

THE NATION'S RURAL ELDERLY

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIFTH CONGRESS
FIRST SESSION

PART 13—TAOS, N. MEX.
New Mexico's Senior Citizens

NOVEMBER 19, 1977



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- Part 4. Ida Grove, Iowa, August 17, 1976.
- Part 5. Sioux Falls, S. Dak., August 18, 1976.
- Part 6. Rockford, Iowa, August 18, 1976.
- Part 7. Denver, Colo., March 23, 1977.
- Part 8. Flagstaff, Ariz., November 5, 1977.
- Part 9. Tucson, Ariz., November 7, 1977.
- Part 10. Terre Haute, Ind., November 11, 1977.
- Part 11. Phoenix, Ariz., November 12, 1977.
- Part 12. Roswell, N. Mex., November 18, 1977.
- Part 13. Taos, N. Mex., November 19, 1977.
- Part 14. Albuquerque, N. Mex., November 21, 1977.
- Part 15. Pensacola, Fla., November 21, 1977.
- Part 16. Gainesville, Fla., November 22, 1977.
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THE NATION'S RURAL ELDERLY

SATURDAY, NOVEMBER 19, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Taos, N. Mex.

The committee met, pursuant to notice, at 9 a.m., in the Taos Middle School Auditorium, Taos, N. Mex., Hon. Pete V. Domenici presiding.

Present: Senator Domenici.

Also present: Letitia Chambers, minority staff director; Tony Arroyos, minority professional staff member; Deborah K. Kilmer, professional staff member; and Theresa M. Forster, fiscal assistant.

Senator DOMENICI. May I have your attention, please.

The meeting of the Senate Committee on Aging will come to order. The mayor of Taos, Mayor Cantu, wants to be heard first, so we will recognize him and then we will hear from the witnesses. Each of the witnesses will be invited up to make their testimony. Tony Arroyos will be organizing it with you.

Mr. Mayor, we are glad to have you.

WELCOMING REMARKS BY MAYOR PHILLIP CANTU, JR., TAOS, N. MEX.

Mayor CANTU. Thank you, Senator. On behalf of the town of Taos, I want to welcome you all, this nice day. Senator, we are glad to have you here, and I will just make a few remarks so we can continue with the meeting.

I remember when many people in the northern part of New Mexico used to say that politicians only came around when it was election time. We are proud of you, Senator Domenici, and you are one politician that comes to the northern part of New Mexico every year, whether it is election time or not.

Senator DOMENICI. Thank you, Mayor.

Mayor CANTU. I know that you are one of the few people who has visited our senior citizens in the northern part of New Mexico, in their homes, the plants, the senior citizens' centers, the hospitals, and at their work.

Your tour up here is greatly appreciated by all of us, for we know that when we tell you to, you make national laws work better for rural New Mexico and for our people. Just as a way of thanking you for all of us here today, I want to tell everyone what you have done for the elderly during the last few months.

Senator Pete has persuaded the Senate to give the fixed income elderly people a \$75 refundable tax credit to help make it easier for senior citizens who are too poor to pay their utilities and their energy bills.

He also has supported a lifetime utility rate which will give senior citizens the lowest possible utility rates. I am also pleased to tell you that our Senator was one of those who has pushed hardest for the weatherization program to make the homes of senior citizens warmer in winter and cooler in summer.

This is because you do listen to us and care about what happens to all of us in the northern part of the State.

We thank you, Senator. We are proud that you have chosen us as one of the three New Mexico sites for these formal hearings of the Senate Special Committee on Aging.

Welcome home, Senator Domenici.

OPENING STATEMENT BY SENATOR PETE V. DOMENICI, PRESIDING

Senator DOMENICI. Thank you very much, Mayor.

Now, let me ask: Can you hear in the back? That is going to be tough. We are going to try to talk as loud as we can. The witnesses are going to have to speak very loud, too, because there isn't a public address system that works in this room. So, we'll start.

First, let me thank the mayor for being with us and for his very kind and generous welcome.

Today is one of three formal hearings that we are holding in New Mexico. Yesterday we had one in Roswell, with five or six counties around Roswell bringing witnesses to tell us about the problems with our programs for the aging, and making suggestions as to how we could make them better. It was a very good day. I think we'll have a similar day, today.

I am not going to go into a lot of detail, other than to tell you that next year is the year that we will reauthorize the law called the Older Americans Act. That's the law that creates most of our programs for nutrition. Most of the community center activities here in the north come from that law. Some of the transportation comes from that law. What we'll be doing is seeing if next year we have to change it, improve it, or just what must be done to make it work better.

ELDERLY BEARING MOST OF BURDEN

I do want to thank the mayor for recognizing that one of the most serious problems we have in New Mexico and in our country is the burden of energy costs on our fixed-income senior citizens. They are bearing this burden more than any part of society. They get only so much money. They can't go out and work. They can't put a child or one of the members of the family to work to help make money, and the energy costs hurt them the most. There are two things we hope will happen this year that will help. First, we hope that the entire Congress will adopt the bill I introduced and which passed

in the Senate which will give every fixed-income senior citizen a \$75 bonus to help them pay energy costs. That's not a lot, but it would help.

Then, we hope to get a bill to the President before Christmas that will continue a very large program to help our poor senior citizens insulate their homes. If we can keep that program going for 2 or 3 years, we should have thousands of insulated homes that will save energy and reduce utility bills.

Today, we are very, very pleased to have representatives from the counties around Taos who will testify and tell us their views on the problems of the small communities in the north, and of the transportation problems with the nutrition program in the small senior citizen centers that we have. Each witness has been asked to share the specific kinds of problems that we are having.

I want to introduce four people that came with me who are part of the committee in Washington working on the problems of our old people.

First, on my left is Dr. Letitia Chambers, who used to work for the State Department of Education in New Mexico. She is on the staff of this committee in Washington.

Then, Tony Arroyos, whom most of you know. Tony used to be in Sante Fe, running the program there, and has joined this committee in Washington as one of its staff members.

We have two other people from the committee who came with us: Debby Kilmer and Theresa Forster. One of these ladies—Debby—is from Idaho, and Theresa is from Ohio. They work for different Senators, but came on this trip to make sure we gather the right information to give to the Senate next year when we begin to discuss the Older Americans Act and other laws that are needed to help our senior citizens.

Now, maybe we ought to have them stand up. This is Letitia Chambers, Tony Arroyos, Debbie Kilmer, and Theresa Forster.

Now, I am going to ask that the reporter make my statement part of the record; I am not going to read it. We are going to get started. [The prepared statement of Senator Domenici follows:]

STATEMENT OF SENATOR PETE V. DOMENICI

Ladies and gentlemen, it is indeed a special pleasure for me to convene this hearing of the U.S. Senate Special Committee on Aging in New Mexico. The Senate Committee on Aging, on which I serve as the ranking minority member, has broad oversight responsibilities that cut across the narrow jurisdictions of the various standing committees of the Senate. This broad mandate has enabled our committee to provide leadership in many different areas ranging from the search for viable alternatives to institutionalization, to combating fraud and abuse in the medicare/medicaid program, to helping older Americans cope with the rigors of the energy crisis, to improving the delivery of health care, to furthering the search for ways to expand transportation opportunities for the elderly. This list covers only a few of the areas we have focused on this year.

Today's field hearing is one of three we are holding in New Mexico. Unlike many people in our Nation's Capital, I have not yet succumbed to the belief that all wisdom and knowledge resides within the territorial limits of Washington, D.C. The Special Committee on Aging, over the years, has recognized the value of getting away from Washington so that we can gain a clearer insight into needs of older Americans and the operation of programs we enact to meet those needs.

After the Congress has enacted a law, we often lose sight of how the program operates. Information from State and local officials and the comments of individual citizens are the only way we can keep track of how well or how poorly these programs are functioning. That is why we are here today.

We are now passing through an important period in the shaping of national policies affecting 22 million older Americans, 133,000 of whom live in New Mexico. The Congress is currently putting the finishing touches on an overall national energy policy, restructuring the financing mechanisms for the social security system, and overhauling our basic concepts of mandatory retirement at a fixed chronological age. Next year, the Older Americans Act and the Domestic Volunteer Service Act expire and must be extended and expanded by Congress.

This has been a most productive year for those of us in the Senate who are concerned about helping the elderly. Working closely with many of you in this room we have been able to turn suggestions from this State into real legislative thrusts. For example, when many of you complained that the present mandatory retirement laws were stifling the will and wasting the talent of our older Americans, we were able to draft a bill that ends involuntary retirement. And, a bill embodying that very concept is now nearing enactment.

INCENTIVE TO KEEP ELDERLY AT HOME

We hear, at various hearings throughout our State, of the desire of children to have their elderly parents remain at home. Legislation, which I authored, to give a tax incentive to families who provide a home for a dependent senior citizen passed the Senate earlier this year. In addition, we have worked on legislation to expand coverage under the medicare program to make a wide range of home-delivered services available to the elderly. Senator Church and Senator Brooke of this committee joined with me in a successful effort to extend and expand the vital weatherization programs for low-income senior citizens.

Senator Hart and I, and several other Senators, worked hard to pass a "life-line" utility rate to protect the elderly. This, also, was the outgrowth of suggestions many of us received from senior citizens in our States. Finally, taking a concept that was first presented to me in Los Lunas, at a meeting of senior citizens there, we were able to get the Senate to agree to provide the elderly poor a \$75 refundable tax credit to help them meet rising energy costs.

I want to stress that this kind of cooperative effort, where senior citizens and their advocates work closely with Congress, does produce results. We in New Mexico have proven that. You should all be proud of the part you have played in proving that democracy can work best when we all meet and communicate in good faith.

Here today we have another opportunity to listen to what you have to say about the workings of this Nation's laws and programs which affect the elderly. I hope that we can come away from this hearing with new ideas and suggestions that we can turn into solid legislative proposals when the Congress reconvenes in January.

The Special Committee on Aging has been actively seeking ways to improve the quality of life for older Americans. We are here today to receive your comments and to see how we can translate them into action in Congress. The testimony we receive during these hearings will help us shape the legislation, appropriations, and public policies that will come before the 2d session of the 95th Congress. We will also pass this information on to the Subcommittee on Aging of the Human Resources Committee and the other appropriate committees or both the House and the Senate.

Senator DOMENICI. Our first panel on our left is made up of one person from Taos-Rio Arriba CAP, one from the AAA Advisory Board, and one who is the acting director of the senior citizens program.

Leroy Phillippi is not here.

Gene Varela—Gene, will you lead off?

Mr. VARELA. I would like to ask Mr. Lucero to lead off.

Senator DOMENICI. Fine.

Our first witness will be Osmundo Lucero, AAA Advisory Board chairman.

**STATEMENT OF OSMUNDO LUCERO, CHAIRMAN, AAA
ADVISORY BOARD, SANTA FE, N. MEX.**

Mr. LUCERO. Thank you, Senator. I am Osmundo Lucero, of Santa Fe, and I serve as chairman of the Area Agency on Aging Advisory Council for North-Central New Mexico. On behalf of the council, I would like to thank you for allowing us to express the needs of the senior citizens in northern New Mexico.

I would like to review for you the existing senior citizens programs in northern New Mexico. The Colfax Senior Citizens, Inc., is an organization made of senior citizens and operates programs in Maxwell, Springer, and Raton. It is seeking ways of expanding into the western half of the county. This program has accomplished much through the use of part-time employees and many volunteers.

The Sierras y Llanos Community Action Agency serves the bi-county area of Mora and San Miguel. Many senior citizens have been reached by much outreach activity in both of these counties.

The Santa Fe senior citizens program has been recognized nationally, especially for its pharmaceutical program.

The Los Alamos program is funded entirely by county funds and uses many volunteers in serving the elderly.

The Taos-Rio Arriba community action program serves the largest geographical area, using many old community buildings as centers.

The senior citizens served by these programs have very similar characteristics. They have very distinct cultural heritages—not one, but several. They have different languages. The majority have very low, fixed incomes. They live in isolated communities or isolated ranches. They have a great pride in themselves, their religion, and their history, and they cherish their independence. These characteristics point out the many needs of the elderly in this area. These will be addressed to you, by my fellow senior citizens, at today's hearings.

I would like to mention one special concern that I have been working on. Many men in this area have worked in coal mines, at one time or another. Some of them have contracted black lung disease. I have worked with some of them to obtain the special financial assistance available for persons who have worked in a coal mine for 10 years or are afflicted with a "black lung." The process is very long and most of the time is spent in waiting for a response. One person I helped recently died before a positive response was received. I would like to ask that you work on behalf of the senior citizens who are applying for this help or have this disease so that they might receive the benefits that are available to them.

"BLACK LUNG" AID REQUESTED

I hope that what you hear today will help increase the services of all senior citizens.

Thank you for the opportunity to speak here today, Senator.

Senator DOMENICI. Thank you very much, Osmundo.

Let me, while it is on my mind, tell you this one thing. If you are personally interested in the changes in the law on black lung for coal miners, put it down on one of these pieces of paper that we have available. That law has been changed and signed by the President.

It will come into effect in January. The whole system of evaluating the black lung claim has been revamped and should expedite the treatment very, very much. There are a number of new approaches that should get the backlog out of the way. If you want more information, write it down there and we will tell you the details. If any of your friends ask about the change in law, tell them they can contact us and we will get them the new information. We are going to be watching to see if it clears up. You see, the problem is not whether claimants are entitled or not, the problem is that it takes too long to make the decision—sometimes 2, 3, 4 years. The new system will provide better benefits, but that's not most important. Most important is that there is a system where claims are going to be decided quickly.

Mr. LUCERO. Fine. This is what I was interested in.

Senator DOMENICI. Gene, did you want to testify next?

Mr. VARELA. Yes, sir.

Senator DOMENICI. Gene Varela is the AAA coordinator in district II. We are pleased you are with us. Some of your counterparts over on the east side shared their thoughts with us yesterday. I must say they gave us very, very good information about things we need to do, so I am glad that you are here to tell us about the problems in this part of New Mexico.

**STATEMENT OF EUGENE A. VARELA, AAA COORDINATOR,
DISTRICT II, SANTA FE, N. MEX.**

Mr. VARELA. Thank you, Senator. I don't want to get into too many of the individual problems of the senior citizens, because I know that you will be hearing those today from the senior citizens themselves.

I would like to speak a little bit, first of all, on our organization. The area agency on aging is based in the organization called the North-Central New Mexico Economic Development District and we serve a seven-county area. This total seven-county area has a total population of 163,000 people, based on the 1975 population estimates. Of these 163,000, approximately 20,300 are senior citizens. At present, the programs that we have in these areas are serving about one-half of that amount. In working with these programs, we have encountered several problems that I would like to focus on today—problems that are in the regulations or in the way that the funding comes through.

First of all, I would like to note that this area does not have very many local resources, and there are several reasons for this: First, small communities, small municipalities, and county governments have very limited revenue resources. They have to worry about day-to-day expenses, mainly things like water, sewer, and fire services. Because of this, services to senior citizens take a very low priority. Second, the cost of providing services in north-central New Mexico is higher than in other areas, especially urban areas. For example, as you know, the Rocky Mountains split our seven counties in half. All your roads are oriented north and south, which means that you might have two communities that are very close in distance but are very far in traveltime. Because of this, the cost of running vans, of taking

people to meals, of providing services to the people, increases very rapidly. Third, because of the low State population, New Mexico always gets on the very low end of the allocation process. We are the last—we always get the minimum amount; yet, New Mexico has one of the largest geographical areas and has one of the largest and fastest increasing senior citizen population. Because of this, we would like the Administration on Aging to consider such factors as low income, minority, and rural characteristics, in funding these areas. As far as the rural area and considering the rural nature of the State, they might consider square mileage or they might consider the number of persons per square mile.

FUTURE PLANNING JEOPARDIZED

To leave that topic, I would like to go into a couple of things that are in the title III regulations that we have had a few problems with. First of all, the title III regulations assume that local projects can eventually obtain local resources to become independent. Based on this assumption, the regulation has placed a 3-year limitation on title III funding. Waivers can be obtained on this title III limitation, but we have found that in planning for programs in the future, we have to worry about asking whether we can fund the program in the coming year. We have to worry about whether the Administration on Aging will allow us to fund this program. Because of the small, local resources, no program in this area can actually get on its own feet in 3 years. They have to rely on the Federal funds. We would ask that this limitation be deleted from the title III regulations and that AAA be given the freedom to choose the programs they feel will get the job done.

Senator DOMENICI. Even if they are going to go for 4, 5, or 6 years?

Mr. VARELA. Right.

Senator DOMENICI. I understand.

Mr. VARELA. The other area in the title III regulations concerns minority contracts. This area that we talk about—the seven-county area—has a 70 percent minority population. According to the regulations, we have to fund grantees in the same proportion and we have trouble finding grantees in that same proportion. We find that local, county, and city governments provide us with the best services and use the money, in many times, in the best way, and yet they do not become considered minority organizations, although their populations are entirely minorities.

So we would ask some leeway in allowing—we agree with the purpose of the law that we should fund minority organizations but we need some leeway in funding those organizations that are going to do the job.

I would like to leave off here. We are going to be talking about housing and other problems, as the senior citizens come up.

I would like to thank you for the help that you have given us and ask that you consider these recommendations in the coming year.

Senator DOMENICI. Thank you very much, Gene.

Could you hear Gene, in the back? All right.

Let me explain what Gene was saying about the way the Federal Government sends the money to the State to help with these programs. He told me that if the Federal Government has, let's say, \$1 million to divide up in the country, that New Mexico gets its share based almost totally on population. He is suggesting that when we extend the Older Americans Act we ask that two other things be considered. One is the rural nature of the State—that is, how spread out the people are in the communities—because, as he puts it, that makes it much more expensive to help the elderly than if they are centralized in one area. The other consideration—

Mr. VARELA. Is the low income of the elderly.

Senator DOMENICI. And then, he said we have a very high percentage of poor people and that we ought to consider the percentage of poor people who are old when we split up the money between States, because obviously they need a little more help than those with more financial resources. Now, I might say, Gene, before we go to the next witness, that those two items have been discussed with us at the other hearing and they are being considered very seriously for changes in the law when we reauthorize the Older Americans Act. Your other points are very well taken. I don't think we have to go into detail. They are technical but very important, both on the minority requirement in terms of contracts and the 3-year limitation. I am quite sure that both of those will be taken seriously when we look at the new law.

Thank you very much, Gene.

[The prepared statement of Mr. Varela follows:]

PREPARED STATEMENT OF EUGENE T. VARELA

The North Central New Mexico Economic Development District was designated an area agency on aging in July 1974. At the present time we have four title III grantees: Colfax County Senior Citizens, Inc., Sierras y Llanos CAA (Mora and San Miguel Counties), Santa Fe senior citizens program, and the Taos-Rio Arriba CAP.

FUNDING

For the calendar year 1977 our planning and service area (including Colfax, Los Alamos, Mora, San Miguel, Rio Arriba, Santa Fe, and Taos Counties) received \$103,176 for programs and \$16,173 for AAA administration. We are thankful that for 1978 we are seeing an increase of approximately \$23,000 for programs and \$6,000 for AAA administration. We find, however, that these amounts are not adequate for overall administration and provision of services. There are several reasons why this is so.

(1) Small communities have limited revenue resources. Their day to day expenses as well as their need to provide and expand municipal services limits the amount of available funds for senior citizen programs. Items such as water, sewer, and fire services take a much higher priority. These services are also vital to the senior citizens.

(2) The cost of providing some services in north central New Mexico is much higher than in an urban area. For example, the southern end of the Rocky Mountains splits the seven counties in half. Travel across these mountains is limited by weather conditions. Therefore, residents must usually travel along the longest routes available. The road network is oriented in a north-south direction. Thus, while two communities may be very close to each other within one county, the travel time between the two may be great.

Additionally, many senior citizens are located in isolated areas. Vans taking senior citizens to meal sites must travel 2 or 3 hours simply to get the senior citizens to the meal site on time. Poor roads worsen the situation.

All of these factors point to the need for more vans, higher gasoline costs, higher personnel costs for time involved, and much wear and tear on the vehicles. In short, the rural nature of our area generates higher operational and maintenance expenses that affect all programs.

(3) Because of the low State population, New Mexico always receives the lowest allocations while geographically it is one of the larger States, and has a rapidly increasing elderly population.

FUNDING FORMULA

In granting funds to States, the Administration on Aging should consider using weighing factors that address the number of low income, minority, and rural elderly in a particular State. The rural nature of the State could be considered by using the square mileage of the State or the number of persons per square mile.

PRIORITY SERVICES

The 1973 amendments to the Older Americans Act of 1965 indicates four priority services: transportation, home services, legal and other counseling, and residential repair or renovation. All of the priority services are costly. Additional funding would be needed in order to provide the other services. Present funding allows us to concentrate on providing only one: transportation.

THREE YEAR FUNDING LIMITATION

Title III regulations assume that local projects can eventually obtain sufficient local resources to become independent. Based on this assumption, the regulations place a 3-year limitation on title III funding to any specific grantee. Although waivers may be obtained from the Commissioner on Aging, Dr. Arthur Flemming, the limitation places a hardship on the individual programs and on the AAA. The programs affected must plan on the future without knowing whether they will be funded again. Our AAA funds programs based on the need for the services and on the best organizations available for providing these services. To change grantees at the end of 3 years could decrease services to the elderly rather than help them.

No program in this area is capable of divorcing itself from title III funding and continue to provide services at the same level. In fact, some of the programs would collapse if Federal funds were withdrawn. The local funding is just not available.

We feel that this funding limitation should be deleted from the title III regulations and that the AAA's be allowed to fund programs that they feel will get the job done in the most efficient manner.

MINORITY CONTRACTS

Title III regulations also require that an AAA fund minority organizations in proportion to the minority population in the planning and service area. Approximately 70 percent of the entire population in the seven counties we serve is minority. One would assume that it would be easy to find minority contractors so that 70 percent of our contracts would be with minority organizations. However, aside from community action agencies, there are very few minority organizations that could adequately provide services to the elderly. Although our county and city governments are made up of minority individuals, they do not qualify as minority organizations. Our experience has been that local governments are usually better able to continue a program after Federal funds are withdrawn.

We agree with the thought behind this regulation and we feel that minority organizations should be given a priority when grants are approved. But the AAA must have some leeway in order to find the best grantee that will provide maximum services with minimum costs. We are here to provide services to the elderly and they should be the priority.

SENIOR CITIZEN NEEDS

Today you will be hearing many senior citizens express their needs. The key need that will be expressed is transportation. All other services depend on

transportation. While a large proportion of title III funds are used on transportation, we still are just scratching the surface in some of the counties.

Home health care has surfaced as one of the greatly needed services, especially in a rural area. Many senior citizens have to give up their freedom and independence because they have no one to provide them with home health care or homemaker services. Our rural senior citizens have their hearts in the land that they own, their families, and the community they have lived in, and moving to a nursing home or hospital is to them the first "giant step" to death. We have seen many who have been uprooted and who have lost the will to live. If we are to maintain their dignity and independence, we must provide these services in some fashion.

Meals programs continue to be an essential portion of senior citizen services. We are happy to see that the Congress continues to place a high priority on providing meals. We support all of those efforts and intend to continue using title III funds to supplement and support meal programs.

HOUSING

Existing housing programs have not adequately met the housing needs of the elderly. Most rural elderly own their own homes and do not have the income to remodel it or build a new one.

More emphasis needs to be placed on using FmHA assistance, especially grants. These programs are available but the redtape involved in applying for them discourages participation by the elderly.

More funds are needed for home weatherization. The funds provided to date have just begun meeting the needs of an area where pre-1939 housing is still commonly occupied.

ENERGY COSTS

The energy problem is affecting the elderly very much. More emphasis must be placed on assistance with home heating fuels. The emergency energy funds received in July of this year were not enough.

All of these concerns have been identified by the AAA. We continue to look for additional resources and we evaluate various alternatives in providing services to the elderly. We hope that your committee can aid us in overcoming these problems. Thank you.

Senator DOMENICI. Annabelle Fresquez, acting director of the senior citizens program.

STATEMENT OF ANNABELLE FRESQUEZ, ACTING DIRECTOR, SENIOR CITIZENS PROGRAM, TAOS-RIO ARriba COUNTIES, N. MEX.

Mrs. FRESQUEZ. Thank you.

Senior citizens, the elderly, ancianos, mayores—we refer to them by these names, but who are they and where are they? They are yesterday's farmers, teachers, housewives, business persons. They are you and me, tomorrow.

Where are they? They are out there, quietly sitting at their homes, lonely and unable to communicate with us, because they have no transportation; no one to read their mail, because their eyes are growing weaker; and no one to ask how they are, or what they need. They go for days without the proper food to eat because they have no way to go to the store, or because they are too sick in bed to get up, or because their rent, utility, and medical bills have exhausted their small social security check. They are unable to purchase a few groceries, let alone food stamps, or they are just too lonely to have an appetite.

What about the 80-year-old lady whose husband was bedridden for over 4 years, and who faithfully watched over him, barely able to walk herself because of progressively worsening ulcers in her legs? Looking forward to the 1 or 2 days a week that the visiting nurses would come and the 1 day that a homemaker would come for an hour would help her carry on. Then, one day the visiting nurses didn't come. Their funding had been exhausted.

Her husband worsened and she quietly suffered her own pain. They had to buy \$200 or more worth of oxygen a month to help him keep breathing. They only qualified for medicare, because of a small savings that he had so that he could go back to his homeland to die. The other 20 percent of their medical bills is paid out of their small social security check. Then, one afternoon her husband passed away quietly in his bed at home. Never having any sons or daughters, she found herself so alone.

After his death, she decided to go to the doctor and have her own problem taken care of. She had skin graft surgery done and after her stay at the hospital, she went home with instructions on how to change her dressings twice daily. She was weak, old, and unable to change the dressings, as required.

"BOTH LEGS WERE AMPUTATED"

Occasionally, a good elderly neighbor would help her, but not as often as she required. Consequently, gangrene set in. Both her legs were amputated. She took the shock very well and would still smile and ask us to sneak Biscochitos to her in her room at the hospital, but there was another problem: She was getting better, and her 30-day stay at the hospital was just about over. Because of the new medicare law, she had to leave, but where? The nursing homes were all full. She had no family. Several people were working hard, looking for a place for her. Meanwhile, she suddenly turned for the worse. Then, only a week ago, she was gone. Only God had room for her.

This happened in the city of Espanola. Imagine the problems in the rural communities. "How," do you say, "can this be going on, in this country, this America that helps even other countries in distress?" This is only one case history of the needs of the elderly, but some of it could have been prevented had there been home health care services, visiting nurses, different medicare and medicaid laws, nutrition services, home delivery meals, home health, transportation, housing, energy assistance—these are all great needs of the elderly.

Taos-Rio Arriba Counties are large areas geographically. There are people in rural communities in dire need of all of these services. As you hear testimonies today from people who really know the problems and actually have the need, you will realize that what you see on paper—the reports and statistics are but minimal proof of what's really out there in the world of the elderly.

We have gone from door-to-door and found people without a purpose in life, and it hurts, because if given the proper time, care, and attention, they have a lot to yet offer their communities. As they say, life may not begin at 40, 50, or 60, but it doesn't end there.

Listen to their pleas and ideas. They have hundreds of years total more experience and knowledge than you and I. Let's go out there and fight for them and get them help. Remember, you and I are also headed that way. But, let's not just listen; let's do something. We—as directors and administrators, representatives, senior citizens, and Senators—are the only ones that can do it.

Senator DOMENICI. Thank you very much, Annabelle.

Before we take the next panel and before I ask these three questions, let me say that one of the most serious problems our country has is the problem of how we help our senior citizens who are sick. Now, we've got two programs in our country: Medicare, which many of you know about, comes with your social security; and then, medicaid, for the very poor. The problem we've got is that that system is built principally around hospitals and the typical doctor, prescribing and taking care of people. What we've forgotten about is that there are a lot of people that could be helped in their home, if we just had a system to get the assistance out to the homes. They wouldn't have to be in a hospital. They might not have to be in a nursing home. They might not have to go downtown to a clinic doctor. This new system is called home health care. Our country has decided that we should do this and do it with enthusiasm. I am pleased to tell you that many Senators are beginning to understand that continuing more old policies are not going to solve the problems, and that next year there ought to be very important hearings on the expansion of home health care, so that we can get away from just using the typical way to help people who are sick. This problem has come to me, over the past 2 years from every place that we go where there are a lot of small communities and isolated people, but it is also the problem of the city. Actually, Annabelle, you would agree with me that even in a city a home health program would really be a tremendous add-on to the present system of hospitals, clinics, and nursing homes.

MANY ELDERLY HAVE NO RELATIVES

I have introduced a bill that tries to get rid of many of the regulations that make it impossible for home health care to work, and the difference is between medicare and medicaid. I don't know whether we will get everything we've suggested, but I totally agree with the substance of your statement. We just don't understand, when we draw these laws, that everything doesn't fit into a pattern of 20 years ago, of getting down to a hospital. Many senior citizens don't have relatives that can take care of them. In fact, we understand that in the United States 25 percent of those over 65 don't have any relatives. It just happens that way.

Are we going to have another panel take their place? Well, let me ask Gene. One of the biggest problems we face in New Mexico is that the local communities cannot come up with matching shares. This problem, of course, denies many communities from receiving the Federal funds and, thus, the people. Are you able to help these communities in any way in meeting this match?

Mr. VARELA. We have tried in various ways to help them. If the community asks us to come in and work with them in generating local

funds or going to local governments, we do that for them. Many of the programs here primarily use in-kind as matching. They use buildings that have been donated to them or lent to them, or the use of volunteers, and that's the primary thing that is used in matching. Local cash has been very difficult to obtain, but we are willing to accept the in-kind.

Senator DOMENICI. So we certainly have to stress and keep the in-kind, but even in that there is still a serious problem?

Mr. VARELA. Yes. If in-kind was not allowed, I'd say we would lose probably two of our programs.

Senator DOMENICI. Just one other question to Annabelle. As a professional working in the area, you are aware that the title III area planning and social services funds are kind of influenced in part by the four priorities—transportation, legal services, counseling, and home repair and renovation—have you changed your program in your area, and what are the priorities in your area?

Mrs. FRESQUEZ. In our area, the priorities are—do you mean under title III?

Senator DOMENICI. Yes.

Mrs. FRESQUEZ. Home repair and transportation are the two priorities in our area.

Senator DOMENICI. How about legal services—is that a high priority, as you see it?

Mrs. FRESQUEZ. Not really a high priority. It would be a nice thing to have, but not really a priority. Right now, nutrition, transportation, and home repairs are all priorities—not legal services.

Senator DOMENICI. Tony, do we have a witness that is going to speak about home repairs?

Mr. ARROYOS. Leroy was supposed to speak on home repairs and transportation.

Senator DOMENICI. Well, we'll try to have some of the people tell us about how that is working.

All right. I thank the panel very much for their testimonies. If you had written remarks and did not read them all, we will make your full statement part of the official record.

Our second panel—are they all here now? All right.

Rosita Rayburn, senior citizen, Espanola—would you lead off, please.

Ms. RAYBURN. I would like Mr. Rael to begin.

Senator DOMENICI. You would rather have Mr. Rael begin? All right.

J. B. Rael, senior citizen, from Questa.

Mr. Rael, you are going to have to talk very loud now.

STATEMENT OF J. B. RAEL, QUESTA, N. MEX.

Mr. RAEL. Honorable Senator from New Mexico, Mr. Domenici. First of all, I am going to say to the Senator that I appreciate very much the letter that he sent me, inviting me to be a part of this panel. I appreciate very much the opportunity to speak on behalf of the senior citizens of this area of New Mexico.

When we address ourselves to the problems of one community, in either Taos or Rio Arriba Counties, we can say that we are speaking of all the communities in the counties, because of the reality that the problems, or the magnitude of the problems, and the similarities are the same in all the communities. Since we can assume with certainty that this is true, I want to present to the Senator some facts which clearly give manifestation of the gravity of the problems that afflict the senior citizens in this area.

At present, there are 13 centers or sites which are serving the senior citizens in Taos and Rio Arriba Counties. We have a total of 2,880 senior citizens registered on the rolls and we have a potential figure of senior citizens of almost 3,000, which are still out there on the field waiting for someone to register them, when we can reach them.

Senator DOMENICI. Mr. Rael, you mean 3,000 more?

Mr. RAEL. In the two counties—the total for the two counties.

Senator DOMENICI. Your estimate would be that we have almost 6,000 in the two counties?

Mr. RAEL. Correct.

Senator DOMENICI. And there are 2,880 that are formally registered in the centers that know about the programs?

SMALL PARTICIPATION RATE

Mr. RAEL. That's right. Of this figure, we have actual participants in the full program of 228 in Taos County and 237 in Rio Arriba County. That is a very little percentage, which is just a little over 16 percent of those who are registered. The services provided by these centers include one meal per day—

Senator DOMENICI [interrupting]. Mr. Rael, let's wait until these people sit down.

Mr. RAEL. The services provided by the centers established in the counties include one meal per day at the noon hour and there are some instructional classes in arts of knitting, painting, and the fabrication of simple jewelry or silversmithing. Some of the centers have other services such as information related to the benefits available to the senior citizens and referral service to agencies that can help them.

The meals provided are considered to be the most important part of the program for the needy elderly and, at the same time, this provides an excellent opportunity for all participants to associate with each other, thereby maintaining the spirit of community living.

The problems here are just as pronounced as in any of the other sectors upon which I wish to focus your attention in this testimony. It is, therefore, very important that we keep alert to the fact that there is constantly the need to maintain this service in a steadfast position and in a manner that will give us the assurance that the meals in particular will be consistent and adequate, and that the quality conforms with the standards prescribed by the State nutritionist in substance and nutritional value. Recent information which I gathered indicates that, at this time, established requirements are being met.

There is one concern which is uppermost, in my mind, and I know that this is equally shared by the administrators of our food program. As soon as we can establish a goal to reach and give service to all the elderly of Taos and Rio Arriba Counties, this will lead us to the point where all the efforts of the past will become only the beginning of the efforts to solve the problems of the future.

In other words, with almost 3,000 people on the records to be served, and a potential figure of almost that many yet to be reached, the problem of transportation which is already inadequate will grow in proportion and the need to increase the food supply to meet the demand will become evident.

There will also be the necessity to increase the work force to meet the demands created by the projected expansion of this program to meet the needs of the elderly.

In the area of transportation, Taos County now has 4 vans with a capacity of 12 passengers each. These are located as follows: One in the Taos area, one in the Penasco area, one in Ranchos de Taos, and one in Amalia and Costilla. In Rio Arriba County, there are three vans located as follows: One in Expanola, one in Chama, and one in Tierra Amarilla.

According to the administrators in charge of transportation, even doubling the number of vehicles now in service would not solve the problem completely.

HEALTH PROBLEMS OF MOST CONCERN

Of all the problems that afflict the senior citizens of Taos County, and I am sure this is true also in Rio Arriba County, the health problem is perhaps the most important and of greater concern to the elderly and those who are vigilant and trying to help with their needs.

In this problem, several factors are involved which seem to be working hand in hand with each other, making the situation a little more difficult each day for the group of people for whom I speak.

Your own experience, if you have had the unfortunate opportunity or one of your loved ones—of being sick for just a few hours in a hospital or been to a doctor lately, and I feel certain that you have had the experience as we live in a sick world. There is sufficient evidence to agree with me that the high cost of health care is one of the main factors contributing to the health problems of the aged. I am not saying that these costs are justified or that they are not. What I am saying is that the high cost of health care is unbearable by many, many of the senior citizen that are indigent. When one is sick with no relief in sight, financially speaking, all other problems pile up in a hurry.

Another factor that must be considered at this point is the lack of sickness or accident insurance of any kind. This is a situation that exists with many of the citizens of mature age. In this category we find many of those that are over 60 years of age but under 65 and, therefore, not eligible for medicare hospital and medical insurance.

There is also a good number, I am sure, of those who have turned

65 and, for lack of information, untimely application for these benefits, or due to negligence, are uninsured. There are other ways by which many of the elderly are sidetracked and left without health insurance of any kind. One of these is the fact that once you attain the age of 60 years, you find that health insurance becomes hard to find at a price one can afford. This seems to be the age established for rejection or for a premium increase.

Again, the lack of transportation in this area becomes a factor which contributes to the severeness of the problem of health. Without transportation, many of the elderly who otherwise qualify for medical services are sometimes unable to get to a doctor or hospital in time to be healed, should an accident or a heart attack occur.

When an old man or an old woman lives alone and there is no one near to take care of their needs, they sometimes go without food or other necessities of life for periods of time which endanger their health.

The program that is intended for these kinds of situations is called the homemakers service program. This provides help to those people who are too old or disabled to do their daily work in the home.

Another program that is of help to those who are sick but are not in the hospital and must receive medical care is called the home health care program. Under this program, the sick receive the services of a nurse in the home and are helped with all of their health problems.

These two programs are being implemented in a limited way, due to the lack of sufficient funds for full utilization.

HUNDREDS IN NEED OF WEATHERIZATION

Housing is one other area where problems are becoming more evident every day. This is especially true in many of the houses occupied by older people. Some of these houses are old and in need of repairs, in many areas. Most of these houses fall under the category of the weatherization or crisis intervention program. The services provided under the program include installation of storm windows, weather stripping, roof patching, and insulation. The main objective of the program is the conservation of energy by properly repairing all areas where heat is being wasted or other type of energy is not being properly utilized. On this category of homes, there are hundreds that need this type of service. At this time, over 160 applications have been made for this kind of repairs—83 units have been approved in Rio Arriba County and 43 in Taos County. Something like 36 units were completed in the two counties of Taos and Rio Arriba during September and October of this year. The figures show 19 for Taos County and 17 for Rio Arriba.

It is hoped that the elderly will take advantage of this program as they are the No. 1 priority to be served, and the service is cost-free.

The program also provides help to pay for fuel wood. There are many homes that are using the old wood stoves because of the high cost of fuel gas. However, the people administering the program are concerned because wood is getting scarce and the price is going so high that many of the people with low incomes cannot afford to

buy it. If these people are just above the low-income bracket, they may have some trouble getting help.

For those senior citizens who do not have a house to live in, or no relatives to live with, the only alternative is that, if they meet the qualifications, they can apply to the County Housing Authority Administration. At the present time, the agency has 84 units under construction in Taos County, divided into three areas: 34 in the Taos area, 26 in Questa, and 24 in Penasco. Rio Arriba has one project going on in Chama and one in Ojo Caliente. I have no figures of the number of units in each of these projects.

In the Taos County communities, 300 applicants have filed for the new units and construction will not be completed until sometime in January 1978. The Taos County Housing Authority has received approval to construct 44 more new units. There is one part of the housing authority program that is called section 8, housing assistance payment program. The people served under this section of the program must meet certain income guidelines as this program only serves low-income families regardless of whether they are young or old. The agency helps pay for the rent of homes which are placed for rent by private individuals or other entities as long as the houses meet certain requirements of the agency.

MORE HOUSING PROJECTS NEEDED

Most of the elderly people who live within the counties of Taos and Rio Arriba can qualify for the different units that are being made available. The problem is that those which are not already occupied are already spoken for, and there is no relief in sight until more units are built to meet the demand.

Gentlemen, I feel quite sure that to do justice to the people in the elderly group, as I have tried to give testimony of their problems, has been a task in which I know that I have fallen very short of the mark. I have found out that the deeper one digs into these problems, the greater they manifest themselves.

I hope that I have provided you with some information that will be of help to you in your concern for the elderly in this part of the State.

I am sure that those, who have something to say about the individual communities they represent, will enlighten you about their specific problems.

As a representative and a resident of the community of Questa, in the county of Taos, all I can say is that our situation there is no better than the other communities. In the area of transportation, in particular, I would like to press the right button and perhaps a great van would show under the Christmas tree. I understand that a request is already in the mail to Santa.

Again, I appreciate the opportunity to bring our problems to you and, on behalf of the elderly of Taos and Rio Arriba Counties, I really do not know where to begin to ask for help, but I have tried to put everything in a package for your consideration. I hope that you will not find the winding path too difficult to travel.

Senator DOMENICI. Let me ask, how many people—and don't be embarrassed—how many people don't understand Spanish? All right, we are going to try to get our program into both Spanish and English, as much as we can. For those who don't understand Spanish—I am not going to go into every detail but I am going to quickly tell you what Mr. Rael told us in Spanish.

First, he said that the food program—the nutrition program—is a very important one; that he is satisfied. According to the experts we are meeting the standards in the nutrition program of good quality and nutritional value; that experts have reviewed the food program and that they are satisfied that it is moving ahead and that the food is good, but there are many more who need it that aren't getting it.

Mr. Rael indicated that there are about 3,000 senior citizens who are not registered in the community centers and that there is a need for staff to go out and find them; then, after we have found them, to help them.

Transportation is a serious problem in the two counties. He indicated that there are not enough vans—we have 40,003 people in Rio Arriba.

The most difficult problem for the old people, according to Mr. Rael, is the health problem. He does not know whether or not the charges are fair or not fair, but it doesn't matter, for they are too expensive for the poor people who are old. If anyone has had the misfortune of having an old relative in a hospital or under the care of a doctor, he says that you will know what he is talking about.

INSURANCE PROBLEMS EVIDENT

There is a lack of insurance—that is, people do not have insurance, especially those who are 60 and not yet 65—if they don't have social security during that time. He indicates that it is strange, since they need it the most and that's the time that it is most expensive to buy. In this area, Mr. Rael says that there are still senior citizens who are not under social security; therefore, they don't have medicare. It would be interesting—he didn't say this, but I am—to find out how many are not under social security. I find there are people in this position all over New Mexico.

Transportation is related to health, because people cannot get to doctors and hospitals when they need them and in cases of emergency so many old people live in their homes, sick; many without enough food, which makes them sick; and they cannot, because of bad transportation, get to places to get care. A homemakers program was in existence and it sent people to the home. That has been discontinued because of lack of funds. Nursing homes and domiciliary homes are almost not available and where they are, they have a very difficult time maintaining them and keeping them up because it is very expensive.

He mentioned two programs: Weatherization and crisis intervention. Crisis intervention is a temporary program to help people pay their high fuel bills. That money has run out now and he hopes that it will be instigated again. The big program is weatherization: 260 applications, 83 approved—43 in Rio Arriba, and Taos had the re-

mainder. They have completed 36: 19 in Taos and 17 in Rio Arriba. This is free help and he hopes that people will apply.

He indicated that a lot of people are buying and burning wood, because energy bills are so high; but, then, he says that wood is getting so high now that he thinks, maybe, that "cure of wood is worse than the disease."

Mr. Rael also talked about the housing authority. For those who didn't understand him in Spanish, I don't think we have to go into detail, but he indicated the number of units in each county and indicated that there is a long list and a great need. He went into title VIII rent subsidy in some detail. For those who would be interested, you can get his statement and read what he has to say about its complications.

He closed by saying that he hopes that the information will be helpful. He tried to bring all of the different problems into one statement. First, he said that a good day of Thanksgiving is arriving and he hopes that we will all thank the Almighty for those things that we have received that are good, but also that there is much to be done. He closed by saying, on transportation, that he only wished that he could push a button and that a van would show up under the Christmas tree.

His final remarks were merely remarks of great faith and hope in the future.

Mr. Rael, I thank you for your statement. We will try to do this both ways—in Spanish and English. I don't want people that don't speak Spanish to think that I interpreted him literally. I did not, but I think he would agree that I got most of the statement, is that correct?

Mr. RAEL. Yes.

Senator DOMENICI. All right. Thank you very much.

Rosita Rayburn, senior citizen, Espanola.

Rosita, you are going to have to stand up and you are going to have to talk very loud.

Ms. RAYBURN. I thought maybe my knees wouldn't knock too much if I was sitting down.

Senator DOMENICI. Well, they'll stop knocking very soon.

Can we help you with anything? Do you need something to hold your papers or what about using that—that might help you. Put it right up there. She needs the microphone.

STATEMENT OF ROSITA RAYBURN, ESPANOLA, N. MEX.

Ms. RAYBURN. Senator Domenici, staff, and fellow citizens. I think we are privileged to have this many people here, and the staff from Washington, to discuss these problems of which we are all aware and that we are in great need of. You will notice that there are many things that I may repeat, which will only show that we are all aware of the needs.

A large problem for the elderly is inadequate housing. Many live in homes that have had no maintenance since they themselves were able to do it. Consequently, roofs are leaking; windows and doors are not sealed properly; and little or no insulation is found in many of

these homes. Many seniors live in below standard homes. Homes without inside facilities—such as bathrooms and running water—are a common sight in large areas of Taos and Rio Arriba Counties.

We have some examples—definite examples: We go to an 81-year-old person's home and find him in a deep pool of water on his floor and the ceiling about to cave in after a snowfall. This is an actual happening of a person who was found in this situation. It is proof enough of the need for senior citizens low-income housing projects. We found a 76-year-old woman, half-blind from cataracts, living in a tiny 8 by 30 trailer home with broken windows stuffed with pillows to keep the rain and snow out, and a hard board as her mattress; this is more proof.

NEED FOR HOME HEALTH CARE CITED

Home health care is an area that is very much discussed, but services are not yet being offered in our area. An 80-year-old diabetic man—this is another example of what recently happened—had his leg amputated because of the negligence toward an ingrown toenail. A friend who took time to call him once in a while decided to call him that one day and was worried that the telephone rang more than usual. She realized that, maybe, he can't get to the telephone as quickly as most of us. She then calls a neighbor of his to go and check on him and finds that he had fallen several hours ago and was unable to get up. He has children, but he refuses to live with them because he is more comfortable in his own home environment. The grandchildren are too noisy and he cannot cope with that.

An "ounce of prevention is worth a pound of cure," and home health care will prevent so many elderly from getting seriously ill, and going to the hospital only as a last resort.

Nursing homes are such a controversy and many senior citizens feel that they are being sent there because no one cares for them. This is not the answer in a lot of cases.

In our county we do not have one single nursing home. We have several boarding homes which are in a very deplorable condition. This I happen to know because I worked in those homes when I was working for health and social services. I reported this many times to my county director, and they, in turn, reported to the State personnel of health and social services, but they were unable to do very much with them. That is one way of taking care of the ones that cannot live at home, but it is far from being adequate. I strongly recommend that these conditions be checked out. Those people are doing what they can in accepting these people to take care of in their homes, as boarding homes, but—I am not criticizing. It is something that we need to look into, and improve the boarding homes.

Without proper nutrition, what are we? We hear people say, "You are what you eat." But what if you are old and unable to prepare meals as you were able to when you were young? What if you are lonely and need someone to talk to besides the walls?

There are nutrition programs presently operating throughout Taos and Rio Arriba, but are 500 meals a day enough to serve an elderly

population of over 5,000? These programs offer one meal a day, 5 days a week, and a chance to talk to old friends and reminisce, a chance to have a party and laugh like we thought we had forgotten how.

But, what about the elderly who are ill and bedridden? Is the 15 percent total home delivery meals regulation a fair one?

Then where are the elderly that live 5, 7, 10 miles away from the nearest meal site? It just as soon be 500 or 1,000 miles away.

Transportation is what we need. Sure, we were firey cusses in our day and could get where we wanted just like you. But our eyes aren't too good and our reflexes are slow. Most of us don't own cars and if we have to go to the grocery store or the doctor, our neighbors gladly take us for a small fee of \$5 or \$10 depending on where we have to go. If we should happen to have to stay until after lunch time, we are most of the time asked to "treat."

Nutrition and transportation is our loudest cry because they are great needs. But what about those whose cries can't be heard? I am referring to the elderly existing in boarding homes. When they are sick, no one cares; they are ignored and left to get worse. If the family should happen to go to visit they might be taken to the doctor or hospital, but if not—then what?

More money must be appropriated in order to provide more housing and home health care. There are people out there suffering needlessly, because of these deficiencies.

Senator DOMENICI. Gracias.

All right. Pete Sena, senior citizen, Ojo Caliente.

STATEMENT OF PETE SENA, OJO CALIENTE, N. MEX.

Mr. SENA. Ladies and gentlemen, I had a memo and what I was going to say I wrote down, but as I got to that door, I remembered that I didn't know how to read, so I just forgot it.

I am here to represent Ojo Caliente senior citizens. I know the need that we have—the need that we have in our community. One of the needs is to expand the senior citizens program which, at the present time, we are limited only to two. The rest of the senior citizens feel that they have been discriminated against and I don't blame them, but there is no money. That's the limit that we have. That's the only way we can do. We would appreciate it very much if we could extend our funds so that everybody or the majority of the senior citizens would enjoy the meals and what the rest of them are having today.

One of the main problems in Ojo Caliente is transportation. People—older people—are sick. They can come; they can come to a center; and we don't have transportation to take them something to eat at their houses. When they are sick, we have difficulty taking them to a doctor. It is 20, 30 miles to the nearest doctor. If we could have help to expand our program, we would really appreciate it a lot.

I was supposed to talk 25 minutes, but I am going to give him 2 minutes back, plus I don't have very much to say.

Senator DOMENICI. Gracias.

FUNDS ALLOCATION QUESTIONED

Mr. SENA. I'll finish a little—one of the main things that I have always got in my mind is a program that the Government, in good faith, tries to help our communities and our counties, but what happens? Sometimes two-thirds of that money that comes for the older, or any program that comes into our communities—two-thirds goes for staff.

Senator DOMENICI. Three-thirds or two-thirds?

Mr. SENA. Two-thirds.

Senator DOMENICI. Three-thirds is all of it.

Mr. SENA. But they give their \$1,600 a year. Sometimes they've got a job. You call them down at the office there, and they are not there, because they are representing something else. There's politics—it would be politics. First come politics, friendships, relatives, that they—the office staff. I had the opportunity to go into Espanola the other day and I'll tell you the truth. That girl, right there, the leader, handling boxes, trying to do her job like a man—I went to the office and, by God, they were working, walking one on top of the other, having a big bang and you ask questions—they send you from this face to another—office staff. If they would put in a leader that did the job they were supposed to do, the rest of our senior citizens, or anybody, would have more money to spend for the purpose that that money is in our community. They could produce more, have more—I don't know. But another thing that I was going to say was that the Taos County and the Rio Arriba County—one thing that we would have to remember—how many of our Senators that we ever had in Washington gives himself time to come to listen to our problems, to see if he can help us. That's one thing that I hope that a lot of us will remember.

Senator DOMENICI. Meliton, your turn.

STATEMENT OF MELITON M. TRUJILLO, TAOS, N. MEX.

Mr. TRUJILLO. Senator Domenici, of the U.S. Senate, and all you people here who are trying to help us—we help each other together.

We have been hearing over the radio, over TV, in the newspapers, and everywhere about medicare and medicaid and how they are used.

We should have a clinic for your people, the old people, so that they might have somebody—nurses or doctors—to take care of them. Some of you don't know what goes on and you don't know how to manage if you don't have insurance, to have your monthly, weekly, or, maybe, daily checkups. All senior citizens have several disorders, especially the heart, sugar diabetes, and so on. We need somebody who would take care of this—or would have transportation and would go up there and get them so that they could have a checkup. As you know, some of the people that get moneys, they don't cover so much—as the ones that get a little bit more, especially on the insurance that they have with the Government.

Heating and electricity should be elevated for all people, especially during the winter. Senior citizens should have a say—some means to present cards or stamps to be honored and have their bills set on a level that would give them some recognition.

CRAFTS SALE SUGGESTED

I have written to Senator Domenici about a program that I think is very, very essential for you people. Some of you people out there at home make quilts and wood carvings, you paint, and all that. If you had some days during the tourist season that your work could be displayed to the public, especially to the tourist people, you could get some money for what you have done. You need a little bit of money to buy this and that, and that would help.

CAP should have at least one individual from the Civil Service Board that would actually be impartial and would talk for your people about things that sometimes you don't think are legal—or you think they are cheating, or something like that.

There are several complaints by people, especially the old ones—I don't know what they mean by this, because I haven't studied it. They say, "Meliton, why don't you see if we could get our supplementary check? We don't get it. Somebody else will get it." I don't know what they mean by that. Of course, I have not studied about supplementary dealings.

Now, in conclusion, I would like to tell you something. There was a man that had about eight sons. These eight sons—well, he called them together. There were about seven or eight of them. He got this bundle of sticks, tied them up, and told them to break them. They couldn't do it. Then he unwrapped the bundle, took them one-by-one and broke them. He said, "You, my sons, should unite and do what you think will help you together; otherwise, if you are divided, you are weak—you are not strong."

Thank you.

Senator DOMENICI. Gracias.

[There followed a short recess.]

Senator DOMENICI. Mr. J. B. Martinez is going to testify next. If you will be very quiet, we will be able to hear him.

Mr. Martinez.

STATEMENT OF J. B. MARTINEZ, TAOS, N. MEX.

Mr. MARTINEZ. Senator Domenici, I am J. B. Martinez. I am a senior citizen and a resident of the community of Taos. I've lived here for the last 56 years. I came here with my wife in the year 1921 and have lived here ever since. I am one of the 60 or more senior citizens at the neighborhood—the Coronado Neighborhood Center in Taos.

I know, Senator, that I am speaking for many of our elderly citizens of Taos County in extending our appreciation for your concern in regard to conditions affecting our people. You have been very kind, Senator, and we are very grateful. Your visit to Taos means a lot.

I have been attending the Taos center since April of this year, as a senior citizen, and have become deeply concerned as to the betterment and the safeguards affecting the livelihood and the social life of the people, for I have worked with many of them and even visited their homes at one time or another.

NATIVE HERITAGE OUTLINED

We are descendants of the three cultures in Taos. They represent generations of the past. Their forefathers roamed over this region before any white man set foot on this soil. I am referring to the Pueblo Indians, better known as the First Americans. There are also, in our midst, many of the descendants of the Spanish colonists that came with Don Diego de Vargas in 1692, during the reconquest, and have lived here and enjoyed the beauty of the land, the clean air, the unsurpassed scenery, and the heritages and traditions so close to their way of life. We have the Anglo element. That came during the advent of the Santa Fe Trail in 1821, and they have adopted the traditional way of life.

These fine people—senior citizens—are now merged into one happy family with great hopes, conducive to a better life and understanding as citizens in a country and nation destined to be the most liberal and the greatest among the nations of the world—America.

We have in our group, and I would like to mention members of the Jaramillo family, long-time residents of this beautiful valley. Dona Magdalena Trujillo de Jaramillo and a niece, Margaret Jaramillo de Mascarenas, being the grand niece and the great grand niece, respectively, of Dona Josefa Jaramillo, the wife of Kit Carson, and her sister, Dona Ignacia Jaramillo, the wife of Governor Bent. These are descendants of Don Severino Martinez, the father of the famous Padre El Presbitero Antonio Jose Martinez. These wonderful people and others, like the Valdes, Trujillos, Garcias, Sanchez, Gonzales, Riveras, and many others, reflect the characteristic quality of the people of this town.

We have problems in keeping from being redundant of the overall problems which we, senior citizens, encounter daily.

I shall direct myself to the specific problem in our Taos Center, which prevails, in that our senior citizens can only enjoy a meal with friends and return to their home. What would really serve this community is a culture center similar to what is being proposed, as I understand, at Ranchos de Taos, which would have the facilities to provide meals and space for activities, such as arts and crafts, and a library for their own use. This type of facility would not only serve the community as a center of communication for senior citizens, but could include medical assistance and permit the elderly to continue their positive contribution to society and their respective community.

At your request, Senator, we will be willing to assist your office in determining factors and the implementation of this proposal.

Senator DOMENICI. Thank you very much.

UPGRADING PROMISED IN FOOD PROGRAM

Mr. MARTINEZ. This morning I had a call from a lady who asked me to mention the quality of food that is being prepared and served to the people of Taos. I have communicated with most of the people that have something to do with this program and they have assured me that it is going to be improved and I hope it will be soon. I talked to Roberto Mondragon, who is the Commissioner on Aging in New

Mexico, and he assured me that this improvement is going to be made very soon.

Thank you very much.

Mr. ARROYOS. OK. I'm going to say it in English and then in Spanish.

I think that most of us here probably understand English, or what the people are saying in general terms.

Now, I'm sure the Senator—he's come up here and wanted people to speak both in English and Spanish, but if we do that, I think we'll probably be here until 5 o'clock, and many of you have a long way to travel. I see people from Penasco, from Laguna and Seneca, and it is a long way for everybody to go. So I think that, maybe, if we let the witnesses testify in English and if you don't understand something specific, then raise your hand and maybe we can answer your question. Otherwise, for expediency, maybe we can kind of move it along a little bit faster, Senator. Do you want to try it in English?

Senator DOMENICI. Well, let's go ahead and try that.

We will play it by ear. We'll just use a little bit of Spanish, a little bit of English, and the statements will go in the record.

Right after we finish—if you have personal problems, we'll stay and try to answer them.

All right. How many people here use food stamps? Would you show me your hands?

All right, go ahead.

Mr. ARROYOS. Yes.

Senator DOMENICI. All right. The next panel here will talk about the problems of our Indians, and the first witness is Lee Martinez, director of social services from the Jicarilla Apache Tribe.

Lee, if you will help us by giving us your full statement, which we will make a part of the record, and then do your best to summarize it, and if you can do that standing up, I think they will hear you better, unless you have a very loud voice.

We're glad to have you Lee. Would you go ahead and give your testimony?

STATEMENT OF LEE MARTINEZ, PROGRAM DIRECTOR, ADMINISTRATION FOR NATIVE AMERICANS, JICARILLA APACHE TRIBE

Mr. MARTINEZ. Senator, first of all, let me correct you. I am not the social services director.

Senator DOMENICI. All right.

Mr. MARTINEZ. I am the Administration for Native Americans program director.

Senator DOMENICI. Right. I've seen you in my office talking about a lot of different things.

Mr. MARTINEZ. Many things, right.

Senator DOMENICI. All right.

Mr. MARTINEZ. From now on, I'll just call you Pete.

Senator DOMENICI. That's very good.

Mr. MARTINEZ. First of all, on behalf of the Jicarilla Apache Tribe, I am one that is delegated to present testimony and Mrs. Cora

Gomez, who is our senior citizens program director and is more directly involved, will likewise assist me.

Senator, we consider it a privilege to be here this morning to present to you the express needs of the elderly for the Jicarilla Apaches, and I'm sure that many of the needs that we express today, the rest of the panel here will express quite similar sentiments. However, one of the most pressing needs of the Jicarilla Apache Tribe and its elderly is that concerning health. Only 4 percent of the tribal population are elderly—those 60 years of age and older—compared to the national average for those 60 years and older, which is approximately 13 percent. The discrepancy of 9 percent, we feel, is due primarily to health problems that are incurred by the elderly on the reservation and other factors, but primarily health.

A secondary problem that, likewise, affects their health is their limited income, which means that they cannot avail themselves to sufficient health care services. Of course, this has been expressed by some of the other panelists that have gone before this panel, but health is a primary concern.

ISOLATION: A MAJOR PROBLEM

Our biggest limitation regarding health care there on the reservation is their isolation. The nearest hospital is 90 miles away. There was a gentleman here that said from Ojo Caliente to Espanola is 30 miles, but we have 90 miles to go to the nearest hospital, so you can imagine the kinds of problems that we have. In the wintertime, the problems are compounded because of the snow and inclement weather conditions. So you can compound all of Ojo Caliente's transportation and health problems three to four times for what we have to put up with there in Dulce.

We don't have a doctor. Besides being 90 miles away from a hospital, there is no doctor there. So what is going to happen if, let's say, an elderly person gets a heart attack or some other major health problem and there is no doctor?

Senator DOMENICI. How many people live in the community?

Mr. MARTINEZ. In the community, we have a population of about 2,400, and we don't have any doctor right now. We have one that is in Chama, but that is 30 miles away. What are you going to do?

So you see that the health needs of the elderly are of the utmost concern for the tribe. When Orla Corpor said, "Get to reach age 60 and older," it is obvious that that is a primary need.

I would like to address myself to the housing needs of the elderly. Presently the Jicarilla Apache Housing Authority has 180 mutual help and low-rent homes. Only two elderly people are housed out of 180: One in low-rent and one in mutual help. The remaining have built their own homes, most of which you could say are shacks. They do not have proper insulation, roofing, doors, windows—you name it; it's lacking. The ANA Program undertook the housing survey this past summer—in July—and we found out that 82 percent of the elderly homes were substandard. They were lacking plumbing, electricity, insulation, and whatnot. Only 18 percent of those surveyed were satisfactory. So here, again, I would say that the second pri-

ority in need is adequate housing. Now, we have with our limited resources committed \$18,000 in BIA home improvement funds to construct three homes. That's \$6,000 per home. That includes labor and materials, so you can see that they are not luxurious homes. They are not extravagant, but at least it is a lot better than what they have presently. The housing authority has indicated that it will build 10 new elderly housing units this coming spring, but that still leaves, let's say, at least 70 or 65 homes that need to be constructed for the elderly Apache.

What the tribe would like to see is the specific earmarking of Federal housing funds for the Indian elderly, so that the elderly will not be shunned aside whenever there is a new housing project, or some kind of housing assistance program to be ongoing on the reservation. It is obvious that this has happened in the past, that the elderly were simply not considered. Mutual help home criteria dictates that first of all the contract be for a minimum of 20 years, so that they can pay off their home; therefore, an elderly cannot qualify. Second, their income—low as it is—does not make them eligible for mutual help or low-rent units, so there they are. They don't have a place to stay and, many times, they cannot even afford wood or any of the other conveniences that other people have for heating their homes. So, we are trying to address the problem, but there is much more that needs to be done regarding housing.

NURSING HOME NEEDED

Regarding health, I would like to go back and indicate that the tribe in the past has been trying to secure a nursing home, either on the reservation or in a nearby community. However, the most probable funding of that would be Hill-Burton funds; however, these come channeled through the State, which has an advisory board that decides who gets the funding. Consequently, this express need of a nursing home for the tribe simply has not gotten the attention and, consequently, the funding.

What has happened in the past is that many of the elderly who are monolingual—they cannot speak other than Apache—are sent to a nursing home, either in Albuquerque, Santa Fe, or wherever, and because of the acculturation—the fact that they cannot express themselves in English or Spanish—what happens is that it merely hastens their death. They get lonely. They become destitute and they just give up. In essence, they are sent away to a rest home to die. It's not a funny situation, because I've visited one in Albuquerque where my grandfather was, and that is one of the most pathetic things I've ever seen.

So, therefore, in lieu of the fact that a nursing home could not be attained, the Jicarilla Apache Tribe has tried to secure a comprehensive community health care facility for at least 10 years. In this facility, there will be specific beds assigned to the elderly who did not require surgery or anything of that nature, but intermediate health care. In other words, if they had sugar diabetes, hypertension, heart problems, and needed a brief rest, this comprehensive health facility would have beds there for the elderly.

However, here again, the Indian Health Service has continually said that they do not have sufficient funds, even though the Tribe can justify the need, because of distance and whatnot, for a health facility. Like I said, there is no doctor there. The distance is at least 90 miles to any kind of hospital facility. Yet, we simply cannot get the funding.

The Indian Health Service has the primary responsibility for meeting the health needs of the Indian elderly. However, due to limited funds, the Indian Health Service has not allocated sufficient funds for the care of the Indian elderly because they have to spread it out among the total Indian population.

The feeling and consensus of the Jicarilla Apache Tribe is that the Congress of the United States should put more moneys into Public Law 93-638—the Indian Self-Determination Act—and also Public Law 94-437, which is the Indian Health Care Improvement Act. Now, we feel that the Congress of the United States should put more moneys into the two mentioned laws so that more adequate health care can be and should be rendered to the Apache, and, consequently, to the rest of the Indian elderly.

One other area that the tribe is concerned about is the fact that presently there are no employment moneys available from the Federal Government to the elderly who do want to work. Some of these funds come from the U.S. Department of Labor—most of them do—and the Apaches have never been considered for any of these employment funds for employing the elderly. We have inquired; however, every time we inquire, there are never sufficient funds. So, if that doesn't happen, we get pushed from one to the other. In other words, passing the buck—you talk to so-and-so at this date, you know, and—pretty soon, you give up.

The Jicarilla Apache Tribe feels that, regarding employment of the elderly, there should be a specific earmarking of elderly employment funds for the elderly Indians.

The Jicarilla Apache Tribe, in prior years, has committed \$80,000 of its own tribal funds to employ the elderly, so you can see that the tribe has a personal commitment to its elderly; however, it is insufficient. They would like for the Federal Government to, likewise, show their sincerity.

DIRECT FUNDING TO TRIBES REQUESTED

Last, but not least, the Jicarilla Apache Tribe feels that because of the special trust relationship between the Federal Government and the respective Indian tribes, the U.S. Congress should, in the near future, institute legislation whereby the respective Federal governmental agencies that deal with the needs of the elderly and, more specifically, the Indian elderly—that the intermediary state governments or agencies, such as the New Mexico Health and Social Services Department, the New Mexico Commission on Aging, and whatnot, be bypassed and that there be a direct funding between the respective Federal offices in Washington and the respective Indian tribes.

We have an example of what happened to the tribe this past summer. We proposed a title XX Social Security Act contract to provide

homemaker services to the elderly on the reservation. The New Mexico Health and Social Services Department said: "Sorry, we cannot consider your proposal because there are insufficient funds available to even consider new programs." We documented the need; however, they couldn't fund it.

So, Senator, that's my summary of the needs of the elderly on the Jicarilla Apache Reservation.

Senator DOMENICI. Thank you very much, Lee.

As you know—I'll say this to all of the Indian representatives here—there will be other Indian representatives testifying in Albuquerque on Monday. One of the issues that will be addressed is the one he closed on, that is, direct funding versus the State distribution of funds. I think you know that the present law, the 1965 act, does not mandate that we bypass the State, but permits the national Commissioner of Aging to determine that you are not being served; in which event he could fund you directly. No Commissioner has ever done that, as you know, but that is in the law now. On the other hand, the Congress will be looking more specifically at the issue of the State versus the direct funding next year, so that is an important issue.

Before we go on, I want to say too that he has been up there a number of times on the issue of Indian health care—of facilities for health care on the Jicarilla Apache Reservation. I have been as frustrated as he has. The new Indian Health Act may very well force the Indian Health Agency to, once and for all, come up with an inventory so that we know what we are supposed to fund.

We've built two new hospitals in New Mexico this year, and opened them; one at Laguna and one at Santa Fe.

I'm hopeful that we'll get this problem resolved so that when we know what the needs are we will begin to be able to know that, with a certain number of dollars. We are making some headway. Otherwise, you keep running around not knowing what's next. I don't blame you for wondering whether we know what we are doing or whether Indian Health even knows where the problems are.

[The prepared statement of Mr. Martinez follows:]

PREPARED STATEMENT OF LEE MARTINEZ

The Jicarilla Apache Tribe and its 2,126 members who reside on a 738,838-acre reservation in northwest New Mexico appreciate this opportunity to present their concerns and opinions regarding the needs of its elderly tribal members. There are presently 84 Jicarilla Apache tribal members who are 60 years of age and older. Therefore, the elderly members of the tribe comprise only 4 percent of the tribal membership. National population statistics show that elderly citizens comprise approximately 13 percent of the total population, whereas Jicarilla elderly constitute only 4 percent of the Jicarilla Apache population. It can be inferred that the 9 percent discrepancy is due to less favorable environmental, economic, and health status indicated among the Jicarilla elderly than exists in general among the other non-Indian elderly citizens of the United States.

The Jicarilla Apache Tribe is concerned about the needs of its tribal elderly and this concern culminated in the establishment of a senior citizens program in October 1973. Nonetheless, prior to the initiation of the Jicarilla Apache senior citizens program (which also serves non-Indian elderly residents of Lumberton, N. Mex.), the Jicarilla Apache Tribe has provided its elderly members with various social services, employment, and supplemental income pro-

grams whenever financial resources permitted such expenditure. This dedication and commitment to its elderly members will continue in the future, but the Jicarilla Apache Tribe needs the assistance of the Federal Government to alleviate the problems of the Jicarilla Apache elderly which cannot be solved with tribal resources alone.

The Jicarilla Apache Tribe has had, since the establishment of the present reservation in 1887 by President Grover Cleveland, many years of experience in dealing with the problems and needs of its tribal elderly. Out of this experience has come many suggestions for improvement of Federal programs which serve the elderly and, more specifically, Federal programs which serve the Indian elderly. The Jicarilla Apache Tribe at this time will present some problems and recommendations for administrative and legislative changes in programs that serve the Indian elderly.

FINANCIAL AND INCOME-RELATED PROBLEMS

The Jicarilla Apache elderly Indian citizen should have a sufficient income which would permit him to live the rest of his life in health, decency, and dignity. Due to the prior nature of employment opportunities on the Jicarilla Apache Reservation (most of it either with the local Bureau of Indian Affairs agency or self-employment via ranching), most of the elderly tribal members did not participate in retirement programs such as: company (tribal) retirement plans, insurance plans, civil service retirement, investment trusts and, in many cases, social security. Most of the tribal members who are now elderly were self-employed via sheep ranching for most of their lives. Consequently, no "automatic F.I.C.A. payroll deductions" were withheld and therefore the annuity on their social security is either zero or nil. No one took the time to explain or help them with self-employment social security contributions. It is sad and pathetic to see elderly tribal members in the autumn of their years living on very meager incomes which even by "official" government income poverty standards are low and insufficient for maintenance of human dignity and procurement of living essentials such as adequate food, shelter, clothing, transportation, and health care.

In a needs assessment and evaluation study undertaken by the Jicarilla Apache senior citizen program and the Administration for Native Americans (ANA) community education program staff this past July, 49 senior citizens responded to the questionnaire which included several questions relevant to income and the sources of income for senior citizens. Only 14 percent of the respondents received welfare payments, whereas 49 percent of the respondents received minimal social security payments. The remaining 37 percent of the respondents received other retirement or pension plan benefits. It is well to note that the aforementioned survey included non-Indian elderly respondents from Lumberton as well as Jicarilla Apache respondents. By deleting the non-Indian respondents, 90 percent of the Jicarilla Apache senior citizen members surveyed received either meager social security payments or tribal "one-time" financial assistance payments. The remaining 10 percent were without steady assured incomes and depended on financial assistance and sustenance from their immediate family members.

To help alleviate some of the mentioned income related problems, the Jicarilla Apache Tribe contends that elderly Indians must be permitted to work and earn income for as long as they want or are able to work. Secondly, they should not be required to forfeit parts of other benefits when continuing to earn.

Another contention of the Jicarilla Apache Tribe is that the Federal Government and State agencies who administer Federal employment programs should exert more efforts to assist the middle-aged and elderly Indian in obtaining job information, training, counseling, placement, and other assistance which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive social security. In line with this recommendation, the Jicarilla Apache Tribe requests that the Federal Government exert a more concerted effort to provide jobs for the elderly on reservations, including part-time employment, through special funding, so that Indian elderly can work toward social security benefits. Special earmarked Indian elderly funding provisions should be instituted for programs such as the community-based manpower programs and the community service

employment program for older Americans as administered by the Employment Standards Administration and the Employment and Training Administration (U.S. Department of Labor), respectively. CETA title VI (emergency jobs programs) funding allocations should likewise include special funding provisions for employment of Indian elderly who desire either part-time or full-time employment.

The Jicarilla Apache Tribe feels that the supplemental security income (SSI) allocation of \$157.70 a month is inadequate to maintain a household. The Jicarilla Apache Tribe has set aside money from its own resources to supplement the income of its senior citizens from SSI, but the Social Security Administration includes this in its formula for deductions to reduce individual recipients' SSI. Resultantly, the individual receives less gross income than he/she did before supplemental funds were made available by the tribal council to SSI recipients. To alleviate this inequity, the Jicarilla Apache Tribe recommends that the Social Security Administration should uniformly administer its SSI program throughout all 50 States in accordance with (CM 12362) (20 CFR-416.1151) whereby supplemental benefits paid by local or State governments are excluded. Extra benefits received by an individual under a general assistance program which counts SSI as income and gives the individual the difference between his/her SSI benefit and the G.A. standard should also be excluded.

The minimum age for SSI benefits to Indians should be lowered. As mentioned previously, only 4 percent of the Jicarilla Apache Tribe's enrolled membership is 60 years of age or older. Therefore, only a minute percentage of the tribal population attains a sufficient age to qualify for SSI, social security, or other retirement benefits.

