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**U.S. COMMISSION ON CIVIL RIGHTS**

**MARSHALL REPORTING  
(302-734-7647)**

**BEFORE THE UNITED STATES COMMISSION  
ON CIVIL RIGHTS**

The Delaware Advisory Committee to the United States Commission on Civil Rights convened its meeting on July 9, 1987 in Room 3207 of the Boggs Federal Courthouse, 844 King Street, in Wilmington, Delaware, which was recorded stenographically by T. Ann Wilkes, a Notary and Stenographic Reporter.

Present at said meeting were as follows:

Henry H. Heiman, Committee Member, acting as Convenor

Tino Calabria, Field Representative

Emily Morris, Committee Member

Ralph Figueroa, Committee Member

Glover Jones, Committee Member

Lynn Wilson, Committee Member

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1           MR. HEIMAN: It's now five after three. My  
2 name is Henry Heiman. I'm the Convenor of this  
3 particular Advisory Group Meeting. We have asked  
4 several people to talk to us today about the ser-  
5 vices to the minority elderly in Delaware. This  
6 is a follow-up to prior investigation and discus-  
7 sions that we've had.

8           The first person who, I believe, is here to  
9 speak with us is Mr. Ivan Levin.

10           Did I pronounce that properly?

11           MR. LEVIN: That's correct, sir.

12           MR. HEIMAN: -- who is Supervisor of the  
13 Voluntary Compliance Outreach Branch of the Office of  
14 Civil Rights, U.S. Department of Health and Human  
15 Services.

16           Mr. Levin.

17           MR. LEVIN: Thank you, Mr. Heiman. I realize  
18 that at your initial hearing in Dover, my supervisor  
19 Mr. Samuel Parker was present with a representative of  
20 the United States Administration on Aging to describe  
21 something of the extent of the investigation that we  
22 were about, concerning the Delaware Division on Aging.

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1           I realize that at the time of his appearance,  
2 we were in the early stages of our investigation and,  
3 subsequently, we provided a summary of the results of  
4 our investigation to Tino, which I presume has been  
5 distributed.

6           MR. CALABIA: Yes.

7           MR. LEVIN: I understand from discussions with  
8 Tino, that my principal purpose today will be to try  
9 to provide some information concerning the results of  
10 the prologue or the epilogue to our investigation.

11           If you recall from reviewing the material that  
12 we had sent, that investigative summary, we were work-  
13 ing primarily on four issues in our investigation.  
14 The conclusion of our investigation resulted in  
15 findings of compliance of the Delaware Division of  
16 Aging in and on three of the issues that we were able  
17 to conclude. The one issue which, in our caption in-  
18 volved Limited English Proficiency minority, which is  
19 to say in this case, the Hispanic Community, was  
20 carried as a separate action, primarily because we  
21 were unable to establish sufficient information at  
22 that time to conclude that there was a violation or

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1 compliance.

2 The problem was primarily one of establishing  
3 figures or data as to the number of hispanic elderly  
4 and, for our purposes, that connoted those who were  
5 60 years and older, specifically, in the Wilmington  
6 Community. Just by way of reference, since we were  
7 concerned with the hispanic elderly, along with other  
8 minority elderly in terms of the services that they  
9 were being given by the DOA, we found that the  
10 minority elderly were, in fact, receiving services  
11 that represented a rate greater than the representa-  
12 tion of that minority elderly population in the  
13 community. That's generally our benchmark.

14 We found from our collection of data that  
15 there's something like an eleven per cent minority  
16 population in this state in total. And our informa-  
17 tion, in summary, revealed that services were being  
18 provided by the DOA to the minority elderly at a rate  
19 of something like 20 per cent. So, there was, it  
20 appeared to us, adequate service being provided  
21 through the means of the various programs that we  
22 were looking at by the DOA to the minority elderly.

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1           We were not able to establish that meaning-  
2 fully, in terms of the hispanic community, largely  
3 because we did not have available at that time, and  
4 are working to collect the data that would indicate  
5 the proportion of hispanic elderly population in  
6 Wilmington.

7           We understood, actually prior to our investi-  
8 gation, that the DOA was not providing sufficient ser-  
9 vice to the hispanic elderly community, and we dis-  
10 covered that there were a lot of views concerning the  
11 population of that particular community. The data  
12 that we generally refer to, and we find all agencies  
13 use, is the 1980 Census Bureau Data, the last tabula-  
14 tion. That data, unfortunately, did not provide a  
15 sufficient break-down of the population in the area  
16 that we were focusing on, that is, specifically, the  
17 City of Wilmington. The Census Data, as you may know,  
18 concerning Wilmington, involves the SMSA, the Standard  
19 Metropolitan Statistical Area. Unfortunately, for our  
20 purposes, that includes even one of the counties in  
21 southern New Jersey across the Delaware River, as well  
22 as the surrounding counties in the Greater Wilmington

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1 area. And, therefore, the information was too diffuse  
2 for us to use in arriving at our conclusions.

3 Consequently, we, I suppose you might say,  
4 withdrew that issue from the investigation to treat  
5 it as a separate action, because of the need to  
6 develop additional information specifically concerning  
7 the census or the population of the elderly hispanics  
8 in Wilmington, the target area.

9 We found, other than that, that there were  
10 attempts by the Delaware Division of Aging to carry  
11 out its outreach activity responsibilities to the  
12 hispanic community, as well as to the minority.

13 And while we found that the, as I recall,  
14 the effort to reach the minority population, that  
15 is, the black population, was very extensive, their  
16 effort to reach out to the hispanic community was  
17 less. However, during the course of the investiga-  
18 tion, the DOA provided a number of assurances and  
19 did, in fact, embark on a number of measurements to  
20 try to correct that, I hesitate to use the word,  
21 inadequacy or deficiency, because we did not find it  
22 a basis for violation, but just a difference between

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1 the extent of the treatment they were able to afford  
2 the hispanic community as compared with the black com-  
3 munity, comprising of the other minority reference.

4 Consequently, we found that on the issue of  
5 the agency's methods of administration, which is a  
6 term that we use, in fact it comes from the  
7 regulations and a provision in the statute, that  
8 the methods of administration are the criteria, the  
9 policies, the practices, the procedures, by which  
10 an agency insures that those persons who are entitled  
11 to the protection of Title 6 of the Civil Rights Act  
12 of 1964 are not, in fact, denied those protections.  
13 In a way of speaking, I guess, it's like saying it's  
14 the manner in which they do their business to insure  
15 that there is, in fact, compliance with the law, not  
16 only in their own operation, but down the line, in-  
17 volving any contractors, or subcontractors that they  
18 are instructing and so on.

19 We found in all respects they were, in fact,  
20 complying with the requirements of the regulations.

21 We found also, as I commented a moment ago  
22 that their outreach effort was sufficient to consti-

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1 tute compliance with the requirements as well, both  
2 as to minorities, in which their effort was far  
3 superior and, subsequently, in connection with the  
4 hispanic community as well.

5 We noted, I think, in passing, that one of the  
6 differences, obviously, because of a language factor,  
7 they did not disseminate a lot of the information in  
8 the spanish language. And some of these things were  
9 remedied in the course of the investigation.

10 Another issue which I don't think concerns  
11 the business of the Commission in its hearing, but  
12 nevertheless was of concern to us in the design of  
13 our investigation, was to look at the effect of the  
14 program administration, DOA's program administra-  
15 tion, on the mobility impaired. To look at the issue  
16 of program accessibility. And that's what we would  
17 call a 504 issue, that is to say, Section 504 of the  
18 Rehabilitation Act of 1973. So, this investigation  
19 we were doing, incidentally, which may be apparent  
20 now, was a dual issue. We were concerned not only  
21 with certain provisions of the Civil Rights Act, but  
22 also with some provisions of the Rehabilitation Act.



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1           The final issue is the one in which I think  
2           our concern resides, where we were dealing with the  
3           DOA's assurance of participation of both minority  
4           elderly and disabled elderly in the program. And  
5           also effective communication with those having  
6           limited english proficiency. And, again, finally,  
7           I guess that's what we are saying with the hispanic  
8           community.

9           We have issued our letter of findings to  
10          Ms. Cain and her office --I think that was back in  
11          December --And summarized the findings of that  
12          investigation for the benefit of the Commission in  
13          its report.

14          Since that time, we have continued to explore  
15          this outstanding issue concerning the population of  
16          elderly hispanics in the community, to determine if  
17          there was a sufficient number to warrant more activity  
18          on the part of DOA to specifically address the needs  
19          of the hispanic community, particularly in connection  
20          with the congregate meals program. I might be re-  
21          peating information that you've already had, but  
22          again, just for a fuller appreciation of the scope of

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1 our investigation, we were dealing with the many  
2 services that DOA provided in the program under  
3 the Administration on Aging responsibilities. Our  
4 focus, was not to assess the adequacy of the adminis-  
5 tration of that program, because that's the responsi-  
6 bility of the Administration on Aging, who provides  
7 the Title III funds for the Delaware Division on Aging  
8 to carry out its program at a state level. Our func-  
9 tion as an enforcement agency was merely to insure  
10 that there were no violations of the civil rights,  
11 both in terms of the specific Civil Rights Act, and  
12 the Rehabilitation Act where disabled and handicapped  
13 people were concerned.

