for research, and I have had one term, or one semester, in Greek philosophy at Hunter College, but there is no school that I know of, that I have gone to, that can match the dedication and integrity of the instructors there.

If any student who is going into the world cannot get the value of education, I feel sorry for him, because education is power, and power will sometimes come in handy; you never know. It will bring you a good return sooner or later.

Are there any other questions?

[Applause.]

MR. DORSEY. Since you have asked, I thought I might ask you one. Have you been involved in getting other older persons to go back to school?

MR. GOODMAN. I have tried, but bear this in mind. It is a very difficult thing for young people like you to understand, as I do, since I am mixed with the older generation. I live in a community with 450 people. It is in a complex of senior citizens. Most of them, unfortunately, have come down here and brought with them their state of health.

Now, bear this in mind. Your health problem is your foremost and most important thing for you to look ahead and get something out of life. When you are well, you can think. When you are not well, you can only take care of your bodily needs, and it is very difficult to get through to those people.

The average person I have met, who does not have too much culture, they are living practically in a state of regression. Very few of them know the present tense, and very few of them know what the future is. You can never break through to them. They are down here, and they are happy, and that is as far as I am going, and I do not want to go any further.

CHAIRMAN FLEMMING. Thank you very, very much.

MR. GOODMAN. We have medication to control your pressure. We have medication that can help you sometimes with your memory. I do not know of any medication that might be prescribed for those people that would bring about the desired effect.

CHAIRMAN FLEMMING. Thank you very much, and may I express to each member of the panel who has offered testimony our deep appreciation for your testimony. Again, thank you very much.

MR. GOODMAN. I cannot get through saying that Miami-Dade has been a godsend to me. It has given me therapy, and I do not know of any other place where I could spend my time and get so much pleasure out of it.

CHAIRMAN FLEMMING. May I say, as a former president of a college or university, that I would have been delighted to have had the pleasure of presiding over a college that had that kind of a satisfied student.

Counsel will please call the next witnesses.

MR. DORSEY. Emil Krulik, Ernie Fannotto, Ms. Clifton Lewis, and Irene Webster.

CHAIRMAN FLEMMING. May I ask that those whose names have been called please stand and raise your right hands.

[Mr. Ernie Fannotto, Mr. Emil J. Krulik, and Ms. Clifton Lewis were sworn.]

CHAIRMAN FLEMMING. Would you like to call one other person, Mr. Dorsey?

MR. DORSEY. Yes, but let me first determine who is here. Would you please give me your name?

MR. KRULIK. Emil Krulik, K-r-u-l-i-k.

MR. DORSEY. And you, sir?

MR. FANNOTTO. Ernie Fannotto.

MR. DORSEY. I will call her again: Irene Webster.

CHAIRMAN FLEMMING. She is not here.

MR. DORSEY. Nina Herbert. Is Nina Herbert here? She is not here. Ralph Reynolds.

CHAIRMAN FLEMMING. Raise your right hand, please, Mr. Reynolds. [Mr. Ralph Reynolds was sworn.]

CHAIRMAN FLEMMING. We are very happy to have all of you here with us today.

MR. DORSEY. Each of you will be given 5 minutes, and you will be called in the order in which your name appears on the list. I will notify you when you have 2 minutes remaining, and I will notify you again when you have 1 minute remaining. I would ask that, before you begin your statement or testimony, you give your full name and spell your last name for the record. Mr. Emil Krulik.

TESTIMONY OF EMIL J. KRULIK

MR. KRULIK. My name is Emil J. Krulik, K-r-u-l-i-k.

I was hurt in a workman's compensation case on February 23, 1976, and, after spending a month in a hospital, I was released; and, following a convalescence period of 6 months, I was told that I would not be able to go back to my old job.

In May, I went to Jackson Memorial Hospital for rehabilitation and evaluation tests for 5 days, from 8:30 to 3:30, and at that time they said that I was qualified to have retraining because my disability was prohibiting me from going back to my old job.

They assigned me to a rehabilitation officer. I saw him in April, May, June, July, and August. Every time I went to him—the first time I went to him, he told me that I was not eligible for rehabilitation or retraining, because of my age, which I am 54—I was 54 at that time, but I am 55 now. Every time I went to him, he gave me the same answer, that I was not eligible for retraining or a program for rehabilitation, because of my age, and I believe that is discriminating against me. Every time I came to him, it was the same answer and the same story.