In summary, the Jicarilla Apache Tribe's first priority for its senior citizens is the provision of an adequate income for its elderly members. This priority rating is obvious. Without an adequate income, Jicarilla Apache elderly cannot avail (purchase) themselves to adequate or sufficient shelter, food, clothing, transportation, and health care—much less even consider luxuries of life such as recreational and self-fulfilling activities (watching colored TV programs, vacation trips, hobbies, etc.).

PERSONAL ENVIRONMENT

The Jicarilla Apache Tribe has long contended that its elderly members need a nursing home or shelter care facility either on the reservation (preferably) or in a nearby community. However, to date the indicated need (nursing home) has not been realized for various reasons. The following examples cite some specific problem areas: The state of New Mexico is leery of licensing a home on the reservation due to a question of jurisdiction and at the same time Federal funds will not be authorized unless the facility is licensed by the State; Hill-Burton funds are only made available to States for these projects. The State of New Mexico, in turn, established an advisory group which dictates the use of such funds. The mentioned advisory group does not have adequate Indian representation. Consequently, nursing homes or shelter care facilities are almost impossible to obtain by Indian people. To alleviate this situation, the Jicarilla Apache Tribe would like to see the U.S. Congress appropriate funds which would be made available *directly* to Indian tribes or organizations for the design, construction, and operation of these facilities on the local level.

The Jicarilla Apache Tribe is concerned that existing nursing homes and related facilities have not taken into consideration the social and emotional needs of the Indian people. To remedy this situation, the Jicarilla Apache Tribe would like to see the following remedial steps implemented: (1) That on-site paraprofessional service staff be made available to assist the Indian who is elderly; (2) that sufficient funds be provided for adequate care for Indian individuals in custodial or nursing homes; (3) that a system of advocacy be established and maintained for elderly care.

State regulations and/or controls should not be imposed on Indian nursing homes or sheltered care facilities on reservations; rather, Federal regulations should govern these facilities similar to the Indian Health Service hospitals.

Last but not least in reference to nursing home facilities, the Jicarilla Apache Tribe would like to see a nursing home facility established on-site on the Jicarilla Apache Reservation, staffed by Jicarilla Apache tribal members. Many

of the tribal elderly have been sent to distant nursing home facilities in Santa Fe and Albuquerque and the displacement of the elderly from their familiar environment has merely hastened their death. Therefore it must be reiterated that nursing homes for Indian elderly must be established on the individual reservations or at least in close proximity, staffed by Indians with a local cultural background.

The Jicarilla Apache Tribe is becoming increasingly concerned of the fact that more of its tribal elderly are being left alone in their homes without being fed or cared for and without access to emergency services. Therefore, the Jicarilla Apache Tribe proposed the establishment and maintenance of a system of advocacy for elderly in need of special services:

(1) For those elderly persons who are well enough to remain in their own homes, homemakers services should be provided as follows:

- (a) Shopping services;
- (b) House cleaning;
- (c) Laundry.

(2) They should also be included in:

- (a) Visits by home health aides;
- (b) Congregate feeding programs or meals-on-wheels;
- (c) Escort service to medical and other services;
- (d) Reassurance and protection through contacts by tribal or project staff and regular tribal police patrols;
- (e) Telephone service where available.

The Jicarilla Apache Tribe via a title XX Social Security Act contract proposal proposed to deliver the mentioned homemakers services to its tribal elderly during fiscal year 1978. However, the New Mexico Health and Social Services Department did not fund the tribe's proposed homemakers services program because of a lack of title XX SSA funds whereby it (HSSD) could not consider funding any "new" title XX SSA programs.

The Jicarilla Apache Tribe wholeheartedly supports the establishment in Indian communities of multipurpose Indian senior citizen centers with sufficient staffing to provide comprehensive services. The establishment of a senior citizen center with all the attendant services (meals-on-wheels, legal services, recreation, education programs, etc.) can serve as the focal point for meeting the majority of the needs of Indian elderly in a familiar environment. Presently, the Jicarilla Apache Tribe has in operation a senior citizens center which offers transportation, recreation, information and referral, and nutrition services to its elderly tribal members. Said center program is currently funded during fiscal year 1978 with Administration for Native Americans, Community Services Administration (community food and nutrition program), and title VIII Older Americans Act funds. The Jicarilla Apache Tribe with tribal moneys constructed the center building. However, the tribe is dependent on Federal moneys from CSA, ANA, and the Older Americans Administration for operational funds of the senior citizens center. The Community Services Administration imposed a \$9,000 cut in the center's CFNP grant allocation during fiscal year 1978 and no assurance can be given the tribe by the two other funding agencies that their moneys for the center's operation will likewise not be cut in succeeding years. Therefore, the center's funding outlook is tenuous, to say the least. The Jicarilla Apache Tribe would like to have the Federal Government via the Community Services Administration—senior opportunities and services (SOS) program—render more "assured" funding to its senior citizen center in the years to come. Nonetheless, the CSA regional office in Dallas has indicated via telephone that SOS moneys during fiscal year 1978 are all committed to on-going SOS programs and therefore the Jicarilla Apache Tribe would not be considered for SOS funding this fiscal year. The SOS funding prospect during fiscal year 1979 for the tribe likewise looks bleak unless Congress takes appropriate steps to remedy the situation.

LESS FUND RESTRICTION NEEDED

Regarding housing for the elderly, the Jicarilla Apache Tribe has ascertained that a large percentage of its elderly tribal members do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life. This extenuating situation has arisen because of the fact that the tribal elderly are locked into a fixed income (social security, SSI,

other retirement benefits, etc.) and consequently they cannot meet the rise in rents and utility costs, and some have to pay back-rent for several years. To alleviate these restrictive housing policies as applicable to the Jicarilla Apache elderly, the Jicarilla Apache Tribe recommends to the Federal Government that program policies governing housing not be restrictive but adaptable to the elderly housing needs and the financial condition of individual Indian people and, whenever necessary, no-cost housing should be provided.

A major concern of the Jicarilla Apache Tribe in reference to housing is the fact that in the past Indian Senior Citizens have had too little to say about the design, location, and construction of their homes and other types of living facilities. The tribe therefore recommends that full local participation of elderly individuals and organizations be assured in the designing, location, and construction of elderly Indian housing projects. The Jicarilla Apache Tribe also recommends the following: That all organizations dealing with elderly Indian projects have adequate representation of elderly Indians on their decisionmaking boards; changes in Indian housing policy should not be accomplished without consultation with Indian people; housing should be designed to preserve the Indian heritage and architecture.

The allocation and actual application of funds for homes and other living facilities per year is not sufficient to meet the needs of the people. Lines of communication, coordination, and flow of existing funds are poor. There is need for direct funding to Indian groups. To remedy this situation, the Jicarilla Apache Tribe proposes that funds should be clearly identified for the elderly and should be made available in sufficient amounts to meet the housing needs of the elderly; Indian tribes and organizations should be eligible for direct funding for housing projects from the national Federal level; the Congress of the United States is requested to establish an Indian desk (staff group) composed of an all-Indian staff with adequate funding to directly distribute funds to all Indian tribes' elderly housing programs.

Where Indian elderly live in individual dwellings, they may suffer from ill health due to lack of heat, sanitation, safe or accessible water supply, and poor condition of building. The Jicarilla Apache Tribe hereby proposes that programs should be instituted to provide and maintain adequate and safe supplies of water, electricity, gas and/or wood for cooking and heating; home repair and maintenance should be provided on a regular basis, including making homes structurally accessible to handicapped people.

To cite more specific statistics for the elderly on the Jicarilla Apache Reservation, an elderly (55 years of age and older) housing survey was undertaken by the Jicarilla Apache senior citizens program and the ANA community education program staffs this past July 1977; 90 housing units were surveyed and inspected by the survey takers. Of these 90 units, only 18 percent were satisfactory and the remaining 82 percent of the housing units were unsatisfactory or substandard. As a result of the aforementioned housing survey, the Jicarilla Tribal Council set up a senior citizens housing board to oversee and monitor the construction of three housing units for the elderly; \$18,000 of BIA home improvement program funds were allocated by the Jicarilla Apache Housing Authority for said project. Some CETA title VI funds were obtained via the AIPC manpower office to offset some of the incurred labor costs (for a 3 months duration only). According to the housing survey, 82 new elderly housing units are needed; however, due to the limited housing construction funds available, only three housing units for the elderly can be constructed during fiscal year 1978.

To summarize the housing needs for its Jicarilla Apache elderly, the Jicarilla Apache Tribe proposes that specific housing construction moneys be earmarked for Indian elderly; second, the aforementioned funds should be channeled directly to Indian Tribes from the respective national Federal offices without having to go through an intermediary regional office; third, the Federal Government should institute programs to assist low-income elderly with payments of home repair and maintenance costs, heating and utility bills, etc. The emergency energy crisis intervention program via the Community Services Administration instituted this past August 1977 is a move in the right direction. However, the Jicarilla Apache Tribe was severely disappointed in the fact that only 10 percent of its tribal members who applied for the mentioned program assistance funds received assistance. Therefore, the Jicarilla Apache Tribe con-

tents that more moneys for the emergency energy crisis intervention program and similar assistance programs are needed in the future.

Transportation for its elderly tribal members is a high priority item for the Jicarilla Apache Tribe. Presently, the Jicarilla Apache senior citizens program and the Jicarilla Apache community health representatives program provide transportation assistance to the Jicarilla Apache elderly on the reservation. However, program restrictions by the mentioned programs do not allow transportation services for all the needs of the Jicarilla elderly. In addition to the mentioned transportation program limitation, the aforementioned agencies have limited funds for transportation of elderly clientele and consequently only a portion of the total transportation needs of the elderly are met.

To alleviate the indicated transportation problems of the Indian elderly, the Jicarilla Apache Tribe proposes the following remedial actions:

(1) Transportation should get priority funding from the office on Aging and other appropriate agencies;

(2) Funds should be allocated to assure elderly American Indians of their transportation needs. One of the ways the problem could be alleviated is by providing the vehicles deemed necessary to overcome the existing conditions previously cited. However, each Indian tribe or organization should define its own transportation requirements to fit its respective needs;

(3) Transportation services to the Indian elderly should include the provision of escort service and mobile chair (wheelchair) service to enable them to have access to necessary services;

(4) Congressional legislative amendments should be implemented to allow direct funding of transportation service programs for the Indian elderly without intermediate State agency involvement.

LEGAL PROBLEMS

The Jicarilla Apache Tribe has become increasingly concerned about the legal problems incurred by its tribal elderly. The basic factor for the legal problems of the Jicarilla Apache elderly is the fact that the elderly Indian people are not normally provided with legal services; therefore, many older Indians are taken advantage of because they are not familiar with legal matters.

To resolve the legal problems of the Indian elderly, the Jicarilla Apache Tribe would like to see the following actions implemented by the Federal Government:

(1) That legal services be made available to the elderly for the purposes of obtaining rights to old age assistance, writing of wills, etc. These services should be made available on the local reservations rather than some for removed large metropolitan area.

(2) The institution of direct funding from the Law Enforcement Assistance Administration to Indian tribes and organizations for advocacy for the Indian elderly in the court systems, in corrections, and for programs which would provide legal aid, and educational (orientation) in the following:

(a) Personal (civil) rights;

(b) Engagement of lawyers and what a lawyer should be expected to accomplish;

(c) Hiring and training of bilingual Indian Legal Aid staff, court interpreters, law enforcement personnel;

(d) Hiring and training Indian individuals to serve as ombudsmen (provide advocacy) for Indians in jail or in other encounters with law enforcement authorities;

(e) Guardianship (trust);

(f) Estate planning, wills, probate;

(g) Property rights;

(h) Rights relating to trust land;

(i) Credit;

(j) Taxes;

(k) Consumer fraud;

(l) Repossession.

PHYSICAL WELL-BEING

The Congress of the United States has long been aware of the health programming needs of the Indian elderly and remedial steps were taken by Congress via the enactment of Public Law 93-638 (Indian Self-Determination Act)

and Public Law 94-437 (Indian Health Care Improvement Act). Nonetheless, the state of health of the Indian elderly and care for the diseases of the aged is a continuous concern and need; there have never been sufficient funds to meet the total health care needs of the elderly. Due to inadequate funding levels, health needs of the Indian elderly are often given the lowest priority.

The Jicarilla Apache Tribe, for approximately 10 years, has attempted to secure funding from the Indian Health Service for a proposed comprehensive community health center facility. One important part or aspect of the aforementioned facility is a geriatric ward with beds for nonambulatory Indian elderly patients who require intermediate health care and attention. To date, funds for the mentioned facility have not been obtained due to "lack of sufficient funds" as indicated by the Indian Health Service. For your information, a testimonial summary for the mentioned health facility is attached in the addendum.¹

Much more could be said regarding the needs of the Indian elderly and more specifically, the needs of the Jicarilla Apache elderly. Elaboration on the health statistics of the Jicarilla Apache elderly is given on the summary sheet in the attached addendum. However, the health needs of the Indian elderly have been expressed sufficiently before by the Jicarilla Apache Tribe and other tribal organizations before Congress.

To summarize, the Jicarilla Apache Tribe feels that the health needs of the Indian elderly can be greatly alleviated by Congress's increased funding of Public Law 93-638 and Public Law 94-437. In conjunction with increased funding levels for the aforementioned laws, Congress should assure that elderly American Indians are given adequate health care for all their respective health needs.

Regarding the nutritional needs of its tribal elderly, the Jicarilla Apache Tribe is taking appropriate steps to alleviate the malnutrition status of its elderly, most of whom can be considered malnourished. This is the result of both an inadequate nutritional education program and lack of familiar and nutritional foods. Present Federal food programs are not designed to meet the needs of the elderly. As mentioned previously, the Jicarilla Apache Tribe initiated a senior citizens program in October 1973 and it is still on-going to date. One aspect of the senior citizens program addresses the nutritional needs of the tribal elderly via the provision of a hot lunch meal 5 days a week to eligible elderly tribal members. Senior citizens who cannot get to the center for their hot lunch meals are provided meals via a semi-meals-on-wheels service. Nonetheless, this nutritional service to its elderly tribal members is insufficient to meet the total nutritional needs of its elderly.

To alleviate some of the nutritional problems encountered by the Indian elderly, the Jicarilla Apache Tribe recommends that the Federal Government take the following remedial actions:

- (1) The USDA and the Community Services Administration must assist Indian tribes in developing a food program utilizing existing programs such as: commodity foods, food stamps, supplemental food, emergency foods, and medical services to fit the particular nutritional needs of the elderly Indian people;
- (2) The USDA should contract directly with Indian tribes for administration of the food stamp program;
- (3) All Federal funds presently being allocated to existing nutritional education programs must be funded directly to tribal groups or organizations to carry out the function of nutritional education to elderly Indians;
- (4) All nutritional programs must be adequately funded to satisfy the nutritional needs of the elderly Indian.

It is well to mention that many Jicarilla Apache elderly (and nonelderly as well) do not avail themselves of the food stamp program because of various problems encountered in the application procedure. For example, many do not keep record of expenses. Others have insufficient cash for purchase of food stamps. To alleviate these problems, the Jicarilla Apache Tribe feels that there should be special exemptions or provisions for the food stamp program for the elderly as many are unable to qualify because their income might be from 50 cents to \$3 over the eligibility limit; provision should be made to lower the price of food stamps for the Indian elderly and make eligibility criteria more flexible.

¹ See statement of Edward Vicenti, appendix 1, item 1, page 1053.

LEGISLATION

The Jicarilla Apache Tribe contends that viable solutions must be found to the many and varied unmet needs of the Indian elderly. Legislation channeling funding for such services through the various States works against the best interests of the Indian people.

To correct past inequities in funding for Indian elderly people, the Jicarilla Apache Tribe joins the National Indian Council on Aging in supporting the following proposals which the U.S. Congress should render serious consideration to and enact via appropriate legislative action:

1. (a) Historically, Indian tribes and nations have had a unique relationship with the Government of the United States; the Congress of the United States is therefore petitioned to amend the Older Americans Act to provide direct funding of programs to serve Indian elders to Indian tribes, intertribal organizations, Native villages (Alaska), and urban Indian organizations upon request of the respective tribal council and other Indian or Alaska Native governing body.

(b) All enabling legislation should include specific language referring to federally recognized tribes and all other like tribes, nations, etc. The words "Indian" and "federally recognized tribe" should be made a part of all grants to such tribes.

(c) The Indian elderly should be involved in the design, formulation, and implementation of all programs, including the Older Americans Act, from which they could benefit. All regulations authorized under this legislation request should be submitted to the various Indian tribes for consideration and input into development of regulations.

2. The United States must reassure our elderly citizens that the policy concerning termination is no longer a national policy.

3. That sections 303 part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, be revised so that Indian tribes no longer have to go through State agencies for funding. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.

4. (a) A class action should be brought in Federal court on behalf of federally recognized Indian tribes which would make possible unrestricted direct funding to tribes under the Older Americans Act and all other Federal legislation concerned with the funding of programs which could benefit Indian people.

(b) (1) Federal services to maintain and improve the health of the American Indian aging are mandated by the Federal Government's historical and unique legal relationship with and resulting responsibility to the American Indian aging. The Congress of the United States and the respective officials are urged to adopt the following position with regard to State plans under the Older Americans Act; (2) State Agencies on Aging must include in their State Plans and proposals submitted for funding to the Federal Government a statement to the effect that they are not addressing the needs of the Indian elderly, thus making it possible for Indian tribes to receive direct funding, until such time as the necessary legislative amendments have been made.

5. (a) An agency should be created at the national level to administer programs to serve the elderly Indian.

(b) That an adequately staffed and funded Indian desk similar to Indian desks in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for the needs of the Indian elderly.

(c) Establish an Indian desk (staff group) in Washington which would specifically concern itself with all problems of the Indian aged, provide technical assistance, and coordinate with other human resource services, as well as directly to all Indian tribes, bands, or organizations, regardless of their region or status and according to their individual needs.

(d) The Administration on Aging should establish a system whereby Indian tribes receive continuous notification of available programs and other pertinent information relating to services to the elderly.

6. (a) That agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs.

(b) There should be provisions for earmarked (set-aside) allocations to

Indian tribes and organizations, not requiring matching funds, specifically for services to the Indian elderly in all legislative acts affecting services to the elderly.

(c) The Administration on Aging should make planning grants to Indian tribes to identify the particular needs of the elderly on each reservation.

7. Appropriations by the Congress for Indian programs for services to the elderly shall be based on identified need rather than on any form of per capita basis.

8. The funding of all programs to serve Indian elders by the Administration on Aging or any other agency shall be for a minimum of 5 years. Those programs which have demonstrated their effectiveness shall continue to be funded on an ongoing basis.

9(a) Tribal statistical data should be considered a primary data source for programing data in lieu of the 1970 census, which has proved to be inaccurate.

(b) Tribal jurisdictional areas should be considered standard statistical areas where they are not now so considered.

(c) The minimum age for eligibility for programs designed to serve the elderly should be lowered to 45 for the Indian elderly because of their lower life expectancy.

10. That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian.

11. An update should be given to the national Indian community on the status of recommendations stemming from the 1971 White House Conference.

Senator DOMENICI. Our next witness is Cora Gomez.

STATEMENT OF CORA GOMEZ, SENIOR CITIZENS PROGRAM DIRECTOR, ADMINISTRATION FOR NATIVE AMERICANS, JICARILLA APACHE TRIBE

Mrs. GOMEZ. How are you, Senator? I would like to be able to explain to you in my own language, and I think I can explain better in my way, than trying to speak somebody else's language, because this language that I am talking to you in is a second language to me. I was brought up as a Jicarilla and I am proud of it.

My problem is nutrition. The first thing I would like to say is that we would like to ask the U.S. Department of Agriculture to give us more commodities because it is, like Lee has stated, so far from Espanola, from Santa Fe, from Albuquerque, or wherever they give commodities. It is not worth the trip going all the way up there with a few cans. So we would like to ask them to give us more commodities.

The food—how expensive it is up there in the rural area—we don't have any shopping centers where we can compare prices and go to the cheapest. So this is what I would like to ask.

Also, I think he has given you good testimony, but there is one thing I would like to comment on—housing. There is the planning, like he has said, on having the elderly housing for 10 units, but this is just in one small area. Jicarillas do not like to be put in one small area. They like to have their homes where they have been living before. This they wouldn't allow. They have to be in just a group, and this is one thing that I would like for you to know.

MANY RESIST LEAVING HOME

Also, some do live out on the reservation where there is no electricity or plumbing. That is one problem that we have run into, because they have these rulings where they have to have electricity and

plumbing, but they don't want to move into town where they have electricity and plumbing. They're satisfied on the reservation where they have always lived. But, anyway, I wish I could explain to you better. I think I speak better Apache.

Senator DOMENICI. Well, I'm sorry, but I couldn't understand it if you spoke it.

Mrs. GOMEZ. Well, everybody explained everything in their language—why can't I?

Senator DOMENICI. We want them to. The problem is that we've got to understand, so—

Mrs. GOMEZ. We are in need of transportation. We have been talking to the people of Espanola. I believe they have a transportation system up to T. A., but this does not include Chama or Lumberton or Monero. These are little towns along the way to Dulce. If we could get some kind of transportation, we can bring the elderly this way to connect with the Espanola transportation for doctors' appointments or whatever. This is badly needed there.

Also, on nutrition. Since I had started with the program, several years, we have gone a long way, but we still need some improvement. We've been serving meals-on-wheels and hot meals once a day. These that we serve daily are the people that mostly live alone and are the ones that we send trays to—people who are sick, blind, or too old to fix their meals for themselves.

Senator DOMENICI. How many do you do, both congregate and home delivery?

Mrs. GOMEZ. About 30 meals a day, but we've been scraping the bottom sometimes to do all that, you know. We lack transportation. We lack food and we lack—we run out of food, sometimes, and all this sort of thing, but we have been doing very well, my cook says, and I believe my elderly would back me up on this. We have introduced to them different types of food that they had never eaten before, and I feel very proud of them.

I hope that this program will continue in a way that it would serve them better and more.

Senator DOMENICI. Thank you very much, Cora.

Barbara DEAUX. Barbara, you are going to have to stand up, too, if you will.

Ms. DEAUX. I think so, yes, that's quite all right.

Senator, I have some written testimony¹ which is prepared and I have a written summary.² I find now that I'd really rather say something else.

Senator DOMENICI. Can we put that in the record?

Ms. DEAUX. Yes, you may have it.

STATEMENT OF BARBARA DEAUX, DIRECTOR, HEALTH AND SOCIAL SERVICES, EIGHT NORTHERN INDIAN PUEBLOS COUNCIL, SAN JUAN PUEBLO, N. MEX.

Ms. DEAUX. I've worked with the elderly in southwest Philadelphia and in the Pueblos of north-central New Mexico. I know the services

¹ See appendix 1, item 2, page 1055.

² See page 1032.

that are available to people elsewhere and I find the lack of some of those services in this area appalling.

I worked for one of the finest clinics for the partially sighted that exists in this country and I know that Indian Health Service considers cataract surgery not essential; so do they consider dentures not essential, but then they don't have to live that way.

And, so, along with the problems that have been stated by all of the rural elderly here—transportation, home health care, housing—I would like to add that there is a needed commitment on the part of the Indian Health Service to provide gerontology and geriatric care. They simply have not done it.

In an area where a senior citizen may have to wait 2 years to get dentures, after having suffered from lack of dental care in their youth, you know, it just doesn't balance out. That's one generation that is going to miss out completely. The lack of that kind of care can lead to serious nutritional problems, weakened people, and can cause an early death.

As Lee said, very eloquently, with his statistics, Indian people don't live that long. The average lifespan of people in the Albuquerque—in the Indian Health Service—is only 45 years. Still, this is an improvement, but it's really not good enough.

There has to be a commitment on the part of the Indian Health Service to hire a gerontologist, for instance, or to provide nursing care services for the senior citizens who cannot take care of themselves.

STAFF CUTS CAUSE ADDITIONAL HARDSHIPS

In addition, I know that the urban programs work pretty well because the laws are designed for urban programs. They don't make any sense out here. Gene Varela was talking about the problem with funding, based purely on per capita and the higher expense of working in the rural area. In addition, we found out, in working with the Social Security Administration, they were planning on cutting the staff in New Mexico, and we already find the services inadequate. So the staffing patterns and the regulations are also based on a high density area, which obviously we don't have very many of.

In addition, a lot of the questions that are involved in the forms—and many of the people here know this—don't have any application to rural life, nor do they have any application to a more communal kind of life, which is led on the Indian reservations. For that reason, we suggest that many of the programs—the income maintenance or the financial assistance programs—go through Indian programs, Indian tribes, intertribal organizations, whatever, so that they can be tailored to meet the needs of the people that are receiving the services. We have lots of cases of people who have been asked, "Well, when did you buy your car?" "Well, I bought my car in 1976. That means it is a 1976 car." It could be a 1962 pickup. They don't know. They don't understand the kinds of questions that are being asked and cannot follow those lovely computer letters that SSA sends out, and not very many people can, but I think it is a good deal more difficult than if you are used to an oral tradition, not a written one, and this is your second, probably third, language.

Another thing that I would like to request is that planning for Indian elderly people be undertaken on a national scale in conjunction with people who are sitting at the other end of this table—National Indian Council and agents. They have provided us with a great deal of information. I think, of any organization, that they could probably find out how many Indian elders there are.

At this point, having to base all of our planning for grants and for the Indian Health Service 437 reservation and health plans on 1970 census statistics, that's not going to help the situation. It's not going to make adequate changes in the health care that is provided. Anyone who uses 10-year-old or nearly 10-year-old statistics to write a plan that's supposed to be in effect from now on is doing poor planning.

And, finally, I would like to support and suggest again that direct funding be made to Indian tribes and Indian tribal organizations. Within my written testimony¹ is a copy of a draft of legislation—I believe it's an amendment to the Older Americans Act that was presented at the National Congress for American Indians. The governors of the eight northern Pueblos have unanimously voted their support of that and would like for you to consider it.

In addition, we would suggest that the contracting abilities, under Public Law 93-638, be expanded to other agencies besides the Indian Health Service and the Bureau of Indian Affairs. It would seem very reasonable that, on a reservation or in one of the pueblos, a little bit of money could be contracted from social security, from welfare, from food stamps, and all of those services could be provided centrally in the appropriate language and culture.

Other than that, I would like to thank you for the opportunity. Senator DOMENICI. You are welcome. Thank you.

[The summarized statement of Ms. Deaux follows.]

SUMMARIZED STATEMENT OF BARBARA DEAUX

My name is Barbara Deaux, and I am the director of health and social services at the Eight Northern Indian Pueblos Council. ENIPC is an intertribal organization representing the Pueblos of Taos, Picuris, San Juan, Santa Clara, San Ildefonso, Nambe, Pojoaque, and Tesuque, all located in north central New Mexico. I am here to present testimony regarding the problems of the Indian elderly as we perceive them through the senior citizens' programs operating in each Pueblo. My comments will address nine basic issues, which are: (1) Special Federal responsibility; (2) access to existing programs; (3) nutrition; (4) social services; (5) health care; (6) income maintenance and financial assistance programs; (7) current and future planning efforts; (8) the demands of culture and history; and (9) direct funding for Indian programs—638.

In the interest of brevity, I will submit this document for consideration and will summarize my remarks.

The written testimony I am providing attempts to show the areas in which Indian senior citizens in the northern Pueblos area have been under-served, and the extent to which the neglect has occurred. Specifically, our work at ENIPC has led us to make the following recommendations:

(1) That the Federal Government remember and fulfill the promises which have led to the special trust relationship existing between the tribes and the Government of the United States;

(2) That access to existing services for the elderly be guaranteed to Indian elders, not only by the fact of their existence, but through special efforts to

¹ See appendix 1, item 2, page 1055.

tailor those programs to the lingual and cultural requirements of the various tribes;

(3) That funding for nutrition projects for all rural elderly, especially Indian elders, be increased to a level that will provide meals and the mandated ancillary services in programs that are adequately staffed and housed and carried on with the dignity befitting senior citizens;

(4) That social services, as provided through the many overlapping organizations and funding sources, be increased for Indian people to overcome cultural barriers and be provided through Indian tribes and organizations to insure their accessibility and acceptability to the people they serve;

(5) That a specific commitment be made by the Indian Health Service to the provision of special health services to the elderly, so that they may enjoy the advances made in gerontology and geriatric medicine which are available to other senior citizens in our society;

(6) That income maintenance and financial assistance programs be made more relevant to rural, reservation elderly who live in a society completely different from the one on which most programs are based;

(7) That current and future planning efforts for the Indian elderly be undertaken by the National Indian Council on Aging with complete Federal support to develop appropriate services and to relieve the States of the burden of planning for people who are not within their jurisdiction;

(8) That attention be paid to the Indian elder as a national resource, a guardian of part of the history of all of us, and that Federal effort be made to preserve and protect the culture of these people in all programs designed to come to their aid; and

(9) That the Federal Government recognize its obligation to preserve the sovereignty of the dependent nations it created within its boundaries by providing direct funding to Indian tribes and tribal organizations for the provision of services to the elderly, especially those services which are currently provided by States with Federal flow-through dollars, and further, that Federal agencies contract directly with tribes and tribal organizations for the provision of such services as may come from the Social Security Administration or the food stamp program, after the precedent set forth in the Indian Self-Determination and Education Assistance Act.

By these means, we feel that the status of the Indian elderly can be raised to that enjoyed by some of the more fortunate people in this Nation. We feel it is the obligation of the Federal Government to attempt to do this, just as we feel that all senior citizens in this country are deserving of more attention and consideration from all levels of government and from the private sector.

Senator DOMENICI. Vincent Lujan is next.

STATEMENT OF VINCENT LUJAN, PROGRAMS DIRECTOR, TAOS PUEBLO CAP

Mr. LUJAN. Senator, members of the staff, it's an honor to have this hearing in our backyard. I'm like my colleague here, Mrs. Gomez. I wish I could make this presentation in my own language, simply because it is here that it is being held, but I'm afraid that I can't do that.

I am not going to stand here and belabor the point of telling you what the needs are among Indian people—the lack of funds, the services that we've never had. I've worked with the local communities within the Taos-Rio Arriba Counties—we're dissatisfied.

There isn't enough money to adequately meet the services of the older people, although we have our own little clinic on the reservation. It is not geared and it does not concentrate on the needs of the elderly—rather, it takes care of the whole community, from infants through the older citizens.

One of the things that I think was made very clear to you today is the idea of direct funding. That is what we need to talk about and, I think, what we need to focus on, as time goes by. I don't think that we are, at any point—every time the State allocates any kind of money, we seem to get very little of it, and whatever we get is very inadequate. One of the batting averages might be that we have close to 150 elderly citizens and when we're getting money through the State, we are able to serve 15 people, which is ridiculous. We've been branched in with Eight Northern, which helps us out, and we are able to generate from 15 to 25 elderly.

One of the things that came out of—I have a booklet here and it's a summary report on the National Indian Conference on Aging which was held in Phoenix, June 15-17, 1976. In the opening statements, there is a statement made by Wendell Chino, who is the tribal chairman of the southern band of the Apache Tribes—the Mescalero—and it is well worded. The reason I am going to read this is because of the fact that this is what we live on and this is our very existence. This is one of the reasons why we need to preserve our way of life and the cause of our older people.

Senator DOMENICI. Wendell will be a witness, also. We wanted you to know that.

INDIANS HONOR THEIR ELDERLY

Mr. LUJAN. Right. The elderly Indians, down through the years, have been a preserver of the Indian race, Indian culture, and Indian history. Indian people have never been ashamed of growing old. They merely accept it as a fact of life, because they understand the forces of life and the forces of nature; that all, and everything that lives, decays. The Indian elders have always been a part of the extended family, being the heart and the center of the Indian family. They bring into the family experience, maturity, and they also bring to us the knowledge and wisdom. One of the greatest values of the Indian elderly is that they represent, to us, a repository. All that we like to claim and talk about Indians didn't come from the university or the high school. It came to us from the Indian elders. All that we hold so dear and so precious of the Indians has come from those that have gone before us. When we look at the Indian elderly, there is something in them, with them, that is so precious. Today we salute the Indian elderly for preserving what is left of our Indians. Let us continue to hold hands and join forces in the name of Indians; while this country is lost in red, white, and blue, let us become lost in our Indians, and maintain our identity in the Indian community.

I want to leave everybody with this thought, because this is how much the Indian elderly mean to me and that's one of the reasons why I'm here and am voicing my opinions before you, Senator.

Thank you very much for your time.

Senator DOMENICI. Thank you, Mr. Lujan.

Joe Abeyta, Sr., National Indian Council on Aging, and he is accompanied by Juana Lyons, who is the executive director.

Joe, we welcome you.

STATEMENT OF JOSEPH F. ABEYTA, SR., NATIONAL INDIAN COUNCIL ON AGING; ACCOMPANIED BY JUANA LYONS, EXECUTIVE DIRECTOR

Mr. ABEYTA. Thank you, Senator Domenici.

I wish I could do the same as the other people—I happen to speak three different languages, but I see so many people here that I cannot convey myself to, but I think we'll have one person here, later on, who might be able to do that.

My name is Joseph Abeyta, Sr. I am a member of the board of directors of the National Indian Council on Aging, and I represent the Albuquerque area for the Indian elders, in the States of New Mexico and Colorado. In addition, to that function, I also serve as social services associate of the Pueblo Santa Clara, in New Mexico. This keeps me completely involved with efforts to help our senior citizens.

As you can see, I am beginning to find out, from personal experiences, what is faced by all of the aging people. I am testifying before you, today, in the name of the National Indian Council on Aging. This organization was established following the first National Indian Conference on Aging June 15-17, 1976, which was sponsored by the National Tribal Chairman's Association. At that conference, over 1,500 Indian elders, from throughout the United States—from Alaska to Maine—expressed their unmet needs and made recommendations for remedial action. All members of the Special Committee on Aging have previously received copies of the summary of the report of the conference. The final comprehensive report will be issued in January 1978, and will be furnished to you. One of the recommendations, strongly endorsed by all participants in that conference, was the formation of the National Indian Council on Aging.

LITTLE ACCOMPLISHED THUS FAR.

Our purpose is to work for implementation of the remedial actions recommended at that conference. It is sad to think that the needs of the Indian elderly have been voiced so many times by the Indian Advisory Committee and your committee—at the 1971 White House Conference on Aging, at the 1976 National Indian Conference on Aging, and at many other conferences and hearings, by individual Indian witnesses—and yet, so very little has been accomplished which would actually give our Indian elderly what they should have to live out their lives in the dignity and comfort they are entitled to and to do so in their own familiar, traditional environment. Certainly, the establishment of the National Indian Council on Aging has marked an important milestone and, little by little, some impact has been made, but we still have a very long way to go to reach our goal. More detailed information on the subject of the Indian elderly, including a number of statistics, will be submitted.

At this time I would like to share with you the thoughts of the Indian elders, and that includes our brothers and sisters among the Alaskan Natives, which we all have in common: The desire that we

may be able to help elders to end their years among their own people—not in some far-off nursing home—comforted by their own loved ones and by the sound of their own familiar language and the religious sermons.

The motto of the United States of America is *Unis Pluribus*, that is “one out of many”; perhaps, as Indian people, we are naive to think that this motto represents the right to remain Indian people without assimilating into the melting pot. As we look around us today, we see our Indian rights and our tribal sovereignties threatened daily and, yet, these are the rights guaranteed to us in solemn treaty, executive orders, and legislative acts.

The United States, under the Constitution, regarded the Indian nations as distinct, independent political communities, retaining their original rights. That's the undisputed process of the soil from time immemorial, with a single exception of that imposed by reciprocal power. The Constitution, declared the treaties already made, as well as those to be made, to be the supreme law of the land as adopted and sanctioned by previous treaties with the Indian nations. The very facts of repeated treaties with them recognize their title to self-government.

The settled doctrine of the law of the Nation is that a power does not surrender its independence, its rights to self-government, by association with the stronger, and taken in protection. I am quoting from *Worster v. Georgia*. This relationship of Indian tribes to the United States was first considered in the Supreme Court in 1832, and the analysis of Chief Justice John Marshall, in the landmark case, has never been repudiated. The inherent right of the self-governing American Indian tribes, identified and affirmed in this case, has never been surrendered or extinguished by the United States.

SELF-DETERMINATION DEEMED NECESSARY

Why am I talking about tribal sovereignty when this hearing is to determine the needs of its rural elderly? Because no need of the Indian elderly can be addressed effectively if the remedial action is not based on the Indians' right of self-determination.

Any program designed to alleviate the problems of the Indian elderly must be administered by that unit of general-purpose local government which best understands their needs and the historical, cultural, traditional, and religious practice upon which the implementation must be based. That unit of local government, in the case of the Indian elderly, is their tribal government.

A copy of the address of Mr. Wendell Chino, president of the Mescalero Apache Tribe of New Mexico, to the National Indian Council on Aging, on the subject of tribal sovereignty, is submitted with this testimony with our complete endorsement.¹ This document will demonstrate that the Indian elderly are not receiving benefits equivalent to those provided others. Indian elderly persons, from programs funded under the Older Americans Act—in the opinion of the National Indian Council on Aging, the only way to improve the state of affairs is to give Indian tribes the option to receive funding under the Older Americans Act directly from the Federal level. There

¹ See appendix 1, item 3, page 1072.

are a number of precedents for such a procedure, such as title IV of the Public Works and Economic Development Act of 1965, the Comprehensive Employment and Training Act of 1973, the State and Local Assistance Act of 1972, and the Housing and Community Development Act of 1974.

Other factors which must be taken into consideration in assessing the needs of the Indian elderly are: geographic isolation, lack of access to health and other supporting services, substandard housing, sanitation, extreme poverty, cultural barriers, monolingualism; and a system diametrically opposite those of major cultures, traditional foods, traditional religious practices—undercounting of the Indians in the 1970 census, lack of vocational skills to participate in the employment opportunities, if these were accessible.

In order to build up social security and other retirement benefits, any and all of these factors combine to make the alleviation of the many problems of the Indian elderly much more difficult and costly than programs for the elderly in urban cities. The fact that we—with few exceptions, the reservation communities do not present the population density required for standard projects.

CHANGE OF FUND ALLOCATION FORMULA

What is needed in addition to tribal administration of projects for the elderly is an allocation formulated by the factors which intensify the need of the Indian elders and, based on actual tribal statistics, verified by an agency of the Federal Government—that is, the Bureau of Indian Affairs. These and related concerns were strongly expressed by the Indian elderly in the 1976 National Indian Conference on Aging and in documentation received since, as to the formation of the National Indian Council on Aging of a proposed amendment to the Older Americans Act of 1965, which would render the provisions of that act more responsive to Indian needs. The draft legislation we've developed is submitted into the record of this hearing along with resolution expressing the support of the National Tribal Chairmen's Association, the National Congress of American Indians, and the Northwest Affiliated Tribes.

It is hoped that this committee will consider the deprivation of the Nation's Indian elderly and will lend the full weight of its support to the proposed legislation.

Now, my capacity in social services associated with Santa Clara Pueblo—I would like to add just one thing. I would like to give you a copy of our proposal to bring about closer interaction between the elders and the youth of Santa Clara Pueblo. I feel this is badly needed and the cost is very modest.

We would greatly appreciate your support and any advice on possible funding sources.

Thank you for this opportunity to share with you, our good servants.

Senator DOMENICI. Thank you very much, Joe.

Let's see, you have no other witnesses? You did not want to testify, Ms. Lyons, did you?

Mr. ABEYTA. Senator, maybe I should have introduced her, but she was mentioned before. She is our executive secretary and any questions

that you might have for me, she is in a position to answer those questions.

Senator DOMENICI. All right. Juana, we are delighted to have you. I'm not going to ask any questions at this time, other than to tell you that we are in receipt of the recommendations of the 1976 conference. We look forward to the January summary which should conclude it. That ought to be timely, before the full consideration of the Older Americans Act takes place, and we are aware of the suggested legislation. We hope that, with this testimony and that in Albuquerque, plus the yearly January summary of your 1976 conference, we'll be able to pass judgment on it and get as many people behind it as possible and get it introduced in adequate time for it to be fully considered when we go on to the Older Americans Act. We would appreciate anything you can supply us, expeditiously from the 1978 wrap-up, and you can do that directly through the Committee on Aging or through our office and its staff there.

Let me thank all of you for taking time in coming down here. We really appreciate your efforts. I think it is pretty obvious that we have experimented now for 3 or 4 years with the kind of State relationship to the Indian people. You are not only expressing your concern there, in terms of allocation for aging, but I think there is some genuine concern across the board as to whether the block grant arrangement with allocations from the State is working. I'm sure that it will be looked at on programs besides the program on aging.

Thank you very much.

Now, let me say to you who might have personal problems that you want to talk over with me, we are going to go on with our next panel. But any of you that have personal problems, if you want to go into the principal's office right there across the hall, I've got Lou Gallegos and Ernesto Vigil from my own personal Senate staff. They are in there. They will take down the information.

All right. Let's go ahead with the next panel.

I appreciate your patience in waiting for us. We are behind schedule, but we are going to continue on.

Remijio Lovato, Santa Fe Advisory Board.

STATEMENT OF REMIJIO LOVATO, SANTA FE, N. MEX., ADVISORY BOARD

Mr. LOVATO. It is indeed a great pleasure for me to be here today. My name is Remijio Lovato. I'm filling in for Mrs. Billie Schauberg. She is the chairperson for the city of Santa Fe and Santa Fe County. I'm here because she couldn't be here.

Senator DOMENICI. Let's wait a minute. Is there anybody else who wants to leave to go out there and talk with my people—let's do it now, so we can hear Remijio. OK. You'll have to speak very loud.

Mr. LOVATO. Yes. Well, I'm going to make it just as brief as possible, because it is something that she wrote and gave to me yesterday.

There are many things that we are doing for our senior citizens, but as they say in Dulles, "Nothing is too good for them." One of the greatest concerns of our citizens is that they would be forgotten by their legislators and their future needs would not be filled. They are not being filled now. They are receiving a pittance of what we

should be doing for them. We are feeding them once a day, 5 days a week. What about weekends? What about breakfast and dinner? Some are sick and without meals and have not eaten three square meals a day, 7 days a week. If only we had our own meal sites on every center, properly staffed, so that we could feed them properly and at the time that they choose—and not at 11 in the morning, which compels them to rush their meals in order to make room for the school kids.

We wish to own all our senior citizens centers and have all the room and facilities to provide a dining area, rooms and classes, recreation, crafts, and other activities.

We want more and better transportation. Most of our vans and vehicles have just about had it. So, I think that means that they are in bad shape. We need new vans. We need good buses. We need a two-way radio system in our transportation system for effectiveness and economy.

I am going to take a little bit more time on this radio system, because we have been working on this quite a while, Pete. This is one of the very essential things that I think is needed there and I will tell you in a few words about it.

DUPLICATION OF EFFORT SEEN

In the morning, those vans are scattered in the counties, the cities, and all over. Sometimes a van driver has to come back to the center to find out where he is going again. Therefore, you see, sometimes there are two vans in the same community which could be easily accommodated with one single van—maybe bring three or four persons. We need some kind of radio communication.

Senator DOMENICI. So, are you having trouble getting some kind of two-way radio system funded?

Mr. LOVATO. Well, it would be a good idea to go into the details. It takes about \$4,800 to equip the whole of it.

This is something that I wanted to bring up. It is really needed, because sometimes when the van is in the county, it would be easy to do something that has to be done on the way back.

Senator DOMENICI. Well, I would think it, at least, ought to be permissible under the Transportation Act. If you put together a grant, you could prove that it may even be cheaper, because these are isolated pickups and if you are over there somewhere, it might help use them better if they could communicate. But we'll take that up.

Mr. LOVATO. Oh, it sure would, because it would save us a lot of fuel and it would save a lot of time and more trips.

Senator DOMENICI. Right.

Mr. LOVATO. We are running out of money this fiscal year in our pharmaceutical program unless we get more money appropriated. The price of prescriptions is most dear. We have to reduce the maximum amount that we can pay for prescriptions, from \$30 to \$20 per person per month, so that means that the person can get \$10 less per month on their prescriptions. That's quite a bit of money that somebody has to furnish you with, if they require \$30. This is going to hurt the senior citizen who cannot afford to pay for drugs.

We are running out of money on paints and other materials in the

arts and crafts classes. There is not enough money appropriated to take care of the needs of our senior citizens enrolled in those classes.

The elderly cannot now avail themselves as they should of the health resources, nurses, homemakers, live-in help—for those, especially, living in the rural areas.

One of the main problems in the area is the medicaid and medicare system. Some of our low-income senior citizens cannot afford those luxuries. They cannot afford home health care.

DAY CARE PROGRAM NEEDED

There is a need for a day care service for the elderly. The intent of such a program would be to provide solicitation, nutrition, health care, and education. Self-mobilization and consultant health clinics should be located in the center with the staff, nurses, and staff members in charge of the day care.

The center would also provide for planned recreation, and social activities suited to the need of the participants and encourage physical exercises to prevent the deterioration of physical conditions and improve social environment.

One problem is paying for fuel bills. There is a need for police protection.

These are just some of the few things that we are doing for our citizens but, although we may be doing quite a bit, it just doesn't seem to be quite enough.

I just got a report here from the county coordinator, Mr. Joe Sanchez.

Here is how it goes :

The people say that the program should be comparable to the one that serves the city.

Now, this is something that I haven't exactly——

Senator DOMENICI. I understand.

Mr. LOVATO [continues reading] :

They should bring up the quality of food. We need someone to do minor repairs on homes for senior citizens. The income should be increased, to be able to pay the increased utility bills and food costs. More transportation is needed in the rural areas. More meal sites should be established. More police protection is needed. Lights, electricity, and gas prices are too high. We need police protection.

Here's something that might make you hit the ceiling, Senator, but I don't know what we are going to do about this.

It says: "Too many wild dogs running around the streets." Can we put those guys into some kind of meditation?

Senator DOMENICI. Well, I've been asked to do a lot of things, but I've never been asked to be a dogcatcher before.

Mr. LOVATO. You see what you get by coming out here?

Butane gas is too high for cooking and heating. We need more transportation. Need money to cover rising food costs.

Santa Cruz—more transportation is needed. We need a permanent senior citizens center in this area. More income is needed because of the rising utility costs. We need help with home repairs.

Senator, in reading the Older American Act—before Tony left here, he left a little brochure and I'm going to give it back to you, and you take it with you. This is the history of the center that was

started in Santa Fe. It will help, I think, to find out just how much benefit this Older Americans Act has been doing by somebody who has tried to do the right thing. I'm going to give this to you.

Senator DOMENICI. Yes, sir, thank you very much.

Now, Remijio, if you have some written remarks from some of the other centers, I think we had better just put them in the record, rather than read them now, because we are running very, very late. If they are written, they will be the same as if you gave them, because they will be incorporated.

Mr. LOVATO. All right. There is something that we are doing—we are going to open a new center, right quick, and this is going to need a new meal site. There are a group of things here that we need for—you can have this list.

Thank you very much, Pete.

Senator DOMENICI. Thank you.

[The list referred to follows:]

NEW MEAL SITE—EQUIPMENT PRICE LIST

	<i>Price</i>
Dining area:	
Tables and chairs.....	\$465
Beverage counter.....	100
Coffee urn.....	65
Cold drinks dispensers.....	60
Napkin holders.....	50
Sugar bowls.....	10
Salt and pepper shakers.....	15
Melmac Ware (compartment trays).....	200
Silverware.....	300
Bulletin board.....	15
Subtotal.....	<u>1,280</u>
Kitchen area:	
Roll-up window blinds for serving and tray return windows (w/locks).....	200
Steam table, 3 wells; refrigeration unit.....	400
Four-burner, center solid plate, range with lower oven and hood with blower.....	600
Connection oven.....	600
Dish washing machine, trays and cylinders, and booster heater.....	3,500
Dirty dish table with pre-rinse sink.....	1,600
Three compartment sink for pots and pans.....	300
Double door refrigerator.....	1,000
Double door freezer.....	1,500
30-quart mixer.....	1,700
Slicer.....	500
Blender.....	50
Baking table with ingredient bins.....	500
Roaster.....	60
Utility cart.....	150
Housewares and kitchen supplies (one-time):	
Waste cans, rolling pins, cutting boards, cutting knives, strainers, pastry brushes, measuring spoons, measuring cups, pitchers, etc.---	600
Steam table pans.....	100
Baking pans: bun, muffin, bread.....	100
Stock pots with lids.....	150
Mixing bowls, storage tubs.....	60
Skillets.....	40
Towel dispensers.....	10
Subtotal.....	<u>13,720</u>
Total.....	<u>15,000</u>

NOTE.—These are estimated cost prices taken from catalog and are subject to change when bids are let.

Senator DOMENICI. Now, we have Oscar Gregory, chairman of the Colfax County Advisory Board.

**STATEMENT OF OSCAR W. GREGORY, CHAIRMAN, COLFAX COUNTY,
N. MEX., ADVISORY BOARD**

Mr. GREGORY. Senator Domenici, staff and, should I say, "fellow sufferers"? The Colfax County Senior Citizens organization was registered with the State of New Mexico Corporation Commission on May 31, 1974. It came about as an outgrowth of the activities of the Raton, N. Mex., Mayor's Commission on Aging in providing a senior center and appropriate activities for senior citizens in the Raton area, with its beginning in June 1973, without any Federal help.

Members of the Mayor's Commission on Aging were asked to come to other towns in the area to explain what had been done and tell how the program was started. The two towns displaying the most interest at that time were Maxwell and Springer. Although other towns were contacted, they expressed no interest in the county program. In fact, several community leaders in these places assured us that they had local senior citizen programs already and felt that there was no need to expand their programs. Within the past year, however, there have been inquiries from community leaders in nearby towns as to the possibility of joining the Colfax County organization in order to receive State and Federal moneys to expand their senior citizens program.

ADDITIONAL FUNDING NEEDED

Enlarging Colfax County Senior Citizens, Inc., will entail one of two courses: Curtailing the present services to Raton, Springer, and Maxwell, so as to initiate services in other towns; or securing more funds for Colfax County senior citizens to use.

Unfortunately, one community represented in the present corporation has experienced opposition to the program from nonsenior-citizen residents. It is a question as to whether the senior citizens or the dissenters will come out winners in the near future.

The present program of activities is possible only because of the funding by the State and Federal Governments. I do not know what changes are needed. Perhaps, a new Government regulation needs to be drafted, but we do need exemption from the requirement which asks for a waiver of the 3-year funding regulation in order to maintain our present rate of subsidy. The combined financial aid from the three communities, plus the amounts granted to each community by the Colfax County Commissioners, would fall far short of our needs just to keep the present programs in operation.

In summary, there are three major problems that we have at the present time: Expansion with subsequent increased funding for the Colfax County Senior Citizens Corporation; opposition to the program in one area; and the 3-year funding limitation for senior citizen programs.

I thank you, and the rest of it is printed, Your Honor.

Senator DOMENICI. Thank you very much. The rest will be made a part of the record.

[The document referred to follows:]

COLFAX COUNTY SENIOR CITIZENS CONCERNS

(1) Transportation (we understand that a project is in the planning stage) :
 (a) Transportation for shopping, doctors' offices, hospital, other.
 (b) Transportation to various activities that the senior citizens bus projects cannot provide since they operate with limited capital funding and, consequently, on limited schedules.

(2) Some type of nursing home or retirement home: Could be of intermediate size and funded to the extent that terminal fees would be no greater than the individual's social security payments would cover.

(3) Organization of a public health clinic: The administration of flu shots, etc., is quite often a considerable drain on the individual's pocketbook at the office of a regular practicing physician.

(4) Coordinated programs by a Visiting Nurses Association and home service workers: A considerable number of the elderly often need simple medical care and assistance with periodic house cleaning. Such a service would enable a good many elderly to end their lives with dignity in their own homes.

(5) Some way should be found whereby public utility rates could be lowered. Along with everything else, utility rates are going up to the extent that many elderly cannot afford the services they have access to. There is much mention on newscasts to the effect that action is being taken in various parts of the United States to lower utility rates, taxes, etc., for senior citizens who own their own homes, and even some who rent.

(6) The lack of sidewalks in some places makes it very difficult for the frail elderly to get around. This is especially true for those who require some kind of cane or other walking aids.

(7) More financial aid to the senior citizens meals program:

(a) Our present funding does not allow sufficient money with which to deliver meals to elderly citizens that are unable to ride the bus, due to physical problems.

(b) If money was available, we could deliver meals to the homes of individuals in this category, by increasing our contract with the public schools and hiring a person to deliver the meals.

Senator DOMENICI. Now, we have Secundino Aragon, chairman of the Mora-San Miguel County Advisory Board.

Secundino.

STATEMENT OF SECUNDINO ARAGON, CHAIRMAN, MORA-SAN MIGUEL COUNTY, N. MEX., ADVISORY BOARDS

Mr. ARAGON. This is from the senior citizens from Mora-San Miguel Counties to Senator Domenici, Special Committee on Aging, Mr. Emillio Ramon of the Mora-San Miguel County senior citizens program. Subject: Problems of the Rural Elderly from northern New Mexico.

Senator, ladies and gentlemen, thank you for letting me present my testimony on the problems of senior citizens who live in rural New Mexico. Our problems are many, but first, let me tell you that we are grateful for the many services that are being provided for us through the titles III and VII of the Older Americans Act.

Transportation is the key to many of our senior citizens' problems. We need to provide more transportation to the elderly people who live in isolated villages. Most of the senior citizens, by the time they

reach 60 years of age, can no longer afford to drive their own automobile. Their income is too limited to be able to afford the high cost of gasoline, tires, insurance, and payments.

Housing is also a problem in the rural community. Many of our senior citizens own their own homes; however, there are those who don't. In either cases, our senior citizens deserve the same comfort that other Americans enjoy. Many, many of the elderly, who live in rural communities, do not have inside restrooms or, for that matter, not even running water or electricity. Our senior citizens love and enjoy their own homes, but cannot afford even the necessities. In the past, most of our senior citizens have been forced to move to the city. We hope something can be done to help our elderly remain in their homes for as long as possible and that something can be done to make their lives more comfortable.

Health care problems are many, but the major problem is getting doctors to practice in small communities and keeping them there. There is a problem in getting nurses or doctors to make home visits. In many cases, these people haven't received care in time or have gone untreated because of the lack of transportation or unavailability of doctors.

Thank you.

Senator DOMENICI. Thank you very much.

William Strohecker, chairman of Los Alamos County Advisory Board. May I call you Bill?

**STATEMENT OF WILLIAM STROHECKER, CHAIRMAN,
LOS ALAMOS COUNTY, N. MEX., ADVISORY BOARD**

Mr. STROHECKER. Yes; that's good. Everybody—my friends do.

Senator DOMENICI. Thank you. And you call me Pete.

Mr. STROHECKER. Thank you, Pete.

The article I have here is written by Louise Carlson, director of the senior citizens program in Los Alamos. She is a very able lady and does very nicely.

Funding made available for small communities, possibly through the use of legislation, which might provide for exceptions to usual rules of size or income level, is a major need in Los Alamos. When there already is an existing agency, such as family council, which could provide a particular service, the total cost to government would be less. We often have the required knowledge of the community needs, ability for delivery of services, and administrative know-how, but are hindered by ineligibility for funding.

Services, such as transportation, homemaker aide, and nutritional programs can begin to meet the needs of a town such as Los Alamos, which has always been aware of its physical isolation, but these programs cannot reach the full potential when funding does not cover the projected needs. We have been told in the homemaker aide category that our county is entitled to this type of service, based on the individual's income level; but in practice, it is only theoretical, since present budgeting does not allow for adequate staffing of the program out of Espanola.

We have had senior citizens talking to us about the present level of medicare payments on their hospital, surgical, and medical bills. These individuals have been concerned that the payments have not kept pace with the actual costs of living.

Quite a lot of interest and concern has been expressed in the area of preretirement planning. It was pointed out that Civil Service and the Department of Energy possibly could implement such planning through their established personnel departments. Also, if the Department of Energy were to encourage their contractors to carry out such programs in their own particular laboratories, many of the problems developing now, because of the abrupt ending of a lifetime career, could be eased in the adjustment process. Many feel it is truly a moral responsibility for an employer to take an active role in an event of such great importance to a long-time employee.

Senator DOMENICI. Thank you very much. Thank you, Bill.

Now, we have Gustavo Cordova, chairman of the Taos-Rio Arriba County Advisory Board.

**STATEMENT OF GUSTAVO CORDOVA, CHAIRMAN,
TAOS-RIO ARRIBA COUNTY, N. MEX., ADVISORY BOARD**

Mr. CORDOVA. Senator, most of the problems that we face in Taos-Rio Arriba County, as well as the proper documentation of those problems, I believe, was presented this morning by our acting senior citizens Director, Annabelle Fresquez. I think she did a thorough job of that.

I did want to touch on one specific issue which we discussed at our last board meeting just 2 nights ago that is of special concern and interest to the people here in northern New Mexico. That is the crisis intervention program which is a temporary program and has definitely helped the people in the northern part of the State quite a bit. The only thing wrong with the program was that it was a temporary program, and the amount of money that came to us was, definitely, very small. Applications for this program are piled up in both our Espanola and Taos offices. We have a great number of people who feel the need for this program but who cannot be served due to the fact that the money has already been expended.

One of the problems that we faced here in northern New Mexico was that Community Services Administration, at first, had a little problem visualizing how this need for fuel was so unique here in northern New Mexico.

WOOD: MAIN SOURCE OF FUEL

In New Mexico, most of our homes are adobe structures. Most of the energy that we consume here is wood. We do depend, naturally, on natural gas, butane, electricity, and other forms of energy, but unique to this area is the use of wood. That's why this crisis intervention program was such a welcome relief to the majority of the citizens in this area. People during the wintertime, especially the elderly, depend greatly on wood as a fuel for heating and for cooking

their meals. We found that this crisis intervention program really helped the people in that enough wood was purchased so that they could survive through the winter. We saw this program as a really definite need for the people in this area.

Senator DOMENICI. What was the average amount received by those eligible for crisis intervention funds?

Mr. CORDOVA. I believe that the CAP agency set a limit of \$250—correct me if I'm wrong.

Senator DOMENICI. Maximum?

Mr. CORDOVA. Maximum.

Senator DOMENICI. Did some get less?

Mr. CORDOVA. Some did. The agency had a limit of three cords of wood throughout the winter and if a person's utility bills were higher, the agency would cover the amount of the bills; but they tried not to go over the \$250 limit. This could prove to be a definite problem. In the wood area, however, it was not as great a problem. If the people could be provided with at least three cords of wood for the winter, plus a little help from their neighbors and relatives, they just might make it.

Senator DOMENICI. I understand the price of wood has gone way high.

Mr. CORDOVA. The price of wood here is about \$65 a cord. The Agency was paying a maximum of \$50 a cord. We were able to find wood haulers that would sell it for that amount to the elderly.

Senator DOMENICI. How much did it go up since a year ago?

Mr. MATTER. It was \$35 a cord down in the Santa Fe area.

Senator DOMENICI. About \$35?

Mr. MATTER. That's right.

Senator DOMENICI. Last year?

Mr. MATTER. Last year.

Senator DOMENICI. And some is up to \$80 now.

Mr. CORDOVA. It really depends on where you are in relation to the wood vendor. If you are fortunate enough to have a wood vendor in your community, you might be able to get it for \$50.

Mr. LUCERO. This is pinion wood, right?

Mr. CORDOVA. This is pinion wood.

Senator DOMENICI. All right. Can you tell me, Gustavo, has the CAP agency or anyone else conducted a study as to how many people use wood in, say, the two counties of your agency—either for primary source or as a supplementary?

CRISIS INTERVENTION: CONTINUING CONCERN

Mr. CORDOVA. I do not know for sure. I know that a study has not been undertaken to find out how many use wood and how many use propane or other forms of energy, but we do have in our files the number of citizens who have applied for wood as their major source of energy and the number is proportionately much higher than what was actually anticipated. It is very high, not only in Taos County, but also in Rio-Arriba County. One of the reasons that wood keeps going up is because, not only do the senior citizens use a lot of wood, but so do the majority of people here in northern New Mexico. Therefore,

a lot of people are going up to the mountains for wood and are depleting the available supply. We take issue with the Congress in making crisis intervention such a temporary program, especially when the cost of energy has skyrocketed to the level where it exists today.

We ask that you present to the Congress the need for future appropriations for the crisis intervention program, or a similar program, which is essential to the northern New Mexico area. The program may be unique to this area, but it is absolutely needed.

Senator DOMENICI. That's something like prices intervention.

Mr. CORDOVA. Like prices intervention. The name is totally irrelevant as far as we are concerned. We just need wood.

Panelists prior to myself have aired most of the problems that we face here: Most senior citizens live alone; they live in poorly insulated homes; they have a fixed income; and they have poor heating facilities. All these problems combined with that little check they get every month—they sure can't make it. That's why a similar program to aid the elderly in paying their utility bills would definitely help the people in this area. We definitely have other areas of high priority that were discussed this morning by our director, but this is one program that the board discussed and felt was of vital concern to the people in this area.

I had a little prepared statement I wanted to say here in Spanish.

Senator DOMENICI. Wait, before you do that. Let me talk with you a minute, and then you do that.

Do you think you can get me some information about the crisis from the applications, something that I could use to show the relationship of wood use in your two counties? No one would understand or believe that in Washington, you see. If we are going to do something different, well, we've got to make them understand that this is still very vital.

Can you try, with your staff, to get me something—either get it up to Tony next week or as soon as you can and let me try to analyze it.

Mr. Cordova. I most definitely will.

Senator DOMENICI. All right. Now let me tell you two other things, and I would hope that you would ask your staff to watch them and get us some reports on them, as the programs develop.

PROGRAMS COORDINATED

In the energy conservation bill, which we have finished, we have combined the weatherization program that you have, CAP, and the weatherization program that the Federal Energy Administration has. Now, that word "combined" is wrong. We have forced a coordination of the two. They will still be two programs. The tests are going to be 125 percent of the poverty level to qualify. The maximum amount per house—for insulation, fixing storm windows, doors, and that kind of thing—is going to be \$800. Both are very good, with the same standards—so you are not going to have them coming to you with 100 percent of poverty and going to another office with 125. Both are 125 percent—\$800 is a good figure. We've heard from the State CAP Director—he testified. Now, we can't fix a totally broken down house for \$800. That needs remodeling, but I am talking about the

average one. The State will still be in charge of CAP allocations and I assume that the Energy Office will try to work through the State, but we really want to know if the coordinated approach works.

Now, the other thing—I am not sure we will make this law, but I did get \$75 cash, not wood—\$75 for fixed-income senior citizens per year under the income tax. If it becomes law, that will mean you will get your social security, but in addition you could get \$75 cash from the Government or \$75 cut off your income tax, whichever one you want. Now, you may have to help some people with that, if that becomes law. It's simple, but they have to file an income tax. They don't have to owe anything. They've just got to send it in. If they don't owe any, they are going to get \$75, which is my way of saying—we can't increase social security, you know, it's broke they say. It really isn't. We don't want anyone to think that. But we can't get \$75 added to social security, so this \$75 tax credit refund is for fixed income seniors. The income eligibility limit is \$7,500 a year, therefore it will cover most older people. The refund will offer a little help on energy bills—maybe, 1 month, in the coldest of winter, or 2 months, in milder weather. Now, if that comes through, we want to be certain that people use it. We don't want to let them go by April 15 and never send anything in, because it is not going to come with the social security check. We'll keep everyone posted when my amendment becomes law, it passed the Senate, but did not pass the House. We'll see, in the next 15 to 20 days, what they do with it.

Mr. CORDOVA. If you've had an opportunity to look out the window this morning, we have a storm coming up and we should have some snow, either tomorrow or Monday, and that's why we consider this type of program of vital importance to this area. It gets cold. A lot of people have the misconception that New Mexico is all desert and that it is not cold up here, but northern New Mexico can get very, very cold.

Senator DOMENICI. I am very sorry. Tell me, again.

"IT GETS COLD IN NEW MEXICO TOO"

Mr. CORDOVA. I was referring to the inclement weather which is coming. We should have some snow by tomorrow or Monday, and I mentioned that a lot of people have a misconception that New Mexico is just all desert and is nice and warm, but here in northern New Mexico, it gets very, very cold, especially for those with poorly insulated homes. That's why we consider this such a priority. I will submit all this information to your office.

Senator DOMENICI. All right. Now, you wanted to speak in Spanish, you said?

Mr. CORDOVA. It was a closing statement. I was going to say:

Nuestros antepasados nos dieron el consejo, la dirección, y el entendimiento para reconocer el respeto de los mayores. Vamos ahora a darles las gracias, implementando unos programas de recreo, alimentos, biveandas para el bienestar, transportacion, y ayuda medecinal; para que los ultimos anos de su vida sean feliz.

Senator DOMENICI. Now, for you who don't understand. What he said is that our elders have given to the young people, in turn giving us many reasons to respect them. Now, the least we can do is give

back to them some programs that will provide nutrition, some medical care, health, and transportation.

I really appreciate your testimony. I hope it means that your board is genuinely interested in getting the job done. You have heard some concerns about staffing. I hope your board, and all the others, are very careful to understand that the reason for hiring people is to carry out aging programs, not to function as an employment agency. We want to help our people get jobs, but we want to deliver these services. I hope that everyone in a staff position is very careful not to waste the money intended for the senior citizens. I'm not saying this is happening. I just think you people ought to be genuinely fearful of waste because that will hurt the program very much. Then, all Congress would need is about 200 or 300 senior citizens coming over and saying: "They are not taking care of us. It is all being paid to staff people."

Senator DOMENICI. Now, we have finished the formal testimony. All the proceedings will be compiled into a formal record, then will be available for the Senate Special Committee on Aging. I think you all know that the topics we've discussed cover many different areas: taxation, health, the Older Americans Act.

We'll do our best in the next 2 or 3 months to take the information that's been acquired and see if we can direct the programs to where they meet our needs here in New Mexico, especially the rural needs up here in the north.

Now, we have Becky Bustamante present. Becky, we welcome you. I understand you are here as a representative of the State Commission on Aging. Why don't you stand so they can all see you?

Thank you.

Where's Vera? All right—Vera La Comb. She helped us very much in putting the program together, and I thank her for that.

Now, is Charles Matter still here?

Mr. MATTER. Yes.

Senator DOMENICI. Charles, did you want to present something from Cerrillos?

**STATEMENT OF CHARLES MATTER, SENIOR CITIZENS CENTER,
CERRILLOS, N. MEX.**

Mr. MATTER. Yes, I have a letter written from the senior citizens of Cerrillos, a very small village, 24 miles south of Santa Fe.

Senator DOMENICI. I know where Cerrillos is, but I didn't know that there were enough senior citizens to have a group, but now you tell me that.

Mr. MATTER. Well, I have 18 signatures on this letter that I am going to present to you.

Senator DOMENICI. That's great.

Mr. MATTER. And that comprises the greater percentage of the senior citizens in Cerrillos.

A copy of this letter, by the way, has gone to Congressman Lujan, has gone to Senator Schmitt, and has also gone to the President of the United States—all by registered mail.

[The letter referred to follows:]

The senior citizens of Cerrillos, N. Mex., are extremely concerned about the high utility bills. We, at the senior citizens center, are on a fixed income and social security. With these high rates, it is impossible to realize a normal way of life. These bills include: electric, butane, transportation, and food.

It is urgent that we are recognized as a very important part of this country. Everyone here has worked hard through the years and contributed much by paying taxes which pay the bills for our government. We feel it is time we are given our well-earned share of consideration in these matters in order to maintain a certain standard of living which is slowly being taken from us.

Respectfully,

Mary Jobe, Isabetela Lopez, Petra Smith, James P. Smith, Jean Bishop, Charles G. Matter, Emma S. Montoya, Mary Ramirez, Piedad G. Montoya, Cecilia Salmeron, Martha Wheeler, Lucille L. Matter, Lourdes Lucero, Joe Lucero, Mildred Beach, Juan Ramirez, Gene Montoya, and Brijido Montoya.

Mr. MATTER. The senior citizens of Cerrillos, N. Mex., are extremely concerned about the high utility bills. We, at the senior citizens center are on a fixed income of social security. With these high rates, it is impossible to realize the normal way of life. These bills include electric, butane, transportation, and food. It is urgent that we are recognized as a very important part of this country. Everyone here has worked hard through the years and contributed much, by paying taxes to pay the bills for our government. We feel it is time that we are given our well earned share of consideration in these matters in order to maintain a certain standard of living which is slowly being taken from us.

Senator DOMENICI. Thank you very much. Did you send mine registered or just hand-delivered?

Mr. MATTER. I've brought yours.

Senator DOMENICI. How much did I save you by being here?

Mr. MATTER. Oh, probably 40 cents.

Senator DOMENICI. Well, that's good. I saved 40 cents.

Mr. MATTER. Thank you very much.

Senator DOMENICI. Thank you very much.

Let me just say to all of you in closing that it has been a good day for me here. I'll be in Taos for the rest of the day and evening and then go down to Santa Fe tomorrow.

ENERGY PROBLEM MOST SERIOUS

I hope you know that the problems we have are difficult ones, and not easily solved. The most serious is the energy situation. There's no doubt about it. With the price of energy rising all the time, we're going to have some hard times.

I hope you know that I am going to try my best for all of the programs you have now, and where we can make them better, we will try to make them better. The one thing that I am sure of is that the old people in our country, more than anything else, want to keep their pride. They don't want the government to take them away and take care of them. They want to do things for themselves if they can, they want to stay in their houses as long as they can. They don't want to go to nursing homes. They don't want to go live in some community with all old people. They like to be near the people they

grew up with. It's very hard to keep that and yet give them the services that programs provide, but we'll keep trying.

Let me close by thanking the distinguished mayor of Taos, Mayor Cantu, for letting us come to his city once again, and for welcoming us here today.

I am so pleased to have this day with all of you. So many of you came from far away and I appreciate it.

[Whereupon, at 1:20 p.m., the hearing adjourned.]

APPENDIXES

Appendix 1

MATERIAL SUBMITTED BY WITNESSES

ITEM 1. STATEMENT OF EDWARD VICENTI, COUNCILMAN, JICARILLA APACHE TRIBE, DULCE, N. MEX., SUBMITTED BY LEE MARTINEZ¹

The Jicarilla Apache Tribe requests that Congress appropriate \$8,245,000 to the Public Health Service (Indian Health Service) Fiscal Year 1978 Budget for the construction of a Comprehensive Community Health Center facility to be located on the Jicarilla Apache Reservation in Dulce, N. Mex. The proposed comprehensive health center facility and health care delivery system has been developed to provide a comprehensive approach to the health need of the 2,000 member Jicarilla Apache Tribe.

The Jicarilla Apache Reservation is located in north central New Mexico. It is the second largest Indian reservation in New Mexico, consisting of 742,312 acres. The tribal headquarters is in the northern part of the reservation in a town called Dulce. The northern part of the reservation consists of 403,235 acres and is a semimountainous to mountainous environment with an approximate elevation of 8,700 feet in the high mountainous area. The southern part of the reservation consists of 339,077 acres consisting primarily of open rolling hills and pinon, juniper, and sagebrush vegetation. The average elevation in the southern part of the reservation approximates 6,500 feet. The weather in the northern part of the reservation consists of cool summers and cold rigid winters with temperatures of minus 40 degree not being uncommon. The altitude in the southern part of the reservation is lower and consequently the winters are more mild. The average precipitation approximates 17 to 18 degrees per year and the growing season is very short with an average of 70-80 frost free days annually.

In 1887 the present Jicarilla Apache Reservation was established and 700 tribal members were accounted for during the time of entrance. Government rations and surplus were distributed among the members. In 1901 the Jicarilla Apache Boarding School was established to educate the young members of the tribe.