14 On the basis of the state agency receiving  
15 federal funds through our Department, I can relate to  
16 you at this time, that we are still in the process of  
17 trying to resolve the problem, I guess we could say,  
18 of establishing the precise census data concerning  
19 the hispanic elderly population in Wilmington. The  
20 issue there, to focus more sharply on what we are  
21 trying to accomplish, is to determine if the Division  
22 on Aging in Delaware is justified in its present

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1 position of not doing more than the record would  
2 indicate it is doing, because the population parti-  
3 cipation would not be sufficient to warrant their  
4 investment of their resources in special programming.  
5 And that, I suppose is the point of contention, and  
6 the element that we are trying to resolve, by  
7 establishing with some definiteness, that's a poor  
8 word but that's what I'm trying to say, that there  
9 is a sufficient population that would provide the  
10 likelihood of substantial participation that would  
11 warrant special programming. If that can be estab-  
12 lished, the Delaware Division on Aging would be  
13 obliged to extend itself to accomplish that purpose.  
14 And failure to do so at that point would constitute  
15 a violation, but we have not arrived at that  
16 particular point or that determination.

17 MR. HEIMAN: Thank you, Mr. Levin. We cer-  
18 tainly appreciate your comments. I think that before  
19 we ask any questions, that perhaps it would be bene-  
20 ficial to have all of the speakers speak and see where  
21 we go from there.

22 I don't want to mispronounce your name, and

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1 I'm afraid I am.

2 MS. ALIX: You should give it a try.

3 MR. HEIMAN: Emperatriz Alix?

4 MS. ALIX: That's very close. Emperatriz  
5 Alix. Yes.

6 MR. HEIMAN: You are the Executive Director  
7 of the Latin American Community Center of Wilmington,  
8 I believe, and you are going to be one of the two  
9 people, I think, who are going to give us a perspect-  
10 ive on the hispanic's view of where we are on this  
11 issue.

12 Thank You.

13 MS. ALIX: I would like to basically cover  
14 three areas.

15 One is some inaccurate demographic  
16 information.

17 The other is some insight into the nutrition  
18 program that was established for the hispanic elderly.

19 And third, I would like to highlight what we  
20 identify as being some of the gaps that exist in  
21 terms of services for the hispanic elderly.

22 I will not touch on, in terms of what currently

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1 is being done with the hispanic elderly, because Jim  
2 Walker will address that.

3 In terms of demographics, there is really no  
4 accurate count, either nationwide or statewide, of the  
5 hispanic population. I think it's commonly known that  
6 both the hispanic and black populations have been  
7 under counted by the Census. However, if we base --  
8 if we just take as a base what shows up on the 1980  
9 Census, and I will not only focus on the elderly, but  
10 work with the numbers of the total hispanic  
11 population.

12 In the 1980 Census, the hispanic population in  
13 the State of Delaware was 9,540, of which 70 percent  
14 reside in New Castle County. And the poverty level  
15 of the hispanic population in New Castle County is 36  
16 percent of hispanics in the County are below the  
17 poverty level; and 74 percent of hispanics in the City  
18 are below the poverty level.

19 If we consider a 12 percent under count, which  
20 is kind of a conservative, acceptable under count,  
21 those figures would increase to about 10,685 for the  
22 state, and up to 3,676 for the city.

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1           Hispanic elderly, 60 years of age and older,  
2           in the state, according to the census were 402, which  
3           would be approximately 4 percent of the population at  
4           that point. With the 12 percent under count  
5           adjustment, it would come out to 450.

6           Between 1970 and 1980, the hispanic population  
7           in the State increased by approximately 96 percent.  
8           If for ease sake we take that to a hundred percent  
9           with an average of 10 percent per year, and adjust  
10          those numbers to 1986, we would currently have, and  
11          this was very -- I worked on this specifically for  
12          this presentation, but a guesstimate that the Latin  
13          American Community Center has been working with, is  
14          that there are approximately 15,000 hispanics in the  
15          state, and around 8,000 in the city and the immediate  
16          area. And I don't think that we are too far off base  
17          on this. If we use the 1980 base with a 10 percent a  
18          year increase in population up until '86, we would  
19          have about 13,600 in this state. If we adjust it for  
20          the 12 percent under count, we are looking at a popu-  
21          lation of 17,096. And these are all estimates. These  
22          are not really a count.

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1           In the city proper, we would be at a level  
2           of 5,800 plus; in New Castle County at 11,900 plus.  
3           If we take those numbers and take four percent, which  
4           was the percentage of the population, I'm sure it be-  
5           comes evident that the hispanic population is a much  
6           younger population. Looking at some numbers from the  
7           Division of Aging, the percentage that they were  
8           giving was like 16 percent of the population was  
9           elderly. For us it's considerably less. If we use  
10          that four percent, we could say, within some margin,  
11          that we would have approximately 684 hispanics over  
12          the age of 60 in this state, and 479 of those would  
13          be in the county, 235 in the city, roughly.

14                 We at the Latin American Community Center are  
15                 currently undergoing a long range planning process,  
16                 and that is involving a look at census data. We have  
17                 requested the University of Delaware to go back to  
18                 the tapes and help us extract from there data that  
19                 would be of assistance to us in terms of doing some  
20                 projections in terms of population growth. So, hope-  
21                 fully, in September we will be in a better position to  
22                 be able to give you perhaps more accurate information.

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1                   That's it in terms of numbers.

2                   As far as what I'm aware of, and I'm speaking  
3                   in some instances from hearsay, because I have only  
4                   been in Delaware for two and a half years, since 1985.  
5                   When I came on board to the Latin American Community  
6                   Center, the nutrition program that had been set up  
7                   for the hispanic elderly at St. Paul's was already  
8                   established. I remember raising a lot of questions  
9                   when I learned about it. How was it determined what  
10                  nutrition the hispanic elderly needed? What kind of  
11                  menu are they getting? What food are they getting?  
12                  Who's planning the menus? The flexibility? How about  
13                  transportation?

14                  In hindsight, I think that the pitfalls of  
15                  the program were related to the fact that the program  
16                  apparently was instituted under pressure. It was  
17                  instituted under pressure from the Office of Civil  
18                  Rights because, apparently, nothing was being done, or  
19                  very little was being done for hispanic elderly in the  
20                  state. Therefore, they moved rather hastily to put  
21                  together a nutrition program for hispanics, they  
22                  approached Latin American Community Center, we didn't



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1 have dining area facilities where we would be able to  
2 provide the service. So, they went to St. Paul's  
3 School. The principal at St. Paul's School said, and  
4 I will share with you later a letter that she wrote,  
5 did not know the full extent of what it was going to  
6 require of her in running a nutrition program.

7 Selecting a school site meant that the elderly were  
8 going to be provided, and that was one of the  
9 conditions that the Sisters stated, that the elderly  
10 would be provided the same lunch that the children  
11 were going to be provided. There were no adjustments  
12 made for ethnic foods or ethnic seasonings that would  
13 make the food more appealing to the population that  
14 was being targeted.

15 Also, the school setting had no flexibility,  
16 in terms of space and time, whereby the elderly could  
17 also make of the meal time an opportunity to socialize.  
18 One of the things that has been identified as ailing  
19 a lot of our elderly is isolation and depression.  
20 Not necessarily because they live alone and are ne-  
21 glected, but because even though they may live with  
22 relatives, we all have our things to attend to, work,

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1 children, a lot of other things, and often times our  
2 elderly get the least of our attention. Therefore,  
3 the isolation that they feel because of the language  
4 that they don't speak, because of the alien culture  
5 that they are in, translates into depression. So,  
6 the mealtime could potentially be one instance in  
7 which hispanic elderly could share with one another  
8 and get some soul food along with body food.

9 As I stated, I think that there were unclear  
10 expectations of what was going to be required of the  
11 site, and I want to just briefly read to you a section  
12 from a letter dated May 21, 1985 addressed to Dr.  
13 Nemala Abraham, Division of Aging, by Sister Nancy  
14 Crawson, Principal of St. Paul's School. She says:

15 "I am sorry to inform you that we will be  
16 unable to continue the Senior Food Program  
17 at the St. Paul's School site.

18 At the outset of this venture, the re-  
19 quirements seemed quite simple, i.e., we  
20 would feed seniors, obtain information on  
21 them (name, address, phone, doctor, relatives)  
22 take donations for meals and be reimbursed

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1 by state funding for meals served and  
2 personnel involved. It made it quite  
3 clear that St. Paul's School is here  
4 first and foremost for the children, and  
5 that no program will violate their space  
6 or time. None of these appeared to be a  
7 problem to me, nor to the Divison of Aging  
8 at that time. Eight months into the pro-  
9 gram, things have escalated and it is be-  
10 coming more and more apparent that we are  
11 unable to keep up with the reporting system  
12 required, the further development of pro-  
13 grams that is proposed, and the necessity  
14 of asking for a definite amount as donation.

15 In planning, it seems that the scheduling  
16 of school events for the next year will neces-  
17 sitate using the cafeteria most of the time,  
18 thus eliminating any time for senior program-  
19 ming in the afternoons.

20 In addition, we have now found that the  
21 requirements of USDA lunch program and the  
22 commodities given for that program are re-

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1           stricted, so that separate food would have  
2           to be purchased for the Senior Food Program.  
3           As a consequence, this program is absorbing  
4           more and more of our time. In such a small  
5           school with limited facilities and personnel,  
6           it is too much for us to keep."

7           And she just thanks the others for their co-  
8           operation.

9           In addition, to those factors, I think the  
10          other thing that played a key role was the fact that  
11          there was no transportation provided for.

12          Those of you who are familiar with where the  
13          hispanic community is located, know that it's in the  
14          hilltop area, and that it's name conveys that it is  
15          very hilly. And, for an older person to walk a number  
16          of blocks up the hill is very strenuous. And that,  
17          I believe, also prevented some of the hispanic elderly  
18          from really accessing the nutrition program.

