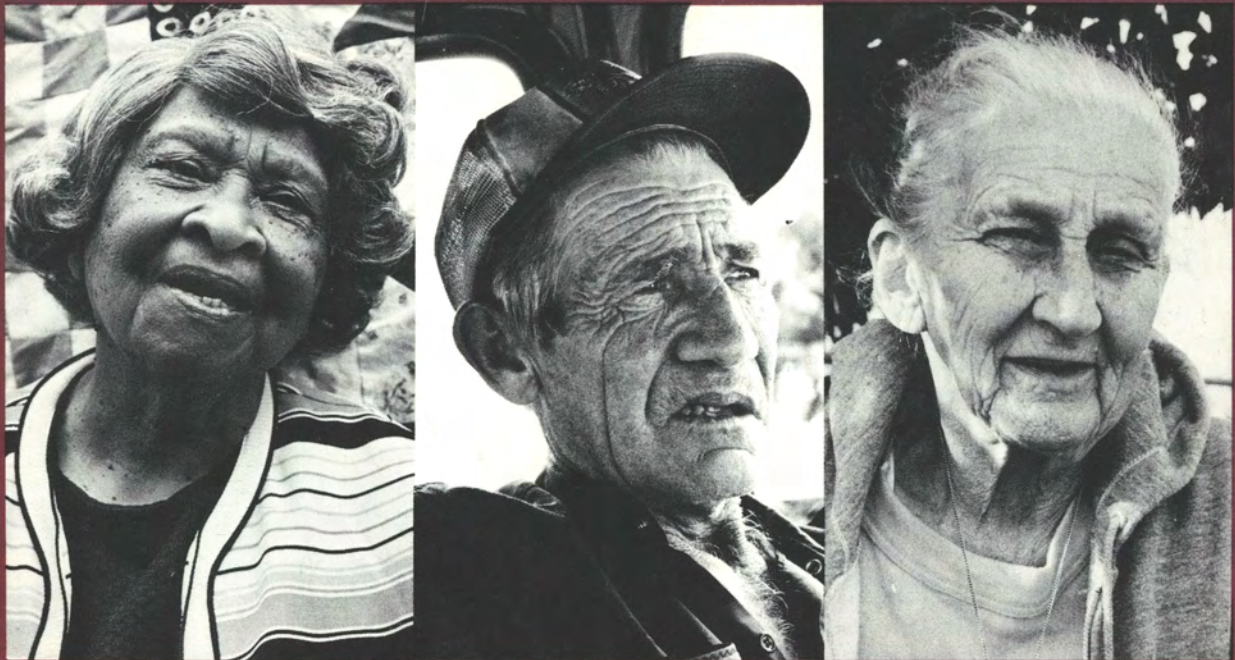


Southern Exposure

# Older Wiser Stronger

*Southern Elders*



\$6.00

# Southern Exposure

March-June 1985 Special Double Issue

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## This Old Lady

— by Elizabeth Cousins Rogers

Elizabeth Cousins Rogers was born in 1891 in Aurora, New York and died in 1985. After a privileged upbringing, she graduated from Smith College in 1913, served in the Red Cross canteen service in France in World War I, and worked for a time as an editor at Vogue magazine. She was a member of the Writers' Work Project in the 1930s and taught labor union journalism at Commonwealth College in Mena, Arkansas in the Depression years. There she met her husband, Walter Rogers, and for the next 40 years the two worked as union organizers and spokespeople for progressive causes. They became, in their term, "street journalists," leafletting as a means of getting their politics out to the people (see *Southern Exposure*, March/April 1982).

After Walter's death in 1981, Elizabeth continued the work. She wrote, compiled, and distributed *Songs for the Sidewalk*, an anthology of their protest songs. At the time of her death, February 18, 1985, Elizabeth Rogers had nearly completed her autobiography, *From Right to Left in 90 Years*. Executors of her estate plan to complete and publish the book. She died as she lived: determined, proud, and committed to her beliefs.

If you ask this old lady how she's doin', I'll likely give you a big smile and reply, "Well, my new eye doesn't see much yet, my teeth don't chew, I have sharp knife pains in my leg. Otherwise, for a 93-year-old, I'm just fine."

I have lived alone since my husband Walter Rogers died four years ago. Thirty years ago "Rog" and I, a white couple, came from a mixed neighborhood in the Vieux Carré to a black neighborhood here in the Ninth Ward of New Orleans. A lot 36 feet by 110 feet could be bought then for \$750, built on, lived on. We never regretted the move. With a few dreadful exceptions,

photo copyright © 1985 by Janice Dee Gilbert



which could have happened anywhere, we've got on well with our neighbors. Some even have loved us and invited us to weddings as the young folk grew up.

This old lady is big friends with the latest batch of youngsters in the block, as with those before them. They wash my car, which I drove until the latest cataract operation and hope to drive again. They cut my grass, carry in my groceries. In return, there's a tangerine, cookies, or ice cream served on the steps. The boys take particular pride in walking my two black dogs on leads. They're black with mahogany legs, "thoroughbred mutts," I call them, trained to jump through a hoop, too.

Today is a kind of peak day. The dogs need food; so do I. There's little cash on hand; my \$300 Social Security check lies in a drawer, uncashed for three weeks because of no transportation. The \$365 savings in my check book is due now for house insurance.

This old lady is living to finish her memoirs. I need to get to my safe-deposit box for certain dates of transatlantic crossings, divorce, an old photo. "Looks like the only way is Shanks's mare!" I tell the wagging dogs.

Carrying a tote bag, a folding stool, a nonfolding cane, I board a Galvez bus one block from home, headed toward the city. I ride about eight blocks, dismount, wait on my stool for a while, then board the Caffin bus going toward the river and finally get off at St. Claude, where the grocery is.

Eight loaves of long French bread — a week's dog food. For my shaky, aching teeth, soft foods: bananas, tomatoes, cake, sausage, lots of cuppa-soups. Add

cod-liver oil, and roach pills for around the sink. Balancing these additions to my already heavy travel equipment, I use my bus transfer to reach the little bank on St. Claude, halfway to Canal Street. After cashing my check and obtaining my historical records, I cross the street to catch a bus headed back to the Ninth Ward. It carries me across the bridge over the Canal.

Here there's a wait of nearly an hour for the shuttle bus to come back from the river. Bless you, my good stool! After rides on two more buses, I am finally deposited one block from my door, where I boarded the first bus five hours ago.

All through my difficult safari, kind black strangers have waited to help me on and off the buses with my clumsy load. Happily, I tell myself, "This couldn't have happened when we came here in the '50s. Thanks be to Rosa Parks, Fannie Lou Hamer, the white and black youth of the Summer Project! Thanks to the 'New Orleans four,' six-year-olds backed by an entire neighborhood who dared to break the color line in New Orleans public schools; and thanks to far-seeing Martin Luther King, Jr. — and now to Jesse Jackson, giving the Pentagon some quiet lessons in world diplomacy!"

At sight and sound of me, the dogs throw themselves joyously against the reinforced screen door of the kitchen. "Down, down, mahogany legs! Don't you know five hours on the go like this just about tuckers me out?" Sitting obediently, they watch me saw slices of the poor-boy bread, saving the tough ends for "bones." Their supper of bread, oatmeal, succulent raw cabbage, and a handful of tasty dog food bitlets is swiftly gobbled. Now comes their daily peak 10 minutes: they're tossed the tough ends to tear, crouched like wolves, tails between tight haunches, growling as they chew.

Quietly, this old lady drinks her soup, puts away the money and the documents, and goes to bed. In a day or two, I'll get back energy enough to use them. □

## Voting rights activists indicted in Alabama

Twenty years after the historic Selma-to-Montgomery march, three staunch supporters of the Voting Rights Act stand indicted on up to 29 counts of voting fraud stemming from Alabama's September 1984 primaries for local offices. Albert Turner, Evelyn Turner, and Spencer Hogue, Jr., all active in the Perry County Civic League and with the Federation of Southern Cooperatives in nearby Sumter County, were indicted by a federal grand jury for allegedly altering absentee ballots and related charges. (See *SE*, Jan./Feb., 1985.)

According to the recently set up Alabama Black Belt Defense Committee, complaints of voting "irregularities" in many of Alabama's Black Belt counties originated from the same white election officials and district attorneys who have built and maintained their careers by denying blacks the right to vote. Wendell Paris, head of the committee, maintains the FBI investigation of voter fraud has been one sided and that white absentee votes have not been investigated for irregularities over the years.

On January 31, the Black Belt Three pled not guilty to the charges at the federal courthouse in Mobile. More than 120 supporters, including many black elected officials, filled the courthouse, and at a rally outside speakers condemned the indictments as an attempt by Reagan's Justice Department to roll back the gains won in recent years by blacks in Alabama. If convicted, the activists face up to 115 years in prison and \$40,000 in fines. The trial is scheduled to begin June 17.

In the precursor of the current case, a federal judge in Alabama recently set aside the convictions that sent Maggie Bozeman and Julia Wilder to jail in early 1981. Like those indicted in January, the two women were charged with voter



CPF

fraud after they helped elderly black voters cast absentee ballots in Pickens County.

State Senator Henry Sanders, a black Selma attorney who is defending the Black Belt Three, told the *Greene County Democrat*, "I feel there will possibly be other indictments across the Black Belt in Greene, Sumter, and Lowndes counties. The federal prosecutors had hoped to indict 30 to 40 people in Perry County, but they settled on three of the leaders because of a lack of evidence and justification for prosecution. All three are innocent in my opinion and the trial will prove that."

Defendant Albert Turner said, "This whole FBI investigation of absentee voting and the scheduled trials were set up to stop the political progress of black people in the Alabama Black Belt. I would encourage black people not to let my indictment stop them or discourage them. We need to vote in even larger numbers because they are trying to take our right to vote away."

Blacks now hold many elected offices across Alabama's Black Belt. Sumter County's governmental institutions are black controlled and Greene County has a school board and county commission that are black controlled. There are black representatives to the state house from all the Black Belt counties west of Birmingham and over 30 black

mayors of small towns in Alabama.

Paris traces the current FBI investigations to Senator Jeremiah Denton, who will be up for reelection next year. In the past Denton has worked against the empowerment of blacks and has been unsuccessful in getting voting rights activists convicted on a state level. "The state is calling on the Feds to do what they were unable to do," Paris says. "They know they can't convict them on this stuff; all they are doing is trying to stop the spread of black political development in the Black Belt."

Black activists see the spread of tactics used during the post-Reconstruction period of 100 years ago. According to Paris, the language being used is even the same with whites looking for what they call "responsible Negro leaders" to split the black vote in the majority-black counties, oust progressive blacks from their positions, and reelect Denton.

For further information contact the Alabama Black Belt Defense Committee, P.O. Box 5, Gainesville, AL 35464, or call (205) 652-6298

— thanks to Marty Collier



## "Ex-Pres-Way" fight continues in Atlanta

A battle is being waged in Atlanta over construction of the Presidential Parkway, a \$22 million, 2.4-mile-long, four-lane expressway which would lead to Jimmy Carter's soon-to-be-built Presidential library. Powerful parkway proponents — among them President Carter, Atlanta Mayor Andrew Young, City Council President Marvin Arrington, and Georgia's Department of Transportation (DOT) Commissioner Tom Moreland — maintain the road is needed to alleviate congested thoroughfares leading to Atlanta's suburbs.

Opponents of the parkway are becoming more vocal as they fight to keep several historic districts from being divided by the road. The proposed route of the highway would cut through neighborhoods which have undergone extensive renovation in the last decade and would truncate several scenic parks.

The current battle dates back to the 1960s when work began on the proposed six-lane Stone Mountain Freeway. In 1972, then-Governor Carter cancelled construction of the parkway because of widespread protests. "The neighborhood organizations got their start by fighting the Stone Mountain Freeway and every other plan for that freeway," says Tom Teepen, the editorial page editor of the *Atlanta Constitution*. "There's a whole lot of people with a lot of years invested in that."

Citizens Against Unnecessary Thoroughfares In Our Neighborhoods (CAUTION), a grassroots anti-parkway group, has been doggedly fighting the parkway in the courts. Another recently formed group is taking its campaign to the streets. Calling themselves the Roadbusters, the group is picketing construction sites, climbing trees about to be cut down, filling holes dug by backhoes, lying in front of bulldozers, and chaining themselves to cranes. Sixty people so far have been arrested for such acts of civil disobedience. The Roadbusters have erected tents and set up makeshift headquarters in Shady Side Park. During rush hour members of the

group line the side of the road waving signs at commuters on their way to and from work.

For now, opponents of the parkway have succeeded in holding up its construction. The state DOT was ordered by a superior court judge to suspend a contract with the road builders, Shephard Construction, because the firm was late in paying a fine for bid-rigging. The DOT is currently reviewing new bids for the parkway.

—by Tommy Hays

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## Robot jail "guards" start to come to life

Southern Steel Corporation, a detention equipment manufacturer in San Antonio, Texas, hopes to start up production of mobile robots by mid-summer for deployment as guards in the nation's prisons. In a deal with Denning Mobile Robotics Inc., of Woburn, Massachusetts, Southern Steel is planning to produce at least 520 robots each weighing 450 pounds and costing \$60,000. The prototype model can reportedly move through a room full of people, pick a target, and figure out the best route to it. Another prototype of a robot guard is bulletproof, equipped with a sonar range finder, sonic and infrared sensors, and odor detectors for locating humans. Upon encountering an intruder it can say in a synthesized voice, "You have been detected." Southern Steel believes a market for 200 robots a year already exists.

## New study links VDTs to heart disease

"You get depressed because of so much pressure, or the computer doesn't work, or your ear plug hurts your ear or gives you an earache or headache, or you feel like if you don't leave soon you would die. I feel sometimes if I could only scream out loud I would feel much better."

This telephone worker's statement appears in a new study showing that people who work with video display terminals (VDTs) experience significantly higher rates of a number of serious health problems than do non-VDT users. The study, a joint effort of the North Carolina Communication Workers of America (CWA) and the North Carolina Occupational Safety and Health Project (NCOSH), indicates increased rates of eyestrain, back and neck strain, arm and hand pain, headaches, nausea, tension, insomnia, fatigue, hypertension, and, most significantly, angina (chest pains, possibly the first sign of heart disease).

Despite increasing reports of health problems associated with VDTs, there is very little documentation of the relationship. But studies conducted in Canada, Europe, and the U.S. have identified many of the same health problems associated with VDT use. According to Tobi Lippin, project coordinator and a staff member of NCOSH, "The results of this survey add weight to the findings of other studies, with one notable new finding: the relationship between video use and angina."

Over 350,000 of CWA's 650,000 members nationwide work daily with VDT terminals. The union has 14,000 members in North Carolina, primarily employed by Southern Bell, AT&T, Western Electric, and several independent phone companies. NCOSH, with a membership composed of health professionals and 55 local unions representing 17,000 members, is a non-profit organization working on job safety and health issues.

The study identified a number of design factors that increased the dangers

## HEALTH SYMPTOMS ACCORDING TO JOB CONTROL AND VDT USE

Symptom	High Control		Low Control	
	Non-VDT	VDT	Non-VDT	VDT
Eyestrain	24%	50%	49%	56%
Headache	24%	40%	51%	59%
Insomnia	15%	11%	18%	32%
Back/Neck Strain	21%	39%	52%	44%
Arm/Hand Pain	7%	8%	33%	22%
Fatigue	30%	45%	59%	68%
Tension	20%	30%	53%	58%
Angina	4%	15%	13%	16%

Chart courtesy NCOSH

of VDT use. Health problems are further aggravated when workers have little control over their work and high productivity demands. Workers who have a high level of control over their jobs and who did not work with VDTs reported a 4 percent rate of angina in the study, compared to a 16 percent rate for VDT workers who have little control over their jobs.

Both low job control and high productivity demands are conditions especially prevalent in jobs which require the use of VDTs. "How can the company expect the operators to have the 'voice with the smile' and be even-tempered with all the customers that we have to deal with each day? Sometimes we speak to over 800 or 900 people per day. Most are very demanding of us," one worker said.

According to Lippin, "The technology exists to modify VDT and work station design and work organization factors to reduce the rates of health problems for telephone workers." The CWA-NCOSH report made several recommendations for action, and called for further research into chronic long-term health problems associated with VDTs, especially angina, to be conducted jointly by management and labor. In releasing the data, CWA and NCOSH called for government action to advocate such research and to establish minimum standards for the safe use of VDTs.

This study was also significant for how it was carried out. Barbara Sharpe, a member of the North Carolina CWA Women's Activity Network, said, "This was a grassroots effort by workers to identify problems and try to correct them." Most of the labor was done by volunteers from the Women's Activities Network, and seven union locals participated in the study. CWA and NCOSH volunteers mailed out 2,478 questionnaires to office workers at Southern Bell and other North Carolina telephone companies, and processed the over 1,000 questionnaires returned. The data was analyzed by researchers from the University of North Carolina School of Public Health.

*For copies of the report, send \$7.50 to NCOSH, P.O. Box 2514, Durham, NC 27705.*

### SEEN ANY GOOD NEWS?

There's no reason to let us be the ones who sift through the press to choose the material to include in the Southern News Roundup. If you see a feature article in your local newspaper or a magazine that sheds light on what progressive Southerners are doing — or are up against — send it to us. Send the complete article, date and name of publication (with its address if possible) along with your name and address, and whatever additional comments or interpretations you care to include, to: Southern News Roundup, P.O. Box 531, Durham, NC 27702.

## No new loans from NCNB to South Africa

**N**orth Carolina National Bank (NCNB), the biggest bank in the Southeast and the nation's 24th largest bank, has announced it will no longer make loans to "the South African government or its agencies." At year's end, NCNB reported \$7 million in loans to South Africa's Central Bank, and a total of \$123 million in loans to the private sector in South Africa — the only country where racist policies are enshrined in the constitution.

The refusal to loan further money to South Africa's government agencies has met with "positive reaction," according to NCNB's Director of Corporate Communications, Russell Page. The decision by the Charlotte, NC-based bank came less than two weeks after Citibank, the nation's second-largest financial institution, decided to stop lending to the government of South Africa; it followed years of protests from groups in North Carolina and the withdrawal of millions of dollars of church money from the bank.

Two Sundays before NCNB announced its decision, *The Charlotte Observer* ran a front-page story on the bank's involvement in South Africa. In that article NCNB Chair Hugh McColl was quoted as saying, "I love [South Africa]. I think it's one of the most wonderful countries in the world. . . . I've lived in a segregated society, and that doesn't kill people."

*The Charlotte Observer* also reported that R.J. Reynolds, the largest industrial company in the Carolinas, has the region's largest investment and payroll in South Africa through its Kentucky Fried Chicken and Del Monte subsidiaries. On December 31, Blue Bell, Inc., the makers of Wrangler jeans, sold its 10-year-old, 600-employee plant to a South African firm. Other companies with plants in the Carolinas and significant investments in South Africa include IBM, Celanese, and Freuhauf.

## Louisiana governor indicted for fraud

A federal grand jury indictment of Louisiana governor Edwin Edwards issued on February 28 shows that the long-time reputation of Louisiana's politicians for corruption is very much alive. Edwards and six others, including his brother and nephew, are charged with conspiracy to defraud the people of Louisiana. Edwards has survived six grand jury investigations during his political career, but in this case the evidence proved too much for the grand jury to stomach.

According to the indictment, by using Edwards' influence as governor, the defendants manipulated a certificate of need program, aimed at controlling unnecessary hospital construction, into a highly profitable business scheme. Also named in the indictment were Edwards' brother Marion; Ronald Falgout and James Wyllie, principals in the Health Services Development Corporation (HSDC); Charles David Isbell, Edwards' nephew and associate in real estate ventures; Perry Segura, a hospital architect; and Gus Mijalis, an Edwards financial backer.

The indictment accuses Governor Edwards, Falgout, and Wyllie of obtaining certificates of approval for construction of health care facilities in the name of "paper" corporations formed for the sole purpose of transferring the certificates to hospital developers. Under section 1122 of the Social Security Act, the federal government requires certain health care developers to obtain certificates of need from state health officials in order to be reimbursed by Medicare and Medicaid for capital expenditures and other costs involved in building health care facilities. It is the assurance of federal funding that makes the certificates so valuable to developers.

It is illegal to sell 1122 certificates, but HSDC circumvented this restriction by establishing and then selling subsidiary corporations whose only asset was the certificate itself. Under HSDC as the umbrella organization, five paper corporations were formed; Gov. Ed-

wards received stock in four. In testimony to the grand jury, Edwards admitted he received \$2 million in cash and stock from the sales of the paper corporations to Hospital Corporation of America (HCA), American Medical International, and Health Care Services of America. Edwards claims he had a right to do such business with the state as "a lawyer, businessman, and entrepreneur" while he was out of office. (For more on HCA and other for-profit hospital corporations, see p. 78.)

While out of office between 1980 and 1984, Edwards concealed his role in the HSDC enterprise. Once reelected he allegedly placed associates in key positions within the state process that grants 1122 approvals. A number of these projects originally had been rejected by David Treen, governor from 1980 to 1984. When Edwards returned to office, the projects were approved.

Louisiana currently holds a bed-to-population ratio of four beds per 1,000 people, a standard number. Edwards' new plan would have meant the ratio would jump to seven per 1,000. The plan was formulated based on the information submitted by HSDC. But the Statewide Health Coordinating Council decided against the expansion plan, opting instead to hold the line on new construction.

— by James Bivens

## Updates and short takes

"ENOUGH IS ENOUGH!" That's how United Farm Workers president Cesar Chavez characterized the treatment of farmworkers at the second annual UFW organizing convention in Florida in mid-March. Representatives from 32 farm communities laid plans to organize Florida's 100,000 agricultural workers while adopting 20 resolutions on such topics as use of toxic chemicals and offshore work. During his address to the convention Chavez attacked disparities in unemployment regulations for industry and for agriculture. While industrial employers

with a payroll of \$1,500 in any three-month period must provide unemployment insurance, agricultural employers with payrolls of under \$20,000 in any three-month period and with fewer than 10 people on a work crew do not have to pay unemployment insurance. Unemployment among Florida's farmworkers is rampant as the agricultural industry has severely suffered from freezes over the past two seasons.

**FORT BENNING, GEORGIA** is now playing host to the School of the Americas, the U.S. military academy that was moved out of Panama last fall because of disagreements with the Panamanian government over Washington's continued control of the school. There are now 31 officers from nine Latin American countries participating in a year-long program to train them as senior commanders and staff officers; 25 more officers from five countries are studying joint operations; 61 cadets from the Dominican Republic are training as officers, and 20 sergeants from five countries are learning to be leaders, according to *the New York Times*. In the past, says Colonel Michael Sierra, commander of the school, "We have been teaching military science. Now we'll start teaching courses that can contribute to national development." Such courses include medicine, engineering, and psychological operations.

**TUNICA, MISSISSIPPI** has violated federal law by not spending revenue sharing funds in ways which provide black residents in Sugar Ditch Alley with water and sewer services equal to white residents, according to Office of Revenue Sharing (ORS) investigators looking into a civil rights complaint filed by the National Association of Health Services Executives (see *SE*, Jan./Feb. 1985). Tunica officials told the investigators that they did not enforce anti-discrimination city ordinances and resolutions for fear that white landlords would evict black residents or demand "prohibitive rent increases." Tunica County is the poorest county in the nation. Black residents comprise 73 percent of the county and have a median income of \$6,014.

— by Joseph D. Delaney, Jr.



# FACING SOUTH

**“We’re all going to get old, so we better learn to deal with it.”**

— BY REBECCA MCCARTHY

**W**AGENER, SC — Josephine Matthews never raises her voice, no matter what level of confusion surrounds her. Tall, straight, and sparse, she can part a crowd with her shoulders, but her power is more than physical. She has presence — a calm, matter-of-fact dignity that moves people into sudden silence, awaiting her words.

At 87, “Miss Jo,” as she prefers to be called, has a lot that’s worth hearing. She can reminisce for hours about her 43 years as a midwife in Wagener, her hometown farming community far from medical facilities. Though she and her late husband had no children, “I’ve got children all over this country,” she says. Her voice dips low as she laughs, leaning on the kitchen table in her home. It’s mid-afternoon, and the shouts of children drift through the window behind her as they hurry home from school.

“I birthed whole families and helped bring 1,500 babies into this world, all healthy. I never lost one, and I never lost one of my mothers, not one.

“I was proud of my work, I was known and appreciated,” she says, pressing one palm on the table. “Yes, proud to be a midwife — they’ve been here almost as long as the prophets. I’m a third-generation one, too.”

Her hands rest on the black medical bag in her lap, brought from the closet earlier that day. Since her retirement eight years ago, midwifery has become something Miss Jo dusts off and handles only when asked. “It was time for new things,” she explains, her face unfolding with excitement. “Yes, new.”

Nowadays, she speaks for the senior



*photo by Ginny Southworth*

citizens of Wagener, focusing on their particular problems, offering possible solutions. As an executive member of the Aiken Area Council on Aging, she’s close to those problems — very close. She has been working with the board of directors for 13 years and was instrumental in locating a congregate meals site in Wagener in 1975.

“I know, I know,” she laughs, leaning forward on the table. “I skipped the middle and went from the first to the last. Well, as a senior, I can say seniors are more trouble than babies. And smarter.”

From 1977 to 1982 the Aiken Area Council on Aging employed Miss Jo in its Green Thumb organization, a Department of Labor program funded by the Older Americans Act, which paid her for her Meals on Wheels work. Every morning, Miss Jo traveled to a congregate meals site, loaded her car with hot lunches, and distributed them to eight area homebound seniors “who were so lonely, some of them,” she says. Her eyebrows rise, an index finger goes up. “Why they’d rather have had a talk than a meal most of the time, so I’d chat with ‘em. Rich or poor, money can’t hold a conversation. You need people to participate.”

Health problems have severed Miss

Jo’s employment ties but not her personal ones. She tends to friends, neighbors, and family just as she always has, though her pace has slowed a little. At 65, she welcomed her sister’s seven grandchildren into her home and reared them as her own. Her selfless philosophy has earned Miss Jo civic and state awards — as the 1974 Outstanding Older American for South Carolina and the South Carolina Woman of the Year — as well as a high school diploma at age 74.

She enrolled in an adult education program because “they needed more students in order to offer the courses.” She leans back, laughing, and the afternoon sun blazes on her iron gray hair. “Young boys, drop-outs, saw me going to school and said ‘If that old lady can do it, I can, too.’ So they joined.”

She talks about church raffles and scholarships in a steady, low voice that indicates the seriousness of her purpose. She has worked with fellow members of Sharon Baptist Church on shoe festivals (\$1 plus your shoe size) and weigh-ins (5c per pound), raising money for college-bound youngsters in the church.

Her motivation keeps her moving from one community project to the next — and she still helps make Council on Aging policy decisions.

“We have a duty to older citizens in this country. They helped build it,” she says quietly. “We’re all going to get old, so we better learn to deal with it while we’re able. The thing to do is to keep moving. A person who stops activities will deteriorate.”

Her chin tilts down and she folds her thoughts into her hands, silent. An occasional car passes outside the window. Miss Jo has never traveled more than 50 miles from Wagener, but perhaps she didn’t have to — she shaped her world and her function in it a long time ago, and that creative process has never stopped. □

*Rebecca McCarthy is a freelance writer in Athens, Georgia.*

## AFRICA

### Aging: Traditions and Change

— by Louise Crane

**“A** village without old people is like a hut eaten away with termites.”

This proverb, quoted by Zairian writer Nsang O’Khan Kabwasa, is typical of sayings all over Africa acknowledging the vital role of elders in traditional society. Stressing the wisdom and insight that age alone can bring, the Yoruba of Nigeria say, “What an old man sees while lying down a young man can never see even when he climbs up in a tree.” African students pursuing degrees in foreign lands often speak of the “small boy” treatment they expect to receive when they go back home, regardless of their achievements abroad. Especially if “home” is the traditional rural village, they must return to the status prescribed by age. African males might receive some preferential treatment because of their sex, but even this gives way before women of senior rank.

Referring to his home area in the Kwilu region of Zaire, Kabwasa, a program specialist with UNESCO, says:

People are not regarded as being elderly at a specific age, but are recognized as such when their hair goes white or when they become grandparents, and then they are addressed with deference and honorary titles . . . “tata” (father), “mbuta” (elder), or even “nkuluntu” (literally, “old head”).

While half of Africa’s 450 to 500 million people are 18 years old or under, a 1980 U.N. estimate found only 5.8 percent of the population aged 65 years and over, compared to North America’s 15.9 percent and the world’s 9.9 percent. Thus, with some exceptions, attention to problems of dependency in Africa has been largely concentrated on the younger levels. Among many Africans, however, there is growing opinion that at least some of the

problems concerning the physical, social, and spiritual well-being of the younger population are connected to the declining role of elders in their education and general guidance.

In the African traditional view of the world, old age is a stage to be aspired to in an unending life cycle which goes from birth to death. Both the newborn child at one end and the elder at the top provide connecting links with the dead who are still considered part of the living world.

These links are recognized ritually in many ways, such as in the Akan naming ceremony in Ghana for a newborn child. On the seventh day after birth the child is introduced, or “outdoored,” to the larger community with various symbolic acts; reference is made to messages brought by the baby from the ancestors, and there is major participation by elder men and women. The ceremony often focuses on the links between young and old such as this charge to the child:

When you meet an old frail person, know that his strength is wasted because he passed it on to the younger ones. He still retains his wisdom. Be the strength of the old so that they may pass on some wisdom to you.

In the traditional system this linkage between young and old has many practical applications. Elders, men and women of the nuclear as well as the extended family and broader community, have the major role in transmitting to the young the society’s history, culture, and religion, as well as some of the traditional skills, artistic and utilitarian. Much of the history that is still being discovered by outsiders and only beginning to appear in printed African textbooks has been available to many generations of African children listening to the recitations of old men and women. Priding themselves on their ability to recite word for word the longest epics, the children have memorized and in turn passed on the stories and precepts to other generations.

Referring to these oral traditions, J. Dongala, a Congolese specialist

in modern secondary education, remarked in a 1982 article in *UN Chronicle*, “Not only is the power of recall highly developed and therefore reliable and trustworthy, but in addition the spoken word binds men together since it ensures social cohesion.” Dongala laments what he calls “an artificial division that has been created in Africa between the literate and the illiterate — a monstrous invention, given that in Africa illiteracy in no way implies lack of culture or education.”

In *Aging in a Changing Society: A Kenya Experience*, an old man of Kenya spoke sadly of the wedge driven by Western education between the old and the young:

Education made a deeper and deeper scratch in the tradition, until the scar became so deep that the whole way of life was cut in half. The young will never go back to the old ways. . . . But education is not a bad thing. It teaches people much which is useful. The white man brought education and for that we are grateful, but he also brought his customs. Ahh, there is the rub: he taught us to accept his ways and to cast off ours.

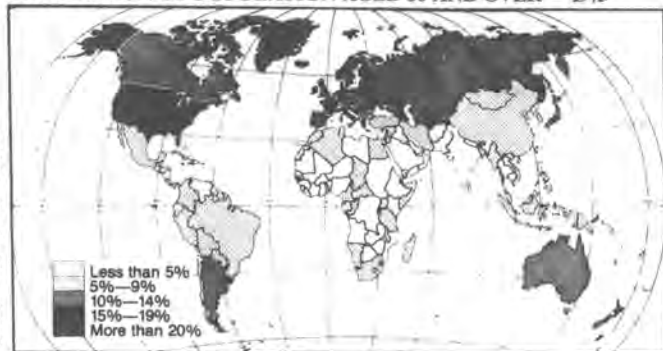
Urbanization, growing in Africa at one of the highest rates in the world, is contributing significantly to the scattering of families and the breakup of the old communities, further reducing the teaching roles of elder people. Even though 70 percent of the population still lives in rural areas, lifestyles of the cities and larger towns — including cash economies, demands for foreign imports, and aspirations for Western-style education as the avenue to “success” — have reached into the villages, taking a toll on the traditional ways and their conveyors.

Now for the first time older people in Africa, diminished in usefulness and status, are beginning to experience the segregation and dependency familiar to so many of their counterparts in the Western world.

A study made recently in a Kikuyu village near Nairobi, Kenya, presents a sample of what is happening to some of Africa’s aging, along with some il-

# VOICES OF OUR NEIGHBORS

PROPORTION OF POPULATION AGED 60 AND OVER — 1975



PROPORTION OF POPULATION AGED 60 AND OVER — 2025



Source UNESCO Courier

luminating comments and ideas from the elders themselves. With a focus on 83 men and women aged 72 to 89 in a village of about 5,000 people, the study revealed, among other things:

- an overall sense of pride among the old people, strongly resisting becoming dependents; this was symbolized by the disappearance in the village of the “gathumma,” a special mat for lifting fragile old people from their houses into the sun; gone, too, was the saying, “May you live to a ripe old age to be carried on a gathumma”;
- extra exertion among the older people to do their share of the physical household and land chores in order to free their children for concentration on education and employment;
- great concern on the part of the elders with sacrifice, to provide their children and grandchildren opportunities they were themselves denied, such as Western education, ownership and development of land, and economic prosperity;
- a growing number of old people who lack supporting family circles, dependent on overburdened neighbors;
- the beginning of institutions to care for the aged, such as the nearby church-supported “Home for the Aged Destitute.”

Reaction of the villagers to the Home, one apparently well-run and with an admirable share of initiative on the part of its residents, was interesting. Conceding it was a good idea for the “destitute,” none of the villagers saw it as a place for *their* parents. They viewed such separation as abandonment and filial irresponsibility. As one young man put it, “It would disappoint my mother if I took her from her house,

too busy or too poor to take care of her myself, for she brought me up and has always fed me. If I can’t help my mother when she is old I will not be worthy to be alive.”

Yet such declarations are meaningless before the reality that Africa, like the rest of the world, can no longer ignore the changing patterns that have created a growing population of aged people totally dependent on public charity. Studies made by the U.N. and other organizations predict a population explosion of the over-60s in the first quarter of the next century: by 2025 grandparents will outnumber babies by two to one.

As the map indicates, Africa — because of its large areas of sparsely settled land — still appears to be less “gray” generally than other areas, but older dependents pose a serious dilemma for a continent already besieged by some of the world’s worst problems in poverty, inadequate health care and food supply, and the devastations of war, drought, and other acts of nature. Such problems have contributed to the political instability of some countries, delaying development of programs even for today’s needy.

All but seven countries of Africa have some form of social security pension, but since these pensions are confined to former government workers and/or employed persons, they actually protect only a tiny segment of the population. With the exception of four of the countries, funds for the social security pensions come solely from contributions by the employees and employers. Some medical benefits are included with a few pension programs and free care is offered in health facilities of a

number of countries. However, in most countries the public facilities and available medical personnel are far from adequate for the needs of the African population in general.

Some programs concerned with the aging have already begun and ideas for others have been coming from the Africans themselves. Activities underway or projected include: institutions for the aged, some combining orphaned children with destitute elders; improved and expanded health care facilities; food for work programs; adult literacy programs; and re-integration of the elderly into the social system, including restoring their roles as teachers.

In the study of Kenya cited earlier, it became apparent that Africans, young and old, prefer a system that allows older people to remain in their own environment where they can interact and exchange skills with younger members of the community and yet have some independence. For example, some of the old people suggested having in the village a central building where the elders could go for meals and social activities and return to their own homes for sleep. How feasible this might be remains a question but one thing is clear: any solution must include a way of maintaining the traditional link between the young and the old, preserving not only the physical bodies of Africa’s older people but also the vast and essential resources they represent. In the words of the Mali sage, Hampate Ba, “Each time an old man [old woman] dies a whole library goes up in flames.” □

*This article first appeared as a publication of the African Studies Program of the University of Illinois at Urbana-Champaign.*

# Older Wiser Stronger

*Southern Elders*

People over 65, our nation's elders, are not a separate, alien minority. They are all of us at a certain time in our lives. This truth was driven home to me during the past two years. My father died in the spring of 1983, and my mother died eight months later. He was 85 and she was 74. Shortly before my father's death my first grandchild was born. Suddenly, in less than a year, I had become — at age 47 — a member of the oldest generation in my family.

Working on this special issue of *Southern Exposure* has helped and encouraged me immensely as I've struggled with my own feelings about old age and mortality. As a result of "meeting" the elders in this issue I've gained an enthusiasm and optimism about the next decades of my life that would have seemed impossible two years ago. I feel very fortunate. After all, few occurrences in life are so nearly certain for all of us as becoming old some day. Having had this opportunity to learn about elders whom I can strive to emulate in the future will enrich the rest of my life. I hope you can share this enrichment as you read "Older, Wiser, Stronger."

The fact that we are all either elders or becoming elders gives us a unique basis for developing broad coalitions of people of all ages concerned about the quality of life in America. And these coalitions should be especially concerned about the quality of advanced old age, for that's the time in our lives when all of us are most likely to need assistance.

Besides this fundamental bond among generations, there's also the fact that many of the problems of older people — high hospital costs, low incomes resulting from low-wage jobs, inadequate housing — are not restricted to one age group. They afflict large numbers of people, and they cry out for united action. Just as elders need the support of younger generations, intergenera-

tional grassroots organizations are strengthened by drawing in larger numbers of older members.

One of the primary aims of this issue of *Southern Exposure* is to combat ageism by offering positive profiles of Southern elders. With insights gained from their long years and varied experiences, many elders have a finely tuned ability to survive — and to prevail. As a result, in grassroots organizations in communities across the South older people are providing strong leadership on a wide variety of crucial issues.

- One of the most crucial issues in modern health care is the takeover of public hospitals by for-profit hospital chains. This is driving up the cost of medical care, as well as decreasing access to medical care for the uninsured poor. In Nashville, Tennessee, home of the largest of the for-profit hospital chains, the Real People's Coalition — with mostly elderly participants — is determined to improve health care conditions and ensure access to care for all people — see page 78.

- Elder members of the Kentucky Fair Tax Coalition bring a valuable perspective to this group's struggle to address long-standing problems of land and mineral use, unfair property tax structures, and poor community services. The elders remember when the waters of eastern Kentucky ran clear and the mountains were not stripped bare by the coal companies — see page 68.

- Anne Braden interviews a number of well-known elder activists who have worked for social change almost all their lives. Their tenacity and unique world views make a convincing argument for the crucial value of elders in the ongoing social struggle — see page 34.

At present, two major factors drive a wedge between the oldest and younger generations and dramatically undermine the lives of older people in our culture. These are ageism and the resulting unwillingness of younger

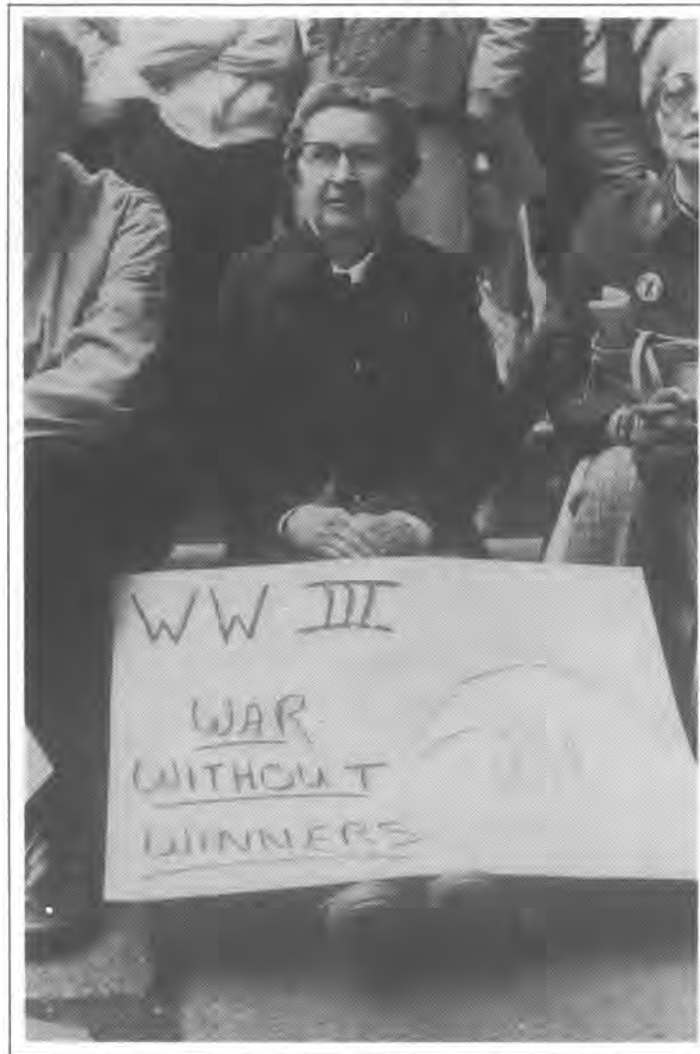
generations to support programs that improve the lives of elders. The term, "ageism" was coined by Robert N. Butler, who has focused his attention on older people for more than 25 years as physician, researcher, and participant in community and public affairs. He says:

"Ageism is a systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this in relation to skin color and gender. Elderly people are categorized as senile, rigid in thought and manner, garrulous, and old-fashioned in morality and skills. Ageism allows the younger generations to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings.

"Unlike racists and sexists, who never need fear change in their skin color or gender, ageists are at least dimly aware that if they live long enough they too will end up being 'old' — the object of their own prejudice — and the ageists' attitudes turn into self-hatred."

For both selfish and altruistic reasons, then, we need to sort out the causes of ageism and combat it, within ourselves and within society. If younger people start thinking about this problem now, they will be acting in justice to elders now and also helping themselves in later life to value their own experiences as long-lived people, rather than becoming mired in self-disgust.

The high value we Americans place on production and independence contributes to ageism. Our society, with its strong work ethic, identifies us most often by our jobs. To work is to be worthwhile. When elders retire from the world of work, they are often perceived — by themselves as well as others — as no longer productive, valuable members of society. If failing health forces them to become dependent on family or the larger social circle for support, they are further diminished.