Over the years pursuant to the establishment of the reservation in 1887, the "easy life" did not come to the Jicarillas until about the 1960's when most of the tribal members were educated, improved their living conditions, learned to care for their livestock, and accepted to a large degree the white people's way of living. The Jicarilla Apache Tribe today has many accomplishments of which it can be proud of. The Dulce Public Schools (built in 1956) gives services to children from kindergarten through the 12 grade. The tribe has profit-oriented enterprises which range from a Stone Lake Lodge Resort to Apache Indian Enterprises, Inc. The tribe's game and fish department brings in thousands of dollars profit each year. The Jicarilla Apache Tribe likewise provides social service type programs for its people such as headstart and day care, senior citizens services program, adult education, manpower development program, alcoholism treatment program. The Jicarilla Apache Tribe's accounting department has a computerized accounting system which has been operational within the last 3 years. The listing of tribal enterprises and social service programs is longer but for lack of time they will not be mentioned. It is well to mention at this time that our present tribal enrollment is 2,053.

¹ See statement, page 1017.

MEDICINEMEN STILL UTILIZED

In 1887 the Jicarilla Apache Tribe depended on the medicinemen of the tribe when there was illness. Even today the medicineman's services are still utilized. Today the Indian Health Service (a division of the U.S. Public Health Service) has a field clinic in Dulce with one full-time resident physician. In 1976, the field clinic treated for 6,085 outpatient visits; 70 percent of the visits were for the following predominant diseases: upper respiratory infections, otitis media, heart ailments, strep throat, and alcoholism. During 1975, 317 hospitalization cases of Jicarilla Apache members occurred; 33 percent of the hospitalization cases were for child delivery. Injuries (such as auto accidents, etc.) were the second largest hospitalization category, that is 20 percent. Diseases of the digestive and respiratory systems, infective and parasitic diseases, etc., accounted for the remaining 47 percent of the hospitalization cases will consist of Jicarilla members. Therefore it can be safely assumed that during a given year approximately 55 percent of the hospitalization cases will consist of obstetrical cases and injuries sustained because of auto accidents, etc.

In summary of the need for expanded medical facilities and services for residents of the Jicarilla Apache Reservation, I cite the following facts:

(1) Our present tribal enrollment is 2,053, and this increases by 50 births annually;

(2) A minimum of 620 hospitalization cases occur each year and there is not nearby a hospital to handle them;

(3) The Dulce IHS Field Clinic which renders medical care to Jicarilla members has only 1 full-time physician;

(4) The nearest hospital facility is located in Farmington, N. Mex. (San Juan Hospital) and it is 94 miles distant;

(5) Transportation, especially during the long winter months, of medical patients is severely lacking and the problem becomes acute when bad weather causes adverse road conditions;

(6) The lack of hospital bases services can best be described as primary episodic care which is oriented more to the alleviation of a particular problem than to the comprehensive needs of the patient himself;

(7) Emergency room services in surrounding hospital facilities are many times refused to Jicarilla tribal members for the lack of their ability to pay at the time of need.

It is the intent of this proposal to plan for and construct a comprehensive community health care facility. The proposed health care facility will serve as the local point for providing a comprehensive health care delivery system. When completed, the primary objective of the health care facility will be to provide inpatient services for the Jicarilla Indian community. A 25-bed hospital facility with an average daily patient load of 12 will be constructed to provide hospital services for the Dulce community bases on 1986 projected needs. Outpatient services will be major component of the Dulce Comprehensive Community Health Center. The facility is expected to handle 16,000 visits in 1986.

The Dulce Comprehensive Community Health Center will also provide health care programs for 2,000 tribal members in the following health care areas: dental health, contract medical care, mental health, alcoholism, substance abuse, maternal and child health, otitis media, eye care service, environmental health, diabetes and hypertensive screenings and control, and a field health program. The aforementioned are program areas to be expanded or developed but health care service areas will not be limited to the mentioned areas.

RESERVATION ACTIVITIES LISTED

The following activities will be provided to meet the health care needs for residents of the Jicarilla Reservation:

(1) A team approach to the care of the individual in which the health professions providing services are integrated and coordinated under the leadership of the physician;

(2) A spectrum of services that includes diagnosis, specific diagnosis, specific treatment, rehabilitation, education, and prevention;

(3) A coordinated community and/or regional system that incorporates the full spectrum of health services and provides for coordination of care from the time of the patient's primary contact with the system through the community hospital and other health agencies;

(4) Continuity among the hospital aspects of patient care, the community, the physician, and the health agencies rendering particular services;

(5) Organization of the hospital care of both ambulatory and bed patients into a continuum with common or integrated services;

(6) Continuing programs of evaluation and research in the quality of services provided and in their adequacy in meeting needs of the patient and the community.

The evaluation and monitoring of the services rendered by the Dulce Comprehensive Community Health Center will be done within the existing Indian Health Service evaluation system, by the Jicarilla Apache Tribal Council and/or the Jicarilla Apache Comprehensive Health Planning Board. The Jicarilla Apache Tribe has applied for a Public Law 93-638 feasibility study grant and it is quite possible that the tribe may decide in the future to contract for all IHS services rendered on the reservation. Should the contracting to IHS health services become a reality, then the tribe would become the sole agency responsible for the planning, implementation, and evaluation of the proposed Dulce Comprehensive Health Center Facility. The Jicarilla Apache Tribe, at its discretion, would use whatever evaluation modes or methods are required to assure its tribal members quality health care.

In summary, the Jicarilla Apache Tribe, for approximately 10 years, has been seeking funds from the Indian Health Service for construction of a comprehensive health center facility to serve the residents of the Jicarilla Apache Reservation. The IHS has been sympathetic to our request but, nonetheless, to date we do not have a hospital facility for our tribe. No provision has been made by the IHS under Public Law 94-437 for construction of a hospital facility for the Jicarilla Apache Tribe. Therefore the Jicarilla Apache Tribe requests that the Congress of the United States budget \$8,242,123 as outlined below for the facility;

Construction costs—\$6,371,750

Feasibility study—\$150,000

Planning and design—\$637,175

Equipment—\$1,083,198

Total—\$8,242,123

The Jicarilla Apache Tribe appreciates the opportunity to testify on its behalf at this time and we sincerely hope that Congress will accord our people the same hospital facility that you have granted to the Mescalero Apache, Zuni Pueblo, and the Laguna-Acoma Pueblo Tribes. Our need is greater because of our extreme geographical isolation and we are sure you will concur with our request for the hospital facility. Thank you.

ITEM 2. STATEMENT AND ATTACHMENTS OF BARBARA DEAUX,¹ DIRECTOR, HEALTH AND SOCIAL SERVICES, EIGHT NORTHERN INDIAN PUEBLOS COUNCIL, SAN JUAN PUEBLO, N. MEX.

SPECIAL FEDERAL RESPONSIBILITY

The continued existence of the Bureau of Indian Affairs and the Indian Health Service show some token commitment on the part of the Federal Government to the obligations incurred under the early treaties. These treaties were basically interpreted through later laws to provide for the general health and welfare of the Indian people "as long as the grasses grow and the waters flow." It has been the widespread misconception for some time that these vague statements represent a true picture of the interaction between Indian people and the Federal agencies responsible for their care, either directly, as IHS and BIA, or as serving the entire population as in the case of the Social Security Administration.

A closer look shows something else. In reality, the utilization rates of IHS and BIA services have exceeded the growth of the budgets of these agencies. This means that services must be prioritized, and the Indian elderly in this area have not received the priority ranking their age and status in the Pueblo culture demand. For example, many local senior citizens are without teeth as a result of poor dental care in their youth. The waiting list in this area for

¹ See testimony, page 1030.

dentures can be as long as 2 years and most cannot afford the service privately. This lack of teeth can lead to digestive and nutritive problems and can render an older person less resistant to disease. The problem, in part, is the limited amount of funds available for dental care, but also, in part, is the assignment of top priority to school children. This makes sense, in the long run, but it also means that elders who had no dental care while young are not going to receive any now, either.

This increased utilization is actually a reflection of a general population increase. The successes that have been enjoyed by IHS have increased the life span of Indian people. In addition, the birth rate in the Indian population is higher than that of the non-Indian majority. This puts a further strain on existing resources, but it also skews the population in the direction of youth. Perhaps this is best illustrated by the fact that the ENIPC headstart program is 12 years old, while we have had a senior citizens project for only 2 years.

How does this reflect on the Federal responsibility to the Indian people? In an era when gerontology and the plight of the elderly are front page news, it is difficult to understand how the Federal Government is meeting its responsibilities when it employs no gerontologists and maintains no special programs for Indian people in Indian areas. The Federal Government has the responsibility to make available to Indian people the advances in this field of aging that are available to the general populace in a culturally relevant way. Treaty obligations do not stop when a person reaches 60. In addition, there is the obligation to insure appropriate participation in programs sponsored by Federal flow-through money such as title XX, and the various titles of the Older Americans Act of 1965.

ACCESS TO EXISTING SERVICES

For many Indian people, access to services currently provided by Federal, State and private agencies is so difficult that the services are rendered virtually nonexistent. Transportation represents one of the greatest single barriers to service for the rural poor, and it hits the elderly Indian with devastating results. There is no cheap way to get the elderly Indian from the reservation to the services where no public transportation exists, and where communities may be very isolated. It is usually cheaper to take the service to the reservation, but most service programs do not have staff sizes equal to the task. This is due in part to the application of urban staffing criteria to a large, low-density, rural area, with no clear understanding of what it means to pay a neighbor to take you 25 miles for food stamps, or to protest a Social Security Administration decision. This, of course, refers only to the Pueblo area, and not to the even more isolated areas in Nevada or in the Navajo Nation.

A further barrier to the Indian elderly, especially in New Mexico, is racial. Northern New Mexico is predominantly what is now called Chicano, and many programs are staffed by members of this population group. Sometimes this leads to only a language problem. Sometimes the elderly Indian is unwilling to confide personal matters to an individual of another race. Sometimes the elderly remember past bad blood between the races or, perhaps, are current victims of such prejudice. Experience has shown us that services provided by non-Indians will not be utilized by the elderly to the same extent as if there were an Indian across the desk. There are very few Indian service providers in the State of New Mexico, except in Indian programs. Our recent participation in region VI Social Security Administration planning efforts showed no Indians serving their own people in this capacity in the Pueblo area. Similar findings echoed back from around the State. As a further example, the only Indian employed by the State Commission on Aging is a clerk.

One final barrier that the Indian elder faces could be called cultural, or philosophical. The urban black is used to waiting in lines, to answering personal questions, to recognizing the importance of keeping track of all those funny pieces of government paper. The elderly, rural Indian is not. The long lines and impersonal atmosphere are foreign to the elders. Many cannot read English well enough to understand the forms and notices, if they read at all. Many require patient explanations and reexplanations of what is required of them, shortening the tempers of service providers and lengthening the lines. Finally, many of the questions are simply inappropriate or so poorly understood that they elicit all the wrong information. When a man sells a sheep, that is

income. But what if he does not know that the three who died are counted as a loss? To another elderly Indian, a car bought in 1976 is a 1976 car, even if it is a 1962 pick up. To almost all, the ideas of keeping receipts for wood bought from a neighbor, or explaining tribal lease income or answering such personal questions in the first place are often enough to keep Indian elderly from seeking services at all.

NUTRITION

There are many programs which the elderly are seeking out when they are appropriately presented. Nutrition programs are among the most popular. All of the northern Pueblos have meal sites funded jointly by title VII of the Older Americans Act and the Community Services Administration. However, it is only this year that the State Commission on Aging has awarded title VII contracts directly to Indian programs, and even this year, awards were only made to intertribal organizations, and not directly to tribes. While this year does represent an increase in nutrition services to Indian people and while the level of cooperation between the State Commission on Aging and the intertribal organizations was high, the current state of affairs does not satisfy many tribal leaders who see this insistence on multitribal contracts as a hindrance to their right to self-determination. Further, awards were primarily made to cover food costs at the low rate of only \$0.75 per meal. This does not adequately take into account the lack of a tribal tax base to supply additional funds, the absence of support of most charitable institutions, such as churches and civic groups, and the high food costs encountered by the more isolated Pueblos and tribes. To avoid any misunderstanding, it should be stated that the ENIPC contract does contain money for nonfood items, but that this was acknowledged by all sides to be inadequate. Further, ENIPC received a grant of \$4,000 from the National Indian Lutheran Board which saved the program from disaster when the Administration on Aging raised technical questions which delayed our contract award for nearly 2 months beyond the start of the program year.

In summary, it should be stated that the nutrition programs represent our most successful efforts to provide services to the elderly, but that this is still inadequate. The money available in the northern Pueblos to stock, staff, and maintain eight meal sites is only \$132,000. This must be stretched to cover food, personnel, supplies, site maintenance, utilities, travel, recreation, shopping assistance, and all of the other services mandated by title VII. You can feed some people in each Pueblo for this amount. You cannot feed all of them, nor can you develop the multipurpose programs delineated in the law.

HEALTH CARE

The provision of health services to all Indians has been a matter of much concern in recent times. Indians from all regions and spanning all age ranges have been demanding increased service provision, and Congress has responded by the passage of legislation and the appropriation of funds. However, the most comprehensive of the recent legislation, Public Law 94-437, barely makes mention of the needs of the senior citizens. Some note is made in title II of services for the elderly and in title III about the construction of nursing homes. However, regulations and appropriations in this area have not been finalized, and there is still a lack of coordinated effort on the part of the Indian Health Service to offer the recent advances in geriatric medicine to Indian elders.

This is a real problem. In a system where all health services are basically inadequate, the elderly, as a small percentage of the population, are not accorded high priority because they represent a very short term, high-cost investment. Hence, cataract surgery or the provision of dentures, which may be essential to continued independence and dignity, are considered elective surgery or nonessential services. These two examples represent only types of treatment that are traditionally connected with the elderly. How much harder will it be, given the economics of the situation, to provide a vitrectomy for an elderly diabetic, or a hip replacement, or a pacemaker? The money appropriated for Indian Health Service is basically not adequate to provide the kinds of health services which are specially required by the elderly.

Nor is it reasonable to expect elderly Indians to switch easily over to such medicare and medicaid services as may be available to them. First of all, eligibility for such services may be difficult to establish, as has been discussed under

"Access to Existing Services" above. Further, for a generation which has grown up only gradually increasing its confidence in IHS facilities, systems, and care, the acceptance of a whole new set of rules is highly unlikely. Finally, even if elderly Indians can somehow take advantage of medicare and medicaid, especially under the special provisions of title IV of Public Law 94-437, the health care provided under these systems is already under attack as inadequate.

Hospital care is not the only health-related issue of concern. Extended care and home health care also need to be addressed. While it has traditionally been true that the extended family has been able to maintain its frail, elderly members, societal changes are affecting its ability to continue this. Often the grown children are working off the reservation, or have radically changed their life style, or may be alcoholic and incapable of caring for aging parents. It may be simply a case of not having the time to help an elderly relative cope with the rigors of a rural, more primitive life, or it may be a case of actual abuse. It has happened that elderly Indians, not trusting banks, have cashed and carried with them their entire SSI check. They are easy targets, often for their own family members, who may have alcohol problems or may just generally be suffering from the depressed economic conditions of the reservation.

The northern Pueblos area provides a good example of what is not available for these victims. There is no nursing home or adequate day care facility located in any of the Pueblos. People requiring these services must go to non-Indian facilities, often very far from their families and culturally objectionable to the elder. There are not even any visiting nurse or home health care services to keep the marginally able or convalescing elder in his or her community. In fact, the local Indian Health Service Unit has approached ENIPC, requesting that we organize a home health service through medicare financing, a project which would help their budget and which would return senior citizens to their homes.

What appears to be needed is a recognition by IHS of the health needs of the older Indian, and a clear acceptance of the Federal responsibility to address these needs—not through medicare reforms or national health insurance programs—but through the health care system which has been geared over the years especially to Indian health issues and which is guaranteed them by long-standing treaties. Only in this way can services be guaranteed in Indian communities in the appropriate lingual and cultural setting. A good start would be the development of a gerontology section within the Indian Health Service, which could initiate mass health screening efforts and could establish extended, day, or home care programs. At the very least, there must be recognition of the fact that the IHS success in lengthening the life span of the Indian (which still only averages 45 years in the Albuquerque area) has created a whole new universe of health problems which are not being addressed.

SOCIAL SERVICES

The adequate provision of social services to older Indians may be the key to the improvement of the whole system, especially at this point in time. Of all of the generations of Indian elders in New Mexico, today's native senior citizens have the greatest number of services available to them, looking back and looking forward, but the poorest of skills for dealing with the services and the society that provides them. A 70-year-old Pueblo Indian remembers when this was not a State, when English was never heard, when tribal traditions were virtually untouched. That same person has seen the decline of agriculture, the disruption of the Pueblo, and the imposition of the Anglo culture over the two traditions—Indian and Spanish. Many still do not speak English, nor are they able to understand the values of the majority culture which are not based on closeness and community. Their children grew up far differently, going to school and going to war. Their coping skills are better, and they will find aging in their contemporary society somewhat less of a problem.

Today, however, the elder requires a tremendous effort on the part of the social service provider to assist him through the maze of programs and forms. The change in Indian society has forced the senior citizens to become more dependent upon these programs for survival. The lack of tribal capital and adequate IHS and BIA funding has meant that the programs are almost guaranteed to be non-Indian in origin and staff. All of this tends to limit access to this crucial service which is designed to provide access to all other components to the system. The most isolated, least acculturated Indian is most in need of a guide and least likely to go to county-based title XX services.

The importance of social services to the elderly is underscored by the number of different services and funding sources that have been authorized by Congress and by the various States and private organizations. Their effectiveness, or lack of it, may also be reflected in the fact that more and more seems to be required to do the job. For senior citizens of all races, this means confusion. To the Indian, it can mean, once again, the denial on the part of the Federal Government of its responsibilities to the tribes. As the Indian recipients of these various services begin to realize their importance, those recipients also grow to understand that these services should be provided directly by the Federal Government to the Indian people in programs that are culturally acceptable and which reorganize the special relationship between the U.S. Government and the dependent, sovereign nations within it. With the growing understanding of the unique needs of all senior citizens must come a growing pressure on the Federal Government to develop, with the tribes, a comprehensive Indian service package to insure the cultural integrity of the Indian people and to meet the Federal obligations set out in the treaties.

INCOME MAINTENANCE AND FINANCIAL ASSISTANCE

The primary concern of all senior citizens is that their income is fixed and usually low in a world of rising costs. This is especially true of Indian people. Our 1977 Community Services Administration needs assessment shows that 100 percent of our approximately 300 citizens over the age of 60 (a conservative estimate based on 1977 BIA figures) fall below the poverty line. Many have never been incorporated into the social security system because they never worked off the reservation, always supporting themselves by agriculture or traditional crafts. The chronic unemployment in northern New Mexico and the history of racial prejudice also mean that many who wanted to work off the reservation were unable to do so for a sufficient length of time to entitle them to adequate benefits. Still others find the State welfare system demeaning, and look, again, to the Federal Government for assistance. While BIA does have some help to offer, it is not enough.

One overall problem with income maintenance and financial assistance programs is that they are generally designed to operate in urban areas. As has previously been discussed, the staffing patterns and allowable costs work well in high population density areas, but cannot be stretched to fit a rural area which must devote a great deal of effort to outreach and mobile services, and which may be economically quite different in character from New York City.

The Eight Northern Indian Pueblos Council has been working with the Region VI Social Security Administration Advisory Group to help SSA better serve Indian people. Attachment A is a description of our efforts and a report of our findings.

One of the issues that came up with regard to the Social Security Administration, and which applies across the board to similar programs, is that of contracting. This will be discussed further under the heading "Direct Funding", below, but repeated mention of it can do no harm. It could be a way for the Federal Government to live up to its obligations without the creation of a new bureaucracy.

CURRENT AND FUTURE PLANNING EFFORTS

"Planning" is a popular concept right now. Public Law 94-437 mandates the development of reservation—specific health plans within the next 2 years. The State Commission on Aging is engaged in ongoing planning efforts. Our local area agency on aging is proposing yet another needs assessment. One has just been completed by the University of New Mexico and the All Indian Pueblo Council regarding the needs of Indian elderly. The federally established Health Systems Agency also has intentions in this direction.

Current planning efforts are hampered by several factors. Primary among these is the lack of accurate population data. Public Law 94-437 planning must, by regulation, be based on 1970 Census Bureau figures. These will grossly underrepresent the Indian elderly. The whole Indian population was underrepresented at the time, and the changes in the composition of the Indian population have not followed the same lines as those in the mainstream. Attachment B clearly shows the problem. BIA statistics (which are also believed by tribal leaders to be low) show that over a 6-year period, the number of Indians in New Mexico

more than doubled. This is an unlikely growth rate. Further, the population of elderly Indians is defined as beginning at age 60. Based on a life expectancy of only 45 years for the Albuquerque area, a cutoff of 55 years might be more appropriate.

Another difficulty with current planning is the restrictive nature of the Public Law 94-437 planning guidelines. While it was no doubt the intention of Congress to remedy many of the ills of the Indian Health Service, the guidelines that are set down will perpetuate the system, being based on IHS data, IHS service criteria, and IHS technical assistance. Alternative, community-based planning is made almost impossible under the regulations issued. Since this planning effort appears to be the only official IHS recognition of its responsibility for geriatric care, it seems that the law, which might have improved the condition of the Indian elderly, will be circumvented by executive legislation through regulations.

Future planning must move in a different direction. The establishment of gerontology as a recognized field within IHS and BIA would be a good starting point. Following that, a national effort utilizing the National Indian Council on Aging should be sponsored by the Federal Government to plan for culturally appropriate services to Indian elderly. State agencies should be relieved of the burden of planning for people for live outside their jurisdiction and the appropriate funds should be channeled directly to tribes and tribal governments.

THE DEMANDS OF CULTURE AND HISTORY

Just as the youth are the Pueblo's most precious natural resources, so are the elderly it's greatest reserve of knowledge and culture. Every effort must be made to encourage them to transmit their heritage and to enable them to live with the dignity they have earned. It is not the written policy of the Federal Government to insist on or even encourage the weakening of the Indian culture, and the cooperation of various Federal agencies could serve to protect this way of life, which is an asset to all Americans.

The elderly Indian has traditionally held a position of leadership in the Pueblos. Some of this has been undermined by the changes within the Indian culture, i.e., the gradual shift away from the oral tradition and the growing dependence on jobs off the reservation. Much of this respect can be restored by raising the standard of living of the elderly and by ceasing to subject them to procedures they feel are demeaning in the application for Federal assistance. Additionally, programs must be developed within the Pueblos to provide food and shelter for the elderly in the way to which they are accustomed. Menus at nutrition sites must be based on traditional foods. Health and shelter services must be provided in buildings with traditional architecture and by staff who speak the language and understand the customs. This may not seem so important to the person on the outside, but it may well be a key to greater acceptance and utilization of services.

DIRECT FUNDING

All of the problems and questions discussed so far relate to one, overriding issue—that of direct funding to Indian tribes and tribal organizations. Attachment C contains a draft of proposed legislation supported by the National Congress of American Indians at the Dallas Conference this year. This was further supported, unanimously, by the Governors of the Eight Northern Indian Pueblos Council at their October meeting. It basically provides that an appropriate portion of the funds disbursed under the Older Americans Act of 1965 be awarded directly to Indian tribes and tribal organizations.

As the draft legislation points out, there are legal precedents for this action. In addition, direct funding would insure the development of culturally appropriate programs at a level of service on par with that provided non-Indian citizens. Attachment D shows why that guarantee has proven necessary. The first two pages are part of the New Mexico Commission on Aging 1978 State Plan. These represent the first draft of this part of the plan. The figures for services to Indians in PSA 2 show that only of the total Indian population will be served—that is, less than 35 percent of the eligible senior citizens. When it was discovered that this amounted to a per capita expenditure of only \$11.42, the figure to be served was changed in a later draft to 175, and the amount was raised to \$4,000, giving a per capita figure of \$22.85, but providing title III

services to only 17.5 percent of the eligible population. ENIPC has applied for that \$4,000 to provide services for 400 people, or at least 40 percent of all eligible Indians. However, our five-Pueblo contract area only includes about 600 eligible Indians. Some of the tribes listed are still contracting with the counties. This means that our organization will be able to serve 66 percent of its eligibles at a per capita of \$10.

The last two pages of the attachment present some data collected by the National Indian Council on Aging, further supporting our claims that Indians have not fared well under the State divisions of the pie. Not included here are figures referring to title XX of the Social Security Act. In northern New Mexico there are no title XX moneys going directly to tribal programs for the provision of services to senior citizens. Our attempts to secure such awards have been met with the statement that no new contracts will be awarded. That means that Indians may apply to county agencies and hope for the best. It also means that they will probably end up underserved, if they are served at all.

One other mechanism exists to insure the adequate provision of funds for Indian Services, and it, too, has a legal precedent. Public Law 93-638 sets up a contracting system between tribes and the Federal Government. USDA has also moved in the direction of allowing direct contracting with Indian tribes. This model can be applied to all Federal agencies and to any State agencies which handle Federal flow-through money which, for some reason, cannot be contracted directly. Title XX, social security, welfare, food stamps—all of these are appropriate sources of contract funds under an expanded version of Public Law 93-638, the Indian Self-Determination and Education Assistance Act.

After all, self-determination is the espoused policy of the Federal Government. There is no better way to encourage that self-determination than by calling all agencies into line with that policy and by relieving the various States of the responsibility of administering such programs for people who are not within their jurisdiction.

Attachment E reiterates many of the premises on which this testimony is based. Perhaps it will encourage Congress to continue acting on behalf of the dependent, sovereign nations it created.

[Attachments]

ATTACHMENT A

EIGHT NORTHERN INDIAN PUEBLOS COUNCIL,
San Juan Pueblo, N. Mex., October 10, 1977.

W. J. STRICKLAND,
Social Security Administration, EEO,
Baltimore, Md.

DEAR MR. STRICKLAND: I am enclosing our report on activities related to the recent regional planning efforts of the Social Security Administration. You will notice that this report is also addressed to a number of other people. We are circulating this information to our Governors and to those whom we originally contacted on behalf of the Social Security Administration. I am also incorporating Eileen Lujans' trip report in this to give a more comprehensive picture.

We are expecting a report from the region on the conference which we hope will outline the next step. Many suggestions for change obviously were made and we would like to know what will happen to them and how we might push for their implementation. I think local interest in working with the Social Security Administration has been awakened, and we would like to keep that alive. Please let us know if there is anything further we can do.

Sincerely,

BARBARA DEAUX,
Director, Health and Social Services.

[Enclosure]

SOCIAL SECURITY REGIONAL PLANNING

I. BACKGROUND

On July 25, we received a request from the State Commission on Indian Affairs to send a "grassroots" representative to a meeting in Dallas, the purpose of which was to plan for a region VI Social Security Administration conference. Eileen Lujan was selected to attend, and found herself to be the Indian repre-

sentative on the region VI Social Security Advisory Group. Subsequent to that, we received a call from W. J. Strickland, of the SSA Baltimore office, encouraging us to promote Indian input. We agreed to contact as many New Mexico Indian programs as we could and to try to get some information from them to present at the Dallas conference. To this end, we sent out a mailing list to 197 people consisting of an introductory letter, a short questionnaire, and some conference information. We also scheduled a meeting of local social service workers to gain additional input. Eileen personally contacted some people who were unable to attend to insure that their problems would be aired.

Eileen attended the Dallas conference on September 28, 29, and 30. Shortly thereafter, I attended a meeting of the Western Gerontological Society where similar issues were discussed. The following include the results of our questionnaire, a summary of the issues of our local meeting, Eileen's report on the conference, and some specific recommendations that we would like to offer.

II. SURVEY RESULTS

Of the 197 questionnaires mailed out, 5 were returned undelivered. Only five responses were received, and two of the people contacted went to Dallas to voice their concerns in person. Examination of the responses received shows that there are probably adequate services in the few urban centers in New Mexico, although it does not appear that there are many Indians on the staff in these offices, nor does it appear that interpreters are provided. We have not verified the presence or absence of Indian staff people, and so cannot state this as fact. It also appears that outreach efforts on the reservations are left to other agencies.

Under services and procedures, most who responded felt that Indian people do not understand why they must provide the information required or what to do in case of a system foulup. One person mentioned the basic lack of understanding by SSA (and other agencies) of the trust relationship between Indian people and the Federal Government.

The questions on new approaches tended to support some of our hypotheses. Some people did feel that contracting from IHS, BIA, USDA, and SSA that portion of their local budget used for services to Indians would enable a tribe or tribal organization to provide better access to the services of all of these agencies by consolidating resources. Public Law 93-638 empowers tribes to do this with BIA and IHS, and offers a workable contract model. Additional training in SSA procedures was also suggested for local social service workers, whether tribal or Federal. Many complained about the application form, but were hesitant to suggest a unified application approach because they felt that might also be too complicated.

III. LOCAL MEETING

(A) *Elimination of overpayments.*—The SSA should do as much as possible to reduce the incidence of overpayments. Many elderly people do not understand that they must report overpayments and get very concerned when subsequent checks are reduced to repay the government. The system may assume that all of the recipients are capable of understanding the situation, but this is not the case, especially with rural, minority elderly who are not used to forms and procedures.

(B) *Privacy Act.*—Although generally acknowledged to be a good thing, this law has made it a little harder to help the elderly in some instances. Some local agency workers asked if dual notification of recertification, appeal rights, etc., could be sent to them on behalf of some of their less capable clients. They were told that this is prohibited under the Privacy Act. This means the recipient must request help, which many forget to do or do not do in time. In addition, information must sometimes be denied to a tribal worker who is trying to help a client. Some workers asked if a waiver agreement could be worked out so that some of the less capable elderly could get automatic help.

(C) *Communication.*—Many workers with college degrees have trouble filling out SSA forms without help. Many do not understand the letters which are sent out regarding benefits, rule changes, etc. This is much more so with the elderly. The letters sound as though they were written by lawyers for lawyers, and are baffling, and even threatening, to the elderly. A request was made that mailings be geared toward the recipients, not the government. When English is not your first language, Government English is impossible.

(D) *Geographical legislation.*—The Social Security Administration is run by urban people to succeed in an urban setting. The regulations, eligibility standards, and staffing patterns are not appropriate for many, if not most, reservation Indians. Local agency workers asked that central office staff come out to the reservations so that they will understand how inappropriate some aspects of SSA are.

(E) *Staffing patterns.*—Workers questioned the apparent lack of Indian people working in local SSA offices. It would certainly help Indian elders to have more confidence in the system if they could talk in their own language to someone who understands their lifestyle. At the very least, interpreters should be provided. New Mexico has a good record for providing services to its Spanish-speaking residents. The same should hold true for the Indians.

In addition to more appropriate services, more services overall are needed. Local SSA offices do not have enough staff to provide sufficient services. Services often cannot be provided on the reservation, and the elderly are the least able to afford the 25-mile trip to the nearest office. It is especially frustrating when that office is only open one day a week. Staffing based on population alone is not adequate. New Mexico has too much land and is too full of scattered population pockets. Such planning works only in urban areas, where the population density is high and varies less from place to place.

(F) *Miscellaneous.*—Several points were raised that did not lead to the discussion prompted by the above. Redetermination problems were mentioned. An apparent lack of communication between the regional offices and grassroots workers was discussed. It could not be determined who was responsible for this. Information sent out to State agencies may not necessarily reach the front line. Some workers requested statistical data on Indian participation, relative to other segments of the population. Everyone, of course, said that not enough money was provided by SSA to the client. Some mentioned specific cases where BIA general assistance and SSA produced conflict, that, once into the computer, took forever to correct.

The participants seemed pleased to have someone's ear for their problems and complaints. Mr. Dwayne Paul, of the Santa Fe SSA office, was very informative and cooperative. A list of those attending this meeting is attached.¹

IV. DALLAS CONFERENCE

Ms. Eileen Lujan attended the Dallas conference on September 28, 29, and 30. She presented the comments raised by local people, as noted in part III. Attached is her letter of report to the network of local service providers we identified and contacted about the region VI conference.

V. RECOMMENDATIONS

Parts II, III, and IV include some fairly specific recommendations for change and improvement. The following list adds some and emphasizes some of the most important that have already been mentioned.

(A) We would like to stress the followup to the regional conferences. A report is not enough. The Federal Council on Aging, in its recent report to the President, ranked changes in social security as a priority. We see it as important, but information from the Community Services Administration Clipping Service indicates that such changes will not have an easy time through Congress. With some direction, local agencies could join with larger interest groups to pressure Congress into a response. We realize the SSA is not a lobbying organization, but some assistance, at least by way of information, should be forthcoming.

In line with this, perhaps Eugene Crawford, of the National Indian Lutheran Board, and Charles Nimble, of the National Congress of American Indians, could be contacted to direct lobbying efforts. They were both very active in working toward new food stamp legislation.

(B) We are also very interested in pursuing the idea of contracting for services from the regions, so that services can be provided on Indian reservations. A direct contract could be a way of providing services regardless of the State's inability or unwillingness to do so. Tribal or intertribal organizations could provide adequate, appropriate services, probably at a lower cost. Perhaps we could follow up on this idea with the SSA and contract specialists from

¹ Retained in committee files.

Eight Northern Indian Pueblos Council or any other group which has realized some of the contract possibilities under Public Law 93-638.

(C) Members of the Western Gerontological Society made some specific request relative to SSA. A staff member of the Mayor's office for Senior Citizens in Albuquerque was disappointed that information about the regional meeting had not reached her or her colleagues. This was echoed by other State agency workers. They were aware that their superiors probably knew, and were sorry that the information was not disseminated.

The director of the senior citizens' program in Clovis asked that SSA workers be given more training in working with the elderly. This was generally supported by the group. Many felt that "those young workers" need help acquiring those special skills necessary for working with the elderly in a compassionate way. Perhaps some training projects could be undertaken by the various State commissions on aging.

Beyond this, maybe the policymakers and program planners from SSA should also take some time to see things from their clients' point of view. This would probably yield a system that the elderly could manage without the necessity of a college graduate companion to lead them through the ins and outs of forms and instructions.

(D) Finally, we would like to emphasize that SSA must be part of the growing national recognition of the rural elderly as a unique population. Virtually everything regarding services to them must be altered from the urban model. We cannot emphasize this enough. Outreach language and cultural barriers, transportation—all these conspire to make these people a special group.

OCTOBER 11, 1977.

DEAR COLLEAGUE: My recent trip to Dallas concerning social security was quite successful. I attended the workshop on supplemental security income. I did not, as planned, get to attend the other three workshops, which were listed. These workshops were held at the same time so I chose to go to the most important. I was more prepared on the workshop I attended. At this workshop, all of the people there were given an opportunity to say what was on their minds about social security. When I was recognized, I took quite a bit of time in expressing myself about problems and complaints that our Indian people have and the difficulties they actually go through.

(1) Social Security should eliminate overpayments to elderly.

(2) The Privacy Act brings about problems to the elderly when the CHR, social worker, or any other person trying to help the elderly is not allowed necessary information. Most of the time, nothing can be done immediately because of this Privacy Act, withholding information about the elderly from the worker.

(3) Letters sent out to the elderly should be simple and not so complicated. The language used in the letter should be appropriate to the people who are going to receive the letter.

(4) Social Security people who are in offices should make a point to go out into the reservations and pueblos and experience what is actually happening with the people they are serving and find out from their own intelligent heads what is really going on. By this I mean people from Dallas and Washington, who are involved. All of the conference participants really agreed with this statement.

(5) Social Security should train more Indian people on social security or other related programs so they can pass on their knowledge to the elderly in their own communities. This makes more sense then waiting for an SSA representative who is not present when needed to help.

(6) Indian reservations need centralized offices, offices closer to the people, because there is a lack of transportation at all times with people living far from SSA offices.

(7) Regional office should make a point to send information regarding social security matters to Indian reservations and other concerned organizations. I feel there is a lack of communication in between regional offices and us out here.

(8) SSA payments should be raised. People cannot live on the money they are getting with the high cost of living today.

(9) Suspension should be looked at more carefully. Officials should consider the fact many SSA clients are not able to read and may forget about letters sent to them, causing serious problems.

(10) The attitude of SSA representatives should be improved. They should be trained to work with the elderly, who require a lot of time and patience.

These are the statements that I presented. I made it a point to write down and give all my statements to the person recording all information at the meeting. I only hope that something is done about these problems.

I would like to mention that there were some other Indian people present at this conference. Two of these people received the letters we sent out. I was pleased, although I wish more Indian people could have attended.

These concerns will be sent to Washington, and I hope something will be done. I am also in contact with Mr. W. J. Strickland from the SSA central office. He is concerned about our problems, and has been helping us to try to make the necessary changes.

I hope that I have successfully done my part as a representative for our Indian people. I am very eager to help my people and all others in any way I can.

Thank you for your presence at our meeting at San Juan regarding this conference and for your responses to our questionnaire.

Let's keep in touch. That's the only way we can help one another. If there are any questions, please feel free to contact me at ENIPC.

Sincerely,

EILEEN LUJAN.

Social Service Outreach Worker.

ATTACHMENT B

TABLE 5.—AMERICAN INDIANS OF ALL AGES AND 65-PLUS LIVING ON IDENTIFIED RESERVATIONS,¹ IN STATE RANK ORDER, 1970²

Rank	State	Total, all ages			State	65-plus			Rank	1976 BIA ³
		Number	Percent			Number	Percent			
			Distribution	Cumulative			Distribution	Cumulative		
(4)	Total, 22 States.....	213, 770	100. 0	(X)	Total, 22 States.....	11, 853	100. 0	(4)	(4)	
1	Arizona.....	72, 992	34. 1	34. 1	Arizona.....	3, 714	31. 3	31. 3	1	6, 573
2	New Mexico.....	41, 247	19. 3	53. 4	New Mexico.....	2, 181	18. 4	49. 7	2	4, 793
3	South Dakota.....	22, 894	10. 7	64. 1	South Dakota.....	1, 384	11. 7	61. 4	3	1, 810
4	Montana.....	18, 088	8. 5	72. 6	Montana.....	947	8. 0	69. 4	4	1, 142
5	North Dakota.....	7, 468	3. 5	76. 1	Minnesota.....	522	4. 4	73. 8	5	748
6	Minnesota.....	7, 266	3. 4	79. 5	North Dakota.....	454	3. 8	77. 6	6	770
7	Washington.....	6, 884	3. 2	82. 7	New York.....	437	3. 7	81. 3	7	724
8	Wisconsin.....	6, 766	3. 2	85. 9	Washington.....	407	3. 4	84. 8	8	1, 616
9	New York.....	4, 947	2. 3	88. 2	Wisconsin.....	350	3. 0	87. 7	9	997
10	Utah.....	4, 837	2. 3	90. 5	Idaho.....	229	1. 9	89. 6	10	420
11	North Carolina.....	3, 455	1. 6	92. 1	North Carolina.....	188	1. 6	91. 2	11	333
12	Wyoming.....	3, 319	1. 5	93. 6	Utah.....	188	1. 6	92. 8	12	404
13	Idaho.....	3, 112	1. 5	95. 1	Wyoming.....	152	1. 3	94. 1	13	223
14	Oregon.....	1, 953	. 9	96. 0	Nevada.....	137	1. 2	95. 3	14	359
15	California.....	1, 821	. 9	96. 9	California.....	123	1. 0	96. 3	15	2, 615
16	Nebraska.....	1, 796	. 8	97. 7	Colorado.....	115	1. 0	97. 3	16	77
17	Nevada.....	1, 412	. 7	98. 4	Nebraska.....	95	. 8	98. 1	17	176
18	Colorado.....	1, 341	. 6	99. 0	Oregon.....	95	. 8	98. 9	18	149
19	Maine.....	751	. 4	99. 3	Maine.....	46	. 4	99. 2	19	(6)
20	Florida.....	561	. 3	99. 6	Kansas.....	40	. 3	99. 5	20	118
21	Iowa.....	422	. 2	99. 8	Florida.....	36	. 3	99. 9	21	55
22	Kansas.....	146	. 1	99. 9	Iowa.....	13	. 1	100. 0	22	29
(4)	Other.....	292	. 1	100. 0	Other.....	(7)	(7)	(7)	(4)	
	Alaska.....				Alaska.....					2, 210
	Louisiana.....				Louisiana.....					26
	Michigan.....				Michigan.....					132
	Mississippi.....				Mississippi.....					155
	Oklahoma.....				Oklahoma.....					5, 786
	Total.....				Total.....					32, 440

1066

¹ As identified for the 1970 census.² Data based on 20-percent sample. State in rank order of decreasing percentages.³ Statistics from Bureau of Indian Affairs, April 1976, of Indian population, aged 65 and over, on and adjacent to Federal reservations.⁴ Not applicable.⁵ Tied in ranking. States with identical numbers receive identical rank with following rank skipped.⁶ In 1976, Indians in Maine were not under the jurisdiction of the Bureau of Indian Affairs.⁷ Denotes zero.

NOTE.—Percent distributions may not add to total because of rounding.

Source: U.S. Bureau of the Census—1970 Census.

ATTACHMENT C

INDIAN HEALTH AND SOCIAL WELFARE CONCERNS COMMITTEE

POLICY RESOLUTION NO. 6: PROVISION OF SERVICES TO AMERICAN INDIANS
AND ALASKA NATIVE ELDERLY

Whereas the National Congress of American Indians has been distressed and concerned about the inadequacy of supportive services provided to the American Indian and Alaska Native elderly through the existing service system; and

Whereas, where such services are being provided, they generally follow criteria established for members of the non-Indian population, which do not fulfill the needs of the Indian elderly to live out their lives according to their own accustomed cultural, emotional, and nutritional needs; and

Whereas the elected governments of the American Indian and Alaska Native communities represent the principle of the inherent sovereignty of the American Indian tribes and Alaska Native entities, which has been acknowledged and affirmed by the Government of the United States; and

Whereas the elected governing bodies of the American Indian and Alaska Native entities represent legally constituted units of general purpose local government; and

Whereas there exist legal precedents to the recognition of such tribal governments for purposes of prime sponsorship of federally funded programs in such legislative acts as the Comprehensive Employment and Training Act, the Revenue Sharing Act, etc.: Now, therefore be it

Resolved by the National Congress of American Indians, in a meeting assembled this 20th day of September, 1977, That legislation proposed by the National Indian Council on Aging to have provisions included in the 1978 Older Americans Act Amendments for direct funding of federally recognized American Indian tribes and Alaska Native entities under all appropriate titles of the Older Americans Act at the option of the respective tribal governments and on the basis of locally determined need, rather than based on a standard per capita formula, are hereby endorsed and supported; and be it further

Resolved, That the Congress of the United States is hereby urged to take favorable action on such amendments, including the establishment of a definite Indian set-aside with the proviso that, in no event, shall any American Indian tribe or Alaska Native entity be entitled to less funds than they would have received under the current system of services under the Older Americans Act.

PROPOSED BILL

To provide for direct funding to American Indians through the Older Americans Act of 1965, as amended, and related Acts (42 U.S. Code 3001, et. seq.); to provide that the Federal Government fulfill its unique trust responsibilities to American Indian tribes and tribal organizations; to provide for the full participation of Indian tribes in programs and services conducted by the Federal Government for elderly Indians; to provide that the Federal Government foster and encourage self-determination for Indians and Indian tribes consistent with announced Federal policy; to provide that the Federal Government properly recognize that Indian tribes are quasisovereign entities both capable and fully qualified to administer this program; to support the right of Indian citizens to control their own program for the elderly; and to provide that the special needs of the elderly Indians which have not been met under existing Federal grant formulas are met; and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

TITLE I.—SHORT TITLE AND DECLARATION OF POLICY

Sec. 101. Short title.—This Act may be cited as the "Older American Indian Relief Act of 1977."

Sec. 102. Declaration of policy.—Under the present system of funding programs under this Act, Indians are generally not receiving services equivalent to those provided members of other ethnic groups.

There is a compelling need, based on the historic and legal trust relationship between the Federal Government and Indian tribes, to administer these programs at the national level by direct funding to Indian tribes and tribal organizations. The elected governments of these Indian tribes are, in effect, units of general purpose local governments and as such have primary responsibility to administer services to their members, including the elderly.

It is the purpose and policy of this Act to enhance the progress of Indian people and their community by providing Indians the full opportunity to utilize leadership skills crucial to the realization of self-government and to provide the Indian people an effective voice in the planning and implementation of the Older Americans Act.

It is the further purpose and policy of this Act to provide adequate and efficient delivery of services to the elderly tribal members through direct channeling of program funds appropriated under this Act from the Federal level to the tribes.

TITLE II.—AMENDMENT OF THE OLDER AMERICANS ACT

Sec. 201. Amendment of the Older Americans Act.—The sections of this Act amend the Older Americans Act by providing for a new Title X to the existing law. No provisions of this Act are intended to detract from the existing law, nor should allocations of monies now received by the Indians through the States be altered until this Act is effective.

Section 202. Definitions.—For the purposes of this Title, the term—

- (a) "Indian" means a person who is a member of an Indian tribe;
- (b) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or other regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians;
- (c) "Indian tribal organization" means the recognized governing body of any Indian tribe and legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian Community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities;
- (d) "Commissioner" means the Commissioner of the Administration on Aging.

Sec. 203. Office of Indian Programs.—(a) For purposes of administering this title, the Commissioner shall establish an Office of Indian Programs in the Administration of Aging with specific responsibility for the Indian aging and having authority to: (1) provide technical assistance and advice to the Commissioner in the development of Older Americans programs; (2) serve as the liaison with the National Indian Council on Aging; (3) assist in the submission of grant applications; (4) review grant applications submitted by an Indian tribe or tribal organization, and recommend action thereon to the Commissioner; (5) administer any contracts with or grants to Indian tribes and tribal organizations for the operation of such programs; (6) provide Indian tribes and tribal organizations with information about the availability of funds and programs for the Indian elderly.

(b) Upon expiration of the grant under which it is currently operating, and/or passage of this amendment, the National Indian Council on Aging shall become a permanent body.

Sec. 204. Direct funding to tribes and tribal organizations.—(a) Notwithstanding any other provision of this Act to the contrary, from funds appropriated to carry out the programs for the aging pursuant to the Older Americans Act, the Commissioner shall set aside such funds as he deems necessary to be used exclusively by Indian tribes and tribal organizations to develop, administer and operate such programs as are provided for under all titles of the Act.

(b) (1) From one-half of the sums set aside under subsection (a), each tribe shall be allocated an amount which bears the same ratio to such sum as the population of eligible age in such tribe bears to the population of eligible age in all federally recognized tribes.

(2) The remaining one-half of the sums set aside under subsection (a) shall be allocated by the Commissioner among tribes and tribal organizations on the basis of need and in light of the number and scope to grant applications submitted and approved.

(3) *Provided that* the Commissioner, at the request of any Indian tribe or tribal organization, may permit the use of funds appropriated to carry out programs under one title of this Act for the purpose of carrying out programs under any other title; *provided further* that the Federal contribution shall be 100 percent for all programs; and *provided further* that an Indian tribe or tribal organization electing to receive direct funding from the Commissioner under this title shall receive funding on a basis which is at least equal to the value of services provided to the non-Indian eligible population in the State or States in which it is located.

(c) Any Indian tribe or organization may, at its option, elect not to receive funding for its elderly programs from the funds set aside under this title and elect instead to continue receiving its funds through its respective State or area agency on aging. Such tribe or organization, upon notifying the Commissioner, shall not be eligible to receive funds under this section. *Provided that*, the Commissioner shall assist such tribe or tribal organization to obtain such funding from the respective State agency; and *provided further*, that, in the event any State agency cannot demonstrate to the satisfaction of the Commissioner that the members of such Indian tribe or tribal organization are receiving benefits from such State agency under any title of this Act that are equivalent to benefits provided to other older persons in the State, and that the Commissioner finds that the members of such tribe or tribal organization would be better served by means of grants made directly to provide such benefits, he shall reserve from sums that would be otherwise allocated to such State not less than 100 per centum nor more than 150 per centum of an amount which bears the same ratio to the State's allotment for the fiscal year involved as the population of all Indians eligible for benefits for whom a determination under this paragraph has been made bears to the population of all persons eligible for benefits under this Act in such State. The funds so reserved shall be made directly available to such tribe or tribal organization.

(d) Any two or more Indian tribes or organizations may combine to make an application for funds under this Act.

(e) The Commissioner shall be empowered to establish such standards and regulations as may be necessary for administration and accounting of the funds disbursed under this Act.

Sec. 205. Tribal plans.—Sec. 305 and Sec. 306 of the Older Americans Act of 1965 (42 U.S.C. 3002(5)) are amended by adding after the word "State" wherever it appears, the following: ", and Indian tribal organization."

ATTACHMENT D

TITLE III: NEW MEXICO ACTION PLAN FOR SERVING OLDER INDIAN TRIBAL MEMBERS BY TRIBE, FISCAL YEAR 1978

PSA designation (list each PSA having an Indian Tribe)	Benefits projected to accrue to all non-Indian older persons			Listing of tribes in the PSA (list each tribe in the PSA)	Benefits projected to accrue to Older Indian tribal members		
	Amount of title III funds to be expended for services in PSA	No. of older persons to be served in PSA	Average per capita expenditure in PSA		Amount of title III funds to be expended for services by tribe in PSA	No. of older Indians to be served by tribe PSA	Average per capita expenditure by tribe PSA
No. 1	\$20,434	3,337	\$6.12	Navajo Reservation—Zuni Pueblo	\$12,000	2,500	\$4.80
No. 2	99,176	3,583	27.67	Jicarilla Apache Reservation—Taos Pueblo, Picuris Pueblo, San Juan Pueblo, Santa Clara Pueblo, San Ildefonso Pueblo, Nambe Pueblo, Tesuque Pueblo, and Pojoaque Pueblo.	4,000	350	11.42
No. 3	141,393	5,078	27.84	Cochiti Pueblo, Jemez Pueblo, Santo Domingo Pueblo, San Felipe Pueblo, Zia Pueblo, Santa Ana Pueblo, Sandia Pueblo, Acoma Pueblo, Laguna Pueblo, Isleta Pueblo, Canoncito (Navajo), and Albq. Urban Indians.	28,000	700	40.00
No. 4	42,092	5,261	8.00	None	None	None	None
No. 5	23,614	2,764	8.54	do	None	None	None
No. 6	89,356	3,654	24.45	Mescalero Reservation	1,500	78	19.23
No. 7	44,332	4,819	9.19	Alamo (Navajo)	840	68	12.34

INDIANS AND THE OLDER AMERICANS ACT

Overall, there is lack of data regarding the benefits received by older Indian people from the various Older Americans Act programs. Even those that are available are "guess estimates" at best and are deemed unreliable by Administration on Aging staff.

However, after analysis of available data, there can be drawn some conclusions that seem to be valid. Some of these are presented in the following tabulations.

- There are 20 States in the Union which are providing title III funding to Indian tribes.
- The funding levels from States to Indians range from a high of \$245,499 in Arizona to a low of \$3,550 in New Mexico. (Some States provide no funding at all to Indians.)
- The highest annual per elderly Indian expenditure was \$368.96 in Wyoming; the lowest, 73¢ in New Mexico.
- The States with the significant elderly Indian populations (top five) are: Oklahoma, California, Arizona, New Mexico, and North Carolina.
- There are 538 area agencies on aging in the country. Currently, there are only four Indian AAA's: two in Washington, one in Utah, one in New York.
- \$1,019,665 of title III funds have reportedly been expended by the States for Indian programs out of the total allocation of \$120,780,000.
- The following chart shows, by region, the percentage incidence of older Indian persons and the average annual expenditure per older Indian person:

Region	Percent	Amount	Region	Percent	Amount
I.....	2.2	\$51.51	VI.....	31.1	\$2.59
II.....	1.2	49.39	VII.....	3.3	13.23
III.....	2.3	0	VIII.....	10.0	46.29
IV.....	7.5	6.21	IX.....	21.3	27.97
V.....	9.6	21.82	X.....	7.5	38.24

- There are approximately 22 States which fund Indian title VII projects. This funding level amounts to approximately \$3,426,855 out of a total allocation of \$201,489,750.
- The title VII funding level ranges from a high of \$585,000 in California to a low of \$5,000 in Rhode Island.
- The following tabulation by region shows the annual amount funded to Indian tribes and the average per older Indian expenditure:

Region	Amount	Amount each
I.....	\$79,000	\$54.25
II.....	89,935	117.25
III.....	0	0
IV.....	171,944	35.72
V.....	532,175	86.45
VI.....	399,921	20.14
VII.....	278,404	130.15
VIII.....	405,506	63.46
IX.....	1,068,922	78.59
X.....	401,048	83.48

ATTACHMENT E

ELEVEN PRINCIPLES OF UNDERSTANDING

1. The reality of treaty rights lies in the land, water, and self-government which were never surrendered.
 - (a) Reservation land is land Indians reserved to themselves.
 - (b) Treaties do not reduce or replace the legal authority of tribal governments.
2. Funds distributed to Indian programs is Indian money to be managed by tribal governments.
3. Indian governments have the legal right to issue statements detailing their position concerning all laws and treaties.

4. Indian governments are affiliated with the U.S. Government and this alliance cannot be denied or ignored by States or other governing bodies.

5. National policy insists that Indians and the Federal Government plan together for the good of all.

6. The Government may not define a final objective for Indian people collectively or by tribe without their assistance and approval.

7. The Government recognizes the historic contribution of Indians to the evolution of U.S. Government, the economic system, and the culture.

8. The Government recognizes the Indian presence, their right to continue Indian ways, and their ability to contribute as loyal, unique citizens.

9. The Government supports Indian self-management, self-definition, and self-determination.

10. Indians require the liberty and freedom to choose their own future including access to ancestral territory and heritage.

11. The Government and Indians have a duty to develop a relationship that will produce:

- (a) A stable political linkage,
- (b) A continuing consultative framework,
- (c) Appropriate sharing of responsibility and cost.

THE AMERICAN INDIAN POLICY REVIEW COMMISSION.

ITEM 3. STATEMENT OF WENDELL CHINO, PRESIDENT, MESCALERO APACHE TRIBE OF NEW MEXICO, BEFORE THE NATIONAL INDIAN COUNCIL ON AGING, NOVEMBER 16, 1977; SUBMITTED BY JOSEPH ABEYTA, SR.*

I appreciate the opportunity to address this council today on what I believe is the most crucial issue facing the American Indian today: Indian tribal sovereignty and jurisdiction. The Council on Aging has a legitimate interest in this issue. Direct funding for tribes for use to service their senior citizens becomes irrelevant if tribes do not exist. And, without tribal sovereignty, tribes will cease to be independent entities. We cannot let this happen. Perhaps "issue" is not the correct word to use. "Fact" is more appropriate. For Indian tribal sovereignty, and its natural implications and consequences, is a reality in our system of government. It has a moral, legal, and historical basis that cannot be challenged.

The right of the Indian people to live in perpetuity was recently reaffirmed in a recent landmark decision by the U.S. Supreme Court: "It must always be remembered that the various Indian tribes were once independent and sovereign nations, and that their claim to sovereignty long predates that of [the United States] Government."¹ Indeed it must. From this fundamental realization of the historical context within which the Indian people of today struggle for their own self-definition—self-determination—a more complete understanding on the part of non-Indians necessarily follows.

Before the non-Indian ancestors came, Indian tribes enjoyed the fruits of this great continent, governing their land and people as fully sovereign and respected entities. Indian tribes were independent nations, no more or less so than were England, Spain, or France. They exercised unlimited powers of self-government, controlling their external and internal relations. Many tribes, such as those of the Iroquois Confederation, achieved levels of sophistication in political organization still regarded as models of effective government.

This state of affairs persisted throughout the Colonial era. The colonies exerted no jurisdiction over Indian tribes; tribal sovereignty remained undiminished. When the colonial people rose in rebellion against England, many Indian people fought by their sides. We believed in freedom then, as we still do.

The new government of the United States of America, in its organic, governing document, recognized the tribes' pre-existing sovereignty. The Constitution identified Indian tribes as political entities—separate from States and other foreign nations—with which the Federal Government would deal.²

* See statement, page 1035.

¹ *McClanahan v. Arizona State Tax Commission*, 411 U.S. 164, 171 (1973).

² Art. I, § 8, cl. 3.

The newly constituted United States treated with the established Indian tribes on the same basis as it did with European powers.³ Treaty-making can only be an exercise of mutual undertakings between co-equal sovereigns, and the formulation of treaties with Indian tribes has always been a recognition by the United States of their sovereign nature and capacity. The treaties entered into by the United States constitute permanent agreements establishing permanent relationships. In them the United States agreed to the imposition of limitations on its own sovereignty, and both parties have recognized the mutuality of their agreements through the years.

Indian tribes and people paid dearly in lives, land, and property as their part of the agreements. The United States' foremost payment was the promise that the Indian would have his tribe and his remaining land forever.

The treaty-making era, of course, is ended. But the treaties remain. Not as dusty relics of academic interest only to students of a bygone age. No, these treaties remain as valid today as they were on the day of their ratification.⁴ It is worth remembering that these treaties are less "ancient" than the U.S. Constitution and the Declaration of Independence. Like those two documents, our treaties remain vital as our charters of freedom, of a free people's right to self-determination. Like those two documents, our treaties will always remain so.

In this post-treaty-making era of the relationship between the Federal Government and the tribal governments, the basic, underlying principles of law governing that relationship have remained unchanged. These principles have been stated most concisely by the dean of federal Indian law, Mr. Felix Cohen:

"First, an Indian tribe possesses, in the first instance, all the powers of any sovereign nation.

"Second, conquest renders a tribe subject to the legislative power of the United States. The external powers of sovereignty of the tribe, for example, its power to enter into treaties with foreign governments, is thereby terminated. But the conquest in itself has no effect on the internal sovereignty of the tribe, that is, the power of local self-government.

"And third, these inherent powers of local self-government are subject to qualification only by treaties and by express legislation of Congress."⁵

The Supreme Court began its formulation of these principles in Chief Justice John Marshall's 1832 opinion in *Worcester v. Georgia*.⁶ In *Worcester*, the Court said the obvious: Indian nations are "distinct" and "independent" political communities that retain their original, natural rights, unless those rights are abrogated by the Federal Government. Since *Worcester*, this fundamental rule of law has frequently been applied by the courts.⁷

There are two principal effects of this doctrine of Indian tribal sovereignty. This first effect is the rule that States clearly have no power to legislate on Indian affairs and that State laws have no effect on Indian reservations. There is probably no rule of law that has been as thoroughly tested as the one I just mentioned. Lately, it seems that the Supreme Court has had a couple of opportunities every term to reaffirm that rule. The inability of States to legislate over Indian reservations has also been explained by the doctrine of Federal pre-emption. The plenary power of Congress over this area often is cited as foreclosing any entry by a State.

And this is as it should be. The Indian nations made treaties with the United States, not with the individual States. The tribes yielded to the dominant power of the United States, not to the power of the individual States. The treaties impose a trust responsibility on the United States, not on the individual States. Indian policy, although substantively not remaining a constant, nevertheless has always flowed from Congress. There can be only one Indian policy, and that must be Federal.

The second ramification of the rule of law recognizing Indian tribal sovereignty is the principle that tribal governments have sole jurisdiction over their sovereign territory, except as expressly limited by treaty or Federal statute. A recent ninth circuit decision illustrates this principle.⁸

³ *Holden v. Joy*, 84 U.S. (17 Wall.) 211, 242-43 (1872).

⁴ 25 U.S.C. 71.

⁵ F. Cohen, "Handbook of Federal Indian Law," 123.

⁶ 31 U.S. (6 Pet.) 515 (1832).

⁷ E.g., *Oliphant v. Schlie*, 544 F.2d 1007 (9th Cir. 1976).

⁸ *Id.*

It is important for all of us to be clear on the implications of this distinctive doctrine of tribal sovereignty. The Supreme Court has made it abundantly clear in recent years that the distinctions in this area are not tied to race or racial preferences.⁹ Rather, it should be understood as a special recognition given to sovereign, political entities that control their own territory. Tribal governments exert territorial control, much like the sovereign States.

And that, I suggest, is the way to understand the interrelationships that now exist among the Federal Government, the Indian tribes, and the States. All three sovereigns exercise complete control over their territories. The Federal Government, by virtue of the supremacy clause in the U.S. Constitution,¹⁰ is, of course, the supreme authority.

In many ways, treaties are the tribes' constitutions. In those treaties, the tribes, as sovereigns, consented to the transfer to the Federal Government those powers that were specifically enumerated in the treaties. Those powers that the tribes did not consent to relinquish were retained and can be fully exercised within the tribe's territory.

In these treaties the tribes did not consent to the transfer of any of their sovereign powers to the States. The States, therefore, have no power over activities within tribal territory: This includes the power to tax, to regulate hunting and fishing, to zone, to punish criminal conduct, to regulate domestic relations, and to regulate our water and other natural resources. A State's territory, and therefore its power, ends at the reservation's border.

The other side of this sovereignty is that the tribe has plenary authority over all activity within its territory, its reservation. This includes activities by members and nonmembers, Indians and non-Indians.¹¹ There is nothing strange about this principle. If a French citizen enters the United States, we can all agree that he is answerable to U.S. law for as long as he remains in U.S. territory. It does not matter that he is not a citizen of the United States or that he does not vote in U.S. elections. If that French citizen decides to reside in the United States, he is a resident alien. Again, he is amenable to U.S. law, but is entitled only to those rights the Federal Government chooses to provide him. The same rules apply if a citizen of Arizona enters the State of New Mexico. The same rules apply if a non-Indian enters, or decides to reside on, an Indian reservation. By entering tribal territory, he consents to tribal jurisdiction. When a tribal member leaves a reservation, he is amenable to State law. It works both ways.

It is true that many Indian tribes have only recently reawakened to the exercise of their inherent powers as a sovereign. This sovereignty will continue to be exercised, to be nourished. Indian people will never again allow their power over their own affairs, their freedom, to be diminished. This may upset some of our non-Indian friends, but they must understand we will oppose any betrayal of this principle.

But the exercise of this sovereignty by tribal governments should not be viewed as a threat to the sovereign States or to their citizens. There is no reason why an Indian tribe cannot exist side-by-side with any State. We recognize that there are now growing pains both on the part of Indians and non-Indians. But this is inevitable in any period of adjustment. It was not too long ago when the sovereign States found it difficult to coexist with their neighboring States.

What is needed at this crucial turning point in the relationship between tribal governments and State governments is cooperation, not confrontation. But this cooperation can only be between equals. Tribal governments and State governments must come together on an equal footing as the respected representatives of free peoples.

For our part, you and I know that tribal governments are now in the process of revitalizing their never-ending experiment with self-determination. Tribal civil and criminal codes are being modernized; tribal law enforcement and the tribal court systems are being improved to insure that all people answerable to tribal law are insured due process of law and equal protection.

I enlist the support of this council in getting our story to the Congress. Re-

⁹ *United States v. Antelope*, 45 U.S.L.W. 4361 (U.S. Apr. 19, 1977); *Morton v. Mancari*, 417 U.S. 535 (1974).

¹⁰ Art. VI, cl. 2.

¹¹ *Elephant v. Schlie*, 544 F. 2d 1007 (9th Cir., 1976).

cent congressional action indicates a potential shift from the understanding Indian concerns. Just a few weeks ago, the House of Representatives voted down (239 to 173) \$85 million in reparations owed the tribe for historical wrongs perpetuated against the Sioux by the Federal Government.

And, we witness a junior Congressman from Washington introducing legislation which he calls the Native American Equal Opportunity Act. Mr. Cunningham, the author, should know this will not fool us or our friends. The bill in reality should be called The Great Grab for Land From the American Indian. If he thinks we are going to sit and smile while he does this, he is wrong. We are encouraged that no reasonable Congressman has jumped on board this unhappy piece of proposed legislation. Nevertheless, we must recognize that other misguided people have joined in this scheme to take what is rightfully ours. Another, but more senior Congressman—Meeds—of the same State of Washington, has come up with his version of what is good for us. His bill would:

(1) Extend Public Law 280 civil jurisdiction to all States, which we are against;

(2) Strip tribes of jurisdiction, which we are against;

(3) Allow States to regulate hunting and fishing of both tribal members and nonmembers outside of Indian reservations; which we are against;

(4) Allow States to extend their jurisdiction over all criminal acts by non-Indians and all such acts by tribal members against non-Indians; we are dead set against this.

One last thing, he also would take away the use of our water—by requiring quantifying that use to only what we used during the last 5 years.

These proposals show an amazing lack of understanding of the Federal-Indian relationship.

This "chill" of Congress can only be overcome if we, carefully but forcefully, remind them that our relationship with the Federal Government is grounded on treaties and in law, and that this relationship has a continuing validity in 20th century America. We should not be timid. Our very existence as a distinct group depends on our never giving up. With the patience of our ancestors and the enthusiasm of our young people, we will succeed and remain forever.

Thank you Juana and this good council for inviting me to be with you tonight.

Appendix 2

LETTERS AND STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. STATEMENT OF PAUL BERNAL, TRIBAL SPOKESMAN, TAOS PUEBLO, TAOS, N. MEX.

Senator Domenici, my name is Paul Bernal. I am a member of Taos Pueblo, a tribal spokesman, and vice-chairman of the All-Indian Pueblo Council.

I am very glad to see you again in our area, close to our Pueblo. Your interest in the health and well-being of our elderly Pueblo members is encouraging. I would like to address our concern for improved and expanded elderly services. It is my intent to make you aware of our particular unmet needs and problems, and to make recommendations for the committee's consideration.

Medical health care and social services for the elderly are required:

Medical care

- (a) Preventative health information, home health, etc.;
- (b) Dental examination, prophylaxis, prosthetics;
- (c) Expanded hot meal program;
- (d) Medical screening for diabetes, eye care, arthritis, hearing, etc.; and
- (e) General medical care.

Social services

- (a) Food stamps;
- (b) Housing;
- (c) General assistance;
- (d) Welfare;
- (e) Veterans' benefits;
- (f) Retirement program; and
- (g) Hot lunch program.

Paralegal assistance is required in the following areas:

- (a) Social security and SSI claims;
- (b) Veterans' compensation;
- (c) Retirement and annuity claims;
- (d) Filing tax rebate forms;
- (e) Medicaid and medicare;
- (f) Wills and probate;
- (g) Problems with creditors;
- (h) Pension programs;
- (i) Review of contracts; and
- (j) Many consumer problems.

There is a lack for coordination of services provided by the HSSD.

Elderly and middle-aged Indians are not assisted in obtaining job information and job placements.

Emergency medical services are inadequate at the present time. Indian tribes should be allowed to construct Indian nursing homes or sheltered care facilities, without imposition from the State.

In summary, I am making the following recommendations:

- (1) That a multilevel program be established to provide comprehensive services for the elderly.
- (2) That a program to train gerontology aides or assistants be developed;
- (3) That an elderly advocate program be established as the initial step in coordination of programs and services;
- (4) That State, Federal, and local agencies be directed to work in a more cooperative effort, rather than competing for funds, publicity, and recognition;

(5) That additional resources be provided to implement local plans for the provision of elderly programs in the area of job placement, home health care, recreation, interpretation, and others, and that the present level of effort be realigned to provide quality, single-standard, comprehensive services to our elderly.

Senator Domenici, I encourage you to listen with an open mind and hear what we have to say. Our Pueblo elderly are vital to our heritage and it is important that they be given every opportunity to preserve their heritage through healthy long life and improved social well-being.

ITEM 2. STATEMENT SUBMITTED BY TAOS PUEBLO SENIOR CITIZENS PROGRAM, TAOS, N. MEX.

These are the needs we feel are a necessity of the Taos Pueblo senior citizens at present:

(1) Home Services: Services provided by experienced or professional people to come into their homes. Especially needed after being released from the hospital where they may require much more professional attention. Services like therapy, physically or mentally, or other assistance to aid in recuperation where they are best comfortable in the setting of their own homes rather than receiving these services in some institution where it can become very inconvenient physically and at times also expensive in the way of money to pay for transportation, etc. If not, some sort of facilitation within the vicinity with the proper equipment and professional people to carry out these services is needed.

(2) Homemakers: Women going into homes to aid in the care and well being of people who are unable to care for themselves. Assistance like in personal hygiene, to do necessary house chores like cleaning, laundry, shopping, etc. This service is provided to a certain extent but a more extensive program is needed especially for those whom require constant care. Included in this would also be something like a choreworker service, as an adjunct to family care. This would be a person who would assist in the maintenance of the home like fixing doors, windows, etc. Or outside chores like the hauling of water, chopping of wood, cleaning the yard, etc.

(3) Transportation: There is transportation available but most of the elderly cannot afford the price they have to pay for fare or most have no way of getting in touch with the people whom are available to offer this service. Therefore, a better transportation service or system is a necessity, like some special vehicle to provide transportation on the daily basis at a reasonable price to transport the seniors wherever they may need to go.

(4) Wood delivery services: Many of our senior citizens depend on wood to have their homes heated, especially during the winter months. Many have no means of getting wood except by purchasing from a wood vender which becomes a little too expensive. Therefore, a system in which all elderly can be provided with wood needs to be considered. Maybe community workers, like TWEP, would collect wood and sell it to the elders at a much more reasonable price than what they are paying for now.

(5) Elderly educational services: "You are never too old to learn" applies here. Our elderly Indian education is very low and inadequate in comparison with the non-Indian population who is 65 and over. Therefore, services are needed which will provide them with oral and written information available for the upkeep of their health, physically as well as mentally: (a) Classes on meeting their physical needs in the form of simple exercises to prevent many of the physical problems they have, like their backs or legs, etc.; (b) meeting the nutritional needs, which would be educating the elderly how to shop and prepare various meals, or how to utilize what's available; (c) classes or small workshops like "On death and dying" or "Aid to victims of crime," etc., which will help conquer fear, etc., which overcome our elderly; (d) education in problems they have like in social security, welfare, food stamps, etc., so they'll know what to expect when they encounter these problems.

ITEM 3. LETTER FROM MARGARITO ARELLANO, MAYOR, SPRINGER, N. MEX., TO SENATOR PETE V. DOMENICI, DATED NOVEMBER 1, 1977

DEAR SIR: As per your request, I have visited with the Springer senior citizens to hear their problems, which are as follows:

- (1) Health care—medicaid;
- (2) Home services—house and yard maintenance;
- (3) Inflation—raising costs of food, clothing, rents, and utilities;
- (4) Increasing winterization programs would be very beneficial.

If I can be of any further assistance, please feel free to call on me.

Sincerely,

M. ARELLANO.

ITEM 4. LETTER FROM MARGARET P. BROWNE, DIRECTOR, AND LOUISE CARLSON, SENIOR CITIZENS PROGRAM DIRECTOR, LOS ALAMOS, N. MEX., FAMILY COUNCIL, INC., TO SENATOR PETE V. DOMENICI, DATED OCTOBER 12, 1977

DEAR SENATOR: It has been interesting to learn of your efforts to help the elderly by expanding home care services under medicare. We feel this is a much needed project.

One area of particular interest to us in Los Alamos is the problem of the eligibility of an agency providing services. Some programs require that such a service be supervised by a registered nurse. We would like to request that coverage occur, as well, when the service is part of a larger senior citizen program encompassing several areas, using homemaker aides such as those employed by our program in Los Alamos. These services are strictly separated from any nursing services, but we find they are very important in allowing senior citizens to remain in their own homes rather than enter a retirement or nursing home.

We do appreciate your interest in keeping us informed of current developments in Washington.

Sincerely,

MARGARET P. BROWNE.
LOUISE CARLSON.

ITEM 5. LETTERS FROM TAOS, N. MEX., SENIOR CITIZENS, TO SENATOR PETE V. DOMENICI, DATED NOVEMBER 15, 1977

CARO SENOR: Los tiempos bajo que vivemos ahora son de tal manera que cambios ocurren tan rápidamente y en tal aspectos técnicos que siempre nosotros los ancianos estamos constante ente en necesidad de ayudu.

Es necesario y requerido que exista un programa como el presente que existe aqui bajo el manejo del Taos-Rio Arriba CAP.

No solamente le doy las gracias al congreso de Los Estados Unidos por las programas para ancianos que existen pero tambien le pido que por la parte de mi y mis sercumbencinos, escuche nuestras problemas que son tantas.

Una de las mas grandes problemas que existe el la necesidad de transportacion. Muchos de nosotros no arriamos, o no podemos arriar por la edad avanzada que tenemos. Aqui local mente tenemos que pedir ayuda a los vecinos o a nuestros ijos cuando necesitamos de ir al doctor, is a tratar por abarrotos, y cuando se ofresen atras necesidades.