19          If we were to re-establish such a program, I  
20          think those areas would have to be addressed. There  
21          really has to be a consideration in terms of the  
22          ethnic background of the elderly, in terms of foods

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1 and seasoning. The meal needs to be part of a social-  
2 izing experience. Transportation must be provided  
3 for, or arrangements made for it. And adequate  
4 staffing for reporting, for serving, for cleaning,  
5 for outreach, for publicizing, for coordinating.  
6 I don't think that the burden can be laid on a  
7 school like St. Paul's or any existing program that  
8 works on shoestrings and limited budgets, to expect  
9 them to assume responsibility for additional functions  
10 without additional staffing to do that.

11 Moving on to other programs or services that  
12 we know are provided for the elderly by the Division  
13 of Aging that the hispanic elderly are not accessing  
14 because of transportation, and because of language.

15 I may share with you that approximately  
16 1,254 of the hispanics in Delaware, according to this  
17 1980 Census, again, were non-english speaking or spoke  
18 english to a limited extent. It is our educated guess  
19 that of that number, a great number of them are elder-  
20 ly. When people immigrate at an advanced age, it is  
21 more difficult for them to acquire a second language.  
22 Therefore, the services that the Division contracts

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1 for in case management, in transportation, homemaker,  
2 respite care, is not accessible to them, unless they  
3 have someone that will be able to provide the trans-  
4 portation, as well as the language linkage in order  
5 to be able to access those providers.

6 Just briefly, I will touch on the fact that  
7 right now, and Jim, I'm sure will expand on that,  
8 if we look at the numbers that I mentioned before,  
9 we are talking close to 500 elderly in New Castle  
10 County area. One person, one outreach worker to  
11 service that number of people, to do outreach, to  
12 provide transportation, to do interpreting, to do  
13 case management, is humanly impossible. Edith  
14 Velasquez was sharing with us that the outreach  
15 worker, she has currently, a case load of approxi-  
16 mately 125 both in the City and some in the outer  
17 skirts, of which 25 require regular attention. We  
18 are talking about elderly that are in constant need  
19 of medical services and almost in some instances  
20 weekly attention she must give to them.

21 So, not only in the nutrition program, the  
22 nutrition program, of course, is no longer in

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1 existence, but in terms of the amount of services  
2 that are being provided to the elderly in general  
3 in Delaware, are not accessible to the hispanic  
4 elderly to a great extent.

5 I think we need to perhaps shift some from  
6 focusing on how many are there, whether there's  
7 200 or 500 or 327, the fact is whatever number there  
8 are, they are in need. And we at the Latin American  
9 Community Center again have limited resources and  
10 could not address the needs of the elderly. For  
11 instance, taking an elderly person to a medical  
12 appointment at one of the clinics, often times  
13 including transportation and waiting time at the  
14 clinic, will eat up 3 to 4 hours of a worker's time,  
15 and we only have 2 community workers who cannot really  
16 meet the needs.

17 I think what we really need to look at is,  
18 what is the level of need that exists? One of the  
19 things in terms of determining what is the level of  
20 funding and the level of service that is being pro-  
21 vided with the Division of Aging monies at this point,  
22 is looking at whatever data is there in terms of,

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1 . case management services, for instance, or for home-  
2 maker services. What is the average number of clients  
3 per worker on each of those services, and why can't  
4 there be a comparable system set up, if you may. So  
5 that if a case manager can handle 35 people, why can't  
6 we also say that if we have 300 hispanic elderly in  
7 the City of Wilmington, and let's say 150 of them are  
8 going to need regular care, that we look at the pro-  
9 portion of clients per worker, not at the wrong  
10 numbers separate and independent of what their needs  
11 are.

12 I don't know how far recommendations can be  
13 taken by this Body, but I would like to suggest that  
14 the Division of Aging be required to play more of an  
15 active role and an advocate role in assessing the  
16 level of need in the areas of primary need of the his-  
17 panic elderly in this state, that they play a lead-  
18 ership role in convening the different organiza-  
19 tions that service the hispanic community, that can be  
20 resources to supplement what the Division of Aging  
21 does. I'm talking about LACC, I'm talking about  
22 Methodist Action Program, I'm talking about the



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1 Sisters of St. Joseph that work out of St. Pauls. I  
2 think there are resources in the community, that if  
3 we pool together the resources, we will be able to  
4 perhaps get 3 and 4-fold, in terms of services, by  
5 instead of duplicating or recreating the wheel, by  
6 helping each other out.

7 I would also like to propose that you request  
8 the Division of Aging of whatever body is the appro-  
9 priate body to do that, that they allocate a per-  
10 centage of the monies that are distributed for each  
11 of the service categories, to be earmarked to service  
12 the hispanic elderly. Again, I shall repeat, in case  
13 management, in transportation, in health screening,  
14 in respite care, in nutrition, and whatever monies  
15 are being contracted out, since the contractors don't  
16 have the capacity to hire bilingual staff, and we ac-  
17 knowledge the fact that there's a shortage of bi-  
18 lingual staff, that if those services can be provided  
19 by a corroborative effort amongst a number of us, that  
20 the need will be met in a very cost effective manner.

21 MR. HEIMAN: Thank You.

22 Mr. Walker is the Executive Director of the

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1 Methodist Action Program. I note that in the prelimi-  
2 nary document that came from the Department of Health  
3 and Human Services, the Methodist Action Program was  
4 mentioned as, in particular, a group that was heavily  
5 active in the hispanic community, and I appreciate  
6 your being here to share with us.

7 MR. WALKER: Appreciate the opportunity of  
8 being here.

9 It would just help me, and I do apologize for  
10 being a little late, if you could just take a second  
11 so I knew who everybody here was.

12 (Whereupon a brief recess was held to  
13 accommodate the request of Mr. Walker)

14 MR. WALKER: What I want to do, and I want  
15 to clarify, because we met last week I guess with LACC  
16 to talk about the problems-- LACC is, I think, the  
17 primary point people for providing services to the  
18 hispanic community as a group, and properly took the  
19 lead in terms of testifying, but at the request, I was  
20 happy to come and share what we are doing. I don't  
21 come as an agency. I don't come as speaking for the  
22 hispanic community. My outreach worker wanted to be

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1 here, but had to take someone to the hospital, and  
2 that had to take precedence. So, I don't even speak  
3 as a hispanic, and I just say that there, but I do  
4 speak as someone who for the last eleven years --  
5 the first ten years I spent as a professional com-  
6 munity organizer in Chicago, and New Orleans, Rhode  
7 Island, where I dealt a lot with hispanics. The  
8 problems I have encountered here have not been  
9 unique, unfortunately, but are serious.

10 And as we go forward, I find myself -- I took  
11 over at the Methodist Action Program a year ago. And  
12 I find myself somewhat frustrated, because I have some  
13 responsibility now, and sometimes feel it's boxed, so  
14 I'd like to share with you what we are doing, some of  
15 which is successful, some of my frustrations and  
16 angers about the problems that exist and that you  
17 don't seem to find a solution for, some of the future  
18 directions there.

19 As you alluded to, MAP has been around for  
20 about 21 years. It's the primary -- we have a three  
21 point charge to developing strength in local churches,  
22 which in this case, includes beginning to develop the

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1 hispanic congregation there in the hilltop area, to  
2 provide social services to both this program, and  
3 to another social service center, and working  
4 with the individual churches on their programs, and  
5 we do advocacy work for the church. So, that's our  
6 broad charge.

7 Our whole history goes back to long before I  
8 was around. For a while, LACC was in a church that we  
9 had, and it burned. Coming out of that, we  
10 contributed some money to what we hope will produce  
11 a new building one day, and I think it's beginning to  
12 move that way, but that was our original interest. We  
13 began developing, doing some ground work to develop a  
14 church, and about two years ago now, we were  
15 approached, coming out of the problems with the nutri-  
16 tion center, about whether we wanted to start a nutri-  
17 tion center there. I wasn't there then, but I under-  
18 stand that basically the further we got into it, we  
19 weren't sure that was the pressing need, as well as  
20 it seemed to be the wrong place to start, and we said,  
21 we're not sure we want to be there. At that point,  
22 the Division of Aging came and said, maybe you're

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1 right. Maybe what we need to do is have an outreach  
2 program there. And so, since October of 1985, we  
3 began a program there that has one worker. We have  
4 a grant of about \$21,000. We contribute something  
5 over \$10,000 to that. All those figures would be  
6 woefully inadequate in terms of what needs to happen,  
7 as Mrs. Alix talked about.

8 What we do do, is (A), go out and find them.  
9 They are isolated, there's no place to meet them.  
10 They have trouble getting around. They're in an  
11 alien world where every venture outside the door is  
12 a trip into a different world. They have been to  
13 things for hispanics, and I don't mean this to take it  
14 away, that was the contract there, but part of the  
15 problem with the nutrition site was, they came and got  
16 hamburgers, kids' food, and they said, "Not there."  
17 Well, that leaves a legacy that says, "We've been to  
18 that, and that's not for us." And, unfortunately --  
19 I think there have been some very sincere efforts by  
20 a number of the hispanic senior centers in the area,  
21 and some people do go to those centers, but the  
22 majority do not, and again, someone goes out and says

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1 this is for you, but you go there and they are not  
2 your friends, they don't speak your language, and  
3 you're an outsider again. It makes it hard to find  
4 out who's there. And we don't have the data. We've  
5 identified about 125 of those to date, as Mrs. Alix  
6 alluded to.

7 What we do with that money is, number one, in  
8 addition to that, once we have met you, a large number  
9 of those we just try and keep in contact with, try and  
10 be there. We do a lot of loneliness stuff, all that  
11 sort of thing. That's not the most pivotal thing we  
12 do, but it's part of building what's there.

