Growing Old in a New Age
Societal and Political Aspects of Aging

1 01:00:04:19 Annenberg Media

2 01:00:08:03 §

3 01:00:11:14 ANNENBERG/CPB PROJECT

4 01:00:18:28 THERE IS NO FREE LUNCH.

5 01:00:20:29 AS WE LOOK AT PUBLIC POLICIES IN THE FUTURE, PARTICULARLY IN AN AGING SOCIETY, WE'LL HAVE TO UNDERWRITE COSTS.

6 01:00:28:21 I CAN TELL YOU FOR A FLAT FACT THE OLDER VOTER IS THE SINGLE MOST POTENT FORCE IN THE POLITICAL SPECTRUM TODAY.

7 01:00:37:08 NO QUESTION ABOUT IT.

8 01:00:39:04 ANYBODY WHO THINKS WE'RE NOT RATIONING HEALTH CARE TODAY IS MISTAKEN.

9 01:00:44:04 40 MILLION UNINSURED PEOPLE OR UNDERINSURED PEOPLE WILL ATTEST TO THAT.

10 01:00:48:18 WE'RE RATIONING HEALTH CARE NOW.

11 01:00:50:18 HOW DOES SOCIETY RESPOND TO OLDER ADULTS? WHAT ROLES DO OLDER ADULTS PLAY IN THE POLITICAL ARENA? WHAT PROGRAMS ARE NEEDED TO ENHANCE ELDERS' QUALITY OF LIFE? WHAT ARE THE MOST CRUCIAL SOCIAL AND POLITICAL ISSUES AS WE APPROACH THE 21st CENTURY? NEXT ON... EVERY SOCIETY IN THE WORLD DEFINES A PERSON AS OLD BASED ON CERTAIN CRITERIA, SUCH AS CHRONOLOGICAL AGE OR FUNCTIONAL AGE, AND ASSIGNS HIM OR HER SPECIAL RIGHTS OR HONORS. ALL SOCIETIES HAVE IDEALS ABOUT RESPECT THAT THEY PAY TO THE ELDERLY.

12 01:01:27:18 IN THE JUDEO-CHRISTIAN TRADITION, WE HAVE THE COMMANDMENT TO HONOR OUR FATHERS AND OUR MOTHERS.
Similarly, in many of the East Asian countries that have been influenced by Confucian ethics, there is the homily of filial piety.

When we talk about ideals, though, we have to be very careful not to confuse them with practice, so even if ideally the elderly have high status in societies, it does not mean they have high status in practice.

The actual status of an individual elder, whether he or she lives in the U.S., Europe, Asia, or Africa, is often linked to that elder's control of resources. It's been that way for generations. We find that in primitive societies, that the elderly were probably not that highly respected just for being old.

What they were respected for was control of economic resources, control of property.

Even today, the control of property as a means of achieving power is a common way elders gain power and respect. Another way elders gain status is through sharing or withholding their knowledge. This was especially true in rural agrarian societies, where knowledge of climate and soil was important to survival. But what happens to an elder's status when society considers that individual's special knowledge and experience obsolete? Historical clues suggest that elders suffer a loss in status whenever economic and social development take place. For example, just prior to the American Revolution, the first mandatory retirement laws were passed to allow younger persons the chance to hold high public office. Some property laws changed during this era, too, favoring a more equitable distribution of family property. Still, not all older people of that era were viewed as nonproductive. Elder statesmen, such as Benjamin Franklin, were held in high esteem, so old age didn't always mean a loss of social or political power for every older adult. Today, one indicator of older adults' status is their

18 01:04:34:04 BUT BY THE 1980s, THAT PERCEPTION BEGAN TO CHANGE. I'VE SEEN FIRSTHAND THAT THERE'S A CHANGING PERCEPTION AMONG CONGRESSPERSONS AND ELECTED OFFICIALS, BOTH IN THE CONGRESS AND THE EXECUTIVE BRANCH, ABOUT THE CREDIBILITY OR THE AUTOMATIC CREDIBILITY THAT OLDER PERSONS SHOULD HAVE OR CAN HAVE CONCERNING THEIR DEMANDS.

19 01:04:58:18 BY THE MID-1980s, ELECTED OFFICIALS BEGAN TO QUESTION WHETHER OR NOT IT WAS THE RIGHT THING TO DO TO EXPAND BENEFITS, TO CREATE PROGRAMS.

20 01:05:09:18 AND THEY BEGAN TO QUESTION THOSE THINGS THAT WE THOUGHT WERE AUTOMATICALLY GOOD, WHETHER IT WAS LONG-TERM CARE, EXPANDING MEDICARE, REDUCING THE DEDUCTIBLES IN THOSE PROGRAMS.

21 01:05:21:02 SO THERE WAS A QUESTIONING OF WHETHER OLDER PERSONS SHOULD HAVE THOSE PARTICULAR INITIATIVES.

22 01:05:26:19 BY THE 1990s, MANY ELECTED OFFICIALS WERE BEGINNING TO FEEL THAT THE ELDERLY WERE NO LONGER A DESERVING CONSTITUENCY. THE CONGRESS REALLY FELT BURNED BY THE MEDICARE CATASTROPHE DEBACLE.
AND IN PARTICULAR, THEY REALLY ARE VERY ANGRY ABOUT THE HARASSMENT THAT THEY RECEIVED FROM AT LEAST A PORTION OF THE ELDERLY POPULATION.

AND SO I THINK THAT THERE IS SOME REAL CONCERN.


THE RESULT OF THIS WAS THERE IS A LOT OF RESENTMENT NOW ON THE PART OF AT LEAST A HANDFUL OF CONGRESSMEN WITH RESPECT TO DOING ANYTHING FOR THE ELDERLY.

I THINK WE HAVE FOUND IN THE LAST 25 YEARS, THAT POLITICIANS ARE NO LONGER WILLING TO AUTOMATICALLY ASSUME THAT IF SENIOR CITIZENS WANT SOMETHING, IT SHOULD BE GIVEN, OR THAT IF SENIOR CITIZENS SAY THAT HAVE A NEED, THAT IT IS A NEED.

SENIOR CITIZENS MUST JUSTIFY TO THE ELECTED OFFICIALS WHAT THEY WANT, WHY THEY WANT IT, AND WHETHER OR NOT IT'S COST-EFFECTIVE -- JUST AS OTHER INTEREST GROUPS HAVE TO JUSTIFY.

I WOULD SAY THAT SENIOR ORGANIZATIONS HAVE TO MAKE A STRONG CASE THAT WHAT THEY WANT IN THE WAY OF BENEFITS, IN EXPANSION OR PRESERVATIONS, HAS TO BE JUSTIFIED IN THE LIGHT OF OTHER COMPETING NEEDS.

OLDER VOTERS ARE VIEWED AS HAVING A GREAT DEAL OF POLITICAL CLOUT. BUT IS THAT ACTUALLY THE CASE? I CAN TELL YOU FOR A FLAT FACT THE OLDER VOTER IS THE SINGLE MOST POTENT FORCE IN THE POLITICAL SPECTRUM TODAY.

NO QUESTION ABOUT IT -- FOR GOOD OR FOR ILL.
THAT'S WHY HAVING A FIRM GRIP ON WHAT PROGRAMATICALLY IS NEEDED AND HOW TO FINANCE THOSE PROGRAMS ON A MASS BASIS, ON A NATIONAL BASIS, IS FUNDAMENTAL TO THE ECONOMIC AND SOCIAL SECURITY OF THE UNITED STATES OF AMERICA.

OLDER VOTERS HAVE A GREAT DEAL OF POLITICAL CLOUT, AND THEY HAVE IT FOR A NUMBER OF REASONS.

FIRST, THEY TEND TO BE AMONG OUR BEST CITIZENS.

THEY GREW UP LEARNING THAT VOTING WAS NOT ONLY A RIGHT, BUT A RESPONSIBILITY.

THEY CONGREGATE AND TALK ABOUT ISSUES.

AND THE GOVERNMENT DOES A LOT FOR OLDER CITIZENS, WHETHER IT'S SOCIAL SECURITY OR MEDICARE, SO THERE'S A TENDENCY, IF YOU'RE RETIRED, TO APPRECIATE MORE GOVERNMENT'S ROLE IN YOUR LIFE.


WHAT THE CONGRESS FASHIONED THEN WAS AN EFFORT TO PROVIDE ADDITIONAL BENEFITS TO THE ELDERLY AND TO ALSO HAVE THE ELDERLY PAY FOR THOSE ADDITIONAL BENEFITS.

I VOTED FOR THAT BILL. I THOUGHT IT WAS A GOOD BILL.

WHEN IT WAS REMOVED, I VOTED AGAINST ITS REMOVAL.