Por ejemplo algunos de nosotros tenemos que viajar 80 y mas millas para negociar con doctores y agencias del gobierno. Algunos de nosotros no tenemos ijos que viven aqui serca demodos que nos quedamos a la misericordia de nuestros vecinos.

Lo que existe no suplica todo lo necesario para el bienestar de nosotros. Le urjo respectablemente que lleve este mensaje a sus colegas y que sépan que nuestra alama llora todos los días que no se nos ofresca la necesidad de transportacion y no la puedanos hallar.

HONORABLE SENADOR: Al presentarme agui con usted sera muy duro no repitor lo que mis colegas ancianos le dicen tocante las necesidades y problemas que confrontamos cada cia que Dios nuestro Senor nos da salud y vida.

Al mirar el crepusculo de cada dia, besan nuestros labios nuestros escapularios y echamos un reso a nuestro santo pidiendo que todo salga bien asta el fin de este dia.

Abeses nuestras plegarias fueron escuchudas y por lo peor nos bienen tal ves malas noticias. Ase diez anos que mi veseino nos ayudo a poner un calentador del agua. Hoy se rompio y no hallo que aser. Llamo que paren el agua, mis ijos en el trabajo en otros estados, los vecinos en el trabajo ni a quien le pido ayuda? Alfin se nos pasa el dia limpiando el agua que esta por toda la casa porque no puedo serrarla hasta una hora despues que vino el mayordomo del la noria con sus propia llave.

Llego la noche estamos yo y mi companera sin agua. Al entrar los rayos del sol por nuestra ventana el siguiente dia me encamino a buscar quien nos lleve para la plaza para hallar quien nos ponga otro calentador.

A llegar a la tienda miramos que el calentador de \$50 cuesta ahora \$125 y mi compadre vecino no puede ayudarnos a ponerlo de una ves demodos que buscamos un plomero. Despues de vesitar siete diferentes plomeros que no pueden ayadar hallamos un senor. Este senor no puede ir asta el siguiente dia. Mi companera y yo nos recogemos otra vez en nuestra casita sin agua, los vecinos nos prestan un cubeta para tener agua para tomar.

Al terser dia nos llega un nieve que limpia las estrella lucero y refresca el respiro que damos otra ves vesamos nuestro escapularios y resamos. Al terminar nuestro almuerzo nos quedamos esperando al plomero. Voy a partar lena minentras que el llega. Se aumenta mi pila de lena partida pero no llega el plomero.

Se llega el tiempo de medio dia y miro así rumbo a la plaza pero no se mira el plomero. La dos llegan y el radio no da las noticias del pueblo. Falleció un amigo que yo y mi companera conociamos pero no podremos acompañar la familia por falta de transportacion, que en paz descanse. Al fin llega el plomer. Son las tres de la tarde esta frio y el sol se esta avajando y nuestras puertas tienen que quedarse abiertas porque entran y salen los plomeros.

Alfin acaban ya son las cinco. Dice el plomero nos discupla en no poder venir mas temprano pero no atascamos. Aqui esta su centa, son \$75 por el trabajo y \$125 por el calentador al total de \$200. Yo le pago mensual porque mi pension es poca y el dia primero le pago. Cuanto puede pagar? posiblemente \$5 o \$10 al mes no puedo mas. Aprecio si me paganan mas porque nosotros tenemos familia que asistir dice el plomero.

Se van los plomeros calentamos yo y mi companera la casa, apagamos la luz y nos acostamos pensando en como pagar esta nueva cuenta.

Como nos puede usted nuestro congresosta ayudar?

CARO SENADOR: Le doy gracias que usted se presenta aqui buscando testimonios para que pueda usted llevar el mansaje nuestro al congreso del nuestra nacion.

Es duro presentar al frente de persona un distinguidas como ustedes. Pero los llantos y unelos de nuestros ancianos causa que yo me presente agui al frente de usted.

No se necesita nada para nuestros ancianos, mira que bien tienen todo. Reciben pension, ayuda con pagar las utilidades ayuda medica, ayuda en mejorar sus casas y quiensabe cuantas mas aydas. Esto disen los criticos.

Al pasiarise uste por la pobresa de nuestro estado usted sabe que el norte de Nuevo Mexico sufre economicamente por falta de trabajos y transportacion.

El otro dia un colega anciano fallecio de 78 anos de edad cuando se hallaba pastiendo obejas en otro estado. Porque andaba en otro estado pastiendo obejas? Porque agui no hallaba trabajo y porque para el y su esposa se nesecitaba mas dinero que el seguro social para vivir.

Al presente si es sierto que estamos mirando beneficio para un porciento de nuestros ancianos colegas. Pero le aseguro que faltan muchos mas que no reciben algunos beneficios porque viven en pueblitos como Amalia, El Ventero, Las Tablas, Lumberton, Tres Piedras y otros pueblitos que existen y sin rason

economica. Las distancias de los pueblitos al centro de comercio son largas y trabajosos en llegar para un anciano.

En el esfuerzo de mejorar nuestras casas bajo del programa FHMA-504 nos abisa el señor director del condado que si nos sobra \$5 al mes de nuestra pensión debemos de pagarlos en una nota de milomenos de dolares. Asegun era el proposito del programa entiendo que este programa 504 del FHMA era 100 porcientos veca.

Si es sierto que hoy tendremos \$5 o \$10 extras pero asegun siguen los costos de comida, ropa, transportacion, medecinas como le puede a uno quedar un poco en su pensión? El programa "weatherization" es bueno y use mucho bien pero verdaderamente es un parche mal pegar por falta de deneros necesarios para aser un trabajo completo. La mayor parte de dineros Federales siempre cedan en las ciudades grandes por buena razon. Pero siempre los arquitos de estos programas se les olvida que los mismos sericios en lugares rurales cuestan mas que en dugares metropolitanos por causa de distancia falta de transportacion y otros cosas.

Como puede usted nuestro Senador aydar las dilemas de ancianos en pueblo rurales es en llevar este mensaje que nuestras problemas son distintas al los lugares metropolitanos.

HONORABLE SENADOR: Distinta son las problemas que nosotros los ancianos hemos tenido desde el origen de la huminidad. Son varias maneras que las sociedades antiguas tomaron en rectificar el asunto de ancianos.

Hayamos nuestro gobierno que por la gracia de Dios ha tomado pasos mirando nuestras necesidades, nuestros hanelos, y nuestras angustias.

Por parte primera le doy las mas sineras gracias he usted y sus colegas por los programas que existen bajo el consejo del Rio Arriba/Taos CAP por parte segunda le informa que lo que existe no satisfase la demanda.

Yo me derijire a la problema de nuestros limitados pensión y problemas que verdadera mente no los permiten en engrandesar las sumas que verdadevamente satisfaga nuestras necesidades.

El perido de tiempo que duramos en un hospital es mas largo que las de otras jentes.

El costo del hospital esta cubrido por porte del Medicave, Medicate, El costo de anti colegantes para los autos sube 100 porcientos, el costo de la luz sube otro porcientos, el costo de abarrotes sube 15 porcientos, la lena que compramos ya no cuesta \$20 la corga ahora subio a \$50 la corga, las rentas tambien suben.

Todo sube tanto menos nuestra pensión y cuando sube nuestra pensión no sube un porcientos que efectua el costo de vivir. Orita mismo uste puede ir a las companias del L.P. Gas y halla que mucha jente ansiana no les dan mas gas porque deben \$100 y mas las aplicaciones para ayuda en el ofecina del CAP son mas que el dinero que recibe el CAP.

Si buscamos trabajo no nos dan por nuestra edad avansada demodos que come no puede nuestro congreso aydar? Le piedemos que lleve esta mensaje para Washinton y acuerdense que nosotros que no vemos en suidades sufremos mas duro que nuestras hermanos ancianos del las suidades.

Appendix 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR DOMENICI: If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Taos, N. Mex., on November 19, 1977, I would have said:

The following replies were received:

JUANA P. LYON, ALBUQUERQUE, N. MEX.

In addition to those problems which all elderly have in common, the American Indian and Alaskan Native elderly have additional, unique problems. They are also unique in that the Federal Government has a legal responsibility for the provision of services to that segment of the population "because of their status as Indians."

It is a disservice to the Indian elderly to include them in hearings on the elderly of the general population.

Because of the special relationship between them and the Federal Government, separate congressional hearings should be held to give the American Indians and Alaskan Natives a forum and adequate time for the expression of their unmet needs.

MRS. ASHLEY POND, TAOS, N. MEX.

Reasonable cost retirement homes: In some parts of the United States these are church projects, but not free.

More encouragement to participate in AARP programs—savings on insurance, drugs, car, home, health, etc.

Craft fairs for senior citizens would make a good R.C. & D. project, like farmers' markets which have been so successful here.

Housing project units recently constructed in Taos leave much to be desired in comparison to an earlier housing project here, which are sturdy, pueblo-style houses. The new units look like cracker boxes and I doubt their lifespan will be long.

In Taos there is a private, nonprofit "Mountain Home Health Care"—two nurses, equipment, physio-therapy, etc.—but in serious financial difficulty. The majority of patients are over 60, on medicaid or medicare, and the reimbursement is inadequate and slow in coming.

Is there any way of encouraging private enterprise in this area? This would cost less than a government project (as most things would).

Medical care in Taos is in the same difficulty. Doctors are not meeting expenses re medicaid-medicare. Many patients keep medicare reimbursement unless doctors accept assignment and the lower payment; few ever pay the 20 percent or the initial cost.

In senior citizen centers here, everything is free. I have seen centers in Minnesota; all who attend do not have to pay for meals, for instance, but are encouraged to pay something if they can—\$1 maximum. I have eaten the meals and they are a bargain. Those who attend also help set tables, prepare food, and clean up—only the cooks are paid and it is self-supporting.

MANUEL ROMERO, TAOS, N. MEX.

In order to give better services to the senior citizens in Taos County, we should have our own building. These are the reasons: Entertainment for seniors; meals could be cooked in the same buildings where the food would be served while it's hot; arts and crafts will have room enough for whatever they are doing.

AURELIA E. SALAZAR, LOS OJOS, N. MEX.

The community of Los Ojos and the neighboring communities are in desperate need of a vehicle for transporting the senior citizens to the senior citizens center in Los Ojos for their meals. We have no transportation. There we serve around 60 for lunch. We have a very poor vehicle: it is out of order most of the time. Please see that we are on the list for a vehicle. We'll appreciate anything you do for us.

Thank you.

CASILDA O. SALAZAR, TIERRA AMARILLA, N. MEX.

The communities of Los Ojos and neighboring communities are in great need of a new vehicle, or at least a reliable vehicle. We have plenty of senior citizens to eat at the center in Los Ojos, but transportation is lacking. We'll appreciate your help, thanks.

Tierra Amarilla Ensenada, Los Brazos, etc. attend and belong to Los Ojos Senior Citizens Center for our meals.

ELIZABETH LEE SIMMONS, RATON, N. MEX.

I would like new black lung law copy.

We need preventive medicine under medicare. It would be cheaper to give a flu shot at the county health departments for cost (\$3 for the syringe) than pay hospital bills after the person gets the flu. For people over 60 years old it is a hardship to have to pay \$17.50 for a flu shot as happens now (\$14 office call, \$3 for service, and 50 cents for tax). There are some doctors in town who only charge \$9.30 for a flu shot, but this still is beyond the purse of a lot of those on social security only and such preventive medical costs are not covered by medicare.

Homemaker programs need more financial support. Again, it is cheaper to give 3 hours per week cleaning service (like light housekeeping chores) at a minimum wage than for medicare to pay hospital or nursing home costs for an elderly person. The person is happier and gets better faster in his/her own house and the longer they can stay in their home the cheaper it is for the taxpayer. The costs for minimal care facilities are staggering and just a couple of hours per week of dusting, vacuuming while a load of wash is going, and washing up the dishes can enable an elderly person to come home from the hospital earlier—or not have to go at all.

We should extend socialized medical care in this country to those who need it the most—the elderly—not just those who: (1) Win national political popularity contests, and are eligible for Walter Reed Hospital services; (2) veterans of the services—some of us worked as hard for the war efforts as any “shave-tail” behind a typewriter at the Pentagon—or a company of clerks of any unit; (3) Indians—many citizens have been victims of exploitation by industries, greedy employers, and economic depressions, maybe not to the extent that history shows the Indian to have been, but regardless of that, the need for good medical care is just as great now, based on the ability to pay—Betty Ford is a millionaire. The little rancher's wife is living on \$200 per month; both should get good care, but let's have the rich pay and the poor pay only what they can afford.

We need to change our priorities. If we can give \$800 million to South Korea and pay millions to Panama, as well as the Canal, we can afford it. Pan Am gets plenty of “welfare funds”—let's let industrial subsidies go to

medical care. Jack Anderson's column in the Albuquerque Journal of April 15, 1977 states that "The Nation's great corporations are collecting billions in welfare from the overburdened taxpayers." Let's get the money where it is needed for people—not excess profits!

MRS. W. L. STROHECKER, LOS ALAMOS, N. MEX.

This is not "rural elderly," but needs consideration:

Airfares: There are bargain fares to Europe—thus enticing people to go to Europe for vacation travel, resulting in more money leaving the United States—probably causing more unemployment. Bus travel to children and families spread over the United States is not very tolerable for long distances for older people, both physically and safetywise.

It seems some of the empty seats in the middle of the week could be assured to older people at reduced rates. (I refer to planes that normally have empty seats. Senator, can you refer this to the proper committees, if necessary?) Standby rates will not serve because transcontinental planes leave from Albuquerque and people cannot afford to stay in a motel waiting for vacant seats.

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THE NATION'S RURAL ELDERLY

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIFTH CONGRESS
FIRST SESSION

PART 12—ROSWELL, N. MEX.
New Mexico's Senior Citizens

NOVEMBER 18, 1977



Printed for the use of the Special Committee on Aging

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The Nation's Rural Elderly :

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- Part 2. Ottumwa, Iowa, August 16, 1976.
- Part 3. Gretna, Nebr., August 17, 1976.
- Part 4. Ida Grove, Iowa, August 17, 1976.
- Part 5. Sioux Falls, S. Dak., August 18, 1976.
- Part 6. Rockford, Iowa, August 18, 1976.
- Part 7. Denver, Colo., March 23, 1977.
- Part 8. Flagstaff, Ariz., November 5, 1977.
- Part 9. Tucson, Ariz., November 7, 1977.
- Part 10. Terre Haute, Ind., November 11, 1977.
- Part 11. Phoenix, Ariz., November 12, 1977.
- Part 12. Roswell, N. Mex., November 18, 1977.
- Part 13. Taos, N. Mex., November 19, 1977.
- Part 14. Albuquerque, N. Mex., November 21, 1977.
- Part 15. Pensacola, Fla., November 21, 1977.
- Part 16. Gainesville, Fla., November 22, 1977.
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THE NATION'S RURAL ELDERLY

FRIDAY, NOVEMBER 18, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Roswell, N. Mex.

The committee met, pursuant to notice, at 9 a.m., in the Colts Room of the Sally Port Motor Inn, Senator Pete V. Domenici presiding.

Present: Senator Domenici.

Also present: Letitia Chambers, minority staff director; Tony Arroyos, minority professional staff member; Deborah K. Kilmer, professional staff member; and Theresa M. Forster, fiscal assistant.

OPENING STATEMENT BY SENATOR PETE V. DOMENICI, PRESIDING

Senator DOMENICI. The hearing will be in order.

I want to tell you that if I appear somewhat tired today or maybe even later in the day if I appear irritated, it is not at you, but rather a certain airline is in the back of my head today because they left nine of us stranded in Dallas. We were supposed to fly to Albuquerque last night and there was no way to get out of there. So, at 2:50 this morning I flew to El Paso and got there about 3:15. I got a couple of hour's sleep, then somebody in a charter plane brought me here this morning. I don't want to mention the airline because I will take care of them myself. Just a bit of sensitivity would have solved it. If someone had placed a phone call they could have held an airplane for us for about 10 minutes and we would have all made it. There were nine New Mexicans that were in that condition.

Let me at the outset say that our Special Committee on Aging, as far as this particular hearing is concerned, wants to acknowledge and thank the Roswell RSVP and the area agency on aging for their assistance in helping us with this meeting.

One further announcement before I set the tone for the meeting. I am not sure everyone here who would want to say something to me, or to make some comment or observation, will have a chance. We have a representative scheduled to present issues all day long. At the door, there are forms for you to write your thoughts down, then submit them. They will be made a part of the record¹ for review by the committee and the Senators as they attempt to correct and improve the laws that affect our citizens in the coming year.

¹ See appendix 2, p. 991.

Now, having said that, let me say to all of you, my good friends, that it is my pleasure to convene this hearing of the U.S. Senate Special Committee on Aging here in our State. The Senate Committee on Aging, of which I am the ranking minority member, has broad oversight responsibility that cuts across many of the jurisdictions of the various standing committees in the Senate. This broad mandate of our committee has enabled us to provide leadership in many different areas ranging from the search for alternatives to institutionalization, combating fraud and abuse in medicare-medicaid, helping older Americans cope with the rigors of the energy crisis, improving the delivery of health care, and furthering the search for ways to expand transportation opportunities for the elderly.

ASKS FOR SUGGESTIONS AND IDEAS

This list covers only a few of the areas which our committee has focused on just this year. Today's particular hearing is one of three which we will have in New Mexico. I am a firm believer that we don't have all the knowledge and wisdom in Washington, and that we should come down where the people are and ask them for suggestions and ideas, and listen to their concerns.

Over the years the Special Committee on Aging has recognized the value of getting out of Washington to get a clearer view of the needs of our older Americans and the operation of programs that Congress asks the President and the States to help us with.

We are now passing through an important period in the shaping of national policies affecting 22 million older Americans, 137,000 of whom live in New Mexico. The Congress is currently putting the finishing touches on an overall national energy policy, restructuring the financing mechanisms for the social security system, and overhauling our basic concepts of mandatory retirement at a fixed chronological age next year.

The Older Americans Act and the Domestic Volunteer Services Act will expire in the next year and must be extended and expanded by Congress. This has been a most productive year for those of us in the Senate who are concerned about helping the elderly. Working closely with many of you or your representatives, we have been able to turn suggestions from this State into real legislation. For example, when many of you complained that the present mandatory retirement laws were stifling the will and wasting the talent of our older Americans, we were able to draft a bill to end voluntary retirement. We can talk about that in more detail today.

We have heard at various hearings throughout the State, of the desire of children to have their elderly parents remain at home. Legislation, which I authored, will give a tax incentive to families who provide in their own home for a dependent senior citizen. This passed the Senate. In addition, we worked on legislation to expand, under the medicare program, to make a wide range of home-delivered services available to the elderly. This needs much more work.

Senator Church and Senator Brooke of the committee joined with me in the successful effort to expand the vital weatherization pro-

grams for our low income senior citizens. Senator Hart and I, and others, worked hard to pass a lifeline utility rate project to protect the elderly against high utility rates, or to put it another way, to assure them the lowest possible utility rates.

Finally, taking a concept that was presented to me in Los Lunas, N. Mex., at a meeting of senior citizens, we have been able to persuade the Senate to provide our elderly fixed income citizens with a \$75 refundable tax credit to help them meet rising energy costs.

IMPORTANCE OF COOPERATIVE EFFORT

I want to stress the importance of this kind of cooperative effort, where senior citizens and their advocates work closely with Congress and results do come forth. We in New Mexico have proven that point. You should all be proud of the part you have played in proving that this democracy can work best when we all meet and communicate in good faith.

Today we have another opportunity to listen to what you have to say about the workings of this Nation's laws and programs as they affect the elderly. I hope that we can come away from these hearings with new ideas and suggestions that we can turn into solid legislative proposals when the Congress reconvenes in January. We have been seeking ways to improve the quality of life for older Americans. We are here today to receive your comments and to see how we can translate them into action. The testimony that we receive during these hearings will help us to shape this legislation, the appropriations, and public policies that come before the second session of the 95th Congress.

We will also pass this information on to the Subcommittee on Aging of the Human Resources Committee, and the Finance Committee, which have a vital interest in the future of these programs.

Now, having said that, let me once again say to you we are not afraid of criticism of existing programs. That is why we are here. We have done our best. Frequently, our best is not good enough. Frequently, the way our best efforts are administered is different than we perceived them. We want to hear where the problems are and what can be done better, whether it is the improvement of existing laws or the passage of new ones.

I want to conclude my opening remarks and I will begin with our first panel. I understand the panels will be seated up here.

I want to introduce two members of the staff of the Senate Committee on Aging. On my left is Dr. Letitia Chambers. She has worked for the New Mexico State Department of Education, the Budget Committee in the Senate, and now is the ranking minority staffer on this committee. On my right is Tony Arroyos, who originally headed up the Santa Fe aging program. He is now with the Senate Committee on Aging. Both of these people were brought to the committee by me to be part of that staff. This was an effort to come down to the grassroots where the problems were understood and choose people to go to Washington that were aware of the problem.

Before we hear from our first witness, Gov. Jerry Apodaca and Mayor Jerry Smith have each submitted statements for the record, which will be entered at this time.

[The statements follow:]

STATEMENT OF GOV. JERRY APODACA

I am pleased to welcome the distinguished members of the U.S. Senate Special Committee on Aging to New Mexico for the purpose of assessing the needs and problems of the rural elderly.

I am sorry that I am unable to greet you and personally communicate my deep concern for New Mexico's older citizens.

Older Americans share many issues and problems. You have learned in the course of Senate Special Committee on Aging hearings and studies that inflation places particular hardships on the elderly. You know that older citizens and senior advocacy groups speak of serious health problems and the need for home and community health care and other alternatives to institutionalization. You have also seen graphic illustrations of the misuse of Federal and State funds by certain health care providers and home operators.

Older New Mexicans share many of these concerns, questions, and problems. Because New Mexico is predominantly a rural State, and because our older citizens are from diverse cultural and ethnic backgrounds, we have unique concerns.

Inadequate transportation, the virtual lack of medical facilities in rural areas, the scarcity of nursing facilities and quality boarding homes are particular problems which I am sure will be explored during the course of today's proceedings.

Finally, I want to add that although problems are the focus of your hearing today, older citizens and program workers can tell you of gains made in the past few years. Living in a sparsely populated State, in small cities and villages, can bring isolation and serious problems with delivery of services. It can also bring a sense of community that means knowing and caring about your neighbors, taking care of your elders, parents and grandparents.

I strongly believe there should continue to be Federal and State support to supplement and enrich this community spirit.

Best wishes for a productive and successful series of discussions.

STATEMENT OF MAYOR JERRY SMITH, ROSWELL, N. MEX.

Good morning, Senator Domenici. It is truly a pleasure on behalf of the city of Roswell and the other representation of southeastern New Mexico to welcome you and the Senate Special Committee on Aging to our fine city. I think this is the fourth occasion I have had the opportunity to greet you at a special committee hearing here in Roswell. I believe the other times were Senate Public Works hearings.

It is particularly appropriate that you have chosen Roswell as one of the cities within our State to hold this important hearing on the needs of the elderly. As you know, Roswell has been a leader in attracting elder citizens to our community, and for that we are very proud. We have found the retirement sector of our society a most meaningful and viable group, and we're very proud to have them here.

I know senior citizens and their problems have been an interest of yours ever since your election to the U.S. Senate. You are certainly to be commended for your efforts in this area. I think we all recognize that meaningful legislation for the aged is an expensive proposition. From this standpoint, I know that the State of New Mexico is also fortunate to have a Senator who at one time served as the mayor, or chairman of the commission, of a major city within our State. Too often, legislation in Washington puts additional financial burdens on city governments that are already having budgetary problems. It is indeed fortunate to know we have an ex-colleague on our side in this regard.

Again, Senator, it's good to have you here today, and I offer any help and support I might be able to provide from the mayor's office.

Senator DOMENICI. Our first witness today is William S. Vigil.

STATEMENT OF WILLIAM S. VIGIL, PLANNING DIRECTOR, STATE
COMMISSION ON AGING, SANTA FE, N. MEX.

Mr. VIGIL. Thank you, Senator, and welcome to New Mexico.

My name is William Vigil. My position is planning director with the State commission on aging. On behalf of the commission on aging, I welcome you to New Mexico and thank you for the opportunity to discuss important issues that surround the Older Americans Act in the implementation of its programs.

I would like to begin, very briefly, by telling you a lot has been accomplished in the past years on behalf of the older population. The Older Americans Act and State programs for the elderly have increased tenfold during the past few years. For example, in 1969, three programs were serving approximately 700 people. Today, approximately 9,500 elderly are being served daily by programs throughout the State, but still the aging network program is only reaching 7 percent of New Mexico's projected population of 137,000 over 60 years of age. The nutrition programs for the elderly are currently providing approximately 4,000 meals per day. Thirty of the 100 meal sites are located on Indian pueblos and reservations. We have been very successful in trying to get services to these people in New Mexico who are in dire need of these services.

LEGISLATURE APPROPRIATES \$900,000

Despite the increase in the number of meals being served in the State, malnutrition still remains a basic cause for older people's debilitating condition. The State legislature has become responsive to supporting senior citizen programs. Specifically, this year the legislature appropriated \$900,000 exclusively for senior citizen programs, or 56 percent match against the title III and title VII allocations.

These past accomplishments are only a beginning. Much remains to be done. These hearings provide the opportunity for State and local input for insuring the provisions of the Older Americans Act and its governing rules and regulations will occur, with the result being an improvement in the lives of the elderly.

During the next few minutes, I will offer certain recommendations along with some thoughts which would help explain why changes in the Older Americans Act are proper and necessary, particularly in New Mexico.

On the reauthorization of the Older Americans Act, special consideration should be given to the reauthorization of the Older Americans Act to make its governing regulations consistent with the intent of the act, specifically section 101 of the act which states that the duty and responsibilities of government is to assist older people to secure equal opportunities, the full and free enjoyment of the 10 broadly stated objectives.

Further, section 305(b) states that every State plan shall provide for the establishment of and maintenance of programs to assist older persons in leading independent lives and avoiding unnecessary institutionalization. If the prime purpose of the act is to provide com-

prehensive programs which will ensure the coordinated delivery of the full range of essential services to all elderly citizens and to assure the planning and operation of programs being undertaken is with the partnership of older citizens, community agencies and governments, then priority should be given not only to the elderly poor and the ethnic groups, but to all older persons at risk, particular those living in rural areas.

However, if the purpose of the act is to give emphasis to the services for the elderly poor and those in minority ethnic groups, then provisions in the act should give prime consideration in making allotments to taking this factor into consideration.

SINGULAR FORMULA FUNDING

The existing allotment formula of title III and title VII of the Older Americans Act should be considered as a working process towards an end with clear provisions for change as time and conditions dictate. We recommend that funds under title III and title VII be allotted under a singular formula based on a combination of four factors: the age 60-plus population, the age 60-plus poor, the age 60-plus minorities and the geographical size of the State.

However, we see this as one step in an ongoing process. We would recommend that the Senate Committee on Aging continue its efforts to find a better formula to meet the needs and that the guiding principle of the formula development be to allocate funds in a manner which is consistent with the basic objectives of the legislation.

But what about the regulations that follow the legislation. Should not formula development also be consistent with regulations? For instance, in section 903.1, title III, Federal rules and regulations, the purpose of the program, we are required to "have objectives and priorities for meeting the needs of the elderly with special attention being given to the needs of low income minorities and the older physically and mentally disabled."

Section 903.48, planning, we are required to set priorities. "In this effort, special attention shall be given to the needs of low income or minority older persons in the State."

These regulations seem inconsistent with the legislation that services are available to any individual in the age 60-plus population. The existing formula does not deal with the factor of percentage of minorities within the State despite the fact that the percentage of low income and minorities is a definite part of the regulations, both for the State and the area agencies on aging.

Social services under title III of the Federal rules and regulations assumes that social services are in existence in all States and that all State and area agencies have to do is to coordinate or tap these services. While this may be true in major urban centers such as New York City, Chicago, Los Angeles, or even in our own city of Albuquerque, it is not the case in rural communities. For all intents and purposes, New Mexico is considered a rural State and, therefore, social services for the elderly in many of our cities, towns, and villages are nonexistent.

ESSENTIAL SERVICES OFTEN NONEXISTENT

Small Federal and State appropriations must be expended to initiate social services. I quote, initiate. In New Mexico, it is not enough to place emphasis on coordination and the tapping of other existing resources in building in a coordinated comprehensive system for delivery services. In predominantly rural States, such as New Mexico, social services are scarce and agencies supplying even the most essential services are often nonexistent. Resources are scarce and per capita income is low. The local tax base has difficulty in supporting the most essential services such as water and sewer. The resources that do exist are concentrated in urban centers. It is not uncommon for older persons to travel 80 to 90 miles to the nearest doctor and to all other social services.

This only compounds the problem of transportation for local senior citizen program directors, such as having to purchase a vehicle, insurance for said vehicle, wear and tear, the tying up of these vehicles because of the long distances involved.

Our concern with the present formula, as it applies to New Mexico, Senator, is that it does not take into account the geographical problems in States with a fairly large area and a number of sparsely settled communities.

The needs of the rural elderly population are as severe as those in our urban centers. The rural elderly are often socially isolated as well as isolated because of geographic conditions. We feel very strongly that the formula should be weighted in such a way that these elderly citizens should not be penalized by geography.

There are also certain contradictions in the title III and the title VII regulations.

Senator DOMENICI. Mr. Vigil on that issue "should not be penalized by geography," do you mean that in the light of the previous paragraph, about it being more expensive to service rural or senior citizens that are not all in one big city? Is that what you mean?

Mr. VIGIL. Yes, that is correct.

Senator DOMENICI. Thank you.

Mr. VIGIL. The Senate special committee should review all Federal rules and regulations for implementing the Older Americans Act. Contradictions often exist in the regulations. As an example, section 706(a)(2) of the Older Americans Act, title VII, provides for spouses of persons 60 years and older to be eligible for nutrition services, yet section 303 of the act does not make this provision. Similarly, title VII rules and regulations makes this same distinction and title III does not. Title III and title VII nutrition projects are often located under the same roof and project directors find it difficult to implement this requirement. How do you explain to the spouse of an elderly person that he or she is eligible for the nutrition program, but not for the title III program?

HOME DELIVERED MEALS

Home delivered meals under section 706(3) of the Older Americans Act. Since the thrust of the title VII of the Older Americans Act is

to provide for nutrition services for our elderly citizens in a congregate setting, the regional office, through the direction of the Administration on Aging, has suggested that a maximum limit of 15 percent of the meals served be home delivered.

In assessing the needs of New Mexico's elderly population, we have identified a much greater need for home delivered meals than the 15 percent limit allowed. Over half of our meal sites have rather lengthy waiting lists of home bound elderly who need meal services.

The commission on aging strongly supports additional funding through title VII specifically for home delivered meals. At the present level of funding, allowing a higher percentage than 15 percent would not solve the problem, but would only reduce the number of congregate meal participants, thus defeating the general purpose of the congregate meal setting principle. Funding a separate program would be more costly and duplication of services. Because of the documented need for home delivery and the past success of the title VII program, a more extensive home delivery system should be established in conjunction with existing title VII programs.

The 3-year funding limitation under title III of the Federal rules and regulations. We recognize—

Senator DOMENICI. Mr. Vigil, before you go on, what you are saying is that you don't want us to separate home delivery and make it a separate program, but rather to recognize that 15 percent might not be an appropriate limitation. So if we are going to continue congregate emphasis, we have to have more funding to get to the home delivery, but you don't want a separate program on home delivery, is that correct?

Mr. VIGIL. Absolutely.

Under the 3-year fund limitation of the title III Federal rules and regulations, we recognize that the Commissioner on Aging has the capability of granting a waiver to this section on a yearly basis. However, we recommend that the 3-year limitation for funding under section 903.56(c) of the title III rules and regulations be eliminated and be made open ended such as the title VII regulations. We find that many projects cannot fully sustain programs independently after the third year. Similarly, many of the title VII projects receive title III supporting funds and after the third year the program must make drastic cuts in nutrition services.

CHANGES RECOMMENDED

Contracts with minority organizations, title III, Federal rules and regulations. While the State agency is in total agreement that contracts should be entered into with minority organizations for both title III and title VII programs, we recommend that section 903.80(c) of the title III rules and regulations be changed to conform with section 909.24(b) of the title VII regulations. If the title III regulations were changed, it would provide more flexibility to the area agencies on aging throughout the State to contract with local municipal governments, thereby assuring that senior citizens programs would continue beyond the third year limitations of the title III fund.

Title IX, the Senior Employment Act, section 902(2) of the Older Americans Act. If the State agency on aging is to be the leader and advocate for the elderly, it seems to follow that the Administration on Aging should contract with the State agency on aging rather than contract with the Department of Labor for title IX employment funds. This would provide greater credibility to the agency and would insure more coordinated and comprehensive funding of the program.

Senator DOMENICI. Mr. Vigil, concerning title IX, you said that the Administration on Aging should contract with the State agencies rather than with the Labor Department. What do you mean by State agencies?

Mr. VIGIL. By that, Senator, I mean similarly to contracting with State agencies for title III and title VII funding. It is Older Americans Act funds and these funds go to the Department of Labor as opposed to going by the Administration on Aging down to the State agencies on aging. What this does, and, of course, in New Mexico we have been rather fortunate that the Governor designated the employment security commission to administer these funds. We, then, had to end up subcontracting through the ESC in order to implement the program. We had to come up with the match, yet they keep a percentage for administrator overhead which, in effect, reduces the amount of money that we can get down at the local level.

Senator DOMENICI. I see.

FUNDS FOR RENOVATING CENTERS

Mr. VIGIL. Title V, section 505(a), of the Older Americans Act. That is the multipurpose center act. Because of the tremendous need for renovating existing multipurpose centers, we strongly recommend that title V funds under the Older Americans Act be made a part of the formula grant allocations to the States similar to titles III and VII. In many cases, multipurpose centers are located in second hand, often perhaps third hand, buildings. Because grantees are limited under title III and VII for expenditures for renovation, a regular yearly allotment would go a long way in making centers pleasant for our elderly population.

Senator, I have just outlined some of the concerns that New Mexico has relative to some of the provisions contained in the Older Americans Act.

In conclusion, I want to point out that the framework which has developed in New Mexico has tremendous potential for serving older persons. We have seen legislators, specifically in our State, local mayors and county commissioners, civic groups and churches, becoming aware of their responsibility to their elderly constituency. This is happening because we are being given more responsibility, we are being forced to start with the very basic issues, thus we are being allowed to grow and mature. We recognize that Washington and the Senate Committee on Aging only has some of the answers. State capitals have only some of the answers, area agencies on aging have only some of the answers, and various groups of citizens have only some of the answers. We must continue to develop models of partnership where these various levels of input complement one

another in order to better serve the elderly of our country. The formula allocation, together with the other issues raised here, are the key ingredients in this development of models of partnership and we commend the U.S. Senate and its Special Committee on Aging for its efforts.

Thank you for the opportunity to appear before you today, Senator. I will be happy to answer any questions which you might have.

Senator DOMENICI. Mr. Vigil, I have just a couple, then maybe when the panel is finished we can ask a few more.

First, so that we can put into perspective the nutrition program that you have spoken about, and even though we still have many problems remaining for 1978, the Congress has appropriated nationally \$250 million for just this one program. Now, just a few years ago it was nothing, there wasn't any such program. I think there is a genuine concern. Obviously, it is one of the most effective programs that we have initiated, and granted, we probably could do better. I do want you to understand that when we talk about expanding it for New Mexico, we are just a little piece. If we want to add a couple million in New Mexico, then we are talking about adding \$200 or \$300 million nationally. I just wanted to put that into perspective.

Concerning the employment aspects of title IX, I am impressed with your idea that we should not have a consolidated act like the Older Americans Act, then have the State agencies on aging dealing with all different Federal agencies. We will look carefully at that one.

BROAD CONTRACTUAL ARRANGEMENTS?

I will tell you, however, that any time we are talking about assisting with employment, we have a very difficult time getting it anywhere with the Department of Labor. Perhaps this concept makes sense, or perhaps we could mandate that the DOL make more broad contractual arrangements so that they are just in at the beginning, then out, consigning it to somebody else. I don't know which. I would like to share that one with you. A few years ago we had no such program of Federal funds to put senior citizens in part-time work, and that one now has reached the level of \$190,500,000 nationally. I think we are once again quite understanding of the problem and are moving in the right direction.

One question that I don't want answered now, but that I would like the panel to be thinking about, is that nationally we don't have a lot of money in the separate category of building community centers. Nationally, the amount is \$40 million and New Mexico's share is about \$200,000. I noted, while visiting communities in New Mexico, that they are building new multipurpose community centers. If we don't have evidence today, I would like someone to gather it for me, as to how we are building those centers, what sources of revenue the municipalities are using for that, and perhaps how the scene on community centers has changed in the past 3 or 4 years. I think they are using general revenue sharing, local bonding money, local money, but it would be interesting to get an overview of that.

Perhaps we had better go on to the next witness. Thank you very much, Mr. Vigil.

Mr. Guadalupe Mendez, you are next.

Lupe, before you give me your testimony—I didn't thank the Governor for his fine message of welcome and his comments. I was remiss in not doing that and I want to do so now.

Lupe, please proceed.

STATEMENT OF GUADALUPE MENDEZ, COORDINATOR, SOUTHEASTERN NEW MEXICO AREA AGENCY ON AGING, ROSWELL, N. MEX.

Mr. MENDEZ. Thank you, Senator. On behalf of the 27,000 older persons currently residing in region VI planning and service area, I extend a very warm and sincere welcome to you and your staff. The Older Americans Act, in my opinion, is the best piece of legislation to ever leave Washington. To see the glow in elderly faces is simply without words. The war on ending elderly isolation in a youth-oriented society is being won with each passing day with Older Americans Act funds.

The New Mexico State Legislature and the local units of government are, for the most part, assuming their fiscal responsibilities and are very supportive of elderly programs. The Southeastern New Mexico Economic Development District, the area agency on aging and its affiliates, hereby call the following issues for your consideration.

Title III: The current Older Americans Act limits subgrantees to 3-year funding with 1 year waiver possibilities. Perhaps the area agency on aging, with consultation from the New Mexico Commission on Aging, could best determine if 3-, 4-, or 5-year funding would be in the best interests of the communities involved. I firmly believe local determination would encourage more rural communities to develop and implement elderly programs in their locale.

REGULATIONS PROHIBIT RENEWABLE LEASING

Title V: Further study should be given to the unrealistic requirements of title V. The Federal Register, dated July 5, 1977, subpart (e), 1326.7(c), states: "The applicant shall assure that the facility will be used for the purpose for which it is acquired for not less than 10 years after the date acquired." What happens, Senator, to a community action agency that is utilizing three Catholic church parish halls in three different communities for congregate meal sites with 1-year renewable leasing arrangements? They could use these funds to enhance services to the elderly, but regulations prohibit this.

Another situation with title V is that the current title V funds are discretionary from the national level. These funds should be distributed on an equal formula basis.

Rural States like New Mexico, Senator, should receive special consideration within this proposed formula. For too long New Mexico has been overlooked.

Title VII: In the "land of enchantment," the funding level for title VII is twice that of title III. The main emphasis of title VII is nutrition services, while title III must plan, develop, and provide the necessary technical assistance to provide a wide comprehensive

delivery system of social supporting services. If title III is to continue to provide these services, it must be financially reinforced.

The last issue that I wish to call to your attention, Senator, deals with the minority subcontractors. While I agree that the intent of the legislation as it relates to minority subcontractors is tremendous, I must take issue in this respect. The economic development district in this locale has the philosophy that the local units of government are the entities that can continue programs once Federal funding is exhausted. The few minority organizations that exist have not been successful in the mobilization of local resources that would provide the continuation of elderly services.

In closing, Senator, rest assured that district VI says they stand ready to assist your office with the few problem areas identified during this public hearing. We sincerely appreciate your efforts and wish you continued success on the U.S. Senate Special Committee on Aging.

Thank you.

Senator DOMENICI. Thank you very much, Lupe.

Let me ask you, the staff has told me that the 10-year minimum leasing language is found in the law. You have given us some justification for attempting to modify that or provide for some kind of local waiver, depending upon the circumstances.

HEW REVIEWING 3-YEAR LIMITATION

Now, the 3-year maximum for title III, I am told by the staff, is a regulation and it is not in the law. I am further informed that counsel for HEW is reviewing it because the very problem that you and other New Mexicans have been raising has found its way to the Secretary of HEW. We will use this testimony to further push the Secretary to reconsider the 3-year limitation. I understand what you are saying. You are not saying that you are talking about more money in this instance, but rather about leaving it up to the local areas to determine whether one of these programs should continue with Federal assistance for longer than 3 years. The concept you are expressing is that the local groups should decide whether one cannot continue, and if it is more important than canceling and moving to another program. That is what you are saying, if I understand you.

Mr. MENDEZ. That is very true.

Senator DOMENICI. Now, the 10-year mandatory minimum leasing, I really have a great deal of difficulty understanding why it is so structured. I guess it is to make sure that we get stable facilities, that people don't put the renovations in one of these centers and then get booted out on a short term. But it does appear to me that there are many circumstances where the churches, any time, could not lease for 10 years. I think there may be local community facilities where they could not lease for 10 years just because in 8 years they plan to do something else with it. I think that, too, should be the subject of more flexibility.

I thank you for your statement and attachments, which will be made a part of the record.¹

¹ See appendix 1, items 3 and 4, pages 978 and 980.

Mr. MENDEZ. The original, Senator, will be submitted at the end of the day.

Senator DOMENICI. Thank you.

Now, Lupe, on your comments with reference to minority subcontractors. You closed it with a sentence, that local resources would provide the continuation of elderly services, prefacing that by the statement that we haven't had a great deal of success in providing continuity. Are you saying that we should propose that this too be left up to the local units to determine which is best, is that what you are saying?

Mr. MENDEZ. Yes, sir, most definitely.

Senator DOMENICI. Thank you very much.

Charley Wells, we not only welcomed you, but we thanked, not you personally then, in our opening remarks, but the people you represent and the entity you represent, for helping us arrange this. I want to personally thank you for all your efforts.

STATEMENT OF CHARLES WELLS, DIRECTOR, CHAVES COUNTY RETIRED SENIOR VOLUNTEER PROGRAM, ROSWELL, N. MEX.

Mr. WELLS. Thank you. I enjoyed doing it.

I'm Charley Wells, director of the Chaves County retired senior volunteer program, sponsored locally by the Roswell Chamber of Development and Commerce.

In this capacity, I have encountered many persons over the age of 60 who are in dire need of quality volunteer experiences in the form of meaningful assignments which make use of talents which have been acquired over a year or a lifetime of vocations and avocations. All have a common desire to be appreciated and to be contributive to the people with whom they are serving. These persons, to a greater or lesser extent, miss the associations with their jobs. RSVP attempts to meet these cravings and at the same time create a community impact through the filling of community wants by attacking problems related to basic human needs. The success quotient of RSVP is reached by determining the degree to which the needs of the volunteers and the needs of the community are met. RSVP is generally well accepted as an agency which meets the needs of the volunteers, and only recently has a means been devised for determination of community impact through meeting those needs. I am submitting a copy of the Chavez County RSVP report in this area to the committee.¹

With the development of a means of measurement of impact by RSVP of community needs, it is anticipated that the true worth of the program can be made known and additional expansion of effort can be instituted.

ADDITIONAL FUNDING WOULD HELP

Following the demonstration to Congress of the effectiveness of RSVP and the other older American volunteer programs, it is expected that allocation of additional funding will be possible. This would enable the expansion of existing programs and the establish-

¹ See appendix 1, Item 1, page 977.

ment of new programs, both of which would serve to mount more effective attacks on problems and needs of the poor, minorities, the disabled, the institutionalized and the isolated.

Decisions as to the means of achieving the goals and objectives and implementing the efforts in this direction should be made with the input of staff in the field or at the project level. Project directors, together with overview State and region representatives, would be needed for a practical assessment of operation of programs both within RSVP and other older Americans volunteer programs as well.

Realism and practicalities should enter into the size of a project to prevent the ratio of volunteers to directors from getting out of hand. Directors can adequately handle only so many volunteers and so many volunteer stations, doing justice to both.

RSVP in Roswell has been instrumental in developing telephone concern and home visitation programs, checking out the well-being of the homebound persons; the home delivered meals program, which is, by the way, self-sustaining; the jobs for older workers program, a program in which volunteers assist in the Historical Society and the Humane Society; a crime prevention program with the Roswell Police Department; blood pressure clinics; programs under which volunteers assist in the area of schools, hospitals, nursing homes, and the New Mexico Rehabilitation Center; furnishing transportation for necessary errands; in civil preparedness; and aid in the senior centers in the Chaves County area.

Meeting the needs of the Nation's senior citizens, as they meet the needs of the local community in which they live and serve, is one of the most important aspects of the Older Americans Act, with which this committee will soon be dealing in the fields of revision and redrafting of the legislation. Understanding the problems constantly arising in the area of local application of the terms of the act are incumbent upon this group of this piece of legislature as they carry out their roles in this area.

Thank you, Senator.

Senator DOMENICI. Thank you very much.

I am just going to ask you one question. First, you have attempted in your attachments to quantify the success of RSVP, is that correct?

Mr. WELLS. That is correct. We have developed a system which could be usable at the State level, and conceivably at regional and national levels as well. Regional and national have yet to come. State is already developed; local is developed.

Senator DOMENICI. The goal of that work product obviously is to inform me so I can inform the appropriate Senate committee how well it is working, is that correct?

Mr. WELLS. That is correct. I think one of the problems, not only with the RSVP, but other older American volunteer programs, is that they have not devised a system for letting the Congress know what they are doing. Everybody says RSVP is a fine organization, that Foster Grandparents is, Senior Companions is; but they are not able to tell exactly what the individuals are doing and how much they are doing, who for and how they are accomplishing it. This gives that handle to Congress to see exactly what is being done.

TRANSFER OF RSVP?

Senator DOMENICI. I just want to ask one question. Do you have any personal views on whether we ought to consider transferring RSVP from the agency that it is in now, which is ACTION, the Nation's volunteer effort, to HEW and thus put it under the Administration on Aging? Do you have any views on that?

Mr. WELLS. I think there are arguments on both sides of that proposal, Senator. Volunteer programs placed with other volunteer programs is one of a group of programs. When you change into an agency in which it is the sole volunteer program, it attains a bit of individuality, but at the same time it becomes perhaps secondary, as a newcomer in that agency, to some of the other programs which perhaps might be given top priority earlier and retain that top priority, with the advent of the newcomer lower on the totem pole. I guess it is a question of looking at both the advantages and the disadvantages of making the change.

Senator DOMENICI. I won't ask Mr. Vigil to comment now, but I would appreciate it if you would make note of that and give me your views. I really don't know. You have heard the figures on what we spend on nutrition programs, what we spend for community center development, specifically under the Older Americans Act, and you have heard what we spend for attempting to help senior citizens with jobs in the public sector. To put it into perspective for all of RSVP nationally, we spent \$20 million as contrasted with \$250 million for nutrition, \$194 million for jobs, somewhere around \$40 million for community center development, and \$20 million for the total activities of RSVP. I don't know whether that is an appropriate ratio, but I think we ought to know if we think it is one of the most viable and effective ones. We ought to understand in terms of its available resources it is a minor one.

Mr. WELLS. I look for the advent of this delivery reporting system. The assessment of RSVP will increase because for the first time there is a handle on what it is doing.

Senator DOMENICI. Before I ask Katheryn Lepard to testify, I want to tell you that I introduced the two staff people that work for the Senate Aging Committee who have their origins in New Mexico, Tony Arroyos and Letitia Chambers. We also have two other staff members that came here to assist in these hearings. They are not from New Mexico, but they work as part of the overall staff. I want to introduce them. One is Debbie Kilmer from Idaho and Theresa Forster from Ohio. When they stand up, I want you to join me in giving them a welcome to New Mexico. We hope they like it as much as we do.

Now, Katheryn, we would be pleased to hear from you now.

**STATEMENT OF KATHERYN LEPARD, DIRECTOR, HOSPITALITY
HOUSE, ROSWELL, N. MEX.**

Ms. LEPARD. Thank you, Senator.

I am Katheryn Lepard. I am the director of the Yucca recreation center for the youth and also the recreation center for the adults.

What is the Memorial Recreation Center? The center is a newly remodeled building made suitable for adult use. The center is a building owned by the city and supported by cigarette tax money solely. Myself and my custodian, and approximately 150 volunteer workers, men and women, keep this building open 6 days each week from 8 in the morning until 4:30 in the afternoon. These hours are most heavily patronized by the senior citizens. The slightly younger age groups are there from 6:30 until 11 at night.

What kind of programs do we provide at the center? An adult may want to walk into the center. He can have a 10-cent cup of coffee served with some cookies or some kind of goodies that have been baked and donated by the host, who is a volunteer worker behind the counter. They may want to sit and play cards, watch TV, read a book, and just may want to sit and visit with some of the people that are there from out of town. The nice thing about this center is that there are absolutely no membership fees or dues to pay.

One of the things we offer at the center is a program called lifelong scholar. This is a group of classes provided for those who wish to continue learning and to continue being active. In the present fall session of lifelong scholar classes, there are 664 registered in the 45 separate classes, with subject matter ranging from crafts and hobbies through language, physical fitness, dance, and such subjects as energy and energy sources. A very small fee is collected from each student and this goes to pay the instructors.

ORGANIZATIONS MEET AT CENTER

The center is a home for 45 organizations, national and local organizations, such as AARP, NRTA, NARFE, and there are many, many informal social groups that make this their home. Many nights there will be from five to six different organizations meeting at the center. That would mean that there would be some 200-250 people or even more there at the center at one time.

The center is a home away from home for people who are new in town or even for the local people. People come to the center because they are lonely, because they need to be with people and they need some place to go. There is a feeling of warmth and friendliness and it's always very easy to make new friends. They soon become volunteers themselves and are able to fill in on any of the volunteer jobs that we have. It makes them feel wanted and needed. The building is very, very heavily used. These are very conservative estimates that I am about to give you. Judging from our visitor registration book, there will be over 60,000 people to visit the center this year. Approximately 5,000 different citizens will visit the center. We know that some 25 percent of our visitors never sign the guest book.

For the first 3 months of this year, 10,000 people did sign our book. The figure of 60,000 people to visit the center this year does not include all the special activities that we have such as summer picnics, Christmas parties, the hobby show.

We have a very fine center and we are very, very proud and pleased with it. There are always things that we need, things which are needed continuously there. To me, senior citizens means 65 years of

age or over. Many citizens 65 or older are living here from out of town. They have no friends, no relatives that are close to them that could help them in case of an emergency or other problem that might arise.

I feel that there is a very definite need for a file of vital data on these people that come to the center because we never know what might happen there at the center for this age people. I feel that there is a need for an organized program such as call on the elderly, keep in touch with these people. Many of them live alone, live in apartments and they definitely need someone to check on them from day to day. This would require a lot of clerical help, maybe more than our volunteers would want to do.

SIDEWALKS NEEDED

We have at the center problems that need to be corrected. There are three outside doors on the east side of our building that could be used, but there is no sidewalk going up to the doors. A driveway from the north parking area extended to the southeast corner of the building would make access to and certainly enable me to plan more use of these three much needed rooms. It would also serve another purpose, to get our garbage truck to a garbage container that would be more easy to get to.

Now, I have briefly outlined some ideas about what our center is, how it is being used and what it is doing for our citizens and what we need to do for the citizens.

Thank you.

Senator DOMENICI. Thank you very much.

I think what you are telling us is that probably the way to help senior citizens is as varied as we have cities and communities in our great land, and that this particular facility is sponsored principally by the people in the area who got together and filled this need and are probably doing as much for the senior citizens as anything we could plan from on high. I wholeheartedly agree.

I want to share just two personal things with you. If you were to walk into my home in Rockville where my wife Nancy and I and our eight children live, you will see on the front room wall a very large hanging, probably about 6½ by 5, and if you look down at the bottom where the artist put their name, you wouldn't recognize it as being any great artist. It has just got a little LB. Well, that happens to be Louise Burk, my wife's 71-year-old mother. It is beautiful. It is a scene between Albuquerque and Santa Fe looking toward the horizon. She had a knack for that, but in a senior citizens center where they offered some opportunity to learn this kind of thing, she was taught by three or four prominent retired artists. In the last 3 or 4 years she has developed that skill to where I am sure that will be a keepsake in the Domenici family probably 100 years from now, and they will be talking about how Grandma Burk learned this and did it for us because art was offered in a multipurpose senior center or hospitality facility.

I know we are late, but I want to share one other thing that happened to me since I have been in Washington, that probably was

as stimulating to my mind as anything that I have had happen. About 4 or 5 weeks ago, the vice-chairman of the Navajo Nation, a fellow named Wilson Skeet, walked into my office. He had been waiting an hour. He didn't tell me he was coming, so he waited. He insisted that even if I was going to be late, he was going to wait. He had with him a fellow by the name of Louis Wheeler, 90 years old. He wanted very much for me to talk to Mr. Wheeler. Mr. Wheeler was not an Indian. Mr. Wheeler had with him another non-Indian, 75 years old. They wanted to tell me something.

RETIRED EXECUTIVES ASSIST NAVAJO

Well, what they wanted to tell me was that over on the Navajo Nation there is a major business owned by the Navajo Nation called the Navajo Forest Products Industry. It is now evaluated as one of the finest facilities for wood products in America. They employ 500 people. They start by cutting the forest down. They do it in the most orderly way. They process that wood. The Indian people that work there earn a tremendous living. This wonderful facility is run by the Navajo Indians and run just like a small Weyerhaeuser Co. out in the State of Washington. Mr. Wheeler wanted to tell me how that all happened. It turns out that Mr. Wheeler, a 90-year-old retired executive, decided that he wanted to do something productive with his years. Fourteen years ago he decided that he would volunteer as an expert. He had run the major wood processing company in the United States and was retired. He decided to go there and help the Navajo Indians learn how to run a business. It is absolutely amazing. Mr. Wheeler has attracted the best executives in the United States who are retired. They go to Navajo, N. Mex. You are apt to run into one of these fellows if you go there. They teach the Navajo auditors how to be auditors, and they have a shadow board of directors. Navajo Indians are the board members, and sitting alongside of each one is a retired business executive who helps them learn how to run this big business.

I thought, look at the talent that exists in the United States for helping others, this reservoir that exists in our senior citizens, if we can just promote the tapping of it. That has prompted me, incidentally, to consider adding a title to the Older Americans Act which I may do. I want to talk to some more people. It would set up a national commission for the utilization of retired people who want to volunteer as experts, and cause us to promote in each State the bringing together of people who have great knowledge and wisdom, with a new business; a minority business, or some kind of city facility that needs expert advice.

Mr. Wheeler told me that he will not die until he is 106 because he has 16 more years of work, and he said doing this has added at least 20 years to his life. The fellow with him was one of America's best auditors. He tells me that there is a Navajo Indian that is auditor of the \$50 million Navajo business and could run any business in the United States. But Mr. Wheeler and the other man have been there helping the Navajos for 11 years, side by side.

There is a fantastic ability hidden among our senior citizens and we don't want to be part of a national program that isolates them. We want to be part of one that brings their willingness to share their skills to the forefront.

Ms. LEPARD. Senator, your next panel of people is one that comes to the center and uses it day after day. I know they are going to join me in inviting you down to see what we do in our center.

Senator DOMENICI. I am sorry I took so much time, but we will ask the witnesses, since I talked so long, to hurry up. No, we won't do that.

George Owen, chairman of the Mayor's Commission on Aging.
We are delighted to have you here.

STATEMENT OF GEORGE OWEN, CHAIRMAN, MAYOR'S COMMISSION ON AGING, ROSWELL, N. MEX.

Mr. OWEN. Thank you, Senator.

I am George Owen, chairman of the city of Roswell's Commission on Aging. I am also chairman of the RSVP advisory board and a member of the RCDC retirement service board.

Roswell and Chaves County have an atypical situation in population. In 1965, the Walker Air Base was closed, leaving a devastated economy, which has been rectified by promoting 5,000 to 6,000 persons to move here, buy up 3,000 or so vacant homes and pour into the economy at least \$38 million annually in spendable income, more than the combined payrolls of the largest industries in Roswell.

These people described as "affluent," have lived well and expect to enjoy the same life in their declining golden years.

Roswell City provides retirees with a senior citizens center, as Katheryn just described. There are, for example, 45 or more classes with over 400 students; 39 organizations and groups, with over 5,000 participants using the facilities. All this costs the city is a half-time director and a janitor because the 100-member host and hostess organization and teachers, as volunteers, do all the work. This facility is open, with no membership charge, to all, but has been used nearly entirely by Anglos. A senior citizens center is now under construction on the other side of town which we hope will be equally successful.

Why do I exclaim what a good job Roswell City is doing?

ALL HAVE SAME PROBLEM

Because, although we believe the Older Americans Act was meant by Congress to provide help for all senior citizens, it is, in reality, directed exclusively to the ethnic and lower income. Our senior citizens here, including the affluent, have the same problems of retirement; age, health, and nutrition. Their needs are very real.

The city does not participate in Federal assistance because we do not need help, so we are ignored.

What should the State or area commission on aging do for us?

They can give professional advice and guidance—we are not on their mailing list. They can study our successes to assist others to become self-sufficient. They can help us make city facilities available to all

our citizens. We should be advised of available Federal funds even though we are not participants and should not be penalized for not following Federal regulations.

In conclusion, Senator, in simple terms, let's legislate a program for all senior citizens regardless.

Thank you.

Senator DOMENICI. Thank you very much, Mr. Owen.

I believe it is fair to say that Mr. Vigil, planning director for the State Commission on Aging, in his remarks, has made the same point that you make when he stated that while the act did not seem to cover or to limit the scope of assistance, that the regulations adopted thereunder do. He was suggesting, as I understood Mr. Vigil's statement, that we ought to take a good look at that, because he, too, feels the act should serve a broader spectrum of people. I think he quite appropriately said that he questions whether the regulations are consistent with the intention that Congress wanted.

Did I read you right, Mr. Vigil?

Mr. VIGIL. Precisely.

Senator DOMENICI. I can assure you that this subject will be looked at. I think it might end up being a question of how much money we have available, but I do believe the intention was much broader than the present regulations permit in terms of utilization of resources.

Doris, you have been waiting patiently. We are pleased to have you.

STATEMENT OF DORIS WHITING, MANAGER, RETIREMENT SERVICES DIVISION, CHAMBER OF COMMERCE, ROSWELL, N. MEX.

Ms. WHITING. Thank you, Senator. I'm not going to read my testimony, I think it is self-explanatory. I just want to—I have been asked to talk about the housing and nursing home needs in Roswell.

George Owen had a little bit on what the retirees are doing for Roswell since we started the program back in 1969, advertising nationally, which we still do. By the way, I am manager of the retirement division at the chamber of commerce.

We have not been able to get construction here on apartments, and this is what we need. We still receive anywhere from 215 to 675 inquiries a month from people who would like to move here. As we know, people in the North and Northeast are fighting with severe winters. The people in California now have soaring real estate costs and taxes. Therefore, New Mexico is becoming more and more important and more of a popular place to retire.

We have the air base housing and Mr. Einhorn has also submitted letters¹ showing that some of the citizens out there are against the recent increases in the rents. However, if we look at these nationally, they are still pretty low. All of the housing at the base is not being utilized, however. At least 250 of those are still boarded up. This is not my area, but I did want to bring in the fact that we will have testimony that they should be opening up more houses for the snow-birds.

¹ Retained in committee files.

TAX LAWS ARE VERY STRICT

As to the Older Americans Act, we would like to suggest that perhaps some guidelines could be included to help the States revamp their tax laws. For instance, in New Mexico, the nonproperty tax laws are very strict. I am submitting for the record further testimony on this subject.¹ Operators who want to build apartments cannot get any exemptions whatsoever, if I read the tax laws correctly, whereas Arizona has revamped their tax laws and they can, if a church at least partially supports apartments, they can get a tax exemption. Also, Portales has started building some apartments and have run into lending problems with the lending money. Some provision should be made so that people who want to build apartments for elderly citizens should get some type of reduced lending rate. By the time they build them, because of the inflated building costs that we have and lending rates, by the time they build the apartments the rents are so exorbitant that most senior citizens can't afford them on their reduced budgets.

Senator DOMENICI. Now, on that, Doris, you are speaking of—not Government housing, but rather to have some break for whomever it is that would want to build and manage?

Ms. WHITING. Either nonprofit or profit, right.

Senator DOMENICI. Have you submitted that in your formal testimony?

Ms. WHITING. Mr. Livingston, as I understand it, of the Portales Citizens Group, has some testimony on this. My testimony is mostly about what retirees have done for Roswell. Now their combined income equals industries with a payroll of \$30.

Senator DOMENICI. Did you mean \$30?

Ms. WHITING. \$30 million of combined income. That is in my report.

There are so many points I want to cover.

Anyway, that is my testimony. We just wanted to point out what the retirees have done for Roswell and what we would like to do for them. If any of this can be incorporated into the Older Americans Act, particular the tax benefits, it would be a help.

Thank you.

STATE RECEPTIVE TO SENIOR CITIZENS

Senator DOMENICI. Well, on the State and its property tax laws, as it might apply to nonprofit church organizations building facilities, let me be quick to say that I am not one that wants to do an awful lot of dictating from up there. Besides that, I would like to acknowledge publicly that New Mexico has been rather receptive to senior citizens in its tax laws and in its programs. I know we can always do better. I am speaking as a State. It could be, however, that we might find some way to create an incentive for doing this. Maybe if you make certain advantages available, if there are no ad valorem taxes on this

¹ See appendix 1, item 5, page 980.

kind of nonprofit, the State might evaluate it in terms of whether they want to take the benefit of that approach, maybe a certain kind of loan or funding that they can't get if they are going to tax the facility. Maybe that might be a way to just say if you want to do it, here is the incentive.

Ms. WHITING. That would be ideal. It has been my feeling, then, that the legislators felt that too few of the population would benefit from this type of tax exemption. However, I think from what we have been hearing, what the retirees have put into the economy is more than that.

Senator DOMENICI. Thank you very much.

I think rather than questioning the panel, because we are running late, I will move to the next panel. I would be very appreciative if the people on this panel, because of your expertise, could stay and listen and if there are any observations you would want to make, write them down. We will submit them as part of this panel.

We are going to excuse this panel and get the next one set. I am going to ask you, even though we are late, if you will let me recess for about 5 or 6 minutes while we put the new one on. Don't leave. I must make two phone calls back to my house and I will be right back.

[A short recess was taken.]

Senator DOMENICI. Back on the record. We will be in order so we can continue.

Our next panel is sitting here on our left. We will start with Stuart Whitcomb, president, Hi Neighbor.

**STATEMENT OF STUART E. WHITCOMB, PRESIDENT,
HI NEIGHBOR, ROSWELL, N. MEX.**

Mr. WHITCOMB. Ladies and gentlemen, the four of us who are on this panel represent organizations of retired citizens in Roswell. I, for example, am president of Hi Neighbor, an organization composed of about 400 retirees who have moved to Roswell within the last year or two. We have come from all of the States in the union.

The four of us met and outlined the needs of Roswell senior citizens as we perceived them. Each of us agreed to discuss one of these needs. It is my particular task to indicate the need for legal assistance which is experienced by senior citizens.

Senior citizens can secure legal assistance in the usual fashion from the law firms of southern New Mexico and pay the usual fee. It is not the legal needs of the more affluent senior citizens that concern us, but those of citizens with low income, those whose only income is from either social security or a small pension. Senior citizens in these reduced financial circumstances have two avenues through which they can secure legal aid. If their monthly income is below the \$385 per month couple limit established by the Federal guidelines, they can secure legal help from an organization called the Southern New Mexico Legal Services. This newly established office in Roswell is supported by Federal, State, and county funds and provides this free legal aid in civil matters, wills, probate filings, and so forth, to senior citizens who meet the \$385 per month criteria.

ESTABLISHMENT OF FEE SCHEDULES

The elderly who do not meet this poverty level criterion cannot be served by this agency. They may, however, be referred to a law firm. The fees charged for these services are then, of course, up to a lawyer. The Southern New Mexico Legal Services hopes to formalize this referral service and to assist in the establishment of fee schedules consistent with the senior citizen's ability to pay.

In the past, the members of the bar association have made a practice of serving the legal needs of the indigent citizens without charge. At present, it appears that this service will be taken over by the Southern New Mexico Legal Service.

The greatest unmet need for legal services is that of senior citizens whose income is above the \$385 per month limit, but is still at the bare subsistence level. These senior citizens cannot afford legal assistance to write wills, to obtain consumer protection, and to assure him of his legal rights. It is essential that methods be developed to guarantee these citizens their equal protection. The \$385 per month limit should be increased substantially, so that clinics such as the Southern New Mexico Legal Services can provide their free help to a larger group of low-income senior citizens.

A reasonable upper limit for free services would be the maximum monthly support provided by social security. This would increase the number of clients served by the legal service clinics and would require additional staff and additional Federal support. In addition, it is hoped that funds can be provided which will support a program which would give legal assistance at a sliding scale of fees to senior citizens whose monthly income ranges from the upper limits set for free services to, say, double that limit.

Thank you.

Senator DOMENICI. Thank you very much.

Are you involved enough to just tell me the kind of legal services that our senior citizens need most? What kind of things are we running into?

Mr. WHITCOMB. I have talked with the people at the legal assistance clinic, but I am not very knowledgeable in the field. The sorts of things which they mention with which they deal are entirely civil matters. They are civil matters which do not involve suits involving damage. Yet they say there is a tremendous demand for such assistance. The things they mentioned were writing wills, obtaining consumer protection, power of attorney, this sort of business.

Senator DOMENICI. I wonder, we don't have anyone scheduled to give us that kind of factual information?

Mr. WHITCOMB. I don't think so, no.

PENDING BILL INCLUDES LEGAL SERVICES

Senator DOMENICI. I wonder if you could go to them for us and get a factual summary of the kind and estimated costs. They ought to have some basic set of facts. I would appreciate that. I will say to you that there is a bill pending, which Senator Kennedy has introduced, with a number of cosponsors, and it obviously will be consid-

ered seriously as the Older Americans Act is evaluated, that would include legal services in the Older Americans Act as an availability. That would solve the problem of the means test you described because there is not supposed to be a means test. Nonetheless, if, as Mr. Vigil and Mr. Morris indicated, we are by regulation limiting the available resources to what is a regulated means test, we will have to discuss that because the approach for including legal services may put us right back where we are now in terms of the present resources.

Mr. WHITCOMB. They have a means test now and they feel that the limit which is set borders on the ridiculous.

Senator DOMENICI. We greatly appreciate your testimony. I think the approach of having each of you discuss one kind of service is an excellent one. I thank you.

Lucien Binns is our next witness; he is president of the local NARFE.

We appreciate your coming, Lucien.

**STATEMENT OF LUCIEN E. BINNS, PRESIDENT, ROSWELL, N. MEX.,
LOCAL, NATIONAL ASSOCIATION OF RETIRED FEDERAL EM-
PLOYEES**

Mr. BINNS. I would like to say first that I am very proud of our Senator from New Mexico and his stand that he is taking regarding giving or getting the people's ideas about what needs to be done in our Government. I am also very proud of our President, who has taken a staunch stand on human rights, the dignity of man is definitely involved in both these expressions.

I would like to say something about emergency care that is needed in this area. I will give you a personal experience. While I was working on my car one day, when I turned the wrench I got a piece of dirt in my eye, which is a pretty common accident to happen. I went to St. Mary's Hospital and tried to get it taken out. This was burning my eye pretty badly. They told me at that time that they had no emergency care at the hospital. Two hours later, I got into Dr. Richardson's office and got this thing removed from my eye. A very dear friend of mine in this area went to St. Mary's within the last 2 months. The man was in terrible condition. He was bleeding from kidney trouble. Two hours and a half later, he was in a room where he was beginning to get some care. Four days later the man was operated on and had his kidney removed. I personally think that there is a lot to be desired in the emergency care that we have in this area. I would like to suggest for your consideration something like a mobile unit in the area that would be well equipped, with either a doctor or a paramedic, or a nurse, that could take care of accidents and emergency care in the homes and on the farms or in the cities, wherever it might be needed. I think there is a tremendous need for this sort of thing in this area.

Thank you.

Senator DOMENICI. Thank you very much, Lucien.

Incidentally, Lucien, we will have several hospital administrators on one of the panels. Since you have raised the issue, I will have them address it, if they don't.

Our next—might I ask how many members of NARFE are there in this area?

Mr. BINNS. About 290, sir.

Senator DOMENICI. Are those all members?

Mr. BINNS. Those are all members, yes.

Senator DOMENICI. There are more retired Federal employees than that, however?

Mr. BINNS. Yes.

Senator DOMENICI. What would you estimate?

Mr. BINNS. I would say that we could, by hard work, we could build that up twice what it is now.

Senator DOMENICI. Thank you very much.

Our next witness is Olaf Steg, AARP president in the area.

**STATEMENT OF OLAF W. STEG, PRESIDENT, ROSWELL, N. MEX.,
LOCAL, AMERICAN ASSOCIATION OF RETIRED PERSONS**

Mr. STEG. Thank you, Senator.

I don't have the expertise to testify, and perhaps that is the reason we on this panel were enjoined to confine our remarks to 3 minutes.

Senator DOMENICI. You probably ought to take more since you aren't an expert.

Mr. STEG. I was interested in George Owen's testimony. Before the session began, I told George that I had never heard him say good morning in less than 5 minutes, and I didn't think he could make it through the session in 3 minutes, but he did—right on the beam. So I want to congratulate George.

At any rate, as Mr. Whitcomb has pointed out, we feel that our basic contribution on this panel can more importantly be that of each raising a single question which has been raised to us by members of our various retiree groups. You will recognize that these questions have been raised before and that legislation in response to the question may, in fact, be under consideration. Perhaps we have nothing new to contribute. Raising the unanswered questions, once again, may be the best way that we have of applying pressure for the initiation of corrective action.

At any rate, as the Senator has indicated, I am president of the Roswell chapter of the American Association of Retired Persons. We have 507 members in our local chapter. Currently there are over 10 million AARP members nationally. One of our principal objectives locally and nationally is the improvement of the quality of life not only of our own members, but also of older people anywhere and everywhere.

CARE OF THE TERMINALLY ILL ELDERLY

In this brief time allocated to me, I will touch on only one area of our concern, the post-hospital care of the terminally ill elderly. In Roswell, as throughout the Nation, the terminally ill elderly are discharged from our hospitals when it becomes evident that nothing more than custodial care can be given to them. This is not an accusation of the hospitals. Hospitals obviously don't have room to care for such terminally ill indefinitely.

St. Mary's Hospital here has an affiliated nursing home to which it turns first for post-hospital care of the discharged. Eastern New Mexico Medical Center has no such facility. As a next step, both hospitals look to the patient's family for home based care, also involving, wherever necessary, a visiting nurse or public health services. The problem is that if the patient has no family, as is so often true in a retirement community such as Roswell, and for some reason, financial or otherwise, cannot be accommodated in a nursing home, a very serious problem arises.

I have spoken with both Mr. Briggs and Mr. DeAgostino and both work through public agencies, they tell me, in an attempt to place the patient who is all alone in the world, in so-called shelter homes. Now, the hospitals are severely handicapped, however, in that they have no control over privately operated shelter homes. A recent article,¹ in our weekly newspaper, *The New Citizen*, points out how much quality standards and the controlling agency for such shelter homes are needed. This might certainly be a priority nationally as well.

I am not familiar with the pertinent medicare and medicaid regulations. One of our hospital administrators emphasized to me that because of certain of these regulations reimbursement to the provider is at times a problem. One regulation is that a patient must have spent 3 days in a hospital before qualifying for home care. Often this regulations succeeds only in blocking the provision of adequate care for the patient who cannot afford to go to a hospital for 3 days and for whom such hospitalization would do nothing to change his condition.

DEMEANING OF HUMAN DIGNITY

The Dominici-Pepper proposed legislation, as it was summarized in an article on the senior citizens page of last Sunday's Roswell Daily Record, would help rectify the situation, a situation which presently results in the demeaning of human dignity in the twilight years of the lives of our elderly at a time when they are utterly defenseless and incapable of helping themselves.