13 In the last quarter we made 60 trips to the  
14 hospital. I have one person who does this. Now, you  
15 can imagine the problem again. Since we started this  
16 program, we lost four people, they died. Everyone of  
17 those we had to take back and forth.

18 Language if you are old is a handicap. It  
19 takes extra effort. And I'm an administrator  
20 nowadays, so I know I do this too, but you get the  
21 things that say you comply, and they say, do you have  
22 any hispanics, and you say we've got a hispanic

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1       janitor, I suppose we could use him. Stretch, you try  
2       to meet all the ends. I've got a hispanic secretary.  
3       But when you go to the hospital and you are dying  
4       of cancer, you don't want to have translation from a  
5       janitor. (A) it may be wrong, and (b) even if it's  
6       right it may be wrong, he may not get it right, and  
7       you sure don't trust it. You need to have that sort  
8       of thing. So, we've got a real problem out there,  
9       and that's at every place. In some cases, I suspect  
10      I could not prove, that it is a true lack of concern.  
11      In others, it's just where it sits on the priority  
12      list, and making it work through a whole system.

13                I'll give you an example. One of the things  
14      we tried to do to move this forward is to enter into  
15      formal agreements with agencies. The first one we  
16      were working with was the Housing Authority. People  
17      go down to the Housing Authority. We meet with the  
18      Director. You say you've got problems, we'll help  
19      him get in. The Housing Authority has vacancies for  
20      the elderly. They don't have them in any other places  
21      but with the elderly they do. The Director says, you  
22      get them down here, we'll do it. We say, "Well, one

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1 of the problems is, you send the stuff out in english  
2 and they don't understand it." If you can't send it  
3 out in spanish, call us when you get somebody in there  
4 and we'll help you. When you send a letter, send a  
5 copy to us, and we'll make sure it happens. And con-  
6 sistently, we have found that we would get somebody  
7 down there, the letter would go back, so later we  
8 would go visit the person and they would say, "Oh,  
9 I got this letter the other day." We'd say, "You were  
10 supposed to go for an appointment two weeks ago."  
11 Well, we weren't getting the communication. And in  
12 that case, it's not that the Director doesn't want to  
13 do it, but by the time you work it through that whole  
14 chain of command it's not there. And, so, we are  
15 beginning to try to work on that. But, again, it's  
16 hard pressed, even to do that when you have one  
17 person, plus my time, and I spend at least 10 or 15  
18 percent of my time on this program, to do that it's  
19 hard to cover those needs.

20 You go into the hospitals. If you call them  
21 up -- My outreach worker says, "I work for an Outreach  
22 Program for the hispanic elderly, do you have transla-



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1       tion available?" They say, "Yes." If you are his-  
2       panic and you call up and say, "I need to come for  
3       an appointment, I'm aged, and my english isn't so  
4       good", they said, "You need to bring someone who  
5       can translate for you." In some of our cases, that  
6       means on a single case, you probably spend four or  
7       five hours down at the hospital with one person.  
8       And that's never going to work. I mean, you can't  
9       staff us to that level. I mean, at some point some  
10      other institutions have to take that responsibility.

11               So, those are the types of things we do. And  
12      we've been reasonably successful -- we just did our  
13      evaluation for the previous year, and in every  
14      category of service, we're at somewhere between 105  
15      and 200 percent of our service goals. But, it's woe-  
16      fully inadequate to try and move with that, move  
17      forward, to deal with the loneliness, and a place to  
18      come, and to make us more efficient. We are trying to  
19      develop some sort of drop-in center. The problem is  
20      there is no money out there to go do that with. So,  
21      I stretch a stretched person already, plus me, and  
22      then we beat the bushes for volunteers. Hopefully,

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1 as it develops, we may, because our space is somewhat  
2 limited, we can do about 10, 15 or 20, but that would  
3 about use up our space. But as it develops we may work  
4 with LACC to use some space that they have available  
5 at that time with some things, so we are trying to co-  
6 ordinate that stuff.

7 If you deal with food, again, we're small,  
8 nobody wants to give us money to have somebody coordi-  
9 nate that, so we try and patch it together. We have  
10 been working with the Division of Aging. They have  
11 agreed on a trial basis to begin, once we have the  
12 drop-in center moving three mornings a week, that  
13 on one or two of those mornings they would provide  
14 special meals and bring them in. So, we hope that  
15 we can grow to document the stuff.

16 And we are also trying, and we are doing some  
17 work with Mr. Levin, to try and do something about  
18 documenting the problem. Again, using volunteers, we  
19 have developed a questionnaire, not just the numbers  
20 but to further bolster the need. But in the end, we  
21 are dealing with a small minority, hispanic elderly,  
22 and a relatively small minority in the state, and we

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1 got cheated. And if I was going to start where we got  
2 cheated was in 1979, when the Census Bureau didn't  
3 do a decent count. And when you're small, blacks and  
4 hispanics got nailed on this one. But if blacks got  
5 nailed, hispanics got it worse, because there are just  
6 fewer of them. And they don't have any political  
7 power in this state, or in most states. So, that  
8 we're not going to get that money. It's not all bad  
9 will, but if we don't figure out some way to document  
10 it-- the Census Bureau didn't come back and say we  
11 made a mistake, we'll do a recount. They'll do it for  
12 about 50 cents a head. But who has that money? So,  
13 we're not going to get it. So, we're caught in  
14 between. Nobody disagrees with their problems. They  
15 may disagree about the degree, whether there are 400  
16 in New Castle, or 480, which is closer to the mark  
17 than 125, which is about where we are. But, we are  
18 not going to do it, and we are caught in a "Catch 22"  
19 and I honestly don't know whose responsibility it is,  
20 but it ain't right to wait until 1991 to get it right.  
21 And I don't know who's going to provide that leader-  
22 ship.

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1           There are a number of other problems that have  
2 to do with smaller programs. Then there are big areas  
3 of need around housing, medical care, transportation,  
4 and maybe some education problems, but people just  
5 don't use -- it's every difficult to get them to  
6 feel comfortable on the transportation system. The  
7 major ones.

8           And then all the small ones that by their-  
9 selves--the number of times we say, the homemaker  
10 service needs to be available to us, there might be  
11 one, two, three cases in a year -- I mean I under-  
12 stand the argument from them that says, we can't  
13 hire a staff person for three cases. But, on the  
14 other hand, there's got to be some way to make those  
15 things available, because those folks are being  
16 cheated.

17           And, so, I would welcome anything -- the  
18 three of us here have been working at this  
19 frustration, and looking at where it can go and  
20 what we can do, but quite honestly, unless we get some  
21 help from some place, to either get over the numbers  
22 figure, to be comfortable with saying "We'll accept

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1 the University of Delaware's estimates"-- or some-  
2 times we feel like we are not going to get anywhere,  
3 because the Division of Aging is one piece, the other  
4 major funder of senior centers in this state is grant-  
5 in-aid.

6 MRS. MORRIS: That's true.

7 MR. WALKER: Local people, I don't have to  
8 educate you. I mean, there is no longer quite the  
9 waste and fraud there might have been, but that is  
10 a purely political system. I worked -- I had to fight  
11 hard to get anything this year, and I've got a net-  
12 work, and I'm willing to work my Methodist Churches  
13 to try to get them to lobby for that, but in the end  
14 you're talking about lobbying the legislature that  
15 represents roughly 600,000 people, for a group that  
16 we estimate might be 450.

17 MR. HEIMAN: Do you not get grant-in-aid?

18 MR. WALKER: We do not get grant-in-aid.

19 MR. HEIMAN: Does LACC?

20 MRS. ALIX: We do get grant-in-aid, but not  
21 for senior services.

22 MR. HEIMAN: Do they say that you can't use it

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1 for senior services? Or is it that you chose not to  
2 use it for senior services?

3 MRS. ALIX: Well, we are faced with the issue  
4 of demand and priorities. And in prioritizing the  
5 needs that exist in the community, we have chosen to  
6 -- For instance grant-in-aid goes to subsidize our  
7 social services. And then the educational support  
8 system, tutoring and homework for the young children.

9 MR. WALKER: And, unless you can move in a big  
10 way -- I've been through this process once. The first  
11 time this year, we said we wanted, again, to support  
12 our other social service center, which is the best  
13 shot we had, it's longstanding and has been there for  
14 20 years. I had to pull out every chit I've got to  
15 get \$10,000 out of them. Now \$10,000 would help the  
16 other program but, in the end, what we're talking  
17 about, it would take you again, the way the process  
18 works, a good five years, be it LACC, or be it us,  
19 to begin to get the funding through the grant-in-aid  
20 up to the level that you could really answer the  
21 question. And that's just how that process works.  
22 I'm not saying that we may not talk about how to do

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1 that, but that's the reality.

2 That's really all I have to say.

3 MR. HEIMAN: Before we open it up for  
4 questions and comments from the group, I would like  
5 to put on the record, the response of Mr. Don Dryden,  
6 the Controller General of the State of Delaware.

7 Mr. Dryden responded to a request from Mr.  
8 John Binkley, with regard to the question concerning  
9 grant-in-aid, and what was available in Delaware with  
10 regard to monitoring or controlling compliance with  
11 regard to that. A letter was finally received, I must  
12 say after a great deal of effort by Tino and other  
13 members of the staff dated July 2. Let me read into  
14 the record the rather short response:

15 "Dear Mr. Binkley:

16 On Thursday, June 25, 1987, the  
17 Legislative Joint Finance Committee met to  
18 consider Grant-in-Aid requests for fiscal  
19 year 1988.