I STILL THOUGHT IT WAS A GOOD IDEA.

MANY SENIOR CITIZENS DID NOT.

THERE WERE LARGE GROUPS OF SENIORS WHO HAD ALREADY GOTTEN THIS FORM OF COVERAGE FROM
EITHER THEIR PREVIOUS JOB OR THEIR UNION.


46 01:09:34:16 IT WAS A DARK TIME, AND HOPEFULLY WE CAN CORRECT THIS PROBLEM BY HAVING A NATIONAL HEALTH INSURANCE BILL THAT PROVIDES FOR LONG-TERM CARE AND CATASTROPHIC ILLNESSES IN THE VERY NEAR FUTURE.

47 01:09:47:25 SENIOR ORGANIZATIONS PLAY A PROMINENT ROLE IN THE POLITICAL PROCESS, TOO. WHETHER IT'S THE AARP OR THE NATIONAL COUNCIL OF SENIOR CITIZENS, THEY ALL HAVE ROUTINE MAILINGS THAT HAVE MILLIONS OF FOLLOWERS, AND OFTEN THE ELDERLY PAY CLOSE ATTENTION TO WHAT THEIR NEWSLETTER FROM THE AARP IS SAYING ABOUT CONGRESSIONAL EVENTS.

48 01:10:13:04 SO THEY ARE VERY POLITICALLY ACTIVE, AND THE ORGANIZATIONS CARRY A GREAT DEAL OF CLOUT BECAUSE OF THE NUMBERS OF PEOPLE THEY REACH.

49 01:10:22:00 THE AMERICAN ASSOCIATION OF RETIRED PERSONS IS NOW CONSIDERED THE LARGEST MASS MEMBERSHIP ORGANIZATION IN THE COUNTRY, IF NOT THE WORLD.

50 01:10:30:14 WITH WELL OVER 30 MILLION PEOPLE, IT HAS TREMENDOUS IMPACT ON WHAT HAPPENS IN MANY PARTS OF CONGRESS AND THE EXECUTIVE BRANCH.

51 01:10:39:16 NOT ALL AARP MEMBERS ARE IN IT ENTIRELY FOR POLITICAL CLOUT. I'M A MEMBER OR AARP...UM...BECAUSE...

52 01:10:50:03 PARTLY BECAUSE OF THEIR PHARMACEUTICAL PROGRAM.

53 01:10:54:03 THEY HAVE CHEAP DRUGS -- IN OTHER WORDS, PATENT DRUGS, YOU KNOW.

54 01:10:59:04 I DON'T GET MY PRESCRIPTIONS FROM THEM -- AND
PARTLY BECAUSE I WANT TO KEEP UP WITH WHAT THEY'RE DOING.

I DO THINK THAT CONGRESS OVERESTIMATES THE INFLUENCE THAT THEY HAVE, BECAUSE I'M SURE THERE ARE A LOT OF PEOPLE WHO GO TO IT BECAUSE OF THEIR PHARMACEUTICAL PROGRAM OR BECAUSE YOU GET CERTAIN BENEFITS IN TRAVEL AND SO FORTH.

SENIOR POWER IS ALSO EVIDENT IN THE GROWING NUMBERS OF SILVER-HAIRED LEGISLATURES IN STATES ACROSS THE NATION. SILVER-HAIRED LEGISLATURES GIVE OLDER ADULTS AN OPPORTUNITY TO LEARN, FIRSTHAND, HOW TO CREATE AND LOBBY FOR NEW LEGISLATION ON THE STATEWIDE LEVEL. [WOMAN] IT'S A MOCK SESSION, SO THEY GO THROUGH THE SENATORIAL PROCESS, WRITING AND INTRODUCING THE BILL.

YOU BECOME A LEGISLATOR, AND YOU SEE IT FROM THEIR POINT OF VIEW.

THE GOALS ARE TO EDUCATE SENIORS ABOUT, PRIMARILY ABOUT THE PROCESS.

BUT IN THE PROCESS, THEY HOPE THEY WILL GET MORE INFORMATION ABOUT THE ISSUES.

THE POLITICAL BEHAVIOR OF AN OLDER PERSON DEPENDS ON HIS OR HER BACKGROUND, FAMILY, INCOME, AND EDUCATION. WE KNOW THAT OLDER PERSONS RETAIN THEIR POLITICAL AFFILIATION WHEN THEY ARE OLDER AS THEY MAY HAVE HAD WHEN THEY WERE YOUNGER.

WE KNOW THAT THERE'S PRETTY MUCH AN EVEN SPLIT BETWEEN OLDER PERSONS AS DEMOCRATS AND OLDER PERSONS AS REPUBLICANS.

SO THERE REALLY IS NO CONNECTION BETWEEN BEING OLDER AND HAVING A PARTICULAR POLITICAL IDEOLOGY.

THE ONE CHANGE THAT DOES OCCUR IN TERMS OF AGING IS THAT MANY PEOPLE, WHEN THEY ARE YOUNG WHO AREN'T LIKELY TO BE REGISTERED OR VOTE, BECOME ACTIVE PARTICIPANTS AS THEY GET
OLDER.

64 01:12:56:19 THEY BECOME PART OF THE VOTING POWER, PART OF THE ELECTORATE.

65 01:13:01:17 SO PEOPLE CHANGE IN THAT RESPECT, BUT AS OLDER PERSONS, THEY'LL HOLD WHATEVER VALUES, WHATEVER IDEAS, WHATEVER IDEOLOGY THAT THEY HELD AS THEY WERE GROWING UP.

66 01:13:12:03 [MAN] I'M A REGISTERED DEMOCRAT, BUT SOMETIMES I THINK THAT I'M REALLY A CONSERVATIVE DEMOCRAT.

67 01:13:20:04 I AM SOMEWHAT POLITICALLY ACTIVE, ALTHOUGH IT IS AT A GRASSROOTS LEVEL.

68 01:13:25:24 I DON'T DO THIS ON A NATIONAL SCALE OR GO TO SACRAMENTO OR WHEREVER WHENEVER THERE'S ANY OTHER POLITICAL THINGS GOING ON.

69 01:13:35:08 BUT I DO -- I'VE VOTED.

70 01:13:37:07 EVER SINCE I WAS 21 YEARS OLD, I'VE VOTED EVERY YEAR.

71 01:13:42:09 OLDER VOTERS' POLITICAL CLOUT CAN EMERGE IN SURPRISING WAYS IN UNEXPECTED PLACES. HERE IN WASHINGTON, D.C., THERE HAVE BEEN SOME ISSUES RELATING TO THE ELDERLY WHERE A COUPLE OF ELDERLY PEOPLE HAVE GONE DOWN AND ASKED THE CITY COUNCIL ABOUT VOTING ON A -- VOTING A CERTAIN WAY ON AN ISSUE, AND THEY WERE GIVEN SHORT SHRIFT AND IN ESSENCE, TOLD TO GO HOME AND MIND THEIR OWN BUSINESS.

72 01:14:13:04 AND IT WASN'T UNTIL FOUR DAYS LATER WHEN THEY SAW 10 BUS LOADS OF SENIORS UNLOADING IN FRONT OF CITY HALL, WHEN MEMBERS OF THE CITY COUNCIL THEN CAME OUT AND STARTED DEMANDING OF THE HEAD OF OUR CHAPTER IS, "WHY BRING ALL THESE PEOPLE HERE?"

73 01:14:31:19 YOU KNOW WE'RE GOING TO DO THE RIGHT THING." MORE AND MOREPEOPLE ARE RECEIVING AN UNFAIR SHARE OF SCARCE RESOURCES OR ACTING ONLY FOR THEIR OWN SELF-INTEREST. THE WHOLE QUESTION OF WHETHER OR NOT THE ELDERLY, BY
ACTING AS AN INTEREST GROUP, ARE ACTING SELFISHLY IS SOMETHING THAT'S RAISED ALL THE TIME.

74 01:14:53:25 I BELIEVE IT'S A RED HERRING. IT'S A PHONY FLAG BEING FLOWN.

75 01:14:58:24 THE AVERAGE PERSON OUT THERE -- AGING ELDERLY PERSON -- FEELS JUST AS THREATENED AS THE YOUNG PERSON WHO'S NOT SURE THEY'RE GOING TO BE ABLE TO FIND A JOB, AS THE MIDDLE-AGED PERSON WHO'S IN FEAR THEY'RE GOING TO LOSE A JOB.

76 01:15:15:11 YOU HAVE THE ELDERLY WHO FEAR THAT THAT WHICH THEY PREPARED FOR, OR THOUGHT THAT THEY PREPARED FOR, WON'T BE THERE FOR THEM -- THEY WON'T HAVE ENOUGH MONEY.