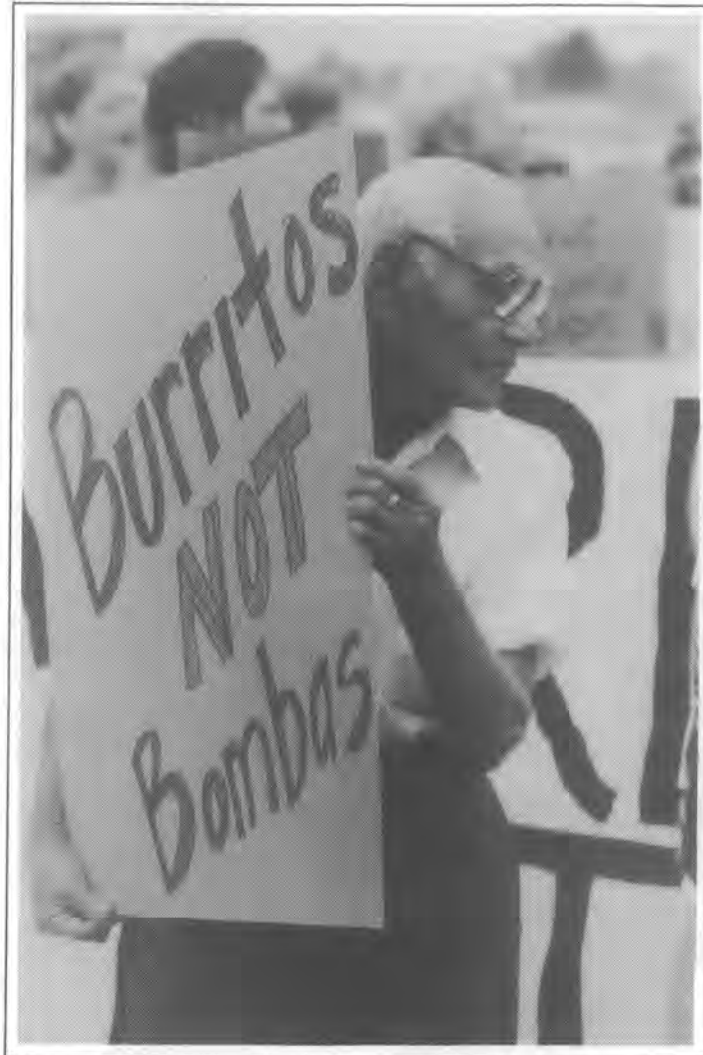
Perhaps ageism is also an attempt to dissociate ourselves from older people in order to ward off the fact of our own mortality. Death has become the last taboo in our society, and it's possible to deny its existence only if we deny the fact of old age, the last stage in life before death. Pat Arrowood Tolliver, a former Foxfire student, describes his relationship with elders this way: "Seeing that they still had useful lives helped me get over the fear of death that I had seen as the next step after getting old. That had been the only thing I had seen

about being old, and it frightened me."

Florida Scott-Maxwell has a different perspective on death. In her eighties and experiencing declining health, she faces her approaching death with thoughtful calm: "I do not know what I believe about life after death; if it exists then I burn with interest, if not — well, I am tired. I have endured the flame of living and that should be enough." In the strong belief that our quality of life can be enriched and ageism reduced if we can learn to tolerate the thought of our own mortality, we have included two articles about death in this issue and have listed a number of books about death and grieving in the Resources section.

On the final page of "Older, Wiser, Stronger" Mary Brinkmeyer, age 8, describes some children's books about elders, as well as about the need to accept death. These are books that Mary and her sister Eliza, 5, have especially liked and recommend to other children.

To overcome ageism, we need to become more aware of its pervasiveness. It's often cloaked in double-talk by writers who would have us believe that they're enlightened about the subject. Here's a good example, from an article in the November 1984 issue of *Vogue*. It is misleadingly subtitled "Aging well is more attitude than artifice": "Age need not wither us, but only if we face it



with vitality — exercising, so we can jump up from a chair at seventy, sit cross-legged on the floor at eighty, so full of spirit that any wrinkles we might have will be dimmed by our energy.”

But what if we suffer from rheumatism? What about the off-days, when we just don't have it in us to be energetic enough to “dim” our wrinkles? And isn't it a ridiculous denial of reality to speak of wrinkles as something 70- and 80-year-olds *might* have? The same article instructs us that there are “many things that a woman can do to maintain her sense of self — haircoloring, face-lifts, etc.; but they should be done to gain time, not erase it.” More double-talk, implying we lose our identities if we accept the reality that we are elders.

Nancy Breeze tells us how she and a group of friends in Florida have rebelled against ageism, and its particular stigma against women, by creating their own modern ritual to celebrate their fiftieth birthdays and thus “recover our self-respect and pride in our age.” In a society that considers older men as sexually attractive and brands older women as sexless and boring, the efforts of women to join together in fighting ageism are particularly important to share.

The problems of elders are disproportionately problems of women: the population of older people is overwhelmingly female. Women's life expectancy is 81; it's 72 for men. Two-thirds of Americans over 75 are women, and as a result the problems of advanced age — chronic illness, dwindling economic resources, surviving one's close friends and relatives — fall most heavily on women.

Since 1900 average life expectancy has lengthened by more than 50 percent — from 48 years to almost 75 years. This is due primarily to declining deaths from epidemics, heart attacks, strokes, and other diseases that

used to kill people in youth or middle age. Recently, because of improved lifestyles over the past few decades and improved medical treatment today, mortality rates for elders have been dropping faster than those for other age groups.

As a result of increased longevity, lower birth rates, and the “graying” of those born during the baby boom, the number of elders is predicted to increase during the next 50 years at a rate dramatically greater than that of the total population, especially in the South.

As older Americans grow in numbers, they are also flexing their political muscles. As Claude Pepper points out in his article in this issue, older Americans are the most active voting bloc. In 1980 one-third of all votes cast were by people over 55; and 70 percent of all people between 55 and 74 cast ballots.

Much of this burgeoning political activism stems from the formation, by and for elders, of major self-advocacy membership groups during the past three decades. The American Association of Retired Persons, formed in 1958, was a prime mover in the fight against the mandatory retirement age. The National Council of Senior Citizens was established in 1961 and led the push for national health insurance, which resulted in the enactment of Medicare. The National Caucus on the Black Aged was organized in 1970 primarily by black professionals concerned that insufficient attention was being given to the special needs of black and other minority elders. Maggie Kuhn organized the Gray Panthers when she was 67 with the intent to “radicalize a growing number of the elderly” and advocate change that will benefit people of all ages.

You will meet members of some of these organizations in the pages of this issue:

- Charlotte Flynn, leader of the Austin, Texas Gray



Panthers, talks about their campaign to obtain protective services for abused people of all ages. When their efforts were only partly successful (protective services were made available for abused elders and handicapped people), the Gray Panthers increased their strength by joining with a broad range of groups working for social justice — see page 46.

- Lucille Thornburgh has led the Knoxville, Tennessee chapter of the National Council of Senior Citizens into a coalition with two grassroots organizations to fight utility and telephone rate hikes, push for medical reform, register new voters, and reform state taxes — see page 40.

- Aaron Henry, one of the founders of the National Caucus on the Black Aged and a long-time Mississippi activist, describes the conflict that led to the organization's formation and talks of his work for the rights of older people as an extension of his civil rights activity — see page 37.

- In Jackson, Mississippi, Eddie Sandifer, Nellie Bass, and Mildred Patterson have led the Gray Panthers in working for nursing home reform and opposing cuts in services and programs for people with low incomes — see page 120.

Now that elders remain healthy and active well into the traditional years of "old age," people between 65 and 75 are really more middle-aged than old. Increasingly, both service providers and policy makers refer to the "young old" (65 to 75) and the "old old" (75, or even 85, and older) to differentiate between groups that are likely to have very different needs. In Angie Cannon's story about the old old in Florida, you can find out what one state is doing to meet the increasing problems of declining health and wealth of its oldest residents.

In our section on federal programs, we describe the

increasing unwillingness of younger generations to support assistance for elders. Many fear that Social Security and Medicare won't survive to benefit them when they need help; thus they resent supporting those programs now. We hope that anyone with reservations about the value of these programs will read Wilbur Cohen's article about the history and purpose of the formation of the Social Security system, along with Claude Pepper's article, where he insists that our national health programs can and must be saved.

Our elders, throughout this region and in this nation, are a resource that we should both cherish and fight to protect when ill health or poverty renders them dependent. Many of our elders — rich and poor, healthy and frail — possess a vital sense of history. Many also have a special understanding of the continuity of struggle over a long period of time — both personal struggle and efforts to solve larger social problems. As a result, many elders are able to take a long-range view of problems that may confound younger people.

The perspective acquired in longevity, the wisdom distilled from experience, the endurance developed through long years of challenge and survival — all these qualities are treasures that our complex and troubled society cannot afford to discard.

Any movement for social justice will be enriched and made more powerful by the inclusion of increasing numbers of older, wiser, stronger people. At the same time, as broad coalitions of people of all ages increasingly take on the problems of older people as their own, the well-being of all of us, elders present and future, will be more secure. □

— Mary Eldridge, 49,  
for the Southern Exposure staff

# OLD PEOPLE'S DAY

BY  
MICHAEL  
DANE  
MOORE

## THERE'S POWER IN US A-COMIN' TOGETHER

"Kindly a mixture of a singing convention, a revival meeting, and a family reunion" — that's Old People's Day in Eighty-Eight, Arkansas, according to octogenarian Grace Webber, who ought to know. Webber says, "I've been coming to Old People's Day off and on for — seems to me like — for near about 40 years, and I have enjoyed the day." The event features the picnicking and play that often characterize large family reunions and community celebrations but also involves a full day of preaching, hymn-singing, and testimonials, much like the revival meetings that sweep the South every summer.

The sparsely populated community that plays host to this event is spread out across several miles of heavily forested hills in the northwestern corner of the state. It takes its unusual name from an old school district number; it boasts no town or marketplace, and years ago it lost its one-room school. But the Lone Elm Free Will

Baptist Church has acted as community center since the 1890s. The community, in fact, is identified so closely with the church that most people in the area simply refer to the church itself as Eighty-Eight.

In most ways Eighty-Eight seems a fairly typical Arkansas hill community — except for its festival of Old People's Day on the fourth Sunday of every June, when Eighty-Eight's emigrants return home and gather at the church to express their love and respect for the elderly. They have been doing so since 1932.

The festivities begin with socializing on the church grounds, and reunions, gossip, and children's games continue outside all day, even while services are underway inside the church. Services begin with singing. Everyone joins in and anyone is welcome to deliver a solo or organize a trio or quartet. Once the crowd has gathered and warmed up, two or more local preachers deliver sermons. Then

comes picnicking, then more preaching, singing, and a testimony service.

What distinguishes Old People's Day from the "dinner on the ground and singing all around" meetings common to the region is that all activities are dedicated to honoring the elderly. When the old people arrive, the ushers seat them in the front pews, and in the case of some elderly men, even on the stage behind the pulpit. Everyone over 50 receives a commemorative ribbon, and the oldest man and woman present receive gifts. At the picnic the elderly get the best seats, and food is brought to them. They also receive special attention during the preaching and singing that take up much of the day. Singers dedicate songs to them, testifiers tell stories about them, preachers praise them from the pulpit.

The elderly themselves are encouraged to talk about their long lives, to preach or sing. The "Old People's Day Committee," appointed each year from among the church's deacons and other community members, invites the oldest preachers present to speak and usually asks the oldest layman present to act as master of ceremonies for the day, or at least to lead the testimonial service.

The first Old People's Day was intended to overcome community dissension and alienation by uniting church and community behind the goal of honoring the elderly. For many years the Reverend Ben Pixley was pastor of Eighty-Eight and leader of the community. In the early 1930s, though, he overextended his influence, and the resulting feud split the community down the middle.

As Ben Pixley explains it, in the old days the church stood too far north in the community to suit him. Children from the southern end of the district had a long walk to school, since church and one-room school were housed in the same building. Their parents may sometimes have missed church services due to the distance. Attempting to integrate the community more closely, Pixley had the church moved a mile or so south to its present location. He says he ordered the change out of a sense of fairness. However, certain families living on the northern edge of the community took exception, accusing Pixley of high-handedness. Tempers flared and fami-



lies became angrily divided.

Pixley cast about for a strategy sufficient to the worsening situation. The solution — “an inspiration from God,” he says — came to him in 1932. He organized an “Old Folks’ Day” to be held on the new church grounds. Happily, the special event functioned exactly as Pixley had planned.

Nonagenarian Cordelia Maxwell recounts, “As my ma said, ‘Why, we [elderly people] didn’t have nothing,’ she says, ‘until Ben Pixley started Old Folks’ Day.’” At that time the community had no facilities designed for the elderly, let alone festivities in their honor, and those were hard times in the hills. Many local people were struggling for economic survival; the Depression had severely aggravated the deprivations that poor farmland had already inflicted on an almost exclusively agricultural community. Often, once a man or woman had grown too old to work, he or she was shuttled back and forth among the grown children, fed and clothed by one child until the expense became too great, then sent to another who would share the economic burden. With its message that the elderly are a blessing, not a burden, Old People’s Day offered the first public recognition of the community’s indebtedness to its founders. It was an issue on which everyone could agree.

Pixley saw to it that everyone in the area felt welcome to attend. He sent his children to escort the old people to the church; he commissioned a special delegation to fetch the most vocal dissenter; he walked miles to the nearest towns to invite the local merchants. Pixley’s immense energy and skill as an organizer combined with deeply felt needs in the community to ensure the success of the first Old People’s Day. Nearly every family in the community turned out in force, and the shouts of joyful participants “getting the Spirit” could be heard all through the hills and hollows.

Word spread and the second Old People’s Day saw an influx of people coming from the nearest towns on horse- and mule-back, in buggies and cars. At lunchtime picnic baskets were spread all across the church grounds and along the sides of the road for quite some distance. As years passed, people began preparing weeks in ad-

vance, taking special care to make jellies and jams for the picnic (since everyone sampled everyone else’s cooking) and making new clothes to debut at the event.

In the half-century since, not much has changed except that the crowds have grown smaller. People still begin preparing weeks in advance. Now, as in the 1930s, the Old People’s Day Committee publicizes the event, makes sure the dirt road leading to the church is passable, and lays in a sufficient stock of plates and cups.

Perhaps most important, many of the old people begin talking about the day long in advance, reminiscing about past Old People’s Days, and looking forward to the coming event. Some Eighty-Eight natives who have moved away schedule their vacations so they can drive back for Old People’s Day. Visitors from Oklahoma and Missouri are common, and people returning from as far as California are not uncommon. They anticipate visits with old friends, lots of food, and spirited preaching and singing. To date, those expectations have never been disappointed.

Young Eighty-Eight deacon Jerry Gentry claims that “everyone always has a good time. It’s the best that there is.” The most glowing praise comes from the elderly, though. Septuagenarian Roland Atwell says that he and his

peers have had “the greatest times there, greatest shouting times — some of the wonderfulest times you’ve ever seen in your life.” For many of the old people, this is the only time of the year when they can gather with their contemporaries. Perhaps Cordelia Maxwell says it best: “There’s power in us a-comin’ together.”

The Reverend Johnny Atwell, a native of Eighty-Eight who is well up in his eighties, happened to be the oldest man present at an Old People’s Day I attended in 1979. It had been quite some time since he had pastored a church, and his health was so bad that some people were greatly surprised to see him up and about. He had had two close brushes with death, and one of his relatives told me he had not expected to see Johnny again this side of heaven. For several weeks prior to the festival, the Reverend Atwell had been living in Oklahoma with one of his children. He made his son drive him back to Arkansas for one more Old People’s Day.

Most of the people who had come to the event were singing inside the Eighty-Eight Church when Johnny Atwell arrived. He entered the church slowly and cautiously, with the deliberate movement common to the very old and very ill. Once he reached the aisle, however, his painful shuffle metamorphosed into something like a



photos by Bob Ware

**REVEREND JOHNNY ATWELL, WITH HIS COMMEMORATIVE RIBBON, AT OLD PEOPLE’S DAY.**

victory processional. Everyone turned to greet him mid-song, and he spent several minutes walking up and down the aisle, shaking hands and waving. After he had settled prominently into the front pew, several people left their own pews to come over and welcome him. Between greetings, he grinned, chortled, and clapped time to the music, well aware of his status as honored guest.

When it came time for preaching, the master of ceremonies called on Johnny Atwell to preach first. He began his sermon in a small, quavering voice, but as he warmed up he began to shout. One-third of the way through, the Spirit hit him and he began punctuating and intensifying the points of his message with short, sudden, hooting whoops, shrill whistles, clapping, and abrupt laughter. Midway through the sermon, he left the podium and started walking the aisle again, moving among his audience as he preached. They responded with smiles, approving laughter, and frequent shouts of "Amen!" Old People's Day preachers tend to leap and yell, but given his age and bad health, the energy and exuberance of Johnny Atwell's performance had an especially dramatic impact.

His theme was "preparation," and he switched back and forth between talking about his lifelong preparation for heaven and talking about his preparation for this particular Old People's Day, which he also considered a lifelong process. "I've been coming here [to Eighty-Eight Church] for over 60 years — my Daddy used to bring me," he remarked, then exclaimed that "All of that adds up to making preparations for *this* day!"

He related anecdote after anecdote about the deep significance the Eighty-Eight Church and community — and especially Old People's Day — held for him. He emphasized how hard he had tried to be worthy of heaven and ended his sermon by pointing out that "faces are not here that we've been used to seeing here. Some of these times, maybe another year, you won't see me." He did not feel he had "made" heaven quite yet, but concluded with a great shout, "By the help of God, I intend to!" This drew "amens" from all over the audience.

At the outdoor picnic that divides the morning activities from those of

the afternoon, several people asked Johnny Atwell to pose for photographs. Along with the other elderly people present, he was given a seat in the shade, and people saw to it that his plate was full.

Later in the day he was asked to testify. Again he held the audience's attention for several minutes with spirited stories about his struggles and ideals: "Isaiah had to make preparations before he was fixed up to go out and carry the gospel, and so did I! I waited a long time for the Lord. But you know that the Lord spared me and blessed me with 11 children. They're all living. Wife and me had sixty-two-and-a-half years of marriage life. The Lord saw fit to call her home. Now it's time for me to make preparations to meet her. . . . I thank the Lord about that great reunion day."

The "great reunion day" in heaven apparently brought the reunion of Old People's Day back to mind, and he related how he had recounted the history of Old People's Day to relatives in Oklahoma: "We's talking about this very day — and I explained it the best I could. And I said back when it first started, we had a number of elderly people. Brother Ben wanted to do something for them. He organized this day. And if you remember right, you that have followed it on down through the ages, 'way back yonder the first

time of the service in the forenoon [it] was dedicated to the old people, and without a word he just turned it over to them to carry on like they saw fit."

Later on, a singing group dedicated its performance to Johnny Atwell: "We have a song here we want to dedicate to Uncle Johnny. I was just real thrilled today when I walked out and saw Uncle Johnny there, and I hear he even preached this morning. I tell you what — that's something! There's been two or three different times the news came to me and said, 'Well, Uncle Johnny's just about gone' . . . and here we find him over here today a-preaching around like a young man! And so we want to sing this song. The title of it is 'I'm Too Near Home.' Uncle Johnny, you're too close to think about turning back now. You've just about got it made! Praise the Lord!"

Shortly before day's end, Atwell was awarded a rocking chair for being the oldest man present. A second rocking chair was presented to Cordelia Maxwell, at 92 the oldest woman present. A deacon set the chairs in the aisle at the front of the church so everyone could watch them rock and enjoy the day's last sermon.

After the presentation of these gifts, the Reverend Alfred LaRue got up to preach. He began with a tribute to the prize winners and continued praising them throughout the sermon: "I re-



**EIGHTY-EIGHT CHURCH AS FOLKS BEGIN TO ARRIVE ON OLD PEOPLE'S DAY MORNING.**

joyce in my heart to be in this service — especially with Uncle Johnny and Aunt Cord Maxwell. And when I was a kid, a very small kid, Aunt Cord Maxwell lived 'way back around over here, across the hollow over here. And I can remember when she walked through the rattlesnakes and the copperheads with a little old dim lantern, and walked back and forth over here to church. It makes my heart rejoice to stand here before people like Uncle Johnny and Aunt Cord Maxwell, people that have blazed the trail for this younger generation."

LaRue is a large, powerfully built man; under the Spirit's guidance, he puts on a powerful, frenetic performance. He quoted verse after verse of Scripture from memory, striding back and forth across the stage as he spoke. Each time his stride carried him to the end of the stage, he would stop and assume a half-crouching posture, legs apart, his whole body tense, his hand stretched out over the audience like the staff of Moses over the Red Sea.

"We're living in a time of a falling away from the old paths," he warned the congregation, "and Uncle Johnny, we read in the Book of Deuteronomy where the Bible said, 'Remove not the old, ancient landmarks which thy forefathers have made.'"

As LaRue began to work his biblical text, he received the anointing of the Spirit; he began to chant, his voice breaking or gasping at the end of each line. He modulated his resonant baritone from a thunderous booming to a sob, and back again. LaRue's Scripture emphasized the importance of "old landmarks" — metaphorically represented by Cord Maxwell and Johnny Atwell — and the "old paths," the way of life they knew. Calling to mind the sufferings and trials of the elderly, LaRue asked, "How is it possible that they have lived so long?" His answer was that these elderly people had led admirable, righteous lives:

As I set back there in the  
building a few moments ago,  
My mind went back to Uncle  
Johnny  
And to Aunt Cord Maxwell  
that sits among us today,  
And I begin to think back  
And I could think back  
And I could think of some

hardships

That they have gone through.  
Uncle Johnny is a man that has  
seen a lot of sorrow  
And a lot of grief,  
And he's had a lot of problems  
And troubles in his day!  
And I began to think, "God,  
How is it possible that these  
people  
Have suffered the toils of life  
And the storms of life  
All these years?"

The answer came to me in the  
Book of Proverbs

Chapter three and beginning  
with verse one

Where the Scripture said,  
"My son,  
Forget not my law,  
But let thine heart keep my  
commandments  
For length of days  
And long life and peace shall  
they add unto thee!"

Moments later, LaRue suddenly stepped down from the stage, walked over to Cord Maxwell, seated in her chair of honor, and took both her hands in his. He began to cry as he recited a biblical passage that personifies wisdom as a woman and sings her praises:

She is more precious than  
rubies.

And all things that thou canst  
desire

Are not to be compared to her.  
Length of days is in her right  
hand

And in her left hand riches and  
honor.

Her ways are ways of  
pleasantness

And all her paths  
Are peace.

She is the tree of life to them  
that lay hold upon her

And happy is he that retaineth  
her.

LaRue concluded his sermon with a tribute to both Atwell and Maxwell, and by extension to all the other old people gathered that day:

I know we must put our trust  
in —

It's better to put our trust in  
God than man,

But the Bible said,

"Give honor to whom honor is  
due,

And credit to whom credit is  
due."

And I'd just like to say this  
morning

That we love and appreciate  
these two people,

This morning, that's stood  
through the storms of life.

They, they, they've fought the



**CORDELIA MAXWELL TESTIFYING ON OLD PEOPLE'S DAY.**

battles of life.

But they stood here this morning and had a testimony

That was far beyond

Any that we could give this morning,

Because it was backed up with years of fruit,

It was backed up with years of good life,

It was backed up with prayer lives,

My friends, that went back years and years ago.

He held them up as models to the community, living proof that goodness and perseverance are rewarded. His chanted, Bible-sanctioned tribute was rendered more impressive by the intensity of his performance and was seconded by the loud, approving "amens" of the assembly.

On Old People's Day, the testimonials and Spirit-led sermons are always composed largely of narratives — stories about Eighty-Eight's elderly alongside stories from the Bible. But the old people are not expected to listen passively. Old People's Day offers them a forum in which to testify about their lives, the history of their families and communities, to sing and preach and holler, with the full and loving attention of their descendants and remaining peers.

A supportive atmosphere in which to speak is one of the warmest comforts Old People's Day gives the elderly. For many of them, it's no longer possible to define their identities through the roles they once played as workers and child-rearers. Those who are ill or confined to rest homes, in particular, have little opportunity to express and affirm their senses of identity, and they receive too little recognition. But on Old People's Day the elderly testifier, singer, or preacher never has to search for listeners who care about his or her memories and hopes.

A few days after Johnny Atwell preached on Old People's Day, I asked him what had been the day's high point. He allowed that "it sure was a good dinner," and "of course, the singing and so on was wonderful." But he admitted, grinning, "My part of it [the chance to preach and testify], actually, was the most enjoyable." He loved getting to preach once more in front of family and friends. It was a joy, he said, that he would "feast on for weeks to come."

Other elderly participants express similar sentiments. Every year, Cordelia Maxwell would get the Spirit and testify, speaking in tongues, dancing up and down the aisles, shouting about the day she was saved — "It was here, right in this house!" — and proclaim-

ing the Word: "Ah, we want to go to that home where Jesus lives! Where there ain't no burdens to bear, no pain! Aah, Hallelujah!" Her daughter-in-law attributes Maxwell's continuing good health partially to the pleasure Aunt Cord derived from her ecstatic testimonials: "She loves that and she believes that. It gets her out and going, bless her heart. And when she gets happy, it's good exercise."

The younger participants also enjoy hearing their elders speak and perform. The Reverend Rupert Pixley, Ben's son, says that for him the highlight has always been "to see that inward person being renewed — some of them on crutches, canes, and in wheelchairs — but inside, though the body was tiring and growing old, you could see that inward person being lifted up. That's what really boils my soul inside, you know, and gets the joy of the Lord."

Old People's Day continues to lift up the spirits of the elderly each year. The Reverend Doug Peters, a local preacher himself in his sixties, comments: "People look forward to that. Some folks live from one year to the next for Old People's Day. It's one of the chief joys and hopes of some people, and that helps them to live."

The day's very existence dramatizes the community's concern for its elderly. Community members turning out en masse for this celebration of aging makes the ideal of close fellowship among young and old seem as real as the dozens of bodies crowding around picnic tables in the shade. This one day's festivities can never obliterate the sorrows of loneliness, of course, any more than it can save the old people from the misery of disease or from death's approach. Day-to-day life may still be achingly harsh. But once a year, Old People's Day proves that the elderly of Eighty-Eight are by no means forgotten, nor are their contributions to family, church, and community unvalued. Concludes Modor Lamb, "It's a Godsent day, the most wonderfulest day they is." □


*Michael Dane Moore, 32, a native of Arkansas, got interested in Old People's Day one muggy Sunday several years ago when he drove his grandparents up into the hills to enjoy the festivities one last time. He teaches business and technical communications at the University of California, Los Angeles.*




**REVEREND BEN PIXLEY (IN WHEELCHAIR), FOUNDER OF OLD PEOPLE'S DAY, WITH REVEREND ROLAND ATWELL.**

# The Measure of My Days



 Age puzzles me. I thought it was a quiet time. My seventies were interesting, and fairly serene, but my eighties are passionate. I grow more intense as I age. To my own surprise I burst out with hot conviction. Only a few years ago I enjoyed my tranquility; now I am so disturbed by the outer world and by human quality in general, that I want to put things right as though I still owed a debt to life. I must calm down. I am far too frail to indulge in moral fervour.


 I used to draw, absorbed in the shapes of roots of trees, and seed pods, and flowers, but it strained my eyes and I gave it up. Then ten years


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## From the Journal of Florida Scott-Maxwell


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ago I began to make rugs. A few were beautiful, though never straight. This gave them vitality. As I created patterns, banged and pulled, the wool and I struggling — the wool winning sometimes; at great moments I in full command — my heart knew peace, and my mind was as empty as a cloudless sky on a summer's day. But my hands were too arthritic, it had to end, and now only music prevents my facing my thoughts.


 As I do not live in an age when rustling black silk skirts billow about me, and I do not carry an ebony stick to strike the floor in sharp rebuke, as this is denied me, I rap out a sentence in my note book and feel better. If a grandmother wants to put her foot down, the only safe place to do it these days is in a note book.


 Another day to be filled, to be lived silently, watching the sky and the lights on the wall. No one will come probably. I have no duties except to myself. That is not true. I have a duty to all who care for me — not to be a problem, not to be a burden. I must carry my age lightly for all our sakes,


and thank God I still can. Oh that I may to the end.

 I wonder if we need be quite so dutiful. With one friend of my own age we cheerfully exchange the worst symptoms, and our black dreads as well. We frequently talk of death, for we are very alert to the experience of the unknown that may be so near and it is only to those of one's own age that one can speak frankly.


Our sorrow is such a burden for others. If it were possible it might be best to show nothing, and this is often tried with arid results, for it is unreal, inhuman. . . . Expressing sorrow helps you to take it in, to know it better. But soon, soon you must claim it as your own, relieving others of its weight, so that they can say happily, "Better today? All right now?" It is what they need to say, and you must answer brightly, "All right, thank you."


 Always, through everything, I try to straighten my spine, or my soul. They both ought to be upright I feel, for pride, for style, for reality's sake, but both tend to bend as under a weight that has been carried a long time. I try to lighten my burden by knowing it, I try to walk lightly, and sometimes I do, for sometimes I feel both light and proud. At other times I am bent, bent.

 We old people are short tempered because we suffer so. . . . Nothing in us works well, our bodies have become unreliable. We have to make an effort to do the simplest things. We urge now this, now that part of our flagging bodies, and when we have spurred them to further functioning we feel clever and carefree. We stretch from such concerns as these into eternity where we keep one eye on death, certain of continuity, then uncertain, then indifferent.

 When a new disability arrives I look about to see if death has come, and I call quietly, "Death, is

that you? Are you there?" So far the disability has answered, "Don't be silly, it's me."


 My kitchen linoleum is so black and shiny that I waltz while I wait for the kettle to boil. This pleasure is for the old who live alone. Others must vanish into their expected role.

 I wonder if living alone makes one more alive. No precious energy goes in disagreement or compromise. No need to augment others, there is just yourself, just truth — a morsel — and you. You went through those long years when it was pain to be alone, now you have come out on the good side of that severe discipline.


Age is a desert of time — hours, days, weeks, years perhaps — with little to do. So one has ample time to face everything one has had, been, done; gather them all in: the things that came from outside, and those from inside. We have time at last to make them truly ours.


When I was a child I went with my grandfather when he hunted wild turkey, or quail, driving through the roadless woods under great water oaks shining as though newly washed by rain. Once on reaching a river I jumped from the wagon and running into the deep shade sat down on a large alligator, taking it for a half-buried log. I was also the child who walked out on a plank placed as a pier to reach the center of the dark pool, then knelt, plunged in her hands to scoop up a drink, and saw that fatal snake, a water moccasin, dart between her closing hands.


You need only claim the events of your life to make yourself yours. When you truly possess all you have been and done, which may take some time, you are fierce with reality. When at last age has assembled you together, will it not be easy to let it all go, lived, balanced, over?

 This morning when I woke and knew that I had had a fair night, that my pains were not too bad, I lay

waiting for the uplifting moment when I pull back the curtains, see the sky, and I surprised myself by saying out loud: "My dear, dear days."

 My only fear about death is that it will not come soon enough. Life still interests and occupies me. Happily I am not in such discomfort that I wish for death. I love and am loved, but please God I die before I lose my independence. I do not know what I believe about life after death; it exists then I burn with interest, if not — well, I am tired. I have endured the flame of living and that should be enough.

 It has taken me all the time I've had to become myself, yet now that I am old there are times when I feel I am barely here, no room for me at all. I remember that in the last months of my pregnancies the child seemed to claim almost all my body, my strength, my breath, and I held on wondering if my burden was my enemy, uncertain as to whether my life was at all mine. Is life a pregnancy? That would make death a birth.

 A long life makes me feel nearer truth, yet it won't go into words, so how can I convey it? I can't, and I want to. I want to tell people approaching and perhaps fearing age that it is a time of discovery. If they say — "Of what?" — I can only answer, "We must each find out for ourselves, otherwise it won't be discovery." □

*Florida Pier Scott-Maxwell was born in Orange Park, Florida in 1883. At age 20 she began a career as a short story writer. In 1910 she married and went to live in her husband's native Scotland, where she worked for women's suffrage, wrote books and plays, and tended her flowers and children. At age 50, she began training for a career as an analytical psychologist, studying under C. G. Jung. These passages are excerpted from a journal she kept when she was in her 80s and in frail health, published in 1968 by Alfred Knopf as *The Measure of My Days*.*

# “Don’t send me flowers when I’m dead. I want them now.”

1. *“I don’t drink, I don’t smoke, I don’t dip, but I chew; I got to have a chew of tobacco.”*



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2. *“When I leave here you know where I want to go? To the cemetery.”*



3. *“When my husband was living he wouldn’t never eat nothing cold, now I don’t cook none at all. I have cooked my part.”*

*Photographs 1, 4, and 6 first appeared in Eva Salber’s book, Don’t Send Me Flowers When I’m Dead, published by Duke University Press (1983).*

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4. *“An old man just need somebody with him in the house.”*





5. *"In the old days all you needed to farm was a strong back and a mule; today you need a college education."*

Photo Copyright © 1985 by Duncan Heron

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6. *"I tell them when their peoples put them here, 'Don't feel bad. Them young folks ain't got time for old people now.'"*

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# *It's in the Doing That You Get Your Strength*

BY  
JANET WELLS

*When the Cherokees were driven out of Georgia in 1838, a few women and children fell back from the Trail of Tears. They found refuge in the Savannah River swampland called The Territory, which became the city of Augusta. They intermarried with emancipated slaves who named the area Bethlehem.*

*First a refuge for outcasts, Bethlehem became an inner-city neighborhood defined by its relationship to Augusta. Its residents built the railroads that traversed the city and the tracks that trolleyed black domestics and laborers downtown. The community supplied firemen, brakemen, and porters to the railways, and workers to industry. From its street corners,*

*women and children were transported to the cotton fields, and through its streets mule-drawn wagons thundered to the cotton market on the river front a mile and a half away.*

*Bethlehem is a community where residents know their roots, and where family reunions often draw over 200 people. Residents say the extended-family network has made Bethlehem an unselfish, compassionate community where the needs of some are the concern of all. A group of older residents has organized the Bethlehem Area Community Association to nourish its heritage and save its homesites for future generations.*

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**L**ike many of her generation, Addie Scott Powell went North as a young woman, first to college and then to Brooklyn, New York, where she was a librarian for 18 years. In 1974, discouraged because two transplants had failed to restore the sight in one of her eyes, she came home to Bethlehem to retire in the house her grandfather had built. She was 52 years old.

Addie Powell's retirement was destined to be short; she had returned to a community where people believed that if you knew something was wrong, you were morally obligated to do something about it. And things were wrong in Bethlehem.

The community had begun to decline after World War II, as social and economic changes broke up old living patterns and scattered families. By the mid-'70s the decline threatened to become complete. Hundreds of homes had been leveled and their residents displaced by an urban renewal project that was supposed to provide new housing; the land remained vacant. Landlords snapped up property sold for taxes, and then let it decay. Abandoned houses attracted rats and drug pushers — or were razed and their lots left to collect trash and weeds. Residential streets were unpaved, unlighted, and without sidewalks. Liquor stores were becoming the dominant neighborhood business, and unemployment was rampant.

Many older people with strong ties to Bethlehem and an abiding love for their old homes there lived elsewhere, and young people who could afford it were fleeing to other neighborhoods. But others remained, because Bethlehem was still a good place to live. Extended families gave support when food and housing were short, and the community's small dwellings provided affordable homes for the working poor and a manageable space for the elderly.

In 1978 a rapist began terrorizing elderly Bethlehem women. A afraid and angry because they felt the Augusta police hadn't made a strong attempt to catch him or protect residents, a group of women met at Good Samaritan Baptist Church. They organized an escort service for women going out at night, developed a neighborhood surveillance program, and demanded better police protection.

The rapist was arrested, but the women knew their problems had not really been solved. "Problems of crime are always created by conditions in communities," says Addie Powell. "There were not enough lights so people could protect themselves. Streets and sidewalks were very bad."

A nucleus of men and women, mostly people in their fifties who had been neighbors for half a century, continued to meet to talk about neighborhood problems. These community elders — a fortunate minority who lived comfortably — began a crusade for com-

munity improvements.

"Leadership evolves under a set of circumstances," says Powell. "You can sit around and say it's a shame the way they treat us, but if you know darn well something shouldn't exist, you've got a *moral responsibility* to point in the right direction. The more you know, the more responsibility you have." She adds, aside, "There was many a day I wished to heck I didn't know nothing about anything. If you had told me I would be this involved when I came back. . . ."

Then she laughs, as she frequently does, and goes on, "Everyone had terrific leadership ability, but they didn't know they did until they had to do something to help themselves and someone else. That brought it to the surface: If we don't do something, we're going down the drain."

That was the crux: Bethlehem was being destroyed.

Willie Cooper, highly respected in the community and now 64, was distressed about the urban renewal project that had gutted a wide section of Bethlehem and displaced elderly

homeowners. Most of those who had been driven out would never be able to purchase a home of their own again. Cooper, a custodian at Sears, believed the city wanted to push everyone out of Bethlehem and commercialize it.

Despite their negative experience with urban renewal, Bethlehem's leaders got excited by an announcement that the Augusta city council was using Neighborhood Strategy Areas (NSAs) to plan uses for Community Development Block Grant (CDBG) funds. CDBG is part of the Housing and Community Development Act, which consolidated urban renewal, Model Cities, and other federal community development programs in 1974. Bethlehem was one of the NSAs eligible to plan and receive money for CDBG projects.

The primary objective of CDBG was to develop "viable urban communities" by providing decent housing, suitable living environments, and economic opportunity *principally for low- and moderate-income persons*. CDBG provided funds for building-code enforcement, housing rehabilitation, ex-

MOUNT OLIVE BAPTIST CHURCH, ONE OF AUGUSTA'S OLDEST CHURCHES.



photos by Janet Wells

pansion of community services, revitalization of deteriorating neighborhoods, and preservation of properties with historic or architectural value. Moreover, CDBG said low-income residents should be given "a meaningful opportunity" to present their needs and propose CDBG programs to the local government.

"We said, 'Great!'" chuckles Addie Powell. "All the things we want will be in this thing!"

In order to respond to what they believed was a sincere invitation from city officials to become involved in planning for CDBG, the people who already had been meeting formed the Bethlehem Area Community Association (BACA) in 1978. Composed of deeply religious people, it derived its motto from the Sermon on the Mount: "When two or more are gathered for good purpose, their petitions will find answers."

Willie Cooper became president of BACA; Annie Gardner, a housekeeper and caterer, was vice president, and Addie Powell, coordinator. Powell's job is one that would be salaried in many organizations, but few people have ever accepted money for working for BACA. All the officers are now in their 60s, and only two board members (Powell's daughter, Frances Harris, and dental student Bob Nelson) are under 40.

BACA's members studied CDBG requirements and procedures, and systematically polled their neighbors about the community's needs. Then they went to the city council with proposals for paving streets and sidewalks, installing street lights, improving sanitation, rehabilitating substandard houses, enforcing building codes, cleaning vacant lots, building playgrounds, and creating land-use and economic development plans. They also asked the city to recognize the historic value of Bethlehem by installing historic-style street lights on Old Savannah Road, the route of Old U.S. 1 and the path of the Trail of Tears, and by preserving its housing. With public pressure aroused by the rapes still high, the city responded quickly to pave streets, repair sidewalks, and install street lights in random locations.

WELL-KEPT RAILROAD HOUSES IN BETHLEHEM. SAYS ADDIE POWELL, "WE'D RATHER LIVE HERE THAN ANYWHERE ELSE."



Unfortunately, none of the work was done very well, and a "mini-park" begun on Maple Street was abandoned after more than \$30,000 had been spent. Annie Gardner speaks softly of her acute disappointment the day she returned from work to her immaculate white railroad house and found Maple Street paved into a one-way trough without sidewalks, grading, or drainage. When she complained to the city community development director about the quality of the work, she says he told her, "You people have got it better than you ever had."

Part of the problem Bethlehem experienced is endemic in the CDBG program. The National Citizens' Monitoring Project of the Center for Community Change is a Washington-based group that has monitored CDBG programs nationwide. In a 1981 report, "*Community Development Versus Poor People's Needs: Tension in CDBG*, the project found a conflict between the law's twin goals, to develop "viable urban communities" and to "principally benefit" low- and moderate-income people.

"Most local governments view 'viable urban communities' as areas with a minimum of low-income people," concluded the report. "CD programs rarely have been designed to provide direct benefits to poor people. . . . [M]any local officials resort to the 'trickle-

down' benefit theory, asserting that low-income people will gain eventually from a revitalization agenda."

BACA soon realized that this was exactly what was happening in Augusta. The city council was pumping millions of CDBG and other public dollars into the preservation of downtown as a financial district and tourist area. Substantial CDBG funds went into the "Pinch-Gut" historic area, which had already attracted private investment and was being developed with housing, professional offices, and convention facilities for middle- and upper-income people. While "historic-style" paving and lighting were installed in white NSAs, people in Bethlehem and seven other predominantly black NSAs waited for the merely adequate. There was little historic preservation in black neighborhoods. And when the city in 1981 budgeted more than half a million dollars in CDBG funds for sewers, claiming 100 percent of the beneficiaries would be low- and moderate-income people in the black Laney-Walker neighborhood, the real beneficiary was a new veterans hospital adjacent to Laney-Walker.

Augusta's 1979 Housing Assistance Plan, a CDBG requirement, showed that 72 percent of the Bethlehem houses that needed assistance were rental units. The city's 1980-81 CDBG

plan, however, concentrated code enforcement and rehabilitation in owner-occupied houses. No CDBG funds were spent on the inspection of renter-occupied houses, many of them owned by slumlords, even though CDBG required projects to conform to the needs shown in the Housing Assistance Plan. And although the city budgeted over a million dollars in 1978 and 1979 for rehabilitation of owner-occupied houses, by mid-1981 only 15 had been renovated.