The first time—the second time I came to see him, he had me sign a voucher for \$200, and it seemed that, after I signed that voucher for \$200, he did not want to have anything to do with me. He dropped me like a hot potato.

At the present moment, I have a family and no job and no income. I am about ready to lose my house, and Florida Power and Light is about ready to turn off my lights, and Ma Bell is about ready to turn off the phone. I have nowhere to turn to. I hope that you people can give me some satisfaction.

MR. DORSEY. Thank you very much.

Mr. Ernie Fannotto.

TESTIMONY OF ERNIE FANNOTTO

MR. FANNOTTO. Honorable Chairman and respective panel members, Ernie Fannotto is my name. I am the president of the Taxpayers League of Miami and Dade County, and the Homestead Taxpayers League.

I had the pleasure—

MR. DORSEY. Excuse me, but would you please spell your last name for the reporter?

MR. FANNOTTO. Yes; F-a-n-n-o-t-t-o.

I had the pleasure of introducing the bill that got the homestead tax exemption bill passed in the State of Florida, with the help, of course, of many leaders: Jerry Thomas, president of the senate; Mallory Horne, speaker of the house; and the grand old man of the senate, Senator Pope, so I am interested in elderly citizens.

I do say that the State of Florida has gotten shortchanged in money, in comparison to what they should get, for the simple reason that we had a large influx of noncitizens here, who, of course, are citizens now, and I have to say, the Cubans.

Now, the Cubans are mighty fine people, and they have made very good citizens here; but they have created a hardship for a lot of the elderly in the hospitals and mental institutions, and what should have happened—and the Federal Government was a little bit at fault here, and that is the reason that I am asking them to recompensate—I am asking them to send more monies into the State of Florida because, when they first came here—the Cubans—they were not citizens, and they were assigned on jobs.

They should have been assigned on a prorated basis to every State in the Union, so that they would carry the load. They were in some cases, and they were not in others, and even those that were assigned came back to Dade County, and I do not blame them, because the climate is suitable to them, in comparison to what it was in Cuba, and they had their relatives here; but it did create a hardship, like I said, on the mental institutions, the mental hospitals, and other hospitals and schools, and so forth; however, we did get reimbursed for the schools, but not much in the other institutions.

For that reason, if they failed to relocate the person—the non-citizen—on the prorated basis in other States, they are guilty of overburdening us here in Dade County, and we are, in turn, entitled to more money here in Dade County, to relieve the taxpayers of that burden.

I am going to speak—in the second part of my presentation—on discrimination in employment. You folks have stayed here today, and I think that you have done a marvelous job, and you are very diplomatic in handling people. You have heard plenty of people here—presidents of organizations and employees of the government, who are on a Federal payroll, and many, many people.

There has not been one Italian person. There is not one Italian person here that is on that government payroll. I am going to say this. I think minorities have a perfect right to fight for their rights. I, myself, I think I have helped the colored people. I am the president of a very powerful organization. If I do say so, I have helped almost every colored person who ever got elected in Dade County, and I have also helped the Cubans, one or two of the Cubans. I have helped Jewish people. I helped Abe Aronovitz, the first Jewish mayor of the city of Miami, and I am proud of it.

I do think that you folks should take a message back to Washington and say that the Italian people have got shortchanged, also, here in Dade County. You know, it is a ball game for all people in this country that pay taxes, and everybody should be treated equal, and I hope that you will look into it, and I thank you for your kind attention.

MR. DORSEY. Thank you very much.

Ms. Clifton Lewis.

TESTIMONY OF CLIFTON LEWIS

Ms. LEWIS. Clifton Lewis, L-e-w-i-s.

I am a Gray Panther, and I am sure that you are familiar with the network all over the country. I am from Tallahassee, Florida, which is our capital.

I am very grateful for this opportunity to talk to you, Mr. Chairman and to Commissioner Freeman. I have felt it a privilege to sit through this whole hearing, and a main point keeps hitting me. That is, that the plight of the aged has to do with the lack of political participation. For years, I have worked politically, and I am still working politically.

The use of the public communications systems that the taxpayers are already paying for is a marvelous tool to get participation by the aged or any other group that needs to work politically. I have a weekly program. I am now on twice a week because there is so much demand and so little public access. There is a public access station free to the people in every community that has a cable franchise. The FCC has given—after there are 3,500 participants—the FCC has said that the cable company—ours is Westinghouse—has to give a studio for the people, a whole channel. We worked for years to get ours, because there were many pressures for that not to be given to the people.