77 01:15:26:12 OF COURSE THEY'LL ORGANIZE POLITICALLY.

78 01:15:28:12 OF COURSE IT'S EASY TO SEE THEM AS BEING SELFISH.

79 01:15:32:12 IS THAT THE ACTUAL CASE WHEN THE ENTIRE SOCIETY IS BEING EVISCERATED FROM THE TOP AS INCOMES EXPLODE AT THE TOP AND ACTUALLY DECLINE AT THE BOTTOM?

80 01:15:43:12 NO. I THINK IT'S A NATURAL REACTION OF PEOPLE WHO ARE IN FEAR, WHO HAVE GENUINE AND WELL-GROUNDED ANXIETIES OVER WHETHER OR NOT THEY'LL BE ABLE TO CARE FOR THEMSELVES, PARTICULARLY, KNOWING THEY'RE GOING TO LIVE LONGER THAN THEY ANTICIPATED.


82 01:16:14:14 FOR EXAMPLE, THE GROWTH OF YOUNG MINORITY GROUPS.

83 01:16:17:13 THE DECLINING LABOR FORCE WILL MEAN THAT WE WILL HAVE MANY MORE YOUNG PERSONS FROM MINORITY POPULATIONS, ESPECIALLY BLACKS,
HISPANICS, ASIANS, AND PACIFIC ISLANDERS.

84 01:16:28:28 IT WILL BE UPON THOSE GROUPS THAT OUR ECONOMY, OUR LABOR-FORCE NEEDS WILL FALL.

85 01:16:35:27 AT THE SAME TIME, WE WILL FIND THAT UP TO 20% OF THE U.S. POPULATION BY THE YEAR 2020 WILL BE COMPOSED OF OLDER PERSONS -- PRIMARILY WHITE, OR NONMINORITY, OLDER PERSONS.

86 01:16:48:13 WE KNOW THAT IN THE NEXT 10 YEARS, THOSE YOUNG MINORITY GROUPS WILL HAVE TREMENDOUS NEEDS IN TERMS OF EDUCATION AND TRAINING, SO THE REAL QUESTION COMES UP HERE -- WILL SENIOR CITIZENS VOTE AND SUPPORT, VOTE FOR AND SUPPORT, THOSE PUBLIC PROGRAMS THAT WILL BENEFIT NONSENIORS?

87 01:17:08:13 IN THIS CASE, YOUNG MINORITIES.

88 01:17:10:12 I HOPE THAT THEY WILL... BECAUSE IF WE DON'T DO THAT, SENIOR CITIZENS WILL FIND THAT THEY MAY MAKE DEMANDS ON A LABOR FORCE THAT'S UNABLE, UNTRAINED, AND TOO ILL-EDUCATED TO BE ABLE TO PROVIDE THE PRODUCTIVITY AND TO BE ABLE TO PROVIDE THE INCREASED REVENUES FOR THE SERVICES THAT WILL BE NEEDED SHORTLY AFTER THE YEAR 2000.

89 01:17:34:28 FOR THE CURRENT POPULATION OF MINORITY ELDERS, WHO TEND TO HAVE THE LOWEST INCOMES AND WORST HOUSING OF ALL ELDER GROUPS, MUCH REMAINS TO BE DONE TO GAIN POLITICAL CLOUT. THE POLITICAL POWER AND INFLUENCE OF THE BLACK ELDERLY ISN'T WHAT IT SHOULD BE, BUT I WOULD SAY THAT IT'S GREATER THAN THAT FOR MOST OTHER ELEMENTS IN THE BLACK POPULATION TODAY BECAUSE THE BLACK ELDERLY DO PARTICIPATE IN THE POLITICAL PROCESS MUCH MORE THAN... THAN... THAN YOUNGER PEOPLE.

90 01:18:07:28 THEY NEED TO WORK WITH POLITICIANS MORE TO LEARN WHAT POLITICIANS WILL DO TO HELP THEM, RATHER THAN VOTING FOR PEOPLE BECAUSE OF THE FACT THAT THEY'RE NICE.

91 01:18:20:16 I PREACH TO ELDERLY PEOPLE THAT THEY'VE GOT TO DO SOMETHING FOR YOUR VOTE.
WE CONCENTRATE PRIMARILY ON THE VERY POOR ELDERLY...

LATINO ELDERLY...

THAT HAVE A VERY UNIQUE KIND OF AN EXPERIENCE.

IN TERMS OF OUR MAJOR POLICY AREAS, I WOULD SAY THE NUMBER ONE IS LACK OF INCOME.

IT'S VERY MUCH RELATED TO POVERTY, AND POVERTY IS VERY MUCH RELATED TO LACK OF EDUCATION, TO CONCENTRATING ONLY ON THE SPANISH LANGUAGE.

ILLITERACY RATES ARE VERY HIGH.

WE'RE VERY MUCH IN THE BUSINESS OF EMPOWERMENT, AND WE KNOW WE'RE GOING TO GIVE NOT ONLY THE ELDERLY, BUT THEIR FAMILIES, THE CAPACITY TO KNOW AND THE INFORMATION -- A KNOWLEDGE OF THE ISSUES SO THEY CAN HAVE A VOICE.

CERTAIN ETHNIC GROUPS ARE FARING FAR WORSE THAN OTHERS.

NATIVE AMERICAN INDIANS ARE ONE.

IN HAWAII, THE NATIVE HAWAIIANS ARE ANOTHER.

I THINK SOME OF THE MORE RECENT IMMIGRANTS, PERHAPS WHO CAME TO THIS COUNTRY BECAUSE OF POLITICAL UNREST, ARE OTHER GROUPS THAT ARE NOT DOING QUITE AS WELL.

AND I THINK THESE ARE THINGS THAT MUST BE CONSIDERED.

IT IS IN THE INTEREST OF MINORITY POLITICAL ORGANIZATIONS AND THEIR LEADERSHIP TO SUPPORT SOCIAL SECURITY, TO SUPPORT MEDICARE, TO SUPPORT MEDICAID, BECAUSE THOSE PROGRAMS WILL BE NEEDED AS MUCH FOR THEIR OWN POPULATION YEARS FROM NOW AS THEY ARE FOR TODAY'S SENIOR CITIZEN POPULATION.

THAT'S A FUNCTION OF EDUCATION, AND WE NEED TO
REMIND THOSE GROUPS THAT THEY SHOULD PRESERVE THOSE SENIOR PROGRAMS.


107  01:21:07:03  THE PROGRAMS WORK.

108  01:21:08:19  THERE'S A NETWORK TO SUPPORT THEM.

109  01:21:11:03  IT'S AN EFFECTIVE AND EFFICIENT USE OF TAX MONEY.

110  01:21:14:18  NUTRITION SITES AT SENIOR CENTERS ARE ONE OF THE MANY SERVICES PROVIDED UNDER THE OLDER AMERICANS ACT. FIVE HOT LUNCHES A WEEK HAVE ATTRACTED 98-YEAR-OLD ARTHUR BOUDREAULT TO HIS LOCAL SENIOR CENTER FOR 20 YEARS. I LIKE IT BECAUSE WE DON'T HAVE TO COOK.

111  01:21:33:06  ALL THIS FOR A DOLLAR AND A QUARTER -- IT'S PRETTY CHEAP.

112  01:21:37:20  YOU ONLY PAY FOR COFFEE.

113  01:21:40:05  IT'S PLEASANT TO TALK WITH PEOPLE.
Growing Old in a New Age: Societal and Political Aspects of Aging

114 01:21:42:20 WE PLAY POOL OR PLAY CARDS.

115 01:21:45:05 FOR THOSE WITH HEALTH PROBLEMS, I THINK THE SENIOR CENTER CAN ANSWER THAT PROBLEM BY BRINGING THEM TO THE CENTER IF THEY NEED TRANSPORTATION.

116 01:21:55:15 THEY SOCIALIZE, HAVE THEIR LUNCH WITH OTHERS, AND IT TAKES THEIR MIND OFF THEIR PROBLEMS BY TALKING WITH OTHER PEOPLE, ENJOYING OUR SING-ALONG.

117 01:22:05:17 WE HAVE A SING-ALONG HERE ON MONDAYS.

118 01:22:08:18 I FIND THAT PEOPLE WHO COME TO THAT REALLY ENJOY IT.

119 01:22:12:25 SO I THINK A SOCIAL CONTACT IS VERY IMPORTANT.

120 01:22:16:09 BEYOND RECREATIONAL ACTIVITIES, SENIOR CENTERS PROVIDE A WIDE ARRAY OF LEGAL, SOCIAL WORK, HEALTH AND EDUCATIONAL SERVICES TO THEIR MEMBERS. BUT MANY, SUCH AS THE DOWNTOWN SENIOR CENTER IN SAN FRANCISCO, ARE SEEING THEIR POPULATIONS GROW AND RESOURCES SHRINK. WE REFER PEOPLE TO LEGAL ASSISTANCE FOR THE ELDERLY.