20 During the session, the Chairman and  
21 Vice Chairman addressed your May and June,  
22 1987 letters to me.

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1           The committee members' discussion is  
2 summarized as follows: It is the members'  
3 experience that when a constituent has a  
4 problem, the first person contacted is the  
5 state representative or senator. The  
6 Committee members could not recall any con-  
7 tacts regarding discrimination in the grant-  
8 in-aid program.

9           Senator Herman M.Holloway, Sr., a member of  
10 the Legislature for 25 years, chairman of the  
11 Senate Health and Social Services/Aging  
12 Committee, and a long-time Joint Finance Com-  
13 mittee member stated that in all his service  
14 on the Committee, he could not recall a single  
15 complaint regarding discrimination in the  
16 grant-in-aid program.

17           The members' consensus is that any change  
18 in the grant-in-aid application process or  
19 Act is not necessary."

20           End of letter.

21           MR. WALKER: If I could just make one other  
22 comment that I neglected. Where the Division of Aging



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1 and Methodist Action Program would disagree on one key  
2 point, is that where they sit, and I think it's been  
3 said, is that they're not going to try and figure out,  
4 and go beyond what the Census data says. But, at the  
5 same time, within that, I would like to be clear that  
6 at least from our experience, that they have been  
7 actively involved in the limited program that we pro-  
8 vide. That they have been willing to help us inter-  
9 face with the Housing Authority and some of those  
10 sorts of things, and they have helped in those ways.  
11 And that, although I think there is a lot more they  
12 could do, in a vacuum in this state, they have done  
13 more, at least with us, than anyone else has. But  
14 it has been limited. I talked with Eleanor Cain as  
15 recently as yesterday about this, and our key point  
16 of disagreement would be the one, I think, that's  
17 been voiced across here, is the commitment and need  
18 to move beyond that Census data, is something else  
19 that I wanted to interject.

20 MR. HEIMAN: Do any of the Committee members  
21 have any questions for any of the participants?

22 Yes, sir?

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1           MR. JONES: I surely have a comment and  
2           questions, Mr. Heiman. I would ask the interested  
3           parties and the Delaware Panel to revisit the testi-  
4           mony of our December 3, 1985 meeting. Gratuitously,  
5           the testimony we've heard here today gives credence  
6           to the very concerns raised at that meeting. The  
7           testimony we've heard gives credence. I would fur-  
8           ther amend their comments by revisiting Title III(B)  
9           of the 1978 Amendments, to cite information and  
10          referral services, transportation services, outreach  
11          services, housing services, including renovation,  
12          legal services and health services. Now, these were  
13          the same complaints that we had received up through  
14          1985, which we did not have documentation for, but  
15          which were cited by both Mr. Mitchell of the NAACP  
16          and myself at that hearing.

17                 I would further then like to give response to  
18          the matter of oversight which we raised to the repre-  
19          sentative of the General Assembly. The simple matter  
20          is, if we go to Minority Elderly Services conclusions,  
21          a report issued by Pendleton's Commission, if you  
22          will, even they had to agree that the Congress itself,

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1       though not receiving specific discrimination com-  
2       plaints, that is, individual members of the Congress,  
3       nevertheless felt compelled to issue stonger regula-  
4       tions governing the Older Americans Act. And, under  
5       those provisions made citations of several categories  
6       of compliance. I wish to point to the exception of  
7       the Office of Civil Rights findings and the categories  
8       cited by the 95th Congress on what items ought be mon-  
9       itored. And I wish the language specifically to speak  
10      to that. I can respect that there are subtle differ-  
11      ences between the federal programs and the state pro-  
12      grams, to the extent that state dollars largely  
13      support the grants-in-aid, but also there are federal  
14      programs. The issue essentially then is whether or  
15      not federal law ought not be the standard of  
16      compliance for state programs for Older Americans,  
17      for the aged Americans. That is the essential issue.

18               And if federal law then prevails, then the  
19      state itself finds itself in violation of these items  
20      which we addressed in 1985. So, there is finding in  
21      that sense to support our contention. It is  
22      unfortunate that federal law does not prevail in the

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1 Delaware Standard.

2 MR. HEIMAN: Did you also have a question that  
3 you wanted to address to any of the panelists?

4 MR. JONES: The matter of the conclusions on  
5 the rate of service useage exceeding the black elderly  
6 representation in the population in Delaware is quite  
7 different from the testimony of 1985, which said that  
8 the number of black persons serviced exceeded the  
9 numbers represented in the SMSA for that particular  
10 region. I took exception to that. It is a matter of  
11 record. And I am glad to see that the record has been  
12 corrected.

13 I still have questions regarding 20 percent  
14 utilization with 11 percent of the population. Is the  
15 suggestion there that there is far greater need by  
16 black elderly for services in general than the numbers  
17 would suggest? Because it's certainly true that if  
18 you only have 11 percent constituting that population  
19 base, you can't deal with any more than 11 percent,  
20 unless you are going under the number for the aged,  
21 is that not so?

22 MR. LEVIN: The number, the 20 percent figure

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1 that I use, is a general number cutting across the  
2 many different program services reviewed in the course  
3 of the investigation, and I don't have with me, un-  
4 fortunately, and I apologize for that, a specific  
5 breakdown by the individual programs as they were  
6 examined in the course of the investigation. There  
7 was a statistical analysis run on each of them using  
8 the population figures given in the Census data, that  
9 was obtained from the Census Bureau tables as well as  
10 from the state development agency, I believe it is --

11 MR. JONES: The Division of Economic Services?

12 MR. LEVIN: That might be. That provides some  
13 of this information as well. And, the number 20  
14 percent remains in my mind from one of the tables that  
15 I was reviewing earlier before I came down today. It  
16 certainly varies among the programs. But, we find in  
17 toto in drawing the conclusion, that it indicated that  
18 the black minority, in this case, was not under repre-  
19 sented in the service that was being provided. And  
20 that was the conclusion that we were able to reach in  
21 reviewing the information that we had collected in  
22 the investigation.

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1           MR. JONES: If I could speak in my capacity,  
2 strictly as a Panel Member, if not a representative  
3 of community organizations, we attest to distributions  
4 influencing percentages. Do you follow me? Let's  
5 assume, for example, you've got a thousand people,  
6 nine hundred may be lumped in one category. You may  
7 have nine other categories in which the other one  
8 hundred would be lumped. If then, by number distribu-  
9 tion you find, for example, ten of fifteen in one or  
10 those categories, such that your percentages come out  
11 forty, and fifty, and sixty, and seventy, and then you  
12 average all ten, then the average number is going to  
13 be higher, isn't it, by definition? Right? I suspect  
14 strongly that's what happened in that case of this 20  
15 percent. I'd still like to see those numbers. I think  
16 the State is dead wrong, and I want to go on record,  
17 in that I think that's what they've done. They've  
18 concealed the numbers in terms of population and  
19 useage, so as to influence the General Assembly in its  
20 funding patterns, to wit, the problem with the his-  
21 panic population. It is a game of politics, and that  
22 is what I'm speaking to largely, and I want to

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1 separate the two so it's very clear in our minds that  
2 the experience and the testimony we've heard here  
3 substantiates our earlier claim. But, I wish to sep-  
4 arate your function and the reporting system and the  
5 numbers, and how they can really be misleading to  
6 people who aren't altogether sophisticated in the use  
7 of numbers. And I take a very strong position on that  
8 matter. Could you share with us the numbers you have  
9 so that we could look at the numbers ourselves? Which  
10 is what I asked for, I believe, a year and a half ago.  
11 Could you share that with us?

12 MR. LEVIN: I don't have that with me.

13 MR. JONES: Is it possible you could get that?

14 MR. LEVIN: That's embodied in our investiga-  
15 tive reports and the findings, as all part of the  
16 evidence that we had collected. Let me add that the  
17 information was derived from data provided by the  
18 Division on Aging in some instances, and where we  
19 could corroborate it we would, but the review of that  
20 data was done on a program-by-program basis, as we  
21 examined each of these different activities, and we  
22 did not average across the board. I don't want to

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1 mislead you in terms of that 20 percent number I was  
2 throwing out. I felt that was sort of a handy general  
3 reference to indicate simply, comparing the experience  
4 of our findings --

5 MR. JONES: That's all right.

6 MR. LEVIN: --that in the black minority as  
7 opposed to the hispanic elderly minority, we found the  
8 experience of the black minority was better than that  
9 that we were finding with the hispanic minority at  
10 that time, given the numbers. But that 20 percent  
11 figure was just an averaging in my mind. It might  
12 have represented more or less in different other  
13 programs areas.

14 MR. HEIMAN: Might I ask, is your report  
15 itself available at this time? The entirety of the  
16 report?

17 MR. LEVIN: Yes. The investigation has been  
18 closed.

19 MR. HEIMAN: So, is there a final report,  
20 other than a summary of the final report? That is,  
21 a document that contains the information that Mr.  
22 Jones is seeking?



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1 MR. LEVIN: Yes.

2 MR. HEIMAN: The statistical base and  
3 analysis?

4 MR. LEVIN: Yes.

5 MR. HEIMAN: Is that available to us?

6 MR. LEVIN: I would have to check on that.  
7 I would imagine it could be available to the Agency.

8 MR. HEIMAN: Is there any reason to believe  
9 that it is not available under the Freedom of Informa-  
10 tion Act?

11 MR. LEVIN: Oh, no. I am sure it would be  
12 available on the request of the Agency to provide  
13 that.

14 MR. HEIMAN: Are you asking for that?

15 MR. JONES: Yes, indeed, I am, Mr. Heiman.

16 MR. HEIMAN: And would you want that report  
17 to be made part of this transcript?

18 MR. JONES: Absolutely, I would. Yes, I  
19 would.

20 MR. HEIMAN: Mr. Figueroa, do you have any  
21 questions for the Panel, especially, since you are  
22 our hispanic resident expert?