I am not talking about public television. We have that in Tallahassee, too, but it is chartered by the board of regents of this State. I would love to ask them about your three criteria—how it is staffed and so forth.

I am going to be interviewing people who were here on this panel in my "Capital Comments" program.

It was—I urge this Commission—and this has to do with your other television work, too—to let the people of this country know that they do have the right to a channel. There is a studio with a great camera,

and it is at no cost. You can put this on: the free press is the fourth arm of our government, or, as the English call it, the fourth estate.

The old people can use this. They can get their message across.

You can also use public television, but that is harder to come by.

In one specific area of discrimination according to age in Tallahassee that I have been working on—I have the facts on this, that I will give to you—is municipal code enforcement. The inspector, the code inspector of the city of Tallahassee—the former code inspector—told me that he was told which houses to condemn. He said, “If the bluebloods own it,” which was his expression, “you do not condemn them.”

The reason in back of this—I have got the records from the local—the municipal code officer did not want to give them to me. There was a widow over 65, who had a little house that she owned. It happened to be the servants’ house of an historically-designated house that she owns up front. She was written by the city and told that, if she did not fix the house, it would have to be torn down.

The property immediately in the same block up from her is owned by two young lawyers. They are married—it is a man and woman, fortunately—and they have a derelict old house that has been there for years and years. The wins—the code enforcement officer had written a letter, but it had not been mailed to the two young lawyers.

This is valuable property, right in the middle of town.

There are HUD loans of 2 and 3 percent given to bring houses up to code, all of the historic houses, the renovation and restoration of historic houses.

On this house, I am trying to get the loan, because there are none in Florida. Florida is the 51st State in receiving Federal funds. Do you realize that?

That has been going on, and part of the terrific—this has to do with housing; all right? It is this lack of enforcement on a nondiscriminatory way.

I would wish that you would add the poor to your criteria, when you are asking about staffing and boards, also, in believing in the two-story democracy. They should be on the supportive advisory boards so that all of the political shenanigans—if the people, themselves, would elect representatives—

MR. DORSEY. Excuse me, but your time is up. You may just go ahead and finish your sentence.

MS. LEWIS. If the people from the different area groups—aged groups and the poor—elected their representatives to these advisory groups, there would be a different kind of advice going in.

Thank you. I will file other materials. I work with the trust of public lands, and this is an urban work, where people can own their own homes.

MR. DORSEY. Thank you very much.

MR. FANNOTTO. Mr. Chairman, is it possible for me to have about 10 seconds to make one statement that I did not get in? I think I did not finish my 5 minutes.

CHAIRMAN FLEMMING. Is that right?

MR. DORSEY. He did not finish his full time, no.

CHAIRMAN FLEMMING. All right, we will recognize you for 10 seconds.

MR. FANNOTTO. I would just like to say that I concur with Congressman Pepper's statements. He is our Congressman and one of the country's most outstanding statesmen.

Thank you.

CHAIRMAN FLEMMING. Thank you very much.

MR. DORSEY. Mr. Ralph Reynolds, and please spell your last name for the court reporter.

TESTIMONY OF RALPH REYNOLDS

MR. REYNOLDS. R-e-y-n-o-l-d-s, my name is Ralph Reynolds. I have a little writing here, but it will not take me very long.

I see senility as a serious problem pertaining to aging, and I suspect that this Commission, like many people, has a blind spot in this area. I feel that there is discrimination against the poor and the elderly, because many need psychological help and/or they and their loved ones do not know how to get help. We are well aware of medical help for the elderly poor, but how many are able to obtain psychiatric help before they have reached the point of no return, the time when, reluctantly, their loved ones are compelled by circumstances to put them in nursing homes. I would say that is a time that should never come.

Preventive psychological counseling—when it works, it costs much less, and it is much more humane than putting these people away to vegetate. While we are talking about doing away with the age barrier, which nobody can be against, I would like to say that we would do well to fight the senility barrier because that is a very serious barrier.

Senility does not always arrive at one time for many, many people. It seems as if many of us are in training for it. It sneaks up on us when we are not ready for it, and before we reach 60, many times.