121 01:22:36:23 THEY DID COME HERE ONCE A MONTH, BUT DUE TO STAFF CUTS AND BUDGET PROBLEMS, UH, THEY DON'T COME TO EVERY SENIOR CENTER.

122 01:22:45:22 AND THEY ARE CLOSE BY, SO WE SEND PEOPLE DOWN THERE.

123 01:22:50:07 UM, WE HAVE FINANCIAL COUNSELING.

124 01:22:52:06 RIGHT NOW WE HAVE INCOME TAX AND RENTER'S CREDIT ASSISTANCE GOING ON.

125 01:22:57:21 UM, WE HAVE -- SOCIAL SECURITY COMES HERE AND HELPS PEOPLE WITH THEIR PROBLEMS TWICE A MONTH.

126 01:23:05:13 WE HAVE LIBRARY ON WHEELS THAT BRINGS BOOKS TO OUR CENTER, AND PEOPLE CAN TAKE THEM OUT.

127 01:23:13:17 WE HAVE BETWEEN 80 AND 100 PEOPLE THAT COME
IN, DEPENDING ON WHAT'S GOING ON.

128 01:23:19:17  SO SOME OF THEM COME AND JUST EAT LUNCH AND LEAVE.

129 01:23:24:04  SO WE HAVE THE LUNCH BUNCH, AND WE HAVE PEOPLE THAT HANG AROUND ALL DAY AND WISH WE WERE OPEN IN THE EVENING.

130 01:23:33:02  ALTHOUGH THEY HAVE A NEW BUILDING, FUNDS REMAIN A PROBLEM FOR THE SAN FRANCISCO SENIOR CENTER. EVERYONE WANTED US TO MOVE INTO THE NEW BUILDING, AND NOBODY CAME THROUGH WITH NEW OPERATING MONEY.

131 01:23:46:16  SO ALL OF THE FUNDERS, THE PUBLIC FUNDERS, REALLY SUPPORTED THE NEW BUILDING, BUT WHEN WE MOVED IN ‘85, THINGS WERE STARTING TO CHANGE AS FAR AS MONEY IN THE COUNTRY.

132 01:23:59:26  SO THAT'S THE BIGGEST PROBLEM, IS THE LACK OF MONEY, BECAUSE WE COULD USE A COUPLE MORE STAFF PEOPLE, AND THINGS WOULD REALLY BE RUNNING SWELL.

133 01:24:11:28  MOST OLDER ADULTS PARTICIPATING IN OLDER AMERICANS ACT PROGRAMS ARE RESIDENTS OF URBAN AREAS. FOR RURAL ELDERS, ACCESS TO THESE PROGRAMS AND OTHER NEEDED SERVICES CAN BE A PROBLEM. WE DO A GREAT DEAL OF WORK WITH THE RURAL ELDERLY BECAUSE OUR SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM RUNS IN THE MISSISSIPPI DELTA, THE BLACK DELTA OF ALABAMA, AND ARKANSAS.

134 01:24:38:15  AND, UM, WE'RE CONCERNED THERE, FIRST OF ALL, IN TERMS OF PROVIDING HOUSING OPPORTUNITIES WHERE WE CAN.

135 01:24:46:24  SECONDLY, VARIOUS KINDS OF JOB OPPORTUNITIES, BECAUSE, UH, INTERESTINGLY ENOUGH, IN MANY FAMILIES IN MISSISSIPPI, THE BIGGEST PAYCHECK THAT GETS INTO THAT FAMILY ONCE A MONTH IS THAT $440 FROM THE...FROM SSI.

136 01:25:04:12  YOU KNOW WHAT THEY TELL ME IS THEIR NUMBER-ONE PROBLEM OVER AND OVER -- IT'S TRANSPORTATION.
ISOLATION IS THE MAJOR PROBLEM OF THE RURAL ELDERLY.

RURAL ELDERS AREN'T THE ONLY ONES WHO FIND ACCESS TO PROGRAMS LIMITED. OUTREACH EFFORTS HAVE BEEN MADE TO ENCOURAGE MORE PARTICIPATION BY MINORITY ELDERLY, BUT MORE NEEDS TO BE DONE. THERE ARE SEVERAL REASONS WHY BLACKS HAVE NOT PARTICIPATED IN PROGRAMS AND SERVICES TO THE EXTENT THAT YOU WOULD EXPECT THEM TO.

SOME OF IT IS THE RESULT OF OVERT DISCRIMINATION.

WE STILL HAVE SITUATIONS OF WHERE BLACKS ARE OVERTLY DISCRIMINATED AGAINST.

FOR EXAMPLE, PUTTING THE NUTRITION SITE INTO A CHURCH BASEMENT WHERE THEY'VE KNOWN IN THE PAST THAT YOU SHOULDN'T GO THERE.

OTHER THINGS THAT ARE INVOLVED IS...

THAT VERY OFTEN IT IS LOCATED IN A PLACE THAT'S NOT ACCESSIBLE TO GOOD TRANSPORTATION.

UH, OTHER THINGS THAT HAVE BEEN DONE, FOR EXAMPLE, WHERE BLACKS ARE LOW-INCOME PEOPLE, VERY OFTEN THEY SAY THAT THE SUGGESTED DONATION INSTEAD OF BEING 50 CENTS, LIKE IT USED TO BE, IS NOW $1.25.

THIS DISCOURAGES MINORITIES FROM PARTICIPATING IN MANY CASES.

THERE IS NO ONE MAGIC WAY AND NO ONE MAGIC ANSWER.

THERE ARE A VARIETY OF APPROACHES AND ACTIVITIES THAT HAVE TO BE UNDERTAKEN.

HOUSING IS ONE OF THE MOST IMPORTANT ELEMENTS IN THE LIVES OF OLDER PEOPLE EVERYWHERE. PUBLIC HOUSING PROGRAMS IN THE U.S. HAVE RECEIVED LESS POLITICAL AND FINANCIAL
SUPPORT THAN IN MANY OTHER COUNTRIES. COMPARED TO ENGLAND, WHERE PUBLIC HOUSING IS PROVIDED FOR NEARLY 30% OF ITS ELDER POPULATION, THE U.S. PROVIDES PUBLIC HOUSING FOR ONLY 3% OF ITS ELDERS. ONE REASON IS U.S. CITIZENS PLACE STRONG CULTURAL VALUE ON ATTAINMENT OF INDIVIDUAL HOME OWNERSHIP. ANOTHER REASON IS THAT U.S. PUBLIC HOUSING POLICY HAS BEEN SHAPED LARGELY BY CONSTRUCTION INDUSTRY AND REAL-ESTATE INTERESTS RATHER THAN BY CONSUMER OR CONSTITUENT ADVOCACY GROUPS. PUBLICLY SUBSIDIZED HOUSING AND RENT FOR OLDER ADULTS FORM THE CORE OF HOUSING POLICY IN THE U.S.

THE MAJOR THING THAT WE NEED TO DO, FIRST OF ALL, IS TRY TO FIND WAYS TO ENABLE INDIVIDUALS TO BE ABLE TO AFFORD SAFE AND SANITARY HOUSING.

AND THAT MEANS A LOT MORE SUBSIDY DOLLARS THAN THE FEDERAL GOVERNMENT IS REALLY WILLING TO COME UP WITH, BECAUSE FOR ALL INTENTS AND PURPOSES TODAY, THERE IS NO SUBSIDIZED HOUSING INDUSTRY OUT THERE.

SUPPORT FOR PUBLIC HOUSING WAS ESPECIALLY HARD-HIT DURING THE DECADE 1981 TO 1991. UNDER THE REAGAN/BUSH ADMINISTRATIONS, FEDERAL FUNDING FOR PUBLIC HOUSING PROGRAMS WAS SLASHED BY 80%. FOR THE MOST PART, WE ARE NOT BUILDING SUBSIDIZED HOUSING FOR THE VERY LOW-INCOME INDIVIDUALS.

WE NEED TO DO MORE OF THAT KIND OF THING.

WE NEED TO INITIATE MORE PROGRAMS TO HELP TO MAINTAIN THE HOUSING THAT PEOPLE HAVE, TO KEEP IT PROPERLY REPAIRED SO THAT THEY CAN STAY IN THEIR HOUSING AS LONG AS POSSIBLE.