Now, I am not qualified to go more deeply into this matter, but I am sure that our hospital administrators, when they appear before you in the next panel session, would be glad to respond to questions about it.

Thank you, Senator, for giving me and the AARP this opportunity to call this problem to your attention.

Senator DOMENICI. I greatly appreciate your testimony. You are exactly the kind of expert we want to hear from.

Let me share two thoughts with you. You were absolutely correct, and I don't believe the hospital administrators are going to disagree at all, we have built the delivery system around existing institutions, and hospitals were the existing institutions. As a result, such delivery as home health care has suffered immensely. We find different rules under medicare than we find under medicaid and every time we try to get this changed and expanded as a delivery system, what happens

¹ Retained in committee files.

in the Finance Committee in the Senate is that they take the bill that is expanding home health care and say how much will it cost.

Well, obviously if you assumed that over the long haul it is not going to change anybody else's actions, you can never get it passed because it has a big price tag on it. The facts of the matter are with growing senior citizen populations, if we don't do something in home health care, then the issue is going to be how much more expensive will it be to do the job through the institutions that exist. That is why I am very excited about the prospects for a huge new thrust next year in home health care. The bill you referred to that Congressman Pepper introduced in the House and that I introduced in the Senate, has received some tremendous support across the board nationally. I really believe we are going to finally get their attention.

Now, I want to tell everyone here one other thing about this business of the family as it relates to helping sick mothers and fathers, and the notion floating around the country that young people don't care about their old people any more. I wondered about that. I thought, you know, is that true. Let me tell you what I have been able to find out from the best experts in the world. One thing is certain. There is something about the way the good Lord made old people that it is easier for them to be concerned about young people and others than it is for young people to be concerned about old people. That is just natural. I think it is a process of aging.

TWENTY-FIVE PERCENT LIVE ALONE

When you get old, it is much easier for you to give of yourself than when you are young. We are not going to change that. That is human nature. But when you leave that proposition, the best research in the world, including research in America, would indicate that there has been no real change in the concern of young people for their elders in the last 20 years. The problem is that we are a mobile society and 25 percent of the old people that need help in their homes don't have any relatives. They are either the last survivor, their husband or wife is gone, there are no relatives around. So I don't think we will solve the problem by continuing to harp on the issue that our young people don't care about their elders. I think we have to rather provide an environment of delivery in the home where they are encouraged to help.

The other thing that is absolutely conclusive is that young people will abandon their elders if the available service to the elder is so slow in arriving that the elder is a basket case by the time the service arrives. The young people have been taking care of them for 6 or 8 years. There is no question but that that is natural too. If you wait that long and then relieve the relatives of the responsibility, there is a natural tendency to take a big breath and say, you know, I am finished and then to kind of forget about it.

Those are two things that I believe researchers from across the world have determined to be the attitude with reference to young and old and old versus young.

Mr. STEG. Thank you very much, Senator, for this indication of your understanding of our problem.

Senator DOMENICI. I appreciate your comments. I will tell you that I was very privileged to chair a 3-hour meeting in Washington with the aging leaders from 11 countries in the world. They were Germany, Norway, England, Russia, the United States, a couple of others, Romania, et cetera, Japan, and they brought this type of discussion to the Senate committee. When I finished listening to them, realizing all the research that they had done, I truly believe that they knew what they were talking about and it is as I have just described. I don't know that of my own. I am just telling you what they have told me.

We had better get on. I am going to have to start restricting, letting one of you restrict me to 3 minutes.

Mrs. May Olsen, NRTA president.

Mary, we are very glad to have you.

**STATEMENT OF MARY OLSEN, ROSWELL, N. MEX., PRESIDENT,
CHAVES COUNTY RETIRED TEACHERS ASSOCIATION**

Mrs. OLSEN. Thank you, Senator.

I am Mary Olsen, president of the Chaves County Retired Teachers Association, a branch of the National Retired Teachers Association.

There are about 200 retired teachers here, but we only have a membership of 80. The assignment given to me was that I was to learn about what was being done about home health care in Roswell. So much has been said about it that I wonder if I should go on.

I am not an expert. I am merely growing older each day. If the inability to sit on the floor, the creaking of knees and the shortening of arms when it comes to reading, are a proof, then I am an expert.

The home health service is supported by funds from medicare, medicaid, Blue Cross and the patient himself or herself. The Chaves County Health Service, Inc., is tax supported. Both of these services must receive endorsements from a physician before any aid is forthcoming. The nursing needs are made by the community health nurse employed by the home or community health agency. All this is fine. The work is just of a few hours duration and the work is that of monitoring. They do take blood pressure, temperature, they screen for diabetes and make sure that the right medication is being taken. It isn't the individual who needs hospitalization or medical attention who comes into this picture. It is the individual who is suffering from the infirmities or maladies of age. This person needs more than the 100 visits recommended. Theirs is not the necessity of expert skilled care. Theirs is the care of the unskilled. It entails some light house-keeping, some shopping, some bathing, the preparation of food, visits to the doctor or to the hospital for treatment.

CONVALESCENT CENTER?

Then I talked to quite a number of patients who had undergone surgery and who were now alone. They were being dismissed from the hospital to go home, but they were alone. They hadn't as of yet felt strong enough to take on the responsibility of being alone. Then

the recommendation came up, can we have a convalescent center? It does not need to be an expensive building. It does not need to be staffed by the skilled, but it should be some place where those who have been operated on and are alone may go until they feel strong enough to stand on their own two feet. We could probably turn to the retirees who would like to do something of this sort, and after speaking to these people I realize that the one thing they were the most afraid of was the nighttime. They did not want to be alone in the night.

Remember that many elderly are living alone, and it is to the ones who are not feeling up to par that this aid must be given. A recovery center would be an idea and the need for longer and constant care by home nursing is also a must.

Thank you.

Senator DOMENICI. Thank you.

Very, very good. I would say, Mary, I don't want to make it sound like it is easy to devise a system for home health care; it is tough. You know any time we structure a system we find abuses and we find we have overstructured it. I think your practical ideas are very helpful. We appreciate it.

Mr. Livingston, vice president of the Retired Housing Corp., Portales.

**STATEMENT OF K. E. LIVINGSTON, VICE PRESIDENT, RETIRED
HOUSING CORP., PORTALES, N. MEX.**

Mr. LIVINGSTON. I am going to hand you a copy of this. I know you can read better than I can. I am not going to take up your time here because I am not listed on the program. I probably should identify myself. I am K. E. Livingston of Portales, N. Mex. I am 77 years of age. I retired 12 years ago after teaching and as a principal in the Portales schools for 40 years. I worked on many worthwhile projects during that time. I was inducted into the National Education's Hall of Fame in New Mexico and I have achieved many honors from civic and education groups in the State as well as in my community. I preface what I have to say with this only to identify myself as a concerned, reliable senior citizen.

At the present time I am vice president of the Portales Retirement Housing Corp., a nonprofit corporation, and we are constructing 50 1- and 2-bedroom apartments for senior citizens 62 years or older. Eight of these units will be under title VIII of the HUD program and 42 will be financed by the Farmers Home Administration. The eight HUD units will be amortized over a 50-year period at 1 percent—I want to point that out—two of which will be for the handicapped. The other 42, and here is our problem, the other 42 units will be amortized at an interest rate of 8 or 9 percent with an interest credit provision for those whose yearly income ranges from \$7,000 to \$15,000. The concern of the Retired Housing Corp. is that we may be building apartments that due to construction costs, high utility rates, and a 9 percent interest rate, that middle income people on a fixed income will not be able to afford the rental.

MIDDLE INCOME ELDERLY FEELING SQUEEZE

We feel that the elderly middle income people on fixed incomes are feeling the inflation squeeze in the housing program as well as in every other aspect of living as these are the same people that went through the depression, several wars, paid their taxes and have possibly saved a little money only to see it get away from them in their few remaining years they have in just keeping their head above water.

Persons over 65, one source of information states, 18 percent of the persons are considered low income. We know that possibly 10 percent of the elderly can live in any lifestyle they choose, which means that 62 percent of the elderly in the middle income bracket and are in a fixed income in an inflationary period are receiving little or no consideration.

We have no complaints against the lower income person receiving assistance. What we do object to is that 90 percent of the legislation coming out of Congress is aimed at the low income people with little consideration given to the problems of the middle income people who have done as much, if not more, than any other segment of the population to make the United States the great country it is.

We are happy with the help we have received from the Farmers Home Administration on the local and State level, but we feel that either the Agriculture Department should change their guidelines or the legislation should be enacted in Congress to permit the middle income people to borrow money at a rate that makes it possible for them to have housing that they can afford.

I am sure you are aware, and it was mentioned a few minutes ago, of the many advantages that occur when older Americans are housed in multipurpose housing.

One last point I wish to make is that our elected officials should be aware that by possibly 1980, and maybe at the present time, one out of every six people in the United States will be a senior citizen and that they have a voting record of 60 to 70 percent, while the 18 to 25 year olds have a voting record of 20 percent. I hope that in the few years I have remaining on this earth, which could be 5 years if I am lucky, and 10 years if I am an exception; I will live to see the hard working middle income person on a fixed income get a fair break from the country we love so much.

Thank you.

Senator DOMENICI. Thank you.

Mr. LIVINGSTON. I want to point out that I wrote to the members of your committee and that you and Senator Kennedy were the only two people on the committee that answered my letters. We appreciate the help that you are giving us. I have quite a number of letters here from Senator Domenici. I have been working with him on this problem for some time. We appreciate very much the help that you have given us thus far in this program.

Senator DOMENICI. I just want to ask you about those statistics. They are ominous, but they are also threatening, aren't they? They are true, incidentally.

Mr. LIVINGSTON. Last night we had a meeting of the retired teachers. We have 120 teachers in our organization. They have this little

bulletin and it points out in there, because of the fact that the older citizen votes, that they constitute 40 or 50 percent of the voting public. That is astounding to me. This was in the little bulletin that they handed us last night.

"THE GRAYING OF THE WORLD"

Senator DOMENICI. Well, I can tell you that your statistics are right and that it will soon be 20 percent of the American population that will be over 65. By soon, I mean 20, 25 years. You know, that is fantastic. It shows itself in social security. As we all know, there were six or seven employees versus one, and we are getting down to almost two to one. I want to also say that this is not an American phenomenon. We spoke of the graying of America. It is much more appropriate to say the graying of the world. The senior citizen population worldwide is on the rise. I think if we don't handle it properly, what we are doing is saying this is something we all worked for, helped to try to make a reality, and instead of turning it into something good, we will turn it into something bad.

All of us have strived to add longevity, better health care, better nutrition, all the actions that provide for this. I do thank you for your wonderful statement. I want to say to all of you something about how many old people we have now versus other times in history. Some of you may wonder where this idea of 65 years and retire came from. There was a famous fellow over in Europe named Bismark. Some of you have heard of him. He was a grand statesman that made pronouncements on everything. He adopted a policy in his country which was called retirement and he set 65 at that time as the retirement date or age. The thing about it was, it was received as a great job, because somebody had recognized this problem. The fact of the matter was that only about 1 percent of the people in that country lived to be 65.

WHAT IS RIGHT RETIREMENT AGE?

He wasn't giving anybody anything. He was just making a pronouncement. We borrowed that figure and carried it over into our social security and our retirement systems. It has been there since we adopted it a long, long time ago, even with all these changing facts about longevity, people living much, much longer, the difference between how long women live versus men. Only recently have we addressed retirement, is 65 right, should it be 70?

I just tell you this because it is part of an evolving body of knowledge about retirement.

Mr. LIVINGSTON. One other comment that I would like to make, Senator, and that is that I just can't understand with all the problems you have with the farmers right now and with energy and all, the Panama Canal, how you can give us old folks as much consideration as you are doing.

Senator DOMENICI. I guess I could tell you that I think I have to have time for it. There can be no doubt in my mind, when we are looking at 40 million senior citizens in this country by the year 2000,

that all of these other problems you spoke of, this is part of all of America's problems, how we are going to adjust to this change.

I think we had better get on to the next panel. We thank you very much.

I think when we were announcing people that had come to our meeting today that the representatives from Carlsbad and Eddy County had not arrived. I understand Raul Rodriguez and his people have arrived. Will the people from Carlsbad please stand so we can recognize you, the Eddy County people.

We thank you very much for coming.

We will now have panel No. 3. We will ask you to please keep order in the room so we can get on with this.

Our first witness is Mrs. Moezelle Vinsant.

**STATEMENT OF MOEZELLE B. VINSANT, NURSING DIRECTOR,
CHAVES AND LINCOLN COUNTIES, N. MEX., HOME HEALTH
AGENCIES**

Mrs. VINSANT. Thank you, Senator.

I could not have, and I certainly didn't know that Mrs. Olsen and Mr. Steg were going to steal part of my thunder. My whole presentation today is centered on the community needs outside of the institution. I am wearing two hats today. As usual, I do wear more than one. One of them is that I am the nursing supervisor for the county health offices in this area, which includes Eddy, Chaves, Lincoln, Otero Counties, and Lea. The other hat I am wearing is the nursing director's hat of two nonprofit home health agencies. One of them is located here in Chaves County and the other one in Lincoln County.

We know the problems that Mrs. Olsen has talked about and in my prepared statement I gave the Senator studies and research that have been done in this area pointing out the needs and the restrictions under which we do have to operate. Mrs. Olsen made reference to these.

SUPPORTING CARE NEEDS

The intent of Congress might have been in 1965 to meet the needs of our elderly under medicare and medicaid. The interpretations today do not allow this. I wish we had never heard the term of skilled nursing because everyone has a different definition. There are many things that I hope the Senator and others that are sponsoring legislation at this point in time will eliminate from this. The greatest need that we see, five out of eight people who are referred to us, and even though in the conditions of participation we do have to have physician referral, we cannot serve because of the very needs that Mrs. Olsen spoke to, and those are supporting care needs.

Senator DOMENICI. Do you mean under which supporting care is not covered?

Mrs. VINSANT. Right.

The prerequisites that this has to be available, in other words, they have to have skilled needs, they have to be homebound, all the other restrictions that are now placed upon us, and we are not abusing, we

are trying to meet the needs of the elderly within the restrictions that have been placed either by the regs or the interpretation of the guidelines.

My whole plea today is changes in the regulations and in the intent of the law so that we can serve the needs of our people in their homes where it is most needed at this time.

Thank you.

Senator DOMENICI. The prepared statement of Mrs. Vinsant will be inserted into the record at this time.

[The prepared statement of Mrs. Vinsant follows:]

PREPARED STATEMENT OF MOEZELLE B. VINSANT

Senator Domenici: Thank you for the opportunity to express my concern for the "Nation's rural elderly."

As a nursing director of two nonprofit home health agencies, my special interest is in health care, nutrition, social welfare needs, transportation, housing, etc., as they relate to home care. I have experienced all of the frustrations that have been expressed in previous hearings by other nursing directors in trying to meet the needs of patients utilizing title XVII, XIX, XX, OAA (titles III and VII). I am sure you are familiar with the Comptroller General's Report to the Congress, No. B-1640 31 (3) July 9, 1974, subject: "Home Health Care Benefits under Medicare and Medicaid" and the "Home Health Care Report on the Regional Public Hearings of the Department of Health, Education, and Welfare," September 20th-October 1, 1976, D.H.E.W. publication No. 76-135. These reports depict problems home health agency personnel have experienced and in many cases are still experiencing due to the limitations, disparities, and interpretations of covered care under titles XVII and XIX.

The utilization of home health care today as being interpreted by fiscal intermediaries within statutory restrictions result in limited home health care and is a stopgap between crises regardless of what the extent of coverage was intended by Congress with the passage of medicare and medicaid legislation in 1965.

Every home health agency nursing director can cite numerous examples of interpretations, by the intermediaries reviewers who have never worked in the home setting, that are contrary to statutory covered care regulations. As patient advocates, we strive to provide our patients the level of care that will restore them to their potential recovery. We certainly cannot be accused of abusing and frauding the home health care program.

The limitations of coverage of home health services under the present medicare and medicaid programs make it impossible to meet the needs of our patients. The proposed legislation by you and Representative Claude Pepper recognizes many of the problems that now exist in providing home health care.

I do not want to repeat information that you are already familiar with, but I do want to reiterate the changes that have been proposed in other reports of needed changes in the present home health care programs: Changes in the definition of home health care to include a broader perspective and in terms of patient needs; eliminate the term "skilled" which continues to be the greatest impediment to providing services needed by patients; eliminate the definition of "custodial"—the supportive care of nurses aides in institutional care is not used to disqualify patients from covered care; include coverage for the dying patient who wishes to remain home whose needs are monitoring and supportive care; include prevention, monitoring, and maintenance care to prevent the patients from going into a crisis situation as long as possible; eliminate the 3-day hospital stay for coverage under plan A; increase the number of visits allowed based upon patients needs; recognize that nutritious meals prepared in the patients home by the supportive staff can be as effective as the most costly medication prescribed by the physician. Transportation for many elderly people is one of their greatest impediments to their independence. I certainly do not have the answer to the problem, but the narrowly defined restrictions of the homebound for home care restricts the patient more than is necessary.

I feel like I am repeating information that you already have, and has been printed in many reports. I highly support your efforts to make changes in all of the legislation that affects the rural elderly in New Mexico as well as all of our United States. Your concern for our priorities from crisis oriented institutional care to home care, and making it possible to provide our elderly and other home care patients the services needed, is what I as a nurse patient advocate have been pleading for.

Thank you again for this opportunity to express my concerns and support your efforts for the much needed changes in legislation for the benefit of our rural elderly in New Mexico.

Senator DOMENICI. Barbara Poole of the Chaves County Health Department.

Barbara, we welcome you. Thank you so much for coming.

STATEMENT OF BARBARA H. POOLE, CHAVES COUNTY HEALTH DEPARTMENT FIELD OFFICE, ROSWELL, N. MEX.

Ms. POOLE. Thank you, Senator Domenici.

I make home visits on some of these elderly where they are neither covered by medicare or medicaid. There is no pay source. Most of our elderly that I make home visits on are chronic cases. They are not found exciting and some people even call them a depressing group. I think we need to treat them as individuals and as dignified adults. Most of the elderly are on fixed incomes. Some neither qualify for medicare or medicaid, and there are lack of funds in this age group to cover the expense of medical supplies, drugs, dressings and other health aids that are needed in the home. They too often face the poor attitudes of the medical profession. Some of them would rather do without than to face the problem.

DAY CARE CENTER NEEDED

There is a need for an enlarged nutrition program. In Roswell we have Meals-on-Wheels, which is doing a great service, but they are limited in the number they can deliver to the homebound. We also have the delivered meals prepared at St. Mary's Hospital by volunteers and taken to the homes. These are for those on special required diets. We have also had to place limitations on these. Many of these people are suffering from frustration and confusion. They are often deprived of drugs because they don't have the funds to get them. Others are over-medicated. This is because the instructions are not made clear to them. Some are seeing more than one doctor and taking medications from one or more. They have nutritional deficiencies, emotional stress, hearing and vision loss, are alone and frightened and other handicaps causing limitations. These people should not be pushed aside. They should be treated with respect. I believe a day care center for the elderly would be in order, not just a babysitting program, but a place where they could receive further benefits other than enabling a family member to seek employment to increase the needed income. With this kind of center, we could keep these people more active and alert and more useful to themselves and others and renew their interest.

With good counseling, we could help these people face reality and recognize who they are, where they are, who the people around them

are, and consistently remind them they are a person with a reason for being and talk to them about the happenings around them and the current events, encourage them to express their feelings and let them know what we expect of them, what they can expect of us. Now, as it is, we have deterioration of good minds and bodies and with some encouragement these people have a lot to offer us in return for our efforts.

Senator DOMENICI. Thank you very much, Barbara. Your prepared statement will be entered into the record now.

[The prepared statement of Ms. Poole follows:]

PREPARED STATEMENT OF BARBARA H. POOLE

Because most elderly people are chronic cases, they are not found to be exciting people and some even find them a depressing group. Therefore, no real interest is shown to them as individuals. In my home visit I have found many problems and needs.

Most of the elderly are on set incomes, rather meager incomes at that. Some neither qualify for medicare or medicaid so there is a lack of funds in this age group to cover the expense of medical supplies, drugs, dressings, and other health aids. They often have the poor attitudes of the medical profession. They would rather do without than face these problems.

The elderly are lacking personal attention both from others and themselves such as "what's the use" and "who cares." A little personal attention such as blood pressure, pulse, asking about their health or just listening to them can give them the feeling of, "they care about me." This can give them the initiative to care more about themselves. These people have problems and fears, too. Their family and friends in their age group are dying one by one and they need to be able to tell someone of the feelings they are experiencing. They need some reassurance.

There is a great need for more nutrition programs. The meals-on-wheels is doing a great service, but unfortunately they are limited in the number of meals they can serve the homebound. In Roswell, we also have a volunteer program, home delivered meals, prepared by St. Mary's Hospital, picked up by volunteers and taken to the homes. These volunteers use their own cars. Volunteers are wonderful people and do a great service, but we do not have enough of them who can be available at the right time and place. So we find ourselves being limited in this program, too. These meals are paid for by donations from concerned citizens. Some recipients feel they can pay some toward the meals while other cannot afford to pay anything and this is where the donations are used.

Transportation is another problem faced by the elderly in going to the grocery store to purchase their food and getting to the doctor's office, etc. Again we have the volunteers, but they are not always available at the times needed.

Frustration and confusion is a common thing in this age group. Some causes for this is organic syndrome, deprivation of or over medication, nutritional deficiency, emotional stress, hearing and vision loss, alone and frightened, or other handicaps causing limitations. These people should not be pushed aside. They should be treated with respect and as dignified adults.

I believe a "day center" for the elderly would be in order here. Not just a babysitting program, but a place where they could receive other benefits other than enabling another family member to seek employment to increase a needed income along with trying to prevent the deterioration of good minds. With this kind of center, we could keep these people more active and alert, more useful to themselves and others. With good counseling we can help these people face reality by themselves recognizing "who they are," "where they are," and "who the people around them are." Consistently remind them they are "a person with a reason for being," talk to them about the happenings around them, keep them up on current events, encourage them to express what they are feeling, let them know what you expect of them, and what they can expect of us. Now we have useless deterioration of good minds and with some encouragement these people have an awful lot to offer us in return for our efforts.

Senator DOMENICI. James DeAgostino, associate administrator for Eastern New Mexico Medical Center.

We are glad to have you.

STATEMENT OF JAMES DE AGOSTINO, ASSOCIATE ADMINISTRATOR, EASTERN NEW MEXICO MEDICAL CENTER, ROSWELL, N. MEX.

Mr. DEAGOSTINO. Thank you, Senator.

We are a short-stay, 90-bed general hospital and last year we provided approximately 7,000 patient days to our medicare patients.

In presenting testimony to the Committee on Aging, the local hospital administrators met and divided topics of presentation in order to not duplicate these items for discussion. I have two major points; the first being that we have a critical shortage of shelter care and convalescent and skilled nursing home beds in Roswell.

Along with the shortage of beds, both the State and Federal Government must assure all citizens that quality care must be provided to the elderly. Regulations governing the operation of custodial care homes must be formulated and enforced.

SWING-BED CONCEPT FOR HOSPITALS

At the present time, there is no bed space available and we always have a long waiting list for the facilities here in Roswell. Having a 12 percent population of retired persons living in Roswell, the prognosis is that we will have a continuing need for additional beds. The Roswell hospitals, as with the New Mexico Hospital Association, have gone on record supporting the swing-bed concept for general hospitals. For those of you who don't know what the swing-bed concept is, it would, in brief, allow us to utilize our empty hospital beds for skilled nursing care. The advantages, if for example you were a patient at the medical center, are: if a bed was unavailable at St. Mary's, we would go ahead and keep you at the medical center hospital at the reduced rate. It is advantageous for the simple reason you are familiar with your surroundings, we would utilize our existing staff if our patient census is low. So we are endorsing the swing-bed concept. I think the Senator has committed himself to endorsing the swing-bed concept.

Point No. 2, our aged citizens can use financial support. We have only the one skilled nursing home that accepts medicare patients here in Roswell. Custodial care rates in Roswell cost approximately \$400 to \$450 a month. Many of our aged citizens receive only social security and, therefore, cannot qualify for medicaid or any type of public assistance.

I will give you a specific example of a patient who was in our hospital several weeks ago. A patient in our hospital needed custodial care at a monthly cost of \$420. She received \$280 a month from social security. She owned a little home. She could have received public assistance if her maximum income was \$240. Therefore, she did not qualify. With this income of \$280, she was short the \$140 necessary to be accepted into the custodial home. To further compli-

cate this lady's problem, she had a monthly medication bill of \$65 which could not be deducted from her monthly income to establish public assistance eligibility. I ask each of you, what could we do?

In conclusion, you have asked for our thoughts. They will all cost money. We are ready to assist you in whatever way we can. I would like to point out to the senator that as they go around the country gathering testimony be reminded that the Roswell hospitals will speak to the issues concerning health care in our institutions and, please, Senator, if we can help, get back to us.

Thank you.

Senator DOMENICI. Thank you very much.

Let me ask you a question. While we have talked about care other than hospitals quite a bit today, let me ask you this question more directly with reference to hospitals. First, as an administrator, do you find that there is a need for doctors and/or nurses that are more expert in the problems of old people as a specialty?

SHORTAGE OF PHYSICIANS

Mr. DEAGOSTINO. I don't know if Roswell could ever provide sufficient geriatrics professional type of personnel and/or nurses. I think that, No. 1, we have to realize that at the present time we have a shortage of physicians. No. 2, health care is getting more costly. I don't know if the old people can get into one of our physician's office. I think the elderly people need time to visit with their doctor and also need preventative type care. They have a problem. Not only do they have a problem, I think all citizens that live in Roswell have a problem because of the shortage of physicians. That is a very difficult question to answer. I think that the elderly patient is probably the more logical one to speak to the question that you asked me. I think we have a shortage of physicians and it creates problems.

Senator DOMENICI. The reason I asked the question, and it is not easily answered, is that there is an on-going discussion and dialog among doctors in this area, but I think there are three conclusions. One, there is an absolute need for more research and specialization in the problems of aging and the aged medically speaking. Second, there is a great national need for the development of expert nursing in the field of geriatrics or the problems of the aged. Would you believe that this late in America we have only one known professional program for training nurses specifically in the problems of the aging? Where it might not fit in Roswell, I think you would agree with me that it is a national problem and we as a country must address both of those needs with a great deal more emphasis than we have up to this point.

Mr. DEAGOSTINO. I speak for the medical center in saying that if the swing-bed concept passes, we are going to have to train our nurses in regards to the care of the elderly for specialized skilled nursing care. We are not adequately trained at this point.

Senator DOMENICI. As a hospital administrator, I will ask this of you and Mr. Briggs, who has not yet testified, and to Mike Frost, all of you, any of you. You know when we looked at hospitals as we grew up, say 30 years ago and up until this point, in any hospital

that was medium-sized or large there was a section of the hospital devoted to bringing babies into the world and in treating children, a pediatrics portion of the hospital. If you ever visited them, you would become quite aware of why. The whole environment is for the child. You see the things that are child-like, the people that are volunteers are very familiar with children. It has been suggested that we have reached the point in time where a similar thing ought to be considered for the aged in hospitals. I don't know whether it should or not. I just wonder if you would quickly give me any observations as professional administrators on that.

Mr. BRIGGS. I think that the hospital associations nationwide addressed themselves to that fact, Senator. We have talked about it locally. I am sure that we would concur that there is a need for this kind of service within the general hospital.

Senator DOMENICI. And would you think that need would be a growing one because of the demographics?

Mr. BRIGGS. Absolutely. Right.

Senator DOMENICI. Do any of the others want to comment? I think that is the answer any administrator would give.

Let's go ahead, then.

**STATEMENT OF ROBERT E. BRIGGS, ADMINISTRATOR,
ST. MARY'S HOSPITAL, ROSWELL, N. MEX.**

Mr. BRIGGS. I am Bob Briggs, the administrator of St. Mary's Hospital.

In addressing ourselves, and we have very definitely, to the problems of the Nation's rural elderly and the aging in our area, we certainly are very cognizant of the dilemma put upon them and, of course, ourselves as providers of health care.

In particular, however, a major concern is the lack of sufficient beds to accommodate those persons whose acute hospital stay has ended and their needs now require an intermediate level of care or shelter care. Roswell's ICF beds are full and waiting lists exist. Shelter care is relatively nonexistent. In many instances, the patient does not have a relative or anyone at home able to properly care for him. As a result, the acute care facilities are stymied since a transfer of the patient to the proper facility cannot be effected. If the patient requires an ICF level of care, the transfer cannot be accomplished. The patient remains in the hospital at the hospital's expense since medicare will have denied further coverage and medicaid coverage for this portion is difficult to obtain.

Reimbursement rates for the ICF nursing home patient are based on a per diem rate pertaining to room and board only. Ancillary services such as respiratory therapy, physical therapy, are not completely covered by medicare, part B, or portions are denied. As a result, the nursing home must absorb parts of the cost involved.

THIRTY-DAY STAY UNREALISTIC

Providers have another immediate concern for the medicaid clients in this State's 30-day limit for health care per year. Quite obviously this is not in the best interests of those who need to be served. Recog-

nizing that the aged fall heir to chronic and debilitating diseases, 30 days is an unrealistic allowable hospital stay, to say nothing about the person who suffers trauma, a fractured hip, or a similar long-term surgical or medical problem.

We also share a common concern for the promulgation of standards, policies, rules and regulations that fail to include consideration of the dignity and the worth of the elderly. Providers and physicians cannot be tied to time frames in the provision of care. Common sense rationale should result in guidelines that have flexibility in the general interest of the aged population.

We might suggest that a day care center would appreciably alleviate some of the problems of our elderly. Opportunities would then be available to monitor persons with hypertensive disease, those needing regular injections or those having needs for other diversional reasons, in addition to receiving a well-balanced meal at least once a day.

These are but a few of the examples. Health care facilities existing in Roswell now cannot provide this type of service for lack of space and funds.

Thank you for allowing me to present these thoughts.

Senator DOMENICI. Thank you very much.

If we have time, we will ask some questions shortly.

We just had Bob Briggs. We are going to have Mike Frost, administrator of Memorial Osteopathic Hospital.

**STATEMENT OF J. MICHAEL FROST, ADMINISTRATOR, MEMORIAL
OSTEOPATHIC HOSPITAL, ROSWELL, N. MEX.**

Mr. FROST. Thank you.

Most of what I have has already been said, I think.

One thing I would like to approach or speak about is the PSRO, professional standards review organization. This organization is in Albuquerque. It is very difficult to explain to almost anyone about it, especially if they are sick. With the medicare patient, if PSRO so decides that the acute stage has been taken care of, then we have to inform the patient. It really comes down to the point that we actually look like we are kicking people out of the hospital. This isn't the case. I am sure PSRO is needed, but I think more flexibility should be given.

Senator DOMENICI. Well, the people here ought to know that PSRO is the professional standards review organization, is that what it stands for?

Mr. FROST. Professional standards review organization.

Senator DOMENICI. This is a system that was developed in the State of New Mexico and has now been adopted nationally. While Mike may be right that sometimes, because of its arbitrariness, it does not serve a good purpose, we have to understand that basically it is a good idea in that it permits professionals to evaluate other professionals so that they are not over-caring, over-treating, over-operating, and the like. PSRO was started because it was very hard for anyone to tell whether or not there were abuses in terms of giving drugs, performing operations, keeping people in hospitals longer than they should, so it is a machinery to evaluate that. Sometimes it

may result in arbitrariness as indicated, but generally speaking PSRO is the best thing anyone has come up with to objectively attempt to analyze the validity of treatment.

As Mr. Frost did not read his prepared statement, I will now insert it into the record.

[The prepared statement of Mr. Frost follows:]

PREPARED STATEMENT OF J. MICHAEL FROST

One of the most difficult areas encountered with caring for the aged at this institution stems from the cold and hard fast rules dealt from New Mexico Professional Standards Review Organization (NMPSRO). This problem must be seen statewide and in all States that have instituted PSRO's.

When intermediate care facilities (ICF) are not available, what is the responsibility of the acute bed institution? It is not an uncommon occurrence for an individual to recover from an illness to such a point that stay in the hospital is actually no longer warranted, except they cannot be transferred to a nursing home because there are no nursing home beds available. In addition to the fact that there are no nursing homes available, the patient has absolutely no one left at home to provide the extended care required to assist the individual. If the patient is required to leave and exist unattended or with neighborhood help alone, his condition will surely worsen and he will be returned to the hospital within a short period of time.

Recently, two sisters, aged 75 and 77 were admitted to this institution. The 75-year-old had been caring for the 77-year-old for the past 4 years in their own home. The younger sister was now suffering from exhaustion, fatigue, and urinary tract problems. Her stay lasted for 25 days. Her sister, the 77-year-old, had some digestive difficulties and a urinary tract infection which was judged improved past the acute stage in 10 days. The younger sister finally agreed to the placing of the elder into a nursing home since there was no one left at home to care for her. After being advised that the two ICF homes had approximately 6-month waiting lists for admission, the search for sheltered care began. Seven days later, she was placed in a private home. The 7 days of search required continued care on the part of the staff at the hospital. Medicare does not provide payment for stay in ICF, much less payment to an acute bed facility for care of a patient waiting transfer to ICF.

At what point does one facility draw the line and tell the aged patient, who has no source of care and cannot care for himself, that he must leave? It is fairly obvious that the line is rarely drawn in this case, however, it is unfair for the institution to have to bear this burden alone.

Senator DOMENICI. I think we had better finish the last person here. Then maybe if any of you want to comment on what others have said, I will let you.

Our last panelist will be moved up from the fourth one to this one, Owen Morrow, administrator of the Lakeview Christian Nursing Home in Carlsbad. He will testify now instead of on the next panel.

STATEMENT OF OWEN L. MORROW, ADMINISTRATOR, LAKEVIEW CHRISTIAN HOME, CARLSBAD, N. MEX.

Mr. Morrow. Thank you.

As Senator Domenici said, I am with the Lakeview Christian Nursing Home in Carlsbad. I have been serving in the long-term care field for 11 years and 9½ years of that time I have furnished skilled nursing care, which was formerly known as extended care under medicare.

One of the first things that I am usually asked by senior citizens desiring care, or one of the first statements they make, is "I have

social security and medicare." Actually, the skilled nursing care portion of medicare has been legislated out of existence. There are three facilities in the State, as I understand, at the present time, and the reason, of course, they had to drop this program was because the regulations had become so sophisticated that no one was sick enough for skilled care. Once they got out of the hospital, the term custodial was applied to them. Five years ago, custodial would probably apply to someone that needed shelter care or some type of retirement care, but now we have had people to pass away that were on custodial care that weren't sick enough to get medicare. This is a view of how the regulations have been applied.

At the present time, for all practical purposes, there are no more than three facilities in New Mexico that can give skilled nursing care under the medicare program.

INTERDISCIPLINARY HEALTH CARE PLANNING

Now, the next problem that comes along is that these long-term care facilities have dropped the skilled care program and they have found the same patients coming to them in the intermediate care. So we are taking care of the same people and we are providing that high-level care. Most of the long-term homes are furnishing registered nurses. We have also what is called this year interdisciplinary health care planning where every patient that comes into the facility, we sit down together and all of the department heads plan that person's care, when he will be able to be discharged, and what kind of care will be followed up with, in addition to any short-term or long-term problems or goals that will be involved in his current care.

The big problem that has come upon the long-term care facilities is the problem of not being reimbursed for the care they are actually giving. Statements that have been issued by the State health and social services people and the welfare board have indicated that at the present time it would take \$2.4 million to reimburse nursing homes for their actual costs at this time. This means that we have reimbursed the medicaid program. There is some confusion in most people's minds as to the difference between medicare and medicaid. The medicaid program is a joint program between State and Federal, which has the State administering the program. So in this, the State has to set the rates, and the basis for setting those rates has been on a historical cost basis, but far enough back in history that we are always at a deficit. Very few homes in New Mexico even broke in the black last year. Most of them lost in terms of \$20,000 to \$30,000. Some even lost much more than that. At the same time, there has been money wasted by holding people in the hospital after they should have been discharged because there is no place for them to go.

I would like to add that the person seeking care in his home could not hire one person for 8 hours at the minimum wage any cheaper than we provide 24-hour care, including free meals, bedtime snack, registered nurses, social workers, a chaplain and activity coordinator, and all of the supporting things that are needed.

I also want to comment just briefly. Someone suggested that we have a building for people, a convalescent center, that would not be

an expensive building. There are no such things. Any time you call it a health care building, immediately it becomes expensive. Two weeks ago, I was given a bid that just lacked a few cents of being \$20,000 just to rewire a signal system that is already in existence and already working and already wired into the downtown fire station, and yet it will not meet the requirements that are being put in the new life safety code. So there is no such thing as an inexpensive health care building. At the same time, we are still striving to provide the care.

Senator DOMENICI. You are not saying there couldn't be?

Mr. MORROW. With the regulations that we have currently, there can't be.

Senator DOMENICI. I understand that.

NO LONG-TERM CARE?

Mr. MORROW. So these are some of the problems that we have to face. Unless the State, in its program, and, of course, it is being overridden by the Federal HEW people also, but unless there is something done to provide this reimbursement, then we will have to have home health care. There is not going to be any long-term care in existence. We are rapidly going out.

Senator DOMENICI. I think you have submitted written testimony which we will make a part of the record.¹ We appreciate it. We have worked with you and others on a number of occasions trying to find out what the Federal Government is doing wrong that makes this not work. I can just tell you it is so tough that we can't cope with it. I frequently wonder how people survive Federal regulations and stay in business. I think at the top of the list, however, is certainly nursing homes. There is no question in my mind that what we have done by way of over-regulation has made it impossible to have any other than very expensive homes for the very rich people, and these nursing homes are self-supporting because they charge so much and people pay whatever is required. Otherwise the regulations are almost prohibitive.

Mr. MORROW. Right. I appreciate that. I would like to say one thing, though. Most of the New Mexico homes are providing care around-the-clock at a lesser figure than you can get a room at any of our leading motels.

Senator DOMENICI. Which don't provide very much.

Moezelle, I think you wanted to comment or had a question.

Mrs. VINSANT. I have one comment. None of us, as providers, have touched on this one area. That is the high cost of liability insurance. It is being priced completely out of reason. We are all threatened with every kind of suit that you can think of, and it gets more critical every day of our lives.

Senator DOMENICI. I think that is absolutely right. Any other comments by any of the panelists?

Yes, Jim.

Mr. DEAGOSTINO. There is another thing. I would like to ask the elderly in the audience about this. We have kicked this around and

¹ See appendix 1, item 7, page 986.

we have a continuous problem with it. The insurance agents have, and I am not stepping on any insurance agent's toes, tried to sell supplementary medicare policies to the elderly. Can you all interpret them? When the elderly buy the policy they bring it to the hospital and we have a heck of a time trying to help you interpret coverage or try to recommend which supplementary policy to buy. I think that is a tremendous problem that we have. We have professional insurance people working in our hospital and we don't understand the policies. I think you need to look at that, Senator, if you would. Help them to define what is good supplementary health care coverage.

"CUSTODIAL" CREATES PROBLEMS

Mr. MORROW. Senator Domenici, just one comment on that. This word custodial is really a corker on that because even the insurance agents themselves, most of them—I have talked to a number of them—they do not realize that that word custodial makes their policy worthless as far as long-term or extended or skilled nursing care is concerned. Those policies are still written up on the former extended care basis and this word custodial has been inserted in the regulations where it eliminates all those supplementary policies.

Senator DOMENICI. I wonder, without going into a lot of detail, if I might just ask the senior citizens present if any of you have had a problem where you thought you bought a supplementary policy that would take care of something and then you found that it didn't. If you could just give me that, we will bring a paper around to you and help you give us the example. I think it is worth a hearing in Washington on the terminology being used. I am not accusing anyone of any kind of fraud or misrepresentation, but it would appear to me that this is a very vulnerable area in terms of what you end up spending versus what you thought you were getting by way of coverage. If you had that kind of a problem, one of the staffers will come around to you if you will put up your hand. We would very much like to share that with you and see what we can do about it. There are two or three, Tony, if you would do that.

Put up your hands so Theresa can catch you.

Mr. MORROW. One of the problems, most of these people are already in the nursing home, and then they found out that they couldn't get any money.

Senator DOMENICI. I want to close this panel with just one notion. Mike raised the issue of rules and regulations not permitting long enough treatment, adequate treatment, and a specific stay in the hospital has been mentioned by a number of you. I think we ought to recognize, and maybe you all have been saying it, that, on the other hand, some of the rules and regulations are forcing us to put people in hospitals for 3, 4, 5, 6 days when they don't have to be. This is because there is no other delivery system, or because we are generous, for if we do that, they receive other benefits they ordinarily wouldn't get. I think we are working at excessive costs on both ends of that spectrum. Home health care is a perfect example. Under one program you get no home health care unless you were institutional-

ized. I don't believe human nature can resist the tendency to go ahead and institutionalize in order to get help. That just forces the cost and utilization up, and we don't get very much for our money in the sense of a broad program.

We are going to close on this panel and take our others. Thank you very much.

Panel No. 4. Our first witness is Ed Osborne.

**STATEMENT OF ED OSBORNE, PRESIDENT, NEW MEXICO
PHARMACEUTICAL ASSOCIATION, ROSWELL, N. MEX.**

Mr. OSBORNE. Senator Domenici, ladies and gentleman. I appreciate very much the opportunity of being able to appear here today and to testify about some problems of delivery pharmacy services to the elderly.

I am Ed Osborne, a pharmacist in community practice in Roswell, N. Mex. I am also the consultant pharmacist to Sunset Villa Nursing Home, an intermediate care facility with a 78-bed capacity. I am presently serving the New Mexico Pharmaceutical Association as its president-elect.

Today, I would like to share with you some problems and possible solutions in two areas of the delivery of pharmacy services to the elderly. The first area will be providing pharmacy services to recipients who are still living at home. The second area will be providing pharmacy services to the recipients in an intermediate care facility.

For the elderly patient who is still able to live at home, the problems for pharmacists providing services to those elderly patients includes patient compliance, actual delivery of the medications to the home of the patient, consultation with the patient regarding use of medications, and monitoring medications that may be prescribed for the same patient by more than one physician.

Patient compliance is a problem with patients of all age groups, not just the elderly.

Senator DOMENICI. Well, what does that mean?

Mr. OSBORNE. I am going to define that in my next statement. And I appreciate your interjecting that question at this point.

"MEDI-SET" HELPFUL IN PATIENT COMPLIANCE

Patient compliance can be defined as is the patient actually taking the medication as directed by the physician and as those directions are so indicated on the label of the prescription. One such device that has been made available to us and is helpful in accomplishing patient compliance is a little device called a Medi-Set. This device is being currently utilized by our Chaves County home health service agency in providing supervised care for many of our elderly who live at home.

The second area of home care that I want to address, of course, it is the telephone consultation with the elderly patient that is often necessary after the prescription medication has been delivered to the home of the patient.

Third, pharmacists must be prepared to monitor the medications that may be prescribed by more than one practitioner. This has already been made reference to in previous panel presentations. Through the use of patient profile cards, the pharmacist must be prepared to determine, first, that there is no duplication of prescribed medications from various practitioners. Second, that no drug interactions might occur from prescriptions from different practitioners. Thirdly, that no unwanted side effects occur with concomitant medication usage.

That completes the area of care provided to the recipients when they are still living at home.

The second area I want to address, of course, is for the elderly patient confined to long-term care facilities commonly called nursing homes. Here the problem is focused primarily on problems created by government imposed regulations. In the 78-bed facility that I serve as a consulting pharmacist, 67 patients come under the control of medicare-medicaid regulations. This means that for those patients the cost of many over-the-counter medications, such as laxatives—and what other single medication occupies such a position of importance to the bowel-conscious elderly; it also includes cough syrups, cold and hay fever medication that cannot be assigned to any third-party pay program or to the individual patients account in the long-term care facility.

This means that there is a general lack also in the long-term care facility of many kinds of physician care, whatever the reasons be for the lack of that care. This, in turn, causes a gradual shifting of responsibilities for the over-all patient care to paramedics such as nurses and pharmacists.

I further identify many of these areas in my written testimony which I have already submitted to the clerk.

MEDICAL DIRECTOR WOULD IMPROVE CARE

If medicaid will allow payment for the position of a medical director of a nursing home, perhaps just on a consultant basis even, I feel that the total care of the patients in nursing homes would be improved immensely.

Cost containment and third-party pay programs cannot be accomplished when regulations are formulated to mandate increased patient care. The Government must seek input from these groups and the individuals most affected by the regulations of that government agency.

I would like to state at this time that pharmacists, as well as the other members of the health team, are willing to work with government and not for government to provide better health care for all people.

I thank you very much for this opportunity to present some input from pharmacists, Senator.

Senator DOMENICI. On your last point of permitting the maintenance of such a professional in a long-term care facility, have you addressed that in more detail in your statement?

Mr. OSBORNE. In regard to what type of maintenance are you speaking?

Senator DOMENICI. I am speaking of having the pharmacy expert there for consultation and advice and being able to cost that out as part of the care. I understood you to say you can't do that now.

Mr. OSBORNE. I am talking about the position medical director, not a pharmacist medical director.

Senator DOMENICI. All right.

Mr. OSBORNE. There is already provision within the medicare-medicoid law that we can address or assign the consultant pharmacists to be on a per diem basis. This, too, is paid back to the facility only on a historical basis. In other words, if for some reason the facility would choose to increase the salary of the consultant, that would not become a part of their per diem costs until 6 or 8 months down the line when it was identified historically.

Senator DOMENICI. Thank you very much.

[The prepared statement of Mr. Osborne follows:]

PREPARED STATEMENT OF ED OSBORNE

Senator Domenici, members of the panel, ladies and gentlemen, I appreciate very much the opportunity of being able to appear today and testify about some problems of delivering pharmacy services to the elderly.

I am Ed Osborne, a pharmacist in community practice in Roswell, N. Mex. I am also the consultant pharmacist to Sunset Villa Nursing Home, an intermediate care facility with a 78-bed capacity. I am also serving the New Mexico Pharmaceutical Association as its president-elect.

Today, I would like to share with you some problems and possible solutions to two areas of delivery of pharmacy services to the elderly: (1) The recipient of pharmacy care at home; (2) pharmacy services to the recipient in an intermediate care facility.

Often, pharmacists are the first contact the live-alone elderly make with the health team composed of physicians, nurses, pharmacists, dentists, and hospital personnel. Reasons for this contact include: (1) The pharmacist is easy to reach at his place of practice; (2) we listen to problems and offer helpful solutions; (3) our access to physicians is usually easier than for the patient; (4) we are asked questions about medications because the patient does not want to bother the physician.

One area that causes problems for the pharmacist providing services to the elderly patient focuses on patient compliance. The term patient compliance is easily translated into "is the patient taking the medication as directed by the physician and as it is so indicated on the label of the prescription?" Many families have elderly members who live by themselves and attempt to take their medications as directed. Often, the memory fails those patients, and critical doses of medications are either forgotten, or in some instances taken twice when the first dose was not remembered.

Several aids have been developed by private industry to help in this type situation. One such aid is called a Mediset. This is a container, such as I show here, that can be filled with a 7-day supply of medications for an individual patient. The Mediset can be filled by family members, home health nurses, pharmacists, or other paramedics. Medications are taken at a specified time period for each day, thereby eliminating forgotten or doubled up doses.

I want to interject at this point that our Chaves County home health service utilizes this device in providing supervised care for many of our elderly who can still live at home with the help of limited nursing care.

Many elderly can no longer drive to pick up their prescriptions. Some pharmacy providers supply the delivery service to get the medications to the recipients.

Consultation regarding the use of the medications cannot be completed at the pharmacy with the recipient. Subsequent to the delivery of the medication to the home of the recipient, followup phone calls are made to more fully explain the directions on the label of the prescription and to alert the recipient to any possible side effects, precautions, or drug interactions.

"PATIENT PROFILE CARD" ELIMINATES DUPLICATION

Another unique position for today's pharmacist is to be able to monitor medications that may be prescribed for the same patient by more than one physician. In this day of specialization, it is not uncommon to find a patient utilizing the services of one or two physician specialists in addition to the "family physician." Through the use of patient profile cards, pharmacists assume responsibilities of determining: (1) There is no duplication of prescribed medications; (2) that no drug interactions might occur from prescriptions from different physicians; (3) that no unwanted side effects occur with concomitant medication usage.

Delivery of pharmacy services to the elderly who are confined to long-term care facilities, commonly called nursing homes, focuses more on problems created by government imposed regulations.

The elderly private-pay nursing home residents do not present any particular problems. Their medication dosages are supervised by nursing personnel. The cost of their care, including all modifications, is assumed by the resident's family.

However, for the elderly patient on medicare/medicaid, the story changes somewhat. Their medication dosages are also supervised by the nursing staff. But, since their medications are being paid for by a government program, their care is controlled by regulations of the program.

For instance: Current medicaid regulations do not allow for the payment of many over-the-counter medications such as laxatives, cough syrups, cold and hay fever medications. These medications oftentimes would relieve the symptoms of the condition of the patient; and yet the physician has to resort to using legend medications (Legend Drug: Caution—Federal Law Prohibits Dispensing Without Prescription), so they will be paid by medicaid.

Nursing homes commonly provide certain laxative preparations such as milk of magnesia, or stool softeners such as Surfak in their per diem costs per patient. But, if a medicaid patient insists that some other special laxative such as Dulcolax, Doxidan, Metamucil, Ex-lax pills or Modane are more effective for them, the nursing home must bear the extra costs for these also. These extra costs cannot be assigned to individual accounts of medicaid residents.

For those innovative pharmacists and nursing homes who want to adopt a unit dose system of administering medications to the residents, there is still no provision for reimbursement for the specialized containers needed for such a system.

Because in some long-term care facilities there is a general lack of physician care, whatever the reasons, there has been a gradual shifting of responsibilities to paramedics such as nurses and pharmacists. Pharmacists are expected to review periodically medication regimens of medicaid residents, not only to check for possible drug interactions or to note possible side effects; but also to correlate current medications used to document need through various laboratory tests. I cite for example: As a consultant pharmacist, I should question the need for a low dose potassium supplement for the resident taking some diuretic when there has not been any blood potassium test performed on the resident.

I would request that serious consideration be given to providing adequate remuneration for individual physician services to nursing home residents; or that the position of a medical director for nursing homes be allocated from medicaid funds.

Government program directors are usually clamoring for avenues to gain cost containments of their programs; but then turn around and mandate increased patient care. Increased care demands increases in costs, whether it be in the nursing homes or in the pharmacies that provide the services to the homes.

All of this testimony leads me to the one suggestion that I feel is evident already. Government, whether Federal, State, or local, needs to seek input from those individuals whom are most affected by the regulations of that government agency. Pharmacists are valuable members of the health team, and we are willing to work with government, not for government, to help provide better health care for all people.

Thank you for this opportunity to give some input from pharmacy.

Senator DOMENICI, Gilberto Rivera, Chaves County Pharmaceutical Board chairman.

Gilberto, we are glad to have you.

**STATEMENT OF GILBERTO R. RIVERA, R. PH., ROSWELL, N. MEX.,
CHAIRMAN, CHAVES COUNTY PHARMACEUTICAL BOARD**

Mr. RIVERA. Thank you, Senator.

My name is Gilberto Rivera. I am a local practicing pharmacist. I have a drugstore of my own. I service some of the patients mentioned in Ed's statement at Sunset Villa, as well as patients involved in St. Mary's extended care facility. I am also a member of the State board of pharmacy, and most of our problems, of course, are problems that we see on a personal and direct contact. As pharmacists we come in daily contact with the elderly and the aged. The aged, of course, require more medication than normal, so that problems with interactions, overdosage, noncompliance with drug therapy is, of course, very apparent to us at this point of contact.

The lack of input by physicians, albeit for whatever reason, puts a lot of the responsibility over to us as pharmacists and other paramedicals involved in health care. We do not shirk from this responsibility and do not want to avoid the responsibility, but the lack by the bureaucracy of our government to want to reimburse for this added work, the responsibility is what adds to the second problem, that of finances.

The bureaucracy of government always brings with it added detail and enormous paperwork. As an employer, this means for me that one special person who handles nothing but prescription claims works an entire day, a full day, an 8-hour day, doing nothing but claims pertinent to medicaid and welfare claims.

Senator DOMENICI. Tell me that, again.

Mr. RIVERA. As a businessman, I have to hire one person, a clerk, to handle nothing but paperwork as far as claimwork for my payment, my reimbursement.

Senator DOMENICI. Full time?

Mr. RIVERA. Yes. As a businessman, of course, the fiscal agent for the government involved in payment at this point in time is 48 days without payment since billing. Of course, we have a special problem in New Mexico at this time in a change-over from one fiscal agent to another. This can lead to serious financial problems for the individuals concerned, my concern.

OUTSTANDING CLAIMS NOT PAID

We have outstanding claims from our previous fiscal agent that have not been paid. They are legitimate claims and claims that have been negated because of the involved processing of paperwork. Our reimbursement was static for over a period of years at \$2 per claim. Recently we have been awarded a raise in our fee to \$2.50. With this raise, we have also gotten MAC, maximum allowable cost. We have also gotten the job as a collector. We are to collect 25 cents per claim from the people that we service. The recordkeeping involved in nursing home billing, since we have to bill these people who are in these nursing homes with—some of these people have no apparent relatives or people to take care of them—we have to bill this individual patient and hope for a collection somewhere along the

line. To bill each person each time for a 25-cent fee involves an enormous amount of paperwork.

Senator DOMENICI. That is a State requirement?

Mr. RIVERA. A State requirement.

Senator DOMENICI. Gilberto, if I understand what you are saying, you are saying that the paperwork involved in the overall process, plus collecting 25 cents, that doesn't make it worthwhile?

Mr. RIVERA. This fee has deteriorated. We are also facing a 12 percent reduction in our fee. This has brought us below our \$2 that we were getting before. Another thing, a new law in the Senate is being proposed to raise our portion of the social security contributions. What this will force me to do as an individual if I am forced to pay this added social security that I am not paying now, I will look at a machine, a computer, that I can use to replace a pharmacist and possibly one or two people on my payroll with. What this will do, this will save me a portion of this rental fee or buying fee that I will spend on this machine. I will save a portion of my social security tax. I will also be able to obtain a tax credit on this machine. What does this do for our Government? In buying this computer, I will eliminate two or three jobs, save money on salary tax, and obtain a savings on a tax credit for new equipment.

What I am trying to say is that the amount of Government intervention in the field of needed services to the agent is very discouraging as far as individual businessmen. The fact also exists that most bureaucrats insulate themselves from our contact does not lessen our frustrations. This, I think, we should thank you, Senator, for allowing yourself contact with the numerous people that are involved in care to the aged.

RESTRICTIONS ENCOURAGE CHEATING

In my other capacity as a board member, I am faced with the problems of policing my own profession. The restrictions put upon us by our Government as far as financial things, does contribute to some cheating and some abuse. This is why I am concerned that I am also faced with castigating and correcting these violations and violators. In effect, we are being forced, the government is forcing many of the professionals and paramedicals into doing things that are not legal.

I thank you very much for listening to us.

Senator DOMENICI. I thank you, Gilberto.

I think the senior citizens here ought to know that, of course, Gilberto can speak for himself, but I don't think he was saying that he did not want to do his share to pay the increased costs of social security. I think he was referring specifically to the approach adopted in the Senate of changing the burden of paying so that he, as a small businessman, under the Senate bill for the new add-on social security, would pay \$3 for every \$1 that his employee paid and for all these years social security has been a partnership of half from the worker and half from the worker's employer. I think he is referring to the fact that if that which the Senate proposed goes in, then people like this small businessman will have to take a new look at whether or not

he wants to hire people or whether he wants to use machines; or when he needs some more service, whether he will add two or three people because the cost to him is going up so fast.

Now, did I interpret you correctly?

Mr. RIVERA. Yes, sir, that is exactly right. Thank you.

Senator DOMENICI. Now, I can't tell you which it is going to be when the law finally comes out. I can tell you that I don't support changing from 50 percent charged to each. The House went with 50 percent each, half and half, a partnership in parity. They are going to go to conference and iron it out and see which one wins. So we will know in maybe 1 month or 6 weeks, but there can be no doubt that it has to go up because we have to keep the fund solvent. The question is, should we change the burden in the way that I have just described.

Before we get to our next witness, let me ask of both Ed and Gilberto, you have talked about the problems that you have as providers. Now, have you run across situations where people do not qualify for welfare assistance, but really cannot pay for their prescription drugs?

Mr. RIVERA. Yes, sir.

Senator DOMENICI. Can you give us some examples? How does that come about?

COST OF DRUGS NOT COVERED OUTSIDE HOSPITAL

Mr. RIVERA. It comes about by, say, one instance I know of of a particular man who has suffered a stroke and has been in the facility at St. Mary's and, of course, he was not allowed, because of the money he received, to go under welfare or medicaid, so he was in the fourth floor facility at a cost of something like \$900. I am not too sure of the cost. Since he was not able to qualify for welfare, he could not afford that cost along with the added medications that he was having to take. So, of course, the lady had to take him home and struggle with him as she could. A man with a stroke, a broken hip, can be quite a burden on a woman by herself. She had to hire somebody to help her. She, of course, had to pay for the added medications that he needed and with no help from either medicaid or medicare. Medicare will not cover drugs to the patient outside of the hospital.

Senator DOMENICI. Do you have any comments you want to make on that, Ed?

Mr. OSBORNE. No specific instance on this. I do want to identify the fact that most of the time we have a very proud bunch within this elderly group, and very often they fail to identify to us that they are having some extreme difficulties in paying for their medications. Historically, this group has been one that takes more medications than any other age group within our society. We do recognize the fact that there are several people on pinched incomes and we try to work with those individuals in an attempt to work out some type of payment that would be commensurate with their income. Obviously, there are some that when they pay for their medications there is not much left for them to pay for their foodstuffs at the

end of the month because they have got only social security income. Quite obviously, I think, we need to address ourselves to this age group and this income group and attempt to give them some type of relief in this area and help them at least with their medications. I really abhor the thought that we force upon this age group that in order to qualify for some Federal or State assistance they have to give up what they have known over the years, a home to live in, the dignity to live the way they want to live in their elderly years. We subject them many times to telling us that they don't have the proper source of income in order to pay for what they want.

Senator DOMENICI. Thank you very much.

We have as our last witness on this panel a man that is going to take care of all your problems. He is the district manager of the Social Security Administration.

We are very glad to have you with us, Mr. Strickland. We look forward to hearing from you.

**STATEMENT OF J. HASSLER STRICKLAND, DISTRICT MANAGER,
SOCIAL SECURITY ADMINISTRATION, ROSWELL, N. MEX.**

Mr. STRICKLAND. Thank you, Senator.

To start off with, I was asked to discuss the problems that senior citizens have with social security and you have been hearing some of those most of this morning and afternoon, as far as the medical aspect is concerned. As far as the Social Security Act as a whole is concerned, it is a very complex law. We endeavor the best we can to inform senior citizens, as well as other members of society, of their rights and obligations under the law. We have all sorts of booklets available and we have a rather comprehensive public affairs program. Because of the complexity, it is very difficult for everyone to understand everything that applies to them.

As far as medicare problems are concerned, you have heard about most of the major problems today. One that I will mention that has not been addressed before has to do with the doctor bill payments under medicare. We call it our part B, our medical insurance part of medicare. Many of the senior citizens do not understand why we don't pay the full doctor bill. This, again, is based on a historical billing situation that has been referred to before in other areas of medical care. Medicare pays after the first \$60, as you know. You pay your first \$60, then medicare pays 80 percent of the reasonable charge thereafter. The reasonable charge is what causes the problem as far as leaving a lot of the bill for you to pay in many cases. The reasonable charge is a very complex computation. We actually use the lower of three charges. We use the suppliers or physician's customary charge, the prevailing charge in the area, and then the actual charge made by the physician. Those are the three things that are considered. In order to find out what this is, of course, the medicare carrier in New Mexico, which is Equitable Life Assurance Society, keeps detailed records, computer records, showing what this doctor charged for that and what this supplier charged for services and so on. Then based on the historical record the amount is determined.

REIMBURSEMENT TIME LAG

For example, the charges that we are paying now, reimbursing now, are based on 1976 records. As you all know, medical costs, as well as everything else, have gone up even since last year. So there is always some lag. That means that the patient has to pay the difference. We can only pay 80 percent of the reasonable charge. I don't know of any suggestion to the Senator or to anyone else as to exactly what needs to be done about this, but it does pose a problem to the senior citizen in that you end up paying more than just the 20 percent that the law would lead you to believe that you will be paying. Many times you pay somewhat more. We do not tell the physicians or the supplier what he should charge because that is an individual right of his. If according to the records that have been kept this is not considered a reasonable charge, then the amount charged is reduced and you have to pay the difference.

Senator DOMENICI. Could we just make this very practical for these people? What you are saying when it comes to doctors is that if I, as a senior citizen, went to Dr. X and he was going to operate on me and I agreed and he operated, that Dr. X may charge me \$750. Now, somebody just like me might go to Dr. Jones and for the same thing Dr. Jones might charge \$1,000. What you are saying is we can't tell that doctor to charge \$750 like the first fellow. We have got to find out what is a reasonable amount to pay that doctor from medicare and you have got rules to determine that. Is that what you are saying?

Mr. STRICKLAND. That is correct.

Senator DOMENICI. The person that went to Dr. Jones, in my example, may very well have wanted to go to him, thinks he is the best around, and he may not be overcharging, who knows. But that person isn't going to get 80 percent of \$1,000 paid by you, but rather 80 percent of what you are allowed to pay under those rules, is that correct?

Mr. STRICKLAND. Correct. If in that case \$700 should be the reasonable charge, they would be reimbursed 80 percent of the \$700 rather than 80 percent of the \$1,000 they actually paid, that is correct.

Senator DOMENICI. I wonder, can you tell me, based on your experiences, is there a lot of difference between what doctors charge for the same thing in the same community?

Mr. STRICKLAND. Sometimes there is a substantial difference, yes.

Senator DOMENICI. And you are frequently confronted with constituents of mine that are going to have a large leftover bill that they didn't expect?

INFLATION CREATES PROBLEMS

Mr. STRICKLAND. Quite often that is the case. That is, I would say, one of the biggest complaints we get in connection with medicare, that we do not pay 80 percent of the total bill, but 80 percent of the reasonable charge, which is something less. Of course, part of that is not the fault of the doctor or anything. It is just this lag in inflationary costs. Our reasonable charge does not quite keep up with inflation. In other words, we are talking about last year's prices basically instead of this year's prices.

Senator DOMENICI. Let me ask you, do you involve yourself enough in these to be able to pass judgment on whether this kind of thing is working or not? You could give me the statistics on how much citizens would have to pay more than what they expected, I assume, if we asked you to run that, but do you really think that we are saving money for the taxpayer with this kind of a regulatory scheme overall?

Mr. STRICKLAND. We know that medical costs have gone up. They have gone up substantially more than the normal cost of living, other costs of living. There are a lot of good reasons for that. To answer your question specifically, I would not have the cost figures. Perhaps the Equitable Life Assurance Society, who is the carrier for New Mexico, might be able to give you some figures along this line and perhaps answer your question.

Senator DOMENICI. Let me ask you this. I would not think that the providers would operate in a vacuum and just say, well, I really don't care how much the government is going to pay me. I think they have some idea what is covered and what isn't, don't they?

Mr. STRICKLAND. Oh, yes.

Senator DOMENICI. Don't you think there is a chance that the providers may be billing for services they don't necessarily have to do because there are all these crazy regulations that are going to deny them what they think they should get for something else?

Mr. STRICKLAND. Well, I wouldn't make that allegation.

Senator DOMENICI. Well, I tell you, I will.

I don't think that means they are bad guys. I think we are forcing them into those kinds of predicaments.

Mr. STRICKLAND. I don't have any firsthand evidence of that.

Senator DOMENICI. Does anybody else?

Mr. NORMAN. I would like to ask a question, Senator, publicly, now, because it is the text of my presentation.

Senator DOMENICI. Let me just finish and we will be right with you.

Go ahead and continue.

Mr. STRICKLAND. I am finished. Oh, you mean the rest of this.

Senator DOMENICI. Yes.

Mr. STRICKLAND. In other words, that question is taken care of.

Senator DOMENICI. Yes, and you don't want to pass judgment on that one.

Mr. STRICKLAND. No, sir.

Senator DOMENICI. All right.

Mr. STRICKLAND. We have to get along with everybody in this vicinity.

Senator DOMENICI. I understand.

Mr. STRICKLAND. Really, we have a fine bunch of medical people in our community. We don't have enough of them, but we do have a fine group of them.

Senator DOMENICI. In my remarks, I didn't intend to mean anything to the contrary.

Mr. STRICKLAND. I realize that, yes, sir.

Senator DOMENICI. I will tell you a story afterwards about a new doctor in the city here that is burdened with this problem. That is why I asked it.

Mr. STRICKLAND. The only other thing I might mention in connection with medicare, you have already been told that medicare does not cover prescription drugs and, of course, for the individual who is not on medicaid and who does not have the money to pay for the prescription drugs, it does pose a problem. That has already been discussed by other members of this panel.

EYE CARE AND GLASSES NOT COVERED

Routine eye care and glasses are another big item for the elderly that are not covered by medicare. If that individual is not under medicaid or some other program of insurance, it is something they have to foot themselves.

Dental care, including dentures, is another big area that is not covered by medicare. These are situations that people ask us about quite often. Sometimes they just assume that all these things are covered under medicare, even though the medicare handbooks specify they are not covered.

Of course, we administer a lot of other things besides the medical aspects of social security. The retirement test is probably one of the things that comes in for more criticism than just about anything else that we administer. The retirement test means that you can earn a certain amount of money a year and draw your full social security benefits. If you run over that amount in supplementary earnings, then, we have to cut out or reduce the amount of your benefits for that particular year. I know that the Senate and the House are both working on—in fact, I believe they have passed amendments to this to either increase or to eventually do away with the retirement test. What will eventually happen on that, of course, we will find as time goes on. I believe the House-Senate conference committee will be working on something like that. At any rate, this causes a problem. The only reason that the retirement test is in there is to reduce the cost of the social security program. If we do away with the retirement test, then the social security tax has to be increased.

Senator DOMENICI. Let me interrupt you and ask to see if we can get a show of hands on this issue:

EARNED INCOME TEST

Did you all understand what the director is talking about, the earned income test?

For those that didn't nod their head, let me explain it my way. Then I want you to show me your hands when I ask the question. What he is talking about is that if you are on social security and you work, you earn money. For instance, a retired couple runs a motel for somebody and they get paid regular checks. We have had a test that says if you earn over so many dollars a year, you lose \$1 of social security for every \$2 over that amount that you earn. Now, I will tell you what the new law is going to be in just a minute.

Let me ask you, is this a problem for any of you and, if so, let me see by a show of hands? How many people have this problem I am describing?

It isn't that you are scared to show me, you really don't have the problem of earning too much so that you lose social security, is that what you are telling me?

OK.

Ms. LEPARD. I have a lady who called me. She cannot earn more than the social security law allows her to under that law. Now, is there anything that can be done to that law that will help me?

Senator DOMENICI. Yes, ma'am. We are going to change that law. It has already been changed in both the House and the Senate. We just have to decide which one is going to win over the two approaches. I want to see if it is really as big a problem as everyone tells me. In this group we don't have anybody that has the problem.

Ms. MARSH. I am a retired teacher. I do substitute teaching. I allow myself only so many days of substitute teaching per month so that I will not go over the social security.

Senator DOMENICI. Thank you.

Ms. GILLED. I just wondered why they give you a raise in social security, then they turn around and cut your VA check. You get a 7½ percent raise in social security and then they take 7½ percent off your VA check. Our men have gone out and fought for this.

Senator DOMENICI. Yes, that is right. That maybe is a bigger problem than the other one. In the Senate, about 10 days ago, we changed that law. We made it so that there would be no cut in VA benefits because of a cost-of-living increase in social security. However, I am not going to tell you that is going to be the law. The House did not pass that. The Senate did pass it about 10 days ago. We understand the issue. It is not fair. It is just to save the Federal Government money. We are all interested in that, but we have got to choose between the things that are the most right to save money, and that one is not very fair.

INCREASE IN EARNINGS LIMITATION

Let me tell you what is going to happen to the income amount that can be earned, that the lady raised and the school teacher commented upon. In the Senate version of the bill, what is going to happen is this. First, you know now that if a person is over 72 they can earn any amount and there is no effect. That age is going to be reduced to 70. When you get to 70, you can earn as much as you want. I don't think that is very much. Seventy is pretty old to be worried about that. The other change is that we will increase the earnings limitation so 3 years from now you will be able to earn \$6,000 on your own without subtracting anything from your social security.

Let me tell you why this is an important issue. First of all, there are many Americans who have outside income on an apartment, have acquired something that gives them money, and if they don't work for it, they have already earned it. They're getting money and they don't lose anything in social security, even if that is \$9,000, \$10,000, \$5,000, \$8,000. So another group of Americans say that is very unfair because if we work and make some money, they take away social security. Therefore, we have to adjust the law so that it is more fair

to all kinds of people, to those who have income and don't have to work, and to those that must work. It will be probably what I just described. There will be a new earnings limitation of \$6,000, and at age 70 and over you can earn as much as you want.

Now, we have taken care of the VA problem. We are going to stop you for a minute and let this lady talk.

Ms. STULE. My social security is on my own money. My Federal is on my husband's. They do the same thing.

Senator DOMENICI. Yes. We haven't solved that one yet, but we have solved the VA one.

Let's let the Director finish, then we will have plenty of time for questions from anybody that wants to. We have one more panel, then we will get your questions.

Go ahead, sir.

SOCIAL SECURITY—OVEREXPECTATIONS

Mr. STRICKLAND. Another problem that we run into is that people have overexpectations concerning social security. They think that the social security benefit, whether it be survivor's benefit or retirement benefits, are supposed to do the whole job. Of course in many cases it is the total income that people have, but it was not intended from the beginning that the social security would be the entire amount that an individual would have on retirement. It was intended that social security be the floor security, so to speak, and through savings, home ownership, insurance, and so forth, an individual would be able to supplement that.

We realize that this is gradually changing and more and more people are depending totally on social security. So sometimes the amount does cause a problem.

Another thing that has not been mentioned, but I know it is in these bills that the Senator has already mentioned, has to do with the financial security of the social security system. We are getting more and more calls from concerned people hearing that the social security system is going broke and they wonder if they are going to get their checks the next month, and things of this nature. Of course it is a concern because of the publicity it has been given. I understand that this bill that is being considered now by the Congress will take care of the deficit. We right now still have money in the trust funds, but the trust funds are going down rapidly and some adjustments in the tax rates and so on are in this law and whatever version they come up with, it will at least take care of the deficit that will be coming in the foreseeable future.

Another problem we have in the Social Security Administration pertains to supplemental security income laws. This is a law that took the place of old-age assistance, aid to the disabled and aid to the blind that used to be handled by the States. This is a very complex law. In fact, it is an unbelievably complex law. I won't tell the Senator what I said the first time that I sat through a training session. Well, I will tell him. I said, as I sat through the first training session on the supplemental security income law, I said, "This law

must have been written by a mad man." I couldn't believe the complexity. Yet, of course, we know that any type of law based on need is a complex thing because we deal with all factors of the human population. The law itself is very complex.

LAW HARD TO EXPLAIN

There are two or three areas that are particularly difficult and one is the living arrangement part. If you live alone, we pay you one amount under the supplemental security income program. If you live with someone else, we pay you another amount. If you move from one house to another, we may have to cut your benefits, depending on the situation. If you are in and out of an institution it is affected. I can see the reason for it, but it is still a very complex law and it is hard to explain to people why we do what we do.

Probably the part of the law that makes the least sense is what is called a quarterly computation. In other words, we compute our benefits that are due to an individual based on what they think their income is going to be during this quarter. Let's say that July is the first month of the quarter and they are eligible for supplemental security income and we pay them the full amount. Then comes August or September and they get some money from some source. So we go back and say, well, now that makes you not eligible for the month of July so you now owe us the money back. That is a very complex thing, a very unpopular thing to tell somebody that yes, you were entitled to it back in July, but now in September because you have gotten some more money we have to go back and get that money back from you that we paid you in July. Now, this same bill, at least Congress has been considering it, eliminating the quarterly computation and letting every month stand on its own. If that takes place, that will solve this.