I wish to advocate that an evaluation be done to find ways of preventing and/or retarding senility; to find help for poor, aged people where, today, there is no help. I believe in psychological prevention in the same way that I believe in medical prevention. From a financial viewpoint, the money thus spent could be a great help compared to the small expense, and I believe this is reality.

Thank you.

MR. DORSEY. Thank you all very much.

CHAIRMAN FLEMMING. We appreciate your being with us, and we thank you very much.

Please call the next witnesses.

MR. DORSEY. Augusto Regalado, David Perkins, Ralph Lopes, Irene Webster, and Nina Herbert.

CHAIRMAN FLEMMING. If each of you would, please remain standing and raise your right hands.

[Mr. Ralph Lopes, Mr. David L. Perkins, and Ms. Irene Webster were sworn.]

CHAIRMAN FLEMMING. Thank you, and be seated, please.

MR. DORSEY. Mr. Chairman, at this time, I would ask that, if you would, please swear in Ms. Pearl Grant as the interpreter for us.

[Ms. Pearl Grant was sworn as the interpreter.]

CHAIRMAN FLEMMING. Thank you very much, and we appreciate your being here with us.

MR. DORSEY. At this time, Mr. Chairman, I will again explain the rules, and I will ask that our interpreter repeat my instructions to the panel in Spanish, for the benefit of Mr. Lopes.

Each of you will be given 5 minutes in which to speak, and, at the end of 3 minutes, I will give you a signal that you have 2 minutes left. At the end of 4 minutes, I will give a signal that there is 1 minute left. Each witness will be called in order, and the order in which I will be calling the witnesses is as follows: David Perkins, Ralph Lopes, Irene Webster, and Nina Herbert. I will ask that, when I call your name, before you give your statement, you spell your last name for the benefit of the record and the court reporter.

Mr. David Perkins.

TESTIMONY OF DAVID L. PERKINS

MR. PERKINS. David L. Perkins, P-e-r-k-i-n-s.

I am here today because the welfare department and the food stamps department are still hassling the poor community around and denying them their constitutional rights. All right. For instance, the food stamps department—I was up here at the county commission's meeting approximately 6 weeks ago, and I reported how bad and nasty and disrespectful were the authorities of the food stamps department, and how they were hassling these poor people around and incarcerating them and throwing them off of the premises.

For instance, just yesterday I was up there for one of my clients, to pick up some papers. They, at the food stamp department, are still hassling these people around and giving them all kinds of denials and runarounds, and the people that I am representing now are unable to help themselves. They do not know the proceedings of the law.

I have got records here with me now of why these people have been turned down and denied and run around, out there at the food stamps department and at the welfare department. They do not know how to go about getting anyone to help them.

When they found out about me—and I was trying to do my best to help these poor people; although I am not an attorney at law, I am

in the practice of helping the poor community, which is my duty, helping these poor people that cannot help themselves.

I have got records here with me, and I have got records at home. I have also turned these records over to the Legal Services, and I have asked them to please help the poor community a little bit more strongly because too many of them are being railroaded at the welfare department, and at the food stamps department, and at the Jackson Memorial Hospital as well.

All that I am now asking is: will this Commission please see that these poor people can get the assistance that they need?

I have got an envelope here, where the food stamp department just reported that the poor people can receive food stamps. I have got a paper here, also, that was filed just yesterday at the food stamps department, showing that they are still hassling the people and denying them their rights and what they actually need.

Honest to God, these people are not getting the assistance by these organizations and departments that are supposed to be representing and helping the poor community. Each one will take the poor people and run them from one department to another, and each department is not actually helping the poor community correctly. Each department is winding up turning these people down and denying them the right of receiving the assistance that they need.

I am also asking: will this Commission also do some more investigation and ask that the FBI move in and help the poor community a little more.

If the Commission will allow me to continue on, helping the poor community, because the people need someone out there to help them as soon as possible—the housing authorities are not helping them a bit. The welfare department, the food stamps department, and SSI are not helping those people correctly, so I am asking, will you please do more investigation and see that these problems will be solved?

Thank you.

MR. DORSEY. Thank you.

Mr. Ralph Lopes.

TESTIMONY OF RALPH B. LOPES CEDENO

MR. LOPES. [through the interpreter]. Ralph, R-a-l-p-h, B. L-o-p-e-s. The last surname is Cedeno, C-e-d-e-n-o. That is my name.