LOIS SWIFT LIVES IN SAN FRANCISCO IN A SINGLE-ROOM OCCUPANCY HOTEL -- AN SRO -- MADE AVAILABLE THROUGH SECTION 8, A RENTAL SUBSIDY PROGRAM UNDER THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, OR HUD. I WOULDN'T BE ABLE TO LIVE THERE IF IT WASN'T FOR THE HUD SUBSIDY, WHICH IS APPROXIMATELY $200 A MONTH.
I have access to anything in the building that I like.

We have access to the dining room at night.

So we're not really confined to our rooms.

We need affordable housing, and we need it badly.

The property in San Francisco is so valuable, that I think that was one reason why we don't have affordable housing.

Monsignor Charles Fahey of the Third Age Center in New York describes Section 202, a direct loan program to nonprofit sponsors for constructing senior housing. The Federal Government, some years ago, developed a program of assistance, uh...

For housing, for those who had wished to house older persons.

It's part of the National Housing Development Act.

It offers long-term, low-interest loans to qualified sponsors.

It has a deep subsidy so it's able to accommodate poor people in these facilities.

It's the lower part of middle-income housing for these persons.

Congregate living -- people live together.

They have their own apartments and some centralized services.

The Seal Beach Leisure World Project in California also was developed and insured by the Department of Housing and Urban Development. It provides both housing and support services. The "development of community" concept is important.
HOUSING ANYBODY CAN BUILD.

YOU GOT TO FIND OUT WHAT KIND OF RECREATIONAL ACTIVITIES SUIT THEM, WHAT KIND OF HEALTH FACILITIES SUIT THEM, WHAT OTHER ACTIVITIES YOU'LL KEEP.

DEVELOPING HOUSING IS VERY SIMPLE, BUT THE CONCEPT NEEDS TO BE WELL THOUGHT OUT.

PROBLEMS MAY BE LOOMING ON THE HORIZON FOR SOME SENIOR HOUSING COMPLEXES. DEVELOPERS OF PROJECTS WHO OBTAINED LOW-INTEREST LOANS IN THE 1960s UNDER THE NATIONAL AFFORDABLE HOUSING ACT WILL BE ABLE TO PAY OFF THOSE MORTGAGES DURING THE 1990s. THAT MEANS THOSE DEVELOPERS WILL HAVE THE OPPORTUNITY TO RECONSIDER OR EVEN TERMINATE THEIR RELATIONSHIP WITH HUD. BY THE YEAR 2000, THE MORTGAGE FOR LEISURE WORLD WILL BE PAID OFF. WHEN THE MORTGAGES GET PAID OFF, YOU ARE AWAY FROM THE HUD REGULATIONS -- THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REGULATIONS.

YOU ARE AWAY FROM ANY KIND OF RESTRICTIONS BY THE LENDER.

YOU ARE AWAY FROM ALL OTHER ORIGINAL RESTRICTIONS WHICH WERE PLACED WHEN THIS COMMUNITY WAS BUILT.

THE QUESTION IS GOING TO BE, IS SOMEBODY GOING TO SAY, "HOW ABOUT ALL OF YOU GUYS GIVING ME THE OPPORTUNITY TO BUILD"?

WHO IS GOING TO PREVAIL AS TO WHAT HAPPENS WITH THIS COMMUNITY?

DESPITE THE GROWING NEED FOR MORE HOUSING SERVICES FOR OLDER PEOPLE, U.S. HOUSING POLICY CONTINUES TO RECEIVE FAR LESS ATTENTION THAN INCOME SECURITY AND HEALTH CARE. THE TWO MAJOR FEDERAL PROGRAMS ADDRESSING THOSE POLICY ISSUES ARE SOCIAL SECURITY AND MEDICARE. BOTH OF THESE ARE KNOWN AS ENTITLEMENT PROGRAMS, MEANING... THE FIRST MAJOR FEDERAL LEGISLATION ADDRESSING THE
PROBLEMS OF OLDER AMERICANS WAS THE SOCIAL SECURITY ACT OF 1935. TODAY, IT IS THE NATION’S PRIMARY PUBLIC INCOME PROGRAM, GARNERING THE LARGEST SHARE OF PUBLIC MONEY AND ATTENTION. THE ORIGINAL SOCIAL SECURITY LEGISLATION ESTABLISHED 65 AS THE AGE AT WHICH AN INDIVIDUAL WAS ENTITLED TO RETIRE WITH FULL BENEFITS. THE SOCIAL SECURITY SYSTEM IN THE UNITED STATES IS A RELATIVELY YOUNG SYSTEM -- PASSED IN THE 1930s -- COMPARED TO OTHER DEVELOPED COUNTRIES, THE EUROPEAN COUNTRIES.

178 01:32:39:12 THOSE COUNTRIES WERE PASSING THEIR FIRST LEGISLATION FOR SOCIAL SECURITY IN THE LATE 19th AND EARLY 20th CENTURY.

179 01:32:46:27 THE UNITED STATES IS A LATECOMER.

180 01:32:49:12 GENERALLY, WHAT YOU OBSERVE WORLD-WIDE IS THAT AS SOCIAL SECURITY SYSTEMS MATUER, THEY BECOME MORE COMPREHENSIVE AND GENEROUS.

181 01:32:56:25 THAT’S TRUE IN THE UNITED STATES.

182 01:32:59:09 SOCIAL SECURITY HAS BECOME THE PRIMARY SOURCE OF INCOME FOR A MAJORITY OF OLDER AMERICANS, MANY OF WHOM HAVE NO ADDITIONAL INCOME OR SAVINGS. [SWIFT] THAT’S MY INCOME. I HAVE SOCIAL SECURITY.

183 01:33:12:11 IT’S ABOUT $615 A MONTH.

184 01:33:15:10 I MANAGE VERY WELL, EXCEPT I HAVE BLUE CROSS, WHICH IS $315 EVERY THREE MONTHS, AND THAT’S MY MAJOR EXPENSE.

185 01:33:25:27 [MAN] IT’S A PUBLIC RETIREMENT INSURANCE POLICY.

186 01:33:28:26 NOW ONE OF THE INTERESTING THINGS ABOUT IT IS THAT MOST PEOPLE DON’T UNDERSTAND, WHAT WE’RE INSURING -- AT LEAST IN PART WITH SOCIAL SECURITY -- IS THE SOCIETY.

187 01:33:40:05 IF YOU GO BACK TO THE 1920s, 1930s, THERE WERE A LOT OF UNEMPLOYED OLDER PEOPLE WITH NO INCOME.
THOSE PEOPLE WERE DESTITUTE.

THERE WAS INCREDIBLE POLITICAL UPHEAVAL BECAUSE OF THAT.

SO ONE OF THE BENEFITS THE SOCIETY GETS OUT OF THIS SOCIAL INSURANCE...

CALLED SOCIAL SECURITY IS PROTECTION AGAINST SOCIAL UPHEAVAL THAT WOULD COME FROM DISCRIMINATION AGAINST OLDER PEOPLE IN THE WORKPLACE.

IN THE EARLY 1980s THE U.S. SOCIAL SECURITY SYSTEM AS IT WAS STRUCTUREDES THAN THEY'RE SPENDING.

THE TRUST FUNDS ARE BUILDING UP.

PROJECTIONS ARE THAT THESE FUNDS WILL CONTINUE TO BUILD UP FOR THE NEXT 20 YEARS OR SO AND REACH TRILLIONS OF DOLLARS.

BUT BEGINNING THE YEAR 2015, AS THE POPULATION BEGINS TO AGE OR THE BABY-BOOM COHORT BEGINS TO RETIRE, WHAT YOU FIND IS THAT THESE TRUST FUNDS WILL BE GRADUALLY DEPLETED.

SO IF YOU PROJECT OUT 75 YEARS, YOU FIND THAT OVER THAT ENTIRE 75 YEARS, USING THE CURRENT TAX STRUCTURE AND CURRENT BENEFIT STRUCTURE, THAT THERE SHOULD BE SUFFICIENT FUNDS TO PAY BENEFITS.

SOCIAL SECURITY BENEFITS ARE VIEWED BY OLDER PEOPLE AS EARNED RIGHTS. [DR. ATCHLEY] OLDER PEOPLE SEE THEIR ENTITLEMENT TO RETIREMENT AS SOMETHING THEY'VE EARNED.

THEY'VE WORKED HARD FOR IT.

THE MONEY THAT WENT INTO CREATING THAT RETIREMENT PENSION AND THOSE ENTITLEMENTS UNDER SOCIAL SECURITY WAS WAGES THEY DIDN'T GET.

PART OF THE RHETORIC ABOUT SOCIAL SECURITY, FOR EXAMPLE, TALKS ABOUT HOW WE'RE
I find that very interesting as language, if you just think about language and what it tells you about how things are in society.

We talk about the burden of and dependency of the older population.