BACA quickly saw that CDBG in Augusta did not "principally benefit" poor people. In addition, the city was guilty of more specific violations of the law. It was holding public hearings in the morning when the working poor could not attend. The city council ignored BACA's requests to be put on the agenda for meetings and charged members 90 cents a page when they asked for CDBG documents. Although BACA submitted written objections to the city's proposals five times in 1978, 1979, and 1980, the city responded to only one of their complaints.

In 1980 and 1981, BACA filed administrative complaints with the U.S. Department of Housing and Urban Development. HUD, which the National Citizens' Monitoring Project calls "abysmal" in its enforcement record, never independently investigated BACA's charges. While the agency did stop CDBG support for a recreation facility eight miles outside the city, it ignored BACA's other complaints.

When it was clear HUD was acquiescing in Augusta's misuse of the CDBG program, BACA took the only other available recourse: in September 1981, in a complaint filed by Georgia Legal Services attorney Lisa Krisher, BACA sued the city of Augusta and the Department of Housing and Urban Development for racial discrimination in the administration of the Community Development Block Grant program. The group charged local and federal authorities with violating the Housing and Community Development Act, the 13th and 14th Amendments, and the 1964 and 1968 civil rights acts.

Krisher later told a federal court, "CDBG activities in Bethlehem NSA

are so scattered and of such poor quality as to be virtually negligible."

Successful settlement of the suit would make the CDBG program more responsive to Augusta's black NSAs. However, it has dragged on for three and a half years. Even the mayor and some members of the city council, it is said, are eager to settle the suit out of court.

**B**ACA has not been idle while waiting for resolution of the suit. Its membership has grown to almost 400, and in 1983 it purchased and renovated new headquarters on Milledgeville Road, a two-story weatherboard house passed down through the family of Joshua Bonds, a vegetable vendor fondly remembered in Bethlehem. ("He and his children sold the big brown eggs our grandmothers and mothers used to make

cakes with," Powell remembers.)

In a front room, Frances Harris maintains a genealogical file on Bethlehem families. Powell believes that "once the history of a neighborhood is known, it's a little less inviting to destroy it." In addition, BACA keeps tabs on how local officials vote on issues of community interest, and sponsors voter education and community action workshops for neighborhood residents. It has successfully fought for traffic controls and against location of a funeral home on a residential street. It goes on, endlessly, making recommendations to the city council to enforce housing codes against slumlords and improve community services.

BACA's biggest current project is an attempt to create jobs for people in the Bethlehem community through its Allied Services Cooperative. In 1982 BACA obtained grants through the Center for Community Change in



**RAILROAD HOUSES IN NEED OF REHABILITATION**

Washington to design and carry out a two-part report, *An Economic Survey of Bethlehem Community*. BACA trained a corps of unemployed residents who canvassed all 98 square blocks of Bethlehem for information about land ownership, housing conditions, and residents' employment histories. Part I, the Land Use Survey, has been the basis for subsequent recommendations to the city about housing rehabilitation, code enforcement, and land use.

Allied Services grew out of the report's Part II, the Marketable Skills Survey. Fifty-nine percent of the 853 people contacted were unemployed. The survey found that residents had strong skills in the areas of family care, household cleaning, and building and grounds maintenance, and that they had remarkably stable work records when they were employed. However, the survey revealed an extraordinary pattern of exploitation and need:

- 76 percent did not have regular, agreed-upon work times; their hours and days were set at the discretion of the employer;
- only 12 people had had any part in setting the wages for their work;
- only 14 percent said their employers had contributed to Social Security for them;
- 60 percent had not finished high school, and only 11 percent had had any formal job training.

The highest rate of unemployment was among women aged 21 to 35, and the second highest was among women aged 50 to 62. The latter group was most vulnerable because age was beginning to reduce their employability. Without young children, they were ineligible for welfare; many were domestic workers, and their long years of service to a few families had not yielded any permanent security. Half the people interviewed said they were in "dire" need of a job. Of 472 people who responded to questions about dependents, 445 replied they were supporting children *not their own*, and almost 400 reported they were supporting dependent adults.

Most residents felt little self-esteem because their employment was often erratic, determined solely by the needs

of employers, and poorly paid. They had never enjoyed paid leave for illness, emergencies, vacation, or holidays. They were without Social Security, worker's compensation, or health insurance. Contracts and job descriptions were unheard of.

Addie Powell's characteristic congeniality and good-natured laughter subside when she talks about whites' exploitation of domestic workers. "Domestic workers have *nothing* to show for all the years they've worked," she says angrily. "Especially the women 50 to 62, that's a very pathetic group. *Years* working for other people, 15 years for one family, 10 for another. Ever since they were 14 years old, they've been cleaning houses. Then the employer lets them go. No one paid any Social Security for them, no one provided hospitalization, and then whites wonder why these people are leeches on society! They've been leeching off them all these years!

"They work domestics part-time to avoid Social Security," she goes on. "What they say is, 'I don't need you every day.' But within those two days,

they give them the work of five."

She mimics a maid describing a new job: "The lady say she just want somebody to clean house. I get there, and I find out I clean house, walk the dog, look after the old lady, take care of the children, cook enough meals to last for the rest of the week because I won't be coming back but one day a week, iron all the clothes, wash all the floors. And then the other day, she says, 'When you get a chance, go out and see if you can wash up the car for me!'"

Based on the information collected in the survey, BACA set out to create an economic development plan appropriate to Bethlehem.

"The traditional manner in which we've always approached adult education for low-income people," says Addie Powell, "is to send them back to school to learn arithmetic and to read and write. This is good, but it's the slowest method, the least effective method after age 25 when a woman has children. It's very difficult to tell a young woman who walks in here, 'I want you to come into this JTPA [Job

ADDIE POWELL, AT RIGHT, WITH HER DAUGHTER FRANCES HARRIS AND HARRIS'S CHILDREN CHARLES AND FRANCES ANN



HUNDREDS OF HOMES ONCE OCCUPIED THIS URBAN RENOVATION SITE IN BETHLEHEM. PLANNED REPLACEMENT HOUSING WAS NEVER BUILT.

Training Partnership Act] program and learn to read and write.' By the time she's learned to conjugate a verb, her child has starved. You can't instill pride in people if you're going to tell them not to split a verb every time they open their mouth."

BACA decided on another approach to providing jobs in Bethlehem: it would help people find independence, security, and pride using the service skills they already had.

Addie Powell conceived the idea of a service workers' cooperative, based on the concepts of the business co-op and craft guilds. The co-op would provide training, be responsible for management and marketing, and incorporate workers with the same skills into individual guilds through which their services could be contracted.

The cooperative held numerous advantages for Bethlehem residents:

- workers would own their own business, allowing them to negotiate fair wages, tasks, and hours in a written contract;

- out of overhead charged on a contract, the co-op could provide the employers' share of Social Security, workers' compensation, health insurance, and other benefits virtually unknown to household workers;

- employee security would not be dependent on the whim of one employer since guild members would be employed collectively by a number of families or businesses;

- the guild would set standards for work, upgrade workers' skills to meet the standards, and create a demand for higher-paid, higher-quality service work.

For the customer, the guild promised better-skilled and more dependable workers. The working woman who couldn't afford a maid weekly could have her house thoroughly cleaned once a month by a guild team. Elderly and disabled people could remain in their own homes with the certainty that their guild-contracted housekeeper would come every day to clean the house.

The Allied Services Cooperative was officially born in the BACA headquarters in September 1983. It is made up of three guilds: Household Services, which contracts to clean homes;



Family Assistance, which provides housekeepers and sitters for the elderly, disabled, and children; and Janitorial and Maintenance, which provides janitorial services for businesses and heavy cleaning and yard work for homes.

Says Powell, "The co-op is the only way I see a poor person can pull himself up by his bootstraps. He can't become a corporation because he doesn't have the money. We're not an agrarian society, so he doesn't have any potatoes or cotton he can barter. But he does have skilled services, and collectively, he can form co-ops."

Work is usually done in teams and may include workers from more than one guild. If, for example, a homeowner wanted both her house and yard cleaned, workers from both Household Services and Janitorial and Maintenance would be contracted.

"We work by contract rather than by

the hour," explains Addie Powell.

"The first exercise the class got was in estimating the cost of a job. We compute the cost of supplies and equipment, what the job will entail, the kind of experience and training that is necessary, and whatever pay the workers want to get out of it — never less than the minimum wage. One woman who had been doing domestic work 30 years told me, 'This is the first time I ever sat down and figured out what I was really worth.'"

"Once you've finished a contract," Powell continues, "you add up your expenses. Ten percent is taken right off the top for the cooperative, 5 percent for the development of the guild, and 5 percent for future operating costs. The rest is divided among the crew who worked on that job."

The cooperative stresses skill and training. "The whole idea behind the guild is competence, to develop

pride," says Powell. "We don't take just anybody and put them in a person's house. When they go into these people's houses, they know what they're doing — because if they do a half-handed job, that makes us look bad."

In janitorial work, she stresses, "It's more than just picking up a mop. You have to know equipment, chemicals. It's getting more and more important that you know what's in those products. Pine Sol can be devastating to a person on oxygen. When we go, we use our supplies, not theirs. Sometimes the chemicals you use to clean a stove are very harmful. What we use can be harmful, but it's about the safest thing, and it's fast. It costs more, but in the long run it's better for the employees and for the customer."

Allied Services got a grant from the local area planning commission to train women over 50. "We've had 23 come in," says Powell. "We started out wanting to develop them for medical jobs, but they said what they needed was a refresher course in housekeeping. So we had a couple of training sessions where we 'reoriented' them to housecleaning, from the baseboards to

the woodwork. You see, they worked for so many families with different housekeeping patterns. By bringing them together, you set standards. Standards are very important to the guild.

"In housekeeping, we've been able to use people over 50 easily," she goes on. "In fact, they do a better job because of their experience. They know how to organize a job."

In its first year, the Allied Services handled 223 contracts. By the end of the first year, it was averaging 19 contracts a month and had earned \$7,574 — \$6,709 of which was distributed to the workers.

So far, Allied Services' most successful member has been a woman over 50 who took home \$1,912 last year. The income was particularly important to her, says Powell, because she doesn't qualify for public assistance.

"She's making enough now to keep her head above water," Powell says, adding that the woman's reputation has spread through her guild service and that she picks up jobs on her own. Several members have gotten full-time, permanent jobs because of the guild, and the cooperative encourages

this.

"The guild is not intended, at this point, to be your sole support," says Powell. "Allied Services does not take anybody off the welfare rolls. All it does is relieve hardcore poverty and suffering. You couldn't possibly do anything more without more money. But people are working. Any time in one month they can take home \$300 more than they had when they were not working — even \$50 more — they're getting some relief from their misery."

Without more outside support the Allied Services Cooperative could collapse under the weight of its success. Because of the enthusiastic reception for the ASC among those who have heard about it, Powell and Cooper believe broader advertising would attract more clients than the co-op can service without better equipment and training facilities. A series of flyers designed by the members is not being distributed because they might attract business. BACA has successfully raised funds from several foundations, agencies, and organizations (including the State of Georgia) for its varied work, but it needs other, on-going grants if it is to equip the ASC, train its workers, and grow. The largest amount of money raised so far was to conduct the economic development survey. Stipends were paid to unemployed residents who conducted the survey.

"We need equipment drastically," says Powell. "In fact, this thing is going to fall under if we don't get some equipment. We have contracts, people who want work done. We have people trained who can't work because we don't have the machines." The Allied Services has one vacuum cleaner and a lawn mower meant for single-family use that breaks when it hits tree roots.

"People say, 'I thought you were going to do my yard today,'" Powell says. "They don't understand that the lawn mower has to be fixed. The fact is, you promised you would be there today, and you didn't show up because you didn't have a lawn mower. What we do is contract with people who know us pretty well and understand."

The ASC needs more heavy equipment designed for industrial use, but it



THE JOSHUA BONDS HOME, RESTORED BY BACA AS AN OFFICE AND COMMUNITY CENTER



WILLIE COOPER AND ADDIE POWELL WITH "OLD IRONHORSE," A CAR DONATED BY AN AUTO DEALER TO TRANSPORT GUILD MEMBERS TO THEIR JOBS



has not so far raised the kind of start-up capital most small businesses begin with. A \$5,000 grant from the state Department of Human Resources bought only three of the expensive heavy-duty machines needed for janitorial services.

Allied Services has 18 regular clients, most of them in Bethlehem, whom it got through flyers and word-of-mouth advertising. By November 1984, the cooperative employed 31 people, about half the number BACA would like to see involved. Because the lack of equipment limits the hours a week its members can work, the organization has not yet been able to meet one of its primary goals: providing fringe benefits.

In March 1984, the community development committee of the Augusta city council approved a \$25,000 BACA proposal that would have gone a long way towards alleviating Allied Services' problems. BACA planned to use the Community Development Block Grant funds to purchase equipment and remodel Josh Bonds's hayloft (the walled-off second story of the office) for a classroom.

After the committee had approved the proposal, Ed McIntyre, then mayor of Augusta, urged BACA to drop its suit against the city for racial discrimination in the CDBG program.

BACA refused, and its \$25,000 grant was deleted when the city council adopted the final CDBG budget. City council member Inez Wylds says she believes "a kind of blackmail" was used to try to get BACA to withdraw its suit.

"Our request was very, very unjustly treated," says Addie Powell. "We knew the project was the most eligible one in Augusta because *absolutely nobody* is doing anything for hard-core unemployed people. But these people [on the BACA board of directors] have a different moral fiber about what is right and wrong. Otherwise they would have taken the \$25,000. No, there was a moral principle in it."

Mayor McIntyre went to prison a short time later for using his political office to profit from real estate dealings in the development of the Savannah River waterfront, the beneficiary of many CDBG dollars.

The Allied Services Cooperative continues to develop, and Addie Powell hopes it will become a self-perpetuating bridge between unemployment and a secure place in the workforce for new generations of Bethlehem residents. "I would like to see the ASC develop a core of young people for leaders," she says. "Cooperatives give you a chance to develop yourself in business, to de-

velop teamwork and working with people. You have to know how to estimate your worth. This is the beginning, I think, of developing leadership."

Powell also would like to see the Allied Services Cooperative inspire guild movements in other communities, but she is uneasy about the idea's future. "I see the potential of someone catching onto the idea and commercializing it to make money on these people," she says. "The same people who wouldn't want to give money for Allied Services would give it to a businessman who came up with the idea."

**B**ACA has not given up on CDBG. As a result of its persistence, services to black neighborhoods have improved somewhat and subsequent paving has been of better, if not good, quality. CDBG hearings are now held in the evenings when working people can attend.

"Addie comes every year when we have the public hearing on proposed CD [community development] projects for next year," says Inez Wylds. "She always has the best prepared and the best projected plan."

Wylds, who calls herself a conservative Republican, says she wishes the city had simply given BACA the money it has paid attorneys fighting the suit. "Addie's not part of the power structure, and it's an uphill battle for her," adds Wylds. "Her persistence is to be admired, because many a one has fallen by the wayside."

"We're determined to go on," says BACA president Willie Cooper. "We're trying to do the thing that is right, and when you're doing right, there's going to be somebody to help you out."

"I do not think we would have gotten any of this stuff if we had not kept really involved," says Addie Powell. "All of these things help. And it's in the doing that you get your strength." □

*Janet Wells, 39, is a writer in Washington, DC, where she has worked for the Older Women's League and the Lawyers' Committee for Civil Rights Under Law. She has also worked with the American Friends Service Committee in Atlanta, Georgia and Aiken, South Carolina.*

# Percy Took Me By The Hand

Several times every summer I went the 42 miles to Jackson, to the brick house on North Jefferson, to stay with my grandmother Mamie, my grandfather Percy, and my two great-aunts. In Jackson I did not have to go to church unless I was foolish

enough to volunteer; I could remain a heathen for days on end. There was a big magnolia in front of the house and several fig trees in back, and the Number 4 bus came past every 15 minutes if I wanted to go to Capitol Street or Battlefield Park or Livingston Lake or the state museum. When my visits to Jackson were over, they would take me to the Greyhound Station, and the loudspeaker would always say, "Delta Local Coach now loading on platform 5, for Poca-hontas, Flora, Benton-ia, Little Yazoo, Yazoo City, Eden, Thornton, Sidon, Greenwood, Clarksdale, Tunica, and . . . *Memphis-town!*" and the ride back home would always be oppressive, because in the summertime home could never put on the kind of show I got in Jackson.

Mamie, the youngest of the 16 Harper children, kept that curious household going. She had been born in 1878, two years after the federal troops pulled out of Mississippi, and she told me that when she was a baby, riding with her mother in a carriage near Raymond, whenever another carriage approached, her mother would hide her in the back seat, such was her shame on having 16 children. When the preacher came to have Sunday dinner with the Harper family, Mamie always

got the neck and the wing, because that was all that was left when the plate got down to her corner. Invincible, courageous, a fount of unquestioning lore and humor, she would have given away the last neck and wing in the world to the first person who asked, white, colored, or Jew.

Percy, my grandfather, worked in the place on Lynch Street that made potato chips. Every afternoon at four he would come home smelling of potatoes, and fetch from his satchel two big bags of chips, crisp and hot from the oven. Sometimes he would take me to work with him, and I would watch while he put on his greasy white apron, carried the great sacks of peeled potatoes to a machine that cut them into thin slices, and then transferred them to the prodigious black oven that heated up the finished product. We munched on potato chips all day, from nine to four, and came home so full of salt and potato grease that we had to have five or six glasses of ice water apiece at supper.

In the garage behind the house Percy built for me a dozen replicas of steamboats, the names of them written in careful block-letters across the "texas," names like *The Robert E. Lee* and *The Delta Queen*, and he told me

about the steamboat races he saw on the Mississippi when he was a boy; one of his uncles had been a full-fledged Mississippi steamboat pilot. He let me shave him with his own razor whenever I felt like it, or scrape the dandruff out of his

hair with a comb, and he would take me riding on the city bus all over town, two and three hours at a time, sometimes almost as far as Clinton to see the German prisoners working on a chicken farm. On one of these excursions a little girl, sitting next to Percy, leaned over and vomited all over him; Percy went "*Hot-damned!*" and cleaned himself with his handkerchief, and we kept on riding, for nothing would get in his way when he and "my grandboy," as he introduced me, were out on the town.

To me Percy was old, older than almost anyone I had known, and indeed he had been born during the Civil War, in Bastrop, Louisiana; but he had never let on that my pace might be more than he had bargained for. He would do anything I wanted, from climbing fig trees to marching down the street beating a dime-store drum. Two or three times a week in late afternoon we would go on the bus out to Livingston Lake for a swim, and when Percy would come out of the bathhouse in his trunks, the skinniest, most gnarled-up creature you ever saw, the people on the beach would sit and stare and wonder what principle was operating that kept the flesh and copyright © 1967 by Willie Morris

BY WILLIE MORRIS



bone all in one piece. I would be a little ashamed of the spectacle he caused, and would go on out into the water; Percy would follow me, and dunk his head under the water to get the feel of it, and when he emerged again on the beach, walking out ever so slowly, he looked like some old sea-animal coming up for air, scarred by innumerable rusty harpoons and 75 years of fishhooks. Then we would lie in the sun while Percy rolled a Bull Durham and talk about steamboat races and Percy's trips to Dallas when he was a boy, and catch the bus back in time for a sack of potato chips before supper.

Once Percy invested in a South American banana plantation he had seen advertised in a pulp adventure magazine. Every month for seven years he sent \$10 to the address in New York City, and then he began writing letters to see if the bananas were ripe, and the letters came back "addressee unknown." My grandmother would tell me about this, and ask me not to mention the subject to Percy. There was a big white envelope marked "Burial Insurance" on the mantel in the parlor, and I would see Percy put a dollar bill in it every now and then. Once a month, on the same day at the same hour, the man from Wright & Ferguson Funeral Home would come to the front door, and Percy would empty the contents of the envelope and give the dollars to him. When Percy

told me stories, he inevitably returned to one about the poor little boy who was not invited to the birthday party down the street, and watched through the picket fence while the rich children ate 10 flavors of ice cream and an enormous chocolate cake. That little boy never did get invited in to those parties, and once even got his neck caught between the boards in the fence. One night I asked, "Percy, who was the little boy?" and Percy said, "He was *me*, honey."

Mag and Sue Harper, my grandmother's outrageous old maid sisters, were challenges to Percy's simple existence, although he was always sweet and gentle to them until they got his nerve to the breaking point; then he would say, "Oh, Pshaw," and retreat to the garage to work on a steamboat. Only once in all those years did I hear him raise his voice to those unusual old ladies. Mag turned on him and said, "Why don't you just get out of here and don't come back. You don't make enough money off those old potato chips to amount to nuthin' anyway. We own this house and you *know* it." Percy sat saying nothing for a while, then motioned to me to come

outside, and he held my hand and we walked around the block without saying a word. Then he walked back inside the house and said to Mag, "Just to *hell* with you," and that ended the episode.

• • •

The day my Aunt Sue died, when I was in the third grade, they took me out of school, and we drove to Jackson for the funeral. I stood in front of the open coffin and looked down at her for a long time, even when no one was in the room. I gazed into her face and spotted, under her eye, a mole I had not noticed before. I said to myself, I have to memorize what she looks like so I won't forget her. I stood there for a long time, until the men came and said, "We have to go now," and took the coffin to be buried in the family plot, in the old section of the cemetery in Raymond, where I saw the crumbling tombstones of the Harpers, my great-grandfather and great-grandmother and their sons and daughters, all enclosed by the iron fence that was beginning to rust. We got in cars and came back to Jackson, and Percy took me by the hand to Woolworth's, to buy me whatever I wanted. He told me, "Now don't you be sad." That day I remember I promised myself that if Percy ever died, I would shoot myself, with the pistol my father kept under his mattress at home. But I knew that Percy would never die. □

Willie Morris has been editor of *The Texas Observer* and *Harper's*. This is excerpted from his autobiography, *North Toward Home* (Boston: Houghton Mifflin, 1967).

# THE LONG VIEW

## OF ELDER ACTIVISTS: THEIR VISION OF A MORE JUST SOCIETY KEEPS THEM GOING

BY ANNE BRADEN



MODJESKA SIMKINS

**M**ODJESKA SIMKINS, 85-YEAR-OLD SOCIAL JUSTICE ACTIVIST, SERVES on the board of the Southern Organizing Committee for Economic and Social Justice (SOC) which I co-chair. She has arrived at some of our meetings after an all-night bus ride more alert than any of our other members, most of whom are in their thirties. She brings something very special. It's not so much stories of her activities that date back 65 years; she's so deeply involved in current activities in Columbia, South Carolina, that you don't hear those unless you press her during a break.

What she brings is a long view. I remember the mid-November 1984 SOC meeting when all of us, in deep dejection, were discussing Reagan's reelection. Modjeska looked at us and said, "Brothers and sisters, we're fighting the same rascals we've always fought. We just have to work harder. I can always look through muddy water and see dry ground ahead." Suddenly, the November 6 election did not seem like the end of the world.

I recently interviewed a number of

elderly activists who have worked for social change all their lives. I wanted to know how the world, life, and social issues look from their vantage point. The common denominator characterizing them all is that long-view perspective typified by Simkins's remark. Something — perhaps their vision of a better and more just society — has kept them going, through discouraging times as well as good. They do not stop just because they pass some birthday milestone. As long as their health permits, they keep on keeping on.

In her bedroom, Modjeska Simkins still keeps an old mimeograph machine she bought in 1944. "Sometimes I get mad about something in the middle of the night, get up and do a stencil and have a letter or a leaflet ready the next morning," she says. Her days of activism began in 1917 when she joined South Carolina's first NAACP branch as a college student; and they continue today through her involvement with a variety of organizations. The Richland County Citizens Committee she heads deals with issues of justice for blacks, but she is also active in women's groups, peace organizations, the ACLU, and a coalition working against the death penalty. Twice since she turned 65 she has run for public office — "not to win," she says, "but just so those other cats couldn't avoid the issues." In 1966 she came within 10 votes of winning a seat on the city council.

When she was a child, someone told

her never to close her eyes until she had learned "something new and special" during the day. "I never forgot that," she says. "No matter how tired I am, whether I'm coming in from a long trip or a meeting, I read something — not just the newspaper, but something that will be a special addition to my intelligence."

## AT AN AGE WHEN MANY START THINKING OF SLOWING DOWN, MYLES

Horton rebuilt an institution. He was 56 when the state of Tennessee destroyed Highlander Folk School at Monteagle, Tennessee, to which he had devoted his life. It was the 1950s; hysterical anti-communism merged with fear of the civil rights movement, and Highlander was one of the victims (see *Southern Exposure*, Spring 1978). Horton simply began anew, started a new center in Knoxville, and 10 years later when he was 66 opened the Highlander Research and Education Center, which thrives today in New Market, Tennessee.

About that time, Horton retired as Highlander's director so younger staff could take over. "I tried to organize something we called the Mountain Elders," he recalls. "But it didn't work. I learned that when people get older they usually keep doing what they've done before. So the people who wanted to be active on social issues were too busy to be part of Mountain Elders. And the people who had not been active earlier in their lives weren't inclined to get active just because they were older."

Now approaching 80, Horton is busy extending his special approach to adult education into the international arena. He conducts tours of socialist countries — China, Cuba, the Soviet Union, now Nicaragua — and runs them like Highlander workshops, with everybody studying, learning, and returning home to share new insights in their own communities. He also spends time teaching and meeting with college students.

"I learned a long time ago," he says, "that anytime you work with only one segment of society, it's very limiting. You don't come in contact with the potential of other groups. So I always worked with everybody I could — all ages, races, sexes. I've decided this

approach shouldn't change just because you are older."

## NANNIE WASHBURN



## NANNIE WASHBURN, WHO LIVES IN ATLANTA AND IS NOW 85, SAYS A SIMILAR

thing in a different way. The daughter of white sharecroppers in Georgia, Washburn began work in a textile mill at age nine, became a member of the Communist Party in the 1930s, marched for civil rights in the '60s, and joined youth 40 years her junior in the "new" communist movements of the '70s. "I don't think older people should be segregated off," she says. "We've got older people starving today, but younger people are hungry, too, because they don't have jobs. We need better health care for older people and for everyone. I've outlived two of my children because they died of cancer. If they'd leave all that war preparation alone and put money into research, maybe we could solve the cancer problem. I'd like to see thousands of people of all ages marching on Washington again."

## DON WEST



**L**ONG-TIME ACTIVIST AND POET DON WEST ALSO BUILT A NEW INSTITUTION in his elder years, the Ap-

palachian South Folklife Center at Pipestem, West Virginia. Also the child of Georgia sharecroppers, West worked in the unemployed and union movements of the '30s and was fired from a teaching job in the '40s for his radical activities. When he and his wife finally found jobs in Maryland, they lived 10 years on one salary while saving money from the other for their long-held dream of an Appalachian center. Now 78, West gives poetry readings to raise funds for the center, and each year introduces hundreds of young people to the "progressive traditions" of the mountain South through the center's summer camps, work programs, and annual folk festival.

Recently, West read poetry to elderly citizens in Hinton, West Virginia, and they asked him if he belonged to a senior citizen organization. "I told them I guess I had never thought of myself as elderly," he says. "The most important thing is to work with young people. They face terrible problems; they need to know their history, know they can organize and change things."

## HOSEA HUDSON



**H**OSEA HUDSON, AN EARLY ORGANIZER OF STEELWORKERS, ALSO concentrates his energies today on youth. He left Birmingham in the dark of night in 1951 when Police Commissioner Bull Connor ordered all "radicals" arrested, and for years he came back only under cover of darkness. That's all changed now. Hudson, still an active member of the Communist Party, often visits Birmingham these days, and in 1980 Mayor Richard Arrington gave him a key to the city and proclaimed February 26 "Hosea Hudson Day." In his years of exile from

the South, Hudson lived in Brooklyn and later in Atlantic City, New Jersey, where his proudest achievement was helping black young people form a self-help organization. Hudson has now moved to Florida and hopes to continue his work with young people there.

"We are living in new times," says the 87-year-old Hudson. "The robots are doing the work, and there are no jobs for young people. If we are going to save humanity, we've got to save our young people — first and foremost black young people, get them off the streets and into organizations. That is what I think older people should be doing, going into neighborhoods, holding meetings, teaching history, helping young folks learn to struggle."

#### CHARLIE WILSON



**A**NOTHER VETERAN OF BIRMINGHAM'S LABOR MOVEMENT, CHARLIE Wilson, is back in the Birmingham area trying to organize elderly groups. Blacks are joining, but not many whites. Now 76, Wilson is still convinced of the necessity of black-white unity, a lesson he learned long ago when he worked in a zinc mine in Tennessee where he grew up. "Things have improved since the late '40s," he says, "but there is still so much bias among the whites. They don't want to be in organizations with blacks. Some of them were in unions with blacks, but I guess they never really changed. Now that they're retired, they figure they don't have to do that anymore. But senior citizens won't get anywhere until we overcome that. We'd never have had a union if it had not been for the blacks. They were the ones who joined first and stuck with it when the going was toughest."



*Lucille Thornburgh*

For 40 years, beginning in the 1930s, Lucille Thornburgh worked as a union organizer and labor journalist. When she reached senior-citizen age, she turned her energy and organizing skills to fighting the battles of the elderly. "When I was a working woman, I was active in the labor movement," she explains.

"Now that I'm a senior citizen, I'm in the senior-citizen movement."

She organized the 350-member Knoxville chapter of the National Council of Senior Citizens (NCSC), now one of the most effective senior organizations in the South. She's also on the national NCSC board. A typical week may find her at a national senior convention one day and the next day handing out leaflets at a Knoxville shopping center urging support for tax reform in Tennessee.

In 1979, Thornburgh helped organize the Tennessee Valley Energy Coalition (TVEC), which fights for affordable utility rates and on other issues. And she and others in her NCSC chapter are active in SICK (Solutions to Issues of Concern to Knoxvilleans) which is working to get Tennessee's sales tax on food removed. (See story on TVEC and SICK on page 40 and *Southern Ex-*

*posure*, January/February 1983).

"We in NCSC bring a lot to a coalition," she says. "That's 350 more members they've got, and our people are active. But as much as they need us, we need them. NCSC tells us to join every coalition we can. We can't win justice for older people by ourselves."

Now in her seventies, Thornburgh grew up in Knoxville and got her first taste of unionism when she worked in a textile mill for six dollars a week. She joined the 1934 nationwide textile strike, lost her job, continued organizing as a volunteer, was elected vice-president of the Tennessee Federation of Labor in 1937, and later joined the AFL's Southern organizing staff. Until 1970 she was associate editor of a labor newspaper in Knoxville.

"The labor movement is a great training ground," she explains. "You learn that if you believe in something you have to stand up for it, whether it's on a picket line or writing letters."

She says many people who joined Knoxville NCSC, especially women who never worked outside their homes, lacked the skills for social action. "Many of them had never

written a member of Congress, didn't know how to approach a legislative body, or speak on their feet," she says. "Now our members do all these things."

Thornburgh says she herself was a "timid shy girl" when she got involved in the labor movement 50 years ago. "But I learned to speak out and got more confidence in myself," she says. "I think the labor movement does that for people. Now I feel it's my job to put all I've learned to work to try to make life better for older people."



*Aaron Henry*

Aaron Henry, a long-time Mississippi activist, was 49 years old when he began working for the rights of older people. "I see this as another extension of my civil rights activity," he says today at age 63. "There are two groups of people we need to be especially concerned about — children and older people. I've fought for Headstart and other things for children, and I fight for a better life for older people."

Henry says he has found that the United States is not nearly as sensitive as many other nations in the world to the needs of the elderly. "Countries like Sweden and Norway, and like Red China, for example, care a lot more about older people," he points out. "And so do the Ameri-

can Indians. They respect their elderly people and are concerned for their needs."

Henry was born in Clarksdale, Mississippi, where he still lives. As a young World War II veteran, he joined the NAACP, became president of his local branch in 1953 and of the state conference in 1960, a position he still holds. He was involved in the civil rights battles of the 1960s and beyond, and since 1979 has been a member of the state legislature.

"We've seen lots of changes, but we've got a long way to go," he notes.

Henry became actively involved in issues affecting older people when he was invited to the White House Conference on Aging in 1971. "A group of us were concerned because the needs of blacks weren't on the agenda," he recalls. "We formed a caucus and considered going across the street to Lafayette Park and holding a Black House Conference."

But Arthur Flemming, former chair of the U.S. Civil Rights Commission who was presiding at the conference, persuaded the blacks to stay, made room for their concerns, and out of that came the National Caucus and Center for the Black Aged, which has grown to a membership of 60,000. Henry serves as chair of its board and as its representative on the Federal Council of the Aging.

"Our concern is that black elderly get what they are entitled to under the programs that do exist," Henry says. "More than 50 percent of black Americans over 65 live below the poverty level. The same discrimination that deprived them of good education and job opportunities all their lives hits them all over again."

This concern, Henry says, is not just for economic survival for the elderly. "Elderly people should have a voice in planning what is to be in their communities," he emphasizes. "We should not put older people in a rocking chair. It's a matter of human dignity. This is part of trying to make this a better society, a society that cares about its people. It should be the concern of all people — young, old, and in-between."

## ROBERT EVERETT



## ROBERT EVERETT OF NASHVILLE IS YET ANOTHER FORMER

union leader who now works full-time in community activity. "I've just retired from getting a paycheck," he says. At 64, he leads youth activities in the church, and works with the local NAACP which he once served as president, as well as with the Tennessee Hunger Coalition and Tennesseans for Fair Taxation. He's also a moving force in Nashville Communities Organized for Progress (see story on NCOP on page 88).

"We have all ages in NCOP and both races," Everett says. "We all work together. That's what makes us strong."

## TWO LONG-TIME ACTIVISTS WHO DIED IN RECENT YEARS PERHAPS

personify most clearly the life of social commitment that can be halted only by death. One was Claude Williams, a radical in the social gospel tradition whose political activity began in the 1930s (see *Southern Exposure*, Winter 1974 and Fall 1976). During the '60s and '70s, his home in Alabaster, Alabama, near Birmingham, became a center of activity on both local and national issues and a mecca for young Alabama activists. Williams kept working until the very day before he died in 1979 at age 84.

"His big thing was unity," recalls Scott Douglas, a young community organizer in Birmingham. "He understood things the rest of us are only beginning to know now. He always tried to bring progressive forces together — this was back before the Coalition of Conscience, and most radicals were building their own turf.

Claude would ask people from various groups over to help him move a piece of furniture. The furniture could have been moved by one group or maybe it didn't even need moving. He was trying to get people together to talk."

And then there was Jim Dombrowski, who stood firm under 40 years of attack for his work against segregation. He retired at age 69 because of crippling arthritis, but proceeded to build a new career as an outstanding artist and never ceased his social activism (see *Southern Exposure*, July/August 1982). My favorite picture of him shows him on crutches marching in support of striking poultry workers in Laurel, Mississippi, in 1980. He was 83.

I went to New Orleans to visit Jim a few days before he died at age 86. It was April 1983, and many of us were working on the March on Washington for Jobs, Peace and Freedom scheduled for that August. That was all Jim wanted to talk about, and before I left, he was calling the hospital nurses into his room to tell them why they should join that march.

## ONCE AN ORGANIZER, ALWAYS AN ORGANIZER. VETERAN SOCIAL JUSTICE

activists enter their older years with personal equipment not usually possessed by people who have not been involved in this kind of work. They long ago committed themselves to a job that has no stopping point — the remaking of society — and therefore for them there can be no question of "what can I do when I retire." Their very view of the world includes a belief in the possibility of a society based on cooperation rather than cut-throat competition among various groups of people. Their philosophy, no matter what ideological label they put on it, is likely to tell them that there is no way the problems of one group can be solved in isolation from those of other groups. Thus they are not likely to view the issues facing older people as separate from those confronting other victims of social injustice. And they've struggled long enough to know that one defeat does not end a war, that long and tedious work by a few always precedes the upsurge of a mass movement, and that victories making life



*Johnnie Carr*

Johnnie Carr celebrated her seventy-sixth birthday in January 1985. She says she is so busy with community work, and efforts to keep the clock from turning back on civil rights, that she never even thinks about advancing age. She's the president of the Montgomery Improvement Association (MIA), which grew out of the Montgomery bus boycott in the 1950s and is still struggling for justice in that city.

"We're not in the news now as we once were," she says, "but we are working all the time. People come to us with their problems, and there are so many problems. Cases of police brutality, and the whole jobs question for young people."

Today, Carr is on the national board of the Southern Christian Leadership Conference (SCLC), and she recently worked on the march and rally commemorating the twentieth anniversary of the 1965 Selma-to-Montgomery voting-rights march. About 10,000 people participated in some part of the 1985 march, which started in Selma and ended in Montgomery four days later. "We wanted to inspire young people to renew the battle, and I think we did," Carr says.

Carr, who worked as an insurance agent in her younger years, became active in community work and civil rights early through the local civic league, the PTA, and, in the late 1930s, the NAACP. For years before

the Montgomery bus boycott, she and Rosa Parks alternated as secretary of the local NAACP branch and secretary of the youth council.

She once thought that by the 1980s things would have changed enough so that "we could sit down and catch our breath. It hasn't happened," she laments. "We've made some changes, yes, but there's so much yet to do. And now it seems we're being pushed back. Some whites we once considered moderate are now on the other side."

Carr is disturbed by the special problems facing older people; but she has not found organized senior-citizen groups in Montgomery an effective channel through which to work. "One problem," she explains, "is that many people in senior groups were never active on important issues before they retired, because they were afraid of losing their jobs. Some said they'd get active after they retired, but that rarely happens.

"I tell younger people, 'Don't wait until you are retired, get active now, and then it will just come naturally to keep on as you get older.' I'm going to keep working against injustice as long as I'm physically able. When I get to the point I can't work anymore, I want to feel I've done all I could possibly do."

## *Bee and George Wolfe*

Ten years ago there were no social justice or peace movements in Sarasota, Florida, nor had a picket line ever been formed in the city. Today, public meetings against the arms race attract several hundred people, support flourishes for farmworkers organizing in Florida, picket lines appear in protest against the death penalty, and a chapter of the Gray Panthers makes itself very visible.

Who's responsible for the change? "It's a number of people like us," says George Wolfe, who moved here in 1975 with his wife Bee. "It's people who came here to spend their later years but could not 'retire' from



issues that had concerned them most of their lives."

"Our activities for civil rights and peace were always the most important part of our lives," Bee explains. "We just transplanted that part of ourselves here and started out with new people."

Bee, now 71, was the rebellious daughter of a prominent Atlanta family, which threatened to disown her when she became a radical activist. As a young social worker just out of the University of Chicago, she visited Highlander Folk School and met Jim Dombrowski. "I found a beautiful new world of cooperation," she recalls.

George Wolfe, who is now 80, came from Lithuania, grew up in Massachusetts, and was also a social worker. They married in 1941 and moved to the Washington, DC, area where they took part in social justice movements for three decades.

In Washington, both were active in the Gray Panthers and in the Women's International League for Peace and Freedom (WILPF), which welcomes men. In Sarasota, they found a few other former WILPF members; together they created a branch. This group has now grown to about 100 members and has generated Sarasota movements against the death penalty, farmworker support, and a larger Coalition for Survival, which works

against the arms race.

In the mid-'70s, the Wolfes also assembled about 30 people of all ages, invited national Gray Panther leader Maggie Kuhn to visit, and launched the Sarasota Gray Panther chapter. It now has about 135 members working on national issues and local problems such as inadequate health services and public transportation. The Wolfes chose the Gray Panthers to work with because they see this group as more oriented to grassroots local action than other elderly groups and because it seeks members of all ages.

Along with other retirees, the Wolfes have tried to bridge many divisions — between native residents and migrants, old and young, white and black. They visit college and high school groups (and find students delighted to meet active older people) and take up issues that affect the entire community. The Gray Panthers, for example, were the catalysts in developing a Coalition on Quality Education, which worked successfully to pass a school tax desperately sought by young parents.

Although they belong to organizations that are mostly white, both Bee and George have worked within viable coalitions with blacks (who comprise 8 percent of the city's population). For example, they fought the closing of a health clinic and the closing of a magnet school in the black community.

The Wolfes intensely dislike the term "senior citizen." "It sounds so stuffy and condescending," Bee says. "You don't have junior citizens," George comments. They prefer the term "elders" because it implies tradition and respect. For them, adding organizations of the elderly to their lifelong commitments is a logical extension. "With more people living longer, older people are a very important force in our society," George says.

"To me, it's a matter of empowerment," Bee says. "I watch the elderly people coming into our Panther meetings — alert, with their pencils ready to take notes, ready to act, knowing they can be effective. It's a beautiful thing to see."

better for great numbers of human beings can be won when people lay aside their differences to act in unison.

Whether they choose to put their energies into organizations concentrating on issues of the elderly or into multi-issue groups, these older activists are invaluable to current social justice movements. They've also lived long enough to learn that they don't know everything and to appreciate the special contribution that each succeeding generation of youth brings to the ongoing social struggle. Every elder activist I interviewed stressed a desire to work with young people.

All of this suggests that the most effective way to address the special problems of aging is to make issues primarily affecting elders an integral component of a multi-issue program that calls for new social and economic relationships which put the needs of people first. Young people need to understand that social policies that neglect the aging also threaten them, just as older activists understand that young people who can't find jobs are *their* problem.