From the information that I have received from the television, I came here to direct myself towards all of you.

I had an accident. Going to that accident, this State had the consideration, and, with what they gave me, they told me, "You are adjudged, and here is this little money; what do you want it for?"

I answered them, "Honorable sir, I am the father of 15 children. I want it for their future."

I gave \$7,800 down.

The rest of the little money that they gave me, I gave to each of my children a little bit. The other, I employed it.

What I received from the Federal Government—I used to work for the post office. Before the post office, I used to work for the Labor Department.

In 1950, I directed myself to President Truman, on account of my conduct. The honorable gentleman replied to me, “You may go to the nearest post office, and they will put you to work.”

At the post office, I had an accident. I did not want to report it. Then, the Government was responsible, and they did rehabilitate me. I was rehabilitated.

When I got better, I went to work for the hotels. I started doing part-time work. There, I was killing myself. I had 11 stitches right here [indicating].

I have come to see if there is any consideration from the government, to reduce my taxes on the little house that I have.

I complained to the Social Security. I put the reasons—what I receive is not enough to live on, because I cannot work now, and I cannot do anything. My wife receives \$125. I receive \$239.40. Out of that, we pay \$89 for stamps, for four of us that eat in the house. We have the water bill, the light bill, the gas bill, and the telephone bill. You think, what can we do?

Social Security told me that they could not give me a supplementary.

That is all. I am very grateful for everything, and you can get all of my records from the State and the whole world. You might know my name, and my last name, and I contributed to the State, and I am a voter. Mayor Clark knows me very well.

There is nothing more that I have to say. Thank you very much.

CHAIRMAN FLEMMING. Thank you very much, Mr. Lopes.

MR. DORSEY. Irene Webster.

TESTIMONY OF IRENE WEBSTER

MS. WEBSTER. My name is Irene Webster, W-e-b-s-t-e-r.

Common criminals have more rights than the elderly and the disabled. A common criminal is entitled to a speedy trial, and he is provided with an attorney. The aged and the disabled are not entitled to a speedy hearing and an attorney in their legal struggle to receive social security, retirement, and disability benefits, if they are initially denied them, and they have to go through the tortuously long struggle of appeals and Federal lawsuits against the Secretary of Health, Education, and Welfare, reappeals, and the various legal shenanigans dreamed up by attorneys or legislators who use their legal expertise to devise the system.

Private attorneys will not take a social security appeal. They state openly that the fee of 25 percent is not enough.

Legal Aid flutters their hands around, and they say, "The case is too complicated," or, "We are too busy," or, "The claimant does not have enough documentation," or any other excuse that they can produce on the spur of the moment.

The American Civil Liberties Union, likewise, is not interested in the plight of the noncriminal elderly and disabled.

No attorney wishes to plead a case which starts without him, and the claimant—not knowing that his application would be rejected—does not usually start out with an attorney when making a claim and appearing for a hearing on social security.

It is a travesty of justice that the elderly and the disabled can starve to death and lose their lifetime savings and homes, while waiting for hearings and appeals and so forth. My bitter experience has been repeated countless times, and I wonder how we can demand human rights from other countries, when those least able to fight for their human rights, the elderly and the disabled, are ignored.

I was industrially injured in May of 1972. It was March of 1974 before I had a hearing before an administrative law judge. In 1974, 1975, and 1976 there were numerous appeals, and I instituted a Federal lawsuit against the Secretary of Health, Education, and Welfare, and then there were more appeals. The request for a new hearing in August of 1975 was finally heard in March of 1977.

The sum total of this horrible situation is: (1) A home I bought just before my accident was foreclosed and sold on these very courthouse steps. (2) A beloved cat died because I did not have the money to take it to a veterinarian. (3) I had to sell family heirlooms and jewelry in order to survive. (4) A roof leak became a torrent. Two ceilings fell down, and what should have been a \$100 repair bill may now cost \$3,000. I submit photographs which I wish to enter as exhibits.

I respectfully suggest that the Social Security and the Secretary of Health, Education, and Welfare used as many as three attorneys to prepare briefs against me. The Department should provide me and others—as per the 14th amendment—equal protection under the law, by providing social security claimants with attorneys paid the same salary as those employed by the Departments.

I also suggest that, when a claimant wins a case against the Government, the claimant receive compensation for any legal fees already paid and interest on the delinquent payments.