I don't know about you, but when I collect on my automobile insurance, I don't think of myself as a dependent.

When I make a claim on my medical insurance, I don't think of myself as a dependent.

I think of myself as having paid insurance premiums.

I'll collect what I'm entitled to collect.

I don't see much difference between entitlement to collect automobile or medical insurance and entitlement to collect on a retirement insurance policy, which is exactly what social security is.

Social security serves another purpose, too. [Man] the broad-based support we have today for social security is partly -- when you look at the younger population -- a recognition that...

Social security helps them by helping their parents and grandparents.

If my parents didn't have social security, they would have relied upon me and my siblings to help them with their income.

We haven't had that burden because of a surrogate family program called social security, which also helps children and widows and many other people, too, not just old people.

And the disabled.
THAT KIND OF THING IS GOING TO GROW IN OUR SOCIETY.

IT WON'T HAPPEN RAPIDLY.

IT'S GOING TO BE SLOWLY A GROWING THING.

IT WILL BE CONTROLLED BECAUSE OF THE COSTS.

TY-NET PROGRAM FOR LOW-INCOME BLACK ELDERLY IN THIS COUNTRY AND THE LOW-INCOME ELDERLY PERIOD AS WELL AS THE BLIND AND DISABLED PEOPLE IS THE SUPPLEMENTARY SECURITY INCOME PROGRAM.

YOU WILL FIND, AND I BELIEVE IT'S TRUE OF ALL 50 STATES, THAT THERE IS NOT ONE PROGRAM THAT TAKES SOMEONE WHO IS ELIGIBLE FOR SSI AND LIFTS THEM TO THE POVERTY LEVEL, AND THAT IS A DISGRACEFUL SITUATION.

WE CAN AND MUST RAISE SSI TO LEVELS THAT AFFORD THE MINORITY ELDERLY AND OTHER POOR ELDERLY THE OPPORTUNITY TO LIVE LIVES OF HOPE AND DIGNITY.

[SAMUEL SIMMONS] MOST PEOPLE DON'T REALIZE THAT THE SSI PROGRAM PROVIDES ABOUT 75% OF POVERTY INCOME FOR A SINGLE PERSON AND ABOUT 94% FOR A COUPLE.

ONE OF OUR MAJOR GOALS IS IN TERMS OF BRINGING IT UP TO THE POVERTY LEVEL.

THAT WOULD BE A SIGNIFICANT MOVE FORWARD IF WE WERE ABLE TO DO THAT.

FOR SOME PEOPLE THAT SOUNDS LIKE A LOT OF MONEY, BUT YOU'RE TALKING ABOUT ROUGHLY $6,600 A YEAR WOULD BE THE POVERTY INCOME FOR A SINGLE PERSON.

THAT'S A LITTLE OVER $100 A WEEK.

THAT'S NO MONEY AT ALL, ESPECIALLY IN MANY URBAN AREAS, WHERE THE ELDERLY ARE PAYING $400 AND $450 A MONTH FOR RENT.
IN ADDITION TO THE SOCIAL SECURITY PROGRAMS, THE OTHER MAJOR ENTITLEMENT PROGRAM IS MEDICARE. MEDICARE WAS ON THE FEDERAL POLICYMAKERS’ DRAWING BOARD FOR TWO DECADES BEFORE IT WAS FINALLY LAUNCHED. [ROBERT HAROOTYAN] MEDICARE STARTED IN THE LATE 1940s WITH THE PUSH TO GET NATIONAL HEALTH INSURANCE.

IT DIDN'T WORK.

TRUMAN'S EFFORTS TO DO SO IN HIS ADMINISTRATION FELL FLAT.

NO ONE WANTED NATIONAL HEALTH INSURANCE AT THE TIME.

A LOT OF PEOPLE IN THE 1950s WHO WERE OLD AND ILL DIDN'T GET OPERATIONS.

THEY COULDN'T AFFORD IT.

THEY DIDN'T HAVE INSURANCE OR ANYTHING CALLED MEDICARE.

AND WHAT HAPPENED WAS, EVEN THE MOST STAUNCH OPPONENTS TO NATIONAL HEALTH INSURANCE HAD TROUBLE FIGHTING...

A NATIONAL HEALTH INSURANCE PROGRAM FOR OLDER PEOPLE, AND THAT'S HOW MEDICARE EVENTUALLY GOT SIGNED IN 1965.

WHETHER THAT EVER EVOLVES INTO A NATIONAL POLICY FOR EVERYBODY OF ALL AGES IS A QUESTION FOR THE 1990s.

THE PURPOSE OF MEDICARE IS TO PROVIDE OLDER PEOPLE WITH FINANCIAL PROTECTION AGAINST THE COSTS OF HOSPITAL, NURSING HOME, AND PHYSICIAN CARE. THE MEDICARE PROGRAM HAS TWO BASIC PARTS. THE OTHER PART OF MEDICARE IS...

MANY OLDER ADULTS ARE GRATEFUL FOR THE MEDICARE PROGRAM BUT THEY ALSO KNOW MEDICARE COVERAGE IS LIMITED, OFFERING ONLY PARTIAL PAYMENT FOR SERVICES. MORE THAN 70% OF THE OLDER POPULATION PURCHASE PRIVATE INSURANCE KNOWN AS MEDIGAP INSURANCE TO
HELP PAY MEDICAL EXPENSES MEDICARE DOESN'T COVER. MOST OLDER ADULTS SEE THE ADDED EXPENSE OF A MEDIGAP POLICY AS AN ECONOMIC NECESSITY. I'M COVERED BY MEDICARE, AND IT'S, UH...

237 01:41:12:03 COMBINED WITH MY RETIREMENT INSURANCE, MY BLUE CROSS/BLUE SHIELD INSURANCE.

238 01:41:18:19 IT COVERS ME VERY WELL.

239 01:41:20:19 IN FACT, IT PAYS JUST ABOUT 100% OF ANY BILLS THAT I HAVE.

240 01:41:25:10 IN CASE OF AN EMERGENCY, I CERTAINLY WOULDN'T BE ABLE TO FOOT THE BILL.

241 01:41:30:24 I'VE HAD TWO SURGERIES, AND BOTH WERE $10,000.

242 01:41:33:23 I WOULDN'T HAVE BEEN ABLE TO HANDLE THAT.

243 01:41:36:24 IT'S A GODSEND TO ME.

244 01:41:38:25 IT'S ABSOLUTELY IMPORTANT TO HAVE THAT PROTECTION.

245 01:41:41:24 BUT CRITICS CHARGE THAT THE MEDICARE SYSTEM HAS BECOME SO COMPLICATED THAT IT'S DIFFICULT TO UNDERSTAND WHAT IT COVERS OR HOW IT WORKS. IT ALIENATES, FRUSTRATES, AND FRIGHTENS PEOPLE.

246 01:41:53:23 THEY'RE NOT SURE WHAT MEDICARE IS.

247 01:41:56:07 THEY THINK IT TAKES CARE OF EVERYTHING.

248 01:41:59:09 IT DOESN'T. IT WAS NEVER MEANT TO BE, PARTICULARLY WHERE LONG-TERM CARE WAS CONCERNED.

249 01:42:05:03 EVEN FOR THOSE WHO KNOW THEIR WAY AROUND THE MEDICARE SYSTEM AND HAVE ADDITIONAL HEALTH INSURANCE COVERAGE, THE SYSTEM CAN STILL BE BEWILDERING. ILSE DARLING RECOUNTS HER FRUSTRATIONS IN NEGOTIATING HER HEALTH INSURANCE COVERAGE. ONE OF THE REASONS I THINK HEALTH CARE COSTS ARE SO HIGH IN THIS COUNTRY IS BECAUSE OF WHAT I HAVE TO GO
I have to make sometimes three applications for funds.

I first go to Medicare, then Blue Cross/Blue Shield, then Major Medical.

They're in the same building.

That's what's so screwy about it.

I get so exasperated.

I can't believe that this is going on.

There's an awful lot of paperwork, which I can handle.

It's not hard for me.

But I'm sure there are some people who are going to have a tough time filling out those forms which...you have.

The problems seem to have been with the providers.

They apply directly, but they don't give everything they're supposed to.

Medicare contacts us rather than the provider.

Then we have to go back to the provider and start from scratch.

Critics of the system also say the real limitation of Medicare is its lack of coverage for home health or long-term care needs. It doesn't pay at all for the thing that is the biggest chunk of expense in home care, which is home health aides and homemaker services.

Again we have this problem in our society of the design of the health care system as set up around the acute model.

For the patients who need that, that's great.
266 01:43:48:01 BUT FOR THE LARGER GROUP WHO NEED THINGS LIKE SOMEONE IN THEIR HOME TO HELP THEM COOK, DRESS, TAKE MEDICINE, IT WON'T PAY FOR THOSE THINGS.