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1 MR. FIGUEROA: I was wondering, are we  
2 going to get a copy of those figures you gave us?

3 MS. ALIX: I can provide them for you.

4 MR. HEIMAN: They will be in the trans-  
5 cript.

6 MR. FIGUREROA: That's something important,  
7 and I wish everyone would have a copy.

8 MR. HEIMAN: Do you have any questions that  
9 you would like to ask any of the panelists?

10 MR. FIGUERROA: No, I don't believe so.

11 MR. HEIMAN: Mrs. Morris?

12 MRS. MORRIS: Yes, I do. I would like to ask  
13 Mr. Levin, on issue number one, I observed that --

14 MR. HEIMAN: For the record, we are referring  
15 now to the letter to Mr. Binkley, which is the summary  
16 of the report. It has a hand stamped of February 9,  
17 1987, and we would like to make a copy of this letter  
18 as an exhibit to the transcript, especially since we  
19 are referring to it.

20 MRS. MORRIS: Thank you, Mr. Heiman. I'm  
21 referring to issue number 1, as it relates to the  
22 development of Methods of Administration, Policies

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1 and Procedures. The letter indicates that DOA, or the  
2 Division of Aging, has implemented the following  
3 administrative methods, policies and procedures:

4 I would like as a matter of the record, ask  
5 you the question, when were the administrative  
6 methods, policies and procedures acknowledged and  
7 implemented?

8 MR. LEVIN: Is your question directed at the  
9 period of time when we conducted the investigation  
10 concerning the methods of administration? Or, are  
11 you asking when did DOA implement the various aspects  
12 of the methods?

13 MRS. MORRIS: What I'm driving at, in plainer  
14 terms is, whether or not these actions took place be-  
15 fore or after our hearing?

16 MR. LEVIN: Okay, when the DOA implemented  
17 these various actions?

18 MRS. MORRIS: Yes.

19 MR. LEVIN: Not when we investigated their  
20 implementation?

21 MRS. MORRIS: No.

22 MR. LEVIN: It was probably before. I say

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1 that because we had already begun the investigation  
2 in August of 1985, and I think your hearing in Dover  
3 occurred later than that, when Sam Parker was down  
4 to testify.

5 MR. CALABIA: In December of '85.

6 MR. LEVIN: In December. At that point, we  
7 were probably fairly well along into the investiga-  
8 tion. And the methods of administration was one of  
9 the earlier things that was done.

10 MRS. MORRIS: Was your investigation a part of  
11 what you would consider normal procedure for your  
12 agency, or was your investigation based upon  
13 complaints that you had received?

14 MR. LEVIN: No. I think it was more the  
15 former, the normal procedure. And I might take a  
16 moment just to explain that process if that edifica-  
17 tion will be helpful. We develop an annual opera-  
18 ting plan each year actually as part of our extended  
19 long range planning in terms of the agency operations,  
20 as carried out by the field offices, the regional  
21 offices.

22 Normally, our headquarters indicates a number

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1 of projects which they feel, based on their national  
2 perspective, their experience at large, that warrant  
3 some investigation or inquiry. That will vary from  
4 time to time. It may represent 50 percent of our  
5 activity in the field. The regional offices then  
6 have discretion to formulate activity for the  
7 balance of allocating its resources. And, in that  
8 instance, we look at the kinds of things that have  
9 surfaced through the complaint mechanism, complaint  
10 investigations that are conducted, to see if they  
11 seem to be happening more in a certain area, whether  
12 there are more complaints coming in concerning the  
13 operation of nursing homes versus state mental health  
14 institutions or something like that. The staff in-  
15 sight is also utilized in formulating some of the  
16 areas in which we feel investigation is warranted.  
17 The investigations I'm speaking of, we refer to as  
18 compliance reviews, as distinguished from complaint  
19 investigations.

20 And the compliance reviews are the investiga-  
21 tions that we develop at our discretion. We design  
22 them. We are not limited by scope as we would be in

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1 a complaint.

2 We also try to observe a certain balance,  
3 both in terms of the field that's being examined, and  
4 the geographical area, so that we are at any time con-  
5 ducting investigations in all six states in our region  
6 III, and that we are covering a range of things that  
7 may go from nursing homes to mental health services,  
8 to elderly services.

9 I don't recall, specifically in response to  
10 your question, that there was anything specific that  
11 lead us to the Delaware Divison on Aging in terms of  
12 previous complaints that suggested that there were  
13 sufficient violations to warrant our attention. I do  
14 not think that was the case.

15 MR. CALABIA: It's been a year and half since  
16 this Committee turned its attention to the general  
17 subject of nutrition services for the minority elder-  
18 ly. But, as staff, let me mention that we looked at  
19 it in light of allegations we heard in 1985, allega-  
20 tions which first came to us by way of a former  
21 Director of a Senior Center in New Castle County, and  
22 who is now a practicing attorney in another state.

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1 Plus an allegation from a Director of a component  
2 program in downstate Delaware. What we learned upon  
3 looking at the allegations was not necessarily  
4 that they applied to federally funded services which  
5 has been reviewed by the office of Civil Rights in  
6 Philadelphia, but may have occurred in the state's  
7 grant-in-aid project.

8 As you recall, during the December, 1985  
9 meeting, we began to clear away some of that con-  
10 fusion, and that's when we learned all of this, that  
11 there had been no review of civil rights compliance  
12 in the state grant-in-aid programs. And all of us  
13 learned for the first time, I think, that there are  
14 no civil rights compliance provisions for any grant-  
15 in-aid project or program.

16 So, the problems originally addressed to us  
17 may have emerged out of activities in some of the  
18 other non-federally funded centers.

19 MR. LEVIN: Thank you for mentioning that,  
20 Tino. It also refreshes my recollection that we did  
21 not receive that information prior to learning of it,  
22 I think, when Sam was down and visited with you.

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1 And we spent some time, as I mentioned on the phone,  
2 promptly, trying to establish jurisdiction over the  
3 grant-in-aid programs. We didn't know initially  
4 that there were different kinds of services being  
5 provided down there, in terms of the congregate meals.  
6 Those funded by grant-in-aid state funding, and those  
7 through the triple A funding from the federal govern-  
8 ment through our department. We established our in-  
9 vestigative jurisdiction based on the Title III fund-  
10 ing that was granted by the Administration on Aging,  
11 and that's how we got the hooks in. We tried to es-  
12 tablish some federal jurisdiction over the other  
13 congregate meal sites that were grant-in-aid funded,  
14 by determining if there was either any federal money  
15 directly applied or utilized at those sites, or in  
16 the absence of direct cash involvement, if there  
17 were any services being performed by personnel paid  
18 otherwise with federal money, whose service was being  
19 applied to those other food sites as well, because  
20 our jurisdiction is based on federal assistance, not  
21 necessarily exclusively financial.

22 MR. HEMIMAN: What was the upshot of what you



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1 found?

2 MR. LEVIN: We couldn't establish anything.

3 MR. HEIMAN: Who says you couldn't? Did you  
4 say you couldn't? Or did the Justice Department say  
5 you couldn't?

6 MR. LEVIN: We did. Our investigation failed  
7 to disclose the tracing of any federal funds through  
8 our department to those centers that were funded by  
9 grant-in-aid allocations from the legislature, serving  
10 the congregate meals. Nor, could we establish the  
11 utilization of any personnel by the Delaware Division  
12 on Aging, to participate in any managerial, adminini-  
13 strative or program way, which would have given us  
14 jurisdiction, because they were being funded from our  
15 department, and, therefore, they could perform only  
16 services directed at the program activities being  
17 supported by the federal money. They could not do  
18 two things. They couldn't receive our money to carry  
19 out these programs, and at the same time, administer  
20 the state grant-in-aid program. We couldn't establish  
21 the nexus there to claim jurisdiction over them.

22 We did look, interestingly, at the utilization

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1 of their office personnel, particularly in terms of  
2 processing grant-in-aid applications, to see if they  
3 advertised for the grant-in-aid applications, if they  
4 in fact received the applications; if they then re-  
5 viewed and assessed the applications and then made  
6 judgments as to awards to be based on their review.  
7 That would have provided a very substantial adminis-  
8 trative function with our money, and would have given  
9 us entree into the investigation of those state funded  
10 centers, and we couldn't establish that.

11 MRS. MORRIS: It is a fact that a splinter  
12 group can develop from a larger center in the state.  
13 We have some instances of that downstate. For  
14 example, in the city of Dover, the Dover Modern  
15 Maturity Center, there was a group that went out from  
16 that, for whatever reason, they were angry or  
17 something, and they now have what is called Harvest  
18 Years Senior Center. And I think that all one would  
19 have to do is organize a non-profit board, hire a  
20 director, get funding from grant-in-aid, and you're  
21 set and ready to go.

22 MR. HEIMAN: So, there is an institutional

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1 deficiency in the system.

2 MR. LEVIN: I think that's what Mr. Jones was  
3 addressing before.

4 MR. HEIMAN: And that deficiency is defini-  
5 tional.

6 MR. LEVIN: Yes.

7 MR. HEIMAN: And, if we go back to your  
8 argument that if you define your terms rather narrow-  
9 ly, as I think you have done with regard to this, then  
10 you can avoid the problem.

