

Speech by Hon. John E. Fogarty
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I consider it a pleasure to speak with you today, for I feel we have in common something quite important. That is an interest in the manifold problems of our aging population.

I was intrigued by two of the stated aims of this Regional Conference on Positive Health and Life Fulfillment for the Aging. The first was that of "adding years to life," and the second -- "adding life to years." A clever play on words, you might call it, but of course it is much more than that. We all know that medical science and a better standard of living have increased the life span of man to a tremendous extent. More significantly, we know that the increased years often fall far short of being added blessings. How we are to bring value into the extra years befalling us is a matter of concern for all people.

Much has been said and written about the growing number of senior citizens in the United States. When one looks at the statistics, it is easy to see why. In 1900 the average life expectancy was 47 years, in 1950 it was 68 years, and in 1970 it is expected to be 73 years. These figures are paralleled by increases in the numbers of older people. In 1900 the number of people over age 65 was less than 4 million; in 1950, the number had increased to 12 million; in 1957, to more than 14 million; in 1970, the estimated number of people over 65 will exceed 18 million. This is an amazing record, one of which America can be justly proud

because it shows how we have improved our standards of living, of economy, and of health. The new difficulty it creates, however, is one which must be faced.

At the core of the problem are the health and medical aspects of aging. In addition, we must find new and better ways to handle the community, family, and personal burdens imposed by ill health in older people. Chronic diseases and mental illness are probably the major health problems here. But we seem to know a good deal more about the diseases than we do about the people who acquire them. Meanwhile, the United States population acquires a net gain of some 350,000 persons in the age group 65 years and over every year.

The fact that half of our older people do not have enough income to live at a minimum level of health and decency is one of the tragic aspects of the problem. Another is the fact that three-fourths of these people are sufferers of long-term illnesses or disabling conditions. It is no wonder that grave psychological disturbances often accompany old age.

What can be done to help the aged?

Those of you who know of my principal interests and activities -- both as a Representative to Congress from the Second District of Rhode Island and as Chairman of the Subcommittee in the House of Representatives having responsibility for Federal appropriations for the Nation's health programs -- are well aware that some of my keenest interests are in the

field of health research. I consider aging to be one of the most important areas of such research. But in addition to research, we need action on many other fronts.

My position in Congress has enabled me to support and expedite a good deal of legislation which has helped improve the health, welfare, income, and housing of our older people. We have done much over the past years. But we must do better. Our aging population deserves the very best that we can provide for them. We should seek to increase medical care and rehabilitation for the aged; we should help in developing better housing programs for them; and we should do everything possible to ensure that the limited income of retirement provides the necessities one might expect in a nation of our wealth and accomplishments.

About a year and a half ago, I began to realize that the volumes of words being produced on the subject were serving no useful purpose, and that what was called for was action. I felt the problem to be getting out of hand and even now, I am very much afraid that our efforts are not increasing as rapidly as the older population itself.

In my thinking on the subject of aging, I came to the conclusion that what was needed was a broad national conference. The circumstances I have discussed led me to introduce a bill for a White House Conference on Aging. Such broad conferences have been held in other fields. A case in point is the White House Conference on Education. Another is that held each decade, called the White House Conference on Children and Youth.

This latter has meant a great deal in terms of action in behalf of the beginning span of life.

During the closing weeks of the session in 1958, I am happy to say that the bill was passed by the Congress. The White House Conference on Aging is to be held in January of 1961.

Since the day the White House Conference on Aging Act became law in September of 1958, it has attracted much favorable attention. The Secretary of the Department of Health, Education, and Welfare, to whom was assigned the responsibility for organizing and conducting this Conference, was swamped with offers of help and with requests for information as to how groups could start mobilizing their own resources in relation to the Conference.

I would like here to state some of the purposes of the Conference, having you bear in mind that the policy of the Congress is that the Federal Government work jointly with the States and their citizens. Here is a declaration of purpose as stated in the Act:

- (1) assuring middle-aged and older persons equal opportunity with others to engage in gainful employment which they are capable of performing, thereby gaining for our economy the benefits of their skills, experience, and productive capacities; and
- (2) enabling retired persons to enjoy incomes sufficient for health and for participation in family and community life

- as self-respecting citizens; and
- (3) providing housing suited to the needs of older persons and at prices they can afford to pay; and
 - (4) assisting middle-aged and older persons to make the preparation, develop skills and interests, and find social contacts which will make the gift of added years of life a period of reward and satisfaction and avoid unnecessary social costs of premature deterioration and disability; and
 - (5) stepping up research designed to relieve old age of its burdens of sickness, mental breakdown, and social ostracism.

Another important point of policy in this is that the right and obligation of older persons to free choice and self-help in planning their own futures must always be emphasized.