At this moment in time, our society is so compartmentalized that special organizations focusing on the elderly are obviously essential; without them, the problems of aging people would be neglected. But those of us who understand how divisions weaken our collective power must take as our goal the development of intergenerational organizations and movements, where the old and the young can draw strength from each other. This is the way we can struggle effectively to change society. At the same time, we will be creating a place to live and work now that is a microcosm of the society we seek — a place where human differences are appreciated and where an injury to one is an injury to all. □

*Anne Braden, who writes frequently for Southern Exposure, is a long-time Southern social justice advocate who recently turned 60 herself. She says gathering information for this article was an educational experience for her, as she charts her own course for the next 20 or 30 years.*

*Information on Lucille Thornburgh was gathered by Knoxville journalist Jim DuPlessis, who has extensively interviewed her.*



*Tennesseans  
fight for  
Social Justice:*

# GRASSROOTS POWER

BY JACK NEELY

*"We're doing it in what to me is now the American way. We've got to demonstrate and embarrass somebody before we can get anything done."*

*— Lucille Thornburgh*

Lucille Thornburgh may be one of the busiest political activists in East Tennessee. A veteran of the labor movement, at age 72 she has been battling injustice and ignorance for half a century. "I've been called a Communist by people who don't know Communism from rheumatism," she quips. As a senior citizen, she joined the ranks of the National Council of Senior Citizens (NCSC) and often demonstrates in that group's marches and other functions to help publicize crucial issues affecting the elderly. But it is mainly through her leadership in the successes of two grassroots organizations of young, old, and middle-aged people working together that she has earned public recognition in her own region. The Tennessee Valley Energy Coalition (TVEC) has waged an effective campaign against utility rate hikes and has raised the banner of medical reform; Solutions to Issues of Concern to Knoxvilleans (SICK), has organized effectively against health-care cuts and telephone rate hikes, has conducted a

successful voter registration drive, and is now taking on the task of reforming state taxes.

TVEC, the older and larger of the two organizations (see *SE*, vol.11, no. 1), formed in 1979 to face a major threat from the Tennessee Valley Authority (TVA). A federal agency created during the Great Depression to help relieve the severe poverty in rural areas of the valley, TVA has set and controlled utility rates in the region for half a century. But in the 1970s, after undertaking construction of a number of nuclear plants in the area, TVA began using rate hikes to finance uncompleted projects. When the scheme was discovered, many cried "foul" — and some of the loudest objectors were rate-paying older adults living on fixed or limited incomes, who were especially hard hit by the rate hikes. Lucille Thornburgh summed up the dilemma of many of those on fixed incomes: "Either you heat or you eat."

With the help of the local chapter of the National Council of Senior

Citizens and a few seasoned activists — including Lucille Thornburgh, Charles Wilson, Comer Robinson, and Stewart Butten — TVEC formed to channel this rage toward effective results. The elderly formed a large contingent of what current TVEC director Joanne Thompson describes as “a motley group of people who arose to face the common issue at that time — the issue of utilities.”

TVEC’s two-fisted approach — enlisting grassroots supporters to pack TVA public hearings with standing-room-only crowds, and recruiting sympathetic energy experts to advise TVA officials on feasible alternatives to rate hikes — proved effective. Since 1981, TVA-controlled utility rates have remained relatively stable in spite of frequent attempts by industry and government to place a greater cost burden on residential customers. This is due in large part to what Thompson describes as “increased public consciousness about the way TVA proposed rate increases.”

The coalition accomplished its primary goal. In fact, it provided rate hike alternatives so effectively that TVA officials themselves now respect TVEC’s expertise and even use the group as a weathervane for consumer opinion. But the arrival of success and respectability brought a dangerous lull in the political fervor that had motivated TVEC veterans. In response, the TVEC board decided to diversify the group’s pursuits to meet a variety of regional needs, from voter registration drives to pressure for medical care cost containment.

Speaking of the Tennessee Valley Energy Coalition, 80-year-old Hazel Butten observes that “the name is not appropriate for all the projects we undertake.” Butten, a retired bookkeeper, spoke in September 1984 at the National Health Action Day sponsored by the National Council of Senior Citizens. The audience punctuated her pleas for medical care cost containment by rattling pill bottles in unison. Although the humorous gesture provoked laughter at the serious meeting, it also graphically demonstrated seniors’ frustration with the government and with the medical profession. That meeting, which gave several seniors a platform from which to relate personal stories of gross overcharging

for medicine and health care, received broad press coverage. Hazel Butten recalls, “We made an impression.”

Like several other members of TVEC, Butten came to the organization through the NCSC. The close cooperation between the two organizations in the Tennessee Valley region is apparent both in the number of members they share and in their common goals. TVEC has taken medical cost containment as its latest campaign, focusing specifically on doctors’ willingness to “accept assignment” — that

service, receive \$80 from Medicare (80 percent of the *assigned* rate), then bill the patient for the remaining \$120.

With NCSC, TVEC assembled, printed and distributed a free booklet with information on local doctors. This medical directory lists local doctors and “scores” them on the percentage of Medicare-assigned rates each one accepted last year. It has been enthusiastically — and gratefully — received by older people. To add to the book’s effectiveness, TVEC is corresponding with doctors and other



photos courtesy TVEC

FROM LEFT: SARAH SCOTT, SAM PEAKE, LUCILLE THORNBURGH

is, accept as full payment what Medicare gives for their services. Medicare, as all older people know, does not provide full coverage for doctors’ bills. It pays 80 percent of an *assigned rate*, the rate determined by Medicare estimates to be reasonable. No one requires, however, that doctors accept assignment — and the ability of older people to pay for needed medical treatment hinges in large part on the availability of doctors who agree to accept the assigned rates. For example, if the Medicare assignment for a service is \$100, a doctor who accepts assignment will charge \$100 for the service, receive \$80 from Medicare, and bill the patient for the remaining \$20. A doctor who refuses to accept assignment may charge \$200 for the same

medical personnel, encouraging them to accept Medicare’s assignment rates at least 20 to 30 percent of the time. If they agree, their new score will be listed in the revised edition of the directory. “The medical directory,” says Joanne Thompson, “is a real strong negotiating tool — it gives them [seniors] leverage. Having that information is powerful for them.”

Local doctors greet the new directory unenthusiastically. Dr. Fred Killefer, president of the Knoxville Academy of Medicine, grudgingly accepts the initiative: “I have no objection with that kind of information being distributed to the public,” he said. “But it shouldn’t be portrayed as those doctors who don’t accept Medicare assigned amounts are overcharg-

ing." Generally, doctors are staying quiet about the directory. "They're laying real low," according to Thompson, who suspects that doctors fear they may some day be forced to accept Medicare assignment.

As TVEC and other groups across the nation have compiled local directories of physicians who accept Medicare assignment, the federal Department of Health and Human Services has recognized the value of this information and has made its *Participating Physicians Program Direc-*

approve ratesetting practices, and preserve Medicare funding. NCSC and TVEC recently proposed creation of a government committee to study and approve or deny hospital expansions, which — much like TVA's construction of nuclear plants at the expense of ratepayers — are often funded by raising hospital charges. Another proposal suggests setting up a prescription drug review panel, which would advise physicians about the expenses of the medicines they prescribe, monitor the quality of some

71 a very active member of TVEC, is proud of her group. "There are just a few organizations that will help the old," she says. "TVEC is about the best organization to show sincere interest in elderly people. TVEC gets answers — heretofore, we've just been living for promises." Jordan is one of a growing number of seniors who, having spent their working lives struggling to meet the demands of career and family, are turning to political activism in retirement. "The more older people you get to participate in TVEC, why, the stronger it will become. Older people have a confidence in TVEC — you build your confidence through the actual works and deeds that you do," says Jordan.

SICK (Solutions to Issues of Concern to Knoxvilleans) is a different sort of organization. While TVEC concentrates on building coalitions throughout the state and much of its work is done by hired staffers, SICK concentrates on developing local leadership, and its members make all the decisions that govern the group and direct its campaigns. While TVEC hires several full-time staff, SICK has but one paid staff-person: Monroe Gilmour, 38, a veteran of the CARE field service in India and elsewhere, who signed on in October 1984. "I just couldn't resist the energy of the organization," he says. As SICK's staff assistant Gilmour holds no decision-making power; he remains quiet during group meetings while the older members do most of the talking. When the time comes, they do most of the acting as well.

As part of last year's Project Vote, TVEC joined forces with SICK to register new voters in the inner city. But the Knox County law director, Dale Workman, a Republican who referred to SICK as a "front for the Democratic party," informed the activists that the government cheese distribution lines were off limits and warned that anyone who continued to register voters there would be arrested. After conferring with SICK's own legal counsel and the Tennessee attorney general, a few defiant registrars challenged the law director's edict. Among them was Sam Peake, a 75-year-old firebrand, once an electrician and union man and now vice-



MONNIE JORDAN

tory available to Medicare beneficiaries. The directory lists the names, addresses, and telephone numbers of the physicians in each locality who have agreed to accept Medicare assignments for *all* patients and services through September 1985. Individuals may photocopy, at no charge, up to 49 pages of their area directory at their local Social Security office. Groups are able to receive free copies by calling or writing the Medicare carrier in their area.

TVEC and NCSC members are using their lobbying experience to support national cost-containment legislation that would make Medicare assignment acceptance mandatory among doctors, institute national ratesetting commissions to monitor and

medicines, such as generic drugs, and perhaps even review the quantity of medication a patient may be receiving from more than one doctor, thus preventing dangerous overprescription.

For Monnie Jordan, individual problem-solving is one of TVEC's most important functions. The coalition headquarters on Fifth Avenue in Knoxville — next door to the O'Connor Senior Citizens Center — has developed a reputation for helping solve problems for individuals or families. On a typical day workers there might supply a needy family with a fan in hot weather or help locate a hard-to-find prescription drug. Jordan, a retired embalmer, former typesetter for a regional black newspaper, and now at

chair of SICK and one of its most active members. He calls the registration drive "one of the best experiences of my lifetime."

"The two unemployment offices were supposed to be off limits. The managers said they would jail us. The attorney general told us, 'Yeah, they can take you to jail, but they can't keep you any longer than a phone call to my office.'" That day three lawyers representing SICK and TVEC presented their case before a federal court in Greeneville, Tennessee — and won. The federal judge ruled the law director's order unconstitutional. By election day, SICK and TVEC had registered 30,000 new voters throughout the state.

Peake and the other members of SICK are getting used to taking on Goliaths. With about 20 core members who form a steering committee, SICK often tackles controversial issues as an "umbrella" organization, drawing in legions of interested people who tend to be ordinary private citizens who are not attached to any other formal group and who may never have been involved in politics in their lives. When they choose to take a stand with SICK to achieve a particular goal, they become ad hoc members for the duration of that fight. Neither SICK's membership nor its financial resources approach those of TVEC, which is funded by foundation sources, a canvass of its 4,000 sustaining members, and bi-annual reggae dances co-sponsored with Save Our Cumberland Mountains (SOCM).

Sarah Scott, who currently chairs SICK, is a great-grandmother, retired from a career as a domestic and food service worker. She suspects that older people make the most dedicated political activists. "Most young people are working for hire," she notes. In her view, seniors are at an advantage because they have more time to spend on political and social movements. Scott, like many older activists, spends more time working now than she ever did as an employee. "I think I need to get rehired so I can rest," she jokes. Lucille Thornburgh — on the boards of both SICK and TVEC — agrees. She says she's been "doing more work since I've been semi-retired" than she ever did on the paying jobs of her youth.

Concerning SICK, she adds, "We're more of an activist group than others around here — mainly because we have old union organizers like me. We're doing it in what to me is now the American way. We don't do it by writing letters, being nice little boys and girls. We've got to demonstrate, and embarrass somebody before we can get anything done." (For more about Lucille Thornburgh, see p. 36).

The core of SICK's leadership is composed of older people; Scott, vice-chair Peake, secretary and poet laureate

young woman in labor who was turned away from a local hospital because she couldn't pay the admission fee. The University of Tennessee Hospital, which had been under contract with Knox County to provide medical care for the indigent, had dropped the service. Representatives from a number of local community organizations joined forces. These included Thornburgh from NCSC and Peake (then a member of an inner-city neighborhood group); they had the assistance of Bill Murrah, a young community educa-



*SICK MEMBERS PICKET MA BELL*

ate Edna Owens (who composes SICK's fight songs), and executive advisor Thornburgh are all well past 60. Scott believes that the wisdom of age contributes to activism. "You reach an age of maturity where you realize the need for helping yourself and others," she observes. Thornburgh agrees: "I don't believe there's such a thing as a completely stupid 65-year-old. If they were stupid, they'd never have made it to 65. You've got to learn to beat the system."

Elderly members of the community benefit from SICK's successes, but so far the organization has never undertaken any specifically senior-oriented projects. In fact, when SICK was formed in October 1982 it was partly in response to the pathetic story of a

tion specialist with the Knoxville Legal Aid Society.

Thornburgh recalls, "We starting building a coalition [Solutions to Indigent Care in Knoxville]. We went to the county executive, Dwight Kessell, to talk about getting the county indigent health contract renewed. The hospital didn't want it — they thought indigent care should be spread evenly among all the hospitals in the area. Then we were talking to the hospital administrators. And we got a friendly press, bringing it to the public's attention. We were the only group doing anything about it. It was after the indigent care campaign that we changed our name to Solutions to Issues of Concern to Knoxville. And that's exactly what we are."

# Selections from the March 1985 SICK Newsletter

**INDIGENT HEALTH CARE:** SICK members attended the February 18 meeting of the County Commission ready to speak up defending the county's indigent health care program which SICK helped structure and preserve in 1982.

Well, they wouldn't  
and pick another  
fight, would they?!

But everyone was pleasantly surprised when, without discussion, the contract funding for the indigent health care program in local hospitals was raised from \$4 million to \$4,400,000 a year.

The residual effect of SICK lives on!

**STALLED CAR PUTS LOCAL WOMAN IN GEAR:** That's how the headline might have read if the newspapers had covered the stalled car in front of the office one cold February day. The driver, Aileene Acuff, came into the office and waited 3 hours before the car was repaired. But she didn't regret it a bit--she learned all about SICK and got so mad about the tax situation that she sat down right in the office and wrote a letter to the Knoxville Journal..... and it was published a few days later!

## Those lucky enough to be employed need food sales tax relief, too

Editor, The Journal:

I am a very concerned resident of Knoxville and am humiliated at the way in which our legislature is trying to brainwash Tennesseans to the idea that sales tax on food only affects food stamp recipients.

Those of us who are lucky to be employed in Knoxville, which at the present time is at a high rate of unemployment (and no improvement in sight), are greatly in need of this relief.

Why not put more energy into the real basic problems of job availability and unemployment.

Aileene Acuff  
266 Cherry Hill Avenue

Now that's Outreach..... or Inreach..... or something!

## Tell others about us!

**WHAT IS A GOOD LEADER:** Lucille Thornburgh passed this along and it is good food for thought for all of us. It comes from the National Council of Senior Citizens Newsletter. We have excerpted the main points. If you are interested, there will be copies at the next meeting explaining these points.

1. A good leader likes people.
2. A good leader is a good listener.
3. A good leader builds trust easily.
4. A good leader talks well.
5. A good leader helps people believe in themselves.
6. A good leader can let others take the credit.
7. A good leader works hard.
8. A good leader doesn't get discouraged too often.
9. A good leader asks questions.
10. A good leader is open to new ideas.
11. A good leader is flexible.
12. A good leader is self-disciplined.
13. A good leader is courageous.
14. A good leader has vision.

(Excerpted from Organizing, by Si Kahn.)

ONE LAST NOTE....."Evil <sup>only</sup> triumphs where good men (and women) do nothing."

Edmund Burke  
British Statesman

i.e., Get off your...

# Write your letter Today!

After a six-month campaign, the county indigent care program was reinstated. Despite opposition from county, state and medical authorities, five of six local hospitals also opened their doors to the needy. The chair of the county's finance committee spoke admiringly of the upstart coalition and admitted to SICK representatives, "You are better organized than the county commission is."

The members of SICK didn't have to wait long for more problems that required their attention. When Knoxville mayor Randy Tyree decided to trim the municipal budget by closing six inner-city firehalls, SICK organized the opposition. Says Thornburgh, "It was really kind of a frightening thing to old people living out in their little houses. We thought it was an issue that would concern a lot of people, and it did." SICK organized citizens who lived near the threatened firehalls and impressed public officials in open hearings with the numbers of people who would be affected by the cutbacks. Also impressive was the SICK-organized research committee, whose work proved that facts can be strong weapons.

When the Knoxville city council voted to keep the firehalls open, Mayor Tyree inadvertently complimented the activists. "The only reason you voted the way you did," he scolded the council members, "was because of the pressure of these citizens here" — pointing at the SICK representatives in attendance.

The people of SICK began to feel they could conquer any giant. When AT&T broke up in 1983, the valley's phone company, South Central Bell, planned a phone rate increase for residential customers in Tennessee that would have amounted to \$14.50 per household. The hike would have hit many elderly people especially hard, since for them a telephone is more than a luxury. Lucille Thornburgh comments that, for many older people who live alone, "their phone line is their life line. It's their only means of communication with the outside world. When they started talking about doubling rates, and tripling rates, it was frightening."

In taking on the phone rate hike, SICK mounted its most impressive campaign yet. The Tennessee Public

Service Commission (PSC), which is charged with the responsibility of appraising telephone rate changes, was ready to grant the raise. One poorly publicized PSC meeting in Knoxville drew only a handful of citizens. But when SICK entered the fray, both the PSC and the public took notice. The PSC and Bell held another Knoxville hearing, this one attended by about 225 citizens — most of them associated with SICK. The PSC chair was obviously impressed, saying that the crowd was the largest of any such meeting he had attended.

SICK then moved its assault to the statewide level. A bus, funded by many small contributions, carried 65 SICK volunteers to Nashville for a hearing where several SICK members testified about the importance of inexpensive telephone service, especially to older people and the handicapped. Over the heads of the audience, SICK leaders unfurled a 100-yard-long petition bearing the names of 7,000 citizens who thought the rate hike unfair. SICK had displayed the same petition a few days earlier in the streets of downtown Knoxville, in front of Bell headquarters. (While showing off their behemoth of a petition in downtown Knoxville, Thornburgh recalls, "nobody bothered us. We dropped the petition at one point and a policeman helped us pick it up. Even the policemen were interested in that issue.")

The PSC did grant Bell an increase, but only a fraction of what Bell had requested. Residential rates went up by only \$.54 per customer, not the \$14.50 proposed. Many, including the PSC chair, credited SICK with limiting the rate hike. Bell's district manager complained, "There have been some bad moments — 300 people from the SICK organization always pointing fingers at you."

SICK members ascribe their enormous success to the leadership and leadership training within the organization. Before every public campaign, members rehearse confrontations with their prospective adversaries, with group leaders playing anti-SICK devil's advocates. "You need to know all the trap questions that might be asked," asserts Peake. "We rehearse every angle." Research, planning, and education combine to make each SICK activist an expert.

SICK chair Sarah Scott attributes the enthusiasm of SICK members to the group's system of rotating leadership. The chair and other officers change yearly, with other members delegated to research, advocate, and organize action on particular issues. Still others are in charge of everything from scavenging needed materials to painting signs to writing fight songs. "We're constantly learning," says Scott. "Every time we meet, we learn something new."

Sam Peake is heading SICK's latest project, which is even more ambitious than the telephone campaign. Tax reform is always a formidable undertaking, and in fiscally conservative Tennessee a progressive income tax might seem an unlikely dream. But Peake and his cohorts have proposed a tax reform plan that they think will work, and they are determined to see it enacted.

In the SICK Fair Tax Plan, sales tax would be cut to 3 percent and would be removed from food altogether. Lucille Thornburgh understands what the tax on food means to a hungry family or individual: "Seven dollars out of every hundred go to taxes. Seven dollars would buy a chunk of meat and a little can of black-eyed peas. I think that's very important. You can live without luxuries. There's no way to live without food." Peake, SICK's tax expert, agrees: "Sales tax is the most regressive type of tax there is, and Tennessee has one of the worst."

SICK's proposed simple graduated state income tax consists of a 2 percent tax on incomes up to \$20,000 per year, a 4 percent tax on incomes from \$20,000 to \$40,000, and a 6 percent tax on incomes above \$40,000. SICK arrived at this tax schedule after soliciting advice at a Washington, DC, workshop and conferring with tax experts at the University of Tennessee.

SICK members know that winning a state income tax in Tennessee will be an uphill battle. But Lucille Thornburgh, the member with the most experience in political and social activism, has high hopes for the Fair Tax Plan. "I think we will get the support we need from the people if we really get it across to them." □

*Jack Neely, 26, is a freelance writer in Knoxville whose work has appeared in several regional publications.*

# THE GRAY PANTHERS

# ATTACKING ELDER ABUSE

## AN INTERVIEW WITH CHARLOTTE FLYNN

BY MARTHA BOETHEL

In 1981 the Gray Panthers of Austin, Texas began working on the problem of elder abuse. With few funds and strictly volunteer workers, the Panthers lobbied successfully for legislation, spread the word about available services, and conducted a landmark survey documenting elder abuse in Texas. Their work is a model of effectiveness in tapping community resources, in coalition-building, and in breaking the barriers that segregate young and old. The Panthers' first step was to learn as much as possible about the problem. Austin chapter convener Charlotte Flynn, 65, explains:

"We invited a panel composed of people we felt came in contact with older persons — a police officer, a lawyer, a social worker from Meals on Wheels, a representative of one of the

state social service agencies, a nurse, and a counselor from the battered women's center — to discuss their firsthand knowledge of elder abuse. The information brought out by the panel prompted us to form a task force on elder abuse, made up of some panel members and Gray Panthers."

The task force, chaired by Gray Panther Hank Lieberman, 67, sought ways to address the issue effectively. Meanwhile Flynn testified on behalf of legislation authorizing protective services for the elderly. The Panthers — who oppose isolating problems, solutions, or people on the basis of age — wanted the scope of the bill expanded to include protective services for *all* adults, but there wasn't time to muster the needed support within the legislature. Flynn's strategy, then, was to

back the proposed bill and work toward expansion during the next legislative session. Even that approach was threatened, however, when the bill became the battleground for a territorial struggle between the state's Department of Human Resources (DHR) and a newly created Department on Aging (DoA).

"I had a real surprise when the bill was read at the committee hearing, and it put protective services in the Department on Aging. They didn't read the bill until the last minute, and one of the representatives got up and suggested that people not testify because they were running so late. I asked for an exception, because I had worked with a couple of other bills and the same thing had happened. The comment is, 'Well, you can give your testimony at the subcommittee hearing.' Well, what they usually do is, on the floor of the House at one point or another they convene the subcommittee and hash through the bill, and people that were going to have input never know about it."

Flynn's testimony helped to kill that version of the bill in committee. A companion bill more to her liking made it through the Senate, but ran into trouble in conference committee.

"One really powerful representative on the conference committee hates the Department of Human Resources, and thanks to him the bill passed without *any* fiscal funding. And the compromise was that protective services for the elderly would be housed in DHR for two years and then it would revert to DoA. It was a real fiasco."

The new law required people to report all incidences of elder abuse, and gave DHR authority to investigate and to authorize protective services. But since DHR had to rely on existing staff and funds, and would be responsible only for two years, the agency was reluctant to publicize the program. This led the task force to its first major activity: its members produced a one-page pamphlet describing elder abuse, the new law, and the steps to take in reporting abuse.

"We distributed about 45,000 copies. We did it through different meetings and conventions, like the Texas Hospital Association and the NAACP,



and we sent copies to different groups who announced it in their newsletters. From all over the state we had requests for the brochure. I had a letter from a woman in East Texas who had been abused. She sent me two dollars because she was going to help distribute more to other people in her community who didn't know about it."

Then Flynn and the task force planned their strategy for the next legislative sessions. Their goals were to keep protective services for the elderly housed in DHR, to secure funding for the program, and, if possible, to expand the legislative mandate to include all adults. They decided that a key factor in getting the attention of legislators was documenting the existence of the problem. Task force member Kathy Strong, 37, explains, "Lots of people were still thinking that elder abuse is something exceedingly rare, something that only occurs in the slums of Houston, and not in *my* town or *my* family." According to Flynn:

"The group quickly found there was no statewide or even local documentation about the extent, types, or causes of elder abuse. So Hank [Lieberman], the chair of the task force, decided that the thing to do would be to do a survey, get some hard data. And then Hank left town. So I just sort of bulldogged it through and got it done."

Flynn met with Ira Iscoe, 64, director of the Institute of Human Development and Family Studies at the University of Texas. Iscoe agreed to help and talked to the Hogg Foundation for Mental Health about funding assistance.

"Ira told them that we had to have hard data by January to present to the legislature. Knowing we had to move quickly, the people at Hogg told him, if you can keep your request under a

### Incidence of Types of Elder Abuse

Type	Percent
Physical Abuse	62
Exploitation	75
Verbal/emotional abuse	72
Active neglect	50
Self-neglect	82

*Figures are based on responses of those who reported encountering elder abuse in their work.*

## THE TYPES OF ELDER ABUSE

**Physical Abuse:** The elderly person has been hit, slapped, bruised, sexually molested, cut, burned, or physically restrained.

**Exploitation:** The illegal or improper act of using resources of an elderly person for monetary or personal benefit.

**Verbal/Emotional Abuse:** The elderly person is insulted, treated as a child, frightened, humiliated, or threatened.

**Active Neglect:** The abuser withholds items necessary for daily living, such as food, medicine, money, or bathroom assistance.

**Self-Neglect:** The elderly person is alone, isolated, forgotten, and without financial and other resources.

thousand dollars, a letter will do. So we drafted a letter and requested \$950 to do the survey.

"The task force members drafted the survey questions. They kept it to one page — no essay questions, it was all check-off. We figured that for \$950 we could end up sending out 1,500 copies. We knew we wanted to send it to people who came into contact with the elderly. So we sent to all the hospital social workers. We sent to all the home health agencies. We went to the Department of Health and pulled out all their regional nurses. When we got to physicians, we finally ended up with a random sample of family practitioners. (The Texas Medical Association charged us for that mailing list; other people gave us theirs.) We also sent to sheriffs and police departments and justices of the peace.

"We deliberately left out DHR because we wanted to go to the legislature with our findings. We wanted them to see we were doing this independently.

"We got a good return, 33.6 percent of the number sent out. Then when the surveys came back, two research assistants from the Institute [Jeffrey Anderson, 29, and Michael Fendrick, 27] volunteered to develop the computer

program and analyze our data. A student of Dr. Iscoe's fed the information into the computer. The task force picked out what results to include, and then another student wrote the report. So we had a lot of help and technical expertise that gave the study credibility."

The survey results demonstrated that elder abuse is a problem throughout the state. All types of abuse were reported in substantial proportions. Self-neglect and exploitation were cited most often, but nearly two-thirds of the survey's respondents had encountered cases of physical abuse as well. Active neglect, the most difficult abuse to identify, was reported by 50 percent of respondents.

"We found that elder abuse is difficult to identify. Considering what we already know from the secrecy typically surrounding domestic violence to children and spouses, we felt safe in assuming that our study speaks only of the tip of the iceberg and that there is serious under-reporting of elder abuse.

"To many elderly, the idea of making a family crisis a public issue can be far more threatening than living with the problem. It offends their pride and

### Most Frequent Causes of Abuse

Factor	Percent
Crisis in environment (a sudden situation such as a son loses his job and, as a result, experiences stress, and his reaction is to abuse elderly parent)	11
Long-term environmental conditions (such as crowded living quarters, extreme poverty, or marital conflict)	59
Alcohol/drug abuse by the elderly person	11
Alcohol/drug abuse by the abuser	14
Probable emotional disorder of abuser	16
Desire for personal or financial gain	18

*Figures based on reports from those who encountered elder abuse in their work. Some respondents indicated two factors as the most frequent cause.*

displays them as vulnerable. In addition, the perpetrator may be their only remaining family or social bond. They don't want to lose that relationship, even if it is destructive — they also know the only alternative would be placement in a nursing home.

"Also, an aged person's social contacts are so limited. Even those who come in contact with abused elderly may not recognize the signs of abuse and neglect; there is very little education or training about how to identify them."

The survey received good coverage in the state's major newspapers. Kathy Strong wrote an article that was included in the journal of the National Association of Social Workers. The Panthers also contacted other professional groups, who either mailed copies of the report to their membership or summarized the results in their newsletters, Flynn says.

"It's all sort of interesting — we're very much on a grassroots level, we're not in the academic, published area. But we've had calls from the attorney general's office in Washington to testify, and we were asked to testify at the senate hearing on family violence here in Texas. What we did was credible, and nobody else had done it. We were hoping it would act as a catalyst, and it has.

"Kathy Strong and I were down in San Antonio recently, talking to the Western Gerontological Society, because Ira Iscoe asked us to. He is interested in showing our study as a model of an economical way of addressing problems in communities, where you have cooperation between grassroots organizations and the technology and expertise of a university to put together something, and you don't have to go out and get a \$50,000 grant for it. Our study is also a good model

of how younger and older people can work together. Respect for the elderly isn't going to improve until there is more intergenerational activity, people willing to work with one another. When it happens, good things come out."

Using the survey and the publicity it had received as leverage, Flynn worked to meet the task force's legislative goals. She found that Advocacy, Inc., an Austin-based organization concerned with the rights of disabled people, was also working to expand the protective services bill.

"I worked with individual legislators to get the protective services bill amended — to enlarge its scope, to keep it in DHR, and to get funding. I testified at the committee hearings, and I also worked with Advocacy, Inc. They've got lots of staff, and they were drafting an amendment that included the disabled. I made our concerns known to them so that when they drafted the bill, our concerns would be included. But we had to compromise on that.

"We were asking for *adult* protective services, to bridge the gap between 18 and 65; but Advocacy, Inc. really wanted to focus on the disabled, and the legislature did too. It's easier to focus on a special group, because then you've limited your responsibility. Also the legislature was hesitant about adult protective services because that puts battered women in the category, and that really gets them into family issues, "interfering" with the family, that old stuff. So, once it became clear we weren't going to get to first base with adult protective services, we began supporting Advocacy, Inc. and their push for including the disabled."

The amended bill passed; responsibility for protective services remained with DHR, and new case workers were transferred from another division within DHR to work on elder abuse cases.

"The thing that really sold it was a Legislative Budget Board study proving that DHR could do the work cheaper than the Department on Aging. I'm not sure how that happened. I wasn't smart enough to ask for it, though I certainly would next time."

photo copyright © 1985 by Jeannie Taylor



CHARLOTTE FLYNN

Flynn had planned to testify again in 1985 for expanded services and still greater funding, this time working with a coalition of groups focused on all forms of family violence. But the results of the November elections changed those plans.

"The message we've been given is, don't expect to get anything; programs are going to have to be *cut*, not expanded. It's not going to be an easy session. We won't have the coalition of legislators that we've been able to go to. But we're going to be working with a lot of other groups: Consumers Union, the Anti-Hunger Coalition, the Texas Alliance [grassroots organizations representing poor and minority Texans in the South Texas Valley, East Texas, and urban areas], the Care Coalition for Abused Children, the Travis County Task Force on Family Violence. Somehow or another we've got to rally together so we don't let these cuts in services do what the Reagan Administration has tried so hard to do: they put out a little tiny pot of money and let everybody fight over it, and then *they* just wash their hands. I think somebody has to say, 'You have no business saying children are more important than the elderly, or the elderly are more important.' We're not going to get into this dog-eat-dog stuff.

"I don't know that we can do much about getting what is needed, but we certainly can make sure that the legislators know what those needs are, and can't hide behind not knowing.

"We're also looking at where we need to go next outside of the legislative work. After the survey was done, the task force was looking at what churches and volunteer groups could do, especially in the area of prevention. We firmly believe that the best solution resides in prevention — in support for families caring for elders, and in community-based services for older people. The whole approach of prevention is really vital, because by the time you're intervening in elder abuse, you've got a long history of family dynamics that are dysfunctional. Somehow or other, you have to intervene into the basic causes.

"Self-neglect is another area in which you can do a lot of prevention. So often it's a matter of a basic lack of economic security. When you have an

income of \$300 per month, and you have to have food, and you can't afford supplemental insurance, and Medicare pays 38 percent, the depression that must set in. . . . We were very concerned in our report, when the statistic came out that self-neglect was the greatest number, that people would say, 'Well, it's their own fault.' We tried to emphasize that society bears some responsibility for solving the problem. And it's probably the easiest area to do something about. It causes the least damage in relationships.

"No matter what the political climate is, we plan to go on working on this issue. We know that this country's

population of people 60 and older is increasing at a rapid rate, and the number over age 75, the most vulnerable elderly, is increasing even more rapidly. We need to make choices *now* and acknowledge that unless adequate support services are given to the elderly who remain alone, or to their families who care for them, the potential for elder abuse is tremendous." □

*Martha Boethel, 35, is a poet and freelance writer. She grew up in rural Texas and now lives in Austin.*

*For a copy of the survey and a summary of the results, write: Gray Panthers of Austin, 7710 West Rim Drive, Austin, TX 78731.*

## THE GRAY PANTHERS

The purpose of the Gray Panthers is to link younger and older people working for social change. Often identified exclusively as advocates for the elderly, the Panthers emphatically reject such a narrow role. Charlotte Flynn, convener of the Austin, Texas, chapter explains: "The bottom line for the Gray Panthers is fighting ageism, but our concern is with the quality of life for everyone."

Flynn explains how the national organization began in 1970:

"The Gray Panthers started when Maggie [Kuhn] made the mistake of turning 65, and was told she had to retire. She wasn't *ready* to retire. She had several friends in the same boat, and they met and decided that if they all felt the same way they could do something. It was the time of the Vietnam War, and the issue they took on was the U.S. involvement in Vietnam. So from the very inception it became an age-integrated group. We reject the image of a special interest group for the elderly. As Maggie says, both the young and the old are marginalized by society, but together they can move for change.

"Seeing the connection between what's happening as far as concern for people as opposed to making profit and making war — that's sort of the basis of Gray Panthers. It's health care and housing and employment and adequate income and how those are affected by the defense budget. One of our premises is that adequate health care is a basic human right."

The Austin chapter of the Gray Pan-

thers began in 1977, with about 15 members. Flynn and her husband Bill, 67, were charter members. "My husband lost his job in 1976 [due to hearing problems] and at age 60 was having one horrendous time finding another job. The group became a real support for Bill and me during that period." Today the Austin chapter has almost 200 members; about 40 are active workers.

Almost half the active members are younger people, including Kathy Strong, 37, and Jeffrey Anderson, 29; both got involved through the Task Force on Abuse of the Elderly. Strong, a social worker with the community agency United Action for the Elderly, recruited her father into the Panthers; she introduces herself as "part of Austin's first father-daughter Gray Panther team." She says, "My clients are frail elderly. So it's really good for me to work with older Gray Panthers who are physically and mentally capable of being activists."

Jeff Anderson, who helped the Panthers analyze the results of their survey on elder abuse, emphasizes the importance to his own life of working with older people. "What I see," he says, "are models of people 60 and older who are active, who are concerned about issues that one would hope would get college-age people riled up. It's reassuring to see there is that possibility; it makes me feel better about my own future."

# A KID'S-EYE VIEW OF ELDERS

Segregating old people is a common practice throughout our society, but nowhere is it more apparent than in our schools. The wisdom and experience of our elders are neither tapped by our schools nor even seen as being relevant to the education of our youth. Consequently, most schooling reinforces the ignorance of young people about the value of the elders in their community and also encourages a feeling among older people that they are a useless burden to society.

Eliot Wigginton, founder of the Foxfire program in Rabun County, Georgia, has a different perspective on the role elders should play in the lives of students. He had twin goals in creating Foxfire: to enhance the skills and understanding of students through experiential education (learning by doing) and to record and celebrate the rapidly disappearing lifestyles that have made the southern Appalachians a culturally distinctive region.

He set up structured, focused sessions in which students learned from their elders everything from log cabin construction to herbal remedies to mountain music. Today, nearly 19 years after its inception, Foxfire has become a model educational program, and its quarterly magazine and eight *Foxfire* books are popular and respected vehicles for the preservation and dissemination of southern Appalachian traditions and folk wisdom.

By giving young people an intriguing *method* of eliciting the experience of old age, Foxfire allows students to appreciate who old people are and what they have to offer. "It opened my ears to really hear what they were saying," says Mike Cook, a Foxfire student in the early 1970s who now teaches in the program. "That [listening] is the beginning of a road you start down that leads you to finding out that those folks who seem so different are people like you, who've seen a lot of things and done a lot of things that you haven't."

"My Grandpa McKay was typical Irish and I started to get to know him," remembers Lorie Ramey Thompson with a smile. "It was the first time I'd ever asked him, 'Grandpa, what did you do when you were a teenager?' It



photo courtesy Eliot Wigginton

BY JOHN PUCKETT

LEFT TO RIGHT:  
WESLEY TAYLOR,  
LEONARD WEBB,  
MITCH WHITMIRE,  
HOLDING A GOURD  
BANJO.

was probably the first time I had ever wondered what his life had been like for him."

Over the years Foxfire students have interviewed hundreds of elderly mountain residents. Of these, "Aunt Arie" Carpenter has been the most celebrated, primarily because she demonstrated so well the positive influence of an old person who has lived "fully and well and long."\*\* A widow, Aunt Arie lived alone in an unchinked log cabin; her ingenuity and the rudiments of an early twentieth-century lifestyle — woodstove, well, garden, fireplace, and privy — sufficed for most of her needs. Throughout the years of their friendships with Aunt Arie, students carried groceries up the winding dirt road to her cabin, dug potatoes in her garden, brought in her wood, and listened for hours to her talk, as she labored over the woodstove or as she sat by the fireplace popping corn in a tin box that she had jury-rigged to a broom handle.

"I am sure she knew she fed me, shared her life experiences with me, and once gave me a place to sleep in a bed that was stacked one foot high with quilts," wrote Gary Warfield in *Aunt Arie: A Foxfire Portrait*.\*\* "But I doubt that she knew that she renewed my faith in mankind and taught me what unselfish generosity was. . . . I hope in the twilight of my life I will have Aunt Arie's vitality, enthusiasm, dignity, and inner peace."

From Aunt Arie, Andrea Burrell Potts learned about the special perspective that long years of experience bring to old age: "She lived alone, and she was partially crippled. She felt that whatever trials we have to go through in life are a growing experience. I think a majority of the older people felt that way. These impressions grow into the core of us as we grow older."

For the most part, Aunt Arie and other elders taught the Foxfire students simple but important truths about life,

\* For more on this phrase, see the discussion of the potentially vital role of old people in the education of adolescents in *The Human Cycle* by Colin M. Turnbull (New York: Simon and Schuster, 1983).

\*\* From Linda Garland and Eliot Wigginton, eds., *Aunt Arie: A Foxfire Portrait* (New York: E.P. Dutton Inc., 1983).

through the courage and dignity they brought to old age rather than through their preachments. For example, Rhonda Black Waters, now a licensed practical nurse, says she "learned never to give up" from her interviews and friendship with Anna Howard, a frail, 93-year-old mountain woman: "She was in a homemade wheel chair, a little straight-back chair with wheels on it. She'd work her garden using that chair, rolling around in the garden. She'd roll around in the kitchen, cook, and do what she needed to do. I learned that if you're weak in an area,

*Seeing that they still had useful lives helped me get over the fear of death that I had seen as the next step after getting old. That had been the only thing I had seen about being old, and it frightened me.*

you can find a way to compensate with something else."

Foxfire has also proved effective in countering negative stereotypes about growing old. For Wesley Taylor, currently an agricultural education teacher in a high school, growing up close to his grandparents in Rabun County and getting to know Leonard Webb, an elderly Foxfire contact, taught him about the positive value of old folks and dispelled the myth of elderly ineptitude: "We talked about power bills one time. And Leonard said, 'If it goes any higher, I'll just turn it off and go without it.' So I said,

'Gosh!' He said, 'I lived without it for 40 years. Me and my wife could live without it [now].' And that was an example that he and other old people learned the long, hard way. They weren't dumb, and they spoke from experience."

"Working with Foxfire made me see that old mountain people were strong and useful people who weren't afraid of dying," Pat Arrowood Tolliver, a 1972 graduate, says. "Seeing that they still had useful lives helped me get over the fear of death that I had seen as the next step after getting old. That had been the only thing I had seen about being old, and it frightened me."

One of Foxfire's most valuable contributions has been in helping young people realize that old age is, in Colin Turnbull's words, "a source of continuity, linking the future with the past, death with life." Jan Brown Bonner, a former Foxfire student who is now a librarian, describes in *Aunt Arie* how she gained an appreciation of her cultural heritage: "As a teenager it was sometimes difficult for me to acknowledge that I was born and raised in a small country town, naive and unaccustomed to big-city ways. Aunt Arie taught me that that didn't matter. After the summer I spent interviewing and visiting her, I returned to college with a new attitude about my heritage. I had learned through her camaraderie with the land just how important family, roots, and tradition are. They are lessons I'll never forget."

"I never really ever knew what my heritage was until I got in Foxfire," recalls Rabun County native Myra Queen Jones. "I had a lot more in common with these old people than I had thought. It was like you've got a thumb here but you've never paid any attention to it. It was like something that's been there, but I never realized it was a part of me."□

*In 1984, as a field researcher working on a comprehensive study of the Foxfire program, John Puckett, 37, interviewed more than 60 former Foxfire students, read countless documents, and examined what young adults believe they learned from and about old people through the Foxfire experience.*

# West Virginia Elders Make A Difference

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*“Grassroots advocacy is super-important for getting things done. It’s also a way for many seniors to realize their personal potential.”*

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**P**earl Kyre thinks it’s “tragic when older people who can still get around sit back in their rocking chairs and feel sorry for themselves.” Certainly, no one could accuse Kyre of “sitting back.” For about eight years

she has been a leader of the group of elder self-advocates in Marion County, West Virginia. Kyre says that she is much busier today than during the years she worked as a school teacher in Marion County. Her concerns now extend beyond family and school to include issues such as world hunger and health care cost containment. A decade ago, Kyre’s main involvement in social issues was through her work in the United Methodist church. Now the short, slight woman in her late 70s does not hesitate to confront political giants such as Jay Rockefeller, governor of West Virginia from 1976 to 1984 and now a U.S. senator.

Throughout Marion County other elders who have never been “involved with politics” now find themselves approaching elected officials on street corners and under capitol domes, speaking out on issues of concern, participating in government decision-making, and having a great time in the process.

West Virginia elders have been involved in self-advocacy for many years now, on both local and statewide levels. A third of the state’s registered voters are elders; obviously the concerns of older people must be taken seriously by any official facing reelection. Thus it is not surprising that elders, working with other citizens’ groups, have acquired an impressive

track record with the West Virginia legislature. While this advocacy network has lost many legislative battles over the years, it has also achieved important victories in such diverse areas as the funding of transportation services, utilities reform, pharmaceutical policies, and protection from elder abuse.