There are some other complications in that law. The social security law is very complex and we try to answer your questions and render every assistance possible. If you are having any problems, be sure and see us.

Thank you.

Senator DOMENICI. Thank you very much.

I want to say before we move to the next panel, Mr. Strickland, I personally understand the difficult job you have. I think the law has been made in bits and pieces where it is very cumbersome. Personally, from our office's standpoint, we appreciate the assistance you give us when we are trying to help our constituents with social security. We have a good relationship with you. As a result, we make sense out of problems and frequently we get to solve them through the good work of Cecil here and his staff and we appreciate that cooperation from you.

LEGISLATION SQUEEZED TOGETHER

You know, you were mentioning about that law being made by a mad man. There is a joke around that there are two things that are very strange in this country, that if you ever saw how they made

sausage you would never eat it. The same thing is said about legislation, it is made like sausage. At the last minute it is all squeezed together with different people in a room trying to iron out 50 different problems. So when it comes out it is much like sausage. That is about what happened in that law. The problem is, if people don't like the sausage when it comes out, they don't have to eat it. The problem with our law is that it comes out made like sausage and we have to live with it. You can't throw it away like you can bad sausage. Anyhow, we are going to get on to the next group.

If you will stay, Mr. Strickland, I think we will have 30 minutes or so of questions at the end. I just suspect some will be directed at you.

Mr. STRICKLAND. I wouldn't be surprised.

Senator DOMENICI. Let's go with our last panel.

Let's take 5 minutes first and stand up and walk around a little bit.

[There followed a short recess.]

Senator DOMENICI. We are not doing too bad. According to our schedule, our last panel was supposed to start at 12:30 and if I am right it is about 5 minutes of 1.

We are going to start with Madeline Parry from Artesia.

We greatly appreciate your being with us, Madeline.

STATEMENT OF MADELINE PARRY, DIRECTOR, COMMISSION ON AGING, ARTESIA, N. MEX.

Ms. PARRY. Thank you, Senator.

My testimony is staffing. A senior center without competent staff could not survive. The staff, regardless of age, must be dedicated to the services of the older American. They must be considerate, kind, helpful, and happy at all times and under all circumstances.

In district VI, there are 22 paid staff and 36 CETA staff personnel. It would be impossible to operate our program if we did not have CETA help for the center and for transportation. Those who are hired as CETA employees are not always qualified, so this means training. There is no security as to the length of employment. The schedule of pay for CETA employees is not good. A new employee must wait 3 to 5 weeks before he receives a pay check. If another job comes up and he is to be paid once a week for his services, he will quit the CETA job. The volunteers are invaluable in their support of our program and the in-kind contributions for their assistance.

The problems are numerous. They volunteer and that means that they must be trained. Many are physically incapable of some kinds of work at the center. They come and go and each time the new ones need training.

Another serious problem is if a CETA employee resigns or is dismissed, another person cannot fill the slot. The program cannot lose the slot already assigned. The specific need for senior services and other services are staffing, additional funds should be directed to insure continuity of services and more competent programming. The load of the staff should not be so confining that the outreach person is

not able to do person to person contact with those who are hesitant or physically unable to get to the center.

Training. The aging network of personnel, including center staff, are in dire need of training. This would insure a more harmonious and efficient operation.

Volunteers. Federal funding would be meaningful to tap the excellent resource material that is available to our program by the volunteers.

Staffing, training, and volunteers are united in their cause, but they need serious consideration of help to continue and to expand the older Americans program.

Senator DOMENICI, I would like to express my appreciation for this person-to-person contact with your senior citizens. This is the nicest kind of thing that you can do for them in showing them that you are interested in what they need.

WAITING PERIOD FOR CHECKS

Senator DOMENICI. Thank you very much.

Let me ask you a question. Concerning the payment for CETA workers that are assigned to a senior citizen center, you mentioned that they have to wait 3 weeks for their check and that can be a tough problem. Is it merely the entry check that is delayed? What is the payment schedule after they are on board and they are there for 6 months, how often do they get paid?

Ms. PARRY. Every 2 weeks.

Senator DOMENICI. There is nothing wrong with that, is there?

Ms. PARRY. No, there is nothing wrong with that.

Senator DOMENICI. It is just the beginning, OK. Now, you don't want to diminish the availability of CETA workers to centers, do you?

Ms. PARRY. Definitely not. We couldn't operate without them.

Senator DOMENICI. You are merely saying that it ought to keep itself more in tune with the realities of their problems, the CETA worker, and yours?

Ms. PARRY. Yes. Most of them are people who maybe have gone quite a period of time without any employment, sometimes 14, 15 weeks.

Senator DOMENICI. I think it is—I think you make a very good point. I don't think we ought to feel that adequate centers of assistance can run without good staffing and the problem is very serious because staffing as an item, as I am told, was inadvertently left out of the Older Americans Act. If it is coming about, it is coming about by hook or crook. It will certainly be looked at carefully when we review the act. It has got to be mentioned in terms of how—beyond mentioning it as something that we are willing to pay for. How it fits in the over-all funding I couldn't predict at this time, but I think you raise a very, very good question.

Ms. PARRY. The success of your center is your staff.

Senator DOMENICI. That is correct.

Irene Aguilar from Alamogordo. Irene, I want to thank you. You have come a long distance and we appreciate it.

STATEMENT OF IRENE AGUILAR, DIRECTOR, OTERO COUNTY NUTRITION PROGRAM FOR THE ELDERLY, ALAMOGORDO, N. MEX.

Ms. AGUILAR. Thank you. We also brought a van full and we left at 5 o'clock this morning. They wanted to come and they are all sitting here in the front row.

Senator DOMENICI. You had it almost as tough as I did, didn't you.

Ms. AGUILAR. They won't get home until about 6. They really are interested in the older Americans program.

As title VII director in Otero County, I highly recommend to the committee the following:

No. 1, that there be an increase in the title VII appropriations to the State in order to increase the number of meals we send out to the homebound elderly. At the present time, the homebound meals are limited to a maximum of 15 percent of our total daily average. Because of this limitation, there is a waiting list of people requiring a home-delivered meal at each nutrition site. Increased funding for home-bound meals would help us serve more of our sick and frail rural elderly and would not defeat the purpose of the title VII program in that its main thrust is getting the elderly into the congregate meal site.

SLOW ALLOCATIONS CAUSE OVERSPENDING

No. 2, that there be a timely distribution of USDA commodities by the State agency in order that projects may receive their allocation and start using it. Allocations this year have been very slow so all nutrition projects in district VI have therefore had to overspend these past months on their raw food budget, which would mean that they might come up short come June.

No. 3, to increase Federal funds in the title III program for the purchase and updating of wornout equipment in order to provide the same quality of services as the programs expand.

No. 4, I strongly support the elimination of the 3-year funding provision of the title III regulations as a recipient of the title III and title VII. Without the aid of title III, we will have to curtail nutrition services because it provides all the transportation and supportive social services that are needed to run the title VII program. Title III should not have a limitation on the years it is federally funded because local projects will not be able to fund it independently after their third-year limitation.

No. 5, I recommend to the committee that both title III and title VII programs be administered by the area agency on aging. This agency is aware of the problems faced by the rural elderly in their areas and the amount of funding necessary to implement their programs.

Senator Domenici, on behalf of the aging personnel in district VI, I appreciate your time and attention in hearing the crucial needs of our elderly.

Senator DOMENICI. Thank you very much.

Let me tell you, with reference to home-bound meals. I think Mr. Vigil properly mentioned that we need to increase the funding

for the nutrition program. He was concerned that we ought to not take that 15 percent limit off. Let me tell you there are two approaches. One is to continue funding Meals-on-Wheels type concepts, which is home-bound delivery, within the whole nutrition for the elderly program, or separate it and have a separate funding for Meals-on-Wheels.

SUPPORTS SEPARATE FUNDING

I personally would prefer to keep nutrition funding in one package and let everyone decide on apportionment, but I really don't think we are ever going to get the proper emphasis on homebound meals to do that. I am going to support a separate Meals-on-Wheels program in the Older Americans Act so we will have the congregate section for feeding in community centers or schools, and we will have Meals-on-Wheels separately. A bill has been introduced that would greatly increase home delivery funding and treat it separately. At this point, unless something comes up to change my mind, I am going to support that concept.

Ms. AGUILAR. Will it be administered through a title VII program?

Senator DOMENICI. That is a separate issue. We will have to see. That approaches the whole issue of consolidation and who administers it statewide or locally, everybody has been addressing that today and we will just have to see what happens.

Thank you very much.

I wanted to ask you one other question. What did you mean in the second point on allocation? I didn't understand you.

Ms. AGUILAR. We depend greatly on commodities to decrease the amount of money we use on our raw food budget. This year we have received very little commodities and we finally got another allocation this month. Therefore, we have had to use more money than we had planned of our future funds. We would like for it to come on a more timely basis so that we could depend on it and so we would have enough money for our budget year.

Senator DOMENICI. I understand.

Sam, we welcome you.

STATEMENT OF SAM NORMAN, LOVINGTON, N. MEX.

Mr. NORMAN. I am Sam Norman from Lovington. Senator, one of the problems that I have come in contact with and would like to bring to your attention is unjust hospital bills being sent from private hospitals through collection agencies. I am not referring to unjust charges, but to charges that have already been made or should—already been paid or should never have been paid.

In one case, I had an elderly lady who received a bill from Llano Estacado Hospital in Hobbs, N. Mex., through a collection agency located in Albuquerque. This was in May. They informed her that her bill was past due and threatening legal action. She was on Medicaid, which gave me cause to check with the hospital on the validity of her bill. The hospital informed me that the bill had not been cleared by the computer but would clear after the first of the month, yet she was still receiving statements as late as September.

Another case involved an elderly little gentleman 81 years old, of Spanish descent, being billed for his wife's hospitalization. She had passed away in the hospital in January of this year. She had also been hospitalized under medicaid. In June, he received a bright red card from the collection agency threatening legal action on behalf of their client if it was not paid up within 72 hours. The family, very distressed over the matter, brought the notice to me for aid. Upon checking with the hospital again, they placed the fault on computer readouts and assured me it would be cleared the first of the following month, and that we should disregard the notice.

FORECLOSURE NOTICE SENT

Then, in September, he received a long, green legal sheet from the collection agency with a bill of \$1,625 and he was told if it was not paid immediately that foreclosure procedures would be taken against his home. His is a modest little house which not only represents his life savings, but his dignity and his security. Again, this notice was delivered to me by the members of his family, in a desperate search for assistance, because they were all of moderate income themselves and were in no position to offer financial aid.

When checking with the hospital, they reviewed their records and informed me that he did not owe anything to them, but, instead, he was due a refund of \$600 as the result of an overpayment by his insurance company.

Shortly after this he did receive a check for the \$600 from the hospital. A couple of days later he received a letter from the hospital telling him he must return the check to them due to another error.

The situation above did work itself out all right, but can you just visualize the devastating effects of such unnecessary and unjust acts upon our elderly.

In our cases so far we have been very fortunate, but I am sure that all of you are aware that our elderly are a very sensitive group and the shock of such harsh threats against their welfare could be fatal or permanently disabling as a result of a heart attack or a stroke.

I don't believe these problems are unique in any way because I am sure that these and similar injustices are occurring across the Nation daily. The only solution that I could recommend is to strongly urge that more legal aid be made available to the elderly, coordinated through our senior citizens.

I want to make one more closing statement here, and that is to confirm the attitude of most New Mexicans that we are very fortunate to have Senator Domenici working for us in Washington.

Senator DOMENICI. Thank you very much.

Sam, I want to say that senior citizens in Lovington are very fortunate to have you working for them. I can assure you of that.

Mr. NORMAN. Thank you, sir.

Senator DOMENICI. It is people like you that make it work. I don't have to deal with those tough problems every day like you people do. I just think it is a marvel that we keep finding people as sensitive and willing to help, and I commend you for it.

Our next witness is Olivia Reid from Hagerman.

**STATEMENT OF OLIVIA G. REID, PROJECT DIRECTOR, TITLES III
AND VII PROGRAMS, JOY CENTER, HAGERMAN, N. MEX.**

Ms. REID. Thank you, Senator Domenici. Thank you for being with us and being concerned for us.

The past 4 years, since older Americans programs have been in existence in district VI, have proven the value of services being utilized by the elderly. Older Americans programs providing services are encountering numerous transportation problems. With age and longer lives coming, we have inevitable health problems, curtailing mobility and creating a drastic need for transportation service.

District VI covers a large rural area in our State and it is one of the most deprived. It is also heavily populated by the elderly. Public transportation is not available in any of our communities. Many outlying communities do not offer services such as medical, social supporting services, adequate shopping, or recreation. Isolated rural elderly must travel to larger communities to acquire these services and tend to their business matters. Many times, these trips are lengthy, not only in distance, but time. Programs in our outlying areas provide transportation services to groups and feel the anxiety of the elderly waiting long hours for services and for one another.

The elderly who have their own mode of transportation must depend upon program services, due to rising transportation costs, which they cannot afford on their meager fixed incomes.

The older Americans programs in New Mexico are utilizing 119 vans to provide transportation to the New Mexican elderly.

Senator DOMENICI. Would you give me that statement again?

Ms. REID. In New Mexico, the older Americans programs are utilizing 119 vans or vehicles to provide transportation.

VANS TRAVEL MANY MILES

In district VI, eight programs utilize 21 vans. These vans are loaded to capacity every day. They travel numerous miles to provide services to isolated rural elderly. Van longevity is curtailed due to the deplorable conditions of some of our State and county roads and the load they must carry. Repairs are costly, replacement vans are not available in case of lengthy repairs, adequate funding is not available to maintain or to replace delapidated vans.

Vans traveling in our mountain areas are not equipped with snow-tires or four-wheel drive, due to lack of funds, thus limiting travel during hazardous conditions and confining elderly approximately 4 months of the year.

UMTA grants available for our program take approximately 1 year to process before purchases can be made. These grants require hours of paperwork to justify the need of the vans, which limits us to provide other services.

Programs not presently funded by municipalities are experiencing costly insurance rates. Chaves County programs under the Chaves County community action program paid \$7,000 for insurance last year. This year, they were able to obtain lesser rates, with stipulations limiting travel to within a 50-mile radius of the centers. They utilize

seven vans in our district. Other programs under fleet coverage paid under \$500 for each vehicle in obtaining insurance. Bids programs are finding several companies who are not eager to insure mass transportation vehicles carrying the elderly. Vans presently carrying the elderly are not adequate for the elderly. The height of the van creates a hazard in loading and unloading. Space within the van is confined and limits mobility. Wheelchair space is not available for transporting the handicapped elderly who need to get out of confinement.

Inadequate staffing curtailed the provision of services. Some vans are immobile due to lack of drivers. Field trips are limited as other services must be provided daily.

District VI programs provided 16,132 services and traveled 13,071 miles during the month of October 1977. These figures were a total from the 17 of 21 vans in four of the eight programs. Services and mileages are flexible and may be higher or lower, depending on the season.

In view of the problems we are encountering with program expansion, we would like to propose your assistance in the following areas:

No. 1, increase funding levels for titles III and VII to address transportation in the area of equipment, repairs, and replacing vehicles to accommodate the handicapped elderly.

No. 2, the possibility of the State obtaining a fleet rate for all vehicles transporting the elderly to reduce insurance costs.

No. 3, expedition of transportation grant approvals from UMTA.

Please be assured, Senator Domenici, that the elderly in our district appreciate the services that are being provided under the Older Americans Act, and they are well needed. We certainly appreciate your concern and your assistance in helping us to provide these services.

TRANSPORTATION NOT WORKING VERY WELL

Senator DOMENICI. Olivia, thank you very much.

I think she has touched on one of the most difficult programs and one of the most difficult kinds of things to provide, and that is transportation assistance for the elderly. I am not going to blow the horn of the Congress. We have tried. It isn't working very well. We have it split in two or three different places. You mentioned UMTA. That is the Urban Mass Transportation Act. It is funded in a few other places; it is a very splintered program. We understand the problems are enormous. We know that nationally everyone is having a problem with insurance, enormous problems. Coverage of these individual vans in some areas by an institution, be it community action, be it a senior citizens center that is rather independent, or even a municipally sponsored center—I don't know how we can solve it, but I am certain that we are going to direct our attention to it rather strongly in the months of January, February, and March of this coming year.

I understand that in the Meals-on-Wheels bill, which is separate and distinct, there will be some transportation ingredient that will be separate and covered, with reimbursement for drivers and money for

that type of transportation. I am hopeful that we don't put in another very structured one. Maybe they ought to be multipurpose. We might expand the number of vans and use them for a lot of other services, but purchase them under the nutrition section amendment. We will look into that.

I do greatly appreciate your testimony. It is most relevant to the problem.

With reference to the State, perhaps a blanket fleet insurance program would be feasible. I hope the senior citizens present that to the State. I don't know all of the ins and outs. We will consider some incentive which makes it more attractive if they do that. I don't know what that may be, but maybe we would pay the tab if the State has a fleet, and that would be an incentive to get them to cover them all. We will do some thinking along those lines. We need to get a more reasonable rate and not take so much out of your operating budgets just to provide the transportation.

Thank you, Ms. Reid, for your statement.

Evelyn Brown from Hobbs. Evelyn, we are glad to have you with us.

**STATEMENT OF EVELYN BROWN, DIRECTOR, HOBBS
COMMUNITY CENTER, HOBBS, N. MEX.**

Ms. BROWN. Thank you, Senator. As we all know, a senior center cannot function without heating, lighting, and air-conditioning. This, of course, would mean no nutrition program, no recreation, fellowship, and all the other services we now have for these neglected older Americans.

Let's look at some actual figures. A center in our district which operates completely on electricity showed that in 1974-75 they spent \$2,700; in 1975-76, they spent \$2,784; and in 1976-77 they spent \$3,900; and for the first 4 months in 1977 they have already spent \$1,371. So they are looking at their 1977-78 utilities to be around \$4,500. That may very well be a conservative figure.

Another center using gas and electricity can see a significant increase from 1976-77. Gas in 1976, during the 4 colder months, ran \$4,679. Gas for the first 4 months in 1977 is running about \$1,000 over last year, with the winter months still ahead of us.

The same thing is true in electricity, showing for the first 4 months an increase in 1977 of \$492 over 1976. Are costly utilities a major problem? You bet. Does this cause problems in our budget? Absolutely. Does this limit the activities and the programs at our center? Certainly it does.

Let's look at the homes of our seniors. Our project directors here today could cite any number of cases that we know about firsthand. For example, a home with cold water only, no indoor bathroom, a blind person living alone on \$142 a month, a bedfast person alone in a home, a person with the loss of legs confined to a wheelchair. Those who live alone and many, many more all suffering from cold or heat at times and not able to prepare the proper food for themselves. Many say they cannot pay lights and gas so they won't use them to prepare even a meager meal. They stay cold most of the time during the winter months.

Just the other day a blind man called for a meal. He said he didn't have any problems with electricity because he didn't use electricity except for refrigeration.

RECOMMENDATIONS

It is for these above reasons and many, many more that we could put before you today, that we strongly recommend the following actions be taken: An increase in the title III funds for utility bills; local government be encouraged to give some aid to the senior citizens for water rates, sewer rates, and garbage rates; increase social security benefits for the elderly to help offset these high rates.

Senator Domenici, we, the project directors of New Mexico's district VI greatly appreciate your time and your attention in coming here and listening to these very important and urgent needs of our older Americans.

Thank you, sir.

Senator DOMENICI. Thank you.

I think you quite appropriately started by talking about the increased costs of the centers and then moved it over into the individual person that lives in the home. I have been aware now for a couple of years, having met with about 15 or 20 senior citizens groups, that it is true that our senior citizens are hit harder by the energy costs than any other group in the country. They are principally on fixed incomes. Most of them still live in their own little place, a house of their own, and the percentage of their disposable income they must spend on energy, whether it be gas or electricity, is the highest of any age group around.

Let me tell you a couple of things that have been done. First, I think we have to really hope that, as the conferees on the tax bill in the Senate and House finish their debate on taxes under energy, if they are going to tax energy, they will give back substantial money to the senior citizen to help defray the costs of energy.

I am going to pat myself on the back a little bit on that. We did pass in the Senate, it was my amendment, it passed 88 to 2, where senior citizens will get \$75 a year rebates even if they don't pay taxes. They will get \$75. If they do pay taxes, they will pay \$75 less in taxes. It will pay a couple of months or half a couple of months utility bills. This would be for the next 5 years.

I hope we can keep that provision in the bill, especially if we are going to tax gasoline as proposed. Now, in addition, we ought to be moving along in insulating the homes of both those who can afford it and those who can't afford it. I would say to those who have enough income, there is no doubt that there will be a substantial tax credit to those who insulate. That will become law starting next year. To those who can't afford it, there is a major weatherization program. It is now about \$200 million a year, all told. It will continue at roughly that rate for the next 2 or 3 years. That won't cover everybody, but it will help many people get their homes insulated so as energy costs rise they will use less energy and will not get hit with the full brunt of the price increase.

Ms. VINSANT. There is a shortage of insulation.

GRAND AND GLORIOUS GOAL

Senator DOMENICI. Yes, you are correct. There will be some problems with insulation, but we will solve that in due course.

The other thing you must know is that our national goal is to have 90 percent of the homes in America insulated by the year 1985. That is a very, very grand and glorious goal. I don't think we will get there, but with the programs I have just described and some others, the President is absolutely correct in urging that we try to save energy as its cost goes up. Then at least we do not come out with the total out-of-pocket increase that is inevitable in terms of energy costs. If we save some each year, even if it rises you don't get hit with the total rise.

In terms of social security benefits, you raised the issue of raising the social security benefits. I think, if anything, I have prided myself on a reputation of not lying to you and not promising the Moon when we can't deliver. We are not going to be able to substantially raise social security. We did raise it substantially a few years back and we do have a cost-of-living index in it. You have already heard about the problems the fund is having keeping itself solvent. I will tell you that in the new social security bill, we did provide the following. It is the Senator Church-Domenici amendment. If inflation is in excess of 8 percent, then you will get a cost-of-living adjustment twice a year rather than once. In other words, every 6 months the dollar amount would be adjusted, which means you would not have to live through a high inflation year without getting an increase, but rather would get it each 6 months. I hope we don't have inflation that high to have to use it. The point of the amendment is, if we do have an excess of 8 percent inflation there would be a semiannual adjustment upward rather than once a year. That will be a little bit of help to a lot of people. It will amount to a substantial amount of money.

I think I have used my 3 minutes and I am going to stop.

Thank you, Ms. Brown.

Cruz Acosta. Cruz is from Eddy County and is the Eddy County nutritional program director.

We are pleased that you have joined us. It has been a pleasure knowing you over the years and working with you. I am glad that you have joined us today.

STATEMENT OF CRUZ ACOSTA, PROJECT DIRECTOR, EDDY COUNTY COMMUNITY ACTION SENIOR CITIZENS NUTRITIONAL PROGRAM, ARTESIA, N. MEX.

Mr. ACOSTA. Thank you, Senator. On behalf of Raul and myself, we appreciate your being involved in these hearings.

The needs of the elderly in Eddy County deal mostly with insulation and many obstacles that have existed for many years and have affected the lives of low-income elderly, especially those of the minority groups. Therefore, we have listed several recommendations that will be quite helpful in meeting some of the greatest needs of the elderly in the rural areas.

No. 1, we need Federal funds for community development and revenue sharing money for the purpose of constructing and equipping senior citizens centers in the low-income areas in Eddy County; a permanent place where programs for the elderly can be held without problems, a place where equipment and crafts and other belongings will not be bothered by anybody else, a place where the elderly themselves can go and consider their second home.

At the present time, the church halls that we have are being utilized by other groups, and this limits the use at the center in many ways.

No. 2, transportation. We need more funds to purchase and operate vehicles to transport senior citizens to meal sites and other designated areas where the elderly can receive other services. Presently, our transportation is limited to where we are providing transportation to a limited amount of elderly in need of this service. Also, vehicle insurance costs that we presently have, we have the same problems that Chaves County has.

FOOD STAMPS TOO COSTLY

No. 3, food stamps. Food stamps should be given to low-income elderly at no cost. Many of the low-income elderly do not buy food stamps at the present time because they are too high in cost and they do not receive much in return. An example is a senior citizen receiving approximately \$138 per month from SSI, allowed \$40 for food stamps, he would have to pay \$38 to receive \$10 free. His rent is about \$40 per month. His utilities run approximately \$20 per month, leaving him \$40 to pay for his clothing, utilities, medicine not covered by medicaid, and a 25-cent fee for prescriptions billed to medicaid, plus other expenses.

Also, if the elderly person receives an increase in social security benefits, his food stamps also increase and so does his rent if he lives in a low-income housing unit.

No. 4, more funds are needed to assist the very low-income elderly in paying their utility bills on a year-around basis. Priority of the need should be based on income. This would insure that the elderly would receive the assistance needed.

No. 5, housing. Grants are needed to build homes for the very low-income elderly who live in substandard housing throughout the county. I have contacted the local FHA office and there is no funding available in the 504 forms. We don't have it in Chaves and we don't have it in Eddy either, if I am correct.

ONSITE MEDICAL SERVICES

At the present time, the elderly have no medical facilities available to them if they live in Loving. We need sufficient funds to open a title VII nutrition program in the rural communities. Then we can evaluate the problem by having the health department provide onsite medical services in the rural and isolated areas.

No. 7, employment. We need jobs for low-income elderly that will not affect their present benefits. We need to increase the earnings

limitation from \$3,000 to \$6,000, or even better yet, no limitations whatsoever.

Senator, I appreciate your letting me speak here. Before I close, Senator, I would like to thank you in Spanish.

Senator DOMENICI. Mr. Salcido has come down from their community center in Eddy. With your permission, he would like to say a few words in Spanish.

Mr. SALCIDO. Habla como quiera. [Mr. Salcido continued to speak in Spanish.]

Senator DOMENICI. Thank you.

I will be his interpreter, if that is all right. Mr. Salcido said that it gave him great pleasure to see me sitting where I was dispensing the information that I am giving out to senior citizens. He thanked me for my past efforts in their behalf. He also said that he hoped I would continue to be concerned about the poor people that live in his area and others in the State of New Mexico.

Thank you very much.

I am very fortunate. I do speak Spanish and Italian. Some people ask me how and where I learned it. I think I just inherited it. I really never studied it, but it is nice to be able to speak in more than one language.

Thank you, Mr. Acosta, and Mr. Salcido.

Our last witness is Beatrice Blocker. She is the AAA advisory board chairperson from Artesia.

STATEMENT OF BEATRICE BLOCKER, CHAIRPERSON, AREA AGENCY ON AGING ADVISORY BOARD, ARTESIA, N. MEX.

Mrs. BLOCKER. Thank you, Senator.

I am sure that everyone within your hearing today is saying thank you for coming to us and for listening and informing us at times and for your concern and effort and the improvements that have been outstanding for the older Americans over a period of years now. We appreciate this, the older Americans in New Mexico. We really appreciate what you do for us.

Before summing up the highlights of this panel, this panel was composed of directors in the field and on the job. They are working and they come in contact with all of these problems that we have been discussing. There is one thought that wasn't mentioned that I would like to throw in here before this brief summary. That is, only one person today mentioned the thought of the loneliness. We must admit that loneliness has problems. When it sets in, it becomes an illness. A person becomes ill. So loneliness is a killer. Associations are needed by everyone. Living alone requires a lot of work just to live. Too many older Americans are left alone, without funds, without family, and often without friends. So loneliness on very good authority is said to be the prime killer in our society. Therefore, every get together, every contact is so important to the older Americans. Just to know that someone cares. In this entire program, every contact means something. You should see the light that lights up their eyes just from a small contact.

It seems to me that this is very much what it is all about.

TRAINING NEEDED

Now, picking out just the highlights of what this panel has said, beginning with Artesia, it was pointed out that training of center staff is in dire need. This would insure a more harmonious and efficient operation.

Second, volunteers. Federal money would be meaningful to tap the excellent resource material that is available to our programs by the volunteers.

Third, staffing. The training and volunteers are united in their cause. They need serious consideration to help them to continue to expand the older Americans program.

The Hobbs panelist said there should be an increase in title III funds for use for the utility rates. That is very critical.

Second, that the local government be encouraged to give some aid to senior citizens on water rates, sewer rates, and garbage rates. I believe that the Senator mentioned there would be some relief there, an increase in social security benefits for the elderly to offset high rates. He told us it was not going to be perhaps.

The Hagerman director said to increase funding levels for title III and title VII to address transportation in the area of equipment repairs, replacing vehicles to accommodate the handicapped elderly. The possibility of the State obtaining a fleet rate for all vehicles transporting the elderly to reduce insurance costs. I think they will find that in some of the municipalities the vehicles are in the fleet of the city or municipality.

Lastly, the expedition of transportation grants approval from UMTA.

Senator DOMENICI. Maybe we ought to do away with it and start over on UMTA. What do you think? It seems to me that maybe it is not working at all. Maybe we ought to just start over.

How much help have we received from UMTA vans in New Mexico? Does anybody know?

Mr. VIGIL. 118 so far, Senator.

Senator DOMENICI. Those are all UMTA provided?

Mr. VIGIL. Yes.

Mr. MENDEZ. We have got four in our district of the 21.

Senator DOMENICI. Maybe Mr. Vigil knows. I would think some of those might be from another source of money.

Mr. VIGIL. Yes, you are right. The figure I quoted you was wrong. I don't have the figure with me, but it is somewhere in the neighborhood of about 40 or 50.

Senator DOMENICI. Right.

LEGAL AID THROUGH SENIOR CENTERS

Mrs. BLOCKER. The Lovington director says that he strongly urges and recommends that more legal aid be made available to the elderly and coordinated through the senior centers. They are really the ones who go out and come in contact with these people.

The Carlsbad coordinator said senior citizens facilities should receive Federal earmarked funds from the many available resources

to local units of government. Food stamps should be given to the low income elderly at no cost. Crisis intervention, more funds are needed to assist the very low income elderly in paying their utility bills on a year-around basis. Employment, we need job openings for the elderly so it will not affect their social security benefits.

The Alamogordo director says there should be an increase in funding in title VII appropriations for the home delivered meals and that timely distribution of USDA commodities, should be on time and not keep them waiting, and that there should be an increase in Federal funds for purchasing and updating the worn out equipment. There should also be elimination of the 3-year provision of title III regulations and recommends that both title VII and title III be administered by the area agency on aging.

That completes the high points by this panel. We thank you for listening, Senator Domenici.

Senator DOMENICI. Let me tell you something about food stamps for the elderly. I am talking only about the elderly. I don't think I get more complaints from New Mexicans than I do from people who watch a very old person go to the State office to apply for food stamps. The complaints are that people that are young and can work get the food stamps, and get a lot of them, and get them very easy, and that the people who have trouble and are harassed and have to fill out forms all the time that they don't understand are the old people. That is a tremendous attitude. That is not coming from old people. That is coming from housewives, middle-aged men, who see them or go there with their old relatives and see the situation where a lot of young people can get food stamps more and easier than old people. Now, we have got to change that. A lot of it is administrative, a big mess. We did change the law. I can't tell you when it will come in, but shortly. It is just a matter of getting the rules ready and get them out here. We have changed the law to eliminate the purchase requirement for food stamps for the elderly who are poor. That means if they qualify, they don't have to put up so many dollars to get so many stamps. That is only for the old people. That is the new law that passed in Congress about 2 or 3 months ago. We ought to see some relief for people who come in contact with this and are having all these problems of qualifying and then every 2 or 3 months have to fill out another form and pay \$10 more to get \$5 worth of stamps. That should all be gone. The poverty level for eligibility is going to be \$2,470, which means no money need be given for the stamps that you are entitled to if you are in that category.

EMBARRASSING SITUATION

I hope you will monitor that with us. If it isn't being worked right, we are going to get a letter off to Fernando and others and see when it is coming in. It isn't in existence anywhere yet, but it is the law now, and we are waiting to get it into the books that everybody will have to follow. I hope we get that and we won't be so embarrassed for our country to see old people having more trouble getting food stamps than young people. I think that has got to be one of the worst situa-

tions that you can see anywhere in our social structure in the United States.

Ms. BROWN. Senator, what is the age on the older Americans?

Senator DOMENICI. Perhaps one of the staffers can tell me. I don't remember.

Ms. KILMER. It is 60, Senator, but it is for all participants.

Senator DOMENICI. So it would be all, and that would mean that if they qualify as elderly they qualify if they are one year too young. OK, fine. All right. Before we take some questions, let me tell you something. I don't know how many of you get the magazine called Newsweek. I don't read it very often. You know, we are here today talking about the old people, but in the last issue of Newsweek there is a whole series of maybe 10 pages about the young people in the country. We have had a lot said about the old people here today, but this was, to me, one of the most refreshing articles I have ever read. The reporters went across our country and talked to our young people of 16, 17, 18, and 19. They reported that our young people are really changing from 15 years ago when we were so worried about them not caring about anyone, that they didn't love their country, that they didn't have any values about family and loving their mothers and fathers and doing things for others. If this is true, and I believe it is, it shows that the good examples of the old people are rubbing off on the young people. It shows that the young leaders in our schools in this country are doing things to make us proud of them. They are taking positions in terms of young people doing good things for their community instead of being rabble-rousers and dope addicts. They are taking those with problems in and helping them.

Most of this is coming about because they have decided to do some things for other people, whether it is their city or a group of old people in their town, or whether it is for something their city needs. That is really at the heart of a good society when everybody is concerned about their family and themselves and have enough time and energy left over to do something for someone else.

YOUNG LEADERS PRAISED

I recommend it to you because it ought to make our old people very proud if these changes are really occurring in the young people of this country. I wish I could read you some of the things the young leaders have been saying across this country. It is really an exciting article.

Ms. PARRY. Senator Domenici, did you know the student council of the State of New Mexico voted as a service project for 1977 the senior citizens of the State of New Mexico?

Senator DOMENICI. Isn't that tremendous.

We will take a few questions. I thank the last panel. Why don't you just stay there while we have some questions.

Yes, sir.

Mr. TINKER. Mine is not a question, it is a suggestion.

Senator DOMENICI. Please.

Mr. TINKER. I am a concerned senior citizen. I am real proud of you because you have done a real good job.

Senator DOMENICI. Thank you very much.

Mr. TINKER. But there are two things about social security that I would like to see corrected. There are people that are making millions of dollars and they draw social security. The rich people don't need it. The social security problem is serious, we all know that. Here you have these people that don't need the money taking it. If you are going to make some new laws in social security, you should cut these people off. I know, personally, people who are getting thousands of dollars a month and are drawing social security when they don't need it. That is No. 1, cut off the rich people.

No. 2, when a woman remarries, she loses her social security, a man doesn't.

Those are my two points. Do you follow me?

Senator DOMENICI. Yes, sir. I'm just trying to find out if we corrected the second one in the new legislation, but I don't remember.

We need to get your name and address so we can communicate with you.

Mr. TINKER. You have it. I contribute to you all of the time.

Senator DOMENICI. I understand. I don't know that we have to elaborate on what he is suggesting, but let me just take a couple of minutes on this issue of the rich people on welfare.

First of all, we have to solve the problem of the spouse that remarries and loses her social security. She has earned it, she should have it.

SOCIAL SECURITY MUST BE EARNED

Concerning the rich getting social security or not, let me caution you that we have got to be a little bit careful. First of all, the social security program has no needs test. If you earned it by paying into it, nobody asks you how much you are worth. You earned it. It is because you paid it in there. What is rich and what is not rich? You used people that are millionaires, but how many are there of those? Is somebody who makes \$25,000 in retirement because that lady's husband had a business for 40 years and paid social security, are they too rich to get social security or not? I don't really think that is what is bankrupting social security at all. I think there are two things causing it. First, the change in the number of workers versus the number of retired people. Second, in 1972, when the funds were very, very solvent, we increased everyone across the board 20 percent.

We were told by the best experts that we could afford it. We did it. Now it looks like it should have been 16 percent because what happened was, not enough money came in to take care of the increase and the fund went down.

Third, the fund that is worst off financially is the disability fund. We have never been able to estimate properly how many people were going to be disabled and get social security and that is way off kilter in terms of how much is needed versus how much is going out.

I want to close by telling you this. Our good Social Security Director from here said some of you are worried about whether your fund is solvent, are you going to keep getting your checks. I am not going to give you a big speech about it, but just don't worry about it.

It is worked out. It may not be what everybody likes, but by January 15, February 1, or thereabouts it will be finished and it will be taken care of for the next 10, 15 years. That doesn't mean we won't make changes. We will have changed the rate of collection so that it will be solvent and you will get your checks. The bigger thing we have to worry about is the young people who are going to be paying a lot of money into the fund. They are beginning to get worried not about you, but about them. You see, they are not going to be eligible yet. They are worried about paying 8½ percent of their earnings into that fund, and whether it will be there when they turn 65.

We have to work on that to make sure the younger people understand. We have to have the system set up right if they are going to pay that much. The funds must be there for them just like they are for you. We have to make sure that people don't drop out of that system. We have to work it so the cities stay in and don't get out, so that the State workers stay in, so that the hospitals with all their workers stay in. If they get worried and it is too expensive, we may lose another couple of million people who will get out of the fund and set up their own system, making it harder for those who are in social security.

Let me close. I will say this, if there is anyone with a specific problem, we have a couple of staff people here; a couple from the committee, and a couple from the Roswell office. They will try to take care of your specific problems.

In the meantime, I will get a bite to eat and we are going to meet with the ranchers and sheepmen about grazing fees for a couple of hours.

I want to thank all of the participants, all the panelists, for what I must tell you is as good a job of presenting the facts as anyone presents in Washington. It was tremendous. We learned a lot and we appreciate it.

To all of you who came, thank you.

[Whereupon, at 2 p.m., the hearing was adjourned.]

APPENDICES

Appendix 1

MATERIAL SUPPLIED BY INDIVIDUALS AND ORGANIZATIONS

ITEM 1. LETTER FROM CHARLES W. WELLS,¹ DIRECTOR, CHAVES COUNTY RETIRED SENIOR VOLUNTEER PROGRAM, ROSWELL, N. MEX., TO SENATOR PETE V. DOMENICI, DATED NOVEMBER 30, 1977

DEAR SENATOR DOMENICI: This form is being used to convey to you some additional thoughts I have had on the matter of whether RSVP might be better off under the new version of the Older Americans Act, or remain where it is now as part A, title II of the Domestic Volunteer Service Act of 1973. It is true that there would be valid points on both sides of the argument, as I said in my response to your question on the record during the November 18, 1977, hearing in Roswell.

After weighing both sides of the issue, I feel it would be a benefit to the RSVP to leave it under the Domestic Volunteer Service Act of 1973. I also feel it will be necessary to increase the level of funding to provide "cost of living" increases in existing budgets, and to allow modest increases in the numbers of RSVP and foster grandparent programs included in the nationwide scheduling. Both programs have excellent track records, and should be expanded, as they are most effective.

On the other hand, I do not feel that a volunteer program, such as RSVP, should be included under the act which provides funding for multipurpose centers and for the nutrition projects, which come under the Older Americans Act. This act, it seems to me, would better include the furnishing of services to the elderly, leaving the field of volunteerism to the act which specializes in that particular endeavor.

I hope this will serve to clarify the position which I stated on the record during the Roswell hearing. It is also my hope that the other hearings in New Mexico were as successful as the Roswell hearing seemed to be from our standpoint.

Sincerely,

CHARLES W. WELLS.

ITEM 2. LETTER AND ENCLOSURE FROM GEORGE B. OWEN,² CHAIRMAN, RSVP ADVISORY BOARD, CHAVES COUNTY RSVP PROGRAM, ROSWELL, N. MEX., TO MERLE TUCKER, PRESIDENT, ROSWELL CHAMBER OF DEVELOPMENT AND COMMERCE, DATED NOVEMBER 1, 1977; SUBMITTED BY CHARLES W. WELLS

DEAR MR. TUCKER: The attached report was prepared at the direction of the advisory board of the Chaves County retired senior volunteer program by a committee appointed by me at the conclusion of the first half of the third year of operation of the program. The committee was composed of Joseph Kropka, chairman, and members Rex Brown and Sid Abrams.

¹ See statement, page 915.

² See statement, page 921.

Chairman Kropka was directed to assess the success of the RSVP operations from the standpoint of the volunteers and the volunteer stations in developing his complete report for the year's evaluation. In addition to the report itself, you will also find attached some of the comments made by volunteers on the quarterly hour report forms, and some of the letters from volunteer stations received in the RSVP office.¹

I hope the RCDC board members find the enclosed material interesting and beneficial in their evaluation of the work being done by RSVP under the sponsorship of the RCDC.

Sincerely,

GEORGE B. OWEN.

[Enclosure.]

VOLUNTEER INTERVIEWS AND ASSESSMENT REVIEW

On September 22 and 23, Rex Brown and myself interviewed 22 members of RSVP.

The purpose of the interview was to explore what we have done so far, and what we propose to do in the future in our RSVP movement.

We also wanted to see if the members of RSVP had grievances and if we can eliminate same to make our RSVP a better organization.

Our community has a broad appeal as a place to live and work for many retirees and other people from all over the Nation. Why? Because many retirees feel that they can alleviate human poverty and the social and environmental ills that face many of their neighbors and friends of Roswell by working as community volunteers.

With many varieties of backgrounds, these volunteers do many a service which could not be gotten if they did not sacrifice some of their time to do these projects to help their fellow beings.

It is never too soon to do a kindness, for one does not know how soon it will be too late.

It would be great if we could bridge the ethnic group, so that Roswell and Chaves County would be a more closely knit family, able to meet other types of problems with united volunteer programs for the elderly.

The volunteers that we talked to were greatly pleased with their new project "Roswell Home Delivered Meals." Charley Wells did a fine job of getting the project off the ground and moving at an accelerated pace.

In the month of August 1977, a total of 416 meals were served to many needy people who would not have had such service if RSVP did not establish it.

Charley Wells does a fine job of getting a new idea started. He reminds me of an educated person who can entertain himself, entertain another, and still entertain a new idea.

The "crime prevention program" was also brought forth by some volunteer, and another new program that was brought forth pertains to "part-time employment by retirees." The time and place of this service is now being layed out by RSVP volunteers.

We had seven ladies from the JOY Center. This is from the JOY Senior Center on East Alameda. The remarks made by them indicate that they like the idea of serving 170 meals a day but they would like to move from the present place to a larger area where they could serve the elderly more efficiently.

RSVP marches on. New idea, new people, new environments. Charley Wells as coach, places the ideas and the people into their respective positions. This reminds me of an old saying; "The world is full of givers, and paradoxical as it may seem, in the final count, they will be richest of all."

ITEM 3. STATEMENT OF ALICE MARTINEZ, EDDY COUNTY COMMUNITY ACTION CORPORATION, SUBMITTED BY GUADALUPE MENDEZ²

My name is Alice Martinez, I represent the ECCAC nutritional project council for Eddy County. We as participants and eligible senior citizens would like to express our needs in the area of health.

¹ Retained in committee files.

² See statement, page 913.

Adequate health and medical services are needed for the elderly of Eddy County, just to mention a few :

- (1) Eyeglasses—lower rates on glasses and eye examinations.
- (2) Dental care—dentures.
- (3) Hearing aids and examinations.
- (4) Lower prescription rates on all medication.
- (5) Bilingual representative from the Social Security Office assigned to the senior citizens meal sites at least twice a month. Someone that can explain medical and all benefits under social security, in both languages, Spanish and English.
- (6) County health department nurses need to come to the meal sites at least once a week or every 2 weeks, to give health checkups and inform us what their department has available.

As far as eyeglasses and dental care, we have medicare which does not cover none of this, unless a person has to go to the hospital. Doctor's visits and prescriptions, we have to pay. Some doctors will take the time to fill out some of the medicare forms, but the majority won't do it.

Hearing aids, we have a representative coming in once a month from Roswell. So, if a person can't make it that certain day because of illness or any other reason, they have to wait until the following month. I ask you: Is this adequate medical care?

As for prescriptions, some of us are diabetics, suffer from high blood or low blood pressure, etc. We require certain medications and checkups once a month. This means that we are taking about three or four different kinds of medications, which is pretty high for us considering our fixed incomes. Sometimes we pay for a prescription and the following month the doctor decides to change the medication, so we run into financial difficulties again.

At this critical time we are forced to eliminate our other needs by having to make an individual sacrifice in deciding whether to pay the high cost of heating fuel, other utilities, rent, food or food stamps, clothing in order to buy necessary medication for our survival.

As far as social security, we are requesting that the Social Security Administration send bilingual representatives that will be situated at the meal sites at least twice a month on a scheduled basis. We need someone who knows social security policies who can better explain in both English and Spanish the benefits that we are eligible for and our rights to claim these benefits. Besides the language problem, we lack transportation or someone who can interpret for us. And most importantly, we as senior citizens need special individual attention since we cannot stand or sit for a long duration of time.

We are also requesting that the county health department send nurses to our centers on a scheduled basis at least once a week or once every 2 weeks to take blood pressures and other checkups and at the same time followup on the findings of our needs.

Another area of concern in the health needs of the elderly women who are past child-bearing age, there are no means for a woman to get a Pap smear which should be done on an annual basis. Family planning programs in the area only provide this service to women of child-bearing age, but this does not mean that an older person does not need it.

Last but not least, is another problem that we are faced with, this is high costs of funerals. . . . If we are on social security, the social security will pay a very small portion of the costs, and funeral expenses are very high, and if you are on welfare then they might pay an even smaller sum. Isn't it terrible, here we struggle to live but yet cannot even think of dying in peace without leaving a burden on our loved ones.

On behalf of the title VII nutritional program participants and the Carlsbad title III program, we wish to express our appreciation to all panel members for giving us the privilege of addressing our needs in the area of Health.

Thank you.

ITEM 4. STATEMENT OF CLAUDIO SAPIEN, EDDY COUNTY COMMUNITY ACTION SENIOR CITIZENS NUTRITIONAL PROGRAM, SUBMITTED BY GUADALUPE MENDEZ

The Eddy County Community Action Corporation senior citizens project advisory council would like to request a waiver on eligibility requirements under title V. Our program has a 1-year lease with three Catholic churches in Eddy County to house the title VII nutritional programs, and it is rather impossible for us to obtain a 10-year lease as is presently required for eligibility of funding under title V.

We fully understand that the areawide council is not authorized to approve such a waiver, but your recommendation to the New Mexico Commission on Aging would have influence in the approval of this waiver.

A waiver is being requested due to the fact that we feel it is unfortunate for the rural isolated elderly poor, without any type of services, to have to go without because of an eligibility factor established in Washington. We are referring to the rural community of Loving, where approximately 100 elderly poor reside. Presently they have no services available to them, they have to travel 12 miles into Carlsbad to request any type of assistance.

We anticipate alleviating many of these existing problems by establishing a senior citizens center. Therefore, this is why we are in need of title V funds to help equip and renovate this much needed center.

Hopefully, the areawide council will act favorably upon this request.

Thank you for your attention and cooperation.

ITEM 5. LETTER AND ENCLOSURES FROM DORIS WHITING,¹ MANAGER, RETIREMENT SERVICES DIVISION, CHAMBER OF COMMERCE, ROSWELL, N. MEX., TO SENATOR PETE V. DOMENICI, DATED NOVEMBER 15, 1977

DEAR SENATOR DOMENICI: Thank you for your invitation to appear at the hearings in Roswell, N. Mex., on November 18, 1977, concerning the reauthorization of the Older Americans Act, particularly the special problems of the elderly who live in rural areas.

Attached you will find my testimony in the areas of housing and nursing home needs in our community. As manager of the retirement services division of RCDC, the problems of the elderly are of special interest and we hope the attached reports will help in some way to alleviate their difficulties in coping with today's inflated economy.

Sincerely,

DORIS WHITING.

[Enclosures.]

HOUSING AND NURSING HOME NEEDS FOR SENIOR CITIZENS, ROSWELL, N. MEX.

Senior citizens, particularly those living in the northeastern and midwestern States, where severe winters have greatly increased energy costs; and in California, where real estate taxes have soared, are encountering major difficulties in living on reduced and/or fixed budgets. Therefore, New Mexico, with its milder winters and comparatively lower real estate taxes is becoming extremely popular as a place for retirement living.

Roswell, N. Mex., recent history is familiar to everyone in the area—when in 1967 Walker Air Force Base closed and the town's economy plummeted. Homes by the thousands were left vacant. A vigorous national advertising campaign was begun and still continues, encouraging retirees to investigate Roswell as a place for retirement. Each year, since 1969, retirees moving to our town have brought incomes equal to an industry with a payroll that averages over \$3,000,000 (see attached report, exhibit "A"). Their combined income is approximately \$30,000,000 per year, and has been a great factor in the rebuilding of Roswell's now healthy economy.

¹ See statement, page 922.

An analysis of the 1977-78 city budget, pro-rating various city expenditures, gives the following result: Retirees pay into the city more than twice their costs to the city. This conservative analysis does not consider such items as school taxes where retirees pay assessments on their properties for Roswell school operations, although they send almost no children into the schools. (See attached analysis, exhibit "B").

This year, we are faced with a housing shortage for senior citizens who are looking for moderately priced apartments and houses, because most of them are now living on reduced and/or fixed incomes. Many retirees no longer wish to maintain a home; they prefer the security and freedom of apartment living.

At the retirement services division of RCDC, we receive from 250 to 675 inquiries a month, and at least 25 percent request information on rental property, either for permanent occupancy, or as temporary quarters while they get acquainted with the town and decide where they want to buy a home.

The homes which are rented at the old air base, now called Roswell Industrial Air Center (RIAC), owned by the Air Force and operated under the Roswell Housing Authority, have reasonable rental rates (these are not federally subsidized). However, GSA is planning on selling the housing area to a private firm or individual, at which time we anticipate the rents would be raised more than the recent 40 percent increase. 250 of the 800 houses at RIAC have been boarded up since the closing of the base. These is an extensive waiting list of retirees for the 2-bedroom units, the most popular with senior citizens.

A group of businessmen and church representatives belonging to the Roswell Association for Senior Housing, Inc., has been trying unsuccessfully to interest either a private or nonprofit organization in building apartments for senior citizens. However, current inflated building costs and lending rates are deterrent factors forming almost prohibitive barriers in constructing apartments with low or moderate rental rates, within the means of a majority of retirees. A specific example is the problem being faced by the Portales, N. Mex., Retirement Housing Corporation, who are also submitting written testimony at these hearings.

Roswell, N. Mex., has not been successful in attracting a nonprofit organization to build apartments, mainly because New Mexico's property tax laws are very strict and will not allow any tax exemptions for this type of property. Originally, it was felt by our legislators that too few of the population would benefit from this type of exemption, however we believe that research would now prove the economic benefits from retirees would far outweigh any loss from tax exemption of this type. We suggest that if possible, the Older Americans Act could provide guidelines for States in giving tax benefits for apartments or housing areas for senior citizens, which would be built by and maintained by nonprofit organizations, such as Arizona's laws (copy attached, exhibit "C").

Roswell has a serious shortage of nursing homes for retired and senior citizens. We have three nursing homes with a total of 99 beds, which are always fully occupied. Only one of these homes has a full-time nurse on duty, and it has a waiting list of at least 6 months.

At present, Roswell has approximately 6,000 retirees and their number grows daily. It is imperative that we assume the responsibilities that go along with senior citizens living in a community, particularly in the areas of better health care and low to moderately priced housing.

We also strongly urge, in the reauthorization of the Older Americans Act, that the Federal Government provide compensating legislation in tax benefits and other areas, for senior citizens who are finding it more and more difficult to maintain a reasonable standard of living in our inflated economy.

EXHIBIT "A"

RCDC RETIREMENT SERVICES DIVISION

Progress Report
July 1977

In February, 1974, the Retirement Division of RCDC completed a mail survey of the average yearly income of retiree families who had settled in Roswell.

Based on that survey, which determined that each family had an average income of approximately \$9,300 per year, it is evident that since 1969, the number of retirees moving into Roswell has equaled an industry with a payroll that ranged from \$1,900,000 the first year; to \$5,240,000 in 1973, the peak year; to over \$3,000,000 last year, as illustrated in the following table:

<u>Year</u>	<u>No. of Retiree Families</u>	<u>Income</u>
1969	204	\$1,897,016
1970	277	2,577,208
1971	517	4,810,168
1972	523	4,865,992
1973	563	5,238,152
1974	512	4,563,648
1975	385	3,582,020
1976	334	3,098,536 (\$30,000,000 total yearly income)

There is a need for more moderately priced houses and rentals. We are attracting approximately the same number of people who are visiting this year as compared to last, however, the number of rentals is slowly decreasing because the two senior citizen apartment complexes rarely have vacancies and there is a waiting list for the housing at the old Walker Air Force Base, now called Roswell Industrial Air Center, RIAC).

EXHIBIT "B"

Analysis of Retiree Costs to Roswell based on Roswell City budget, 1977-78.
 (Compiled in June 1977 by Harvey Wilke, professor of civil engineering
 at Purdue University for 27 years, now retired to Roswell, NM).

COSTS (Retiree cost to Roswell)

GENERAL FUND	\$ 251,636	x	*75%	x	** 12%	=	\$ 22,647
FIRE DEPT.	741,009	x	"	"	"	=	66,691
POLICE	1,116,952	x	"	x	*** 9%	=	75,394
SUNDRY	601,433	x	"	x	12%	=	54,129
STREETS	515,161	x	"	x	"	=	46,364
PARKS	282,088	x	"	x	"	=	25,388
GARAGE	44,866	x	"	x	"	=	4,038
CAPITAL INV.	173,675	x	"	x	"	=	15,630
ADULT REC. CENTERS	(full budget)		even tho it is used				
	by all ages						20,675
Sanitation, Water, Sewer, Golf	(self-sustaining)						0

TOTAL \$ 330,956

- * 75%: based on estimate of city budget that 25% represents the business, commercial & industrial functions, 75% is the residential population.
 **12%: represents approximate percentage of retirees to total population.
 ***9%: retiree cost to city estimated somewhat less than average for police expense.

INCOME FROM RETIREES

SALES TAXES	\$2,858,000	x	18%	(based on 1½ times total citizenry made up of adults, babies, small children. Retirees definitely represent a larger than average group of spenders.)	\$ 514,440
MISCELLANEOUS	\$ 623,560	x	12%	(selected items such as motor vehicle licences, gas permits, dog tags, etc. where retirees have input.)	73,507

R.S.V.P. (Retired senior volunteer program - services to youth centers, hospitals, Roswell schools, N.M.M.I, etc.)

107,198

TOTAL \$ 695,145

Income \$ 695,145 = 2.10 ***R
 Costs 330,956

****SUMMARY: Retirees pay into the city more than twice their costs to the city.

EXHIBIT "C"

EXCERPT FROM ARIZONA LAWS

ARTICLE 3. EXEMPTIONS

SEC. 42-271. Property subject to taxation; exemptions

All property in the state shall be subject to taxation, except:

1. Federal, state, county and municipal property.
2. Public debts as evidenced by the bonds of this state, counties, municipalities, or other subdivisions thereof.
3. Public libraries, colleges, schoolhouses, and other buildings used for education, with their furniture, libraries and equipment, and the lands appurtenant thereto and used therewith, as long as they are used for the purpose of education and not used or held for profit, but when such property is private property from which a rent or valuable consideration is received for its use it shall be taxed as other property.
4. Hospitals, asylums, poor houses and other charitable institutions for relief of the indigent or afflicted, and the lands appurtenant thereto, with their fixtures and equipment, not used or held for profit.
5. Grounds and buildings belonging to agricultural societies, as long as they are used for those purposes only, and not used or held for profit.
6. Churches and other buildings used for religious worship, with their furniture and equipment, and the land and improvements appurtenant thereto and used therewith, provided rent is not paid for such land or improvements, and as long as the property is not used or held for profit.
7. Cemeteries and graveyards set apart and used for interring the dead, except such portions thereof as are used or held for profit.
8. The property of widows, widowers, honorably discharged veterans, members of revenue marine service and military nurses, residents of this state, not exceeding the amount of two thousand dollars, where the total assessment of such person does not exceed five thousand dollars, but no exemption shall be allowed to such persons other than widows and widowers unless they have served at least sixty days in the military or naval service of the United States during time of war, and have been residents of this state prior to September 1, 1945.
9. Observatories maintained for astronomical research and education for the public welfare, together with all property used in the work or maintenance thereof, including property held in trust therefor, as long as the observatories and other property are used for such purposes only and not used or held for profit. As amended Laws 1973, Ch. 172, § 105.
10. Property used for operation of a health care institution which provides medical services, nursing services or health related services to handicapped persons or persons sixty-two years of age or older, and which is not used or held for profit.
11. Property used for the operation of a residential apartment housing facility which is not used or held for profit and is structured to the care or housing of handicapped persons or persons sixty-two years of age or older, and for which a subsidy or payment is given by federal, state or local government or by nonprofit organizations in a substantial amount in relation either to the amount given or to the total annual operating expenses to pay for principal, interest and operating expenses provided such nonprofit organizations are not created or operated for the primary purpose of providing such subsidy or payment.
12. Property of other charitable institutions for relief of the indigent or afflicted, including the lands appurtenant thereto, with their fixtures and equipment, and other reasonably required property, so long as such institutions and their property are not held or used for profit and any income therefrom is used exclusively for the relief of the indigent or afflicted and necessary and reasonable operating expenses.
13. The exceptions contained in this section relating to charitable institutions do not apply to property owned by charitable institutions but primarily held or used by others whose use is not excerpted from taxation by this section.
14. Grounds and buildings belonging to societies for the prevention of cruelty to animals and for sheltering, caring for an controlling animals, as long as used for those purposes only and not used or held for profit. As amended Laws 1973, Ch. 172, § 105; Laws 1975, Ch. 25, § 1, eff. May 12, 1975; Laws 1975, Ch. 170, § 1, Laws 1976, Ch. 180, § 1.

ITEM 6. LETTER AND ENCLOSURE FROM STUART E. WHITCOMB,¹
PRESIDENT, HI NEIGHBOR, ROSWELL, N. MEX.

DEAR SENATOR DOMENICI: It was a pleasure for me to be permitted to present testimony at the hearing of the U.S. Senate Special Committee on Aging held in Roswell on November 18, 1977.

At the hearing you asked that I secure more specific information about the legal needs and problems of the indigent elderly. I have consulted with two staff lawyers of the Roswell offices of the Southern New Mexico Legal Services and with their help, have learned that my original testimony oversimplified the situation. I hope that the enclosed material is more precise.

Legal assistance for the indigent is supported by several agencies but primarily by the Legal Services Corporation. The eligibility of a client for this aid is not dependent on the client's age. Thus, I am not sure that the legal assistance provided for the elderly is the direct responsibility of the Committee on Aging.

The local agencies providing free legal assistance can give aid to a family whose monthly income is less than \$385, although they are given some discretion to allow for medical expenses. In view of the fixed income of most older Americans and the lack of employment opportunities for supplementing this income, this limit is quite low. In reviewing this situation, I am sure that the Committee on Aging will consider the fixed income of most older Americans and will seek ways of increasing the income which a family may receive and still be eligible for free legal assistance.

I am sure that in other committee hearing, as in the hearing at Roswell, the attention of the committee was called to the plight of retirees whose income is above that specified as the poverty level. Additional assistance is needed for medical care, nursing care and housing. Legal assistance must be added to this list.

There are two ways in which this additional aid should be provided:

(1) An increase in the upper income limit placed on those eligible for free legal assistance. This upper limit should be increased by at least 50 percent. Such a change would require a restatement of the guidelines in the enabling legislation which provides for the Legal Services Corporation.

(2) The development of a mechanism by which senior citizens whose monthly income is above the poverty limit but below, say, twice that limit may receive financial assistance in paying lawyer fees. This assistance should be on a sliding scale ranging from a maximum for those just above the poverty level to a minimum for those just below the established upper limit for assistance.

I hope that the information on the attached pages, which was provided by the Southern New Mexico Legal Services staff, will be of assistance to you. The recommendations stated above represent my conclusions and are not put forth by the Legal Services staff, but I hope that they will point directions for needed improvements in the assistance available to elder Americans.

Very truly yours,

STUART E. WHITCOMB.

[Enclosure.]

LEGAL SERVICES FOR INDIGENT SENIOR CITIZENS

(A) Agencies delivering free legal services:

(1) Local bar associations. Provide free services at the discretion of individual lawyers. Clients referred to them by government supported agencies may be accepted.

(2) Government supported legal services clinics. Federal funds provided by Legal Services Corporation and some by title XX of Social Security Act. State and county funds also provide some support.

(3) Public defender services. Provide free legal services to the indigent in criminal cases.

(B) Eligibility for persons over 60:

(1) All persons receiving supplemental security income.

(2) All persons whose monthly income is less than \$385 per couple with some allowances for the medical expenses of senior citizens. These requirements are specified by enabling legislation for the Legal Services Corporation (CFR part 1611).

¹ See statement, page 924.

- (C) Staffing of clinics supported by Legal Services Corporation:
 (1) Calculated by LSC at two staff lawyers per 10,000 persons at the LSC defined poverty level (\$385/month/couple).
- (D) Nature of Services provided¹ (all services are free and are primarily in civil law, rather than criminal law. Civil cases are those which do not involve suits for damages. This avoids competition with private sector):
 (1) Financial counselling: (a) Examination of contracts (\$50); (b) consumer rights on unpaid utility bills; (c) bankruptcy actions (court charges, \$55; lawyer fee, \$200); (d) problems with lending agencies.
 (2) Consumer problems and rights: (a) Problems of credit and contracts for services; (b) age discrimination problems.
 (3) Housing problems: (a) Landlord-tenant relations; review of tenant rights in eviction actions; (b) housing contract and title review (\$50).
 (4) Wills and estates: (a) Writing wills (\$50-\$150); (b) probate of small estates.
- (E) Family problems:
 (1) Divorces (\$300).
 (2) Simple adoption (\$200).
- (F) Community development problems:
 (1) Assistance in preparation of applications for Urban Renewal and Community Development grants.
 (2) Development of plans for HUD housing.
- (G) Pension and retirement income problems:
 (1) Social security problems: (a) Denial of benefits; (b) termination for cause; (c) overpayments.
 (2) Application for supplemental security income.
 (3) Relations with pension and retirement plans.
- (H) Tax problems:
 (1) Preparation of tax returns.
 (2) Preparation of applications for tax rebates.
 (3) Interpretation of tax laws.
- (I) Miscellaneous:
 (1) Problems related to food stamps.

ITEM 7. LETTER FROM OWEN L. MORROW,² ADMINISTRATOR, LAKEVIEW CHRISTIAN HOME, CARLSBAD, N. MEX., TO CECIL DANIELS, FIELD REPRESENTATIVE FOR SENATOR DOMENICI, DATED SEPTEMBER 30, 1977

DEAR MR. DANIELS: I am writing you in connection with a telephone conversation between you and my son, Jim Morrow, who is the assistant administrator of Lakeview Christian Home. It is with deep regret that a situation has developed beyond our control that has made it very difficult to accommodate our elderly citizens at a time when some of them need it most. I am also writing because for the past 2 years I have been president of the New Mexico Health Care Facilities Association. I had appointed a negotiating committee and had worked with this committee in bringing before our health and social services department officials some of the problems that are confronting long term-care facilities. The attitude of our State HSSD officials has been generally receptive and it is quite evident that they see the problems that exist. They had promised some relief on some of these problems and apparently conscientiously so. When these problems were presented to the welfare board, an adversary relationship developed between the welfare board and the HSSD officials. The proposals that had been promised were turned down with no apparent attempt to secure relief in spite of meetings with Gov. Jerry Apodaca who had promised to try to get an emergency appropriation on behalf of the long-term care facilities.

¹ Dollar figures in parantheses are estimates of fees charged for the given service by lawyers in the private sector.

² See statement, page 942.

I am enclosing the profit and loss section of our annual audit which was received only yesterday from our auditing firm, McKinney, Friesen & Pritschy. I would like for you to notice on the next to last page the final tally of both 1976 and 1977. In 1977, the net loss to Lakeview Christian Home for taking care of medicaid and charitable cases was \$61,434. Lakeview Christian Home being a nonprofit charitable related organization secured contributions from churches and individuals in the amount of \$74,432. Most of this loss was directly attributed to caring for medicaid patients.

The main reason that nursing homes are in a loss situation is due to the fact that they are reimbursed on a historical cost basis with no adjustments for inflation or other costs. Last year, the rates of Lakeview Christian Home were not changed until 7 months after the end of the fiscal year. The nursing homes had asked for a date of this reimbursement rate to be made effective back to the beginning of the fiscal year. Even this adjustment would still require reimbursement of costs that averaged out the past year's costs, which usually means 6 months behind current costs. The nursing homes had also asked that in some manner, either prospectively or retroactive, adjustments be made to bring us up to current costs. This was to be based on reasonable cost which did not include: telephone, TV, personal laundry or other personal items. It did not include promotional activities in promoting or advertising the facility itself.

I am also enclosing a portion of the record that was made at one of the welfare board meetings in which some of these problems were presented. On the second page of this presentation, a statement made by department officials shows that to reimburse nursing homes at a current level of cost instead of a historical cost would require \$2,400,000. This would be a one time catch-up reimbursement fee. This also means that statewide the nursing homes in accepting medicaid recipients are subsidizing the State medicaid program in the amount of \$2,400,000. When the impact of this statement is considered, it is not difficult to see why there is now a shortage of long-term care beds. Practically every application for expansion even though approved has not been produced.

In the recent annual meeting of the New Mexico Health Care Facilities Association, there was testimony and apparent evidence that the welfare board does not believe that nursing homes are losing money. Their belief is based upon the fact that some chain institutions such as Good Samaritan and others actually have built some new homes in the past few years. They do not consider the fact that before Good Samaritan does build in a community that the land has to be contributed as well as a sizable contribution before that concern will consent to build in the community. Private concerns cannot expect this type of cooperation. Therefore, the medicaid program is again subsidized by the fact that most of the new facilities are built by community donations rather than a reasonable return for care.

You will notice in this portion of the minutes that a temporary solution has been proposed. This would allow underutilized hospitals to take care of the backlog of waiting recipients. The cost of this project as you will note would cost \$2,600,000. But, there are two obstacles resulting from this proposal. The Life Safety Code requirements that nursing homes are required to meet would have to be waived. Very few hospital facilities can meet the regulations imposed on nursing homes. Then, the cost of placement in these hospital beds would be of considerable more cost to the taxpayer because in spite of the additional regulations nursing home rates are still cheaper than long-term care beds provided by hospitals.

Many nursing homes lost enough money last year that they are struggling for existence. Some are almost at the point of closing their doors now. A few facilities have started restricting medicaid patients because of this great loss. Lakeview Christian Home is one of the homes that have not refused to take medicaid patients. The quality of care has been maintained regardless of the ability of the patient to pay. This is, however, the main reason that the net loss to Lakeview Christian Home last year was \$61,434.

I would be most happy to meet with you any time to discuss these problems and to try to seek a solution.

Respectfully yours,

OWEN L. MORROW.

ITEM 8. LETTER FROM MAYOR NEEL ALEXANDER, BELEN, N. MEX.,
TO SENATOR PETE V. DOMENICI, DATED OCTOBER 19, 1977

DEAR PETE: Thank you for this opportunity to express to you my opinions on the rural elderly as I have seen them in the greater Belen area.

One of the major problems for anyone in the rural area is transportation. This problem has an even greater effect upon the elderly and handicapped.

In New Mexico, there is very little mass transit and there is even less in rural areas. What little there is, is either so heavily used that no one else can use it or else it is rarely used because of inaccessibility to those who really need it.

Medical care is another concern of rural elderly. The small town of Carizzozzo has no primary medical care to speak of and although Belen is more fortunate than this, there is still the question of how the elderly can afford medical care (even with the medi-programs and insurance) when it is really needed. Plus many physicians do not understand how best to copy with the medical ills of senior citizens—perhaps an illness is only psychological caused by the moving away of children but a physician may not see this and so will treat a non-existent illness.

Even with Albuquerque with its excellent medical care as close as it is to Belen, it is still difficult due to the lack of transportation to get to that medical care.

Housing, in many different aspects, is another problem for the rural elderly and this concern ties into the two previously mentioned. In all of eastern Valencia County which now has approximately 26,000 residents, there is no boarding home, intermediate care facility, or skilled care nursing facility. If a senior citizen must go to one of these facilities then the closest one is in Albuquerque (and they are fortunate if they are placed in Albuquerque due to the inadequate number of these places) and what if the 80-year-old husband placed in a nursing home who leaves behind the 78-year-old wife who is unable to drive. Both of them will be worse for this because changes will be few for them to see each other. So the man slowly dies fear the loneliness while his wife dies from fear of never seeing her husband again.

The only senior citizen apartment houses are located in large New Mexico cities and in order to move into these, one must reside in the city where the complex is located. So if a senior sincerely wants to move in such a complex, two moves are necessary and only if the senior is lucky enough will he make that final move into the complex. In the meantime he or she must divorce himself/herself from old friends that have meant so much for so many years.

Taxes continue to go up in New Mexico and even in the rural area some seniors are financially hurt by taxes. Through the tax rebate program, many of the lower income elderly are able to regain some of the sales tax money they have been forced to spend (I realize sales tax is not the domain of the Federal Government, but I think you should be aware of all problems). Still the tax bite can be large compared to the income of some of the elderly.

And income is, in some ways, yet another problem. Some of the elderly could qualify for additional money through the health and social services department but why should they bother when they find it so difficult. It's much easier not eating a meal every once in a while than go through the sometimes demeaning process of obtaining food stamps or extra health benefits or additional money through a Federal program.

Pete, I want to keep this short but I know you realize that all elderly, both rural and metropolitan, have many problems and I am sure you will do your utmost to help solve them.

Thanks for the opportunity to outline some of these problems experienced by Belen's elderly.

Sincerely,

NEEL ALEXANDER.

ITEM 9. STATEMENT OF JAMES H. BLOCK, EXECUTIVE DIRECTOR,
REGION VI HOUSING AUTHORITY, ROSWELL, N. MEX.

The Region VI Housing Authority (PHA) provides low-income housing services for the counties of Chaves, Eddy, Lea, Lincoln, and Otero. Per State law, the PHA is authorized to operate anywhere in this area except in communities

that have housing authorities; however, the PHA may operate where a local authority is present if the local governing body allows it to do so. As of this date, the PHA has the authorization from all of the communities with local authorities and is operating regionwide.

Of all the needs of the elderly and handicapped, the needs for proper nutrition, adequate health care, and suitable housing at a price they can afford are basic and most important and which must all be present in order to provide a suitable environment for the individual.

Since inception, the PHA has recognized the housing needs of the elderly and handicapped and has made special efforts to fill some of these. Currently, the PHA is administering 276 units of section 8 "existing" housing and approximately 40 percent of the units being subsidized are elderly or handicapped. In addition, the PHA has pushed for more new housing for elderly and handicapped and currently there are approved or pending applications for 275 dwelling units for elderly and handicapped in the cities of Roswell, Artesia, and Carlsbad, and it is hoped that more units can be built as funding is made available.

In order to qualify for U.S. Department of Housing and Urban Development funding the various localities are required to prepare a "housing assistance plan" (HAP). The following statistics are from this plan as prepared by the Southeast New Mexico Economic Development District in June 1977.

STATUS OF HOUSEHOLDS REQUIRING ASSISTANCE

	All households	All female headed households	Minority households
Owner households.....	1,640	240	660
Renter households.....	1,610	260	450
Total.....	3,250	500	1,110
Minority Representation			
	Spanish-American	Black-Negro	American Indian
Owner households.....	550	110	0
Renter households.....	320	110	20
Total.....	870	220	20

Note: All figures shown are for low income elderly or handicapped households of one or two persons and do not reflect non-low-income families. Figures do not show the Mescalero Reservation.

Another requirement of the HAP is for the reporting agency to establish 1-year and a 3-year goals of what type of housing is to be provided. In setting these goals, the agencies report only on what can logically be expected to be performed and must also second guess the funding sources, the availability of funds, and their demeanor towards approving programs and releasing funds.