I have two mailgrams that were sent to President Carter. I would like to read them and enter them as exhibits in the record, with your permission:

President Carter:

I am following with interest discussions on proposed limitations of outside earned income for Congressmen and Senators.

I respectfully request equal opportunity to give my viewpoint on this controversial subject.

MR. DORSEY. You have just 1 minute left.

MS. WEBSTER.

Legislators receive handsome remuneration, plus expenses and many perquisites for a supposedly full-time job. In addition, they use that public image and inside knowledge to earn lucrative fees as lecturers and writers.

Today, when senior citizens eat cat food and dog food because they cannot afford human food, and many older persons cannot afford adequate housing and proper health care or a balanced and nourishing diet and other necessities, it is immoral, and maybe even unconstitutional, that social security recipients lose \$1 for every \$2 earned over \$3,000. This is an unjustified penalty that degrades and humiliates lifelong workers and reduces their living standards to shameful conditions.

Social Security is not a gift from a benevolent philanthropist; it is a right and the earned result of a lifetime of working and contributing to the national economy; therefore, I suggest that, if Congressmen and Senators wish to work for outside earned income, their salaries should be reduced \$1 for every \$2 earned outside.

MR. DORSEY. I am sorry, but your time is up.

MS. WEBSTER. May I complete just one sentence? I would just like to finish.

MR. DORSEY. It is just one more sentence?

MS. WEBSTER. Yes, just one more sentence.

MR. DORSEY. All right.

MS. WEBSTER.

Surely, our legislators cannot object to such a regulation, which they impose on over 20 million Americans:

MR. DORSEY. Thank you very much.

MS. WEBSTER. I have another mailgram, which I would like to have go into the record, as there is no time to read it.

CHAIRMAN FLEMMING. That will be done.

MR. DORSEY. Ms. Nina Herbert. You have not been sworn; is that not correct?

MS. HERBERT. No.

MR. DORSEY. Please just stand and raise your right hand, so that you may be sworn.

[Ms. Nina Herbert was sworn.]

CHAIRMAN FLEMMING. Thank you, and please be seated.

TESTIMONY OF NINA HERBERT

MR. DORSEY. Ms. Herbert, please spell your last name for the record.

MS. HERBERT. Herbert, H-e-r-b-e-r-t.

It is very nice having you here, and it is a rare treat and a privilege to be able to bring the injustices that I speak about to your attention. Thank you very much.

Gentlemen, I bring you the brief contents of three letters, written by myself and sent by registered mail to three directors of our social services Federal agencies, who are responsible for Federal projects set up for the needy with Federal money, our tax money.

In order for me to read these letters, I will have to give you a brief resume of myself. I am a taxpayer in the city of Miami Beach, where I reside. I represent 2,026 registered voters of the city of Miami Beach, who petitioned city hall to let me run in the 1975 elections as champion of the elderly, the poor, and the needy.

Because I have to work for a living—I do home nursing—I found myself several years ago at the community center on 6th Street, asking for work, and later on, as things got worse, for assistance to survive, from the community action social service agency. During the time I had to come to the agency, I began to see the fraud and corruption among the people on the executive level of the social service agency. I began to ask questions, and I was always shut up.

I saw injustices for myself and others like me, for whom these programs were set up, and we were cheated out of our rights by the very people who were supposed to be there to help us. I began to cry out against what I saw, in letters to the editors, and, because of this, the senior citizen leaders and politicians silenced my voice in the whole mass news media here in Dade County.

I was discriminated as to age and religion on jobs, and I was thrown off of boards and organizations which had appointed me to be on, but, worst of all, I was denied work in order to survive. I have been exploited and cheated out of meager wages—[portions of the testimony of Ms. Herbert have been deleted from this record in accordance with the provisions of 42 U.S.C. §1975a(e).]

At the present time, I am unemployed, and I have been since April. I have not applied for any Federal aid.

It is not the poor who are the freeloaders in our society, but the ruthless, selfish politicians and the political hucksters who steal our Federal revenue money that comes for the poor.

The first letter is directed to the director of Project Renew and Manpower, at our community action agency in Miami Beach. It is a registered letter. This was written in September of 1976:

This morning I called at 9, by telephone, Project Renew, of which you are the director, and I spoke to your secretary. I told her that I was out of work for some time, and I wanted to know if there

were any jobs available as a companion, aide, or nurse to the elderly. She immediately informed me that there were hardly any jobs during the whole summer, and that was that.