The strength of the “senior power” movement in West Virginia comes from its grassroots character. Senior citizens in many communities throughout the state are organized into legislative committees that establish priorities about which legislative battles need to be fought each year in order to address the needs of the state’s elders. Currently, for example, the legislative committees are emphasizing health-care legislation and better funding of supportive health services, such as homemaker services, that help elders to continue living independently.

This grassroots advocacy network parallels the government’s formal aging services network. Programs funded by the federal Older Americans Act of 1965, such as senior centers and nutrition sites, are operating in every West Virginia county. The state’s Area Agencies on Aging (AAAs), which coordinate much of the funding to these local programs, are organized into 11 multi-county regions. Because

they hold the purse strings, the attitudes of the people running these area agencies, as well as the attitude of the director of the state Commission on Aging, strongly influence whether or how local programs work to promote activism among the older citizens of a given community. In contrast to the situation in many parts of the nation, the formal aging services network in West Virginia has been tolerant and at times actively supportive of activism by elders.

Marion County, where Pearl Kyre lives, is part of the six-county area served by the Region VI Area Agency on Aging. Through a combination of personalities, events, and efforts, Region VI has been among the most heavily involved areas in the state in terms of elder activism. Each of the counties in this region, for example, has a legislative committee. Region VI seniors also make up over a third of the 1,825 members of the statewide Council of Senior West Virginians, and busloads of older men and women attend the annual Region VI Senior Citizens' Day at the state legislature.

Much of this activity can be credited to the encouragement over the years by the Region VI AAA directors. Beginning in the mid-1970s, then-director Don Spencer began implementing the mandate of the Older Americans Act that the aging network serve as an advocate for the elderly. Spencer, now director of a rural health-education agency in Maryland, explains, "Because the service-delivery aspect of our agency was so limited, we felt there were larger issues that needed to be addressed through legislative action. We did support the seniors in their advocacy efforts as strongly as we could, especially in helping them conduct need surveys and opinion polls, and then helping them with issue refinement and choosing three or four issues to concentrate on each year — the ones which seemed to have the best chance of getting legislative action or which the seniors themselves felt were most urgent."

This supportive attitude has been carried on by Spencer's successor, Jon Hunter. Some AAA directors seem to be obsessed with the need to protect their own turf and feel threatened by any move to empower senior citizens to act on their own behalf. Hunter, on

the other hand, encourages his staff, as well as staff members in the local programs, to provide elders with the training and support they need to become effective self-advocates.

Region VI is located in the north central part of West Virginia. The terrain of the region's 2,253 square miles ranges from hilly to mountainous. Three of its six counties are essentially rural, while three contain cities with populations of between 20 and 30 thousand. The demography of the region is typical of the state as a whole: 18 percent of the total population is age 60 and over; 24 percent of the elderly have incomes below the official poverty level.

Marion County is located in the center of Region VI. Most of its 60,000 citizens live in rural areas and small communities outside of Fairmont, the county seat. The economy, which centers on coal-mining and heavy industry, has been severely depressed in recent years. The unemployment rate is around 12 percent, and the percentage of the population living below the poverty level is 15 percent. The county's elderly have not escaped these hard times; 22 percent of the approximately 13,000 older people live below the poverty level. While the largest group of elders is composed of widowed women living alone, many elders have informal support networks in their communities and churches that help them to function independently as they age. Indeed, 28 percent of the elderly residents of Marion County are over 75, yet only 3 percent of senior citizens live in institutions. Several thousand elders participate regularly in the programs and services provided through (or in conjunction with) Marion County Senior Citizens, Inc. (MCSC).

When I became director of MCSC in 1976, the agency was well-established as a senior activities center. I was delighted that the board of directors wanted to reshape its program in order to have a greater impact on the day-to-day lives of the older people of Marion County. The MCSC board is made up primarily of senior citizens, many of whom represent the various outlying small communities; and the MCSC board has traditionally

stressed the importance of involving the elderly at the community level in setting priorities and determining policies. Community leaders who aren't seniors also serve on the board, often supplying the clout or contacts necessary to accomplish its goals.

Grassroots organizing usually starts with one or two people making a personal commitment to work for change. At Marion County Senior Citizens, several members of the board of directors were willing to make that commitment. The first among those board members was Pearl Kyre. During my first few months at MCSC, I noticed that she possessed many of the traits necessary to grassroots advocacy — she cared a lot, she wasn't afraid to speak out, and, most important, she was a hard worker. So one day I asked her out to lunch. She still refers to that as the day I "conned her into all of this." Kyre's experience in social ministry in a local Methodist church had convinced her that more needed to be done. In spite of her busy schedule, she was willing to commit the necessary time and energy to form an ac-

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*"The formal aging services network in West Virginia has been tolerant and at times actively supportive of activism by elders."*

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tivist senior citizens' group in Marion County.

During this period it became clear that the program at MCSC had outgrown its cramped facilities. During 1977, seniors from all over the county worked together to obtain funds from local governments for a new senior

citizens center. MCSC approached the Fairmont City Council and the Marion County Commission because the funds from the state and federal governments were extremely limited and came with all sorts of bureaucratic strings attached.

Senior citizens attending meetings of the city council or the county commission had a special way of communicating with the elected officials. After all, the elders had known most of these officials since they were children. Pearl Kyre had actually taught one or two of these officials during her years as a school teacher. When the elders could spend a few minutes before the meeting discussing old times with the elected officials, it made the meeting go easier. I quickly learned one of the most valuable lessons for staff people working with grassroots groups — stay in the background. My role was primarily to develop cost figures for the new facility and to prepare the elders to speak out. The city council and county commission agreed to contribute up to \$150,000 each toward the new center, after receiving a promise from MCSC that we would demonstrate our commitment by raising matching funds.

The experience of advocating on the local level gave elders in the community a manageable first step into the world of lobbying and public speaking, and several new leaders emerged during this period. One was Alta Knight, an 84-year-old widow who approached me one day asking to address the senior center's luncheon group about the dangers of nuclear power. Pearl Kyre knew of other elders interested in specific policy issues such as health care or social services.

In late 1977, Kyre and I asked several of these identified leaders to meet with us informally to discuss how Marion County's elders could be organized into an effective advocacy group. We also started gathering information from state groups advocating for the elderly and attempted to educate ourselves about the major concerns of those groups. We attended gatherings of senior citizens throughout the county and concluded that many older people were urgently concerned about the inadequacies of the social services provided in the county.

Our group of leaders decided in late

1977 to hold a public meeting to see if other elders in Marion County were interested in the issue of social services (and related issues such as transportation, health care, and utilities). MCSC's satellite clubs, which meet monthly in almost every community in the county, helped spread the word about the meeting. As usual in a basically rural area, the media was more than willing to publicize this senior citizens' event. The newspaper ran press releases and local radio and television stations announced the meeting date and time.

The senior center's van was made available and volunteer drivers were located in the outlying communities to bring people to the meeting. In order to make the meeting more fun, we held it in conjunction with a covered-dish dinner.

Well over 50 people from throughout the county came to this meeting. Representatives from the statewide senior citizens advocacy organization also attended and explained the issues they were working on at the time. Administrators from the city and county governments and a staff person from

**D**uring the early 1970s the Council of Senior West Virginians, Inc. (CSWV) was organized by several prominent elder advocates to study the needs of the elderly of the state, educate the public, and speak out on issues of concern to senior citizens. The West Virginia Commission on Aging granted money to CSWV to conduct surveys and determine what public policy issues elders across the state were most concerned about. These surveys were conducted in 1974 and 1976 with the assistance of several Area Agencies on Aging and many local senior citizens' programs. The priorities identified included utility reform, maintaining transportation services, and making health care more available and affordable.

In their efforts to educate and speak out, CSWV members began monitoring the state legislature and publicizing the actions taken there. They soon began to voice their feeling that senior citizens' needs were not being adequately addressed by the elected officials in Charleston, the state capitol.



**BETH CRITTENDEN, LEFT, AND PEARL KYRE, SPEAKING, AT A LEGISLATIVE MEETING AT THE SENIOR CENTER**

the AAA encouraged elders to continue to speak out.

Many elders present voiced a special interest in working to increase the availability of transportation services in the county. On this and other issues, it quickly became clear that we should begin working with other groups on a statewide level.

Legislators did not take kindly to this criticism and pressured the director of the state Commission on Aging into withdrawing grant funds from CSWV. This financial pressure combined with the legal restrictions on tax-exempt nonprofit corporations to minimize the direct lobbying that CSWV could do on legislative issues.

As a result a new group, the Coalition on Legislation for the Elderly (COLE), was founded in 1976 by



representatives from several groups besides CSWV, including the American Association of Retired Persons and the AFL-CIO. Bea Burgess, an early CSWV member and a long-time worker in church social-services programs, recalls, "We wanted to choose an organizational structure that would give us the clout we needed to get the attention of the legislators in Charleston."

For some time, COLE operated without a structure or by-laws. Many months were spent determining goals and building up trust among the members of this broad-based coalition. I attended some of these early meetings because of my interest in legislative issues. We spent hours meeting in church social halls debating structure and strategy. Strong leaders emerged, including Bea Burgess and Ivan Assay — a retiree with tremendous energy and dedication. By 1977, the first officers were elected and the group began to grow as word spread among the state's senior programs.

In late 1977, a car-load of elders from Marion County began traveling to Charleston to attend COLE's



PEARL KYRE AT A LEGISLATIVE HEARING

monthly meetings. The 40 or 50 participants usually present debated issues democratically and shared the tasks of research and writing necessary to develop well-defined group positions to present to the legislature.

The spirit of dedication was infectious. Ivan Assay, for example, often came to the meetings carrying stacks of studies he had read in preparation. Pearl Kyre found herself heading up the group developing COLE's position

paper on social services. Other members of the Marion County delegation studied the intricacies of the utility rate structure. Soon we were taking two cars from Marion County to the meetings, and by 1978 we had to use a van.

Since few of the people involved with COLE were experienced lobbyists, we spent a lot of time learning while we were doing. The monthly meetings were used for education as well as planning. Staff people from agencies such as the Public Service Commission or what was then the Department of Welfare were invited to the meetings to contribute insights and statistics. After they left, we would decide on strategy. Sometimes a delegation would be sent to talk to the president of the state senate about bringing the state supplement to Supplemental Security Income to a floor vote. On other occasions we would use our locally established telephone trees to ask elders back home to call their legislators, urging support of funding for home health services.

Following most COLE meetings, Pearl Kyre would call a meeting of the Marion County Legislative Committee to discuss the legislative agenda that had been set at the statewide meeting and decide how we in Marion County could contribute to these efforts. While MCSC had been one of the first local senior programs to become involved with the "senior power" movement, programs from other counties in the region had also begun to develop their advocacy efforts. By 1978 COLE was definitely a power to be reckoned with.

One of COLE's first major victories was getting the legislature to pass a generic drug bill. Affordable health care had consistently shown up as a major concern of West Virginia elders, and COLE decided that requiring pharmacists to substitute less-expensive generic drugs for brand-name prescriptions would be one way of reducing costs for everybody. The first efforts to have such a bill passed began in 1976, and it became law in 1978, after three years of intense lobbying.

Because most COLE members were new at advocacy, the fight to get the generic drug bill passed was a real learning experience. We were dueling

with the drug manufacturers and the pharmacy association. Many phone calls and visits from people back home are necessary to make legislators ignore what they are told over dinner by professional lobbyists.

Much self-education and many organizing techniques went into getting the necessary votes. The bill's drafters, for example, spoke at a COLE meeting to educate us on the important points and subtleties in the language of the proposed bill. MCSC and other local senior programs invited legislators to meetings "back home" at which people like Alta Knight described what passage of the bill would mean to them, giving specific examples of the costs of their prescriptions. Ivan Assay and Bea Burgess testified at the legislative committee's public hearing. At the annual Senior Citizens Days at the legislature, teams of elders were assigned to this issue and sought out key members of the health committees. And right before key votes, the COLE telephone tree would be activated and calls would bombard legislators from throughout the state.

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*"We wanted an organizational structure that would give us the clout we needed to get the attention of the legislators."*

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We were very pleased with the language of the bill passed. Although opponents had tried to weaken the bill, we had succeeded in making it mandatory for pharmacists to substitute the less-expensive generic drugs unless the doctor ordered otherwise. We celebrated and patted ourselves on the back.

Then we discovered that the pharmacies were ignoring the legislation. That's when we learned a basic lesson

of legislative advocacy — implementation is not automatic. Pearl Kyre, Ivan Assay, and others from COLE contacted the governor's office and the state health department and urged that the bill be enforced. Elders all over the state were encouraged to talk to their pharmacists. Marion County elders Pearl Bennett and Daisy Zeni, for example, had been using the same drug store for many years. It was difficult for them to confront their pharmacist, but they did. One by one, drug stores began substituting the generic drugs. After six months, the Department of Health put some teeth in its requirement that drug stores post the comparative prices of generic and brand-name drugs.

Today, West Virginians of all ages are enjoying lower drug costs, at least in part because of the efforts of elder advocates. Tara Stevens of the Region VI AAA points out, "Seniors are a special-interest group, but many of their issues affect virtually every West Virginian." This refusal on the part of COLE and other senior advocacy

More and more frequently in recent years, COLE's work has consisted of fighting to *keep* valuable programs. On January 13, 1982, Governor Jay Rockefeller presented his "state of the state" address to the newly convened session of the state legislature. The nationwide recession had created a \$91 million shortfall in state revenues; Gov. Rockefeller announced that each department of state government was required to absorb a 20 percent budget cut. The Department of Welfare decided to eliminate funding completely for many programs in nonprofit social service agencies. This budget decision, while perhaps "reasonable" on paper, was devastating in human terms. For senior citizens, it meant that homemaker and protective services for the most frail elders would be terminated abruptly.

Those of us running the affected social service agencies were told that tough choices had to be made. But in light of the tremendous human suffering that these cuts would cause, COLE decided to try to save the programs.

Jon Hunter and other AAA directors across the state developed figures on the amount of dollars being cut, the services being eliminated, and the clients who would be affected. COLE's telephone tree was again activated and the governor's office was flooded with calls from service recipients and concerned citizens.

Individual state legislators heard from constituents like Pearl Ben-

nett and Alta Knight by phone and letter. In Marion County and in several other counties local councils of social agencies and community action agencies became involved. Soon people

from all age groups were contacting their legislators. Pearl Kyre and elder leaders in other areas were interviewed on television. Citizens all over the state became concerned about the threatened cutbacks.

Within a week of the announcement by the Department of Welfare, bills were introduced in both houses of the state legislature to counteract the cuts. Before these bills could be passed, however, the department "found" some federal money which could be channeled to restore most of the threatened funds. The services continued to be provided.

Each year, elders throughout the state work on several different issues. In 1984 victories included an adult protective services act (aimed at preventing abuse and neglect of elders by paid or unofficial caretakers), a strengthening of the Health Care Cost Review Authority (which must review and approve health care cost increases), and a 20 percent utility rate reduction for many low-income people of all ages.

Defeats are also a part of the story. Medical and social services have been "trimmed" to the bone, and despite almost a decade of legislative lobbying, elder advocates have not been able to get the state to grant a supplement to Supplemental Security Income benefits.

But senior citizens' advocacy continues on the grassroots level in West Virginia. Over 1,450 elders responded to CSWV's latest priorities survey, and elders continue to advocate for diverse improvements such as home-health services, rural transportation, and lower telephone base rates for low-income residential customers.

Grassroots advocacy has proven to be an affirming and empowering experience for many elders. Long-time advocate Gene Harner explains, "We must encourage other seniors to become involved. Grassroots advocacy is super-important for getting things done. It's also a way for many seniors to realize their personal potential." □

*Beth Crittenden, 35, is now a lawyer and continues her work with elder advocates on a voluntary basis.*



DAISY SMITH, DELEGATE JOSEPH MANCHIN, AND PEARL KYRE REVIEWING A BILL AT THE 1984 LEGISLATIVE SESSION

groups to push senior citizens' interests at the expense of other grassroots groups has done much to build good will and maintain COLE's credibility.

BY DEBORAH BOUTON AND INGRID CANRIGHT

# Communities on the move



photos courtesy Ira Doom

*“We didn’t have any way to get out — to shop, see a doctor, or just visit with people. Now we do.”*

“Elderly people really need that. I support it for the sake of the community.”

Fred Chunn, 71, is talking about an unusual community transportation project. A combination of grassroots initiative and supportive local transportation officials has resulted in an innovative, community-run transportation service for Madison County, Alabama. The citizen-designed program began as a service for isolated, rural elderly and low-income Alabamians. Now operating in poor urban areas as well, the volunteer program is

gaining the attention of transportation experts in many states.

It all started in November 1980 when G.W. Jones, from the small black community of Triana, made a telephone call to Ira Doom, coordinator of public transportation at the Huntsville Department of Transportation. Jones had a simple question: was there any way the department could help him get a van so he could provide medical, shopping, and recreational trips for low-income citizens in his community?

“Transportation was Triana’s biggest

need," explains Jones. "It's 22 miles to the nearest grocery store. If someone had \$50 to spend on groceries, they'd have to pay someone \$10 to drive them there. Now they can go for 50 cents round-trip."

From Jones's inquiry sprouted the idea of a community-run project, and Doom liked it. He scouted around, and with the cooperation of the Huntsville-Madison County Senior Center, arranged for an idle van to be loaned to Triana on an experimental basis.

With Jones's leadership and the enthusiastic support of the Triana residents, the project flourished. Soon news of its success spread to the neighboring community of Madison, and citizens there put in a request for a van as well. Another "obsolete" van was secured, and another public transportation project got underway.

Recognizing an idea with great potential, Jones and Doom put their heads together and developed the more formalized Huntsville-Madison County Volunteer Transportation Program, complete with operating principles and funding plans. The Urban Mass Transportation Administration (UMTA), a division of the U.S. Department of Transportation, considers the program a model that can be replicated in rural and urban communities nationwide and has designated the Huntsville system a pilot program. Doom, as its developer-demonstrator, is assisting other local transportation officials to develop similar programs within their communities.

The program develops and targets transportation to meet the diverse needs of different groups of citizens; and it is sufficiently self-supporting — it doesn't lead to operating deficits that have to be made up by taxpayers — to be maintained in an era of tight budgets.

The overwhelming success of the Triana and Madison County projects has resulted in additional programs throughout the state. By the end of last year, 23 community vans were on the road in Alabama, and Doom has received approval of a grant proposal from UMTA for an additional 18 vans, to be put in operation this year. Florida and Indiana are exploring the possibility of starting similar programs in their states.

**MABEL THOMPSON, 48, OF ELKMONT, ALABAMA, WAS THE CENTRAL ORGANIZER** for the transportation project in her area and has served as chairperson of the board of directors since its beginning. "There was a crying need for transportation in Elkmont, but the town couldn't pay for a driver or a van," she says.

Once the people in Elkmont heard about the Huntsville program, "we didn't have much organizing to do—everyone jumped at it," says Thompson. "We had too many volunteers; we had to tell people to go away and come help later! The system's been a real blessing."

"The elderly especially appreciate the service. Their children work, and they hate to impose on them, but that means they end up staring at the four walls and become depressed. Having some way to get to the grocery and to the doctor lets them keep living at home, too. We have several that would be in nursing homes if not for the transportation."

One 77-year-old man in Elkmont was suffering from severe malnutrition because he had no way to go get food. "The poor man was just starving," says Thompson, "It added two years to my life to see him getting the help he needed. The program has enriched all our lives—not only the senior citizens but also those of us that are younger. We're helping each other."

Eighty-five-year-old Luther Hargrove says the Elkmont vans have made all the difference in his life: "I was always at home by myself. I lost my wife — it used to get so lonesome. Now I have a way to get out. I go down

to the depot [senior and nutrition center] almost every day, except Mondays, when I go to town, to the grocery. I guess I'm just about the oldest person on it, and about the only man, too." He laughs. "Most of them's women. I told them I was afraid they'd throw me out the window one of these times."

**MANAGING A LOCAL PROJECT IS RELATIVELY SIMPLE, BUT IT REQUIRES THE STRONG** support of the communities involved. During initial formation, volunteer organizers work with Jones to locate community leaders and a network of reliable volunteer drivers. Thompson says that Elkmont had no trouble in locating either because the community was so sharply aware of its need for transportation. A federally funded nutrition program, housed in the renovated depot that is now Elkmont's senior center, was "about to fall apart because no one could get there. We were about to lose the nutrition center due to a lack of transportation for the people it was supposed to help," says Thompson. Helen Carter, another central figure in the transportation program's success, learned of the system in Huntsville and invited Doom to talk about it at the senior center. The meeting inspired an enthusiastic response, and a committee was formed to begin organizing the project.

Elkmont's six-member board of directors serves as an advisory body to the program officers and hears community complaints and suggestions. The four program officers have voting power to make decisions. Thompson stresses that the board meetings aren't





regularly scheduled and that many management decisions are worked out by the riders and drivers themselves. Riders usually communicate conflicts that require board attention simply by phoning board members, who then schedule a meeting.

The drivers do minor van maintenance as the need arises — filling the gas tank, checking the tires and oil — and are responsible for arranging replacements if they cannot drive on their scheduled days. Many of the trip destinations, particularly for special events, are requested by one or more riders, and they are responsible for finding out how many people are interested in the trip. Thompson says that she encourages rider-initiated trips because “the participation is much greater when they come up with their own ideas.”

All this communication has drawn the community together, she believes. “I’ve had older people say to me that sometimes they feel that they’re not a part of the community — until they see the volunteers spending a day to help them. We had some teenagers this summer, helping the elderly in and out of the vans, up and down steps, walking them to their doors. It really brings the different age groups together.”

“These communities have now got something they’ve really needed,” says Jones. “It’s made a big difference in drawing them together, because it’s a group effort. When they need groceries, they call their neighbors and schedule a trip, then they go. This is something they manage and control among themselves. It’s theirs.”

Jones, who is now employed by the city of Huntsville as volunteer transportation coordinator, helps each

group as it starts out — to raise funds, schedule its van trips, and meet safety requirements. His is a key role, best filled by someone who knows the community and potential leaders and is good at overseeing fundraising.

One method for starting out, Doom suggests, is to place notices of an initial meeting on residents’ doors or in public places, then encourage those who attend to become leaders, organizers, or volunteers: “Groups likely to have success are those who take the first steps; generally they’re motivated by family needs, and believe it or not, the desire to help their fellow man, most particularly their neighbors.”

Each urban neighborhood or rural community furnishes volunteer drivers (who take defensive driving courses), raises the money to pay for gasoline, and schedules in advance the trips the residents want.

To help pay for fuel, each van has a donations can that riders contribute to as they are able. When funds are low the drivers only have to mention this and riders try to contribute more, Thompson says. Additionally, each community holds fundraisers: one group raised \$1,100 on quilt sales, another got substantial church contributions, another secured \$1,000 from a bank — all because the communities perceived the vans as *theirs*, Doom says.

Funds for van maintenance, insurance, and administration by the public transportation division of the Huntsville DOT are provided through a partnership of city, county, and federal government funding. In Huntsville, the city provides 20 percent of the cost of the vehicles, and all administration

and maintenance costs; the county pays for insurance; and the federal government provides the other 80 percent of the cost of the vehicles.

There’s a good deal of variety among the current projects, since each community decides what it wants for itself. The one element that they all have in common is that “control of the vans and determination of trip priorities are up to the individual community, as opposed to an outside agency that provides services,” says Doom. “In short, the government provides the catalyst for neighbor to help neighbor. Lower-income citizens have proven that, given the opportunity, they can take care of their needs themselves and at the same time preserve their dignity. This is the only volunteer transportation program known to me that relies on a strong partnership between government, private enterprise, and volunteers, that involves several government jurisdictions — and that works.”

Doom urges, “Every planner, town official and citizen involved in transportation should get to know local low-income rural and urban neighborhoods, seek out the leaders (they’re there, waiting to be asked to do something for their neighbors), trust and respect them, and see what happens.”

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For more information about how you might set up a community transportation program, contact Ira F. Doom, Department of Transportation, 100 Church St, SW, Huntsville, AL 35801-0308, (205) 532-7440; or Roger Tate, Rural Transportation Program Manager, Office of Technical Assistance, Room 6100, URT-31, 400 7th St. SW, Washington, DC 20590, (202) 426-4984.

For additional information about innovative rural transportation programs and to receive the free monthly newsletter *Rural Transportation Reporter*, contact: Barbara Price, Rural Transportation Program Coordinator, Rural America, 1302 18th St., NW, Washington, DC 20036, (202) 659-2800. □

*A native of West Virginia, Deborah Bouton, 30, is a former editor of ruralamerica currently doing freelance work in the mountains of Vermont. Ingrid Canright, 22, was an intern with Southern Exposure and is now a journalism student at Antioch College.*

# Close, Close Peoples

AN INTERVIEW WITH HATTIE ADAMS

*Every person fortunate enough to have known her grandparents has a unique view of history. Stories of our grandparents give us a look back to a time long past, a world dramatically different from our own. They also give us a look inward, revealing an inherited personal history that influences our way of looking at and living in this changed world.*

*Hattie Adams was raised in a large family in Chrystal Springs, Mississippi. She has a T-shirt that says "We are Family" and traces the Haley family tree. She often wonders if she is related to Alex Haley and plans to get in touch with him for the next family reunion. "Our family, we are close, close peoples together." She talks here of her two grandmothers.*

My father's mother, Rosetta Bridges Haley, lived to be one hundred and four. She was half white — her daddy was white and her mother was a slave. After Freedom, she said she did know some of her people on the white side; they used to come visit her.

Grandma Rose used to sit down and tell the grandchildren about how she had to come through. Most of the time she'd have me on her lap. She wanted us to know how she was in slavery time. She remembered the time when she was sold from her mother. She say when they bought her, she went one way and her mama went another way. She say that both of them was crying. That was all she ever knowed about her mother; she don't never know what happened to her.

Her master raised her. His name was Bridges.... She came up and had a child by the master, who forced her. When she came up pregnant, he wouldn't allow her to tell it — but the

baby proved hisself, you know.

Seems like to me for a long time that the way she talked to us, it made us dislike white people. But we lived to learn better. We just figure God made everybody.

Grandma Rose married Josephus Haley. She lived well. She and her husband bought their home in the country and had a lot of land. After their children come up, they see that they all bought homes; so it was just a great big Haley settlement. Her children — her girls, married real dark men, and the boys all married dark women. My daddy had blue eyes. My mama was real dark-dark. They did that to try to bring the color back to the race. It was right smart.

My mother's mother was Annie Barnes Hampton. Grandma Ann was a

midwife.

Coming up, my grandmother used to take anybody who got sick and sit up with them. I would have to take her to sick people's houses and sit there all night long. Oh, it was miserable. You had to sit there and you couldn't hardly talk to nobody, just sit and look. And if that person would pass, they would say, "Family come to the bed." Everybody had to go to the bed and watch her die, watch the last breath leave her. Well, at the beginning it kind of got to me, but I got to the place where seeing a person die wasn't no more than going to sit down to the table and eat with me. Right now, it doesn't put no effect on me to see a person die, I saw too many.

I used to have to help wash. At that time they didn't have undertakers, and we had to clean them up. I used to fix



photo copyright © 1985 by Dominic D. Eustachio

## BY JAN GILBERT

their hair and maybe powder their face. It didn't put no fear on me at all. I was small, too. She taught us how to do it.

At that time, you know if they didn't close their eyes good, you'd put a nickel on their eyes. She used to make me pull that eyelid down and put them nickels on there. That's why people used to tell you, don't put no nickels in your mouth 'cause they may have been on a dead person's eyes.

She would have us there to let us know that we had to die. When we went to the graveyard and we see them put down in the grave, we knew then there was no return.

Now, when she delivered babies, we couldn't go with her, no indeed. When my mother was having her babies, my grandma would come and they told us she brought the baby in her basket. My grandma taught the women, after the baby was born, not to go out of the house 'til that baby get a month old. You stay there 30 days, with all the cracks all daubed up — you couldn't read, you couldn't write. And didn't no man come nowhere about that house but the father. And the first time you go out, you wrap your baby and go all the way around the house once, then come back in. You were free to go after that. That was the custom.

*When I say to Hattie Adams that she is lucky to have had those wonderful grandmothers, she replies, "Luck belong to the Devil, say blessed. That's what they taught us. We were blessed."* □

*Jan Gilbert, 35, is a newspaper feature editor, freelance journalist, and director of Patchwork, an oral history project in Mandeville, Louisiana.*

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## *I'm Warning You*

BY JO CARSON

I'm warning you  
to come back home.  
It's your last chance  
on seein' me alive.

You missed your granddaddy,  
you missed your uncle Howard,  
you missed your daddy.  
I buried 'em, everyone.  
you just showed up for the funeral  
and that's the easy part.

You even missed your dog.  
It was me buried him out back  
all by myself on a Sunday morning.  
That, the most recent life gone.

I've not got much love left in me  
for this world no more.  
I ain't interested in holdin' on much longer.

You best get back here  
and let me fill you up with what I know while I'm alive.

I got stories I ain't told nobody yet.  
Before I go, come home.

BY HELEN BORAS

# FIFTY YEARS OF ETERNAL VIGILANCE



Aldonna glanced up at the jagged glass cemented into the cemetery wall and wondered who would want to be dead in a place like this. A sign, "Property of Morgantown, West Virginia," swung from the iron gate. Beyond the bars, tombstone molars decayed in crooked rows along the muddy walk. She winced at a rectangle of freshly dug clay. On top, a styrofoam urn rested on its side. Plastic lilies, spattered with cinders, lay around a tin can. Shaking her head, she turned and hurried to the end of the block. While she waited for the light to change, she reminded herself that this was the kind of grave she would have. She should have gotten married, had kids to put flowers around her tomb.

As she neared the sagging porch of Charlie Spivak's funeral home, she thought she saw Charlie at the window. Sure enough, the lace curtain dropped; then he was at the screen door. The evening sun fired his garnet tiepin into an ambulance light. "Miss Kumas," he called from the top of the rickety steps. "Can you please change my regular order to pumpernickel?" "First thing tomorrow." "Hot enough for you?" he asked. Thinking he might have a minute, she strolled up to the stoop. "Mister Spivak?" He stepped down one step.

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"Any one of us," she snapped her fingers, "could go like that."

He stared over her shoulder at Perpetual Savings and Loan. "You're no spring chicken."

"Do me favor."

He frowned.

She pointed back to the cemetery. "How can a person hold their head up buried in there?"

"True," he sighed.

"I want flowers every week, piney branches at Christmas, ribbons."

"Ribbons?"

Her eyes sparkled. "Pink ones tied from my headstone to the ginko tree, blue and gold strung to the railing."

Charlie leaned towards her and the ambulance light went out. "I order your coffin with holy pictures on it. Find pallbearers to walk with their arms crossed behind each other's back like in old country. Even talk Father Xawery into leading with a banner of Our Lady." He drew back. "My job is funerals. Graves outside my jurisdiction."

"Such a small favor."

He looked at his watch. "A man is only so big."

"Good night, Mister Spivak," she said stiffly, turning onto the sidewalk.

What is this jurisdiction, she fumed, trudging over the crumbling pavement to her front door. Complete death is his business like bread is mine. People want caraway seeds? I toss them in. Glossy crust? Who counts every egg?

She unlocked her front door. The living room smelled like a root cellar. But in August all Morgantown houses, barges, even fire hydrants were campgrounds for the armies of spores that marched from the dregs of the Monongahela River. She tossed her net scarf on the radiator, snapped on the kitchen overhead light, and opened the refrigerator. She skimmed off the tallow crust over last night's cabbage soup and stirred the long gray leaves.

The next morning, sunbeams discovered new decay that had crept through the night. A water-bug scurried over a felt cap of moldy hair that covered the shower drain. Another varicose vein flowing under the skin of Aldonna's calf had broken into swollen tributaries. Elastic stockings don't do no good, she thought, swinging her legs over the side of the bed. Streamliner corsets no good either, she grumbled, as she fished in the chiffonier for a foundation garment. She had bought the complete line from a door-to-door saleslady — confidential. But it was no secret her figure was too important for the navy dress she squeezed into. She clamped her glasses to the chain around her neck, and headed downstairs for coffee. A few minutes after the cup was rinsed, her heels clicked past Spivak's, beginning to stir after another grisly night among the caskets.

As she crossed the street in front of the cemetery, she noticed the path was blocked by a motorcycle. "Radas Mein-coweicz and Son, Living Landscapes" was painted on the sidecar. A man with egg-white hair crouched over a crape myrtle. She hesitated. "You work for the city?"

"Tend grass for families," The r's rolled on his tongue.

She took a step forward, then turned back. "You Polish?"

"Krakov."

An idea flared like a prayer candle touched by a taper. She stooped beside him. "I'm Aldy Kumas from Kaliska. Got a minute?"

They stood up at the same time and she took a deep breath. "Twenty years ago I come here to make money, go home and open restaranja on Nowy Swiat Street." She pushed a broken brick off the path with the toe of her Red Cross oxford. "But you know what it's like there now?"

Radas shrugged at the brick. "My boy never got to hear the trumpeter."

A wad of homesickness to hear the trumpet again, played on the hour over Krakov Square, clogged her throat. "I'm at the age when I'll have to die." Her eyes swept the crumbling tombs choked in weeds, "And look like those."

He cleared his throat. "Not meaning to be serious, but you could buy my service."

"Please explain."

"We got Lux-Alive and Econ-o-Trim —" A beer truck rattled past.

She pointed down the street. "You know the bakery on Wiley Avenue?" she yelled above the clatter.

"Kumas's," he shouted.

"I close up at six, but come around the alley and bang on the white door."

He snapped his pruners. "Seven sharp."

That evening at seven Aldy slid aside the yellow tablet she'd been sketching on and got up to answer the door. Radas, canvas cap in hand, beamed at her through the screen. His cheeks gleamed melon, and whiffs of vanilla shaving lotion mingled with cinnamon steam from the last batch of rolls. She tucked a loose hair under her net.

He lifted a vinyl briefcase. "Where can I set this?"

She motioned to the marble-top work table and watched him pull out a chair. "Coffee?" she asked.

"Such bother —"

"Done already," she said, pulling the plug from the pot. The fluorescent light shone on his curly white hair, tweeded with brass, and suddenly she pushed the pot back and whipped a bottle of vodka from under the sink. Grabbing two shot glasses stored behind the mixers, she tucked the bottle under her arm and stood beside him.

He grinned up at her as she poured. "That's a man's drink," he said.

They clinked glasses. "Nazdrowie!" he shouted.

"Kills the nerve," she gasped, wiping her mouth on her wrist.

She poured him a second and sat across from him to study the mimeographed brochures that explained the maintenance service. After a few minutes, she looked up disappointed. "I want more than routine."

"We just added statue-care. Fourteen dollars a month extra."

She slid the brochure towards him and stood.

"How much more you want?" he asked.

Knuckles on the table, she loomed over him. "Candles on All Souls, piney branches at Christmas, Easter florals." "Reusable?"

"And ribbons," she added.

"How ribbons?"

She shoved the yellow pad in front of him and pointed to the sketch. He studied it for a minute, then frowned. "I don't do ribbons."

The room became still except for the refrigerator hum.

"Then you're just a janitor-man, that's all."

Radas jumped to his feet and waved at the wall of ovens. "Better than being some tough cookie," he yelled, heading towards the door.

Mister Meincowicz has more pride than a falcon, she thought, motioning him to calm down. He slid back into his chair.

"Trouble with your business is, you should think complete," she said.

"Let's see that picture again," he sighed.

They passed the pencil back and forth, agreed on ribbons, piney branch arrangements, potted lilies. Finally Radas slumped back. "You some artist. This grave fancier than General Pilsudski's." He frowned and started to rub his jaw.

"Just to mention it," she said, "this paid for out of my will."

"I work up price." He held a pencil over a sample contract. "For one year?"

She shook her head. "For eternity, naturally."

He slapped the pencil on the table. "I don't contract for eternity."

"So long as I'm down there I'll need extra hands on top."

"You think eternity can last forever?"

She examined her fingernail. "Then how long?"

He closed his eyes and whispered numbers, then opened them. "I suppose we could make it for life of my youngest, Joey."

"Suppose you and the Missus —"

"She die nine years ago."

Aldy wondered why that information cheered her.

Radas turned the contract towards her. "See where it says dates? Joey's 10, so we go for 50 years. He shouldn't work like his old man until he drops. Should retire to Miami."

"If that's the best you can do," she sighed.

Radas stood and rolled the contract around the sketches. "I'll work up total cost. My kid Sophie can write this on the machine tomorrow."

Aldy walked around the table to see him to the door. A hot breeze that smelled like oily fish blew from the river, and crickets chirped in the weeds along the porch. "Thank you for the hospitality."

"Think nothing."

He unlatched the screen and turned. "You bowl, Miss Kumas?"

"Possibly."

He jammed on his cap and stepped onto the creaking porch boards. "Maybe we get together next Knights of Columbus, Ladies Free Monday."

The following Monday, Aldy sat next to Radas on a leatherette sofa while he balanced a paper cup of beer on the arm. "I show your grave picture to Jim Yankovitz over at Yankee Motors and he want same thing for his mom when she dies," Radas said above the crash of pins.

Aldy bit open a mustard packet. "Why can't Jim take care of her grave himself?"

"He and the missus moving to Pittsburgh. He wants palms on Easter though and I said I'd ask you to draw it for him."

She wrapped a napkin around her hot dog. "Why me?"

"I can do the dirt work. You better up here." He tapped the side of his head. "We split profit."

She brushed a crumb off her slacks. "Don't seem right to get money to do a family's holy duty," she said.

"Caterers take care of weddings, confirmations, even golden anniversaries for families."

"True," she sighed. "I'll call Jim."

On Labor Day, Aldy was telling the cook, Crazy Anna, about Radas's service while she waited for the last batch of rye to come out of the oven. Suddenly, Anna buried her face in a dishtowel.

"Don't cry," Aldy said, gently taking the towel.

Anna's cheek, marked with a purple birthmark shaped like a crown, was smeared with tears. "I always want honorable remembrances too, like in my village." She smiled and gazed above the ovens, as if seeing a dream. "My shrine with Our Lady living in a glass case. Three birch crosses, the tallest in front like the bow of a ship. Three candles lit on the Feast of Three Kings."

"Call Mister Meincowicz," Aldy said.

"He's seen graves in Grodnorsky?"

"I'll help you draw it for him," Aldy said as the oven timer went off.

Word spread that Radas and Aldy would make graves like in the old country. There cemeteries were jammed every afternoon with loved ones filling urns and lighting candles. Horses, hitched to the family wagons, chewed thistle beside the road while they waited. As old Mister Tovak told Aldy, "Graves are to people what flags are to nations."

By Thanksgiving, Radas had to buy a machine to answer the telephone while Sophie was in school. Aldy had piles of back orders stacked on her sideboard. But it made her feel guilty to think she'd be rich as soon as her customers died. It seemed against God's will to sell what people couldn't live without.

"Look at it this way," Radas said. "If you didn't sell people bread, they'd starve."

Crazy Anna was the first to die. As Charlie, tiepin flashing in the November sun, herded Father and Aldy from the gravesite, Radas roared to a stop and started unloading the

sidecar.

The next day, Aldy slipped away from the bakery to help erect the birch crosses to look like the bow of a ship. Joey, who should have been in school, raked the frozen lumps of clay into a garden on top of the grave.

The next Saturday, a small crowd milled around to watch Radas jockey a plaster statue of Our Lady into the glass shrine. A photo in the *Sunday Dominion*, with Radas lighting a votive candle, was captioned, "Fifty Years of Eternal Vigilance."

Two weeks later, Mister Tovak's grave sported a 12-foot-high log cross surrounded by American flags.

A week before Christmas, Radas sat beside Aldy at her dining room table while they waited for Father Xawery to come and give the holiday blessing of the house.

"He's early," Aldy said, as the doorbell rang. She shoved the shot glasses towards Radas while she whisked the vodka under the table. "Coming." She tugged the lace tablecloth down an inch on the vodka side.

Father Xawery swept into the house like a rook. "You here, too, Meincoweicz?"

Aldy blushed. "Winding up graves, that's all."

Father strode to the center of the room, held out an arm as if multitudes knelt under it, and sprinkled holy water from the censor. Radas and Aldy, heads bowed, stood as he mumbled prayers in Polish. They looked up at the same time. Father coughed and thumped his chest.

"Sit for a little refreshment," Aldy said, bustling into the kitchen.

Father pulled out a chair. "To be polite, that's all. Very busy."

Aldy came back carrying a chrome tray holding a vodka bottle, three cut glasses, and sliced babka cake.

Father stood and held his glass up to the Tiffany chandelier. "Nazdowie," he shouted, downed the vodka, set the glass on the table, then turned to Radas. "Hear you two doing great guns on the graves?"

Radas beamed. "Need to hire mason and order crate of candles."

Aldy frowned. Maybe I should say my worries in front of Father, she thought. "You ever think we're taking jobs away from sons and daughters?"

Father frowned. "Crazy Anna didn't have kids."

Aldy motioned to the pile of contracts on the sideboard. "We got orders for whole families. Babies."

Father brushed crumbs off his fingers. "This is America, not old country where people care."

"We're putting price tags on responsibilities of love."

"You came here to get rich. Now you want it this way and that way at the same time," Father said.

Aldy refilled their glasses. "Maybe I'm making a mountain," she said. They drank silently.

"Almost forgot," Father said, reaching into his cassock pocket. "Had lunch with the big shots last week at the chamber of commerce. This guy wants you to call him." Father handed Radas a business card.

"Skimmer Z. Bixby," Radas read aloud. "President, West Virginia Coal and Transport, Subsidiary, Bixby Industries."

"Got to run." Father stood and shook hands with Aldy, then Radas.

"What does Bixby want?" Aldy asked.

"Probably a special grave. He saw the picture in the paper."