Three-year goals for housing assistance

	Units
Section 8 new construction (rental).....	250
Section 8 existing (rental).....	150
Section 202/8 substantial rehabilitation.....	200
Rehabilitation assistance to homeowners (DC).....	100
Section 235 (homeownership).....	50
Weatherization programs (State and CSA).....	150
Total.....	900

Through various efforts several projects have been applied for recently and their status is:

	Units
Roswell—Section 8 new construction approved pending financing.....	52
Roswell—Section 8 new construction approved pending financing.....	60
Carlsbad—Section 8 new construction approved pending financing.....	68
Artesia—Section 515 and 515/8 under construction (completed January 1978).....	45
Carlsbad—Section 202/8 new construction approved.....	50
Total.....	275

In addition, several other projects for sections 202/8, 515, and 515/8 have been applied for and have either been disapproved or have died from lack of action by either the funding source or the applicant.

Following is a list of elderly and handicapped dwelling units currently being served by public agencies in the region:

<i>Region VI Housing Authority</i>		<i>Units</i>
Current allocation.....		75
Approved section 8 pending contract.....		20
Alamogordo Housing Authority.....		50
Artesia Housing Authority.....		78
Eunice Housing Authority.....		8
Lovington Housing Authority.....		33
Total.....		264

CONCLUSIONS

(1) Currently, there is a documented need of 1,610 units of rental housing for elderly and handicapped families of which 264 are being served and 225 will be served in the near future (approximately 3 months to 1 year) leaving a minimum void of 1,121 units.

The mechanisms and delivery systems to provide these units are present on the local and areawide basis and the only way they can be provided is through mere funding allocations from the Federal Government either through subsidizations or guarantee of loans.

(2) Currently there is a documented need of 1,640 units of owner-occupied dwelling units and a goal of serving 50.

There have long been arguments whether or not elderly or handicapped persons should be in owner-occupied dwellings and the arguments against home ownership have not proposed by the elderly themselves. This value judgement should be that of the individual and the option should be his and his alone.

Currently, the options toward homeownership are through conventional, FHA insured, FmHA financed, or insured financing or HUD interest subsidization. These options are not real however, because the financing bodies generally do not feel the elderly have the repayment ability to repay a mortgage. Therefore; the option of elderly or handicapped persons to purchase a dwelling is virtually nonexistent.

While no clear-cut statistics are available the need for assistance in rehabilitation of owner-occupied housing is probably the major one facing the elderly and handicapped and the one for which there is the least assistance available.

The HUD programs are more geared toward urban areas and the program constraints are such that they are unworkable in all but the larger cities. The FmHA programs for the smaller communities and rural areas would be fine except their complexity is too much for the elderly and handicapped, there are not enough funds available, and the county offices generally put them on the "back burner."

(4) In order to provide housing services a total delivery system must be present. HUD recently announced the downgrading of the Albuquerque office, which will put most of the required programs in their Dallas office. New Mexico has long suffered in housing programs due to the lack of interest, lack of understanding, and insensitivity of Dallas personnel towards the housing conditions in New Mexico. We in New Mexico must have our own office to understand our problems and help us with them and to fight for us for our fair share allocation. Without this, we can look forward to more of the same which at best is intolerable.

The need is very apparent and the mechanism must be put in gear for providing these housing units.

This agency has filled a part of the void in the past 2 years, but what has been done so far is only a drop in the bucket.

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR DOMENICI: If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Roswell, N. Mex., on November 18, 1977, I would have said:

The following replies were received:

WANNA M. BULLOK, ROSWELL, N. MEX.

I could hear but not understand Mr. Vigil's talk, but was able to get a few clear words now and then. For your benefit at future hearings, someone monitoring the PA system should be in various strategic places in the audience—checking the reception—most of your audience will be senior citizens and I'm sure many can hear better than I, but some possibly not as well. I couldn't hear and understand Doris either.

EDNA FOSTEL, HOBBS, N. MEX.

My sister, Ida Leslie, of Hobbs, N. Mex., had for at least 5 years carried extended nursing insurance with Equitable Insurance Co. After 8 days in intensive care unit at Llano Estocado Hospital she was moved to a semiprivate room and 4 days later moved to Good Samaritan Nursing Home in Hobbs. There we found her nursing insurance would not pay as Good Samaritan was not affiliated with medicare. The insurance continued to collect the premiums. She died after 11 days in the nursing home. I had been carrying the same insurance for over 2 years, but have cancelled it. Not at any time did the company advise me that only a few nursing homes were affiliated with medicare. They did not explain that fact when I bought the policy.

ELDON WAY, ROSWELL, N. MEX.

It should be recognized that many utility stockholders are older persons with a few shares of stock. The dividends from this stock is an important part of their retirement income. Any view of utility stockholders as a group of people who can afford to have dividends is far from the truth. Antibusiness legislation in many cases hurts the elderly who are trying to be self-sufficient.

(991)



THE NATION'S RURAL ELDERLY

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIFTH CONGRESS
FIRST SESSION

PART 11—PHOENIX, ARIZ.
The Elderly Indian

NOVEMBER 12, 1977



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The Nation's Rural Elderly :

- Part 1. Winterset, Iowa, August 16, 1976.
- Part 2. Ottumwa, Iowa, August 16, 1976.
- Part 3. Gretna, Nebr., August 17, 1976.
- Part 4. Ida Grove, Iowa, August 17, 1976.
- Part 5. Sioux Falls, S. Dak., August 18, 1976.
- Part 6. Rockford, Iowa, August 18, 1976.
- Part 7. Denver, Colo., March 23, 1977.
- Part 8. Flagstaff, Ariz., November 5, 1977.
- Part 9. Tucson, Ariz., November 7, 1977.
- Part 10. Terre Haute, Ind., November 11, 1977.
- Part 11. Phoenix, Ariz., November 12, 1977.
- Part 12. Roswell, N. Mex., November 18, 1977.
- Part 13. Taos, N. Mex., November 19, 1977.
- Part 14. Albuquerque, N. Mex., November 21, 1977.
- Part 15. Pensacola, Fla., November 21, 1977.
- Part 16. Gainesville, Fla., November 22, 1977.
- Part 17. Champaign, Ill., December 13, 1977.

(Additional hearings anticipated but not scheduled at time of this printing)

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THE NATION'S RURAL ELDERLY

SATURDAY, NOVEMBER 12, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Phoenix, Ariz.

The committee met, pursuant to notice, at 2 p.m., in the County Board of Supervisors Auditorium, 111 South Third Avenue, Hon. Dennis E. DeConcini presiding.

Present: Senator DeConcini.

Also present: Lois Pfau, legislative assistant to Senator DeConcini; Deborah K. Kilmer, professional staff member; Tony Arroyos, minority professional staff member; and Marjorie J. Finney, assistant clerk.

OPENING STATEMENT BY SENATOR DENNIS DeCONCINI, PRESIDING

Senator DeConcini. This hearing will come to order.

I am very pleased to open this hearing of the U.S. Senate Special Committee on Aging. The committee has come to the Southwest to study the particular problems and needs of the rural elderly and the elderly Indian. Many of these problems are the same: the lack of transportation, the lack of adequate housing and nursing homes, the scarcity of home care and homemaking services, and the absence of sufficient income.

I was in Flagstaff and Tucson last week to conduct hearings on the rural elderly. I heard convincing testimony about each of these problems and how the elderly and service providers are working to overcome some of them. Their efforts are gratifying.

Today the committee's hearing will focus on the needs of the elderly Indian in Arizona. Arizona, which is ranked second in Indian population in the United States, is first in Indian population 65 and over. In numbers, elderly Indians 60 and older in Arizona are counted at approximately 13,300.

We know their numbers and we are aware of many of their problems. We are here today to discuss these problems and the programs that exist to help them, as well as the programs that are needed to help them.

The Older Americans Act provides support to persons 60 years and older and their spouses, regardless of income level. This age limitation has been an obstacle to potential Indian recipients whose average

life expectancy is 10 years less than the average of most other Americans. Should there be an exception for the elderly Indian under the Older Americans Act?

FUNDING METHODS QUESTIONED

Title III of the Older Americans Act provides funds for an array of services to the elderly through State and area agencies on aging. Indians can be supported with services through these agencies or by being funded directly from the Administration on Aging in Washington, D.C. Which method of funding has been found most effective?

The nutrition program for the elderly—title VII of the Older Americans Act—is operative on several reservations in Arizona and other States. Although a popular and effective program, how can it be more responsive to the special nutritional needs and traditions of the elderly Indian?

Health services on the reservations are oftentimes inadequate and out of reach of the elderly Indian. Can Indian health services, community health services, and medicare be changed to meet the Indians' needs and are new programs necessary?

As in rural areas, transportation for the elderly Indian is often nonexistent and results in the loss of other services. What methods have been tried to meet their special needs for transportation?

I'm hoping that our witnesses will help the committee in answering these questions. I'm hoping that the tribes represented here will also help the committee to understand how the Congress can develop programs which encourage the spirit and importance of self-government by the tribes, how the programs can be constructed to help the elderly Indian retain his or her special identity as an Indian, and how the program can be made flexible enough to serve the Indians of the reservations, as well as those who reside elsewhere.

I welcome your participation and thank you for traveling the distances that many of you have traveled today. We look forward to hearing testimony from you.

Our first witness is a dear friend of mine, Msgr. Robert Donohoe, chairperson of the Governor's Advisory Committee on Aging.

STATEMENT OF MSGR. ROBERT J. DONOHOE, PHOENIX, ARIZ., CHAIRPERSON, GOVERNOR'S ADVISORY COMMITTEE ON AGING

MONSIGNOR DONOHOE. Senator DeConcini and your distinguished staff, ladies and gentlemen, the first time I welcomed Senator DeConcini, I was just ordained and I heard that the DeConcini's of Tucson had a brand new boy. That was the year 1937, when I became a priest and you came into this world. It is a very great privilege for me not only to welcome a distinguished U.S. Senator and his staff, but to welcome a very dear friend.

The problems of the American Indian are, in many ways, the most serious that are confronted by any minority group in the United States. Indian tribes and their families have great difficulty in meeting fundamental needs. Most Indians and the vast majority of elderly

Indians live as wards of the Federal Government on reservations—some of the poorest land in the country. The Government's Indian policies have been erratic to say the least. They displease most Indians and have critics within the Government itself.

The Indian elderly, in particular, could very well be the most deprived identifiable group in the United States of America. For most, English is a second language, if they speak it at all. They live on little or no income, in housing which is the worst for any population group in the country. Many have had no formal education. Since the unemployment rates on Indian reservations average 50 percent, few have ever worked steadily. Only one out of every three Indians will reach age 65, exactly half the rate for the American population as a whole.

AGENCY COORDINATION NEEDED

With these things in mind, Senator, we welcome you with open arms to Arizona. The Indian elderly are not a problem: They are an opportunity for the United States of America and they are an opportunity for the people of Arizona—an opportunity to do something. I find them caught between two divisions of Government. I find the Indians caught between the Department of Interior and the Department of Health, Education, and Welfare—between BIA and the Administration on Aging. I feel very strongly that your distinguished Special Committee on Aging can be, and should be, that catalyst that brings these two divisions of Government together to speak to this crying need.

I have before me an advisory council report, 1971. This council met here in Phoenix, Ariz., on a nice September day in 1971 and discussed the same things we are discussing today. They haven't gone very far. We asked Dr. Flemming for help to bring this problem to a head. He sent out one of his good staff people who landed in a helicopter in Window Rock, then sort of barged into a hogan there and was asked to respect Indian privacy at that time. He turned and said what I think is one of the greatest remarks that covers this whole thing: "You do have a different problem." This was some time back.

Our State council on aging—the Governor's council on aging—is very deeply concerned about this problem. Moreover, it is concerned about this opportunity. We now have information, thanks to Alice Norris, who is at this table now, and thanks to all the different tribes, through the international tribal council, who are beginning an Advisory Council on Indian Elderly that will have liaison with our State council.

We are at your disposal, Senator. I have taken too long to welcome you, but I am very, very happy, and so is our State council, that you are here. We hope that we can be of assistance to you in assisting these great people.

Thank you.

Senator DECONCINI. Monsignor Donohoe, thank you very much. I am keenly aware and, I think, a number of the members of the committee are—the Government is not here, nor is the Senate Special Committee on Aging or the Older Americans Act, to help Indians with some problem, but rather to assist them to help themselves. Yet

we need to have the input from the many people here and your remarks are most appropriate as to what some of these issues are and where need can be focused as well as what can be done to help the Indian population to assist themselves and to better their lives. I think it is a responsibility and I am very, very pleased that you are here today.

Monsignor DONOHUE. Thank you.

Senator DECONCINI. We will next hear from John Lewis, executive director of the Inter-Tribal Council of Arizona.

I want to thank John for his friendship to me and taking the time and continuously advising us of certain needs and problem areas that we can assist in.

John, thank you for being here today.

STATEMENT OF JOHN LEWIS, EXECUTIVE DIRECTOR, INTER-TRIBAL COUNCIL OF ARIZONA, PHOENIX, ARIZ.

Mr. LEWIS. I would like to make some general statements about the area that we are discussing today. I think we need to put this in some sort of perspective.

The Senator has outlined in his brief introductory remarks that we have the highest population of Indians over 65. I think that is the perspective that we need to look at—this question of the future aging among American Indians. In Arizona we have the highest population of reservation-based Indians, nationally. Our land base is nearly half Indian. What this means is that the Indians in Arizona certainly are impacted by any policy, by any legislative action, and by any new program services. We are certainly the highest Indian population area in the country and our views need to be heard and they need to be followed. We have a number of very good people here and I am sure there will be people speaking from the audience in terms of the needs of the elderly. I think that they must be put into the proper perspective, and that is that we certainly represent a larger segment of American Indians in the entire Nation.

I would like to say some things about the Inter-Tribal Council of Arizona. It is composed of the representatives from 18 tribal leaders. It is primarily designed to facilitate communication and to identify common issues that affect people here in the State. During my association with the Inter-Tribal Council, the issues that have been identified by the elderly Indian have always been a priority. Right from the beginning we had a very active movement on the part of the elderly in Arizona through the leadership of Alice Norris and Quana Lyons. They have worked with the Inter-Tribal Council, sought their support, sought their coordination in bringing about the first National Conference on Aging. This effort by Arizona tribes has continued.

GRADUAL PROGRESS EVIDENT

I would like to think that we are making progress. I believe that when we come to hearings, come to meetings, discuss our needs, it seems like we aren't making too much progress: but when we begin to look back over the years, we begin to see. One of the landmarks in the

National Conference on Aging was held here in the State. Much has come about. I believe the tribes in Arizona are certainly beginning to set their directions and are beginning to look toward them.

The Inter-Tribal Council has continued the interest in the whole area of human services. This is one area which, in the past 10 years, we have begun to take control over—how human services are being delivered to our members. I think as it goes through every program, whether it be programs for children, whether it be programs for adult education, or whether it be programs in the area of alcoholism, I think we all go through a phase of having programs being designed and delivered from the outside. We begin to get to the point where it is best to allow direct and equitable funding to tribes. This has been the format which has always been shown to be effective. This is something that we still need more of in the area of aging.

When we begin to look at the trend of the present human service legislation such as title XX, which deals with the comprehensive planning services, look at the health planning legislation and begin to talk about national health insurance, these types of new programs are overlooking the Indian people and their participation in it. These programs are going to have to begin to look at why the tribes are not being allowed to participate fully for a variety of reasons and to benefit fully under the resources. I think that people need to begin to recognize what is going to make these programs more effective in the Indian community. We ought to get back to direct funding and maximum control over programs by tribal groups.

I think that the Inter-Tribal Council has maintained the policy of trying to bring about that sort of happening where tribes begin to get direct access to resources. It is only in this way that they can design and prioritize their needs. I think we need to look at what has happened before. To be effective, we need to have policies that are consistent with Indian self-determination.

One other thing that the Inter-Tribal Council tries to do is to directly relate to those people who are the most directly involved in the areas of programs. We have set up a system of committee relationships. We don't see that there is so much to be done in a lot of areas. In order to see that the right people are involved, we have developed closer relationships with working committees and concerned people. The Arizona Indian Council on Aging is the group that we have continually supported. We have been in attendance and we continue to encourage the development of that committee. It certainly does represent the tribes in this area.

Again, we have recently met with the Arizona Indian Council on Aging and are supporting their efforts to become an Indian tenant organization. I think we are making progress in that area. We really look to them as Congress and the Arizona Council on Aging should be looking toward them. We see this as a most viable way of continuing programs that are really going to be affecting Indian aging. This is what it is going to take. It is going to take a group like this to really follow up and to continue to work on these programs and have the followup that is necessary.

At this time, I would like to turn this over to the representative who is going to touch upon these problems.

Senator DECONCINI. Thank you very much, John. We will come back for some questions later.

We will now go to Alice Norris, chairperson, Arizona Indian Council on Aging, Sells, Ariz.

STATEMENT OF ALICE NORRIS, DIRECTOR, PAPAGO WISE ONES PROGRAM, SELLS, ARIZ.

Mrs. NORRIS. Thank you, Senator DeConcini.

Good afternoon, ladies and gentlemen, Congressman and distinguished members of the committee. My name is Alice Norris, director of the elderly program called the Wise Ones representing the Papago Tribe. I hereby submit this testimony for your consideration and for the record.

The purpose of this statement is to recognize the need to revise rules and regulations so that the Indian tribes will have assurance that Indian people's needs are effectively administered in their own environment, that the Federal Government is aware and should recognize that Indian tribes are quasi-sovereign entities capable of administering their own programs within their right.

Indian people had a government with chiefs, as leaders long before there were administrators in Washington. If the Federal Government is to fulfill its responsibility to the American Indian elderly, which is long overdue, there must be maximum involvement by Indian people in the decisionmaking affecting the lives of their elderly people, and should be voiced as to the mechanisms that will be developed. This land we call America was the happy, fruitful land of the natives called Indians, by mistake given to them by their Great Creator before it was anyone's tax dollars.

SOCIAL AND NUTRITION SERVICES INADEQUATE

The inadequacy of nutritional programs for our Indian people are due to lack of facilities. If the Federal Government was to justly accept our Indian ways, culture, or traditions, and help us to develop our own services utilizing some of the resources already existing, services to many other elderly may be extended. If we are to be basing our services as to the regulations set forth for a metropolitan or urban area, then it becomes very difficult. The acute needs of the reservation Indian, because of geographic distance, transportation, and lack of service providers, become a barrier which, with significance, we take a recourse to our own ethnic ways. If success was achieved to the highest level in anything that we do, without competition, then lives would become dull and achievements would hardly be worth the effort.

To initiate through education so our children of today may have a better life as senior citizens of tomorrow, efforts need to be made now through better housing for better health, cleanliness, self-respect, efficiency, responsiveness, pride, and mental well-being. Education should not be imposed on our now senior citizens, just to get them involved in projects, but that the interest be to better utilize the knowledge gained by them through bitter struggles in life, showing

our sincere concerns and interest. The Indian people or government must be given the chance to voice their opinions on reorganizational structure of any services that will affect our people, now and in times to come. We need to provide information about programs of all titles, when funds are available at a reasonable timeframe. We need to provide technical assistance when and where needed, and training for upgrading programs. We need to establish a method of training and communications in which to assume responsibility.

Most Indian villages are scattered and far apart. Distance, communication, transportation, and road conditions play a major role in the problems of the elderly Indians.

The Indian people have harsh lives, which are shortened by these conditions. It becomes necessary for us to plea for lowering the age to 55 years old for Indian elderly so that Indian people may enjoy all aspects of programs designed for the elderly.

NURSING HOMES NEEDED

A nursing home has been one of our first priorities of the Papago Tribe. Again, the elderly Wise Ones would be more content in their own home grounds. Moneys being spent to send them far away from home does not serve justice to the elderly Papago. One of my questions would be: Who decides on the designing of an Indian nursing home, or what kind of an operational manual would be developed and by whom? No. 1, the different levels of care, cost, number of people. No. 2, staffing, qualified nurses, training for the Indian staff. No. 3, food costs, nutrition, traditional. To outline the overall standards established—this can only come by better understanding of Indian people.

In conclusion, if Congress is to be realistic, funding for Indian tribes must be direct, and be recognized and looked upon as a unique part of our own government, equal to our State government.

The Arizona Indian Advisory Council was formed because in times past when the Older Americans Act was written, there was no input for Indian people, neither was there ever anything as far as Indian participation. The Arizona Indian Action Committee was formed in 1974 and began to develop and to look into the needs of the elderly Indians in the State. Then they laid the groundwork out of which came the National Indian Council on Aging. The National Indian Council on Aging was held right here in our city of Phoenix and over 1,500 Indians attended from all over the United States.

When the Arizona Indian Conference took on the National Council on Aging group, the Arizona Indian—since the State of Arizona still has the largest population of Indians—decided that the Indians within the State of Arizona would continue to meet and call themselves the Arizona Indian Council on Aging to keep abreast of things that are happening within the aging field. We have met and discussed the possibility of becoming an incorporated group so as to act as a liaison to the State Bureau on Aging and the Inter-Tribal Council.

In regard to the Older Americans Act, the purpose of this is to better understand the system and its functions within the Older

Americans Act, to have a better relationship with our State, to increase services so badly needed by our Indian elderly in our State of Arizona and, until such time as direct funding is granted to the Indians, we continue to work within the government, within the policies of our own State.

FUNDING CITED

The Papago Tribe—although the second largest tribe in the State of Arizona, it was not until 1975 that we ever received any sort of money for the Indian elderly. The first money, which was the seed money that we received, came through the community action program of the Papago Tribe, which was \$5,000. With that seed money, we began to develop programs. That same year we were successful in achieving our goal by getting some of the discretionary funding out of the Administrator on Aging of \$48,391. For a 2-year model project, that was our budget. In 1975-76, Indian Health Service gave us \$38,080. That was a continuation fund for fiscal year 1976 and fiscal year 1977. We received \$20,000 from the Pima Council on Aging to do a study on our aging. In 1976-77, we then received, through the State from title III, \$18,954; under title VII, \$28,034.

I feel from the time we started working with the elderly people and looking into the needs and concerns for the Indian people as a whole, we have gone a long way in the Papago Tribe. We are now serving 5 districts out of 11, and hope to continue until we serve all our area.

Thank you for your time.

Senator DECONCINI. Thank you very much, Alice. We will be back for some questions.

I want to take a minute and introduce some of the staff here. Tony Arroyos is to my left. He is on the minority staff and works principally with Senator Domenici, the ranking Republican member of the committee; Debby Kilmer, majority staff; to my right, Marj Finney—we are very pleased to have you; Lois Pfau, to my immediate left, is on my staff working in this area and others.

Our next witness is David Lundberg, director of the Navajo Aging Service of the Navajo Tribe, Window Rock.

Thank you, David, for coming that long distance today. We are very pleased to have you.

STATEMENT OF DAVID A. LUNDBERG, DIRECTOR, NAVAJO AGING SERVICES, WINDOW ROCK, ARIZ.

Mr. LUNDBERG. Thank you. My name is David Lundberg. My clan is Swedish and Clorox. That is what makes me white. I am very privileged to be here today. I thank you for the invitation to speak and also to represent and to have been advised by the Navajo Nation Council on Aging in regards to my testimony.

This testimony that I am about to submit has been reviewed by the Navajo Nation Council on Aging, which is the advisory committee for all aging programs in the Navajo Nation as recognized by the Navajo Tribe. It includes the portions of the reservation in Arizona, New Mexico, and Utah.

The needs of the Navajo elderly people were first brought to the attention of the Administration on Aging in 1971 at the White House Conference on Aging. Many promises were made at that time by President Nixon and Arthur Flemming, the Director of the Administration on Aging. The needs were again formally stated at the 1976 National Indian Conference on Aging in Phoenix, Ariz.

To this time, the intent of the Older Americans Act in providing needed services to elderly people throughout the United States has not made any significant impact upon the needs of elderly Navajo people. For example, 13 percent of elderly people within the United States are benefiting from title VII nutritional services. However, within the Navajo Nation only 2 percent of the elderly people are being served by the title VII nutritional program. This is not due to the fact that the Navajo Tribe and other Federal agencies are not cooperating with the program. Even though the Federal regulations require only a 10 percent local match, the Navajo Tribe in the Arizona portion this year is contributing 31 percent of the program's cost. This is due to unequal distribution of funds and inadequate funds available to provide services for the rural elderly, which includes the Navajo elderly. This condition applies to all titles of the Older Americans Act.

DELIVERY OF SERVICES IMPEDED

The Navajo Nation is in a particular dilemma because it extends into portions of New Mexico, Arizona, and Utah. This impedes the ability of the tribal government to be responsible to provide services to its deserving elderly. Nevertheless, the Navajo tribal government has established the Navajo Aging Service in August of this year to coordinate service delivery and planning for all Navajo elderly wherever they might live and in whatever State they might live. These funds are not coming through the Older Americans Act, but are being provided by the Indian Health Service through Indian Self-Determination Act funds.

I believe it indicates the feeling of the Navajo Tribal Council and its concern for Navajo elderly people.

The Navajo Nation suggests the following solutions to improve services of the Older Americans Act. No. 1, direct funding of all Older Americans Act programs to Indian tribes at their option. This would mean support for the amendment being sponsored by the National Indian Council on Aging for direct funding and, in particular, that the population statistics that the tribes use in receiving Federal funds from other agencies also be used in the distribution of Older Americans Act funds.

No. 2, coordinate all aging services through the family, the community—which, in the Navajo Nation, is the chapter—and the local unit of government, which is the Navajo tribe. This should include the setting of priorities and control of the finances at the local level so that the true needs of the elderly people can be met.

No. 3, the multipurpose concept of service delivery through a senior citizens center should be established and funded at a national level. This would insure more comprehensive delivery of services in the Navajo Nation.

No. 4, funding for services to Indian elderly must be increased in order to meet standards of equivalency. We recommend a national percentage of elderly people be served in all geographical areas of the United States, including rural and urban areas. This will necessitate higher funding for rural areas because of the higher cost of service delivery.

No. 5, there should be a base level for services to be delivered in rural areas. If a higher level of services is needed, funds should be provided in order to help these people.

No. 6, meals-on-wheels funding is needed in order to provide services to the very isolated rural elderly. This would have a major impact on the Navajo Nation elderly, if funded.

No. 7, there should be a nationwide home health care program for elderly and handicapped people. Rural elderly should not be denied these services because of their isolation.

No. 8, there should be a national insurance policy for vehicles used to provide transportation services to elderly people no matter what the program. For instance, in the Navajo Nation many service providers at the local levels do not have insurance. They use their private vehicles at their own risk to transport elderly people to needed services.

No. 9, there should be unified eligibility requirements and mandated coordination of services for elderly for all Federal programs, especially those under the Older Americans Act and the Social Security Act.

IMPACT OF ACT AWAITED

The Older Americans Act should be continued. The Navajo Tribe is anxious to find out what the full impact of the Older Americans Act would have upon the needs of Navajo elderly if the administrative problems were resolved and there was adequate funding as guaranteed by the Older Americans Act.

Many Navajo communities and elderly have requested services. No response to these requests for help is possible until action is taken by Congress. Your support is needed if services are ever to reach the elderly people of the Navajo Nation in a manner that truly meets their needs and in a manner that does not violate the uniqueness of the Navajo ways.

I would like to thank you for your help and your staff's help in getting a Federal waiver from the Administration on Aging in regards to some funds that the Navajo Tribe received. I think a special effort was made and the Navajo Tribe received these with the help of the State office and the regional office in a matter of 2 weeks. I think this is unique. I think this is the way that the Older Americans Act should respond to elderly people's needs—especially Indian elderly needs.

Chairman McDonald is sending a letter to Senator Frank Church, who is the chairman of the committee, requesting a hearing in the Navajo Nation in the future because of the fact that the distances for the hearings in both New Mexico and Arizona are so far away from the consumers of the services in the Navajo Nation. I feel very strongly that the Senators, and Senator Frank Church himself,

should hear from the Navajo consumers directly. This would be possible if the hearing were held in the Navajo Nation.

In response to your comments at the opening, the Navajo Tribe, in regards to lowering the age limit for eligibility, would feel very good about lowering the age limit as far as the allocation of funds. However, we feel that each geographical area, or each tribe, should be able to set their own priority in regards to an age level. For instance, if we are only serving 2 percent of the people with an age limit of 60 years of age, it is not going to help the tribe to serve more people if the age limit is lowered.

Again, the funding method—I think one of the major problems that needs to be resolved is the population statistics used by the States and the Federal Government in regards to Indian elderly population. The Navajo Tribe has seen estimates of population of Navajo elderly of 7,000 and the tribe's own estimate is over 14,000 elderly. That is quite a gap.

Title VII could be a lot more responsive if there were adequate funds and if, indeed, the Congress intended for elderly people to receive these services because of their nutritional needs, then there should be some assessment at a Federal level and at a local level of what can be done to get more people involved in the services. Some people might question whether nutrition programs violate cultural ways of the Navajo people. However, without much advertisement or any advertisement, there are over 50 communities in the Navajo Nation requesting the program. The reason no one is advertising the program or the services is that there are no funds to expand. Yet the communities are requesting and putting a lot of pressure on the tribal government.

RESOURCE COORDINATION NEEDED

In regards to health services, there is a need for better coordination of State resources, Federal resources, and tribal resources for health services. The Navajo Tribe has established a division of health improvement services to coordinate at a tribal level. However, the U.S. Indian Health Service does not have a geriatrician on the staff, does not have any policy in regards to health services for Indian elderly people and, therefore, Indian elderly people are being denied basic health services at this time.

The facilities that are being planned, again, do not take into consideration the needs of elderly people because there is no such health policy with regard to Indian elderly people through the U.S. Public Health Service.

In transportation, I think, the biggest problem is the fact that the eligibility standards and requirements are so different for each Federal program and elderly people can be denied by programs through State regulation or through Federal regulation because of eligibility standards. Also, I don't feel that much technical assistance has been given to the Navajo Nation to assist them in developing a transportation plan which can actually meet the people's needs. For elderly people this is the main difficulty they have in continuing to be an involved person in their government, particularly for Indian people.

Legal service is not often mentioned, but Indian people are still under assault through Federal and State regulations in regards to their legal rights and consumer problems. The Navajo Nation has received funding from the Administration on Aging for a demonstration legal program. However, it was only extended to small target areas. Yet the elderly people throughout the Navajo Nation need this service.

Finally, the employment, income, and housing problems. Housing is something that Indian elderly people are being denied every day, primarily because the BIA has an unwritten policy that if you are too old, you are not eligible for a house. Also, the regulations and the funding situation is so limited that an elderly person requests a house only if they have priority criteria. Many elderly request a house, then they give up the house to their younger children so that the children can stay with them and provide the continuance of the family life and the extended family. Yet, by the regulations, once the elderly person moves out of the house for their privacy, for their independent life-style, they cannot get more assistance. There are no regulations which allow for a hogan or a less-than-Federal-standard house to be built for the elderly person.

I don't think that there has been very much research or attention given to the income problems of elderly Indian people. I think that Indian elderly people, especially Navajo elderly people, are just asking for the minimum to sustain their lives and to allow them to continue to live with their families and not be divided and separated from their families.

Thank you.

Senator DECONCINI. Thank you very much, David. I will be back with some questions.

Our next witness will be Randall Durant, director of the senior citizens program, Gila River Indian Community, Sacaton.

STATEMENT OF RANDALL DURANT, DIRECTOR, SENIOR CITIZENS PROGRAMS, GILA RIVER INDIAN COMMUNITY, SACATON, ARIZ.

MR. DURANT. Senator DeConcini and staff, ladies and gentlemen, I am Randall Durant from Gila River. When I first moved there 22 years ago, 85 percent of the people were hauling water in wagons. Today, that trend is reversed.

About 75 percent 22 years ago lived in sandwich housing. Today, only about 25 percent or 20 percent live in sandwich houses.

For the past 22 years, all the programs on the reservation have been geared to the youth and to the working adults. The elderly have been left out until 3 years ago when they got the nutrition program under titles III and VII through Tribal Health Services. As a result of the nutrition program being formed, they have received many supportive services and benefits. It has been a struggle to continue these programs. There is never enough funds to do the job right.

Through our nutrition program this past year, we have gotten a grant through titles XX and VII of \$219,228. Out of that, \$40,537 was put up by the Gila River Tribal Council because they cared for their elderly. This past year we have been able to secure a \$50,000

grant through titles VII and III—a one-time grant only—to remodel an old school cafeteria. Today, it is the finest kitchen in the State. It is modernly equipped to take care of all the elderly on the reservation.

“SIXTY-FIVE PERCENT . . . ARE DIABETIC”

We have a staff of eight. Through this nutrition program we have a halftime nutritionist who gives us nutrition education. She goes out into the centers. On Gila River we have seven districts and each of the seven districts has a community building where the elderly come each day at noon, 5 days a week, one meal a day. We are presently feeding 300 elderly a day—200 are congregate through titles VII and XX. Then we have 100 on home-delivered meals; 65 percent of our elderly are diabetic. Some of them are handicapped so their meals have to be taken to them.

Through the elderly nutrition program, we have been able to form a housing task force for the elderly. We have had gerontology workshops and we have supportive services. We have secured many things that have helped the elderly.

One of the things that we are always short of is transportation. We never have enough money to bring them into the center. We always run out of money 3 or 4 months ahead of time. The elderly have to revert to dinners, bingo, and things to get money for gas to bring them in to the centers.

The next thing is housing. We have been working 2 years with a housing task force to get housing for the elderly. We have been promised a new housing complex of 20 homes for the elderly and the tribe is working on this at present. If we can build a complex housing unit, many elderly Indians will be prevented from being sent to rest homes. They can live with their own people; help will be closer by and more protective services. It takes \$600 a month of BIA funds to keep and maintain an elderly Indian in a rest home, even in town here. By having a home like this, people could be closer and served better and it would save the Government money in the long run.

Title VII—there is never enough money to take care of the feeding of the elderly—the nutrition program—so we had to look for funds the best way we could through title XX. We have had good working relations with the State of Arizona. We work at it. We have tried. We have cared for the elderly and have tried to get funding anywhere we could to secure these services for them.

We have 630 elderly on the reservation over 60 years old. 100 percent of them are receiving some kind of aid through the Indian Health Service or field health nursing, community health representatives, the elderly nutrition program, community food and nutrition program, BIA social services, home visitor aids, housing repair, title IX. Under title IX, we only have one man. He is 80 years old, but he is an excellent carpenter. He is taking care of the home repairs for our elderly handicapped.

I wrote a letter to the U.S. Commissioner on Aging about trying to get the age limit lowered to 50 years of age. He answered: “It takes an act of Congress to do this.”

Getting back to the programs, 3 years ago 10 percent of the elderly voted in the tribal elections. This past year, 67 percent of them voted in the tribal elections. Some of them were even elected to the tribal council. This program has helped them to reawaken and know that they are loved and respected.

RECREATION PROGRAM CITED

Yesterday we had our annual fall picnic. We have two picnics a year. We had the elderly from Fort McDowell and the elderly from Salt River to join us. There were over 325. We had our band out there; our band director is 86 years old. We had chorus groups from different districts, and three elderly members over 85 years old sang solos. It was wonderful. If the Senator could see this, he could realize what these programs mean. I know that so many thousands of elderly Indians are not receiving this. We are a fortunate group. I would like to see more done for the others too. I know that this can be done and the elderly and indigent are capable of running their own affairs. They are able to do this if they have the funds, the know-how, and the technical assistance to help put it all together.

Under the supportive services, we have legal aid, home repair, and home visitor aid programs, which are limited. It is not enough to go around—to keep them from going to rest homes.

At these gerontology workshops, the elderly have asked for hearing aids, teeth, glasses, and bathroom fixtures. We have looked for funds everywhere to try to accomplish this. Only about 30 percent of them have been able to be helped on their requests on this.

In closing, I have made myself available to the other tribes, giving them information on how we started our programs. This past week I sent a brochure to the Indian Health Board in Seattle, Wash. They are trying to start up a nutrition program for the elderly. I sent them all the information that I had available that will assist them to help them get started and show them how we put ours together.

One thing I can say in closing: The elderly themselves have really been the backbone of all of this. We have a nutrition committee that meets two or three times a month. They set the policy to develop this. Their menus are selected by them for the people. The people look it over and make changes they like. If the elderly had a hand in its planning, it would be a success. That is where your wisdom and your know-how come from.

Thank you.

Senator DeCONCINI. Thank you very much, Randall. We appreciate that testimony.

Our next witness is Alexander W. Ami, the Hopi Health Service, Oraibi. We are very glad to have you here.

STATEMENT OF ALEXANDER W. AMI, DIRECTOR, HOPI TRIBAL BUREAU ON AGING, ORAIBI, ARIZ.

Mr. AMI. Honorable Senator DeConcini, members of the staff, my name is Alexander Ami. I am director of the Hopi Tribal Bureau on

Aging, a title III project. I am here today on behalf of the Hopi Tribe to testify to the urgency of changing the language of United States Code, title 42, section 3023(b)(3)(a), to allow direct funding upon application by the Indian tribe to the Commissioner of the Federal Administration on Aging.

It is also our position that the Older Americans Act of 1965, as amended, be extended for another 10 years. I would like to include in the record of these hearings a written summation of our major concerns.

The Hopi elderly person is the bearer and preserver of the Hopi Tribe's traditional culture and history. The Hopi elderly persons are not ashamed of growing older. They accept it as a fact of life because they understand that the forces of life and the forces of nature are one cycle and that they have accomplished their being while on this earth. The greatest value of the Hopi elderly is that they represent to us a repository. All that we learned and talked about as a Hopi came to us from our elderly people. All that we hold valuable and important in being a Hopi comes from those who have gone before us. It is with pride and reverence that the Hopi look to their elders.

STATE IGNORES REGULATIONS

The Hopi elderly have always been a part of the extended family. Being the heart and the center of the family, they bring into the family unit experience, maturity, knowledge, and wisdom. "Of all the elderly in Arizona, the ones about whom the least is really known, and certainly the ones whose needs should be identified and met, are the older native Americans." This is a direct quote from the Arizona Task Force on Aging, reported to the Governor of Arizona in 1976. However, the State of Arizona has rarely had the interest or means to provide adequate services to Indian people and almost never offer services that respond to our unique cultural needs and values. The regulations for the act try in a number of ways to force the State of Arizona to focus on tribal needs and to provide services to the Indian elderly, but Arizona has almost completely ignored these regulations.

I will talk about issues and recommendations. No. 1, the Hopi Tribe has historically had a unique legal relationship with the Government of the United States. The present Federal policy of self-determination adopted by Congress in the Indian Self-Determination Act reinforces this relationship. Its goal is to assist the Hopi Tribe and other tribes in developing units of government that provide service directly to our own people. However, Indian self-determination cannot be carried out when the money and control over programs is given to the State. No. 2, the Hopi Tribe has experienced great difficulty in securing adequate funding through Arizona agencies for aging to provide necessary services for the Hopi elderly. No. 3, the Hopi Tribe lacks adequate resources to perform services to the Hopi elderly themselves or to provide necessary matching money for securing government funds.

RECOMMENDATIONS

No. 1, the Congress of the United States of America is hereby petitioned to amend the Older Americans Act to provide for direct Federal funding of programs to serve our elderly. No. 2, appropriations by the Congress for native American programs for services to our elders shall be based on identified needs rather than on per capita basis. I am saying this because we are a small tribe. No. 3, funding of all programs to serve our Hopi elders by the Administration on Aging shall be for a minimum period of not less than 5 years. Those programs which have demonstrated their effectiveness in serving Hopi elders shall continue to be funded on an ongoing basis.

ISSUE

The establishment of a nursing home on the Hopi Reservation is a priority need. Currently, the Hopi elderly needing skilled or custodial treatment are placed in a facility many miles away from the family and their own cultural surroundings. Many of our elderly persons have died in these facilities prematurely due to a sense of alienation and loneliness they have felt in being away from their familiar surroundings.

RECOMMENDATIONS

No. 1, Federal funds should be made available directly to the Hopi Tribe for the design, construction, and operation of these facilities at the local level. No. 2, Hopi nursing homes or shelter care facilities on the Hopi Reservation shall not have any State controls imposed on them. Federal regulations shall govern these facilities similar to the Indian Health Service Hospital.

ISSUE

Some of our Hopi elderly live alone and are too incapacitated to live in existing private dwellings without adequate supervision.

RECOMMENDATIONS

No. 1, that on-site paraprofessional service be made available to assist the Hopi elderly person. No. 2, that sufficient funds be provided for adequate care for the Hopi elderly in all areas of identified service needs, such as homemaker services and social services, to meet their social and emotional needs.

ISSUE

Some of the older Hopi persons are suffering from malnutrition. This is the result of the inadequate and sometimes total lack of information regarding a properly balanced diet. The present Federal food programs are not designed to meet the nutritional needs of the Hopi elderly.

RECOMMENDATIONS

No. 1, that all nutritional programs be adequately funded directly to tribal groups to satisfy the nutritional needs of the Hopi elderly. No. 2, the U.S. Department of Agriculture must assist the Hopi Tribe in the development of food programs utilizing existing programs such as food stamps and medical services to fit the particular nutritional needs of the Hopi elderly persons.

ISSUE

Lack of transportation deters the Hopi elderly from acquiring the necessities which would assure him of a normal and healthy life. This often denies him the opportunity to obtain the necessary medical services. Also, poor road conditions, lack of adequate communications systems, absence of public conveyances, and isolation compound these problems.

RECOMMENDATIONS

Funds should be allocated to assure the Hopi elderly of their transportation needs. One of the ways the problem could be alleviated is by providing a vehicle necessary to overcome the existing conditions cited above.

ISSUE

The social, physical, and spiritual well-being of the Hopi elderly is of the utmost importance. Funds are inadequate to finance social and cultural needs oriented toward the Hopi elderly.

RECOMMENDATIONS

Sufficient funds should be allocated for the Hopi elderly to develop and assure the continuance of activities which are important to their physical, spiritual, and cultural well-being. Such activities might include, but not be limited to, social gatherings, sewing, cooking, arts and crafts, gardening, farming, and other means of recreation. These measures will promote better health for the elderly and avoid the possibility of loneliness and depression.

ISSUE

Last, but by no means the least, is the critical issue of health. In comparison with other races in the country, the Indian people generally suffer from very poor health conditions. This situation is compounded for the elderly Indian people. These conditions are further aggravated by lack of funds for dental care, hearing aids, and eyeglasses. Medical services for elderly Indians are inadequate to meet their needs. Several reasons for this are insufficient staffing, inadequate health facilities, and the seeming lack of concern of the Federal and State services on aging. In addition, there is a lack of Indian professional medical staff to assist in upgrading medical services to elderly people.

RECOMMENDATIONS

No. 1, all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation for Hospitals. No. 2, that sufficient funds be allocated to finance all aspects of health services so as to provide complete health coverage. No. 3, that educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.

In conclusion, funding for the Hopi elderly must be directed to the Hopi Tribe. This is because the tribe is best equipped to manage their own programs. Funding must also be provided under all titles and it must be sufficient for the numerous necessary programs. For too long since the act was passed, the Hopi Tribe, as well as the other tribes, have been left out and reservation programs have not received adequate funding. Not until 1974 was funding for the tribes allocated. Most of the funds were for model grants or small feeding programs. Even now we are still being offered only a fraction of what is needed. We believe that you and the Congress would like to take adequate steps toward helping the older American programs on the Hopi Reservation. We ask, therefore, that you seriously consider the points raised in this statement.

Enclosed is a resolution¹ passed by the Hopi Tribal Council. It is self-explanatory.

Thank you.

Senator DeCONCINI. Thank you.

The next witness scheduled was Hampton Haozous and we will have a representative later of the San Carlos Apache nutrition program, or the tribal people here from San Carlos who will testify later.

We will now go to Billy Kane, the director of the Native American Program, White Mountain Apache Tribe, Whiteriver.

STATEMENT OF BILLY KANE, DIRECTOR, NATIVE AMERICAN PROGRAM, WHITE MOUNTAIN APACHE TRIBE, WHITERIVER, ARIZ.

Mr. KANE. We have prepared a brief statement addressed to Senator Frank Church, Senator Dennis DeConcini and the other members of the U.S. Senate Special Committee on Aging.

Senator DeConcini, I would like to introduce to you some of the tribal members that have come with me from our country up north.

I have Mary V. Riley, a tribal council member and also a member of the senior council on projects; Mr. Peter Riley, a veteran of the armed services from the Seven Mile District; Velva Cromwell, a participant in the title VII program from the Carrizo District.

Senator DeCONCINI. We are very pleased to have you here.

Mr. KANE. My staff people: Mrs. Cynthia Parker; my assistant, JoAnn Proulx; the nutritionist, Mrs. Daisy Lupe; Mrs. Alverna Roberts, one of the drivers for the group, and Sharon Goklish.

We also have staff from the Public Health Service: Dr. Tim Strand and public health nurse Genevieve Hopper who, with your permission Senator, will present a slide film. I understand the distance prob-

¹ See appendix 1, item 1, page 889.

lem was mentioned here and we would like to show you part of what we are trying to express to you.

Also, my family members, my wife and my daughter, are back there by the door.

On behalf of the White Mountain Apache Tribe and the tribal chairman, Ronnie Lupe, we, the members of the White Mountain Apache Tribe in the State of Arizona, would like to thank you for the opportunity today to express our concerns on behalf of our elderly members. We have come from the north approximately 200 miles from here where our reservation consists of 1,664,372 acres of wild and beautiful high country covered with Ponderosa pine, spruce, fir, and aspen; pinyon, juniper, sycamore, and oak grow thick along the lower slopes and streams.

Our large reservation is situated in a remote area ranging from 2,700 feet above sea level to 11,500 feet above sea level at Mt. Baldy—the White Mountain peak. We had the first few days of snow flurries just this past week. We have nine major communities on our reservation: Whiteriver, North Fork, McNary, Seven Mile, East Fork, Canyon Day, Cedar Creek, Carrizo, and Cibecue. The farthest community from Whiteriver is Cibecue, located 50 miles due west.

Most of the major community roads are paved, except to individual homes.

On the national level, there are 10 percent of the population who are over 65 years of age. On our particular reservation, in 1976, there were only 2 percent of our population who were 65 years and over. There is currently 4.1 percent of our population—which is 8,750 members—who are only or over 60 years of age. This clearly indicates that very few of our elderly live past the age of 65 years.

EXISTING PROGRAMS FOR THE ELDERLY

The following are the existing programs we now have on the reservation. First, the title VII nutrition program which serves approximately 219 senior citizens daily at five site locations. Second, Administration for Native Americans Senior Opportunity Service provides work programs for 10 elderly daily in two communities, \$69 per week per participant. Three, the National Council on Aging work program serves only 22 elderly daily in two communities at \$72 per week per participant. Through the BIA social service department all we have are custodial and skill care, nursing care, skill boarding, and non-medical and personal care. These programs simply do not provide enough services for our elderly.

The following statements are devoted to the needs of our elderly White Mountain Apache Indians. Nursing homes, skill care—there is a great need for a nursing home on this reservation, that is, Fort Apache Indian Reservation. In the past, we have sent our elderly who needed care to other far-away municipal areas like Mesa and Phoenix. The facilities situated in the desert provide care to a predominantly white population. Our elderly are often placed where no one understands their language or culture. Loved ones can seldom visit due to the long distance involved.

Most of our elderly have a unique tribal code of ethics and retain cultural ties to their homeland, as well as lifestyle. It radiates credence that the elderly will prolong their lifespan if there were appropriate skill care services available here on the Fort Apache Indian Reservation. Therefore, most of the elderly, once they leave their homes for a distant nursing home, begin to feel dejected, demoralized, and unwanted, thereby creating a feeling that they have been turned away to die. Once the nursing home is established and operating, the attitudes will change for the better, allowing relatives to visit them more often. We are hoping to establish this nursing home in the old Indian Health Service Hospital when the new one is completed in about a year.

There is quite a demand for foster care services for the elderly who do not need skill care, particularly during the cold months during the fall and winter. Most of the existing nursing homes in the valley will not accept the elderly who do not need skill care. Second, we have 25 elderly in the nursing home, of which 17 are for skill care services.

There are great needs of the elderly for homemaker services programs as well as for the home health care program. With this, most of the foster care needs would be dealt with.

Most of the elderly do not own vehicles, motor driven or otherwise, and need shopping assistance. Some of the communities have privately owned trading posts where merchandise and food items are exorbitantly priced. There is only one supermarket now owned by the tribe and it is in Whiteriver, which is anywhere from 1 to 50 miles away for the tribal elderly. A relevant transportation program is a must.

Our nutrition program for the elderly under title VII should not go under the area agency on aging. Rather, an Indian agency on aging should be established because of the various Indian cultures and sovereignties. We also urge performance funding for title VII programs.

HOUSING PROGRAM NEEDED

There is a definite need of a housing program for our elderly. The existing Federal housing program criteria eliminates the elderly from the start, due to their meager income. Individual income per annum seems to be the basic criteria upon which eligibility is decreed. Need should be considered the basis. Because very few of our elderly reach the age of 65 years and over, the eligibility age should be lowered for the Indian elderly programs.

We stress the need for continuing programs of group feeding and home delivery of meals for the elderly. Most of the elderly reside at least 4 miles from the feeding sites. Few of the participants own motor vehicles. Expansion of the feeding program is being contemplated to serve the remaining communities. Construction funds for feeding centers and senior citizen centers should be made available, as well as operation funds. Recreation funds should also be on hand for use where applicable.

The work program for the elderly should be on a year-round basis. Presently the work is based on a small budget which allows only 3 months' activity for 10 participants. These are only for 55 years of age and older.

Senator DeConcini, with your permission, we would like to show these slides.

Senator DECONCINI. Mr. Kane, what I would like to do at this time is take testimony from Delores Hanga who is here from the Hualapai Tribe. The hearing is going to continue, but I am going to have to leave shortly after this. However, the hearings will be open for all who are here to participate. Lois Pfau, Debby, and Tony will be here to take the testimony, which will be printed and delivered to each Senator. I have some particular questions written down here that I would like to have answered, too. Due to scheduling problems, if you don't mind, I would like to hear from Delores at this time on the Hualapai nutrition project. Then we will see the slides.

Mr. KANE. Thank you.

Senator DECONCINI. Thank you.

STATEMENT OF DELORES HANGA, DIRECTOR, HUALAPAI NUTRITION PROJECT, PEACH SPRINGS, ARIZ.

Ms. HANGA. Good afternoon everyone.

My name is Delores Hanga from the Hualapai Tribe. We are from the northern country. I am not well prepared, but I know my people well and I work with them day by day and feel that we, as a small tribe, are just the same as the other tribes here—but we are isolated. Highway I-40 will be going through in 1978. There won't be very much traffic and we will probably run out of business in our \$1 million store that was just built there 1 year ago. We, as a small tribe, are trying to do our best in order to get our elderly going day by day. We feel that they do need to exercise and they need nutrition just as much as anybody else. They need it every day. They need a well-balanced meal. We have a problem there with diabetics. I read in the paper that there are other Indians, as well as white people, but that is our No. 1 disease among our Indian people.

We have several of our elderly people that are here in the nursing home in Leven and the Phoenix area. We have transported all our Hualapai elderly people up to the Kingman area in a nursing home that is 50 miles from our area, which was a short trip for our people to go and visit our elderly people there at the nursing home. We take them every week. We try to see that they are well, but I can't say that they are well because they are sick, and their sickness is increasing year by year. They are getting more medications year by year. We studied them every year, every day, every month. We have tried to study their ways and we know what to expect from individuals because their ways are changing. They are just like going back into their second childhood.

NEW HOMES DEFICIENT

One of our biggest problems in the Peach Springs area is the 70 new homes that are being built there. Most of our people are in these 70 new homes. I, also, am included in that 70 new homes. In the wintertime last year, all of those in the 70 new homes were living in the front room because the only heat they had was the fireplace. It is so drafty. There is no heat in these 70 homes. Even now when it rains the roofs leak. Most of these homes are leaking. Even my own

bedroom is leaking right into the center of my bed. I have a big tarp there. I was ready to go to Utah and just leave that tarp there where the water can drip and go across my bedroom. These homes and so forth are the problems that we have there on our reservation.

Also, we have a problem with our water. We are not getting enough pressure for these new homes. Not too long ago one elderly gentleman did not take a bath for such a long time he got infected so bad they had to bring him into the city hospital. Most of our elderly people do need cleanliness. I and my office worker and health services try to do our best to teach them and try to help them as much as we can. We do the cooking and cleaning around the houses as much as we can and try to bring wood in. We have 12 people working in the program. They have a big truck there, but it is so muddy out there on the reservation that they cannot bring wood in. This is the problem that we have there on the reservation also.

The people that are in the nursing homes in Kingman are not eating the food that is being served to them. We have three young qualified Hualapai girls that are working there as nurses' aides to help with our Hualapai elderly in the nursing home. We have found that they are not eating at all because they wish for the Indian food that they have eaten for so long. Once they are put away in these nursing homes, they are not eating at all.

So we have made up our minds to take food down to them through our food and nutrition program and feed the meals there or have the staff in Kingman prepare the meals for our elderly people there. It would be a separate meal for them. They are dying slowly in the nursing homes; they are lonely, they can't read, and they feel that they are not wanted. We would like to see our young people who are there on our reservation somehow bring some of our elderly home where they could be among their own people. We would like to try and help them as much as we can. All these problems exist there on our reservation. We need help. We are a small tribe and we cannot do it alone. We need your help.

Food and nutrition is also combined in one big building. There are about three or four programs in that one area. That is the only building that we have there. We have a tribal office, Head Start is there, the health program, and food and nutrition. We have all this in one building. It is so crowded. We need to have a new senior center for our people. Once they are old, they like to do their own thing. We need a new building for our people and for our elderly program.

Senator DECONCINI. Delores, I'm sorry to interrupt you, but I am going to have to leave at this time.

What I would like to do now is to go to the films. Then we will have some questions for you.

Ms. HANGA. Yes. Thank you very much.

Senator DECONCINI. Thank you.

You can go ahead and start the films.

Dr. STRAND. Senator DeConcini, can we ask you any questions before you leave?

Senator DECONCINI. I'm sorry. I am going to leave right now. My staff will be here. They will take the questions.

SLIDE PRESENTATION BY DR. TIM STRAND AND GENEVIEVE HOPPER, NATIVE AMERICANS PROGRAM, WHITE MOUNTAIN APACHE TRIBE, WHITERIVER, ARIZ.

Ms. HOPPER. This is an 86-year-old man, Lee Declay. He is almost blind, and he is hard of hearing. He lives in this little house.

Dr. STRAND. This man used to be a councilman of the Apache Tribe, and also one of the sheriffs in Whiteriver many years ago. He was at one time shot in the line of duty as a police officer. He lives now in a little shack in Whiteriver.

This is another picture of Lee. We got there to take these pictures just about dinnertime. Lee was just sitting down to dinner. You can see his cup and his bowl covered with flies. I have treated Lee on several occasions for diarrhea, in the hospital, and for dehydration. I wondered why he kept coming back, over and over again, sick. He has no screens on his windows. He has no screen door on his house. He has no indoor toilet. He has an outhouse right outside the house. When I was out there visiting his house, I can understand quite well why he comes in sick over and over again.

Genevieve mentioned—Genevieve is one of the field health nurses that goes out and helps to take care of some of our elderly patients in the community. She mentioned that Lee is deaf and blind at this time. He lives in this little one- or two-room shack there. If he can make it out to the outhouse, he goes there. In the winter there is often snow on the ground. We are a little different from the other tribes. We are not situated down at the bottom of the desert; we are up in the high country. Our lowest town is around 4,000 or 5,000 feet above sea level. McNary is at 7,000 feet. It is extremely cold. Lee often doesn't make the trip out of there to the outhouse in the wind and snow in the winter.

Ms. HOPPER. This is Etta Antonio and Eric, her husband. He is 76 and she is 71. She is in a wheelchair. She can't walk. Her husband is paralyzed on one side. They live in a two-room shack. There are about six of their grandchildren in these two rooms.

VISITING NURSES NEEDED

Dr. STRAND. This is one of the rooms in Etta's house. They are both in their seventies. They have both had strokes. Neither one of them is very strong. Etta, like many other elderly patients, has diabetes as well. She could be greatly assisted by a visiting health nurse. At this point in time, neither the BIA nor the Indian Health Service has provided for visiting health nurses or visiting health aides. They could just go around once a day and check on these patients, make sure they have firewood, and remind them to take their medicine once a day so they don't get sick.

You can see here that they have the same problem as Lee and that is that there are flies everywhere. This is a major health problem; flies and mosquitos cause many diseases—not only diarrhea, but encephalitis and other really severe diseases. You can see there the footprints that flies have left when tracking in the mud outside of

the house, then landing on the roof. Over the past several months, they have left their footprints all over the lightbulb and all over the ceiling.

This is a view looking from the second room in this little house where six or eight people live. In this room a mother and a new-born child live. You can just see the corner of the bed there on the left. The child is now 2 months old and has gained no weight since it was born. I have had the child in the hospital for the past several weeks. The child constantly has diarrhea and was not gaining any weight. These are problems relating to housing, problems relating to environmental health, making sure that people have screens on the doors and windows. Nobody really takes the responsibility for this. We do have people who work in environmental health, but they haven't got around to some of the basic and important things like buying a little bit of screen.

Ms. HOPPER. This is Riley Loas. He lives alone. This is a new house.

Dr. STRAND. I've seen Riley Loas many times in the hospital. He has Parkinson's disease—shaking—and I have tried to get him on some kind of medicine regimen at home because he was refused nursing home care by the BIA. It is extremely hard to regulate the medicine at home because the medicine he needs must be taken three or four times a day. He is somewhat senile and he can't remember how many times he has taken it or if it has been taken at all. I have finally given up trying to treat the shaking from the Parkinson's. It could be treated in a nursing home. In addition, on one occasion he came in when he had fallen and he had a huge bruise over one eye. I was really concerned and requested that for his own health he go to the nursing home for a while. He refused to go to a nursing home because the only nursing home available for our Apache people in a foreign country, is in Phoenix, where no one understands his language, where no one knows his customs, and where his family cannot visit him. We need a nursing home in Whiteriver to take care of our patients there. He absolutely refused to go to a nursing home away from his country.

NURSES' TIME CONSTRAINTS EVIDENT

This is a picture of another one of our fine public health nurses, Pat Declay. The specific role that these nurses are supposed to have is in patient teaching, health education, teaching in the schools, teaching people how to keep from getting TB, in following up on cases, and tracking down public health problems. These nurses are not really able to do this because they must spend all of their time running an out-patient type nursing home—running around and taking care of all these patients that could be served well in a nursing home in Whiteriver.

There is another thing that we desperately need. Senator DeConcini sent us a letter and asked us what we needed in Whiteriver. One thing we need is educational loans so that more people can go away and become nurses and physicians and business administrators and hospital administrators. They would then have the wisdom and experience to run their own programs. I am not sure what educational aid programs are available, but if the Senator could put in a

word there on educational assistance, specifically for native Americans, this would be of a great assistance to these people.

Ms. HOPPER. This is Dolly Burnett from Canyon Day.

Dr. STRAND. I don't know too much about Dolly Burnett. She doesn't trust white people very much, I don't think. I don't believe she has been to the hospital in the last year and a half. She is very independent. She lives alone in this little one-room shack in Canyon Day on the Apache Reservation. You can see there the holes in the walls. You can see the wood. The wood used to build their houses is essentially kindling. This is a problem that has killed three of our Apache people in Whiteriver. They have died in fires when their little one-room shacks have burnt down, trapping them inside. This is a definite problem relating to poor housing. If you will look inside, you will see that she has just a heating stove to keep her warm through the winter when the snow falls. Her stove has a broken door. There is no way to keep the cinders inside from landing out on the floorboards and burning her to death. This is a horrible thing to see. Something that I will never forget. It impresses upon my mind the need for safe and adequate fireproof housing, a thing which many of our elderly people do not have.

This is another picture of the open fire. There is no way to close that fire off.

This picture was specifically for Senator DeConcini, who has left. I wanted to show Dolly sitting there with the hat of her husband and the chaps of her husband on the wall and the American flag, under which she sits in her little one-room house. She is an American citizen but, I believe, has grown somewhat suspicious. When we went down to take her picture, she wasn't really sure that anything good was going to come of it.

This is a picture of all of her belongings wrapped around her in her little 10- by 15-foot house. It is a beautiful picture of a lady in her midseventies, a very independent lady, but a lady who will need some help in the future by visiting nurses, some help from a nursing aide, or a nursing home.

This is the last picture. I would like to entitle this one "Do you really want to help?" She looks just a little skeptical. The field health nurse who talked to her that day told her we were taking these pictures to try to impress on the Senators the needs of our elderly people, but don't be too upset if nothing happens for a few years. Things tend to move a little slowly. She looks like she does not expect too much change in the next few years.

Ms. PFAU [presiding]. Thank you very much, Doctor, for those slides.

Doctor, you said that you would like to ask some questions of the Senator. If you would like, we would be very happy to accept them and we will get a response back from the Senator to you and to the group.

NEW INDEX FOR FUNDING PROGRAMS?

Dr. STRAND. I have just one major issue that I would like to address, which is the need for indexing of all Federal health, education, and welfare programs so that the dollar amount given to these

programs is indexed to the rate of inflation. We have a problem with many of our programs given at a set amount. One program—and this is not specifically related to the aged—is the maternal and child health program, which has cut down our infant mortality rate a great deal on the reservation. I was given a budget 6 years ago of \$226,000. That budget has not increased by a single penny in the last 6 years. The rate of inflation has increased the cost of services. It looks like we are getting a great deal of money when, in fact, we have gotten a 48-percent decrease in the funding of that program. All Federal programs, in all fairness, should be indexed to the rate of inflation. Can anything be done to help the erosion of our health funding, our education funding, our welfare programs caused by this inflation? I might just add, in explanation, that each time the salaries go up—my salary as a physician and the nurses' salaries—we fall into higher tax brackets so we are taxed at a higher percentage rate and actually pay a greater percentage of our income for taxes but, in return, the health and welfare programs are not indexed to take this problem into consideration. A specific example is the maternal child health program. There was one physician and four nurses funded under this program. We are no longer able to afford our physician. We have three nurses and one administrator. This happens in all our programs; the elderly, maternal and child health, the budget for the hospital—we have to operate on the same dollar amounts this year as we operated on last year. That is an 8-percent decrease. We severely need an increase consistent with inflation to maintain a steady service.

Thank you.

Ms. PFAU. We understand and we certainly will get this answer back to you.

Dr. STRAND. There will be appearing—perhaps not this Sunday, but the following Sunday—in the Arizona Republic some articles. I asked the press to come up and look over our hospital and talk to people in the Indian Health Service office. This should appear in the Arizona Republic.

Ms. PFAU. Thank you very much, Doctor.

Senator DeConcini left some questions for the witnesses. Then we are going to hear from the rest of you.

Yes, do you want to say something?

Mr. STEVENS. I am Jess J. Stevens. I would like to say a few words. I have to leave pretty soon.

Ms. PFAU. Very well, we will let you say a few words.

STATEMENT OF JESS J. STEVENS, MEMBER, NATIONAL INDIAN COUNCIL ON AGING, SAN CARLOS, ARIZ.

Mr. STEVENS. Reverend Father and members of the panel, ladies and gentlemen. I am a San Carlos Apache from San Carlos, Ariz.

The reason why I came here, I thought the Senator would hear a little of my problem. I am a member of the National Indian Council on Aging. I will be going to Oklahoma City in the next 2 or 3 days. I want to know if we can get some funds expanded. The funds that we are now getting don't cover all our problems. They are really needed because there are many of the older Indians who are not getting what they should be getting on the reservation. We would

like to know if we could get a little more money to be able to carry out our transportation program and have a nutrition program like it should be carried out. It is being carried out now, but it isn't enough to cover the whole reservation. It is not enough to cover the older Indian people at all. We have a very poor system of transportation.

Also, we have inadequate hospital facilities. Now, I know Congress this year has cut down on some funds. I understand the plan is that they are going to be laying off some personnel in the hospital. Now, this is really needed. Unless we as Indians ask for these additional funds for the programs that need to be carried out in some of the reservation hospitals, especially ours in San Carlos, we aren't going to get them.

ADDITIONAL FUNDS NEEDED

There are a lot of things that are really needed. I am also a member of the health board in San Carlos, which is a different setup. On that health board, there are a lot of things that could be had if they had the money. This is actually money from the U.S. Public Health funds. It is expended to create such a program on the reservation, which has been done, but the money isn't enough. We need transportation badly. I am sure that all the Indians need transportation. Especially we need more funds. As I said before, we need to expand a little more. We need additional funds to carry out sufficient programs for people.

I wanted to say this to Senator DeConcini, but he had to leave.

Ms. PFAU. He will hear what you are saying.

Mr. STEVENS. Good. This is all I have. I have to go. I have a long ways to go and I can't drive at night.

Ms. PFAU. Thank you, Mr. Stevens. I know you came a long way. I know what time you started out this morning because I met you here this morning, if you remember.

Ms. Kilmer has something to say.

Ms. KILMER. As you entered the auditorium in the back, there are some pink sheets that say if there had been time for everyone to speak at the hearing you would have said such and such. These sheets are available to you. They have Senator DeConcini's address on them. If you want to take them home, take some back to your reservations or your communities where you are from; you can take these and have them sent into Senator DeConcini. That statement will be included in the hearing record like all the statements given here today.¹ Also at the bottom, if you just wish to get the transcript from this hearing, you can just check this down below and mail it to Senator DeConcini and he will be sure that everyone gets a copy of the transcript of this hearing. The address is on the pink sheet. All the information is there that you need. You only have to mail it to us with whatever you want. If you want the statement included in the record, it will be done. Please take any of these you need in the back of the room when you leave.

Mr. STEVENS. Mary Riley would like for me to interpret for her.

¹ See appendix 3, page 900.

We all came into this building for one purpose only—I think it was all for one purpose.

She says we are all in need of more money to carry out our programs. We are all working the best we can, but the money isn't there. We are now in the progress of building a new hospital at White River. When that is completed, we would like to have our present hospital—half of that is in good shape. We would like half of that so that we can have all of our older people that are now in rest homes brought back to our own reservation. In about 1½ years, we are hoping that the hospital will be completed and we can bring back all of our older people from the various rest homes in the State.

“WHEN THEY SEE ME, THEY CRY”

We, as council members, have talked about additional funds from the Government in order to carry out these programs, and also with the tribes' own money so we can take better care of the older people. The reason why I am saying this is because I do come to Phoenix rest areas and some of our older people that are in there—when they see me, they cry, they want to go home. It hurts me so bad. This is the reason why I would like to see my older people back in our own reservation. I don't speak very good English. I understand a little. I would say more, but I thank you anyway for listening to me.

I may say one more thing. All of us Indians have unique problems all over the country. I will speak for the urban Indians. The urban Indians also are in need of many things, perhaps maybe in the same line which I have asked for. I know that many of our urban Indians are sometimes not being accepted into the hospitals because they are urban Indians. These Indians are urban Indians not because they want to be urban Indians—because they want to have a job, they are looking for employment and they have to move into the cities. This is the reason why I feel that our urban Indians need as much as the reservation Indians. I am speaking for all the Indians of this States and the United States.

Ms. PFAU. Mr. Stevens, I believe that the urban Indians are here to testify today and we are anxious to hear their testimony.

Mr. STEVENS. I'm sorry, I am hard of hearing.

Ms. PFAU. I am really grateful to you.

Mr. STEVENS. You must remember I am an old man.

Ms. PFAU. We appreciate what you have said.

Mary—did we get Mary's last name?

Mr. STEVENS. Mary V. Riley.

Ms. PFAU. I know that Mr. George is here to testify. Tammy Sixkiller, are you here, too? I know there were others that came in and said they had prepared statements. We would like to hear from all of you.

STATEMENT OF BOB GEORGE, EXECUTIVE DIRECTOR, DIVISION OF SOCIAL WELFARE, NAVAJO TRIBE, WINDOW ROCK, ARIZ.

Mr. GEORGE. My name is Bob George. I am with the Navajo Tribe. I am the executive director for the newly created Navajo Division of Social Welfare.

I am sorry that Senator DeConcini had to leave our presence this afternoon. I would have hoped that he could have stayed a few minutes longer so he could hear from various representatives who have requested they be heard personally and who have various statements to issue officially on behalf of the governing bodies of tribal governments that are situated within the boundaries of this wonderful State of Arizona.

As indicated, I am presenting this statement on behalf of the Navajo Tribe, on behalf of Chairman Peter McDonald, and on behalf of the Division of Social Welfare for the Navajo Tribe. I certainly am appreciative of this opportunity, members of the staff, Senator DeConcini, panel members of this hearing, and various representatives officially or nonofficially, and interested persons who are interested in the plight of the Indian people in this country and in this State. I, again, am thankful for this opportunity.

It is important that we try to increase our understanding of each other and that we speak with respect for each other. I would like to share with you your own interpretation of aged as a basis of furthering our knowledge. "To acquire a desirable quality by standing undisturbed for some time; to become mellow or mature; to bring to a state fit for use or to maturity." Comparing this definition to the current status of the elderly in both contemporary American society and Indian culture, it is ironic that the Indian attitude toward its elderly is far more compatible to the above definition than is that of American society's. In viewing the role of the elderly in the two lifestyles, one is faced with an important basic difference—an industrialized culture versus an agrarian culture, or mechanization versus humanism. Industrialization, with all its wonders and luxuries, is accompanied with the notion of replacement—parts are easily forced aside and discarded if slightly worn. Unfortunately, the process has extended itself to people, and today you find the elderly deteriorating in nursing homes across the country, somewhat of a forgotten people.

INDIAN CULTURE REVERES ELDERLY

The Indian cultures have always viewed the aging process with reverence, as a time to look forward to. For, as age increases, so does one's value in the family and social structure. We like to think that our culture is part of what is perceived as distinctly and authentically American around the world. And this Nation's treatment of our culture is, in many lands, the true test by which our Nation's commitment to freedom, democracy, and equality is judged. For better or for worse, we are now bound up in the same future. If only out of self-interest, we must be committed to each other's survival. Neither can flourish without the other. We cannot win respect around the globe without respect for each other at home.

Therefore, we, as Navajo people and American citizens, strongly feel a crucial concern that more understanding and fuller respect can only come from a stronger commitment and maximum involvement at all levels of our governmental system.

This being understood and implemented as relates to any type of human service delivery cannot harm our endeavors. Maximum involvement, as viewed by our people, is having input and/or control at the administrative levels of various programs affecting program participants. The ultimate intent is, of course, for Americans to increase their strength in the decisionmaking mechanisms governing and controlling various elements of their lives.

Through this attempt to increase our voice in such decisionmaking processes, needy Americans throughout the country have begun developing mechanisms to strengthen such policies and concepts for the purpose of developing the necessary skills for administering programs for their locale.

Maximum involvement of specified target groups in decisionmaking is today a concept highly advocated in the United States. Such a concept is ideally linked to decentralization. The idea being, of course, that only those persons directly affected by the umbrella program can realistically set program standards. Such a concept has been put into action by the Social Security Act's title XX program for all needy people; Public Law 93-638, the Indian Self-Determination Act; Public Law 94-437, the Indian Health Improvement Act; and title II of the Social Security Act, grants to States for social security, which permits American Indian governments to establish their own standards in American society for reservation day-care centers, institutions, and foster homes.

It is the belief of the Navajo Nation, as evidenced by insufficient services to the elderly on its reservation, that the needs of the rural elderly Americans are not being adequately implemented or fulfilled. The elderly are the cornerstone of our country but, tragically, have become one of the most neglected groups. The major focus to date has been on the urban elderly population, probably due, in large part, to the easier accessibility of this group. Therefore, we are most concerned and interested in working toward new service delivery for the rural elderly.

In so doing, two major concerns must be addressed. Participation in administration and funding mechanisms, as well as how they directly impact the quality and quantity of service delivery.