I am constantly meeting women who were in the same training class with me. These women are well off and live in apartments of \$200 and up, and they tell me that they are working for you at very good jobs.

MR. DORSEY. You have 2 minutes left.

MS. HERBERT.

Because of this, I am questioning your secretary's saying that there are very few calls coming in.

I understand that Project Renew was set up to supplement middle-aged persons' low income by the Federal Government, under community action agencies.

I told your secretary the truth, that I do know women who work for you—

[Portions of the testimony of Ms. Herbert have been deleted from this record in accordance with the provisions of 42 U.S.C. § 1975a(e).] She said that you were angry.

MR. DORSEY. Excuse me, ma'am, but I have got to interrupt you.

MS. HERBERT. You are stopping me?

MR. DORSEY. Yes, ma'am.

MS. HERBERT. Why?

MR. DORSEY. It is because I have got to advise you of something. This is something that you do not know about.

MS. HERBERT. I am not mentioning any names.

MR. DORSEY. I understand that, but you are mentioning a person by specific title. That is included in the—

MS. HERBERT. I asked the attorney, and she told me that I was allowed to do it.

MR. DORSEY. I understand that, but I am now advising you that we cannot allow that portion of the record which specifically relates to the director—

MS. HERBERT. You do not want to hear the truth.

MR. DORSEY. That is not true; however, we cannot hear that portion of the testimony in open session.

MS. HERBERT. What portion?

MR. DORSEY. The portion of the testimony which specifically alleges that an individual was specifically discriminating against you, personally.

MS. HERBERT. All right.

MR. DORSEY. We cannot take that in open session. We have to hear that kind of thing in closed session, where the other person has an op-

portunity to state his position, so that the Chairman and Commissioner Freeman may then determine whether or not it will be heard in open session.

Ms. HERBERT. Will that be determined by you?

Mr. DORSEY. Not by me, personally.

Ms. HERBERT. If it is by the people in Dade County, you might as well throw it out the window.

Mr. DORSEY. I understand what your problem is, but our law prohibits us from hearing, in open session, without hearing it in closed session, anything which specifically defames or degrades any individual. That statement would go into that category, so that particular type of statement must be stricken.

Ms. HERBERT. All right, I will let that go. I believe that I have 2 minutes coming to me.

Mr. DORSEY. Yes, you do.

Ms. HERBERT. I do not believe that I even had 3 minutes. I will read the last paragraph:

I also know that you cannot discriminate against anyone because of their personal political views. The Federal Government prohibits such procedure. It is my citizen's right to work for Project Renew under Manpower, which is a part of the community action's agency's program.

Because of your hard stand against me, one of the people who represents the underprivileged on the Beach, and for whom the whole community action programs have been set up, I am forwarding a copy of this to the administrative regional offices in Washington.

P.S. At the time these letters were written, I did not know that the regional offices were very close together, and my letters were all ignored.

I had three letters, and I think that I have been about 2 minutes or 2-1/2 minutes.

Mr. DORSEY. You have 1 minute left.

Ms. HERBERT. Thank you very much.

This is written to the director of food stamps: "This morning I applied—"

Well, it is no use. You are not letting me—it is no use going on with this. I had three short letters, and I had really briefed them down to nothing. I took the contents out of three letters, and each one was a minute. I timed them at home, you know.

CHAIRMAN FLEMMING. We will be very happy to receive the letters.

Ms. HERBERT. Why am I being ostracized? I am getting the same treatment that I have been getting all over.

CHAIRMAN FLEMMING. You may have whatever amount of time is left to use in any way that you desire. We will be very happy to have you submit the three letters to us, and we will consider them.

MS. HERBERT. I appreciate that very much; thank you, sir.

MR. DORSEY. Mr. Chairman, we have one further witness for the open session. We would like to call that witness at this time.

CHAIRMAN FLEMMING. Thank you very much, all of you. Please call the next witness.

MR. DORSEY. Mr. Augusto Regalado.

MR. REGALADO. Good afternoon.

CHAIRMAN FLEMMING. Good afternoon, and it is nice to have you with us.

MR. REGALADO. I beg your permission to speak standing up.

CHAIRMAN FLEMMING. Please raise your right hand to be sworn.

[Mr. Augusto Regalado was sworn.]