The Conference will develop recommendations for further research and action in the field of aging, but before it meets -- and that date is still almost a year and a half away -- there are many preliminary steps to be taken.

First of all, under the leadership of Secretary Flemming, a national advisory committee has been appointed, with Robert W. Kean, a former Congressman from New Jersey, as its chairman. The committee is made up of 148 outstanding citizens who are recognized leaders in gerontology and in the fields of economics, education, health, housing, recreation, religion, and welfare. The composition of the committee

reflects a cross-section of national thinking, opinion and ideas on the needs and requirements of our expanding older population. The role the members play is of extreme importance, and it is interesting to note that their average age is close to 60, with a number being well into the eighties.

This summer the advisory committee met in Washington to discuss plans and preparations for the Conference. At that time, they made several recommendations to Secretary Fleming. First, they recommended that there be a total of 3,000 delegates to the Conference and that 1740 of these should be delegates from the States, 660 should be delegates from national organizations, 400 should be from Federal government agencies, and 200 should represent the press, radio, and television.

Second, they recommended that the delegates be nominated by Governors of the States. Also, they recommended that two of every three delegates be lay people as opposed to professional people. At the base of this is the hope that a nationwide, grassroots recognition of the problems of aging can be stimulated.

Finally, the advisory committee selected 20 subject areas. They deal with such subjects as health and medical care, employment, social conditions, housing, income maintenance. Planning committees will be established for each of the 20 subject areas. All members of the advisory committee will serve on at least one of the planning committees.

The names of the chairmen of these committees were announced on July 30. An interesting sidelight to this is the fact that there are 22 chairmen for the 20 committees because the committee on religion has three chairmen, a Jewish rabbi, a Roman Catholic monsignor, and a Protestant minister. It is obvious that to do an effective job of preparing for this Conference, the maximum possible involvement of individuals and organizations, governmental and voluntary, is necessary. The Congress encouraged the States and communities to take a large part in the total national effort by providing them the opportunity to hold their own conferences prior to the national one. The State conferences will prepare recommendations for the national Conference.

To facilitate this State action, appropriations of not less than \$5,000 and not more than \$15,000 have been made available for each State. Although the States are under no obligation to apply for these funds or to hold a conference, it is gratifying to me to be able to report that as of today, 36 states have applied for funds, their applications have been approved, and a total of \$514,200 has been allocated for this purpose, and it is expected that all States will hold conferences. I think this bodes well for the success of the White House Conference on Aging.

To aid the States in the organization of their conferences, background papers are being prepared by the 20 major subject committees and will be submitted to the States for their use. But again, there is nothing compulsory about all this. The background papers may serve as guidelines;

however, the States need not make use of them at all. What many States are doing now in preparation for their conference is surveying the needs of their older people and assessing the adequacy of present programs and resources.

A number of State legislatures have created official commissions or committees on aging, largely in response to the White House Conference on Aging Act. In other States, already established groups are being revived because of interest in this Act. It can clearly be seen that the \$5,000 to \$15,000 provided by the Federal government to a State will be inadequate to cover the necessary expenses. And this is how it should be. I hope to see financial support given by the States to these programs. Only in this way can the essential State and local activities be carried out.

In June of this year, a National Leadership Training Institute for the White House Conference on Aging was held at the University of Michigan, in Ann Arbor. The Institute was sponsored and conducted by the Special Staff on Aging of the Department of Health, Education, and Welfare. Many of the members of the advisory committee attended, as well as those who have community and State responsibility for plans and preparations for the White House Conference. The Institute helped pave the way for the many activities that lie ahead, and it gave a good opportunity for those in this Nation who are concerned about the problem of aging to get together and talk it over.

Let me tell you about some of the national groups that are getting behind this cause -- groups that have seen the need for just such a Conference as we are going to have. The National Committee on the Aging of the National Social Welfare Assembly named a liaison committee to work with the Department of Health, Education, and Welfare in relation to the Conference. The American Public Welfare Association has named a similar committee. The National Tuberculosis Association has informed its State and local affiliates, urging them to participate to the fullest possible extent in the preparatory activities. The National Council of Churches has sent circulars to all the local councils with information about the Conference. The 40 affiliated denominations are urged to offer their total resources in helping establish stronger State and local programs and to take part in the White House Conference planning.

And, of course, there is the Joint Council to Improve the Health Care of the Aged, established by the American Medical Association, the American Hospital Association, the American Nursing Home Association, and the American Dental Association. The National Committee on Aging of the National Social Welfare Assembly, one of the pioneers for better care of older people, has recently extended its excellent consultation services and social studies with financial support from the Ford Foundation.