267 01:43:57:27 THE VERY POOR CAN GET THAT THROUGH MEDICAID.

268 01:44:00:28 THE VERY RICH CAN PAY FOR IT THEMSELVES.

269 01:44:03:24 PEOPLE IN THE MIDDLE ARE LEFT SUFFERING.

270 01:44:06:18 TOGETHER, THE MEDICARE AND MEDICAID PROGRAMS FORM THE CORE OF THE CURRENT NATIONAL HEALTH CARE SYSTEM IN THE U.S. IN CONTRAST TO MEDICARE’S ROLE AS A FEDERAL HEALTH INSURANCE PROGRAM FOR THOSE 65 PLUS, MEDICAID IS... ALTHOUGH ELIGIBILITY FOR MEDICAID VARIES FROM ONE STATE TO ANOTHER, ONE REQUIREMENT IS UNIVERSAL. IN ORDER FOR INDIVIDUALS TO QUALIFY FOR MEDICAID, THEY NEED TO SPEND DOWN ALL INCOME AND ASSETS TO A LEVEL CLOSE TO THE POVERTY THRESHOLD.

271 01:44:48:02 BUT FOR THOSE WHO ARE ELIGIBLE, MEDICAID PROVIDES COVERAGE FOR LONG-TERM CARE SERVICES. VERY FEW PEOPLE REALIZE THAT LONG-TERM CARE, ESPECIALLY IN A NURSING HOME, CAN COST ABOUT $40,000 A YEAR.

272 01:45:01:17 SO FOR MANY PEOPLE IN THE MIDDLE-CLASS BRACKET, THEY HAVE ENOUGH THAT DISQUALIFIES THEM FROM MEDICAID.

273 01:45:08:04 WHAT HAPPENS IS, THEY PAY OUT OF THEIR OWN POCKET.

274 01:45:12:04 IT USUALLY TAKES ABOUT A YEAR UNTIL THEY HAVE NO MONEY.

275 01:45:16:03 THEN THEY CAN APPLY FOR MEDICAID.

276 01:45:18:24 MEDICAID HAS PROBABLY THE MOST FRIGHTENING CONNOTATION TO THOSE WHO BECOME FAMILIAR WITH IT, GENERALLY, WHEN A CRISIS OCCURS.

277 01:45:26:21 WHAT WE'RE REALLY TALKING ABOUT IS YOU'VE BEEN PENALIZED.
AND FOR WHAT?

FOR LIVING. FOR LIVING TOO LONG.

APART FROM LONG-TERM SKILLED NURSING CARE, OTHER SERVICES COVERED BY MEDICAID INCLUDE HOSPITAL INPATIENT CARE, PHYSICIAN SERVICES, LABORATORY AND X-RAY SERVICES, HOSPITAL OUTPATIENT CARE, AND HOME HEALTH SERVICES. OF ALL THESE, THE LARGEST PORTION OF MEDICAID MONEY IS FUNNELED INTO SKILLED NURSING CARE. IN FACT, ABOUT HALF OF THE NURSING HOME REVENUES IN THE U.S. ARE DERIVED FROM MEDICAID. MOST OF THE COVERAGE IS FOR INSTITUTIONAL CARE.

THERE IS RELATIVELY LITTLE COVERAGE ON THE HOME AND COMMUNITY-BASED CARE SIDE.

ALTHOUGH IN THE PAST FIVE OR SIX YEARS, THERE HAS BEEN AN INSTITUTION OF MEDICAID WAIVER PROGRAMS, WHICH ALLOW STATES TO WAIVE THE INSTITUTIONAL REQUIREMENTS, AND TO PROVIDE HOME AND COMMUNITY-BASED CARE SERVICES TO PERSONS WHO WOULD OTHERWISE BE INSTITUTIONALIZED.

YES, MEDICARE, MEDICAID.

ON THE SURFACE, THEY SOUND ALMOST BENIGN.

AND PERHAPS THEY'RE THOUGHT OF AS WORDS OF RESCUE -- THE SAINT BERNARD DOGS OF MEDICAL CARE, GOING TO SHOW UP SUDDENLY WITH THE CASK AND GET YOU OUT OF THE DEEP SNOW.

BUT I'M TELLING YOU THAT MEDICAID OR MEDICARE, IF WE DON'T HAVE A NATIONAL LONG-TERM HEALTH CARE PROGRAM AND A NATIONAL MEDICAL CARE PROGRAM IN AND OF ITSELF, NO AMOUNT OF SAINT BERNARDS WILL GET US OUT.

INSTEAD, WE'LL BE LOST UNDER AN AVALANCHE.

IT'S NOT COMING LIKE A GLACIER.

IT IS AN AVALANCHE.
[HAROOTYAN] ANYBODY WHO THINKS WE'RE NOT RATIONING HEALTH CARE TODAY IS MISTAKEN.

40 MILLION UNINSURED OR UNDERINSURED PEOPLE WILL ATTEST TO THAT.

WE ARE RATIONING HEALTH CARE RIGHT NOW.

WE'RE RATIONING HEALTH CARE, AND WE'RE RESTRICTING ACCESS BECAUSE IT'S VERY COSTLY.

I THINK THE FUNDAMENTAL ANSWER TO THE QUESTION IS, HOW MUCH OF THOSE COSTS CAN BE CONTROLLED?

HOW MUCH OF THE PROFITS FROM THE HEALTH CARE INDUSTRY CAN BE REDUCED AND REGULATED TO GIVE PEOPLE AN APPROPRIATE RETURN ON THEIR INVESTMENT IN PROFESSIONAL CAREERS OR BUSINESS -- WHATEVER YOU WANT TO CALL IT -- HEALTH CARE BUSINESS.

WHAT ARE THE PROSPECTS FOR ESTABLISHING A NATIONAL HEALTH CARE PROGRAM? [REP. ABERCROMBIE] YOU'VE SEEN THE ARGUMENT GO ON AND ON.

STATES LIKE HAWAII HAVE MOVED WAY AHEAD OF THE REST OF THE COUNTRY IN COMING TO GRIPS WITH THE FINANCING END OF IT.

THIS IS THE KEY TO ALL OF IT.

[DR. STONE] THE INTERESTING POINT FOR ME IS, LONG-TERM CARE ISN'T PART OF THAT HEALTH CARE DEBATE.

IT IS GENERALLY AN AFTERTHOUGHT...

A $60 BILLION AFTERTHOUGHT, BUT NEVERTHELESS AN AFTERTHOUGHT.

AND MOST OF THE HEALTH CARE REFORM PROPOSALS EITHER DO NOT INCLUDE LONG-TERM CARE OR SIMPLY THROW IN LONG-TERM CARE AS ONE OF THE SERVICES THAT WOULD BE OFFERED UNDER A BASIC BENEFIT PACKAGE, WHICH IS A VERY SIMPLISTIC VIEW OF LOOKING AT THE LONG-TERM
CARE NEEDS AND HOW TO FINANCE AND DELIVER THIS COMPLEX SET OF SERVICES.

303 01:48:44:16 THERE ARE A NUMBER OF CONGRESSIONAL INITIATIVES THAT WOULD ADDRESS COMPREHENSIVE LONG-TERM CARE, BUT I THINK THAT THERE ARE QUITE A FEW BARRIERS THAT...

304 01:48:55:16 MY ASSUMPTION WOULD BE THAT THIS WILL REALLY HINDER ANY SERIOUS MOVEMENT IN MAJOR LONG-TERM CARE REFORM AT LEAST IN THE NEAR FUTURE.

305 01:49:05:03 ONE OF THOSE ISSUES IS, OF COURSE, CONGRESS DOESN'T WANT TO HAVE TO SPEND MORE MONEY.

306 01:49:11:19 MANY PEOPLE ARE LOOKING TO OTHER COUNTRIES TO HELP ADDRESS AND SET THE STAGE FOR LONG-TERM CARE REFORM IN THE U.S. [DR. STONE] WHILE MANY INNOVATIONS HAVE OCCURRED IN LONG-TERM CARE IN DIFFERENT COUNTRIES, MOST NATIONS ARE NOT ANY FURTHER ALONG THAN THE U.S.

307 01:49:30:28 IN TERMS OF DEALING WITH THIS ISSUE AND PARTICULARLY WITH THE DEMOGRAPHIC IMPERATIVE, WHICH IS TRUE IN MANY OTHER INDUSTRIALIZED COUNTRIES, INCLUDING JAPAN, GERMANY, AND THE NEW EASTERN EUROPEAN COUNTRIES, AS WELL.