11 MR. WALKER: I think that's an important  
12 point, because I think it's important to break down  
13 where things go. And in my perspective, I can't say  
14 it enough, number one is, the feds blew it on the  
15 Census and didn't do anything. That shifted that  
16 question. Minorities depend on that sort of thing to  
17 enforce it. What you are finding is at a second  
18 level, despite some enforcement at a federal level,  
19 there seems to be no policy in the state. And I don't  
20 know what the purview of this Commission is as the  
21 Delaware state agency connected to a national one,  
22 but if there is one question I would raise --

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1           MR. HEIMAN: We are not a Delaware state  
2 agency of any kind. We are a federal group.

3           MR. WALKER: Okay. Because that becomes a  
4 pivotal question as we go down, and that moves down  
5 to the Legislature and core leadership. Because,  
6 without missing my point of disagreement with the  
7 Division of Aging, I think it's important to under-  
8 stand that even on their funding, let alone grant-  
9 in-aid, that there are people who would attack it  
10 if all of a sudden they said they were going to  
11 triple the funding. In constant state dollars that  
12 means they are going to take it from someone else,  
13 because that's the only way it'll work. And so, I  
14 wish that they were going to choose to bite that  
15 bullet and go forward. But I think it's important to  
16 understand that out of the whole spectrum, they are  
17 the only ones who are conceivably living up to what  
18 I would call their minimum responsibilities, which  
19 is to answer what's documented in the census. And  
20 I think if you added in LACC's grant-in-aid, and put  
21 that against all the grant-in-aids in the state,  
22 there is no way that \$25,000 represents their pro-

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1 portion of the grant-in-aid dollars distributed in  
2 this state to hispanics. So, that I think it's --

3 MRS. MORRIS: How much do you get? Come on--

4 MRS. ALIX: \$25,000.

5 MR. HEIMAN: Does anyone else have any  
6 questions?

7 MS. WILSON: I had one question. Federally  
8 funded nutrition centers, is there any problem with  
9 serving ethnic foods?

10 MR. LEVIN: Not to my knowledge.

11 MS. WILSON: Who decides that?

12 MR. LEVIN: That would be determined by the  
13 people who are running the project at that area, the  
14 center, and the Administration on Aging in carrying  
15 out and in implementing the program.

16 MR. WALKER: In Wilmington, it would be a  
17 three-part thing. It would be between the Division  
18 on Aging, St. Anthony's Community Center, which has  
19 the contract for providing all the food in Wilmington  
20 as a coordinating agency. They do not do the cooking,  
21 they subcontract that out to a catering service. We  
22 have, as I alluded before, not at the level we are,

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1 but on that count of providing food that would be  
2 available, we have now reviewed menus, and they have  
3 agreed to provide those menus at least once or twice  
4 a week, if we can get the other piece going. The  
5 problem is that we are having to put together the  
6 other piece by working with volunteers, who have been  
7 very helpful in this, as well as using the Division  
8 of Aging's suggestion, and they have been supportive  
9 of us getting Title V workers who are elderly people  
10 who are paid to work. A particular problem is, us-  
11 usually that does not affect people's income. Because  
12 most elderly in this country have social security.  
13 And most of the folks here are Puerto Rican, so they  
14 do qualify for federal assistance. But because of  
15 different work patterns down there, most of them  
16 have not paid in enough to qualify for full benefits  
17 on social security, so they get SSI, and we've had  
18 about three people wash out now because they were  
19 there to do it, but whatever dollars we gave them  
20 would be deducted from their SSI check, which didn't  
21 do them any good.

22 MR. HEIMAN: I'd like to ask a question

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1 directed to what I perceive as your stating the pro-  
2 blem, which is the Census, and apparently a great  
3 deal works off of the Census. In three years you are  
4 going to have another Census. What steps are you  
5 taking now to provide for the Census in three years?  
6 Because, apparently, if you can do what you should  
7 be doing, which is getting these people to respond  
8 properly, then you won't be undercounted, and you  
9 will be able to generate greater abilities to get  
10 the monies that you now say you need.

11 MR. WALKER: At this point, I would say it  
12 is a good question, and quite honestly, I would say  
13 that we have been more focused in how to do a better  
14 job of documenting in the interim. I would hope that  
15 out of that focus that now, between the three of us--  
16 that Mr. Levin is aware of that problem and has talked  
17 with the liason, and has made that available to me as  
18 well, to see whether the Census Bureau can help as it  
19 is, and hopefully we would coordinate and work to try  
20 and make that -- And I know LACC may have some plans  
21 as well --

22 MRS. ALIX: Yes. In that, the Census Data

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1 affects everything, everything. We have established  
2 linkages with the regional office of the Bureau of  
3 the Census, and plan to maintain a very active role  
4 in whatever deliberations there are, in terms of how  
5 to -- part of the problem is convincing people to  
6 answer the questionnaires.

7 MR. HEIMAN: That's not the Census Bureau's  
8 problem is it?

9 MRS. ALIX: It is to a great extent the Census  
10 Bureau's problem.

11 MR. HEIMAN: Well, that's an issue we can dis-  
12 cuss at some other time.

13 MRS. ALIX: But the Census Bureau has as its  
14 responsibility finding the way to ease people's fears  
15 about disclosing --

16 MRS. MORRIS: I agree.

17 MRS. ALIX: -- about disclosing information to  
18 the federal government that, although they say is con-  
19 fidential, and I am sure people on the street don't  
20 believe that to be the case, so, I do feel that it is  
21 the Census Bureau's problem to get an accurate count  
22 of the people in the United States, and that they need



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1 to take the necessary measures to work with community  
2 groups to help them get into the community, onto the  
3 streets to make sure that people understand the im-  
4 portance of giving the information that we all need  
5 in order to do accurate planning. And so, what I  
6 am saying is, that we are very much interested in  
7 the 1990 Census, at least in this area, to be as  
8 accurate as we can be, and I don't think it's going  
9 to be a hundred percent but -- It's going to require  
10 a lot of work with them in terms of finding Census  
11 takers that are bilingual, bicultural, that are known  
12 in the community, that are not feared, that can  
13 relate, that can encourage people to do it, and  
14 finding other ways of getting that information across  
15 that, "Hey, this is going to be very crucial in terms  
16 of political representation, services and everything  
17 else that you need."

18 MR. HEIMAN: Are you dealing with the new  
19 Immigration Act in order to deal with the illegal sit-  
20 uation in Delaware, if any?

21 MRS. ALIX: We don't have as major an illegal  
22 problem in Delaware, in that, like Jim said, the

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1 majority of the population in Delaware is Puerto  
2 Rican, therefore, are citizens by birthright. It  
3 is more of a problem in the south, in the southern  
4 part of the state.

5 MR. HEIMAN: I do know several attorneys that  
6 are working on illegal immigration problems in  
7 Delaware. So, obviously there are some here.

8 MRS. ALIX: Oh, I am sure there are some.

9 MR. WALKER: They both exist, and let me just  
10 highlight a couple of places, because I think you are  
11 right. Most of them are coming in for farm labor, so  
12 they are either downstate -- And, I just heard the  
13 other day, I didn't know we were into labor brokering,  
14 but we are brokering Koreans into this country where  
15 they have to work to pay back their passage. I didn't  
16 know they did that any more. As well as, and I had  
17 not been aware of this, they aren't statistically sig-  
18 nificant, but again, there would be more mexicans that  
19 would be borderline, and a few of them -- they had not  
20 been elderly, so that we haven't dealt with them, but  
21 in our survey for developing the Church, a few come up  
22 from Kennett Square from the mushroom fields, so that

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1 is coordinated at least here, if not statewide--or the  
2 lead has been taken by Catholic Social Services.

3 MR. JONES: Mr. Heiman, for the record, the  
4 Migrant Worker Report documents just that concern --

5 MR. HEIMAN: Oh, I'm aware of that.

6 MR. JONES: And, secondly, the Census Bureau  
7 exercised outreach last year to deal with just the  
8 problems Mrs. Alix has delineated. The Census Bureau  
9 accepts its responsibility to hire bilingual persons  
10 to engage in just these matters.

11 MR. HEIMAN: It's just that it would seem to  
12 me that it is of more importance to the hispanic  
13 community than it is to the Census Bureau, that an  
14 adequate census be taken.

15 MR. JONES: It becomes a cooperative venture  
16 out of mutual need.

17 MR. HEIMAN: I think that to come here in 1991  
18 and say that the Census Bureau hasn't done it's job,  
19 would be less fruitful than doing the job now to pre-  
20 pare for the 1990 Census, is all I was suggesting.

21 MR. JONES: Indeed.

22 MR. WALKER: I think that's a good point.

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1           MR. JONES: Right. And, Mr. Heiman, lest  
2 we miss the caveat here, the question boils down to,  
3 aside from the issues of census and grants-in-aid,  
4 whether or not federal law prevails as the Delaware  
5 Standard.

6           MR. HEIMAN: I understand we are back to  
7 the definitional problem.

8           MR. JONES: Yes, you see, it's a very  
9 important matter.

10          MR. HEIMAN: I realize that, and we can  
11 discuss this for a long time. I think one of the  
12 purposes of the grants-in-aid program is to get  
13 around the question of the federal standard. What it  
14 does is give to the state, without federal  
15 restrictions, the ability to disseminate funds. We  
16 don't have to get into the philosophy as to whether we  
17 agree with that or not, I suspect we probably agree,  
18 but that's a different issue.

19          MR. JONES: Yes, but now, in a sense, extend-  
20 ing that matter for a response from the attorney who  
21 advises the U.S. Commission, the answer to just that  
22 question, whether or not federal law -- because as I

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1 read federal law from my own publications, we are  
2 not in compliance. As a matter of fact, if anything,  
3 we abuse privileges in this state, and I'd like to  
4 get an answer to the very questions and the Standards  
5 posed in these two reports. Delaware does not comply  
6 with these Standards.