On the Federal side, it might be mentioned that when the President reconstituted the Federal Council on Aging at cabinet level, he asked that the Council cooperate and assist the Secretary of Health, Education, and Welfare in planning and coordinating the Conference on Aging.

Thus, help is required from all levels to make this a truly successful joint enterprise. At the time I speak, this help seems to be forthcoming in a mood of cooperation that is pleasing to behold.

There are certain aspects of the aging problem which I would like to see undertaken by the Conference.

First, there is the question of employment of older workers. Almost all of our working force is drawn from those who are between the ages of 20 and 65. Many people over 65 face sharp declines in income and days of boredom as a result of loss of employment. Then, too, our present older generation was severely handicapped in preparing for retirement years by the worst depression and the most expensive war in our history. The collapsed incomes of the 1930's and the debased dollars of wartime and post-war inflation left very little for their futures. This is something we tend to forget. We must, if possible, find a way of improving the incomes of the aged. One way of doing this might be to raise the amount of income a person with social security can earn. Right now, it is only \$1200 a year. I believe the amount should be raised to at least \$1800. We must try to keep these people employed, for we need their productivity if we are to maintain economic and social stability. The employer stands to profit if he can keep workers of skill and experience as long as they are productive.

Second, in the matter of housing, we see almost tragic circumstances. A few years ago, the Rhode Island Commission on Aging made a survey of the situation of older people. One-third of them had no central heating in their homes. More than one-fourth of them were living in homes that

were either dilapidated or without elementary sanitary facilities. Fortunately, I am able to say that in New England public housing programs have been and are being set up. These will help and will serve as models for the rest of the country.

I was disturbed that the first two housing bills passed by this Congress were vetoed. However, I am certainly pleased that we were able to retain in the final Housing Bill the first real step forward that the Federal government has taken toward meeting the special housing problems facing our elderly citizens. By authorizing \$50 million in loan funds on liberal terms to non-profit corporations to build housing for the elderly, we will for the first time provide housing in the rent ranges which most of our elderly families on social security can afford.

Third, there is education and training for the aging. We hear so much these days about the education of our younger people, and rightfully so, but we should not forget that the older person is due consideration. You and I know many of our senior citizens whose intelligence has not slackened one bit because of age. On the contrary, many are wiser and more alert than we who are younger. This is why I feel that much could be gained if either older persons could be urged to attend classes in local colleges or universities, if they so desired, or that special programs of education could be arranged for them. I know this is already being done in some communities. Some elders have learned new crafts, new hobbies, and new skills through programs of this sort. Rather than finding their world narrowing because of their age, many are finding their interests expanding, and this should definitely be encouraged.

Fourth, there is the problem of financing health and medical care. In an extensive study last year, the Department of Health, Education, and Welfare found that older persons have two-and-a-half times as much need for medical and hospital care as have persons under 65, and yet have only 40 percent as much private health insurance to pay for it. I am aware that this is a touchy question. I find it heartening that the American Medical Association has shown its cooperation on this matter. An example of this is the recent support given by the Michigan Medical Society to the idea of reduced fees for older people. This is a step in the right direction. Far too many of our old persons are devoting far too much of their retirement income to their health needs, at the expense of other needs which must be met for a full life during the twilight years.

Last, but certainly not least, we come to research on chronic diseases and the aging process itself. This, of course, is the key to the door marked aging. If we could find a way to control chronic diseases as we have with so many of the infectious ones, if we could understand the aging process enough so that the physical and mental suffering accompanying it could be diminished, how fortunate we would be! More and more of our research scientists are showing an interest in aging; perhaps the day will come when the years after 65 will be no different from the years before.

These are some of the areas which deserve intense study of the White House Conference. They are matters of utmost importance. I intend to do everything I can to strengthen Congressional attention and action on them.

I believe that my bill for the White House Conference on Aging has brought about the action we needed. Already, people all over the country have come to see that the action is necessary and have moved to do something about it. What is to transpire in the next year and a half will be the most extensive consideration ever given to aging in our history. At the Conference itself, it is hoped that the delegates can come up with some concrete proposals so that the benefits of the Conference will be felt for years to come. Right now, local, State, and national committees are hard at work in preparation. They are seeking ways to provide not charity for our older citizens but opportunities for them to be a part of their communities. This is the keystone point behind all the factors of aging. Our approach must be one of mutual self-help.

I am encouraged by the progress that has been made so far. It is rewarding to me to see what has resulted from the legislation in which I am so vitally interested. Yet I feel that much more is required before we can be at all complacent about this problem. More committees, organizations, citizens, and money are needed desperately.

The move has been started and in a creditable fashion. We must continue our work, for only by effort from all sides can we hope to find a better life for our older people.