CHAIRMAN FLEMMING. Thank you, and be seated, please.

TESTIMONY OF AUGUSTO REGALADO

MR. REGALADO. I beg your permission to speak standing up.

MR. DORSEY. That will be fine.

I understand that you are going to use the services of our interpreter.

MR. REGALADO. Yes.

MR. DORSEY. I will explain to you the rules. You will be given 5 minutes in which to speak, and when 3 minutes are up, I will notify you by raising my hand. When you have 1 minute left, I will indicate that.

MR. REGALADO. I will try to speak in my bad English. When I cannot, the interpreter will speak by me.

MR. DORSEY. Very good. Would you just spell your last name for the record?

MR. REGALADO. I am going to spell it: R-e-g-a-l-a-d-o. That is my last name: Regalado. In Spanish, Regalado means gifted. You understand; all right.

I am going to speak in the name of a private, nonprofit organization named The Useful Aged. We have no help of any class from the Federal Government, and from the State, nothing. We only have the voluntary fees.

Who pays? Our members. [Through the interpreter] That is to maintain ourselves. To maintain ourselves; yes.

I am going to leave some of this for you [indicating documents].

Our income, yearly, is more or less \$12,000—\$5,000 a year.

[Through the interpreter] We have never been able to get official help, and that is why we think that we have been discriminated against; the spirit that made us is that our social society does not contribute to a social charge; they want to be valued by themselves, personally.

I am Cuban born, but I am an American citizen; my wife, too. I am going to school every night for learning this language because I love

this country, but I know there is discrimination against the other people.

It is shown that [through the interpreter] we have edited in our own offices a booklet named "Experiences, Unlimited," which constitutes a directory of experimental consultants. In the first page of this booklet—I have to read and translate it with my bad English:

This is a modest world presently expressing concern for the working situation of those over 60 years of age, with unfair discrimination on account of the race; being old is equivalent to being useless.

Such a theory should be forbidden. It is saying that youth is an attribute. The youth lacks something that only the elderly are able to follow them with, and that something is experience.

Why, then, we ask ourselves, is that treasure not valued to make a little bit more happy those to whom they own so much and only wish to share their experiences?

MR. DORSEY. You have 2 minutes.

MR. REGALADO. [through the interpreter]. Some of the men and women whose names are outstanding on the foregoing pages are still able to work, materially speaking, at least doing part-time work. Others are unable to develop a continuous task because of lack of strength for that, but they all own a treasure which may and must be taken advantage of—experience. They have practiced during many times of their lives, and they know all of the obstacles and problems that may emerge, and they know how to face them and how to solve them. That is the valuable material that they are offering, and you—man or woman, young, active, enterprising—can avail yourself of by hiring them for hours, days, weeks, or months as counselors. They are capable of giving you what you are lacking.

This is the proof that we are being discriminated against, but we would like to look on ourselves as having the necessary strength to exist with dignity, but we would like to leave constant that the old, useful people have an institution—nonprofitable and Spanish speaking—that has not got any official resources, with the exception of seven positions that give us dates for comprehensive employment. I have a little more to tell you. I want you to know that we are fighting, and we will be fighting as long as necessary. We, the Spanish-speaking elderly people, we are fighting for living in a country when we cannot be where we do not want to be a public charge.

I leave you these booklets so that you may read them. Thank you very much.

CHAIRMAN FLEMMING. Thank you very much.

We appreciate that.

MR. DORSEY. Mr. Chairman, that concludes the open session portion of this hearing.

CHAIRMAN FLEMMING. At this time, I would like, on behalf of Commissioner Freeman and myself, to express deep appreciation to Ms. Eileen Bradley and all of those who are associated with her, and to Mr. Dorsey and all who are associated with him, and to Mr. Nichols, the Chairman of our State Advisory Committee, and to Mr. Doctor, and to the staff of our own regional office, and to Frank Nicholson and the staff of the regional Office for Aging in Atlanta, for all that they have done to make it possible for us to listen to the kind of testimony that it has been our privilege to listen to during the past 2 days. There is no doubt in my mind at all that the record of this hearing will make it possible for us to arrive at sounder findings and to make more meaningful recommendations than would have been the case if we had not had the privilege of coming here and listening to those who have provided us with the benefit of their experiences and views.

This hearing is adjourned. The record will be kept open for 30 days, to receive the documents that we have requested.

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