On the feast day of the Three Kings, Aldy and Radas stood in front of the elevator in the Bixby building. Radas smoothed the collar of his motorcycle jacket. "I look dressy enough?"

"Distinguished."

Bixby's office had huge windows overlooking the Monongahela. Photographs of coal barges pushed by paddle-wheel steamers covered the wall by the door. In the center of the room, a tall glass case held a varnished oar. Aldy stooped to read the plaque on the walnut frame, "Harvard, 1971." A slender man in a blazer hopped from behind the desk and pumped Radas's hand. "Mister Meincoweicz."

Aldy shot out her hand. "Aldonna Kumas."

Bixby motioned them towards a corner sofa, and went back behind his desk.

"Nice oar you got there," Radas said.

"Sweat off the old brow," Bixby said.

"No calls," he barked into the intercom, leaned back, swiveled a few half turns, and made his hands into a cathedral. "I understand you folks own the Eternal Vigilance

Company, sell services paid for out of estates."

"Have to haul a crate of candles in my sidecar," Radas said.

"Just the other day at the club I said everything's dead in this town except death," Bixby chuckled.

"Have to bring on new man," Radas said.

"Most businesses are in a slump. Damn unions suck all the profits from the mines. The trucking industry replaced our Bixby barge service to Pittsburgh and Steubenville."

Aldy glanced at her watch. "What kind of grave you want?"

His eyes opened wide. "You," he pointed at her, then at his chest. "think that I —?" He burst out laughing.

"They'll never believe it!" he gasped.

"Then you don't want service?" she asked stiffly.

Bixby cleared his throat. "I invited you here to discuss how you can expand your little grave business into a

*As old  
Mister Tovak  
told Aldy,  
"Graves are  
to people  
what flags  
are to  
nations."*

growth industry.”

“You know good mason?” Radas asked. Aldy poked him in the ribs with her elbow.

“I have a proposition that will eliminate your problem of consumer lag.”

“What’s that?” Aldy asked.

Bixby’s chair squeaked as he leaned forward. “No doubt you experience considerable down-time after you negotiate a contract. Why, with bad luck, years could pass before a client was prepared to, well, let’s say consume your service.”

Radas frowned. “Time is in God’s hands.”

“I can change that,” Bixby continued. “I happen to have 500 acres of prime river-view land down towards Fairmont. An ideal location for a cemetery.” He gazed at the wall above the pictures. “Suppose I put up the land and improvements. You people market lots and those —” he flipped his wrist, “services. My legal-eagles can write something up.”

Radas scratched his head. “What do you think, Aldy? Suppose we could take on another cemetery?”

Bixby held up his index finger. “Wrong, Mister Meincowicz. Not just another cemetery. As soon as the customer signs, you and Miss Karma will establish the grave so the owners can admire it, visit it, compete with their friends.”

He’s giving death more time, Aldy thought. She closed her eyes for a second as a prayer shot through her mind: “Saint Michael, the Archangel, thrust into hell the evil spirits who roam through the world, seeking the ruin of souls.”

Radas smiled, and she stared at him in amazement, then turned to Bixby. “We don’t deal in no empties,” she snapped.

Bixby focused on Radas. “We’ll get Merk and Bittle to do the advertising.” He spelled the letters in the air with his fore-finger. “L-I-V-I-N-G-D-E-A-T-H,” he said. “What could sell better?”

“But Fairmont’s kind of far,” Radas said. A brand-new notion of her partner swelled in Aldy’s mind like yeast stirred into warm sugar water.

“We’ll offer weekend packages at the Bixby Lodge.”

“Might be nice for kids,” Radas said.

“Especially for children, because we’ll have a memory Amusement Park on the grounds,” Bixby said.

While Bixby described the free-ride policy, Aldy remembered being 10 and kneeling in the snow beside her mother at her father’s grave. He had been one of the first Polish generals killed, part of the raggedy army that held Europe against the Nazis while the Allies drank scotch in hotels. The pieces of him had been gathered by his men from the banks of the Vistula.

“Why didn’t Papa run away?” Aldy never tired of asking.

“Because Christ didn’t,” her mother said.

Bixby stood and rubbed his palms together. “Well folks, I’d like to go on but it’s getting late. Suppose I get some numbers on paper and we’ll get together again, say Friday?”

A Kleenex tumbled off Aldy’s lap as she struggled to her feet. So what if I insult this Bixby *zwiere*, she thought. Or that other person I used to trust.

“Today is the day of the Three Kings,” she said.

“Who?” Bixby asked.

“Wise men who knew the difference between what can be sold and what has to be a gift. You haven’t figured out difference between life and death. Mix up everything you touch. Except me.” She walked to the door and turned to Radas. “When I met you, all you knew was how to take care of dirt. Now, with this Bixby, your business is completely complete. But same thing.”

A gust of wind spun the revolving door of the Bixby building behind her. She squinted into the driving sleet and set off towards the bus stop. She would mail every cent of profit back to Radas, but she couldn’t buy back her pride. Your own fault, she thought, should have known Mister Radas was flattering your idea, not you. And you, acting like 16-year-old. Sure enough, her reflection in Kresge’s window showed just another old woman in a worn overcoat and clear plastic boots.

She paused before fording the water churning in a gutter. A pack of matches swirled down the storm sewer and suddenly she wondered if Anna’s three candles were still lit. Aldy turned towards the cemetery. Her coat was soaked, and half-way up the hill she stopped to sneeze.

The smell of fresh coffee lured her to the entrance of the luncheonette across the street from the cemetery. Beside the doorway, an old man slept on a grate enveloped in steam from the building. Aldy gingerly stepped over his legs, feet in battered jogging shoes and rags wrapped around his

ankles.

Her nose ran in the sudden warmth of the luncheonette, and she wiped it on a corner of her babushka as she perched on a stool. “Coffee please, and one jelly doughnut.”

The waitress pushed a mug of coffee and the doughnut on a greasy plate towards Aldy, and sauntered into the back room. Aldy stared into the mirror over the grill and wondered why she had been such a fool over Radas. Suddenly, reflected in the mirror, she saw Radas at the window. His hands cupped his eyes as he looked in over the brass rings of the café curtains. A minute later, he was swinging his leg over the stool beside hers. She studied his face. His smile wrinkles had turned into barbed wire lines.

“Was on my way to Anna’s candles and spotted you here,” he said. “Just came in to tell you one thing.”

*The candle-  
light turned  
each tomb  
into a jewel,  
gave light  
to show  
sparkle.*

"You want to buy out my share of the business," she said.

He banged his fist on the counter. "Stop making up my mind." He rubbed at an oil-spot on his sleeve. "After you left, I told Bixby what he could do with his oar."

She turned to him surprised. "Why?"

He cupped his hand as if it held a weight. "All along I thought you understand Radas Meincowicz. Maybe even like that old man." His arm dropped to his side. "True, for one minute I was tempted to go along with Bixby, but you should know my heart has more sense."

Aldy touched the soggy doughnut with the tip of her fork, then pushed the plate away. She could feel his hurt, and was ashamed of herself.

"You so high and mighty you figure I do wrong before you bother to find out if I do right," he said. She tried to explain she had made a mistake, but no sound came from her dry throat. He headed towards the door, stopped, and turned back. "I guess Eternal Vigilance businesses come and go," he said sadly.

Like the time Aldy slipped in the bathtub: first shock, then a careful check to see which bones were broken. Now, the bones worked but she felt an empty space in her heart. The hole was raw with jagged edges, as if something had been torn out. She pulled the plate back and bit into the greasy doughnut.

By the time she stepped into the twilight, the sleet had stopped and the night was clear. But the air felt like she had inhaled an icicle. Anna's candles became, for the moment, the only reason for Aldy being alive. Bet Radas forgot, she thought, and hurried into the cemetery. She passed Mister Tovak's flags, and finally spotted Anna's shrine. As she had suspected, the candles were out. Aldy peered into the pine branches to check the wicks.

"That's janitor's job," Radas said. She spun around and saw his figure dwarfed by the birch crosses.

"I'm sorry I said that."

"I'll go get new candles," he said, walking towards his motorcycle parked in the shadows at the bottom of the path.

Her teeth chattered as she stared at the swaying cypress trees and the round moon, crisp as an onion slice.

Radas came back with an unopened box of six votive candles in their glass cups. He tore off the cardboard lid and took out three. After he dumped out Anna's burned ones and stuck in replacements, he fired them with his cigarette lighter.

An amber glow lit Our Lady's face, that smiled on their frozen lips. Aldy followed Radas's glance to the grave next to Anna's, a ground-level slab with a name cut into the stone, as if the weight of identity kept the occupant from soaring over the cemetery as proud as Anna. Radas walked over to the box on the ground, took a candle out, and tucked the holder between the tomb and a rock. The flame warmed the brown marble into oatmeal.

Inspired, Aldy grabbed a candle and stuck it at the base of the tomb on the other side of Anna. Radas handed her a pack of matches. Might as well light the grave behind, too, she thought reaching for the box. When she looked up to find Radas, she spotted him lighting a grave across the

path.

Within a few minutes, they fell into a system of dashing to the motorcycle for fresh boxes from the crate, scooping out niches for holders, and lighting flames. The only sound above the moaning of the wind was their fevered panting and the scrape of matches. After an hour, they only saw each other at the sidecar when they silently grabbed boxes. Once, as a match burned down, Aldy noticed her index finger was bleeding and her hands were matching trowels caked with mud.

Finally, she reached for a new box and found the crate empty. Radas stumbled up beside her and she put her hand on his arm. She looked at the hillside and gasped.

As far as she could see, the cemetery glowed with hundreds of flickering lights that made shadows dance in the trees. The candlelight turned each tomb into a jewel, gave light to show sparkle, but not enough to light flaws. Near the top of the hill, Anna's three crosses loomed over the fires.

Aldy's knees felt weak and she slumped against Radas. He squeezed her shoulder, then gently turned her away from the hillside, and they trudged down to where he was parked. At the bottom of the path, they looked back. Some candles had burned out, but the rest twinkled like guiding stars.

Aldy turned to the luncheonette and saw the waitress staring, with pumpkin eyes, over the cafe curtain. The man on the grate was sitting up and nodding at the hillside as if it were dawn.

Radas motioned to the back of the motorcycle. Aldy eyed the narrow seat, sighed, and yanked her dress above her knees and swung her leg over the bar. The cold prickled the skin on her thigh, and she winced at the sputter of the engine. Two false starts, and they bounced onto the street. "Hang on to me!" Radas yelled. □

*Helen Boras, 45, works as a lawyer at the Administration on Aging and writes fiction. Her short stories have appeared in **Antietam Review**, **The Saint Andrews Review**, and **Story Quarterly**, and she is currently completing a collection of short fiction under a grant from the Maryland State Arts Council.*

# THE OLDER I GET THE CLOSER I GET TO THE GROUND

*"They say the land wasn't given to us by our fathers, it was borrowed from our children. How are they going to live if they can't drink the water or grow any food? . . . You tear the ground and water up, and you're going against the teachings of the Bible."* Everett Akers, an elder member of the Kentucky Fair Tax Coalition (KFTC), has joined with hundreds of other Appalachian people to fight the notorious misuse of the "broad form deed," a document used throughout Appalachia to sell the rights to minerals located beneath an owner's land.

The role of KFTC's elder members is particularly important, as they are the ones who remember eastern Kentucky when waters ran clear and the mountains were not stripped bare. They have also lived through the boom/bust cycles of the mining industry and know well that King Coal is more concerned with profits than with people.

Everett Akers at 69 is one of the older members of the KFTC steering committee. A long-time resident of Martin, he has held many jobs and

worn many hats; he's been a pinball king, a state representative, a cable television operator, and now he is a self-proclaimed "rabble rouser" for the rights of "the little guy" over the powerful coal companies that have long ruled eastern Kentucky. Akers is officially retired but busier than ever. He and his wife Adis have four children, all of whom have moved away. He says he is trying to make his native eastern Kentucky the kind of place where children will stay to raise their own families. He is currently involved in a class-action suit in federal court to get Kentucky's 1984 broad form deed law enforced.

Akers traces the beginnings of his ruckus-raising against the broad form deed back to a confrontation with a coal company on his land. In the pinball and jukebox machine business for some 30 years, Akers says, "I picked my money up like a chicken picking up corn — a nickel at a time. 'Bout all I've got to show for it is this little shack here." It was for the protection of his land that Akers did battle. The confrontation stemmed from his ex-

perience as a state representative in Frankfort in 1968, when he saw the need to bring Kentucky television stations to eastern Kentucky. Little did he know that the erection of a television tower on his property would land him in the ranks of the KFTC.

A fiery orator, Akers is often chosen to speak at meetings and rallies. He talks here about his fight with the coal company, the broad form deed, and other subjects of concern to Appalachian people.

## THEY MADE THEIR MILLIONS OFF MY LAND

I thought that this was one thing wrong in this area — because people only got West Virginia television news, they didn't know what was going on in the Kentucky legislature. The people here didn't know what representative government was. So we put up a 587-foot tower in 1977 with a dish on it to bring in the three Lexington channels. About then, why, here come Triple Elkhorn Coal Company,

## KFTC AND THE BROAD FORM DEED

Strip mining did not exist when most of the broad form deeds were signed at the turn of the century. Thinking they could only be used for deep mining, the landowners signed the broad form deeds, never dreaming this would mean giving up their rights to protect their surface lands from widespread destruction. But Kentucky courts have continually allowed mineral owners to do whatever is necessary or convenient to obtain their minerals — coal, oil, and gas.

Thanks to a strong organizing effort by the members of KFTC, in early 1984 the Kentucky legislature passed a bill that limits the use of this deed. The "broad form deed law," as it is commonly called, states that only those types of mining that existed in the area at the time the deeds were signed are now permissible without additional consent from the landowner.

One of the first people to benefit from the new law was Elizabeth Wooten of Perry County, near Hazard. A 61-year-old widow with eleven children, Wooten has been fighting for years to keep the mineral owner, Marandco Coal Company, from destroying the 20-acre farm she and her husband bought in 1949. In the fall of 1983 Marandco sued Wooten and her children to keep them from interfering with the proposed strip mine on her land.

"They thought I was a poor widow woman who couldn't do a thing," she says. But she had just joined KFTC, and with the group's help she was able to fight back. The Wootens and their KFTC attorney, Joe Childers, argued in court that the company had



no right to strip mine the property. And in September 1984, Circuit Court Judge Calvin N. Manis ruled in the Wootens' favor. Basing the opinion on his own experience as a coal miner in Perry County in the 1940s, Manis ruled that strip mining was not practiced there at that time, and that therefore the new broad form deed law prohibits strip mining on Wooten's property.

On hearing the decision, Wooten exclaimed, "Thanks to the KFTC and the good master above, I think we're making some success." Despite the victory, Wooten is back in court because Marandco Coal is challenging the constitutionality of the new law.

While lower courts have made rulings favorable to landowners in individual cases, state officials have

refused on an administrative level to enforce the law. Mining permits are routinely granted to coal companies with nothing more than a broad form deed to prove their right to mine. This has put the burden on the landowners to defend their property in court.

The broad form deed struggle is only one of many the KFTC has fought in the last three years. People in over 60 Kentucky counties work through the organization to address long-standing problems of land and mineral use and ownership, unfair property tax structures, poor community services, and more recent problems, such as water loss and contamination. The problems are universal; they affect Kentuckians of all ages.

— K.L., J.S.

'round the hill, blasting and blowing. They damaged my tower, and they were going to strip mine by one of my guy wires. The land, see, was covered by a broad form deed; we owned the surface, but a coal company owned the coal.

I sued the company, and they finally said they wouldn't do any more blasting on my property. Instead, they went

around the hill, and they went *under* my tower, deep mining. They said that didn't count.

Then they enjoined me off my property. They come up here at 9 o'clock at night, and they pulled me out of the bed, took me to Prestonsburg [the Floyd County seat], placed me in the jail, had a trial, and the judge enjoined me off my property. I

was convicted of terroristic threatening. Had to pay a \$100 fine to the county court.

They've damaged my house here quite a bit. You can see the cracks in the ceiling. I bought my land here and that property back on the hill to put up a tower and cable system. I bought it and paid for it. I had a good business started, yet they put me out of business



and made their millions off my land.

So I started by fighting against that broad form deed. We've got a law passed now that says they can't strip mine without the landowner's permission, but that's not being enforced. There was a lot of hard work went into getting that bill passed — a lot of phone calls, and a lot of letter writing, and a lot of tagging legislators by the shirt collar and talking to them real straight sometimes.

When I went down to the legislature in '68 I went down for selfish reasons. I was in the coin machine business, and they were trying to outlaw my pinball machines. My representative was supporting it, so I ran against him and beat him. I passed my pinball machine bill in the House. Then they sent it to a Senate committee, and that's where it died. I didn't run again, but I had a time down there. The hardest work I ever did in my life was the three months I spent down there. You wonder why people want to be in politics so much.

Of course a lot of it is the idea that they can make money — big money. They can get state contracts, county contracts. And the coal lobby, of course, they've got plenty of money. I'm not saying that they buy anybody,

but there were some of our representatives in this area — they're no longer in office — that the coal company picked up in a helicopter every Monday morning and flew them to Frankfort. They wine'd them and dined them.

### **JUSTICE WILL COME**

There's no justice when it comes between the people and the coal. You find the people who work for the state Natural Resources Cabinet in Prestonsburg later are working for the coal companies. In fact, they were when they were with the state. Anything the companies want, they get, and the little fellow hasn't got a chance.

We've had a lot of people like the Mayo family that have made millions out of taking the coal away with the broad form deed. They built mansions and threw money around like a drunken sailor — money that they got from the poor people that they robbed for 80 cents an acre. Now, 85 percent of the coal in the ground is owned by out-of-state corporations, and isn't taxed much, or at all.

They take their money, but they don't leave anything in the mountains.

It's the same with all the corporations. We have to keep up the roads that get torn up by their big coal trucks. The road to Ashland is like driving on a washboard. It tears your car all to pieces. Of course, we could tax the coal in the ground. If you want revenue, tax the people who own the coal. They've taxed the poor landowner to death. If you need more money for schools, tax the people who own the wealth. In eastern Kentucky we would have collected billions of dollars over the last hundred years if they had taxed the companies like Diamond Shamrock who own this coal.

There are a lot of people around here who feel like I do, but they need to be united. It's a big job; they've got us intimidated to the point where we're afraid to speak up, and rightfully so. Your family can't get a job if you speak against them. They've got the people of eastern Kentucky in slavery, like the colored were enslaved in the South. There ought to be an Emancipation Proclamation for the people in eastern Kentucky from these big coal corporations. And I say that it will come, maybe not in my lifetime, but I say that justice will come.



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*“Sometimes you doubt yourself, but all you have to do is keep working. You can’t just quit.”*



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#### **WHEN THE COAL'S GONE, WHAT HAVE WE GOT?**

The older I get, the closer I get to the ground. It's basic stuff. Of course, it won't be long before I fertilize it a bit. When I see St. Peter at the Golden Gates, I want to make sure he knows that I've been working hard to right these wrongs.

We need more environmental protection. When our land's gone, how are we going to live? How are our animals going to live? When the topsoil's gone, it takes 100 years to put back one inch of it. When the water's gone, with all this acid and pollution and sulphur from mining. . . . I say 50 years from now a jackrabbit will have to get him a Clorox bottle to carry water across Floyd, Pike, and Johnson counties.

It used to be, if you didn't have food, you could grab a gun or a fish hook. You could get a mess of fish out of the creek. You can't do that now; it's so polluted the fish can't live. The 'possums and the foxes come down at night and eat my cat food. They can't make it in the mountains. The companies have bulldozed all the timber out.

When I was a boy, timber was a big thing around here. If they had had en-

vironmental protection then, if they had planted one tree every time they cut one, we would have a big forest now. Now, they didn't do that and what have we got? We've got the coal. When the coal's gone, what have we got?

#### **KEEP HOLLERING AND WE'LL MAKE IT**

Well, I tell people I'm going to live 30 more years until I dry up like a June bug, and I want to raise as much ruckus as I can every day. Every now and then, I go down the road to see the fellows in the legislature, to raise a little hell, you know, and the KFTC keeps me pretty busy.

Really for me, life is practically gone, but I'd like to see a better country than what I came through. And I would like to see my people, instead of going to big cities, come back home.

I'm very interested in schools — not for my own benefit, my children has picked up the education they'll get. But it's a shame and a disgrace to have the children of this part of the country grow up without a decent education. This is the reason we have no industry in eastern Kentucky. And it's the rea-

son people don't speak up. The cure for eastern Kentucky is education. Not tossing a ball at the hoop, but reading, writing, and arithmetic. Floyd County schools are some of the worst in the state, and the state is one of the worst in the nation. Then we have people like our superintendent, who says, "Well, somebody has to be last." I think the people has got to be educated.

Sometimes you doubt yourself, but all you have to do is keep working. You can't just quit. I think if a man works, he ought to work on his community, on his section of the country, to make a better Floyd County, a better Kentucky, a better United States. I think that it's happening now. We will speak up more and more. In the Kentucky Fair Tax Coalition, we've got 1,100 members. I remember a year ago we had less than 500. I think we should make it 2,000 this year. If each member brings in a new member every year, and as long as folks keep hollering, why, I believe we'll make it. □

*Kristin Layng, 26, is a reporter with the Appalachian News Express in Pike County. Joe Szakos, 31, is a staff coordinator for the Kentucky Fair Tax Coalition.*

# Barbara Deming: 1917-1984



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**BY MAB SEGREST**

My friend Barbara Deming died early in the morning of August 2, 1984, on Sugarloaf Key, Florida. She was 67. I did not see her in her last months, cancer the size of a sweet potato hard in her stomach, bald but still beautiful, weighing under one hundred pounds, and naked, wanting to die that way. Surrounded in her

home by women who loved her, she said her goodbyes to the people and the life she loved and lived so intensely. She was, in her own words, dancing towards death. I did not say goodbye to her then. I hope to do so now, somewhere in this writing.

I met Barbara five years ago when I went down to the Keys with my friend

Minnie Bruce Pratt to interview her. We spent four days talking steadily. For me, as for many lesbians my age, Barbara was our link to an earlier generation of struggle.

Beginning in 1960, at the age of 43, she became active in the major moral and political movements of our time. That year she visited Cuba; the next, she fasted with others seeking the abolition of the CIA. In 1962 she participated in the Nashville-to-Washington biracial march for peace. In 1963 she was called before the House Un-American Activities Committee for her work with Women Strike for Peace, and later that year she was arrested in Birmingham. In 1964 she spent almost a month in jail in Albany, Georgia. In 1967 she made trips to North and South Vietnam to protest U.S. involvement in the war there. Of all these actions, she wrote: "I stand with all those who say of present conditions that they do not allow men to be fully human and so they must be changed — all who not only say this, but are ready to act."

Barbara's life offers a model for many people, men and women, heterosexual and homosexual, just as many heterosexual people offer models for my life. But gay role models for gay people are especially rare, given the invisibilities of the closet.

**MAHATMA GHANDI'S TERM, SATYAGRAHA, "CLINGING TO truth,"** explains the quality in Barbara's life that I most need and admire. The older she grew, the more she became herself. Two of Barbara's lyric fragments, written in 1940 at the age of 23, show both the hard place she started from as a lesbian and the truth she would cling to as she continually reshaped her life to make it fully her own:

*That dream I had once of breaking through ice, through ice, through ice. Through bands . . . Have been buried alive.*

*I have been not admitting it all to be present, and given. . . This is not the devil. It is the devil who says this is the*

devil. . . Will look at everything, will not turn eyes down or sidewise. For it is not for me to say where the hope lies, where death is made life.

I often felt in Barbara the lesbian in me who had been entombed ("buried alive"), numb, despised. I struggled with her about this, with the arrogant demands people can make on those they need as guides. At the end of my first interview with her I pressed Barbara to talk about being lesbian. (Much of our discussion to that point had been more analytical than personal.) She faltered, then her voice broke. "Turn off the tape recorder," she said. Then she told us about saying to her consciousness-raising group in the early '70s, "I am a lesbian." Both of us in tears, she told me, "It was like bands around my body burst."

Barbara knew at 23 that her love for women, whatever the world might say, was not evil; and that inner certainty eventually led her, turning eyes neither down nor sideways, to challenge all the other values of her culture. She was digging herself out: making death into life.

### **BARBARA FIRST MADE LOVE WITH A WOMAN AT AGE 16, IN**

a garden. That first experience had all the sensual innocence lacking in later years of confused, repressed, or unnamed relationships. She showed me once the sketch of a gorilla, made by an early lover. "We had the feeling of being monsters," she told me, "She gave me this picture and we never spoke of our feelings again." In the old days, Barbara said, "I could always tell a lesbian by the half-quizzical, wounded look in her eyes. But now we have the clearest faces." Much of Barbara's early writing, more academic than personal and committed, show her dealings with themes of amnesia and paralysis.

Her struggle for self-affirmation and clarity is described in her autobiographical novel, *A Book of Travail — and of a Humming Under My Feet*, begun in the 1950s and completed the year of her death. Set in the early 1950s, the book deals with the heroine's unrequited love for a female companion during a year of travels in Greece. The friend's rejection of her love leads the heroine to Delphi where, with her hand on the breast of a

marble statue of a woman, she pledges never to deny to herself who she was.

Just as the trip brought a turning point in the heroine's sexuality, I am sure that similar private, sacred moments of truth — as well as her reading of Gandhi — brought Barbara to her years of political struggle and witness. It would take another 10 years of struggle to bring her to the moment when she could say to others, "I am a lesbian." (The complexities of the closet are hard to explain to people who have never lived there: how it is not so much one room with a door as a series of Chinese boxes.)

When Barbara discovered the Committee for Nonviolent Action in 1960, it was for her "like entering a new world," with "the only free people I have met in a long time." She found men and women with a history of jail sentences, tax resistance, refusing the draft, and protesting capital punishment, segregation, and imperialism. She loved what she called their "extraordinary spontaneity" and the assurance they brought her that "the individual can act and has weight." Barbara thus began more than a decade of radical activism and journalism.

Barbara's work in the South during the civil rights movement seems to have been the most transformative experience for her in a decade of transformations. "I had felt for a long time that the two struggles — for disarmament and for Negro rights were properly part of the same struggle," she wrote in an essay describing the Nashville-to-Washington biracial walk for peace. As more black people joined the walk through small Tennessee towns, they met with increasing white hostility. "I hear they're going to shoot you a little farther down the line," taunted a bystander; and another said, "Good place for you to be walking, I hear they're going to hang you all there." In the essay Barbara describes a night spent in an isolated one-room black church with white men outside throwing rocks at a window. Two of the peace walkers went outside to talk. The white men finally dispersed, and one actually returned to ask further about issues the pacifists had raised. The experience of this march led Barbara to join the demonstrations called in Birmingham in the

Spring of 1963.

### **THOSE DAYS IN BIRMINGHAM TAUGHT BARBARA NEW**

lessons about courage and freedom. During her first day in the city she went to the recently bombed home of black leader A.D. King. She felt there her own whiteness and the suspicion she generated in black people on the scene. At a mass meeting later that evening she decided to join the next day's demonstrations in spite of her fear. "The people I move among give me their courage," she wrote. "There is contagion to it. . . . I catch it through closeness. They make me one of them." The second day she attended another mass meeting at the church while Bull Connor's policemen stood outside, arresting sympathetic whites who tried to enter. The black people in the church warned Barbara, then disguised her in men's clothes and smuggled her out. Again she felt the distance narrowing. "They have wrapped me in their gaiety and courage," she wrote. "I am no longer the same."

By the third morning, inspired by thousands of black children, Barbara was arrested and went off to the white part of the Birmingham jail. Though initially afraid, she worked to close the distances between her and the other women prisoners. "Every woman in there was sick and in trouble. I had only to express the simplest human sympathy, which it would have been difficult not to feel, to establish the beginning of a friendly bond."

Barbara spent her last day in Birmingham hiding from the police, who roamed the district clubbing people at random. The sight of white men on the street made her queasy. Her instant reaction was, "What is he going to do?" Then, she thought, "So now I know what it is like. Now I am a Negro. Except that I can drive away from it."

Barbara embraced the spirit she heard in the songs and mass meetings, in the sounds that "swell and shake the walls." She wrote, "I know myself — with awe — to be at the wellspring of that which is human — which insists that it is, which at long last is sure that it is, and affirms it: 'Freedom! Freedom! Freedom! Freedom! Freedom!'"

## IN 1966 AND 1967 BARBARA'S REVULSION AGAINST U.S.

involvement in the Vietnam War took her first to North and then to South Vietnam. She witnessed the effects of U.S. bombs: "the wreckage of hospitals, of Buddhist pagodas and Catholic churches, of cultural centers, and the wreckage of the houses of workers and peasants." She faced the difficult truth that "for every guerrilla we kill, we kill six civilians, and . . . four of these six civilians are children." Back in the U.S. she found many unwilling to listen to what she had seen. "I am frightened that we Americans are on our way to becoming the *world's* bullies . . . all the while the majority of us confident in our hearts that we are well-intentioned people and therefore incapable of atrocities."

Later, Barbara joined another delegation to Ho Chi Minh City (Saigon). Not wanting to be prematurely expelled from Vietnam, the group maintained a policy of secrecy about the nonviolent action planned for the end of the trip. Unlike their usual policies of complete openness, the secrecy split the group, as different people had different views as to whom to trust with what information. They began to wish each other out of the project. "Nothing could put us in such danger as precisely as this relation to each other," Barbara realized. She concluded: "If we do become more and more bold, and therefore more effective, I

think it is fair to predict that our government will, in turn, move more and more boldly to discourage us. And then if we do not all stand together, helping always whomever is singled out for punishment, our effectiveness will end."

In 1968 Barbara clarified a decade's action and reflection about nonviolence in her essay "On Revolution and Equilibrium." She saw nonviolent action as "radical and uncompromising," a bringing to bear on one's adversary of "what economic weight one has to bear, what political, social, psychological, what physical weight." A double vision guided her nonviolent action: solicitude for the person being challenged in combination with a "stubborn interference" with his actions. Do not deny the humanity of those who oppress you, *even if they deny yours* — that is the most difficult lesson that Barbara's life and work teaches. She believed that nonviolence is not only morally but also strategically superior to violence: "We can put more pressure on the antagonist for whom we show human concern." In this way, she said, we avoid the "giddiness" and "vertigo" of violence, and maintain instead an "equilibrium" which leaves us more in control "of ourselves, of the responses to us which adversaries make, of the battle as it proceeds, and of the future we hope will issue from it."

## BARBARA'S LIFE UNDERWENT ANOTHER DEEP TRANSFORMATION

in the years between 1969 and 1971. In the late 1960s the love relationship Barbara had been involved in for many years came to an end. She began another relationship with Jane Gapen, an old college friend. Jane was leaving her husband and there was a custody battle over their two children. The battle wore Barbara out and left her with a fear far worse than what she felt from Southern sheriffs or state power. The custody fight in North Carolina was "utterly lonely," with the two women up against Jane's husband and a phalanx of males — ex-husband, lawyers, judge — and yet "dreaming of sisterhood." Although Barbara and Jane eventually won the custody battle, the fight left her exhausted. In a poem from this time Barbara wrote, "I lie at the bottom of my spirit's well." Feeling herself out of equilibrium, Barbara decided not to take part in an action to deface draft files. She feared she was dropping out of the antiwar struggle altogether.

She tried to explain her feelings to her black friend Ray Robinson, who had chastised her for forgetting political struggle in her time of personal crisis. "Because I am homosexual I know in my deepest being what it feels like to be despised," she wrote to Robinson. "I was called a degenerate. My pride for the first time assaulted in its depth. One's sexuality — well, it is so at the heart, the heart, the heart of one. Any bully or group of bullies now recalls to me those other bullies who touched my pride where I could not bear to have it touched. . . . I have to find how to quiet this trembling in myself. . . . I have now to face squarely my own particular oppression."

Then Barbara began to see that the same powers who supported Jane's husband in his desire to control his wife and children also supported troops and the napalm in Vietnam. She saw that what she had called "the state" had a male face; and she came to believe that patriarchy aptly described the powers she had opposed for over a decade. She had not dropped out of struggle, but into a deeper, more personal level of it. This custody battle turned her toward feminism. "I think the root of violence in our society is the attempt by men to claim women



DEMING AT THE TRIAL OF THE "WATERLOO 54," ARRESTED IN AUGUST, 1983 FOR TRYING TO WALK THROUGH WATERLOO, NEW YORK, TO HONOR WOMEN'S HISTORY.

and children as their property," she wrote.

"On Anger," written in 1971 as a speech, is the first essay that shows the effects of feminism on Barbara's life. For the first time she speaks of her homosexuality to friends and comrades from years of struggle. In answering criticism from young women that her pacifism is a repression of healthy rage, Barbara meets her own anger "rising from my toes with a force that startled me." Looking back on her civil rights work, she admits that in some ways she had dealt with her own oppression "by analogy" because she knew in her soul, "something of what it is to be a nigger" but could not deal at that point with the depth of her own anger and pain. In the essay she recommends that each individual recognize her "most particular, personal oppression," thus waging other struggles more effectively as well because of a "more conscious solidarity." Yet Barbara stubbornly insists on nonviolence. Once anger is acknowledged, she maintains, it must be channeled, transmuted from the murderous anger that is "affliction" to the focused anger that is "determination to bring about change."

**BARBARA NEVER DELIVERED THESE WORDS WRITTEN AS AN** address for the War Resisters League national conference in 1971. She was seriously injured in an automobile accident on the way to the conference. She never fully recovered her strength and she and Jane moved to Sugarloaf Key, seeking a warmer climate. With her mobility seriously limited, for the next decade her writing became more theoretical. Often it took the form of long letters to her old allies in the Left or her new allies in the women's movement, pressing, arguing, developing ideas. Her home was open to any woman passing through, and those who came found not an arrogant star but a keen questioner and avid listener. Openly claiming her lesbianism, with sisterhood for support, Barbara was hurt and angered by the refusal of her male allies from the pacifist movement to support lesbian or feminist struggles. She turned more of her energies to women, but always argued for, and insisted on, the humanity of men.

She now found the source of vio-

lence to be the false split into "masculinity" and "femininity"; "the one sex supposedly by nature dominant, the other supposedly in happy surrender." But, she wrote, "Dominance and submission produce only distortions of community." The result is "lost women nurturing men who become the exploiters of others, and of Nature itself." This split also deeply damages sexuality, which Barbara by then understood to be the force which makes us part of one another. Sexuality is "given to us so that we can commune with one another — and with our universe" because it can "dissolve the boundaries of our individual selves." When it is damaged, as patriarchy has damaged it, the result is individual isolation and the disruption of human community. Nonviolent action, she believed, is essentially androgynous, combining the "masculine" impulse of self-assertion and the "feminine" impulse of sympathy. The "genius of nonviolence" then, is showing the two to be indivisible and so "restoring human community." Barbara developed these ideas in letters and essays in the final decade of her life.

#### **IN FEBRUARY 1984 DOCTORS IN MIAMI TOLD BARBARA**

that she had cancer of the stomach and she went to New York for treatment, staying with her family there. Determined to live, she sent word to friends that she wanted no one around her who did not believe that she could. When I heard that, I was afraid for her: that she was too far gone, that this woman who had looked at life so steadily would be slipped up on by death. Later I found a sentence from one of her short stories that helped to explain: "Death must surely value less those who run to him uncombative."

On March 28, she began her last poem, "A Song to Pain":

This is a song of grunts and groans  
A song of moans  
Song of the turning axis of my life  
Which strives — hu! — ah!  
Against the grain  
Strives to cross and recognize  
This — uh! — difficult last line —  
— ah!

After three months of chemotherapy and radiation she returned to the Keys, hopeful that the cancer was receding.

But in July she became very sick and flew to Naples, Florida to a specialist. She was quite weak — almost dead — and finally she accepted the fact of her dying. "But not here!" She determined, "I will die at home among my friends." She summoned up what those who witnessed it say was an incredible energy and returned to her cottage among the coconut and lime trees.

Women from all over the country began to gather, to write and call. They met each night to sing and chant, never knowing which evening would be her last. "One night as we chanted," wrote Minnie Bruce, who was visiting at the time, "she stood, raised her hands and danced a little in her own elegant, angular way." During the day she called women aside to say personal goodbyes and to convey her particular love. Barbara told her friend Grace Paley over the phone, "I'm dying but I'm very well. Everyone's here and I'm well." As Minnie Bruce wrote, "During the time of her dying, the love that she had given to so many returned to her, so that she said she was happy because she knew, at the end, that she was loved."

Fifteen years before, Barbara had lain "at the bottom of her spirit's well," her pride — because her love — assaulted in its depths, fighting an utterly lonely battle and dreaming of sisterhood. Then she had set herself the task of quieting the trembling in herself by finding her pride in its fullest. She was a woman raised to think her love was monstrous. "This is not the devil. It is the devil who says this is the devil," she had written 44 years earlier. During her last living moments, she breathed in and out the love of that lifetime's work of affirmation. If her dying leaves us bereft, it also gives us joy. For who are we to say where the hope lies, where death is made life?

And Now My Spirit Guides  
Hail Me And Smile  
I've Sung Myself Beyond  
This Life's Pale

(Last lines of "A Song to Pain,"  
written in the night, July 25, 1984)

*Mab Segrest, 36, is coordinator of North Carolinians Against Racist and Religious Violence. She has a book of essays coming out from Firebrand Books in the Fall of 1985.*

# Makin' Gumbo

## IT'S ALL IN THE FAMILY

BY JAN GILBERT



Mrs. Geneva Flot Renard lives in Louisiana, just outside Arbita Springs, where the Flots have settled for generations. Back in the early days, the French Creole family name was pronounced "Flo." Today, Flot descendants dot the rural countryside, close by the old family homesteads. Says Geneva, "They's been a few of them that left. But plenty of 'em come back." It's a family bound together by tradition. One enduring family custom is the making of filé powder for gumbo. Geneva learned the art from her mother, who learned it from hers. Handed down through the women of the family, the tradition links the generations even today. Every other year, the Flot family, old and young, go into the woods in search of the sassafras tree, from which the filé is

made. While a few favorite spots still yield the sought-after fragrant leaves, it's getting harder and harder to obtain the sassafras. "It's getting scarce now. You can't hardly find it anywhere, you just got to hunt," Geneva says. In the old days, when she used to shinny up the trees to break the branches for her Mama, sassafras was plentiful. The trees grew in the cornfields out back of her parents' house, and it

was Geneva and her brothers' and sisters' job to do the breaking. They'd drag the mountains of young branches home or, if the load was too heavy, they'd hitch up the wagon and pull it to the barn. It takes a lot of branches to make a pint jar of filé, which lasts just about two years, Geneva explains.

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They don't make it more often than every other year; the work is just too hard. Geneva sits at her kitchen table shaking a near-empty jar of the aromatic powder and explains the process of filé making that will take place again this year. First, there's the breaking. The trees are hunted — old trees make the best filé — and in August, when the leaves are still green, the younger, more nimble Flots break the boughs and bring them to the old shed on Geneva's place to dry. The branches remain in the dark for about three weeks, depending on how damp the weather is. When the leaves are sufficiently dry, they are picked and put into a cotton or burlap sack. The sacks are spread out in the sun each day to dry further, usually for two or more weeks. When the leaves feel crumbly, they are ready to beat. The beating, says Geneva, takes place on the first cold day in October. That's the day all the family are called together. Geneva's brothers and sisters, their children and grandchildren, all take part. The leaves are put in a mortar and pounded with an old wooden pestle, the kind that was used to break rice from its husk. This is strenuous work, the kind best suited for the middle generation of Flots. When the leaves are pulverized, it's time for the sifting; and that's where the Flot family secret comes in. Years back, Geneva's brother built a special sifter for his Mama. She'd gotten too old for the breaking and the beating, so the fine sifting was her specialty. Geneva won't reveal just how the sifter is made, saying only that it is constructed of special material. It is in their unique sifting process that the Flot filé rises to the level of the sublime. After the first sifting, the filé goes back to the mortar again for another beating. The final, all important sifting is a job that now goes to Geneva as a member of the oldest Flot generation. And so from huge masses of green branches is refined a small, precious amount of piquant seasoning essential to the success of the family gumbo. And the Flots make plenty of gumbo from that single pint jar. There's seafood gumbo, with crabs and shrimp, duck gumbo, chicken gumbo, and "scrap" gumbo made of sausage, chicken giblets, stew meat, and a bit of seafood if you have it. Geneva is happy to tell you what goes

into her gumbo — but how she makes it, well, that's another family secret. She never uses okra to thicken her gumbo, relying instead on her own hard-earned filé to give it a unique flavor and consistency. And she'd rather go hungry than use that store-bought filé, she says. Besides, commercial filé has bay leaves in it, she sniffs disdainfully. It's how she uses her pure, homemade filé, and when she puts it in the gumbo, that remain a secret. And it looks like that secret will be kept a long, long time. After all, her Mama lived to be ninety-nine years old and taught Geneva well

delights of Flot file. Though Geneva admits the public would love it, there's no chance it will be offered for sale. The work is too long and the ingredients too scarce to make distribution outside the family feasible. And besides, that little pint jar produced every two years means a lot more than money to the Flot family. "Tradition. You know. My son and daughter, their children, they help us. The kids are interested right now, while we're doing it, but I don't know what will happen after we're gone."

Chances are that, like Flot generations before them, the youngest gener-



about the importance of keeping the family secrets — and traditions. It wasn't so much family loyalty, though, Geneva laughs, that has kept the kinfolk at the arduous task of file making all years. "We just knew that if we didn't work to get that file, we wouldn't have it."