7 MR. CALABIA: Well, we'll seek such an answer.  
8 But, let's assume that the answer is in the negative.  
9 Is it the consensus of the Committee though, that just  
10 as the federal government, and perhaps some other  
11 state and other local governments, include compliance  
12 provisions in their programs funded out of public  
13 monies, just as that is done at those levels, are you  
14 suggesting that the State of Delaware also include  
15 compliance provisions in the state grant-in-aid  
16 program?

17 MR. JONES: As a bare minimum.

18 MR. CALABIA: Would that be the consensus of  
19 the Committee?

20 MR. HEIMAN: I hadn't thought that problem  
21 through. That creates a problem in my mind, merely  
22 because it establishes another level of bureaucracy

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1 in Delaware.

2 MR. JONES: I understand your concern.

3 MR. HEIMAN: And I certainly am opposed to  
4 almost anything that would increase my taxes.

5 MR. JONES: I understand your concern.

6 MR. HEIMAN: When I expect nothing to be done.

7 Could I just raise a totally different ques-  
8 tion, although, mentioned just briefly by Mr. Walker.  
9 Delaware is developing a rather significant Asian  
10 population, Korean, Viet Nameese, Chinese. And, while  
11 they are as yet a minority, minority, is anything be-  
12 ing done in terms of the federal programs with regard  
13 to these people who have, I think, as great a  
14 language problem, if not greater, and certainly a  
15 greater cultural problem than the hispanic community?

16 MR. LEVIN: I'm glad you've provided me with  
17 an opportunity to respond to that Mr. Heiman. We're  
18 very much involved in programming, among the variety  
19 of things that we have been into. This particular  
20 activity comes under the heading of outreach more than  
21 investigation. But, reflects an approach that we  
22 are developing and also trying to study as an ap-

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1 proach in doing our office work, and that is, to  
2 embark on what we call special projects. And the  
3 connotation of this is to come together with recip-  
4 ients of federal funds be they hospitals, or nursing  
5 homes, or welfare agencies, social service groups, or  
6 whatever, and there are some 43,000 recipients of  
7 funds through our department that theoretically we  
8 will one day have investigated all together. And we  
9 are trying to maximize the use of our resources by  
10 being much more efficient, and looking at areas where  
11 we have reason to believe there was something wrong,  
12 and can come to some agreement with the recipients  
13 that there could be something done, and obviate the  
14 need for a full blown federal investigation, which is  
15 very costly in terms of the allocation of resources  
16 from within our office, and certainly is extremely  
17 disruptive on the part of the services of the  
18 recipient, because we get in, and we are talking to  
19 everybody, and looking at all the records, and the  
20 conception of that sort of thing.

21 We have for, I guess, two years now been in-  
22 volved with the problem of Southeast Asian refugees,

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1 initially, in Philadelphia where the population was  
2 greatest, and they were closest at hand and, there-  
3 fore easiest to work with. And we identified that  
4 problem primarily as a language problem and ultimately  
5 encouraged some nine major hospitals in the area, who  
6 we found would be in violation by not providing equal  
7 opportunity for the Asian refugee population to parti-  
8 cipate in the services to which they were entitled,  
9 ergo discrimination and violation.

10 We worked with the hospitals, provided techni-  
11 cal assistance. At our expense we had engaged consult-  
12 ants in these foreign languages to prepare, essential-  
13 ly, flipcards with five different languages on there  
14 including english. They were distributed to the  
15 hospitals, to the emergency rooms and to some other  
16 locations, so that if a refugee came in, in need of  
17 service, and couldn't communicate because of the  
18 language barrier, they would have these cards that  
19 they would flip, and the American english-speaking  
20 hospital attendant could say, what hurts? And look  
21 for that card and hold it up, and the person could  
22 pick out which ever line was appropriate to their



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1 language --

2 MR. HEIMAN: That presumes literacy, does it  
3 not?

4 MR. LEVIN: Correct, yes.

5 MR. HEIMAN: Which is an extra-ordinary pre-  
6 sumption, considering the general area these people  
7 come from.

8 MR. LEVIN: Well, that's true too. We found,  
9 however, as we completed that project, and moved into  
10 dealing with the refugee area, in what we felt was our  
11 second densest population in our six-state region,  
12 namely, the greater metropolitan Washington area,  
13 northern Virginia, D.C. and the lower part of Mary-  
14 land, Prince George, Montgomery County, we found  
15 down there, as we learned more about the problem,  
16 that it was more than just language. There were  
17 cultural factors involved, and these became very  
18 significant. As a result, we are now working with  
19 the state refugee coordinators of Virginia, the  
20 District of Columbia, and Maryland through our  
21 Department's office of Refugee Resettlement, which  
22 is under Social Security, not to elaborate on the

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1 structure of the bureaucracy, to deal with the pro-  
2 blems primarily of the Southeast Asian refugees in  
3 the hospital setting. We have discovered, interest-  
4 ingly, that there is a lot going on as a result of  
5 various community groups to deal with the problems  
6 of this population in terms of mental health, commun-  
7 ity mental health services, and certain other things,  
8 but apparently there has not been much done in the  
9 hospital field.

10 I was informed as recently as today, that the  
11 state refugee coordinator in Virginia, who has  
12 accepted the lead for administering this thing, we  
13 are sort of brokering this project now, has last  
14 week sent letters to the 15 targeted hospitals, hos-  
15 pitals which we understand have the greatest treatment  
16 census of Southeast Asian refugees in the area, iden-  
17 tifying our concerns, the Office of Civil Right's  
18 concerns, with potential violations, and that we will  
19 be conducting compliance reviews in the next several  
20 years to establish the degree of violation and com-  
21 pliance, among the hospitals in the area. And that  
22 there is a mutual benefit to be served. The state

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1       refugee coordinators who are committed to providing  
2       the various social services to the group of refugees,  
3       and the hospitals who are committed to provide these  
4       services, but find they are not doing an adequate  
5       job because they don't understand the cultural  
6       differences primarily. She will be following that  
7       letter up with telephone calls to the hospital  
8       administrators next week to establish their commit-  
9       ment to a training program which we are collaborating  
10      on, and we will be involved to insure that the legal  
11      requirements that we are concerned with, and the hos-  
12      pital is concerned with, will be adequately addressed  
13      in this training. And that the training will be pro-  
14      duced by people who have a knowledge of health systems  
15      so that it can be applied in a hospital environment or  
16      hospital setting.

17                Interestingly too, and this is just burgeoning  
18      on us, and we are very pleased with that effect, she  
19      informed me today that the State Commissioner of the  
20      Department of Health in Virginia is very anxious to  
21      participate in this training plan that we are creat-  
22      ing. And also, the representative from the National

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1 Institutes of Mental Health in Washington are going  
2 to contribute some fund into this training program  
3 that will be developed. And, primarily, right now we  
4 are looking at a pilot effort that consists of  
5 three sessions, four hours each, and will hopefully  
6 be given to people in the hospital setting who are  
7 in a position of influence and control to bring about  
8 the necessary change.

9 MR. HEIMAN: From the Committee, are there  
10 any other questions or any other last minute comments  
11 before we wrap this up?

12 MR. JONES: The question on federal oversight  
13 regarding public law --

14 MR. HEIMAN: -- Is definitely a question that  
15 Mr. Calabria is going to take back.

16 MR. JONES: Yes, to counsel.

17 MR. HEIMAN: One of the questions that has  
18 been raised is, having this information that we have  
19 now been provided with, together with the earlier  
20 information, and leaving open the question that Mr.  
21 Jones has raised for a report back, are we satisfied  
22 that with this transcript we can put together some-

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1 thing that we should now submit to the Civil Rights  
2 Commission generally? And, if so, I'd ask for a  
3 consensus on that so we can take this issue and put it  
4 to bed.

5 MR. JONES: So moved, for what it's worth.

6 MRS. MORRIS: I second that.

7 MR. HEIMAN: Any dissent?

8 I would only suggest that we will have, hope-  
9 fully, a written reponse from General Counsel with  
10 regard to the question that Mr. Jones has posed that  
11 we can attach to the transcript and make part of the  
12 record.

13 I certainly appreciate everyone's attendance,  
14 and certainly thank the Panel very much. If there is  
15 anything that we can do to service you, based upon  
16 anything that we have available to us, we will cer-  
17 tainly be happy to do so. This has certainly been  
18 informative and enlightening for all of us, I am sure.

19 Thank You.

20

21

22

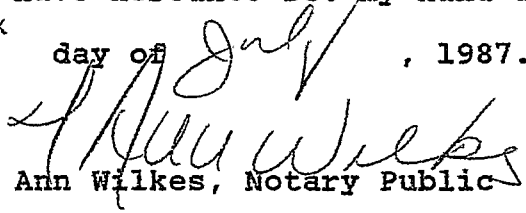
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CERTIFICATE

1 I, T. Ann Wilkes, a Notary Public do hereby certify  
2 that the hearing before the United States Commission  
3 on Civil Rights, The Delaware Advisory Committee,  
4 was held at the time and place stated herein; and that  
5 said hearing was recorded stenographically by me,  
6 and then reduced to typewriting under my direction,  
7 and constitutes a true record of the testimony  
8 given by witnesses to come before the Delaware Advisory  
9 Committee.

10 I further certify that I am not a relative,  
11 employee or attorney of any of the parties testifying or  
12 a relative or employee of any of the Committee Members,  
13 and that I am in no way interested directly or in-  
14 directly in the outcome of this action.

15 IN WITNESS WHEREOF, I have hereunto set my hand and  
16 affixed my seal this 15<sup>th</sup> day of July, 1987.

17  
18   
T. Ann Wilkes, Notary Public

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