308 01:49:43:28 BUT I THINK THERE IS A FUNDAMENTAL DIFFERENCE BETWEEN OUR COUNTRY AND MANY OTHER COUNTRIES, INCLUDING OUR NEIGHBOR TO THE NORTH, CANADA.

309 01:49:53:02 AND THAT IS THAT IN CANADA, THERE IS A RECOGNITION BY EVERYONE THAT THERE ARE CERTAIN RIGHTS THAT EVERYBODY IS ENTITLED TO, AND LONG-TERM CARE IS ONE OF THOSE.

310 01:50:05:03 IT IS UNFATHOMABLE... FROM A CANADIAN POINT OF VIEW TO HEAR THAT A PERSON CANNOT GET ACCESS TO A NURSING HOME BED OR THAT THERE ARE NOT ALTERNATIVE SERVICES AVAILABLE IN THE HOME OR COMMUNITY SETTING.

311 01:50:23:03 I THINK THAT'S THE REAL ISSUE, THAT WE HAVE A VERY PHILOSOPHICALLY DIFFERENT WAY OF LOOKING AT OUR NEEDS AND WHAT -- WHERE OUR
RIGHTS ARE AND THE EXTENT TO WHICH THE FAMILIES NEED TO BE SUPPORTED BY PUBLIC PROGRAMS.

312  01:50:39:07  ONE OF THE THINGS OUR COUNTRY IS STRUGGLING WITH IS HOW TO HANDLE THE COST OF LONG-TERM CARE.

313  01:50:46:21  WE'RE STRUGGLING ON A POLICY LEVEL, BUT WE'RE ALSO VERY MUCH STRUGGLING ON A FAMILY LEVEL.

314  01:50:53:05  CAREGIVERS ARE BURNING OUT A LOT MORE RAPIDLY SOMETIMES THAN THE PEOPLE THEY'RE GIVING CARE TO.

315  01:50:59:22  WHEN WE LOOK AT LONG-TERM CARE, WE KNOW SOMEHOW WE HAVE TO ADDRESS THAT ISSUE, NOT JUST FOR NOW OR FOR ONE YEAR, BUT IN A WAY THAT WILL PERMIT FUTURE GENERATIONS TO FEEL SOME KIND OF PROTECTION AND SECURITY SO WE DON'T SEE OUR GENERATIONS PITTED AGAINST EACH OTHER.

316  01:51:20:04  I VIEW THE ISSUE OF LONG-TERM CARE AS TOTALLY A FAMILY ISSUE.

317  01:51:25:14  FROM THE STANDPOINT OF LONG-TERM CARE, ESPECIALLY IN THE BLACK FAMILY TODAY, THE OVERWHELMING MAJORITY OF LONG-TERM CARE AMONG BLACKS IS NOT TAKEN CARE OF IN NURSING HOMES OR ANYTHING OF THAT SORT.

318  01:51:39:17  ONLY ABOUT 5% OF THE BLACK ELDERLY IN THIS COUNTRY ARE IN NURSING HOMES.

319  01:51:45:02  VERY OFTEN -- OR MOST OFTEN THE LONG-TERM CARE THAT THE BLACK ELDERLY RECEIVE IS IN THE HOME.

320  01:51:52:22  AND WE HAVE TO FIND WAYS TO INFLUENCE PUBLIC POLICY SO THAT WE ENCOURAGE MORE OF THAT.

321  01:51:59:26  WE WOULD THINK IT WOULD BE AN AWFUL DAY IF EVERYONE WAS ENCOURAGED TO GO INTO AN ASSISTED LIVING FACILITY OR NURSING HOME.

322  01:52:09:07  WE NEED TO CHANGE THE MENTALITY, NOT ONLY OF THE HEALTH CARE SYSTEM, INCLUDING ITS
PERSONNEL, BUT ALSO THE CONSUMER OHEALTH CARE.

323 01:52:18:21 WE NEED TO THINK IN TERMS OF WELL-BEING AND HEALTH.

324 01:52:23:03 AND THAT REQUIRES PREVENTION, AND THAT REQUIRES PRIMARY HEALTH CARE.

325 01:52:27:10 AND I DON'T THINK THE SYSTEM AS IT IS NOW IS GEARED TO THAT.

326 01:52:32:27 WE NEED TO MOVE AWAY FROM INSTITUTIONALIZED HEALTH CARE.

327 01:52:36:11 WE NEED TO TAKE A LOOK AT HOME HEALTH CARE, INTERMEDIATE HEALTH FACILITIES, THE ROLE OF THE FAMILY IN PROMOTING HEALTH.

328 01:52:45:21 [DR. TAKAMURA] WE'RE FORTUNATE TO HAVE PEOPLE LIVING LONGER IN HAWAII THAN IN MOST PLACES ACROSS THE WORLD.

329 01:52:52:04 THIS MEANS WE HAVE A UNIQUE KIND OF CHALLENGE.

330 01:52:55:18 BECAUSE OF THAT, WE'VE ACTUALLY DEVELOPED A PROPOSED LONG-TERM CARE FINANCING PROGRAM - - THE FAMILY HOPE PROGRAM.

331 01:53:03:22 OUR FEELING IS THAT WE'VE GOT TO COVER MOST OF THE PEOPLE, BECAUSE, REALLY, THIS IS A DILEMMA OF HUGE DIMENSIONS.

332 01:53:13:08 THE AVERAGE LENGTH OF STAY IN A NURSING HOME IS 2 1/2 YEARS.

333 01:53:18:07 IN NEW YORK CITY OR NEW YORK STATE, THE AVERAGE COST OF LONG-TERM CARE IS APPROXIMATING $70,000 A YEAR.

334 01:53:26:07 DEPENDING UPON WHERE YOU LIVE IN THIS COUNTRY, YOUR COSTS CAN BE JUST EXORBITANT.

335 01:53:31:20 SO THIS IS CLEARLY AN EXPENDITURE ITEM THAT FAMILIES ALONE CANNOT COVER.

336 01:53:37:00 SOME POINT TO PRIVATE LONG-TERM CARE
INSURANCE AS ONE POTENTIAL SOLUTION. I BELIEVE THAT PRIVATE LONG-TERM CARE INSURANCE WILL REPRESENT A SEGMENT OF FINANCING FOR THE ELDERLY.

THE QUESTION OF THE EXTENT TO WHICH IT WILL COVER A LARGE PROPORTION OF THE ELDERLY POPULATION IN THE FUTURE IS UP FOR DEBATE.

WHAT ARE THE ALTERNATIVES?

WE KNOW PRIVATE LONG-TERM CARE INSURANCE WILL COVER SO VERY FEW PEOPLE.

THOSE PEOPLE MOST AT RISK WILL NOT BE PERMITTED TO BE COVERED BY THAT BECAUSE THERE'S A NEED TO UNDERWRITE THEM FOR MEDICAL PURPOSES.

OUR FEELING IS, PERHAPS WITH A PROGRAM LIKE THE FAMILY HOPE PROGRAM, WE CAN COVER JUST ABOUT EVERYONE IN OUR SOCIETY, GIVE THEM AN OPPORTUNITY TO SHARE THE RISK, TO SAY, "I DO WANT TO PROTECT MY FAMILY, PROTECT MYSELF, AND I'M WILLING TO PAY A FAIR SHARE." AND BY DOING THAT, WHAT WE CAN ACTUALLY DO IS PRESENT PEOPLE WITH AN AFFORDABLE ALTERNATIVE, SOMETHING THAT WILL NOT BANKRUPT THEM AND AT THE SAME TIME WILL PERMIT THE STATE TO AVOID BANKRUPTING ITSELF.

IT'S A PROGRAM THAT, AS PROPOSED, WOULD PROVIDE FOR HOME AND COMMUNITY-BASED CARE AS WELL AS NURSING HOME CARE FOR LIFE.

THERE ARE CONTROVERSIES SURROUNDING IT.

PEOPLE ARE SAYING, "YES, WE LOVE THE PROGRAM, BUT CAN WE DO IT FOR FREE?" THAT LITTLE REACTION IS INDICATIVE OF THE KIND OF REALITY WE'LL HAVE TO FACE AS A SOCIETY AS WE SEE IT GRAY OR AGE.

THERE'S NO FREE LUNCH.

AS WE LOOK AT PUBLIC POLICIES IN THE FUTURE, PARTICULARLY IN AN AGING SOCIETY, THERE WILL BE COSTS WE'LL HAVE TO UNDERWRITE.
Together as human beings and as family members, these are things we'll have to think seriously about.

Captioning performed by the National Captioning Institute, Inc.

Captions copyright 1993 University of Hawaii at Manoa Center on Aging

Annenberg Media

For information about this and other Annenberg Media programs call 1-800-LEARNER and visit us at www.learner.org.