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REPORT TO THE PEOPLE
FROM YOUR CONGRESSWOMAN

FLORENCE P. DWYER - 6th District, New Jersey



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This past week has been a particularly significant one in a field of the highest importance -- the question of how best to meet our responsibilities toward our rapidly growing population of older people.

Among the events that made it significant were these: the opening of hearings on the Forand Bill, a proposal to include medical and hospital insurance for retired persons through the social security system; reconsideration of the vetoed Housing Bill with its proposed new program of low-interest loans for housing for the elderly; continued progress in arranging for the huge White House Conference on the Aging scheduled for 1961; and introduction of a bill to liberalize the restrictions on earnings of people receiving social security and for widowed mothers who must work.

Coincidence is not the only explanation for so much attention in one week to the needs of our older people. Consider these facts, for instance. Within 10 years the number of Americans over 65 years old will reach 10 percent of the total population. During that same period of time, the key productive age-group -- those from 20 to 65 years, from whom almost all the working force is drawn -- will be reduced to only one-half our population. This represents an increase for the over-65 group of twice the rate for the population as a whole.

Depression and War

It is also true that our senior citizens have lower and often declining incomes, with less opportunity than fully employed people to meet the higher costs of the care and services they need. Then, too, our present older generation was severely handicapped in preparing for retirement years by the worst depression and the most expensive war in our history. The collapsed incomes of the 1930's and the debased dollars of wartime and post-war inflation left very little for their futures.

The fact that a minority of our population will shortly be supporting the majority poses several difficult questions:

How can the income produced during their working lives more adequately support the needs of retired persons -- the need for housing, medical care, recreation and living conditions generally, at a level above that of bare subsistence?

How can senior citizens retain the sense of being needed, the feeling of accomplishment and of participation in the life of the community -- in other words, how can they be spared the devastating impact of neglect in their advanced years?

What changes should we make in our educational system to prepare younger people for the sometimes unexpected demands of older age?

What practical improvements in our social security, employment, housing and welfare laws can be made to help relieve old age of insecurity, boredom, neglect and disillusionment?

Conference on Aging

These and related questions will soon receive the most extensive consideration in history, as the planning and organization proceed for the nationwide White House Conference on the Aging. I was reminded of this the other day when I saw an old friend of Union County, former Congressman Robert Kean of Livingston, here in Washington. Congressman Kean, you may remember, was recently appointed by President Eisenhower as Chairman of the White House Conference. In that capacity, he is a frequent visitor here, meeting with his national committee, establishing state committees, and preparing to mobilize available talents and experience so that the White House Conference in 1961 can offer the nation a ~~effective~~ program of action.

Meanwhile, Congress has certain immediate responsibilities in this field. One of them is housing for the elderly. While the President unquestionably had good reason to object to certain provisions in the Housing bill he vetoed, there is every reason to hope that any compromise Housing bill will include at least the \$50 million program of direct loans for low-rent, specially-designed houses for older people. This is a field where private financing has not been able to do the job at rents retired people can afford. Conventional financing of these houses, for example, require monthly rents about \$20 higher than would be true of units built under the proposed new program.

Earnings Limit Unfair

Another immediate obligation of the Congress -- and one I consider especially urgent -- is to lift the unwise and unfair ceiling on the amount of income which people receiving social security are permitted to earn without forfeiting their social security benefits. The present limit is \$1,200 a year or \$100 a month, completely inadequate for people who cannot live on their social security alone and yet who cannot earn enough more to afford to sacrifice their old-age benefits.

This is a terrible dilemma for older people forced to live on the edge of subsistence. To help remedy it, I introduced a bill last week which would raise the earnings limit to \$2,400, and for widowed mothers of children under 18 to \$3,600 a year.

To my mind, this is simple justice. Since the \$1,200 limit was first imposed, prices have greatly increased and purchasing power -- especially for those on fixed incomes -- has diminished. Furthermore, this limitation discriminates against those who do not have large savings or extensive investments, since income from these sources is not subject to the limitation. In recent years, too, medical authorities have come to recognize that part-time employment is of positive value for the health and emotional welfare of many older people. The present earnings limit discourages such employment.

Challenge to Doctors

Closely related to this is the question of medical care for the elderly, on which subject the House Ways and Means Committee last week opened public hearings. While there are major objections to the solution proposed by the Forand Bill, there is no escaping the fact that a very real and serious problem does exist.

In an extensive study last year, the Department of Health, Education and Welfare found that older persons have two-and-a-half times as much need for medical and hospital care as have persons under 65, and yet have only 40 percent as much private health insurance to pay for it.

These circumstances, I believe, constitute a tremendous challenge to the medical profession and to all those concerned with preserving the private nature of medical practice in the United States.

These are not isolated matters. They are interrelated and given high priority by the value we place on age. The mature years of our people can enrich and vitalize our whole society -- if we take steps now to free our elders and learn to use their judgment, experience and invincible spirit.