ELDERLY PARTICIPATION DESIRED

Participation in administration, since the intent of the Older Americans Act is to develop plans, conduct and arrange for research in the field of aging in the implementation of this act, then it stands to reason that implementation plans of the Older Americans Act would reflect more involvement of rural elderly by, first, recognizing the appropriate government entities—State, local, and tribal governments—which can provide relative appropriate direction and advice through very capable and well developed administrative mechanisms. This would, indeed, foster and strengthen the democratic principle of the right to govern one's self, to change the service delivery system to focus more realistically on problem areas and resolve them.

It is important to recognize that any older Americans legislation cannot infringe upon State government authority or jurisdiction,

but, just as important, it must avoid infringement upon Indian governments and its jurisdiction.

Second, the rural elderly population of this country face a multitude of problems, inclusive of reduced mobility, poor nutrition, low income, and deteriorating health. The Indian elderly population faces similar conditions, but at a rate three to four times more severe than the general rural population. Not only are they faced with such problems as stated above, elderly Indians are witnessing the destruction of a unique lifestyle and traditional beliefs. To paraphrase General MacArthur, "Old lifestyles never die, they just fade away." The elderly Indian population has experienced and endured more emotional upheaval than any group in this country. They have suffered injustice, in addition to demoralization, through this country's attempt to assimilate them into American society. All that has been sacred and dear to them has virtually been ripped from them in our efforts to force them into the "melting pot" ideology.

If the intent of this Nation is indeed to continue its pursuit of such an ideology, some humanistic consideration will have to be made regarding the severity of physical and emotional conditions elderly Indians have been forced to endure.

How much longer must elderly Indians have to endure such heart-break? How much longer does this Nation wish to allow such suffering to continue? Indians have never been allowed the basic right to direct their own lives in a country founded and resting on a principle of individual freedom.

Services extended to elderly Indians should be built around family unity and dignity—major elements of Indian culture. The focus of service should be changed to allow for compatible adjustments within American society to address the diversified needs of our elderly population. The concept of program delivery should be directed to the elderly within their own environment, lifestyle and accommodation according to their needs. To exemplify, focus change in areas of health care services and protection services for the elderly could be strengthened so that institutionalization would exist only as one viable alternative out of three equally feasible choices.

FUNDING MECHANISM

The current approach in providing comprehensive services to elderly Americans through planning processes and administration of human service programs gives the State and Federal governments a significant role in regulating distribution of resources. Neither of these alternatives recognize the decisionmaking capacities of tribal governments, nor the capacities of the American Indians. Such regulatory measures do nothing more than promise to erode the decisionmaking capacities of our tribal governments.

Our country and our Government has a reciprocal duty to protect our future and to see to it that our country's history and its cornerstones, our elderly, are not forsaken. We realize that as the minority of the minority of this country's elderly, we are vulnerable. We are concerned and we ask that you become concerned that this vulnera-

bility is not exploited and that wherever possible alternative means are developed so that our history and our hope for a future are not treated as the most expendable.

We ask that you, our country, our Government, seek alternatives, that together we seek alternatives before we become victims of each other's misunderstanding and confusion.

In closing, I offer the following. A poet of your culture once wrote:

"Though you have shelters and institutions,
Precarious lodgings while the rent is paid.
Subsiding basements where the rats breed or
sanitary dwellings with numbered doors,
or a house a little better than your neighbor's.

"When the stranger says: What is the meaning of this city?
Do you huddle close together because you love each other?
What will you answer? We all dwell together to make
money from each other?
Or this is a community?

A few years ago, N. Scott Momaday, a Kiowa, wrote:

"There was a house made of dawn.
It was made of pollen and of rain,
and thel and was very old and everlasting.

"There were many colors on the hills,
and the plan was bright with
different colored clays and sands.

"Red and blue and spotted horse
grazed in the plain, and there was
a dark wilderness on the mountains beyond.
The land was tilled and strong.
It was beautiful all around."

I do not know if we will ever come to a common understanding of our communities and/or house. I do know it is the house and/or community we must all live in—together.

Thank you.

Ms. PFAU. Thank you, Mr. George.

Mr. McKinley, I understand that you have come a long way to make a statement. We would love to hear from you now.

Can you come up here or can we bring the mike to you?

Mr. MCKINLEY. I could stand here, I guess.

Ms. PFAU. Fine.

STATEMENT OF HOWARD MCKINLEY, VICE PRESIDENT, NAVAJO NATION COUNCIL ON AGING, WINDOW ROCK, ARIZ.

Mr. MCKINLEY. Thank you representatives of Senators DeConcini and Domenici, officials of the Senior Citizens Administration, and brothers and sisters of the Inter-Tribal Conference.

It is a pleasure to be here because we come in the spirit of what the late Paul Jones said in a congressional hearing in Washington. When the Pimas and the Papagos were restricted to drilling more wells in their land, he asked why. The Congressman asked him why he was concerned about other people's water problems when he had problems of his own. He replied that a Christian nation had taught:

the Indian people that we are our brother's keeper. It is in that spirit that we come here today.

We also come here together with our representatives—our Congressmen. I know this is a spark of political trust, but it clears up every once in a while. Senator DeConcini is one of our leaders who led in some political victories that were of great concern. We are glad and we hope they will stick with us to the end to win, not only more battles for the senior citizens, but also other deprived groups of our Indian people.

All these policies and flowery records sound fine, but certainly we all agree that we need more funds, we all agree that we need Senators—we all agree that we need all these things, about 40 of them mentioned in the Older Americans Act, which was passed 12 years ago. Today we are not only a dollar short and an hour late, but we are 12 years behind. It is pleasant to think that we are on our way to assist the deprived people.

A picture was shown awhile ago. We have that all over the reservation. In fact, just about 300 yards away from our services, we have one man who sleeps in an old car body while other people get assistance to build a \$100,000 house—a four-bedroom home. That is what I call, bluntly, poor administration. That is what we call this terrible sickness of lack of coordination, lack of setting priorities which are local problems.

“PARALYSIS BY ANALYSIS”

Another chronic ailment which the Indian people have suffered from for the past 100 years is the continual study and analysis of Indian problems. We have that today. It is a critical ailment. It is called paralysis by analysis. It is the misuse of funds, and funds diverted from where they were intended to be used to assist deprived people and elderly citizens.

I want to commend three individuals. Every time I talk about deprived people—I know. I hid this problem until 1 year ago. I always thought that, well, I will attend to my business at 74. I didn't know I was going to have such problems as this. I never paid any attention to it. Lately it grieves me very much to actually see some of the things that were shown in the pictures. We have many programs, some of them overlapping, some of them just bluntly what we call do-nothing programs. That is exactly what some of them are. With people like Senator DeConcini and Senator Domenici—David Lundberg, who started a very active program a year ago, all of which have been lying dormant for the past 12 years: mostly all talk and no action is what it was. The Indians say: “A lot of wind and no rain.” That is what has been happening.

We also talk about problems of the aging. We mention minor things like nutrition and transportation. We believe that they ought to get with it and start in an orderly fashion. We need increased funds for programs and income for individual senior citizens, which solve other minor problems. Their income certainly would solve their own problems. With adequate centers, certainly it would solve a dozen problems. It would solve nutrition and social problems. They could

get together and not only eat, but they could learn and discuss these problems and work these things out themselves. This is what we can do. We have a pilot project—we hope that it is going to be a pilot project—and we call it the cradle of progress. We are in the suburbs of Fort Defiance. We hope to build a limited number. Like most Indians, we don't work together as a team. It is difficult to get some of these programs going.

A year ago I was elected to be the representative at the Navajo Council on Aging, also the local council at the center. I was invited to what they call a congregate meal site. The congregate meal site didn't attract me very much because it sounded like a feedtrough where you get down on all fours and get as much as you can. I think we need to give it a better name. We need something to provide social functions. That is what we are just beginning to do now.

With all these different programs, our problem is lack of supervision—lack of know-how. For instance, our senior citizens are eligible for every housing program. We have some 7, 8—I don't know how many—10 different housing programs. We use all of them. We also have citizens who lack housing. We have all these services we are talking about, but due to lack of orientation, due to lack of committees that will work and do their jobs—for instance, the CETA worker, CHR, CD worker, CAC, all these kinds of programs, a lot of them, can provide all these things. But when it comes to a show-down, it is the people that already have homes that are getting new homes while the deprived people constantly go around in circles just trying to get even a homesite. I think those policies and procedures must be updated and changed from the top down to the local level. The more I observe and visit elderly citizens, their own children, their own grandchildren—they are ripping them off. They are ripping me off, but they do it politely. I have some students down here and they say that they have a big telephone bill, they have a big car bill, they have a rent bill. I scrape up everything I have to pay these bills. Those are things that we should determine on our own.

NUTRITION . . . IS AVAILABLE

As far as nutrition is concerned, let's be sensible and practical. You don't have to talk about it over the radio and promote it. Just give them a good hamburger and you will get all the vitamins you need. Get with it and butcher a whole mutton, eat the whole mutton, you will get all the vitamins you need. Get a good shake. Get down in the Cottonwoods and eat it. You'll get your nutrition. Of course, some of them would like their little dinner wines or milk. I see nothing wrong with that. These are local problems.

When we talk about mass transportation; nobody ever saw mass transportation. Everybody has tried it. Every city has tried it. David Lundberg has got a good idea. Maybe we could provide coupons or a voucher system where you can buy so much gas and provide your own transportation. That is what they are doing now except they are always out of gas or they always have a flat tire, but with a coupon you can buy gas or you can get your flat tire fixed.

Another thing, these deprived people don't always get to the chapter meeting first. They get there when they get there, some of them. It is always the guy that has a new car. It is always the guy who already had one or two or three houses that gets there first. That is why these people are not being served—they didn't come. That is a very foolish answer because every act and every proposal says that people who cannot do for themselves shall be serviced and those are who these programs are for.

I am happy to be here and to say that I think what Nixon said in 1971—Nixon and Arthur Flemming—these documents have been presented or are going to be presented—Nixon and Flemming said to go back to your own respective communities and get to work so that those of us who were there can make their last years the golden years, helping others, giving priorities for the needy and not for our friends, and keep our nepotism and political affiliations out of these priorities.

So ladies and gentlemen, I am here and glad to see our old friends and also to guarantee that we will work together politically. We are going to see that our good friend Domenici will be reelected. We also want to reelect DeConcini. Thank you very much.

Ms. PFAU. Thank you very much.

Mr. Singer.

STATEMENT OF AMOS F. SINGER, CHAIRMAN, NAVAJO COUNCIL ON AGING, WINDOW ROCK, ARIZ.

Mr. SINGER. Thank you. Welcome to this hearing.

I just want to express my strong feelings on what has been said here by Senator DeConcini in his opening statement. I have seen it. We need more understanding and services for the elderly of the Navajo Tribe. Many tribes have expressed their views on this problem and this is very fine.

The Indian Tribes will cooperate with the Federal Government and the State governments of Arizona, New Mexico, and Utah. It has been said that Arizona has the largest Indian tribes from throughout the Nation in one State. We will cooperate with the Federal Government and the State government. We need to run this program the way we want it to operate.

I have been a member of our tribal council for 25 years. I have worked with the Navajo problems until 3 years ago. I am now the chairman of the Navajo Council on Aging.

My vice chairman and my secretary are here too. We think there should be more direct funding and understanding by the Federal Government of the problems the Navajo are facing and the kind of programs they need.

I just want to thank you for being here and thank you for all Indians for thinking on the problems of their elders in Arizona. Most of what I want to say has already been said so I think I will close and just thank you for coming.

Ms. PFAU. Thank you, Mr. Singer.

[The prepared statement of Mr. Singer follows:]

PREPARED STATEMENT OF AMOS F. SINGER

On the Navajo Reservation today, as in society as a whole, jobs and programs are based on a level that the elderly are not able to compete with—especially if they are lacking in skills and education prior to the coming of “modern wages.” There was no retirement for the elderly Navajos from a useful existence; rather, there was a continuous utilization of the individual. The transition from the traditional society to the modern economy has brought about, to a large degree, the ensuing, high 68-percent unemployment rate that is borne most heavily by the aged Navajos.

The lifestyle of most Navajos is characterized by rural living conditions; in that, most people live scattered throughout our reservation in remote and isolated areas without the “modern conveniences” to conduct their daily living activities. The Navajo Reservation encompasses the four corners region extending into three States—Arizona, New Mexico, and Utah—and covers a vast area of 25,000 square miles. The population, as recorded through a recent survey by the Bureau of Indian Affairs Office of Vital Statistics, is 149,950. The capital of the Navajo Nation is Window Rock, Ariz., which also serves as the central office of the different agencies, tribal, BIA, PHS, and others, operating on the reservation. Although resource agencies are available on the reservation to assist needy Navajo people, elderly people are oftentimes neglected as they represent only about 9 percent—or 14,264—of the Navajo population. In other words, Federal programs operating on the reservation have not even begun to scratch the surface of the problems encountered by the elderly. To a large extent, efforts are geared to the needs of the younger generation, thus neglecting the aged.

Due to the vastness of the reservation and its scattered population, the reservation is sectioned into five areas or “agencies,” with each agency maintaining a central office through which programs are administered to meet the needs of the people. The agencies are listed by overall agency population: (1) Ft. Defiance Agency (Ariz.) 4,496-36,550; (2) Crownpoint Agency (N. Mex.) 3,048-32,710; (3) Shiprock Agency (N. Mex.) 2,555-29,431; (4) Western Navajo Agency (Ariz.) 2,130-26,723; (5) Chinle Agency (Ariz.) 2,035-24,527.

Because the reservation extends into three States, the tribe and ONEO is required, through present existing Federal regulations, to respond to three different sets of State and regional regulations and procedures to obtain funds which often result in the fragmentation of programs in respect to State and regional boundaries. In many instances, projects or programs do not reach many of the needy elderly who could derive some benefits, but intent participation may be minimized as a result of attempting to comply with set State regulations and guidelines.

This is a major setback in trying to obtain funds from State agencies who, in many instances, are unsympathetic toward Indians, because plans made at the State have not always taken into consideration the needs and impact of the Indian.

At present, a component program of the Navajo Tribe, whose services are extended throughout the reservation, has had to oftentimes limit some of its services to a State through which funds may be secured. The ONEO, like other service organizations on the reservation, attempts to serve the overall reservation and different age groups. An office specifically designed to impact on the needs of the Navajos, as elderlies, is much needed.

STATE FUNDS RESTRICTED

A good example of restriction of State funds is given under the Older Americans Act, title III and title VII, which is set up to serve only the Navajo residents of Arizona. In an effort to provide these services to other elderly Navajos of New Mexico, funds were also secured from the State office on Aging. Refunding, in both cases, for these previous years has not been very promising. The nutrition program, which help serve the elder, established with the title VII in New Mexico, is presently inoperative.

Presently, we organized groups through which they can voice their opinion or groups which can act on their behalf in various conferences and meetings. These agencies to the elderly through their program are identified whether these services are based on needs alone or that the program is specifically designed

to serve their needs, is the office of the Navajo Economic Opportunity (ONEO) and the Navajo Nation Aging on Council.

Previously there were programs for the elderly; the foster grandparents program is funded by ACTION, and involves approximately 113 Navajos 55 years of age and over who serve in the capacity of foster grandparents to the handicapped children placed in special education program on the Navajo Reservation.

The Navajo senior community service project is funded by the Indian District Development Council of Arizona, and involves a number of elderly Navajos 60 years of age who provide needed service to homes of other elderly people.

ONEO programs also provide some assistance and services to the elderly Navajos. The major source of funding for these programs is through the Office of Native American Program (ONAP). Others available to all other needy Navajo families are Navajo prevocational training program (NPVTP); housing; Navajo nutrition education program (NNEP); local community development program (LCDP); and the Navajo Tribe.

The Tribal Office Social Service (TOSS) secures its funds from the State of Arizona and New Mexico Health and Social Service Department. Social services are available through this office to overall reservation in Arizona and New Mexico. Because the State of Utah has not committed itself to matching moneys with the tribe to have social service activities available in this part of the reservation, the tribe also limits its services in this region. Other existing tribal programs that provide services to the Navajo population and, therefore, inclusive of the needy elderly are programs such as the health and welfare department, the community health representative program, the Navajo Veteran Affairs Office, food stamp office, and the tribal work experience program. The Bureau of Indian Affairs (BIA) Social Services, suboffice of the BIA social service program, is primarily involved in providing financial assistance on a request basis based on set eligibility standards.

Social service statistics enumerate that this office provides general assistance to approximately 27,000 Navajo people on the annual basis. BIA home improvement program is designed to serve the overall reservation on a request basis. This program, like others, has no specific service plan to meet the needs of the elderly. This office provides requesters with housing material. As indicated by this office, the waiting list for request is usually for more than funds appropriated. An average of 278 elderly individuals are assisted through this office on an annual basis. There is a lot of redtape involved in this process of application, which involves obtaining the approval from one's governing community official or "chapters," then the request to housing offices. Because no housing program assists with all needed material and labor, the requester has to contact other agencies for assistance. This itself is consuming and is especially hard on average elderly Navajos who oftentimes don't have transportation to travel among offices to insure proper process of his or her application.

In the U.S. Public Health Services, there are presently only eight Indian Health service units operating on the reservation to serve the 149,950 Navajos. This indicates that services for the medical needs of the Navajo people is utterly inadequate. All medical prostheses furnished by the service units are made available through this office. Only in certain instances do the elderly have some priority in receiving medical attention: BIA, PHS, and Veterans Administration sources, and Dine Bistsis Bah Ahaylaa, Inc. (DBBAY). This is the only nursing home in existence on the reservation. DBBAY provides care for custodial capacity of 79 beds which serves primarily elderly people. Because of its convenient location to the midst of the Navajo Reservation, the facility attempts to serve as many needy elderly people as possible with funds to operate. The facilities are generated through the use of moneys through BIA, PHS, social security, and Veterans Administration funds. State funds have been most inaccessible, due to a certain strict set of requirements and regulations that must be complied with. This is a much needed service for elderly individuals, who oftentimes have been sent off to other nursing homes located from the reservation. The DBBAY services approximately 75 elderly people a year: (1) social security, (2) railroad retirement, and (3) supplemental security income. Because of prevailing laws against release of client information, it is not known what percentage of the elderly Navajos participate in those listed programs.

MOST ELDERLY UNAWARE OF SERVICES

Although very few programs have been identified to specifically address the needs of the elderly, more often than not, most elderly people are unaware of services that are available. This is the result of poor communication, education, transportation, and poor news media coverage, or even the red tape involved in applying for assistance. The present needs and problems of our elderly are varied and multiple. Some of the more common problems which confront the daily lives of our elderly are those listed hereas following:

(1) Transportation and communication: Because of transportation problems, the elderly Navajo cannot acquire those necessities which would assure them a normal and healthy life. This denies them the opportunity to obtain needed medical services, proper food and clothing, and those essentials for daily living. In addition to this, road conditions are poor, lack of communication system, absence of public conveniences which is further compounded by the problem of isolation.

(2) Housing programs are available on the reservation; however, the need for better housing on the reservation barely meets standard guidelines. Because most homes are scattered throughout the reservation, electricity and running water are unobtainable. Due to limited income and the high cost of housing utilities, most homes are substandard. Housing programs oftentimes don't consider the needs of the recipients in regard to style, design, or building materials in home construction.

(3) Income: The majority of our elderly are uneducated and many of them subsist from their traditional pursuits: livestock, agriculture, and arts and crafts. The unemployment rate on the reservation is a high 68 percent, the median educational level is the fifth grade and median income is \$938. However, if these figures were to be matched against the elderly, statistics would be considerably worse. Elderly Navajos have little income which can permit them to live a healthy life in an environment to suit their needs. Due mostly to the past relationship with the government, most of our elderly people did not have the opportunity to participate in retirement programs such as company retirement plans, insurance plans, income property investment, etc., and in many cases, the social security program. Therefore, the major source of income for many of the elderly is welfare, and for those fortunate enough to reach 65, social security at the very minimum level.

STATEMENT OF DOLLY VICTOR, SAN CARLOS APACHE NUTRITION PROJECT, SAN CARLOS, ARIZ.

Ms. VICTOR. I represent San Carlos Apache Tribe. I have just recently started working as an elderly coordinator.

You have asked for comments on title VII and title III on the San Carlos reservation. We just started in September and we are progressing very slowly. We have a local nursing home on the reservation, but not in the community. There are people who are saying keep off the reservation. This is only 10 miles off the reservation, but still their families don't come visit them as often as they should. It is very lonely for these elderly people. It is heartbreaking to see them. They want to be back on their reservation where their loved ones could visit them once a month or once a week.

We have a feeding program which feeds close to 100 people. There is another small community 35 miles away from San Carlos. We have about 25 feeding programs there.

We have about 50 feeding programs in San Carlos for the people who have shelter care. That is what we call our rest home. The people in shelter care are served three meals a day, 7 days a week. Those in home service have one hot meal 5 days a week. It is coming

along pretty well. Under these programs, we do need some more staff and transportation, just like everybody else. We don't have enough funds. We are now serving only about one-fourth of our elderly people. We would like to, if possible, serve every one of them.

We had a meeting with the bureau for aging. We had talk about going back to food commodities, which I didn't like at all. Our people didn't like the food commodities: powdered milk, cornmeal, those foods that come in cans. If we go back to these, we know that our people will not do it. They are saying they will do away with the food stamps and I thought that that was sad because our people will not be able to get fresh fruits that they need, or milk, meat, produce, anything fresh. It is going to be so hard on them to go back to the commodities. Our people didn't know how to serve them or to fix them, and they were wasted.

We do need more funds to provide nutrition, health, education, and transportation.

Thank you very much.

Ms. PFAU. Thank you, Dolly.

Tammy Sixkiller, I know you are here and have been waiting. Would you like to come up at this time?

**STATEMENT OF TAMMY SIXKILLER, NATIVE AMERICAN
SENIOR CITIZENS PROGRAM, PHOENIX, ARIZ.**

Ms. SIXKILLER. I am Tammy Sixkiller. I am the supervisor for the Native American Senior Center, which is located here in Phoenix. It is the only urban Indian elderly program.

We, too, have many of the problems that have been expressed and given by the various representatives. Ours are very similar.

Before I begin, I would like to give a little bit of the history on how our program began. Also, I would like to introduce the only other staff person—in fact, the one who started with the program—Mrs. Arlene Cordova. She and I have been working with the program, but she has been with it since it began.

The program began in 1972 with a survey in the nutrition project, which demonstrated that there was a large elderly population of Indians that were not receiving services. Out of that, the city saw that they could perhaps try to start a nutrition program, which began as a lunch program and today still is the same program. Since that time, we have also instituted different kinds of services, which include arts and crafts, information and referrals, transportation, escort services to health and social service facilities, counseling, telephone reassurance, advocacy, outreach, and emergency support services. The programs are funded through the city of Phoenix human resources department, aging division. I would like to say that those funds that come from the city of Phoenix are for staff salaries only—with a bit for office equipment, pencils, papers, a little bit of xeroxing, and a single telephone.

Funds to operate the program come from private sources and donations. Right now it is a very, very small budget.

GUIDELINES HAMPER SERVICES

We also just recently obtained the use of different titles, like title XX which, again, is another problem because within title XX we are not able to stay within those guidelines. Under title XX we are under problem solving. Some of the guidelines state that we have to wait for the Indian elderly to come and tell you their problems. We know that they are not going to do this. We have to go out and reach them. Also, all the paperwork that goes into it and problem solving that is required under title XX—sometimes our people do not care to give this information and they would just as soon forgo having their problem solved. We do know a lot of the problems so we go ahead and do it anyway.

The Indian population of the greater Phoenix area—it has been estimated that there are approximately 11,159 Indians in the metropolitan area, according to the 1970 census. Out of that, it is estimated that there are over 903 persons who are over the age of 55. With our program, we are not able to provide services for these people due to limited staff. As I mentioned, Arlene and I are the only staff persons. We are citywide for services.

We would like to just say that we realize that many of the programs lately under the Older Americans Act have the interest of the elderly and are concerned about their needs and concerns. What we would like to see is, as far as Indians were concerned—if they would take into consideration the cultures and traditions and perhaps have Indian people working with such programs so that we, as Indian people, will be able to continue with our cultures and our traditions.

Thank you.

Ms. PFAU. Thank you, Tammy.

I saw at least two other hands.

Would you like to come up now and identify yourself?

**STATEMENT OF IRENE STEWART, SECRETARY, NAVAJO COUNCIL
ON AGING, CHINLE, ARIZ.**

Ms. STEWART. My name is Irene Stewart. I am from Chinle, Ariz. I am involved in the program over there. I am secretary to the council and, also, I am the representative to the Navajo Nation Council on Aging. For these reasons, I am authorized to go to meetings and talk about these problems of the elderly.

I have a statement and comments here from the elderly themselves in Chinle, Ariz. A meeting was held on October 31, 1977. The statements and comments presented by the participants were as follows:

No. 1, Federal in-home care. No. 2, better housing and housing maintenance—statements concerning the inability of the elderly to maintain and repair their homes. No. 3, the elderly need winter clothing. No. 4, there is a need for a senior citizens center in the Chinle community. The elderly would benefit from a center with greater service. No. 5, transportation. At the present time, we have one 12-passenger van to transport the elderly to the congregated field sites, 5 days a week. There is a need for two more vans. A great many

Navajo elderly are not being reached by the services, especially those living in remote areas beyond the 10-mile radius. We need a reliable count of the elderly throughout the five agencies of the Navajo reservation. We need to bring about fair share of funds and get all the benefits from the resources available. More funds should be allowed to Navajo elderly because they are greater in numbers in the State of Arizona. We, therefore, express our support for the goals and objectives being pursued for adequate service for fiscal year 1978.

The Administration on Aging provides direct funding to the Indian people of the United States. The motion was made and seconded for a 95-percent increase for the Navajo elderly of Arizona. At this meeting a quorum was present and it was passed by a vote of 62 members, and none opposed.

These are the statements and the comments that I received from my community in Chinle, Ariz. I thank you very much.

Ms. PFAU. Thank you.

STATEMENT OF KENNETH WHITE, PROJECT DIRECTOR, NAVAJO FOSTER GRANDPARENT PROGRAM, FORT DEFIANCE, ARIZ.

Mr. WHITE. My name is Kenneth White. I work in Fort Defiance with the Navajo foster grandparent program, under the Office of Navajo Economic Opportunity.

We had been planning, in terms of presenting our problems to this group and Senator DeConcini—we got all of our citizens in our program to state, themselves, directly to Senator DeConcini what they saw as their problems. I think we have over 200 elderly people who signed a petition statement.¹ I would just like to let you hear this.

First of all, I would like to explain what the foster grandparent program is. The foster grandparent program provides activities and companionship for elderly people to work with young children in boarding schools, the hospital, special education schools, and public schools. They work 4 hours a day, 5 days a week. The concept of the whole thing is a volunteer program. A lot of our elderly need the money.

Our position paper reads as follows:

We, the elderly citizens of the Navajo Nation and the senior volunteers under the Navajo foster grandparent program, do hereby agree that there is a definite need for further development of elderly services on the Navajo Nation.

Therefore, we respectfully request your office's attention and assistance in this matter. We would like to see improvements in areas such as transportation, housing, social service and employment.

Those are the four that we have listed, but we could go on and on. We request consideration and attention to this matter, which will be greatly appreciated.

So, I would like Senator DeConcini to have a copy of these petitions that we have here. There is only one original copy. I think that what we will do is to make some copies and send them. Is that all right?

Ms. PFAU. That is just fine.

¹ Retained in Committee files.

COOPERATION ESSENTIAL

Mr. WHITE. One thing that I would really like to see, and what I see right now in our community or in our people that are involved on our reservation, is that a lot of people are very interested right now and what we are trying to do is make a better cooperative effort. I think what Mr. McKinley was trying to stress is that everybody needs to work together and work toward one definite goal. We are working with the Office on Aging, Mr. Lundberg, with the tribe, and Donna Scotti with nutrition. We are also working with Bi-State Social Services. We are all trying to work together. We are working with the Public Health Service also. A lot of these problems we are trying to tackle, such as transportation and housing. These are just a matter of survival. It is just a matter of providing the basic needs. Start from the basics and you can work up to all these concepts. When a person doesn't have enough wood or doesn't have a fire or any insulation or anything like that, that is where you have to start.

One thing that I haven't heard anybody mention here that I would like to see is to have elderly hearings on our Indian reservations instead of us coming down here to Phoenix. Why can't we have hearings where all this is happening? I would like to have it on different reservations also.

Like everybody else, we are having a problem with funding. An example, and I guess it applies to everybody, we have 200 grandparents on our program and we have to cut down to 118 next January 1. It is going to be more or less up to me to try and explain to these people why, within our project, they can only work for 5 months and then be cut off, which isn't too good. They get to know the children; they get to know their job; they begin to appreciate it up until December 1, then it just all gets cut off. I think the funding should at least be for the whole school year where they work with these children, instead of getting situated with the thing and then getting laid off right after that. I think that is one of our problems. These elderly people, when they teach the seasons, they teach all four seasons as it applies to the children. What we are going to be doing here is teaching them the summer and the winter. We don't have a chance to teach the four seasons. I think that applies to the other two seasons. I think that applies to the funding. The funding should allow for them to at least have a complete program instead of an incomplete program. That is our problem.

Thank you.

Ms. PFAU. Thank you, Mr. White.

Yes, I see one more hand here—two more hands.

I would like to thank Monsignor Donohoe and Mr. Thomas, our State director, for staying the total meeting. I hope that you have learned as much as we have in the time we have been here.

I would also like to introduce Tony Gabaldon of the Senator's staff in Phoenix and Carol Kirk, who is sitting behind me.

Mr. GABALDON. I am Tony Gabaldon, staff director for the Senator here in the Phoenix office. Carol Kirk works here in the office with me. I want to remind you that if you have anything that you have forgotten to say today and if you need our help during the ensuing months, be sure that you drop in to see us or write to us. We are here at the Arizona Bank here in Phoenix. We look forward to working with you.

When I took the Senator to the airport, he did want me to remind you that he was sorry that he had to leave, but his plane left at 4 o'clock so he could meet his commitments this evening in Tucson. He is sorry that he had to leave at that time. He left his Washington staff here, five of the individuals that he brought from Washington, to carry on, then also the two of us from the Phoenix office that are here also.

Ms. PFAU. Mr. Ruskin.

STATEMENT OF WILLIAM RUSKIN, HOLBROOK, ARIZ.

Mr. RUSKIN. Distinguished officials from Washington, I would like to request for the older and elderly people that have come here from long distances—it seems that we have forgotten the old people. We are talking about the young people. It seems we should have a better system. There are two of us and we are almost blind; we had to drive a long way from the Navajo Reservation. The traffic here in Phoenix is so fast that we couldn't follow it with our eyes. We had to look seven different ways to see where we were going.

We need a better system for the old people. We need transportation to bring the people from the Navajo Reservation, or other reservations, to take care of these people. We get out here and we don't know where we are going. We need to have information before we start, which we don't have. The ONEO told us there was a meeting here in Phoenix somewhere, but we weren't informed correctly. We had to find our way here. We need assistance.

This conference will be going on in the United States from now on. This old age program is going to go on. This program is going to follow right behind, like the ONEO program and the BIA program. We have to start the system right. The Senator came from Washington on an airplane. He came all the way in the plane, on schedule. We are not informed in that way. This is what I have in mind—all these regulations, recommendations, and resolutions. This is my suggestion.

Ms. PFAU. We thank you. Those are good suggestions. We are sorry about the problems you had in getting here.

[The prepared statement of William Ruskin follows:]

PREPARED STATEMENT OF WILLIAM RUSKIN

Thank you Mr. Chairman for the opportunity to testify before this distinguished Committee on Aging. I am sure that you will hear many testimonies on problems regarding the elderly Indian citizens presented to this committee. I would only urge you to seriously consider those recommendations made by these witnesses, as they come from first-hand experience and directly from people affected by the aging legislation.

For my part, I like to concentrate on one issue that affects all senior citizens on Indian reservations and is of particular importance to the Navajo Nation. As you are well aware, the Administration on Aging presently channels all Federal dollars through the respective State governments for local use. I suppose this policy is desired and workable for non-Indian senior citizens. I further understand that it works exceptionally well in those States where moneys are distributed proportionately and equally among programs based on population and clientele. However, this is not the case for Native Americans on Indian reservations. We believe that Indian communities on reservations are a separate and distinct group and are free of State jurisdictions. Because of these legal jurisdiction problems between States, such as Arizona, and various Indian nations,

relationship is not always good or even mutual when it comes to providing social services.

Because of this inherent problem, there may be some ill feelings or suspicion regarding services provided, as well as the methods of distribution of aging moneys by the States. Furthermore, the State agencies on aging are not always fully equipped to deal effectively with problems on Indian reservations, given the differences in language, culture, government and, generally, the lifestyle. Because of these feelings by reservation residents toward State agencies handling aging funds, I believe the aging legislation should be amended by Congress so that Indian tribes would be permitted to receive direct funding. This arrangement would eliminate the extra bureaucratic hassles the States usually gives the Indian tribes. In this way the moneys will get to the grassroot people without spending much overhead operating cost. In other words, eliminate the middleman and give directly to the poor senior citizens. The native American people know what they want. Give them the opportunity to plan and implement their own program as they see fit. Most Indian tribes have their own tribal governments and they do a good job operating their respective programs. Why not do likewise with the senior citizens projects?

Thank you for your attention and listening to what I have on my mind.

STATEMENT OF MARIA BIA, SUPERVISOR, NATIONAL COUNCIL ON THE AGING PROGRAM, FORT DEFIANCE, ARIZ.

Ms. BIA. Senator, my name is Maria Bia. I am an NCOA supervisor from the Fort Defiance, Ariz., central office. The people I am working for are Indian Development of Arizona from Phoenix. My program is title IX and title X enrollees. I have two agency regulations. I am working with these people.

I would like to say something from the bottom of my heart. I am really concerned about my people, the older people that I am working with. I see with my own eyes that they need help on the Navajo Reservation. Especially down here at Navajo Mountain, where they live away from each other. They really need help. That is the way I look at it. At the office at Fort Defiance, I really need help. I need a secretary who types; I need postage stamps. I really work hard for you. I have to use my own money to get the postage stamps. The Office of Navajo Economic Opportunity says they are going to help me to help others, but they don't even help me. I am really hurt about this.

I can't help all my people. One person can't take care of that big Navajo Nation, the reservation. I need somebody to type the reports for me. I need somebody to help me so I can do my daily work. The other day we had a NCOA meeting at White Cone, Ariz. They had a resolution and they didn't tell me until I got up there. They want to go under the ONEO program. I don't know anything about it. I got hurt about it. I don't know how I can run this one. I really need help down at Fort Defiance at the central office. The elderly really need us. If we go under ONEO, they had better help me with the postage stamps and the office supplies. That is what we need too. They have to type the report. We really need it. I have just been working for titles IX and X for 1 year. I came here because I am really concerned about it. I really need help for my people. They are older people. I really need it. I want the Senator to know this and he can help. Another thing, the NCOA program was supposed to pay for the telephone, but ONEO took out my phone and I can't reach anyone. They said I used it too much, but that isn't true.

Ms. PFAU. I thank you very, very much.

STATEMENT OF LUCY T. BEGAY, CHINLE, ARIZ.

Ms. BEGAY. I want to speak on behalf of Maria Bia. We are working under her and she is having a hard time. That was what she was trying to express. She has been working with us for about 1 year now. She is our administrative aide under ONEO. It seems that she is not getting along very well with the new ONEO director and assistant director. Every once in awhile she will ask for a donation for stamps and envelopes so she can mail our checks to us. Before that, Kenneth Wilson used to take care of everything for us. He even used a stamp from the ONEO. I think they reimbursed the money on that. I don't know why these two don't understand. They even took her telephone away from her office. She was told that she was running up the telephone bills. That isn't so. She doesn't use the telephone for her own private use; just when we need something or want to know something, that is the only time we call her. We don't talk very long. There is another thing, just like this meeting now that we are having here. There was no communication between these departments. We didn't know where we were supposed to stay when we came here. We just went around and tried to find a place to stay. Finally, we got the name of a motel and we looked for it and finally located it and spent the night there. This is what she was talking about. I am very sorry that Maria Bia got hurt by that.

On behalf of our senior citizens, I am working up there at the meal site with the senior citizens. My title is arts and crafts coordinator. Right now, we don't have anything to work with. I don't know where to get funds for the material and the stuff that we could work with. The senior citizens need something to take their minds off their ailments. Some of them need to be busy all the time.

Alcoholism is a problem among our elderly people. I am very concerned about this problem because we recently lost two of our elderly men. They had drank too much and couldn't make it home and they froze to death.

MANY NEED HELP WITH BUDGETING

Many of our elderly people get their social security, old age pension, and welfare checks every month and are not wise enough to stretch their money for it to last them until next month. Their relatives are no help because they will spend the money on themselves. They need someone to look after their money and spend it wisely.

We also need a senior citizen center.

Thank you.

Ms. PFAU. Thank you.

We have just a few questions. I would like to ask them at this time and then we will adjourn the meeting. I will be around for a little while if any of you have anything to say. I think some of the others will be too.

The common thread through here has been direct funding. Can you give some specific problems that you have with the State funding?

Mr. LUNDBERG. Can I give some?

Ms. PFAU. Yes.

Mr. LUNDBERG. There was evidence submitted as part of the Navajo tribal statement.¹ There are several graphs that would indicate State funding problems for the State of Arizona as well as the State of New Mexico and the State of Utah. I must give credit to the State of Arizona that they are the only State that went to the Navajo Tribe and asked the tribe if they wanted to run the aging program. The State of Arizona is the only State that is presently giving the funds to the tribe. There are 11 communities in the Navajo Nation that have State lines crossing their borders. For instance, Navajo Mountain, which has a program for the Utah portion, but the Arizona portion doesn't have any funds to assist the program in this community.

As to population statistics regarding funds coming to the State, the State of Arizona is using population statistics based upon 1970 census figures of Indian tribes. This comes out to be 150 percent of need which is their funding criteria. It is determined that about 16 percent of State funds go to Indian tribes. The 1977 updated census figures were used. In Arizona the Indian tribes should be getting 26 percent of the funds. Again, there are problems with the allocation of funds between the tribes within the State. The Navajo Arizona elderly population is 7,865 people, which is 59 percent of the elderly. Yet under the title VII funds, the Navajo Tribe receives 31 percent of the title VII allocation and under title III receives 7 percent. Again the problems brought out by the people from the Navajo Nation in regards to coordination—there are very few funds to coordinate. The need to meet the basics of transportation, staff, phone calls, et cetera. The Navajo Tribe, recognizing that, created a service out of its own funds to try and do something in hopes that Older Americans Act funds would come through. Then the adequate nutrition of the Navajo Tribe can be met.

Mr. PFAU. Thank you very much, David.

Delores, about the housing; could you tell us who built those homes that you mentioned which were not heated properly?

Ms. HANGA. The new homes were built by HUD—San Francisco. They have had several meetings about that, but nothing has been done about it. We are still having problems with it. There is no insulation in some of these homes.

Ms. PFAU. Had the plans originally called for insulation which was not put there?

Ms. HANGA. I don't know.

Ms. PFAU. Thank you very much.

Do either of you have anything?

Ms. KILMER. No.

Ms. PFAU. I need to remind you that we do have some pink slips out there and if you have any concerns that you have not voiced, if any of you would like more information, please write it on the pink slip and leave it with us and we will get the information to you. If you have other information to add to your testimony, we will add it to the record.

Thank you all for coming such great distances. This concludes the hearing for today. We, again, thank you for coming.

[Whereupon, at 5:38 p.m., the hearing was adjourned.]

¹ See appendix 1, item 3, page 890.

APPENDIXES

Appendix 1

MATERIAL SUBMITTED BY WITNESSES

ITEM 1. HOPI TRIBE RESOLUTION, SUBMITTED BY ALEXANDER W. AMI,¹ DIRECTOR, HOPI TRIBAL BUREAU ON AGING, ORAIBI, ARIZ.

Whereas, the Hopi Indian Tribe of Arizona is an independent, self-governing body politic by reason of its aboriginal right and existence, and so recognized by the Government of the United States in its relations with the said Hopi Tribe; and

Whereas, in the exercise of this right of self-government, the Hopi Tribe recognizes its duty to meet the special needs of its elderly citizens which include, but are not limited to, the needs in adequate housing, day care, nursing home care, adequate nutrition, education programs, and access to convenient transportation; and

Whereas, these needs are viewed in the context of the Hopi way of life and, therefore, must incorporate the cultural values and attitudes about aging and the role of the elderly in Hopi society within the structure of the clan and kinship system; and

Whereas, these cultural values and attitude are not given equal weight or consideration in priority in determining eligibility criteria for Federal programs to benefit the elderly in the general society of the United States and, as a consequence, the needs and priorities of the Hopi people are not accommodated under these circumstances which recognize standards and criteria not suited to the way in which the Hopi people envision enjoyment of life in old age; and

Whereas, it is the belief and a right of the Hopi Tribe that programs for the elderly, as well as all other tribal programs that benefit the Hopi people, are best achieved through the spirit and exercise of self-government as an incidence of its tribal sovereignty; and

Whereas, the Hopi Tribe, while given opportunity to participate in behalf of its elderly under the programs of the Administration on Aging, would be placed in a position of accepting programs and entitlements less than that to which the Hopi elderly have a right, because such programs of the Administration on Aging give States an intervening authority in determining programs for the tribal elderly which is contradictory to tribal-Federal relations and because such programs rely on criteria, such as population statistics, which can be detrimental to Hopi opportunity for adequate benefits.

Now, therefore, be it resolved by the Hopi Tribal Council that they approve and support any changes in the Older Americans Act of 1965, as amended, and related acts, which will allow direct funding under the Federal Government for all programs to meet the special needs of its elderly, and to implement these programs consistent with its obligations to its citizens.

ITEM 2. LETTER FROM KENNETH WHITE, JR.,² PROJECT DIRECTOR, NAVAJO FOSTER GRANDPARENT PROGRAM, TO SENATOR DENNIS DeCONCINI, DATED NOVEMBER 16, 1977

DEAR SENATOR DeCONCINI: Recently, on behalf of the Navajo foster grandparent program, under the Office of Navajo Economic Opportunity, I attended

¹ See statement p. 856.

² See statement, p. 883.

the hearings in Phoenix, Ariz. before the U. S. Senate Special Committee on Aging, about elderly Indians and their needs.

Navajo foster grandparent is funded through ACTION, a Federal volunteer program, which operates under the overall authority of the Domestic Volunteer Service Act of 1973 (public law 93-113). Per arrangement with your staff, I am sending you petitions signed by our foster grandparents expressing their needs that were presented at the recent hearings in Phoenix. We request that these petitions be submitted in the record of the hearings on elderly Indians.

Our program currently has 200 foster grandparents located in 40 institutions (such as PHS hospitals, BIA boarding schools, special education schools, day care and preschool centers) throughout the Navajo Nation. The foster grandparents give companionship, attention, and love to many needy and deprived children who otherwise would not receive the benefits of such a relationship.

The concept of the program has much to offer to these children, in terms of tradition, culture, and self-identity. It also offers an economic supplement, meaningful activity, and a feeling of self-worth to the grandparents. The knowledge that the grandparents offer to these children, such as native language, legends, history, songs, and plants; instruction in rug weaving, beadwork, moccasin making, basket weaving, and silversmithing; guidance, counseling, and appreciation for nature cannot be learned in many standard educational settings.

Although our program is extremely beneficial, the overall needs of these Navajo elderly—such as transportation, housing, health and social services, and employment—are only partially met. Various aging, programs within the Navajo Nation only touch a small percentage of the many in need, primarily due to inadequate funding. Beginning January 1, 1978, we will have to reduce our number of foster grandparents from 200 to 118 due to funding limitations.

Many grandparents emotionally expressed their needs to our staff at recent Agency workshops we conducted. Many are reluctant and saddened to leave the program in December after such a meaningful experience.

We would like to recommend that direct funding be of the highest priority in order to begin realistic measures to meet the needs of our Navajo elderly. Funding allocations are disproportionate when allocated arbitrarily, rather than basing allocation on population and need. The Navajo Nation, although comprising 59 percent of the elderly Indian population in Arizona, receive only 13 percent of title III funds, and only 29 percent of title VII funds that are distributed to various tribes (taken from State aging plan 1978, Division of Health Improvement Services). The foster grandparent program only reaches 2.54 percent of the Navajo elderly, which will drop to 1.51 percent after December. We also suggest that the age requirement of 60 be reduced to 55 years of age in order to adequately reflect cultural needs.

We all feel there is so much more to be done. Your concern and attention to this request is greatly appreciated. Thank you.

KENNETH WHITE JR.

ITEM 3. MATERIAL SUBMITTED BY DAVID A. LUNDBERG,¹ DIRECTOR,
NAVAJO AGING SERVICES, WINDOW ROCK, ARIZ.

PROPOSED RESOLUTION OF THE NAVAJO TRIBAL COUNCIL

Whereas:

1. Service for the Navajo elderly is one of the important concerns of the Navajo Tribal Council; and
2. The Navajo elderly, through the Navajo Nation Council on Aging, have identified funding coming through the three States as a major obstacle to improving services for Navajo elderly; and
3. The Navajo Nation Council on Aging, by resolution, has endorsed the funding of Older Americans Act programs directly to the Navajo Tribes; and
4. The National Indian Council on Aging has sponsored an amendment to the Older Americans Act to provide the option of direct funding to all Indian tribes to improve services to Indian elderly; and
5. The direct funding amendment has been endorsed by the National Tribal Chairman's Association and the National Congress of American Indians; and

¹ See statement, p. 850.

6. The Advisory Committee of the Navajo Tribal Council, in a 1976 Resolution ACAP-83-76, recognized "the great benefits which will inure to elderly Navajo people if Federal aging funds can be solicited successfully" and "supports the Ad-Hoc Committee on Aging's" (now the Navajo Nation Council on Aging) "efforts to secure Federal funding for an expanded program of care for elderly Navajo people"; and

7. The Health, Alcoholism and Welfare Committee of the Navajo Tribal Council, by resolution approved on November 7, 1977, supports the amendment to the Older Americans Act for direct funding of aging programs to Indian tribes as sponsored by the National Indian Council on Aging; and

8. The Navajo Tribal Council, in a 1968 Resolution CD-112-68, directed the chairman of the Navajo Tribe "to obtain special Federal legislation to fund Indian programs directly instead of through State programs."

Now, therefore, be it resolved, that the Navajo Tribal Council supports the amendment to the Older Americans Act for direct funding of aging programs to Indian tribes as sponsored by the National Indian Council on Aging.

A BILL

To provide for direct funding to American Indians through the Older Americans Act of 1965, as amended, and related Acts (42 U.S.C. 3001, et. seq); to provide that the Federal Government fulfill its unique trust responsibilities to American Indian tribes and tribal organizations; to provide for the full participation of Indian tribes in programs and services conducted by the Federal Government for elderly Indians; to provide that the Federal Government foster and encourage self-determination for Indians and Indian tribes consistent with announced Federal policy; to provide that the Federal Government properly recognize that Indian tribes are quas sovereign entities both capable and fully qualified to administer this program; to support the right of Indian citizens to control their own program for the elderly; and to provide that the special needs of the elderly Indians which have not been met under existing Federal grant formulas are met; and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

TITLE I—SHORT TITLE AND DECLARATION OF POLICY

SEC. 101. SHORT TITLE.—This Act may be cited as the "Older American Indian Relief Act of 1978."

SEC. 102. DECLARATION OF POLICY.—Under the present system of funding programs under this Act, Indians are generally not receiving services equivalent to those provided members of other ethnic groups.

There is a compelling need, based on the historic and legal trust relationship between the Federal Government and Indian tribes, to administer these programs at the national level by direct funding to Indian tribes and tribal organizations. The elected governments of these Indian tribes are, in effect, units of general purpose local governments and as such have primary responsibility to administer services to their members including the elderly.

It is the purpose and policy of this Act to enhance the progress of Indian people and their community by providing Indians the full opportunity to utilize leadership skills crucial to the realization of self-government, and to provide the Indian people an effective voice in the planning and implementation of the Older Americans Act.

It is the further purpose and policy of this Act to provide adequate and efficient delivery of services to the elderly tribal members through direct channeling of program funds appropriated under this Act from the Federal level to the tribes.

TITLE II—AMENDMENT OF THE OLDER AMERICANS ACT

SEC. 201. AMENDMENT OF THE OLDER AMERICANS ACT.—The sections of this Act amend the Older Americans Act by providing for a new title X to the existing law. No provisions of this Act are intended to detract from the existing law,

nor should allocations of moneys now received by the Indians through the States be altered until this Act is effective.

SEC. 202. DEFINITIONS.—For the purposes of this title, the term—

(a) "Indian" means a person who is a member of an Indian tribe;
 (b) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or other regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians;

(c) "Indian tribal organization" means the recognized governing body of any Indian tribe and legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities;

(d) "Commissioner" means the Commissioner of the Administration on Aging.

SEC. 203. OFFICE OF INDIAN PROGRAMS:

(a) For purposes of administering this title, the Commissioner shall establish an Office of Indian Programs in the Administration on Aging with specific responsibility for the Indian aging and having authority to: (1) provide technical assistance and advice to the Commissioner in the development of older Americans programs; (2) serve as the liaison with the National Indian Council on Aging; (3) assist in the submission of grant applications; (4) review grant applications submitted by an Indian tribe or tribal organization, and recommend action thereon to the Commissioner; (5) administer any contracts with or grants to Indian tribes and tribal organizations for the operation of such programs; (6) provide Indian tribes and tribal organizations with information about the availability of funds and programs for the Indian elderly.

(b) Upon expiration of the grant under which it is currently operating and/or passage of this amendment, the National Indian Council on Aging shall become a permanent body.

SEC. 204. DIRECT FUNDING TO TRIBES AND TRIBAL ORGANIZATIONS:

(a) Notwithstanding any other provision of this Act to the contrary, from funds appropriated to carry out the programs for the aging pursuant to the Older Americans Act, the Commissioner shall set aside such funds as he deems necessary to be used exclusively by Indian tribes and tribal organizations to develop, administer and operate such programs as are provided for under all titles of the Act.

(b) (1) From one-half of the sums set aside under subsection (a), each tribe shall be allocated an amount which bears the same ratio to such sum as the population of eligible age in such tribe bears to the population of eligible age in all federally recognized tribes. The population figures used in making these tabulations will be the official tribal statistics verified by an agency of the Federal Government.

(2) The remaining one-half of the sums set aside under subsection (a) shall be allocated by the Commissioner among tribes and tribal organizations on the basis of need and in light of the number and scope of grant applications submitted and approved.

(3) *Provided*, that the Commissioner, at the request of any Indian tribe or tribal organization, may permit the use of funds appropriated to carry out programs under one title of this Act for the purpose of carrying out programs under any other title, except for the provisions in this proposed Title X; *provided further*, that the Federal contribution shall be 100 percent for all programs; and *provided further*, that an Indian tribe or tribal organization electing to receive direct funding from the Commissioner under this title shall receive funding on a basis which is at least equal to the value of services provided to the non-Indian eligible population in the State or States in which it is located.

(c) Any Indian tribe or organization may, at its option, elect not to receive funding for its elderly programs from the funds set aside under this title and elect instead to continue receiving its funds through its respective State or area agency on aging. Such tribe or organization, upon notifying the Commissioner, shall not be eligible to receive funds under this section. *Provided*, that the

Commissioner shall assist such tribe or tribal organization to obtain such funding from the respective State agency; and *provided further*, that in the event any State agency cannot demonstrate to the satisfaction of the Commissioner that the members of such Indian tribe or tribal organization are receiving benefits from such State agency under any title of this Act that are equivalent to benefits provided to other older persons in the State, and that the Commissioner finds that the members of such tribe or tribal organization would be better served by means of grants made directly to provide such benefits, he shall reserve from sums that would be otherwise allocated to such State not less than 100 per centum nor more than 150 per centum of an amount which bears the same ratio to the State's allotment for the fiscal year involved as the population of all Indians eligible for benefits for whom a determination under this paragraph has been made bears to the population of all persons eligible for benefits from such State agency under any title of this Act that are equivalent directly available to such tribe or tribal organization.

(e) Any two or more Indian tribes or organizations may combine to make an application for funds under this Act.

(f) The Commissioner shall be empowered to establish such standards and regulations as may be necessary for administration and accounting of the funds disbursed under this Act.

SEC. 205. TRIBAL PLANS.—Section 305 and Section 306 of the Older Americans Act of 1965 (42 U.S.C. 3002(5)) are amended by adding after the word "State" wherever it appears, the following: ", and Indian tribal organization."

PROPOSED RESOLUTION OF THE NAVAJO DELEGATION, CONFERENCE ON AGING, NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Whereas:

1. There are over 14,000 older Navajo Americans residing within the Navajo Nation; and

2. The Navajo Nation extends over three different states, over ten Counties and three Federal Regions; and

3. State programs designed to assist Older Americans have often failed to provide equal opportunity for access to programs or equal levels of services to Navajo Older Americans; and

4. Federal and state regulations and guidelines are often inappropriate and unworkable in the unique environment of the Navajo Nation;

5. State programs have failed to take into account the special problems of Navajo Older Americans and Navajo input has not been used in designing these programs; and

6. The poverty which is an unwelcome companion of almost all Navajo Older Americans makes it critical that programs designed to relieve this poverty be made available to Navajo Older Americans; and

7. The direct funding of Older Americans' programs, specially designed to meet the unique problems of Navajo Older Americans, and uniformly available throughout the Navajo Nation under the sponsorship of an organization designated by the Navajo Tribal Council will make the lives of the affected Navajo people more meaningful and carry out the intent of the Congress as expressed in the Older Americans Act of 1965.

Now, therefore, be it resolved, that the Navajo delegation to the Conference on Aging of the National Tribal Chairmen's Association, representing the Navajo Tribal Council and the Navajo people, requests the NTCA to support the direct funding of older Americans assistance programs within the Navajo Nation from the Federal Government to the Navajo people through the sponsorship of an organization designated by the Navajo Tribal Council.

RESOLUTION OF THE NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Whereas, the various States have never demonstrated the ability to deliver services to the Indian population nor have they ever demonstrated any affirmative direction to provide services; and

Whereas, Indian tribes are often excluded or assigned lowest priority by State and area agencies; and

Whereas, the 1975 amendments to the Older Americans Act did not measurably improve the conditions for direct funding of Indian tribes;

Now, therefore, be it resolved, that the National Tribal Chairmen's Association commends and supports the National Indian Council on Aging in its attempt to amend the Older Americans Act to provide for direct funding to Indian tribes.

POLICY RESOLUTION OF THE INDIAN HEALTH AND SOCIAL WELFARE CONCERNS COMMITTEE

Whereas, the care of the American Indian elderly is one of the important concerns of the National Congress of American Indians; and

Whereas, the first National Indian Conference on Aging, sponsored by the National Tribal Chairman's Association in June of 1976, was attended by over 1,000 American Indians and Alaska Natives, representing 171 Indian tribes; and

Whereas, that conference resulted in a number of recommendations for improved services to the Indian Elderly including a reaffirmation of the recommendations of the Indian concerns session at the 1971 White House Conference on Aging; and

Whereas, these recommendations were reviewed and endorsed by the Subcommittee on Care of the Elderly established for the purpose of representing the concerns of the American Indian elders before this convention;

Now, therefore, be it resolved, by the National Congress of American Indians that the recommendations developed at the 1976 National Indian Conference on Aging are hereby endorsed; and

Be it further resolved, that the National Congress of American Indians pledges its support and cooperation to the National Indian Council on Aging in its task to implement the action recommended; and

Be it further resolved, that the President and Congress of the United States are hereby urged to institute those legislative and policy changes recommended in order to make the provision of services to the American Indian elderly more effective and appropriate according to the solemn commitments of the Federal Government to provide certain community and supportive services to the members of federally recognized tribes.

TABLE FROM THE REPORT OF THE 33D ANNUAL CONVENTION OF THE NATIONAL CONGRESS OF AMERICAN INDIANS

	Total population over 60	Total Indian population over 60	Percentage of Indians in 60+ population	APSS 150 percent remedy	Proposed fiscal year 1977 title III allocation to Indians	Proposed fiscal year 1977 title VII allocation to Indians
Totals.....	31, 953, 950	63, 976	0. 20021	\$439, 953	\$1, 203, 414	\$3, 839, 175
REGION I						
Connecticut.....	462, 346	370	. 08002	2, 012	0	0
Maine.....	132, 919	167	. 09657	908	0	14, 000
Massachusetts.....	937, 247	624	. 06657	3, 398	75, 000	60, 000
New Hampshire.....	121, 665	37	. 03041	276	0	0
Rhode Island.....	158, 677	239	. 15062	1, 365	0	5, 000
Vermont.....	70, 545	19	. 02693	245	0	0
REGION II						
New Jersey.....	1, 111, 025	553	. 04977	3, 008	0	0
New York.....	2, 894, 291	2, 614	. 09031	14, 214	37, 883	59, 935
Puerto Rico.....	284, 400					
Virgin Islands.....	5, 500					
REGION III						
Delaware.....	72, 045	127	. 27627	1, 611	0	0
District of Columbia.....	101, 987	93	. 09118	827	0	0
Maryland.....	500, 390	177	. 03537	963	0	0
Pennsylvania.....	1, 971, 035	733	. 03718	3, 984	0	0
Virginia.....	620, 156	301	. 04853	1, 637	0	0
West Virginia.....	301, 514	70	. 02321	381	0	0
REGION IV						
Alabama.....	534, 897	312	. 05832	1, 697	0	0
Florida.....	1, 781, 967	628	. 03524	3, 416	0	122, 076
Georgia.....	618, 320	106	. 01714	576	0	0
Kentucky.....	515, 411	102	. 01979	555	0	0
Mississippi.....	349, 993	254	. 09114	1, 545	0	0
North Carolina.....	716, 226	3, 050	. 42584	16, 598	29, 923	49, 860
South Carolina.....	336, 823	119	. 03533	647	0	0
Tennessee.....	623, 508	212	. 03399	1, 152	0	0
REGION V						
Illinois.....	1, 643, 227	752	. 04576	4, 089	15, 000	0
Indiana.....	746, 877	292	. 03406	1, 587	0	0
Michigan.....	1, 172, 400	1, 388	. 11838	7, 548	18, 168	240, 000
Minnesota.....	599, 802	1, 466	. 24441	7, 973	63, 595	342, 175
Ohio.....	1, 512, 850	645	. 04263	3, 567	0	0
Wisconsin.....	713, 269	1, 613	. 22614	8, 772	37, 600	113, 672
REGION VI						
Arkansas.....	373, 967	238	. 06364	1, 295	0	0
Louisiana.....	492, 108	468	. 09510	2, 546	0	0
New Mexico.....	132, 179	4, 824	3. 64959	33, 060	3, 550	123, 921
Oklahoma.....	458, 582	12, 835	2. 80791	70, 070	48, 000	276, 060
Texas.....	1, 039, 773	1, 436	. 08757	7, 809	0	0
REGION VII						
Iowa.....	493, 705	171	. 03463	930	28, 317	31, 013
Kansas.....	385, 756	729	. 18897	3, 965	0	247, 381
Missouri.....	217, 299	666	. 08149	3, 623	0	0
Nebraska.....	261, 678	573	. 21897	3, 132	0	78, 648
REGION VIII						
Colorado.....	302, 076	541	. 17909	2, 942	0	0
Montana.....	109, 043	1, 751	1. 60578	14, 546	86, 132	80, 000
North Dakota.....	103, 079	835	. 85856	7, 774	21, 106	21, 899
South Dakota.....	116, 704	2, 462	2. 16961	19, 110	83, 370	279, 161
Utah.....	130, 718	465	. 35572	3, 222	0	14, 446
Wyoming.....	49, 747	285	. 57289	5, 190	105, 155	10, 000
REGION IX						
American Samoa.....	1, 100					
Arizona.....	317, 967	6, 359	1. 99989	34, 581	245, 499	322, 880
California.....	2, 930, 960	6, 522	. 22252	35, 468	46, 000	585, 000
Guam.....	3, 160					
Hawaii.....	87, 764	36	. 04101	372		
Nevada.....	63, 089	683	. 98857	8, 955	75, 367	161, 042
Trust Territory.....	6, 400					
REGION X						
Alaska.....	15, 784	1, 151	7. 29219	66, 057	102, 400	185, 000
Idaho.....	115, 364	409	. 35471	3, 213	10, 000	168, 948
Oregon.....	366, 503	932	. 25429	5, 069	0	0
Washington.....	511, 741	2, 312	. 45179	12, 573	71, 349	127, 100

Appendix 2

STATEMENTS SUBMITTED FOR THE RECORD

ITEM 1. STATEMENT OF THE NATIVE AMERICAN SENIOR CITIZEN PROGRAM OF PHOENIX, ARIZ.

The Native American Senior Citizen's Program of Phoenix, currently directed by Tammy Sixkiller,¹ began in 1972. It developed from a nutrition project and a survey which demonstrated that there was a large elderly Indian population in Phoenix not receiving needed services. Since 1972 the scope of the program has expanded and now includes arts and crafts, information and referral, transportation, escort services to health and social service facilities, counseling, including telephone reassurance, advocacy, outreach, and emergency support services. The programs are funded through city of Phoenix Human Resources Department, funds from the Methodist Church funneled through MEPCO, a local coordinating group, and private donations. Presently the program uses titles IX and VII of the Older Americans Act and title XX social problem-solving funds which are administered by the city of Phoenix.

The Native American Senior Citizens Program is the only aging program in Phoenix primarily aimed at serving the needs of native Americans. Therefore the program serves the entire Phoenix area and has no neighborhood boundaries as other senior centers do. Partly due to the wide geographic area of the program, inadequate transportation, low funding levels, and administrative policies, many senior citizens have not been reached by the program. Since 1972, 296 Indian people have participated in the NASC program.

Persons working with elderly Indians estimate that the elderly Indian population in Phoenix is 1,000 to 1,200. Some statistics are available from the 1970 Census Subject Report on American Indians. For Phoenix Standard Metropolitan Statistical Area (SMSA), 903 Indians are 55 or older. It is generally agreed that these figures are very much lower than the actual number of Indians in the area. However, even these figures demonstrate that most elderly Indians have not participated in services for the aged. Statistics from the area agency on aging indicate that in fiscal year 1977, Older Americans Act title III social programs served less than 22 percent of the Indian elderly and title VII nutrition programs served less than 7 percent of the same group in Phoenix. In fiscal year 1977 Indians made up only 1.0053 percent of the participants in Maricopa County title III programs and only 1.25 percent of the participants in city of Phoenix title VII programs.

GENERAL PROBLEMS FACING URBAN INDIAN ELDERLY

Native American senior citizens in the Phoenix urban Indian community are vastly underserved.

Approximately 11,159 Indians lived in the Phoenix Standard Metropolitan Statistical Area according to the 1970 census. The city of Phoenix Budget and Research Department in their 1975 community service centers capital improvement needs study, estimate 14,000 urban Indian residents with an additional 5,000 to 6,000 transient reservation population. The census shows that 8.1 percent of the Indian population or 903 persons are over the age of 55.

The elderly Indian in the Phoenix community come from Arizona's 18 Indian reservations, from reservations throughout the country and from other urban areas.

Most of the participants in the Phoenix Native American Senior Citizen Program live with members of an extended family and thus face many of the

¹ See statement, p. 881.

problems of the urban Indian community at large: substandard housing, overcrowding, lack of transportation, language barriers, and coping with health needs.

In addition to these, the native American senior citizen faces additional crises.

Among them is a radical change in their traditional role as the most honored member of the Indian family to that of the most dependant. They suffer a dependency that has been brought about because of cultural isolation—an isolation from traditional communities where common languages and highly structured kinship systems gave the elderly a vital role in teaching the traditions among the young and an isolation from the support and direction of tribal societies.

Such isolation, however, has not hampered the native American elderly from seeking to provide invaluable cultural support to members of their extended families living in cities. But where such members suffer high unemployment, language and cultural barriers, as well as racial prejudice, the support takes new forms.

Many of the urban Indian elderly willingly provide for the care of grandchildren, take on extensive responsibilities in caring for the home and, on occasion, furnish all or most of the family income.

It is with this understanding that the needs of the urban elderly has the support of the entire Indian community.

NEEDS ASSESSMENT: "LET US BE INDIAN"

Pervading much of this testimony and recommendations is the adage, "Let us be Indian."

The existing programmatic structures provided for under the Older Americans Act create a basic system for addressing the needs of the elderly throughout America and for this we are grateful.

We know that the structures are designed to help us, and though they might often confuse us, take us through hours of paperwork, they show a basic concern. And so we know that the program was not created to destroy. Our concern is that the program, where it involves the native American senior citizen provides cultural continuity rather than cultural disruption.

Let each of the program areas reflect this:

Nutrition and meal plans.—Under title VII of the nutrition program, encourage the utilization of Indian foods, both in providing requisite nutritional analysis and, if at all possible, in allowing native American senior citizens to prepare the foods to their liking. Although catering services are appreciated, all too often the food goes uneaten.

Transportation.—Native American senior citizens in the Phoenix area live throughout the city. Language barriers inhibit the use of public transportation.

Many of the elderly who care for grandchildren during the day may wish occasionally to get together after their children return from work. At times when special events occur—traditional dances, etc—the senior citizen often cannot attend due to regulations, lack of transportation, lack of personnel assistance, etc. Transportation for the native American senior citizen is extremely limited considering the fact that the program covers the entire city and makes for an expansion of program activities difficult.

Dial-a-ride and city buses do not provide adequate evening and weekend services. Weekday services suffer because of cumbersome scheduling.

Outreach capability.—Provide additional outreach. Not all native American senior citizens have the opportunity to join our senior citizen programs. Due to inadequate staffing, the outreach capability is severely limited. In addition, the program has only one phone for counseling and necessary business calls.

Meaningful outreach.—Provide outreach which recognizes the extended family. Often the native American senior citizen suffers severely when unmet needs exist within the extended family—need for employment food and social services.

The native American senior citizen must often depend upon others to advocate for their needs, complete complicated forms, translate or explain doctor's orders or prescriptions, etc.

Paperwork.—Cut back paperwork. Paperwork, particularly where the native American senior citizen programs must answer to several levels of bureaucracy, consumes precious staff time.

Additionally, many participants complete the application process with great effort. Some cannot understand our language. Others, because of years of distrust, fear to give extensive information about themselves. Some come from families that have highly unstable incomes or no income and, because of pride, do not wish this to be known. Paperwork requirements should be kept to a minimum. The native American senior citizen is a proud person and asking for assistance is very difficult for them.

Program independence.—Give us program independence. Encourage direct funding or funding through an entity acquainted with the needs of native American senior citizen programs. The native American senior citizen should be able to develop programs oriented to their needs rather than being forced to accept non-Indian program emphasis of existing structures.

For instance, the procedure outlined for using title XX funding from the Social Security Act, social problem-solving, requires a great deal of private information for certification. That requirement has caused some people to be so uncomfortable that they avoid the program.

In whatever form reorganization or restructuring of Indian programs take, they should include:

(1) Sufficient independence to be able to develop links with other funding sources and expand the types of funds used by the programs;

(2) Seek united efforts of reservation and urban Indian groups in addressing similar problems; and

(3) Develop Indian expertise in running Indian programs.

Although many people are familiar with Indian people and feel that they understand their needs, Indians must begin to be given the self-determination and the responsibility for meaningful programing for Indian populations.

ITEM 2. STATEMENT OF THE COLORADO RIVER INDIAN TRIBES, SUBMITTED BY HUGH J. BEESON, POSTON, ARIZ.

Our Colorado River Indian Reservation is 45 miles long and 15 miles wide.

Meals: The meals as recommended may be good for the older folks, but may not be good for the very elderly. They may like stews and foods like that. Specific meals may look good to the non-Indian and not look good to the Indian. All these things have to be taken into consideration when we are feeding our senior citizens.

Nursing home: A building was constructed on our reservation for this purpose but we were not able to staff it and, therefore, it could not be used as a nursing home. We were unable to get the personnel because we couldn't get funds for hiring the staff necessary for a nursing home. We would like to see it used as a nursing home rather than have the building rented out to those people who are able to pay rent.

When the older person is sent off from his home reservation to a nursing home, he is not very happy. Older people would rather be close to their families. They are lonesome at the nursing home and they die much sooner because of being away from home. Because of the distance and the cost of traveling, families cannot visit often, at least not often enough to keep them from being lonesome. If they were right on our own reservation, someone could come and see them every day.

Teeth (dentures): Many of the senior citizens do not have any teeth because they cannot afford the dentures (false teeth). That costs money, and many are not able to pay for it. It is sad but some of the older folks who are able to pay for their set of teeth find that it takes 2 months to get them through the Government hospital.

Van wagon: We people who live on this reservation do not live very close together, like the old people in cities. We are scattered far apart on our homes situated on farm lands. The length from the north to the south of the reservation is 25 miles; the width is 8 miles. This will show how we are scattered apart. We are fed at noon in our recreation hall. The two vans that we have that is used to transport the senior citizens to this dinner meal cannot cover the distance, due to being scattered. It would take another, or the third van, to do this. Then we could get all those senior citizens to the dinner, and those who

are not able to come to the recreation hall, we could take dinners to them. They need those meals too. We also need equipment to help us keep the food hot and good.

Recreation hall: We would like to see another gathering place, another recreation hall, built in the north end of the reservation. Because of the length of the reservation, it is a long way to travel to the middle where our recreation hall is located. We know that would get the other senior citizens to the mid-day meal who are not able to get to the center at noon. This would make the two recreation halls about 12 miles apart, and that is a long way when you are old.

Feeding program: We are feeding 85 elderly people 5 days a week, taking food to the elderly people who are not able to come to the elderly center.

Arts and crafts: Ten to fifteen women come to the center to work. They are working 20 hours a week. Some come in their own cars and some are picked up by the van wagon.

Homemaker services: Women go into the elderly homes and clean them for those who cannot do it themselves; also, they cook meals for them.

Recreational activities: Games are played at the center for those who can come—some are picked up by the van.

Appendix 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR DECONCINI: If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Phoenix, Ariz., on November 12, 1977, I would have said:

The following replies were received:

THOMAS J. BOYD, FORT DEFIANCE (NAVAJO NATION), ARIZ.

In order for all Indian tribes to benefit best from all aging programs, the following must be done in addition to what was testified by the witnesses:

(1) All aging legislation should allow mechanics and technicalities flexibility to fully address the specific elderly Indian needs, which are far different from national elderly needs. Reason: Indian culture and heritage must be respected before following through with the identified needs and problems.

(2) All aging legislation should allow its rules and regulations to recognize and preserve the Indian culture and heritage because aging programs directly affect lives and minds of the Indian elderly, who will not contribute to the meaningful purpose of the aging programs if the aforementioned are not met and addressed.

(3) A provision should be included in appropriate title which would allow a Indian culture and heritage restoration program.

(4) I, as program manager under Navajo Tribe/Office of Navajo Economic Opportunity, with the full concurrence of peers, superiors, and the Navajo enrollees under titles X and IX of the Indian Development District of Arizona, hereby fully endorse and support the continuance of the program cooperation and relationship under the present status and fashion, thereby effectively addressing specific elderly Navajo needs and problems it began at the grassroots level.

(5) Income received by the elderly under title IX should not decrease the social security benefits.

STEPHEN D'ALESSIO, PHOENIX, ARIZ.

The elderly Indian needs your help and support now—the long winter is upon them now—they will starve; they will freeze; they will die. Only through the American effort will they survive; their own people sometimes don't care too much for them—they have their individual problems and burdens. They are barely surviving themselves. Let's face it, jobs are scarce on Navajo land. There is not enough money there now to support the multitudes. The elderly deserve their due; the young will have to continue to try and make it on their own. Now is the time to make the inroads.

THOMAS C. LANI, TEEC NOS POS, ARIZ.

The elderlys' homes and roads are in need of improvement. The water supply for their homes needs to be sanitized.

Transportation is needed to the clinic and stores for groceries, etc. Heating fuel is needed in the wintertime. We also need a rest home for the elderly.

ALBERT E. ROSS, JR., WINDOW ROCK, ARIZ.

Bring your committee up to the Navajo Nation and listen to the First Americans, particularly the elderly. You might go on a countryside tour to make direct observations on conditions on the reservation area, and heed to your constituents' requests.

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