And it's worth working for. Unfortunately, most of us will never taste the

ation of the Flot family will realize that in order to make the gumbo, you've got to break some branches. As for Geneva, "As long as I'm able to see, sit, and sifter, I'm going to keep on doing it." □

*Jan Gilbert, 35, is a newspaper feature editor, freelance journalist, and director of Patchwork, an oral history project in Mandeville, Louisiana.*

# THE FOR-PROFIT HOSPITAL JUGGERNAUT

BY GERI DALLEK AND LINDA LOWE

## Public hospitals in the South are an easy and attractive target for predatory corporations.

The official publication of the National Association of Counties, *County News*, carried an ad in July 1984 proclaiming how well things have gone since Hospital Corporation of America (HCA) took over management of a Georgia public hospital. The chairman of the Hospital Authority of Habersham County, Georgia is quoted as saying, "We chose HCA because we had to have a winner. . . . In 1977, we found ourselves in trouble at Habersham County Hospital: We didn't have an administrator, it was hard just meeting payroll and we needed a lot of renovation. . . . HCA — working with a lot of people here — turned us around."

This ad and others like it represent an extensive and successful campaign to buy out and gain control of the South's public hospitals. All too often, county and city governments fall for the sales pitch — and sell or turn over the managing of their hospitals to HCA or other chains. As public hospitals face large deficits, and as their physical plants continue to deteriorate, public officials have come to view the sale or management transfer of their public hospitals as the only way out of

a fiscal morass. Public hospitals in the South are an especially easy and attractive target for the predatory chains. Southern lawmakers generally favor private control over government control, and an anti-regulatory environment has helped these firms to thrive.

In 1983, for-profit (also known as proprietary and investor-owned) hospital chains owned 595 hospitals in the U.S. and managed 274 more. The Southern states have more than their fair share of these, with 21 percent of the South's hospitals owned by for-profit companies in 1984. It is estimated that 30 percent of acute care hospitals in the U.S. will be for-profits by 1990. The for-profit hospital industry is also consolidating. Five chains now control two-thirds of the for-profit market, led by Nashville-based HCA with over a third of this market and Louisville's Humana, Inc., which holds a tenth of the market (see Table 1).

For the chains, caring for the ill is a money-making proposition. In 1980 the after-tax profits of hospital stocks doubled. During 1982, a recession year for most businesses, stocks of the top four hospital chains rose 30 per-

cent. By 1983, after-tax profits of 20 for-profit chains increased by 38 percent.

For-profit chains argue that they offer modern, efficiently run hospital systems, but consumers and communities have begun to wonder. Many are starting to realize that for-profit hospitals mean less care for the needy and elderly, higher costs for everyone, and decisions based on what's profitable, not what's needed.

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### HOSPITALS WITH ARTIFICIAL HEARTS

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Hospital Corporation of America owns 5 of the 12 hospitals in its home city of Nashville. The largest of these HCA facilities, Park View, has no soft spot in its heart for sick people who need charity care.

In 1983 a man suffering from lung cancer was referred by his doctors to Park View because it was the only hospital in the area that provided the



type of radiology treatment he needed. When the patient (who lived on a 14-acre farm with his disabled wife on a combined income of \$328 a month) and his sister arrived at Park View, they were told that "no treatment would be given until \$500 had been paid in advance." The sister called John Colton, an HCA vice-president, and explained that she didn't have the money. She was told, "HCA does not provide care to anyone without assurance of payment." Because her brother was in "great pain" and "in tears," the sister gave the hospital \$500 she could not afford and treatment was begun. A few days later, however, she was told to come up with another \$500 or her brother's radiology treatment would be discontinued. At this point, she contacted attorney Gordon Bonnyman at her local Legal Services office, who was told by HCA's attorney that the hospital couldn't make an exception for his client because it "turned people away in similar circumstances every day."

Bonnyman prepared a complaint against HCA charging abandonment, denial of emergency medical care, intentional infliction of mental distress, and extortion. HCA agreed to continue treatment the day the complaint was to be filed.

"The poor just don't get into HCA hospitals in my city," Bonnyman believes. Data from the Tennessee Department of Health and Environment support his contention. In 1982 the seven Nashville not-for-profit hospitals provided 93 percent of the city's total free and bad-debt care, compared to 7 percent provided by the five HCA hospitals.

HCA is not the only for-profit chain which denies care to the poor. Humana, Inc., the second largest chain, appears equally hard-hearted. In January 1982 the Health System Agency (HSA) of Northern Virginia issued its finding on Humana's certificate of need application to build a new 200-bed hospital in Reston, Virginia. (HSAs are regional planning agencies that review applications for a certificate of need before a new hospital can be built or an old one expanded.) The HSA determined in this case that given the surplus bed capacity in the area, not only was a new hospital not needed, but construction of a new Humana

hospital might result in reduced access to care for the poor in the area.

In the course of its assessment, the HSA had looked at patient transfers from Humana hospital emergency rooms to other hospitals and had determined that the chance of a patient at a Humana hospital emergency room being transferred to another facility was six times as great as for a patient who received emergency care at existing area hospitals. Many poor patients seeking care at a Humana hospital, the HSA predicted, would be transferred to other northern Virginia hospitals, "if they do not have third-party coverage or money for a down payment on their bill, and they are not in an immediately life-threatening condition."

Several state studies have found large disparities in the amount of indigent care provided by for-profit hospitals and voluntary (not-for-profit, often church-run) hospitals and public hospitals. Typically, public hospitals provide the lion's share of uncompensated care; voluntary hospitals come in second, with for-profit facilities running a poor third.

In Florida in 1983, although for-profit hospitals constituted 32 percent of the state's hospitals, they provided only 4 percent of the net charity care provided within the state. Florida's Hospital Cost Containment Board openly criticized for-profit hospitals in its 1983-84 annual report for their failure to equitably share the burden of

serving the uninsured poor.

Texas's for-profit hospitals also shun the poor. In 1983 they provided less than 1 percent of the total charity care in the state (see Table 2).

For-profit hospital chains sometimes claim they provide as much indigent care as voluntary facilities, but they are reluctant to provide supporting data. According to a September 1983 article in the Nashville *Tennessean*, HCA hospitals in the state were the only ones which refused to answer a questionnaire about patient charges sent out by State Senator John Hicks. For years HCA and other for-profit hospitals in Georgia refused to submit to the state financial data that was routinely reported by other facilities. They began to comply only after the data was required as part of a certificate of need application.

Some national data on provision of indigent care are available from the January 1981 Office of Civil Rights (OCR) survey of all general, short-term hospitals in the U.S. An analysis of OCR data on inpatient admitting practices showed that 9.5 percent of all

**TABLE 1  
TOP FIVE FOR-PROFIT HOSPITAL CHAINS**

Corporation	Beds*		Hospitals*	
	1982	1983	1982	1983
1. Hospital Corp. of America Nashville, TN	45,184	50,441	306	339
2. Humana, Inc. Louisville, KY	16,201	17,239	86	86
3. American Medical International, Inc. Bev. Hills, CA	9,438	10,744	71	78
4. National Medical Enterprises, Inc. Los Angeles	8,399	8,996	61	60
5. Nu-Med, Inc. Van Nuys, CA	5,403	5,696	11	21

\* Total owned, leased, and managed  
Source: *Modern Healthcare*, May 15, 1984

**TABLE 2  
UNCOMPENSATED HOSPITAL CARE, TEXAS, 1983**

Ownership	Percent of Hospitals	Percent of Beds	Percent of Charity Care	Percent of Bad Debt*
Public	44.7	30.9	86.9	54.6
Nonprofit	36.1	53.7	13.1	42.8
For-profit	19.1	15.3	-	2.7

\*Hospital charges that are not collected

Source: Texas Task Force on Indigent Health Care, 1984 survey

hospital patients were uninsured in 1981; yet only 6 percent of patients treated at for-profit hospitals were uninsured while 16.8 percent of those treated at hospitals owned by state and local governments were uninsured. Alan Sager of Boston University also used OCR data in his study of hospital closures and relocations in 52 cities. He found that of the 4,038 patients categorized as "no charge" during the OCR survey, only 1 received care at a for-profit facility.

Voluntary hospitals and even some public hospitals also turn away the poor. What distinguishes the actions of the for-profit chain hospitals from those of individual voluntary or public facilities is that the for-profits' policy of denying access is established at corporate headquarters and therefore affects all their facilities throughout the nation. Although many voluntary hospitals are reducing their uncompensated care load in order to survive, others continue to view care for the poor as part of their mission. For-profit hospitals have a different mission — profit — and these conglomerates see clearly that indigent care and unpaid debts mean fewer profits.



Illustration by David Johnson

Too often, local governments are succumbing to promises made by these chains that if they will sell, lease, or turn over management of their hospitals, red ink will run black, patient care will improve, and past inefficiencies will disappear under management techniques such as use of the most up-to-date computers and bulk purchasing. But studies have shown that public and some voluntary hospitals are losing money because they serve the uninsured, not because they are inefficient. Thus, the for-profit chains' promise really boils down to systematic exclusion of the uninsured poor from health care.

This is what happened in Somerset, Kentucky, following the sale of its public hospital to Humana in 1973. Humana built a new facility to replace the older Somerset Hospital. It also stopped caring for the community's poor. With the sale of Somerset Hospital to Humana, the hospital's obligation to provide free care as a recipient of federal funds under the Hill-Burton Act was lost; the new hospital now provides little in the way of free or reduced-cost care.\* According to one hospital spokesperson, Humana's policy is to treat all emergencies but to transfer indigent patients "to tax-supported hospitals once their condition has stabilized." Pregnant women are regularly denied admission to the hospital unless they pay a \$1,200 deposit.

In addition to requiring large pre-admission deposits and transferring indigent patients, Humana's new hospital began systematically harassing people with unfair and improper debt collection practices. Some patients were told they had to pay over \$1,000 before they would be released from the hospital. Some were told that their newborn babies would be kept at the

hospital until their bills were paid; and others were told that they'd be sent to jail if they didn't pay their hospital bills. One woman was told to write a check even though she had no funds to cover it. "They told me that if I didn't make the check good in 10 days, they'd turn it over to the sheriff's office," she explained. Patients or family members were also required to sign installment loans, blank promissory notes, and post-dated checks before the hospital would release patients.

After a nine-month investigation by the Consumer Protection Division of the Kentucky Attorney General's office, the hospital agreed in June 1983 to sign a voluntary compliance agreement. Denying any wrongdoing, the hospital agreed to stop its outrageous collection practices "solely in order to effect a settlement of this controversy."

When a public hospital is sold, the sales contract sometimes includes a provision to provide indigent care, but the amount is usually limited and may not be guaranteed for the future. Some chain hospitals make it difficult even to find out about charity care. When asked why he would not post notices explaining how to apply for charity care, one HCA administrator in Georgia replied, "You wouldn't expect a department store to put up signs inviting people to shoplift, would you?"

At other times, an indigent care trust fund is established with part of the proceeds of a public hospital sale. This, chains claim, is the answer to the problem of care for the poor. A September 1984 HCA ad in the *Smithsonian* magazine makes this point: "On May 31, 1983, Nita Franks, a part-time pecan sorter in Coriscana, Texas, carried her extremely weak son into the emergency room of Navarro Regional Hospital," a newly purchased HCA facility. The ad then notes that "like many rural hospitals, a large part of Navarro Regional's patient load is indigent care. The resulting financial burden had kept the old county hospital in the red for years — to the point of almost losing accreditation. But with financial support from the sale of the hospital to HCA, an innovative solution was found: The Navarro County Health Services Foundation. . . . Thanks to compassionate, far-sighted leadership and capital available from the sale of the old hospital, Navarro

\* Thousands of hospitals have received federal funds for capital improvements under the Hill-Burton Act of 1946 on the condition that they provide a specified minimum amount of free care to the poor for a period of 20 years. But if such a hospital is sold to an investor-owned company, the federal government gets only part of its money back — and the hospital, until 1984, was always relieved of its legal obligation to provide free care. Now, for-profits can choose to retain the Hill-Burton obligation in return for waiver of repayment.

County and HCA have successfully addressed a very difficult problem."

This ad is misleading. Here's how the trust fund works. Half of the county hospital's purchase price — \$2.5 million — was placed in the trust. While proceeds from the trust vary by year depending on investments and the interest rate, in the last 12 months only about \$250,000 to \$300,000 was available to provide charity care. Poor people are not told of the existence of the fund when they come to the hospital. The financial screener interviews patients and their families and decides whom to recommend to a subcommittee of the foundation board as deserving of free care. Currently, the fund receives a great many more needy applicants than it can assist.

The way this trust operates raises a whole host of questions. Care appears to be rationed to the "deserving poor." Moreover, the fund is very small: \$250,000 for hospital care doesn't go very far. The hospital is the only one in Corsicana and does not turn away poor people who live in the county, but indigents are definitely required to pay a part or all of their bills. It is certainly an exaggeration to claim, as the ad does, that the problem of indigent care has been "successfully addressed."

When people in a community hear a corporation's and local government's claim that the sale of their local hospital will create an indigent care fund, they should remember that they will still be paying for the fund out of another pocket. The purchase price paid by the corporation for the facility will be reflected in higher charges to individual users of the hospital. The fund is not created out of thin air.

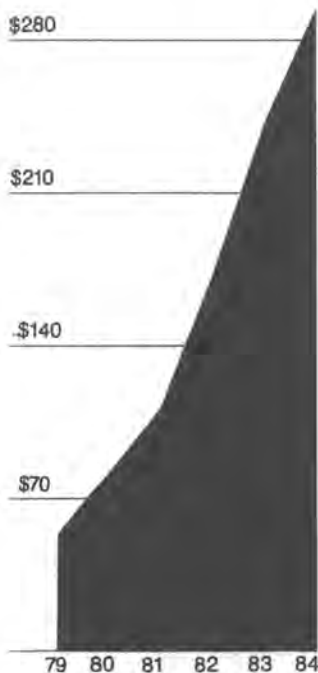
For-profit hospital chains make other promises to communities when they seek to purchase public hospitals. They always point out that since the hospitals will become tax-paying institutions, their profits will increase local government coffers. Indeed, this is the justification often given for their policy of denying care to the poor. One recent Humana certificate of need application in Florida contained an explicit statement of this philosophy: *As a result of public policy and their status as taxpayers, Humana hospitals do not have the responsibility to provide hospital care for the indigent ex-*

*cept in emergencies or in those situations where reimbursement for indigent patients is provided.*

Sometimes for-profit hospitals use more subtle means than outright denial to discourage the uninsured from seeking care. A recent study by Vanderbilt Hospital of Vanderbilt University in Nashville found that care for maternity, neonatal, and trauma patients accounts for 53 percent of the average hospital's uncompensated care load. Thus, one way to reduce the financial risk of uncompensated care is simply not to provide these services.

"This is exactly what for-profit hospitals do in my area," asserts Randy Kammer-Phillips of Three Rivers Legal Services in north-central Florida. "Either they don't operate emergency rooms or, more commonly, have a closed emergency room which means that a patient needs a doctor's

**Hospital Corporation of America  
Net Income (millions)**



referral in order to be seen." According to an August 1983 article in the *St. Petersburg Times*, if all the non-profit hospitals in Pinellas County, Florida, disappeared and the county was left with just the for-profit facilities, there would be no obstetrics, no care for newborns, and no training for physicians.

Decisions by for-profit chains about

which hospital services to provide have a lot to do with what is profitable, and very little to do with what a community needs. When Humana took over the newly built University of Kentucky Hospital (now called Humana Hospital University) in Louisville, there was a clear understanding that the hospital would open a burn unit, according to both state and local officials. Yet the hospital refused to do so unless the state provided increased funding for burn victims over and above the \$22 million the hospital was already receiving to provide indigent care. "A burn unit had always been planned for the hospital, and Humana knew that. Its subsequent reluctance was unwarranted," a *Louisville Courier-Journal* editorial declared in September 1983. Following the much-publicized death of a burn victim at the hospital, Humana agreed to open the long-promised unit.

When Humana bought the Sam Howell Memorial Hospital in Cartersville, Georgia, it closed the successful nurse midwifery service that had been delivering babies of the community's low-income families. The service was not profitable and did not generate nightly national news coverage for Humana like the high-technology artificial heart surgery program at its Louisville hospital.

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## HOSPITALS WITH ARTIFICIAL HEARTS AND HIGHER PRICES. . .

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Studies have shown that patients end up paying more at for-profit hospitals. The people of Habersham County, Georgia found this out the hard way.

On July 30, 1984, less than a month after the *County News* ad appeared extolling the virtues of HCA, the grand jury of Habersham County Superior Court issued a report on its in-depth investigation of HCA's management. Five years into the \$226,000-a-year management contract to run the 59-bed public hospital, the grand jury found serious problems relating to

quality of care and stated that many county residents in need of treatment "were choosing to go elsewhere." Examining the hospital's financial reports, the grand jury acknowledged that under the new administration the facility had moved from a 7.8 percent loss in 1978 to a 3.3 percent profit margin in 1983, and that the physical plant was in better condition.

Delving beneath the company's and the hospital authority's assertions that HCA's efficiency had brought about the improvements, the grand jury found that the most plausible explanation for the profits was not efficiency but higher charges: gross in-patient revenue had increased since 1978 by 147 percent per patient day and by 131 percent per admission. Also, despite an increase in the number of community physicians (in part because of county subsidization of interest-free loans and free office rent), the hospital occupancy rate remained low and was declining. In investigating HCA's claims that it was saving the hospital money on supplies, the grand jury found that for 13 commonly used items, the prices paid by its hospital were higher on nine than those paid by an independent Georgia hospital.

The grand jury found that HCA also deprived some patients of their rights and put the facility at risk of federal sanctions by mismanaging its obligation to provide free care under the Hill-Burton Act. Of the \$211,258 reported to the federal government as fulfilling the hospital's Hill-Burton obligation, less than \$25,000 was properly claimed according to Hill-Burton procedures.

Habersham County's experience with HCA is far from unique. A comparison of charges at 280 California for-profit and nonprofit urban and suburban hospitals showed that the for-profit hospital charges per admission were 24 percent higher than those of the voluntary hospitals and 47 percent higher than public hospital charges. According to this study (by Robert Pattison and Hallie Katz, reported in the August 1983 *New England Journal of Medicine*) huge profits were made not in routine daily charges like room, board, and nursing care, but in ancillary services like pharmacy and laboratory services. Not only did

the for-profit facilities charge more for several of these services, but their patients were more likely to receive these profit-making services — although no evidence exists that they had more complicated problems than patients at the comparison hospitals. Inpatient ancillary charges per admission at the for-profit hospitals studied were 38 percent higher and 76 percent higher than charges at the voluntary and public hospitals respectively.

The study showed, moreover, that despite the claims of administrative savings, costs for "fiscal services" and "administrative services" (which include costs to maintain corporate headquarters elsewhere) were 32 percent higher in for-profit chain hospitals than in voluntary hospitals. In

addition, Medicare has reimbursed for-profit hospitals for a portion of these "administrative services," costs ultimately passed on to the public in the form of higher taxes. The authors concluded that "the data do not support the claim that investor-owned chains enjoy overall operating efficiencies or economies of scale in administrative or fiscal services."

For-profit hospitals also charge more for several procedures, according to a 1983 Blue Cross/Blue Shield of North Carolina study. Comparing charges for three commonly performed hospital procedures — gall bladder removals, hysterectomies, and normal deliveries — at six for-profit hospitals and six matched nonprofit hospitals, the study found that in all

## "We chose HCA because we had to have a winner."

Marion Stribling, Chairman of the Hospital Authority of Habersham County, Georgia



"In 1977, we found ourselves in trouble at Habersham County Hospital. We didn't have an administrator, it was hard just meeting payroll and we needed a lot of renovation. We had to make a change, and we couldn't afford to make a mistake—we had to have a winner!

"HCA—working with a lot of good people here—turned us around. We've renovated 99% of the hospital. We're attracting the doctors we need, and new medical services and equipment have improved patient care. Plus, we still have our 'say-so' over the hospital with our Board of Directors. Habersham has turned the corner, and we're a winning team. I guess the best thing I could say for HCA is that if we had to make the decision today that we made in 1977, we'd do the same thing!"

For more information write or call Derril W. Reeves, HCA, One Park Plaza, P.O. Box 550, Nashville, TN 30202-0550, 1-800-251-2561.

**HCA** Hospital Corporation of America



THIS HCA AD APPEARED IN COUNTY NEWS IN JULY 1984

but one case the average total charge was from 6 percent to 58 percent higher in the for-profit hospitals.

Since for-profit hospitals have greater access to investment capital than public hospitals, they claim they can build new facilities at a lower cost. This appeals to communities unwilling to pay higher taxes to support needed capital expenditures. Advertising heavily in *County News* and other publications directed at local officials, the for-profit chains scout for properties, promising to update aging facilities and bring better medical care to the community, all at no cost to the local taxpayers. Old-fashioned snake oil peddlers are not the only ones who have exploited our natural desire for a quick fix when it comes to healing.

In fact, though, communities ultimately pay for all new construction and equipment — through increased hospital charges, larger insurance premiums, and higher tax costs to support Medicare and Medicaid.\*

When American Medical International (AMI) bought York General Hospital, the 50-year-old Rock Hill, South Carolina, hospital suffered from a leaky roof, an overcrowded emergency room, and frequent equipment breakdowns. AMI built a new \$28 million hospital and furnished it with \$3 million worth of new equipment. The hospital chain also added amenities like a "stork program" — a steak, candlelight, and wine dinner for new parents. At the same time, AMI increased inpatient charges by 35 percent, the average charge per admission for supplies jumped by 133 percent, and the cost of a chest x-ray doubled. According to a *Wall Street Journal* news account of the takeover, "The representative of one local employer isn't impressed by the stork program or the \$30,000 a year that American Medical is spending on public relations. 'It's icing on the cake,' he says.

\* In addition to reimbursement payments for the medical costs of patient care, Medicare has reimbursed hospitals for a portion of their capital-related costs, including depreciation and interest on the large loans they take out in order to pay high prices for community hospitals. When the chains buy a hospital, they therefore are able to use the sale price and the expenses associated with the sale to obtain increased Medicare reimbursements. Medicaid reimbursement policies vary from state to state but generally include similar outlays to hospitals.

**TABLE 3**  
**FOR-PROFIT HOSPITALS — U.S. AND SOUTH, 1984**

State	Total Number All Hospitals	For-Profit Hospitals		% of Beds Occupied	
		Number	%	All	For-Profit
AL	146	31	21.2	75.2	66.3
AR	97	13	13.4	69.0	58.9
FL	254	77	30.3	75.5	67.9
GA	191	31	16.2	73.7	60.8
KY	120	18	15.0	77.9	71.8
LA	158	35	22.2	71.2	57.5
MS	118	10	8.5	74.2	55.8
NC	159	15	9.4	76.8	60.1
SC	89	11	12.4	74.8	67.1
TN	162	52	32.1	75.1	64.8
TX	562	146	26.0	71.6	64.3
VA	135	20	14.8	75.9	72.5
WV	75	13	17.3	75.7	69.7
South	2,266	472	20.8		
U.S.	6,888	757	11.0		

Source: Compiled from American Hospital Association, *Hospital Statistics*, 1984 edition (based on 1983 data for community hospitals).

'It's getting so we can't afford the icing — or even the cake.'"

Even when a chain buys an existing facility without need of major capital improvements, the cost of care will escalate rapidly after the sale. In 1982 Humana bought Coweta General Hospital, a 144-bed public facility not far from Atlanta. Humana paid about \$12 million for the hospital, which had cost the community around \$6 million to build and renovate beginning in the 1960s.

The hospital plant was in good condition. Yet an analysis by Georgia Legal Services showed that the sale itself would increase costs by about \$1 million the first year, largely because the facility was being refinanced at a higher cost and higher interest rate. (Humana borrowed \$9 million at 17 percent interest to purchase the hospital. Interest payments now account for 15.8 percent of operating expenses, or \$52 per patient day, compared to 2.2 percent, or \$5.92 per patient day, under public ownership.)

The millions of dollars that Humana and the local officials supporting the sale argued would enrich the county coffers and ease the taxpayers' burden would actually be paid by hospital users directly and through their insurance programs and by the taxes that fund the Medicare and Medicaid pro-

grams. The estimated first-year cost of the sale to federal and state governments (and therefore to taxpayers) was almost \$600,000.

In response to large federal cost increases attributed to for-profit acquisitions, Congress reduced the federal government's subsidy of this activity in 1984. Congress also has considered stopping Medicare payments for chains' "return on equity" — a reimbursement that has been paid to for-profit hospitals for their capital costs, which includes a return for investors.

Chains increase health care costs one final way — by building unneeded hospitals. Pat Groner of Baptist Hospital in Pensacola, Florida, observed in *Health Care Management Review* as early as 1979 that the capital-rich for-profit chains were contributing disproportionately to the costly problem of "overbedding" — more hospital beds in an area than are needed. He examined 12 Florida counties that were underbedded in 1972. By 1975, they were overbedded by almost 6,600 beds. The for-profit chains that had controlled 16.7 percent of beds in 1972 had built 60 percent of the new beds by 1975. In 1984, the percentage of beds occupied in all hospitals in the South ranged from a low of 69.0 percent in Arkansas to a high of 77.9 percent in Kentucky. The occupancy rate in

investor-owned hospitals was considerably lower; ranging from 55.8 percent in Mississippi to 72.5 percent in Virginia (see Table 3).

Excess capacity is prohibitively expensive to the public in both monetary and human terms, as a 1983 Georgia certificate of need controversy demonstrates. Humana proposed to construct a 100-bed hospital near 330-bed Clayton General, a public facility that was proposing an 82-bed expansion because it was already full most of the time. The two applicants projected similar patient charges of around \$600 per day for 1986 even though Clayton General is a larger, more complex facility than the hospital Humana was proposing to build. But the reasons for the charges were substantially different.

Clayton General expected to be operating at 82 percent capacity in 1986 with the proposed addition and proposed to build into its charges around \$150 a day to subsidize an unusually high 20 percent uncompensated care load (care for the uninsured poor). Humana, on the other hand, projected a 45 percent occupancy rate and planned to build into its charges about \$145 per patient day to support its excess capacity. Nationally, Humana's occupancy rates hover around 60 percent. Despite their low occupancy rates, investor-owned chains are able to make profits by shifting the cost of empty beds to hospital patients.

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## **HOSPITALS WITH ARTIFICIAL HEARTS AND HIGHER PRICES. . . AND FOR WHAT?**

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For-profit chains assert that they provide the best that medical care can offer — through the use of high technology procedures and equipment. However, there is at least some evidence that the high-tech care provided may sometimes be inappropriate.

In Georgia, for example, a state health planning study revealed that Caesarean sections are performed in the state's for-profit hospitals substan-

tially more often than at either voluntary or public facilities. There is little basis for believing that for-profit hospital patients (who tend to be healthier and wealthier) need this procedure more often than the poorer, sicker patients who use public hospitals. Because of the higher maternal mortality rate associated with Caesarean section, this reliance on high technology raises significant questions about quality of care.

Pattison and Katz, as already noted, found that the for-profit chains provided a larger number of profitable ancillary service units per day and per

admission than other hospitals, yet there was no evidence that the for-profits were treating more complicated cases. The authors concluded that their findings "lend credence to concerns that the tension between profit maximization and medical appropriateness may lead to different styles of medical practice in these hospitals."

The Habersham County grand jury investigation found serious problems relating to quality of care at its HCA-managed hospital. The grand jury stated that the Joint Commission on Accreditation of Hospitals (JCAH) and the Parthenon Insurance Company had



photo by Jackson Hill

cited the hospital for a number of serious deficiencies, including staff shortages in key areas and the failure of internal committees to monitor the quality of care and to identify and correct any problems. Especially damning was the conclusion of the insurance company, a wholly owned subsidiary of HCA, that the hospital would be an "extremely high risk" for continuing coverage unless the defects were corrected. Parthenon had found that hospital committees reviewing patient care quality had uncovered *no* problem cases. That is, the hospital committees had stated that all patient care at the hospital was 100 percent acceptable. Parthenon Insurance said, "This appears to be indicative of paperwork medical staff assessment functions. . . . It is either a standard of care which exceeds practice patterns throughout the country or quality assurance functions which fail to identify medical staff problems."

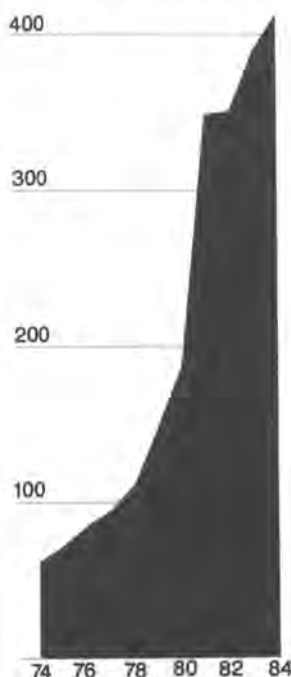
Unfortunately, arguments over which hospitals are providing the highest quality care are not easily resolved. Without laws guaranteeing access to data on quality, the public is heavily dependent on certifications by organizations like the JCAH. Yet, Parthenon Insurance Company's critical report on Habersham County Medical Center was issued six months *after* the JCAH had given the facility its full accreditation, despite the problems found with internal quality monitoring and despite significant malpractice litigation against a particular doctor. Without the grand jury investigation, the public would still be in the dark about HCA's mismanagement.

Legislation enacted in 1983 dramatically changed the way Medicare reimburses hospitals for care of the elderly and may have a significant impact on the quality of care received by older patients. The "open checkbook" system determined by the actual cost of care was replaced with one using predetermined rates. Under the new "prospective payment" (also called DRG) system, reimbursement is based on the average cost of care for a particular diagnosis, or DRG (diagnosis related groupings). If a hospital can treat a patient for less than the payment amount, it can keep the savings. If the treatment costs more, the hospital must absorb the loss.

With the advent of this new Medicare system, the profit maximization game changed: hospitals must now make profits by providing not *more* but *fewer* services per patient. "Recent data on the use of hospitals under Medicare appear to show that hospitals have in fact responded by reducing lengths of stay," according to a report from the congressional General Accounting Office (GAO). In each of the six communities it visited, the GAO said, "the view was expressed that patients are being discharged . . . in a poorer state of health." The report also said that it is not clear that those who provide care after hospitalization, including nursing homes, home health agencies, and community services, are equipped to deal with the patients being released sooner from hospitals.

The new Medicare system also has raised fears that some hospitals will

**Hospital Corporation of America  
Number of Hospitals**



pick and choose the diagnoses they admit, leaving those considered unprofitable to other facilities. If this becomes standard practice, increasing numbers of older patients will face the discriminatory practices that have been reserved for the poor. Hospitals can tailor their services to ensure receiving patients with profitable ailments. Moreover, physicians with staff

privileges can be encouraged to limit their hospital admissions to patients with certain diagnoses. For-profit chain hospitals may be in a better position than other hospitals to exert this kind of pressure because of the kinds of benefits they offer to doctors. For example, on April 5, 1982 a Humana letter to pediatricians offered the following inducements to join a five-physician multi-specialty group in Springhill, Louisiana:

- guaranteed income — \$5,500 per month for the first six months; the lowest projected first-year income is \$150,000;
- rent-free office — absolutely no business or other overhead expenses the first year; this includes a paid nurse, secretarial and office equipment and furniture, free utilities, and more;
- paid health/dental/life/malpractice insurance;
- company car;
- paid moving expenses;
- paid country club membership;
- paid on-site visit.

Continued receipt of benefits like these may depend on admitting profitable patients to the hospital. "Humana's Hard-Sell Hospitals," according to a 1980 article by that title in *Fortune*, monitor doctors' performances in generating revenue and let them know how they stand in the company's eyes. Humana "keeps records on every doctor's monthly admissions and the revenues these produce." Commented one Humana physician, "They let you know if you're not keeping up with expectation."

By now, most television watchers are familiar with the extraordinary care and attention given to artificial heart transplant patients at Humana Heart Institute in Louisville. It appears, however, that patients at other for-profit facilities don't receive the same attention. For-profit chain hospitals' staff-to-patient ratios are lower than those of other community hospitals. The for-profits often claim they are merely being efficient and that the design of their facilities requires fewer personnel, but many believe the facilities are actually short-staffed.

When AMI bought York General in Rock Hill, South Carolina, it reduced its personnel costs by changing from a fixed to a flexible work schedule. The

number of nursing staff now varies, depending on the number of patients expected each day. Nurses complain they are short-staffed and that patient care has suffered. One nurse charged that AMI tries to "get the maximum amount of work from the least amount of people." On one shift, she complained that there were five staff for 38 patients. Her request for more nursing staff was turned down by her supervisor.

Staff ratios for chain-owned and operated hospitals are set at corporate headquarters and each hospital in the

imize profit, match staffing patterns with the daily fluctuations in occupancy by using nursing registries and part-time employees. Regular staff sometimes complain that the registry nurses do not know the facilities or the patients well; thus they contribute to confusion and do not carry their fair shares of the workload. Use of registry nurses and part-time employees can also inhibit union organizing by regular staff to promote their own interests and those of patients.

*Business Week* reported that American Medical International (AMI) had a "12-person team scouting 750 hospitals that it would like to acquire to increase its size." In 1983 HCA acquired 33 hospitals and the firm predicted it would do half a billion in hospital acquisitions during 1984.

Chains are expanding vertically as well as horizontally, buying up nursing homes, establishing HMOs (health maintenance organizations), PPOs (preferred provider organizations), home health agencies, independent surgi-centers, and free-standing emergency clinics.

The concentration of our health care system in a few monolithic companies is anathema to any notion of competition. This appears to be the sentiment of the Federal Trade Commission (FTC). On July 27, 1983, an FTC judge ruled that AMI had attempted to monopolize the delivery of hospital services in San Luis Obispo, California, when it purchased its chief competing hospital. FTC judge Ernest G. Barnes determined that AMI's acquisition of its "largest and most direct competitor," which increased its hospital market share to 87 percent of inpatient days and 82 percent of gross revenues, was sufficient "to infer an attempt to monopolize the market."

The judge also found AMI guilty of price fixing: "AMI took steps to make charges uniform at all its hospitals in the San Luis Obispo area" after it acquired the third hospital. Following an appeal to the FTC's full commission, AMI was ordered to sell its recently acquired hospital.

The FTC also filed an antitrust complaint against HCA in August 1982, charging that the firm's acquisition of Hospital Affiliates and Health Care Corporation in 1981 had resulted in a noncompetitive situation in the Chattanooga, Tennessee area. In November 1984 FTC administrative law judge Lewis F. Parker ordered HCA to divest itself of two of its acute care hospitals in the Chattanooga region. HCA is appealing the order.

Despite rhetoric to the contrary, for-profit chains do not welcome competition. Contracts between the counties and the chains for purchase of county hospitals sometimes contain a clause prohibiting counties from operating hospitals for the next 10 or more years.



photo by Jackson Hill

chain is expected to conform to these ratios.

Following the management transfer or sale of a public hospital, a for-profit chain will survey the hospital's nursing staff and other employees to determine where staffing reductions can be made. Bob Brand, director of health policy for the National Union of Hospital and Health Care Employees, has found a consistent pattern following for-profit management takeovers: "There is an immediate and significant layoff of workers concentrated in areas directly related to patient care." One of HCA's first acts after taking over management of Memorial Medical Center in Savannah, Georgia was to fire 75 staff without notice.

Some companies, in order to max-

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## HOSPITALS WITH ARTIFICIAL HEARTS AND HIGHER PRICES . . . MAY BE ALL THERE IS

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"We could wake up in a few years with a few Exxons controlling half the hospitals," predicted Dr. William Shonich of the UCLA School of Public Health in 1979. Unfortunately, this prediction is coming true. The ownership of our hospitals is being consolidated into a few hands. In 1982



In self-defense, voluntary hospitals are acting more and more like their predatory brothers — forming their own chains, instituting or increasing preadmission deposits, transferring the uninsured to public hospitals, closing services that are heavily utilized by the uninsured, and instituting rigorous collection practices. As for-profit hospitals attract greater numbers of “profitable” patients, the voluntary and public hospitals find themselves with an ever-increasing indigent care load and spreading red ink.

Voluntary and public hospitals serving the poor are at a distinct disadvantage in any competitive game because they are, according to policy analysts, playing on an “unlevel playing field.” From her study of for-profit hospitals’ behavior, Lou Ann Kennedy, professor at Baruch College in New York City, concludes: “When proprietary interests obtain a dominant share in a hospital market, their practices vis-à-vis the poor become the norm. Neighboring voluntary and public hospitals are forced to act like the for-profits in order to survive.” Because of this “domino effect,” she believes, the “uninsured will not get care and the insured will pay higher costs. This may be good business, but it is certainly bad health care.”

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## **POLICY MAKERS SEEK SOLUTIONS**

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Several states are looking for ways to level the playing field. Concerned with the rapid growth of for-profit hospitals, the North Carolina legislature passed a one-year moratorium on the sale of public hospitals to for-profit entities. When the moratorium expired on July 1, 1984, the North Carolina General Assembly passed a bill requiring significant public notice and hearing rights before and following the sale or lease of a public hospital to a for-profit hospital corporation. This “Act to Protect the Public Interest in the Sale or Lease of Public Hospital Facilities” also requires any new for-profit owner to continue providing indigent care and prohibits the new

hospital owners from enacting financial admissions policies that have the effect of denying patients services because of their “immediate inability to pay.”

Florida passed the “Health Care Access Act of 1984,” which taxes hospitals (1 percent the first year and 1.5 percent in subsequent years) both to help fund an expansion of Medicaid and to improve coverage of indigent hospital care. The September 1984 Preliminary Report of the Texas Task Force on Indigent Health Care recommended that “as a condition of licensing and relicensing, all hospitals should participate in the provision of health care to the medically indigent under a fair-share formula. This hospital obligation could be discharged by providing services to indigents or by contributing funds to a pool used for health care for indigents.”

Georgia and South Carolina have toughened their health planning standards to increase control over for-profit entities and to protect the provision of indigent care. In Georgia, a for-profit entity that buys a public hospital must allocate 3 percent of the gross revenues of the hospital (exclusive of bad debt and Medicaid and Medicare adjustments) to fund indigent care, to provide emergency care to residents of the county, and to participate in Medicare and Medicaid. South Carolina now requires certificate of need applicants to address in detail the degree to which they now, or plan to, provide care to indigents. Applicants who either fail to provide this information or whose statements “reflect an inadequate commitment to meeting this identified community need” will be denied the certificate of need.

Finally, states are looking for ways to increase medical coverage for the uninsured poor, primarily through an expansion of Medicaid. The degree to which they can accomplish this depends on their fiscal health and on what happens to Medicaid when Congress and the President attempt to reduce the federal deficit.

The need to provide care for the uninsured poor is particularly acute in the South, where the proportion of people living below the poverty line reached 18.2 percent in 1984 and

where the plight of the remaining hospitals serving this population has reached a crisis. Communities and public hospitals cannot wait for federal and state action. They must work to protect their own interests. In both Texas and Georgia, public and voluntary hospitals have formed their own associations to voice their special needs. Communities must also understand that public hospitals are not the property of local governing boards to sell as they please. These hospitals are held in trust for the communities that financed and built them. Unfortunately, all too often hospitals are sold without genuine public debate and without so much as a whimper of community protest.

No one argues that some communities aren’t in difficult straits with their hospitals, but there are short-run options available. Hospitals can work together to advance their political goals; they also can establish consortia to share expertise and equipment and take advantage of bulk-purchasing arrangements.

The reality, however, is that many public hospitals will not survive without outside help. Poor communities with small tax bases are being asked to pay an ever-increasing amount for care to the poor as for-profit chains and some voluntary hospitals shut their doors to this population. The playing field is indeed uneven and public hospitals and those they serve will lose the game unless state governments make their survival and the provision of indigent care priority issues.

“We are,” says professor Alan Sager, “steadily moving toward more care for fewer people at greater cost and that’s not what health care is all about.” Hospitals serving the elderly and the poor can and must be saved. The siphoning off of health care dollars needed for patient care to the profits of multi-million dollar corporations is inconsistent with the human compassion upon which our health care system was built. □

*Gerri Dallek, 42, is a health policy analyst in the Los Angeles office of the National Health Law Program. Linda Lowe, 38, is a health policy specialist with the Georgia Legal Services program. Both work on improving access to health care for people with low incomes.*

# TENNESSEE'S "REAL PEOPLE" ORGANIZE FOR FAIR HEALTH CARE

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*"I think we will look back upon the 1970s and 1980s and see that the robber barons of these years were in the health care industry."*

Nashville, Tennessee hosts the corporate headquarters for seven of the nation's 11 largest private, for-profit health care corporations, including the largest one, Hospital Corporation of America. Nashville is also the home base of Tennessee's Real People's Coalition, an emerging coalition of citizens fighting for improved health care conditions. The coalition has shocked industry and government insiders by packing once-quiet hearing rooms of state government with concerned — and irate — citizens.

Robert Everett is a retiree and one of the leaders of the Real People's Coalition. After a September 1984 hearing of the Governor's Select Committee on Health Care Cost Containment, he lashed out at the committee, which he said was "dominated by the health care industry, large corporations, and insurance companies."

The rising cost of health care and decreasing access to health care for poor and working-class people are

widening the gap between the people who can pay for medical services and those who can't. Though their lives are in danger, people without money or medical insurance are turned away from hospitals simply because they cannot afford excessive pre-payments. Spiraling costs of medical care also are making it more likely that people who can pay for care now will in the future be forced into the ranks of those who can't pay. Especially among the elderly, many who considered themselves firmly entrenched in the middle class have seen their possessions and entire savings swallowed by health care bills.

"The real people of this state," Everett says, "were purposely left out of the [decision-making] process. Why? Because those boys think that real people don't know what is wrong. Instead, we end up having to rely on experts. Well, how in the world did we get in the mess we're in? Haven't the experts been handling the situation all along?"

The Real People's Coalition, a statewide organization, grows out of the work of Nashville Communities Organized for Progress (NCOP), an umbrella organization of over 30 inner-city neighborhood, tenant, and church groups. In 1979 a group of inner-city Nashville community leaders got together to discuss the way federal Community Development Block Grant funds were being spent. Metropolitan Nashville was receiving millions of dollars from the federal government, but instead of investing this money in poor neighborhoods as intended, the city was decorating downtown business areas with ornate brick sidewalks. A citywide campaign was mounted to get these funds spent in low- and middle-income communities. In the process, NCOP was born.

NCOP began work on a broad range of issues in Nashville's poor and working-class communities. It gradually gained the allegiance of a strong grassroots constituency and is now a political force in the Nashville area. Neighborhood groups have attacked problems ranging from health-threatening drainage ditches to insufficient street lights and noisy industrial neighbors. Committees monitor waste landfills, and high-crime communities have organized Fight Against Crime Together (FACT) groups. NCOP's organizational efforts are backed by the Cumberland Institute, which over the past seven years has provided professional training and organizing assistance for a variety of community and labor groups in Tennessee.

NCOP has not won many friends among Nashville's present power structure for their organizing activities. City councilman Sam Underwood called NCOP "dangerous" in 1981, while councilman Guy Bates labeled the coalition "a hard-headed special interest group." Metropolitan Nash-

ville Housing and Development Authority chief Gerald Nicely branded NCOP "disruptive." And the conservative *Nashville Banner* ran a 1981 series entitled "NCOP, A Thorn in Nashville's Side."

Others are encouraged by the vigorous new community organization. "People have taken direct community action together on issues that affect their daily lives, and the results have been dramatic," says Kathleen Maloy, an NCOP leader. Some of Nashville's top country music songwriters have organized successful benefits for NCOP and its member community groups. One benefit, organized by songwriter Thom Schuyler, with performances by Paul Overstreet, Pam Rose, Mary Ann Kennedy, and Fred Knobloch, netted over \$2,000.

NCOP is governed by a delegate assembly that meets three times a year. Each member community organization is represented by two delegates to the assemblies, which set NCOP's agenda by submitting and voting on

resolutions. NCOP has two chairs and a board of directors, elected every two years. Citywide action committees are formed by resolutions from the delegate assembly.

In the spring of 1981 NCOP astounded Metropolitan Nashville's city council when at least 800 citizens wearing blue NCOP buttons stormed public meetings on a proposed water and sewer line expansion. Massive public opposition to a plan that would have overtaxed inner-city residents caused city lawmakers to negotiate a fairer plan with NCOP leaders. According to *Nashville!* magazine in 1981, "newly politicized citizens flooded council members with telephone calls. . . , filled the council chamber and hallway and forced defeat of a three-year water and sewer plan that would have hiked residential rates by 58 percent."

In 1983, the NCOP jobs committee successfully worked to secure employment on a downtown convention center project for unemployed inner-



MONTHLY MEETING OF SOUTH NASHVILLE ACTION PEOPLE, A MEMBER ORGANIZATION OF NCOP

city residents. The committee negotiated 51 percent of the jobs on the project for people living in Nashville's "pocket of poverty." This included 51 percent of the top level management jobs, a feat that was accomplished after the committee staged a 300-person "March of the Unemployed" on city development offices. The story of NCOP's success spread to other Tennessee communities, and the Cumberland Institute was asked to assist developing community organizations throughout the state.

NCOP and its health care committees have combined strong researching and organizing abilities to win a string of impressive victories. Their research committee has looked at alternative plans for containing hospital costs, the effect of Medicaid reimbursement on public hospitals and alternate plans for funding hospital care for indigents.

Among their victories have been:

- successfully pressing for public disclosure of Medicaid reimbursement records, or cost reports, for health care facilities,

- winning a commitment from the state health department to inspect at least once a year every nursing home in the state *without prior notification*,

- gaining new funds for the home weatherization and insulation program for elderly and handicapped people in Tennessee.

One of the major issues of concern to the health and hospitals committee centers on a local public hospital, Nashville General. The committee analyzes the Metro Nashville budget for the hospital, which has come upon increasingly hard times due to Medicaid and Medicare cuts and because a growing number of private, for-profit hospitals are skimming off valuable private-pay patients and serving far less than their fair share of low-income patients. The committee also has discovered that the bankruptcy court docket is filled with the names of people who went broke over medical bills. "We cannot just sit back and watch while these people drown in their medical expenses," says NCOP leader Jean Smith.

Said Kathleen Maloy in 1983, "We understand this is a tight budget year and priorities have to be established. However, General Hospital should be a very high priority." NCOP protests

were instrumental in stopping plans by Metro Nashville from cutting one million dollars from General's budget that year.

"We've had to work hard for the victories we've won," says Maureen Waldron, a member of NCOP who experienced great difficulty at a Nashville area nursing home, Imperial Manor, when her husband fell sick. She and 50 other NCOP supporters invaded the Tennessee capital building in 1982 to pack the state comptroller's office in support of public disclosure of nursing home Medicaid reimbursement records.

A hundred and fifty people packed a legislative hearing on spiraling hospital costs in mid-November 1983 at which NCOP member John Lozier said he believed "a large part of the growth in hospital charges is due to the rapid rise in for-profit corporations. We are all being taken advantage of so that these companies can make large profits for their investors."

Support for NCOP's charges came even from some officials in the industry. D. Gene Clark, administrator of

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*"I was reading my bill from a recent stay in the hospital and saw I was charged for oxygen. I didn't have one drop of oxygen while I was in that hospital!"*

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the nonprofit Johnson City Medical Center Hospital, testified at the same hearing that "the plight of the health care system today is caused by those who are apparently manipulating the system for their personal and private gain. I think we will look back upon the 1970s and 1980s and see that the robber barons of these years were in the health care industry, just as the robber barons of the early 1900s were in railroads, steamships, and steel."

Two weeks after the legislative hearing, NCOP sponsored a public hearing in Nashville on escalating hospital costs. "The legislature here in Tennessee must take steps to help Tennesseans deal with rampant health costs and the painful and often tragic results of being unable to get necessary health care," said Linda Mitchell, a spokesperson for NCOP's health and hospital committee.

That public hearing was intended to educate legislators, but only two of the 60 invited showed up. "We put a lot of time and effort into this hearing," said Mitchell, "and we came to be heard. But apparently the legislators are not listening. We will be heard if we have to track them down."

Through such work, it became evident that the spiraling cost of health care and the inaccessibility of health care for poor and working-class Tennesseans were issues of common concern in Chattanooga, upper-east Tennessee, Memphis, and rural west Tennessee, as well as in Nashville and the Cumberland plateau. Consequently in 1984 leaders from across the state worked with the Cumberland Institute to initiate a health care campaign in Tennessee, and the Real People's Coalition began.

"I've been involved with several senior citizen's groups, but sometimes you need something stronger to grab the attention of officials," says Mildred Khoury, a coalition member whose mother is in a Nashville nursing home. "People in the Real People's Coalition don't just sit around and play cards or bingo. We're out there in the front lines."

Under the Real People banner are the growing number of Tennesseans who, like Khoury, have become impa-

tient with conventional channels for redressing health care grievances. They are organizing effective opposition to the powerful health care interests and pushing forward a platform to:

- set up a health care rate-setting board, like a public utility commission, to approve and disapprove increases in medical costs;
- provide adequate health care services for indigent patients;
- publicly expose doctors who require up-front payments;
- target doctors who refuse to accept the Medicare assigned rate as the amount charged for services;
- tighten state surveillance over patient care and billing abuses in nursing homes and hospitals;
- protect elderly and handicapped patients from human rights violations by active citizens' surveillance of health care facilities;
- reinstate Medicaid funding to pre-1981 levels;
- provide medical care for low-income children in two-parent families.

A majority of the participants in the Real People's Coalition are elderly, and issues targeted by the group have special significance for seniors. But the campaign has attracted people of all ages and has drawn support from various other constituencies, such as health care workers angered by unreasonable work loads and conditions. Many of the group's most active members are themselves undergoing medical treatment and understand first-hand the urgency of this work.

"I got involved with the organization when I began to see what was happening with my mother when she had to go to a nursing home," says David Wright, a machinist at a Nashville shoe factory. "I found out that too many prescriptions were being filled by the nursing home, prescriptions that were not needed. I found out that even after we took Mother out of the nursing home they were still filling prescriptions on her. I think there is only one word for that — stealing."

"Nearly 600 of our members are elderly citizens," says Jean Stone of the Chattanooga Community Organization. "I wish they could all come to Nashville and take part in the Real

People's public hearing like I did. We've been very concerned that many doctors refuse to take Medicare assignments. Because of this, senior citizens must pay more because doctors charge more than the Medicare rate, and senior citizens must pay cash up front and wait for reimbursement. This particularly hurts seniors who live on fixed incomes, leaving them no money for food and other things they need to live on.

NCOP and the Real People's Coalition have a valuable resource in SAGA, the Social Action Group on Aging — a social service group founded in 1976 to help nursing home patients. SAGA has set up a visitation program for residents of Middle Tennessee nursing homes and initiated a telephone hotline for nursing home complaints. While generally avoiding confrontational politics, SAGA channels valuable information and research to NCOP and the coalition. Many of the people who now stand among the ranks of the coalition became involved after calling the SAGA hotline.

The Real People's Coalition's first

presented testimony.

Gordon Bonnyman, a Nashville attorney and NCOP leader, spoke at the Health Action Day hearing. Born in Knoxville and a graduate of Princeton and the University of Tennessee Law School, Bonnyman came to Nashville in 1973, and works with Legal Services of Middle Tennessee. "A group that is able to empower people to stand up on their own hind legs," says Bonnyman, "is going to have a whole lot of impact. NCOP and the Real People's Coalition bridges a lot of gaps and is the ideal group of people to do this in Tennessee.

"With the exception of a few narrow interests who profit from the health care system, people do not accept it when a child is left to go blind, or someone is left to die because they can not come up with an exorbitant [hospital] pre-payment. After dealing with access to health care problems for a long time, I've come to two conclusions. One is that people tend to accept the authority of doctors and hospitals and health professionals. When they get shorted, it is usually a hidden



**GORDON BONNYMAN, LEFT, AND ROBERT EVERETT AT THE REAL PEOPLE'S COALITION HEADQUARTERS IN NASHVILLE**

major public action came on Health Action Day in the fall of 1984, one of 90 events nationwide initiated by the Villers Foundation of Washington, DC. Villers, formed in 1983, is dedicated to advocacy on senior citizen's issues. The Real People's Coalition brought 250 members to a heated public meeting that focused on serious inequities in the present health care system. Speakers from community-based organizations across the state

problem. Second, the laws do not reflect the values of society. It is an outrage when someone goes blind because he doesn't have ready cash, and the laws don't reflect that outrage."

At the Health Action Day hearing, Bonnyman cited a number of examples of abuse by hospitals:

- a 29-year-old Robertson County woman who raised a family and worked most of her adult life stripping tobacco at a warehouse could not ob-

tain surgery to remove a cancerous tumor because she did not have a \$700 cash deposit for the nonprofit Vanderbilt Hospital;

- a nurse at HCA-owned Hendersonville Hospital got sick and had to become a patient at the same facility; she was transferred to Donelson Hospital, another HCA facility, but was discharged before her treatment was completed because her insurance wouldn't cover it;

- a carpenter from Morgan County was bitten by a brown recluse spider and began losing vision in both eyes. Vanderbilt Hospital refused to perform surgery. Six months later, when he received a lump sum Social Security disability payment, he put down a \$1,500 deposit and had the surgery. The deterioration of his vision was halted but it was too late to save the vision lost in the months he had to wait.

The Real People's hearing occurred the day after a meeting of Tennessee Governor Lamar Alexander's Select Committee on Health Care Cost Containment. That committee was formed in the spring of 1984 in response to growing public demand for studies of

government insiders.

"The Governor's Select Committee has been a dog and pony show from the outset," charged Robert Everett. "There were no grassroots consumers appointed to the committee at all. Although public hearings have been held by the Select Committee, the *real people* of Tennessee have not been able to participate because hearings were held in the middle of the day when working people can't come. They were also very poorly advertised. The real people need their own select committee and that's why we are here."

Everett, a retired postal worker from north Nashville, a predominantly black community, was a sergeant with the U.S. Army in World War II. "When Truman set out his order to desegregate federal buildings after the war, we had to organize postal workers to make it happen," says Everett, who takes pride in watching out for "the underdog." From 1959 to 1969 he was president of the local postal workers union and was later in charge of the Equal Opportunity Office of the post office.

which had already attracted a great deal of public attention. I didn't realize we had a group of this magnitude here in Nashville, and when I began to hear about the work to improve nursing homes and hospitals, I decided to get involved."

Everett's father, a disabled brick mason, had to sell his home to pay medical bills. Everett says, "He had little money and he lost just about all he had. He kept his union membership, which paid some of his insurance, but before it was over he had to go to the government till. When I became aware of the work Nashville Communities Organized for Progress was doing to improve the situation, I became interested. I saw progress was being made and this really turned me on."

Everett said that because the Select Committee's meetings were poorly publicized, of the people who attended the first five hearings "only 14 were real people — the rest were from the health care industry, the hospital association, the insurance companies and the industrial representatives of major employers. To sum it up, the real people were once again left out of the process."

The Select Committee dissolved late in 1984 and issued its final report in December. It acknowledged that indigent care was a problem but made no proposals for solutions. As for hospital cost containment, the committee affirmed its faith in the competitive model supposedly being practiced. Its only concrete suggestions dealt with peripheral issues such as mandatory seat belt legislation and prohibiting smoking in public buildings.

The power of the for-profit hospital companies in Nashville makes it tough for citizens to organize around health care issues. Hospital Corporation of America hired the popular former Tennessee Governor Winfield Dunn to "run interference" for health care interests at the state capital in Nashville, and the Tennessee Hospital Association has invested heavily in swaying the minds and opinions of the people. In 1984 hospital owners ran an extensive prime-time radio advertising campaign arguing that rising costs are the



NCOP BOARD MEMBERS MARY CURRY AND LINDA MITCHELL

possible approaches and solutions to the health care cost problem. Public enthusiasm dimmed, however, when it was revealed that the committee would be dominated by health industry and

"I first heard of our community organization when I got a flyer in the mailbox a few years ago," Everett said. "It was a flyer about a meeting of the NCOP nursing home committee,

fault of malpractice lawsuits, high-tech investments, and indigent patient care.

The Real People's Coalition is moving to counter the propaganda and activities of these health care tycoons. With an active research committee and the ability to develop new community leaders, the coalition has won support from the Chattanooga Community Organization, Knoxville's Tennessee Committee on Occupational Safety and Health (TNCOSH), the Consumer Coalition on Health of Nashville, the Social Action Group on Aging, the United Furniture Workers, the National Alliance of Federal and Postal Employees-Retired Division, and over 20 neighborhood groups from around the state. Also working within the coalition are the United Neighborhood Organization of Upper-East Tennessee, the Service Employees International Union, the Tennessee Federation of Aging, Memphis ACORN, and the Haywood County Action Committee.

Hundreds of Tennesseans — urban and rural, white and black, employed, unemployed, and retired — have banded together. Their backgrounds and

of the western Tennessee cotton belt. With a little help from the Nashville group she and at least 100 others organized the Haywood County Action Committee to monitor area nursing homes. "When conditions start to slip in the nursing home, we all go down to the administrator's office and stay there until we get a commitment to improve the situation," says Cummings. "They've called us radicals, but the way we see it, we're just looking out for our loved ones."

Nashville resident Mary Fitzpatrick, whose mother lived in a local nursing home, says, "We have approached nursing home staff with problems that we see, and because of staff shortages we find nurses and aides overworked, frustrated, underpaid and tired. We're told by the administrator not to worry, but when we come back we find the same thing — the same old business. We are organizing so conditions at these health facilities improve."

"You know, when they put Medicaid and Medicare on a patient's ID band, that becomes a license to charge," says Mildred Ward, co-chair of the North East Organized Neighbors (NEON). "My husband needed new glasses recently and upon requesting an appointment, I was told, 'Your appointment is on the fifth at 2:30 p.m. That will be \$48 payable when you come in.' After 40 years as a physician's assistant I was astounded. If I had made such a statement to a patient my employer would have terminated me before I hung up the phone."

"You know the black people have been getting organized here in Nashville for some time," says Minnie Bryan, a white woman of 60. She recalls the lunch counter sit-ins for civil rights in the early 1960s and says, "It's about time that white people started getting involved this way. It makes our organizations stronger when we are black and white together."

Mrs. Clint Pickens of Lewisburg, Tennessee has a formidable power base of her own. As former head of the state Commission on Aging, she was instrumental in setting up a network of senior citizens' centers across the state. Many of her fellow members of the Tennessee Federation on Aging feel helpless about skyrocketing medi-

cal costs. "I have a file cabinet full of cases people brought to me about being taken advantage of by the hospitals," Pickens says. "I was reading my bill from a recent stay in the hospital and saw that I was charged for oxygen. I didn't have one drop of oxygen while I was in that hospital!"

As these people and their growing number of supporters plan for their next public action, and once again pin on their "Real People" buttons and badges, they are determined to keep pressing for more equitable solutions to the problems of today's health care delivery system. And within this Real People's Coalition there is strong evidence that the people in this region can put aside the differences and dividing lines that have kept them apart for so many years and form a genuine mass organization for positive social change.

W. H. Brown, a retired Du Pont employee from Old Hickory, helped organize a citizen's committee in a Nashville area nursing home. He sums up his beliefs in a story: "When we were all children, Father would get us all together and take out a match box. He'd give each of us a single match and say, 'Try to break it.' We could. Then Father would give us seven of those wooden matches in a bundle — there were seven of us children. He'd say, 'Now try to break all seven.' We'd try and try and we couldn't. He said, 'That's why you have to get organized. If you stick together, no one can break you.' □"

*Howard I. Scott, Jr., 30, is a Nashville-based writer.*



**DAVID WRIGHT, NASHVILLE MACHINIST, ADDRESSING THE HEARING**

the ways in which they became involved with the Real People's Coalition vary like the countryside of this hub state of the South. Rebecca Cummings is from Brownsville, in the heart

# Citizen The Key

## AN INTERVIEW WITH MELVIN WHITLEY

BY ANDREA COOPER

*What happens when employees decide to take a leadership role in telling government that they will fight to prevent the closing of a hospital? For 36 days in 1982 and 1983 a group of employees who were faced with the threat of losing their jobs and were concerned about the quality of care for the mentally ill in North Carolina rallied thousands of friends and supporters to do battle with the largest agency in state government. The Save Dix Committee did the research, planned the strategy and tactics, and organized for direct action to win the fight to save Dorothea Dix Hospital for the mentally ill. People around Raleigh, North Carolina remember Melvin Whitley and others who fought to save Dix. We think you will too, after reading this account of the struggle as told by Whitley, a former Dix employee now working as director of the Charlotte Organizing Project.*

What makes Dorothea Dix an effective mental health hospital? I think it's partly the pride employees have in their work. Dix is considered the fourth best mental health hospital in America. It has a training program that has turned out some world-renowned psychologists. Dorothea Dix serves 11 universities and colleges and has 11 professional programs with internships.

When the North Carolina Department of Human Resources announced in November 1982, its plans to close Dix, there were 363 students per year going through the medical program there. People came from all over the world just to practice there. I knew people from Africa, India, from China, and Mississippi, Detroit, Chicago — right there in the same place. But



photos courtesy: Raleigh News and Observer/Raleigh Times

the majority of people working there were North Carolinians who had years and years of history at Dix.

I went to work at Dix as a mental health technician in October 1981, about a month after I had returned home to Raleigh from Richmond, Virginia, where I had been active in politics. I had made a decision that if I could help build political bases in other parts of the country, then I could do the same thing at home.

I heard the news about Dix closing from other employees who had read a



# Participation is To Victory



story in the November 15 *Raleigh Times* entitled, "Medical School Anticipating Dix Shutdown." When I first saw the article, I thought maybe it was a story about medicine or medical schools. But sure enough, it was about right where I worked. It was about Dorothea Dix. They were getting ready to close the admissions wards by December 31 and eventually put 1300 employees out of work. The news hit everybody like a ton of bricks.

In the article the state Director of Mental Health, Eugene Douglas, said

deinstitutionalization was the reason for the closure. Deinstitutionalization was a process that was started in the early 1960s to place mentally ill patients in their communities, closer to their loved ones.

We learned later that Douglas had a special interest in Dix's deinstitutionalization. He came to the Department of Mental Health from Southeastern Hospital in Lumberton, North Carolina; he had been Southeastern's director. He still worked at that hospital in his free time. And, along with two

other doctors, he owned a mental health psychiatric clinic in Lumberton, where he kept up a private practice.

If Dix was closed, more patients would have flowed through *his* hospital and gone from there to *his* private practice. So the reason he wanted to close Dix, pure and simple, was money." [Receiving money from these three sources was later referred to by the press as Douglas's "triple dipping."]

When the employees first came to me (because they knew I was very politically active in the community) I started asking them very obvious questions, just to see what type of support I had — to see if they came to ask me to help them fight this or if they just wanted to get an understanding of what would happen next. We started making plans and taking on different task responsibilities.

When I initially met with the employees I asked them to go out and find those people who were willing to work on this issue. Our initial step was to conduct a fact-finding mission to collect as much data as we could between then and the time we had our first mass meeting. We needed to gauge how many people wanted to have a meeting, and whether the day we set, December 1, was a good day to meet.

In our first planning meeting on research we put up on a blackboard all the different questions that had to be asked, and we identified different "targets" — people and groups that were on the other side. The North Carolina Mental Retardation Association, led by Lillian Woo, had decided that Dorothea Dix should be closed. In that case, for example, we asked who made this decision, when was it made,

and did the entire group support it? We had to know about the people we were up against.

A couple days after my talks with the staff, on November 23, Sarah Morrow, the secretary of the Department of Human Resources, held a press conference. I'm going to tell you, by the time she finished her speech I didn't know if I should get up and applaud a champion of the taxpayers' money, or if I should question whether what she proposed was really going to help us. She talked about the 2000 patients we once had at Dix and said that now 1300 employees served just 562 patients. This was a cost-efficient decision, she said, and patients have a right to be close to their communities. Hey, I was for all these things.

Morrow's press conference painted a picture that everyone could accept on the surface. The problem was that when you talked to people who actually worked with the patients, they weren't sure the plan would work. Dix had a large population of patients who couldn't take care of themselves. They demanded care 24 hours a day, and their basic needs were supplied or supported by others.

There are statistics that show when these dependent patients are moved from one environment to another 20 to 30 percent of them die. Besides their own jobs, the overriding concern of the people who came to me was: What about those patients? Can you pick people up like sacks of potatoes and move them somewhere else without killing them, or hurting the quality of their care?

**I**t was through our research that we found out about all the different plans various groups had for Dix once it was closed. Morrow had described the proposal to turn Dix into a prison. The city opposed that plan because we already had five prisons in Raleigh, more than any other city in the state, and the city didn't want a sixth. Besides, the city council wanted to see condominiums built on Dorothea Dix property.

The Wake County Commission wanted Dix's buildings to stay as they were and Dix's land to be used for a farmers' market. The employees really didn't have any reservations about that. They remembered when our suc-

cess rate with patients was enhanced when Dix had had a farm right there on the grounds. The patients made their butter and other foods then. It cut our costs and the patients learned skills. Some of the patients even became employees.

It's almost hard to believe, but even the Labor Commission wanted something — a regional vocational center at Dix. John Brooks, the labor commissioner, had no sensitivity at all to 1300 employees being out of work. He was a buzzard, sitting on a fence, waiting for something to die. I hate to be so blunt, but it raised my political dander.

So there were many different groups with many interests. Our outreach to other employees brought back the news that one group of doctors and nurses in the admissions ward had al-

ready decided to march on the Governor's Mansion. While we had just heard about it, somebody from their group had already taken a press release down to the newspaper.

I said openly that everyone should have the right to advocate as he or she saw fit. If you wanted to be a part of a planned structure, we were setting that up. If you wanted to be part of an immediate action, the action was right at hand for you to participate in. I chose not to participate in the march, because I thought it was too soon.

The march was on the same Friday the first mass meeting of employees and friends was held, December 1, 1982. The group marching was The Committee of Concerned Employees, headed by Barry Ostrow, a Dix psychiatrist. After the march, we held our meeting. The newspaper quoted us as



*Melvin Whitley*

having at least 300 people at the meeting; I would say at least 400. It was held at Dorothea Dix church chapel. To show you how young we were, we hadn't expected the press. I thought maybe a newspaper reporter might come. But I hadn't expected television and radio. We didn't even plan for it. I hadn't invited the press because I wanted the meeting to be as open and candid as possible.

We worked out a compromise: they shot a packed church and I provided them with a statement in front of everyone. They taped the opening of the meeting and left shortly after. The other deal we cut was that somebody would get back with them and give them a press release from that meeting.

The meeting was a success. In the beginning there was a little bit of apprehensiveness about whether we should be a Dix employee group and just deal with employees' concerns, or should be a group that would reach out to the total community, outside the hospital. Ironically enough, my press statement calmed the waters. I explained that there were many employees here, but also friends from outside the Dix community — which was important because we were only 1300 employees. If this was going to be a decision made by politicians, then we needed to show numbers. Politicians only respond to numbers. I knew that Governor Jim Hunt didn't care about 1300 employees. Somehow or other 1300 was going to have to blossom into thousands.

We began to grow that night. We had the participation of nurses, doctors, employees, technicians, janitors, each department of the hospital — even patients who had some understanding of what was going on. One employee got up and said that he had just recently gotten married and he thought he was able to support his wife because he had a good job. Now he thought he might not have given her the best deal. Nurses got up and talked about their experience in watching patients transfer from one building to another, and how some of them just didn't make it.

And then a hospital administrator got up to talk. He wasn't so sure it was cheaper to treat patients in the private sector than it was in public institutions. What I liked about that whole

process was that people who were making reports were some of the same people who had been involved in our preliminary research. That was a successful organizing strategy — for them to collect research data and offer that information to the whole group.

A lot of people left that meeting understanding that we had to have a research committee because they had more questions than when they came in. They knew they'd need a unified, organized group to work at this constantly. We named ourselves the "Save Dix Committee" that night. The group which had staged the march dissolved to become part of our committee; there was no tension in that decision.

Different people volunteered for different tasks. Some people had to be coaxed by their friends, but from that mass meeting we got a research committee, an outreach committee, and a public relations committee. Public relations also handled fundraising. Outreach made contacts with different organizations and people who would support us. They wrote letters, they handled presentations before different groups, they made contacts with people who wanted to question us as well as people we wanted to question. The research committee gathered all kinds of data, without knowing at first how it fit together or what we were going to do with it all.

Our data had to be accurate and given by good sources. We had volunteers who worked in admissions and in administrative offices, helping us collect whatever information they had at hand. We had friends downtown in the Department of Human Resources who had all the data the mental health director had, so that added to our support. And then there were people finding out what had happened in other states, looking up the meaning of "deinstitutionalization" and how it had been used in other cases.

Through our research data we figured out how many patients we really served. It was amazing to us that Morrow would talk about how few patients there were at Dix now compared to 20 years ago. She knew full well that when the hospital was designed, if there was a room for each person that was called "humane" and "modernized." Twenty years ago patients were treated in dormitories and wor-

kers used a hose to give them baths. Today, they have separate rooms. They have separate personal space. I think the standard is 80 feet per patient. At that rate we were operating at 91 percent of our capacity. If we didn't provide that much space, we would be breaking state and federal guidelines on patient care. Morrow was being very misleading.

Morrow also talked about 1300 employees taking care of 562 patients, not mentioning to the public that you have three daily shifts. These patients are in the hospital because they need full-time care. And part of the employee population included the hospital's administration and the medical/surgical unit. All three of the other existing state hospitals transferred patients with life-threatening illnesses to Dorothea Dix. These are things that were left out. It was a kind of forgetful speaking.

Soon we learned that even the basic data Morrow had used was incorrect. We had 657 patients at Dix, not 562 as she said. Was it true that we had jumped that many patients from November 23 to December 2? We started keeping the hospital census data that came out every day. We found out the annual cost per patient. In her press conference, Morrow gave the impression that it cost \$49,000 per patient per year at Dix. Well, when you looked at Dix's annual budget and added all the different programs together, *then* you came to \$49,000. But when you take out non-psychiatric services, you find out very quickly that you are talking about only \$32,000 per patient.

**T**he Save Dix Committee had very limited resources. We began with no treasury. We had a donation from the first meeting of about \$50. With that \$50 we set up a bank account and the public relations committee started fundraising. We started off with bumper stickers, and we put buckets for donations in different buildings and businesses around Dix. We had ads in the newspapers about saving Dix. If you wanted to save Dix, you could write the addresses listed in the ads and express your support.

One way we tried to get our story out was through outreach letters. One

letter targeted civic associations not connected with mental health. This letter stated the facts: we had admitted 3,240 patients in the previous year; admissions in the second quarter of the year were up by 13 to 18 percent; geriatrics admissions were up 30 percent in the past year.

We pointed out that a sizeable number of Dix employees would have to be transferred with patients in order to maintain the same standard of care. If they did not go with those patients, their salaries would be recreated in another hospital. So where is the savings? We made sure that our letter focused on these kinds of facts, so readers could compare them to what they had already heard.

Another letter written by the Outreach Committee was sent to newspapers, radio stations, and other media. In this letter we said that Massachusetts, New York, Pennsylvania, and California had already created mentally ill ghettos in their states by moving too fast to deinstitutionalize. We asked the questions: Where is deinstitutionalization working? How much does it cost? Which other states are satisfied with it? Needless to say, a lot of news and press people began asking those same questions.

One important press event was a talk show taping by Channel 11 in Durham. They had me, a pro-Dix person, against the Director of Mental Health Facilities, Pat Webb, my boss. I remember when Channel 11 called and asked if someone from the Dix Committee would do this program. No one volunteered, so I decided I had to do it myself. It meant going home and boning up. I collected everybody's research data and had people role play — what if they ask this question and what if they ask that question? I know I must have worn a couple of people's nerves thin.

The taping was a complete success. I knew it was. By the middle of the debate Pat was saying, "Yes, Melvin, you're correct," which is a no-no in any type of debate. He was more or less following me instead of responding. I was able to talk about our concerns and raise important questions for the public to start asking.

After the taping, Webb told me I was better prepared than he was. I think he was very shocked to know I had all this

data. It was my strategy to go in there as the country bumpkin. I like to dress, but on this day I put on white socks. I also had on a black suit and a colorful tie that would appeal to the media. I wanted to give the impression that I was indeed the employee. I also wanted them to see that we didn't have the resources that the largest agency in state government had — that we were the underdogs.

After that taping we decided that we needed to increase the groundswell all over the state. We started getting support from precinct chairmen in Wake

County and from party chairmen across North Carolina. We had placed newspaper ads that included a coupon that people could sign and mail in. More and more of these were duplicated by citizens. Our original goal was to have 5,000 of these delivered to the governor. By the end of the campaign we had 30,000.

I stayed in constant contact with different people who had an ear in the governor's office — from secretaries whose names I don't want to mention, to politicians and campaign workers who were very close to the governor.



The governor had appointed my mother to different boards and commissions, and my father had worked in both his campaigns. I was very active in the 1982 campaigns — congressional and county commissioners' races — and I had a political profile. It was easy for me to work my way in, to say, "I support the governor, but I want to help him make a good decision."

I got special help from a champion on the Wake County Board of Commissioners, Larry Zieverink. Larry and I talked at least every other day and sometimes every day. I have a great deal of affection for Larry because he gave me the political coaching I needed to help me through those troubled waters. It was Larry who first said to me, "Melvin, if you've got any illusions that you're fighting Sarah Morrow, forget that. You're up against the governor."

Eventually I got the feeling that the governor needed to see a groundswell of support to keep Dix open. That way he could make a decision to save Dix and look like a hero. He needed to know that it was a statewide issue — he needed to have reports coming in from different parts of the state. So we got a list of all the newspapers in North Carolina. We targeted newspapers that had circulations of over 2,000. We wanted articles to appear where others were planning to run for public office — to make this issue as popular as apple pie and as visible as unemployment to those who were running.

When we thought the visibility was there, we decided to meet with the governor while we were riding this crest. (The North Carolina Medical Association, with its 10,000 members, had just come out in support of saving Dix.) The decision was made to talk to Governor Hunt. We let Frank Jeter, Hunt's former campaign press secretary and a member of a group called Friends and Family of the Mentally Ill (FFMI), know about it. I never mentioned it to Frank, but I appreciated his political connections. The members of FFMI were our strongest allies.

By the time I started dropping my seeds, the governor had decided he wasn't going to meet with just one group. He was going to meet with the city of Raleigh, the county commissioners, different politicians; but he would meet with us first.

There were nine or ten employees in our meeting with the governor. They had agreed I would be their spokesperson. They'd each make their statements, and mine could cap it up. But our strategy didn't really focus on the governor at all, it focused on the press. We knew that just about every major radio and television station would be at the governor's office when the meeting took place and that it would give us another opportunity to go beyond Wake County and ask people to help us.

Secondly, we knew we didn't want to have an audience with the governor and come out talking about our disagreements. It was calculated that we would have some way to box Jim Hunt up in a corner but give him a way out.

Our position was that a fair audit of all four state hospitals and the community-based or private hospitals should be done before any decision was made to phase down Dix. We told the governor that the cost per patient per day in other hospitals was much higher than at Dix. At Wake Memorial it was \$154 per day, at Southeastern \$151, at Wilson \$166, and at Duke \$266. At Dix the highest possible cost per day was \$127. We got those figures from our good friends in other admissions offices.

Our meeting with Hunt on December 22 lasted 50 minutes. I commented afterwards to Daniel Hoover, a Raleigh *News and Observer* reporter, that I believed Jim Hunt would make a fair decision. What I really meant was if he made any other decision, it would be unfair. Jim Hunt cut the article out and sent me a copy of it. At the bottom he wrote, "I enjoyed meeting with you all and I appreciate this kind of comment. Jim Hunt."

*The Save Dix Committee held a public rally in support of Dix on January 3, 1983. One day later, Dave Flaherty, chairman of the state Republican Party and former Secretary of Human Resources, responded to a letter from Melvin Whitley by writing, "You can rest assured that I support your cause and welcome the opportunity to be of any assistance. . . . Dorothea Dix Hospital, as originally planned, should remain the principal hospital in our mental health system. . . . If you need any help, let me know." Melvin*

For more information about how to conduct a successful campaign to save your local hospital, contact: Melvin Whitley, Charlotte Organizing Project, PO Box 5331, Charlotte, NC 28225.

*made sure that the appropriate people knew about this letter.*

*On January 6, 1983, the Save Dix Committee won its fight to preserve Dorothea Dix Hospital as a public mental health facility. Hunt presented an alternative plan to consolidate Dix programs on the east side of the campus and house prison inmates on the west. This was to take place sometime in the future. Eugene Douglas was asked to nominate an advisory committee to consider how to implement Hunt's plan. When Douglas "stacked" the committee with Dix opponents, the Save Dix Committee revealed what it had discovered about Douglas's "triple dipping." This revelation stimulated numerous newspaper editorials and triggered the loss of Douglas's credibility. Douglas continued to make various proposals for eliminating beds and lowering the budget at Dix. Yet in the spring of 1983, the staff of Dorothea Dix celebrated the hospital's 127th birthday. Hunt's plan has not been implemented, and the hospital is still open today.*

*Of the many stories Melvin Whitley tells about this time in his life, he especially relishes one:*

One Dix employee had worked there for 20 years. When the Dix fight began, this guy had on the back of his truck a rebel flag bumper sticker that read "The South Shall Rise Again." Later, I noticed he had put a "Save Dix" bumper sticker over his rebel flag. He stopped me in the hospital hallway soon after our victory and said, "Mr. Whitley, I got to say something. I never thought I would support a colored man doing anything. But you done made a believer out of me. Anytime you needs help, just give me a holler." Later on, he managed my campaign for vice-chairman of the State Employees Association. □

*Andrea Cooper, 23, is a freelance writer living in Charlotte, North Carolina.*

By Nancy Breeze

# crone\*

(krōn) *n.*

1. obsolete. an ugly, withered old woman.
2. a long-lasting, wise old woman.

"That movie could have been better," Sallie Ann said, pulling on the door handle.

I followed her, "You can say that a-..."

"HAPPY BIRTHDAY!" shouted a mountain inside the Unitarian Church.

I stood in the doorway, wanting to shrink from the loud voices swirling around me. I glanced longingly at the quiet parking lot behind me. Finally I looked at the floor. No, there wasn't a trap door!

Gradually the mountain became the individual faces of my friends. I was

\* Mary Daly, in her book *Gyn/Ecology*, argues that "Crones can well be suspicious of dictionaries which, in listing possible etymologies for *crone*, suggest that it is derived from a term meaning carrion. . . . It would seem eminently logical," she says, "to think that *crone* [like *crony*] is rooted in the word for 'long-lasting' [Greek, *chronios*], for this is what Crones are."

still startled and embarrassed, but retreat no longer seemed imperative.

"Happy birthday!" came the chorus, less intensely this time.

Rosalee stepped forward. "Welcome to your revolutionary fiftieth birthday party!" she smiled.

"Revolutionary?"

"Revolutionary! We're turning this ageist culture upside down when we celebrate getting older."

I had to agree with her, remembering how Jack Benny always claimed to be only 39.

"Why don't you be first in line for the potluck?" Rosalee gestured to a table at the side of the room.

I was delighted to step from the limelight and walk to the casserole-laden table. But I couldn't seem to concentrate on the food. I picked up a plate and spooned some salad onto it.

Then I just stood there until some-

one directed me to what turned out to be the head table. On the wall behind it hung a huge sign: "Happy Birthday, Nancy." I was relieved to see Aida and Betty grinning at me. I wasn't the oldest one in the room.

I pulled out a folding chair, glad to sit my shaky self down. When I looked at my plate, I was surprised to find my dinner consisted primarily of black olives from the top of the salad. I don't even like black olives. My stomach was too knotted up to care.

I tried to relax. My thoughts went back to earlier in the evening — it seemed a very long time ago. After the movie, Sallie had said she needed to get something from Connie, who was helping decorate for a dance at the church. I had noticed as I stepped from the VW that this decorating committee seemed to possess an awful lot of cars.

Pat's touch on my shoulder returned me to the present. "We have to go outside for a few minutes." By now I figured that nothing could shock me. Glad to be given something to do, I followed her out the door. While we talked outdoors, I wondered what was happening inside.

Soon we returned, to find a huge cardboard cake decorated with crepe paper sitting on the floor in the center of the room. Just then rousing music burst from the piano, and a young woman sprang from the "cake."

I tried to show some enthusiasm, but I had no idea who this person could be. She looked at me, then took off her sunglasses and dark wig, and there — in Connie's overalls and Denise's red plaid blouse — stood my daughter.

I hugged her. "You're supposed to be in Pennsylvania!"

"Oh, I flew in yesterday and stayed at Sam's house last night," she laughed. "I was afraid you'd recognize me. I've been at the next table all along."

I sat down. She took a chair beside

me, and before I could get used to this latest surprise the room was darkened and pictures from my past were being flashed on a screen. I smiled, recognizing the photos that had recently dis-

also," she replied, handing me a broom.

I couldn't believe my ears. With a lot of encouragement from my friends, I had been starting to feel better about

lasting' among the possible meanings of crone."

I reconsidered my aversion to the label.

Soon I found myself using the broom to sweep away the negative parts of my past. Later I was given the crone jewel, an amethyst, to keep until the next croning ceremony, when I would pass it on to the new crone.

Geri, who soon would become fifty, tied a lavender sash around my waist. Then someone put on a record.

There really was a dance, after all!

That was February 1982. Because mine was the first croning in Gainesville, I was completely surprised; since then a number of women in the area have been croned. At her croning, Jan read a story she had written about all the important women she'd known throughout her life. When Rose and Ellen were croned we listed negative words often used about older women, then shouted out all the positive ones we could think of. Sue brought a lifetime of scrapbooks to share with us, and a chorus line singing forties tunes entertained when we croned Geri.

Each croning is unique, but we always honor the importance of this passage with a ritual that includes stories and pictures from the life of the woman being honored. We crones find that reclaiming this word that has been distorted by sexism *and* ageism empowers us to recover our self-respect and pride in our age. We're proud to be crones. □

*Nancy Breeze, 53, is a freelance writer and typesetter in St. Augustine, Florida. For information about the Crones' Nest Project, a proposed intergenerational community that will provide long-living women with an alternative to traditional retirement options, write: Crones' Nest, 207 Coastal Hwy., St. Augustine, FL 32084.*



*Nancy Breeze, left, and Edith George croning Ellen Spangler and Rose De Barnardo in 1983.*

appeared from my album. The laughing baby became the high school graduate, the young housewife, and then the grandmother.

Instead of feeling embarrassed, I was proud — and even curious about what would come next in this visual life story.

When the slideshow was finished, Denise brought out a large carrot cake with a miniature clothesline strung between the candles. The "clothes" on the line spelled "NANCY."

Just as I was thinking what a nice party this was, the women formed a circle and led me to the center.

"Now it's time for your croning," Rosalee announced.

"My what?"

"We're not only celebrating your fiftieth birthday, but your croning

the idea of turning fifty, and I wasn't as flattered as in the past to be told I didn't look *that* old. But I wasn't ready to be called an old crone, no matter what Rosalee said.

I looked at her.

"In ancient times," Rosalee explained, "women's lives were divided into three stages — nymph, maiden, and crone. Crones were revered for their experience and wisdom. We're here to bestow this honor on you."

I opened my mouth to point out that whenever I'd heard the word *crone*, it had seemed much less than honorable. Instead, I found myself saying, "Well, I never thought I'd be flattered to be called a crone."

"I know what you mean," laughed Rosalee, "But the Oxford English Dictionary lists 'mischievous' and 'long-

# *“I never had it so good”*

BY BERNARD FORER

After 45 years of teaching in the Northeast at all levels from junior high school to college, I retired with my wife to Sarasota, a city of 50,000 on Florida's west coast. To me, retirement implied a certain aura of peace and quiet, removed from the hassles of my working days, away from the hurly-burly of traffic and congestion. Of course, others have had the same idea. The steady influx of retirees from the snow belt has caused an upsurge in the population of Florida's west coast, and today the peaceful town of Sarasota is inundated with new construction.

When I first arrived 12 years ago, I was struck by the area's beauty and wealth. But as I drove around, I slowly became aware of the pockets of poverty and the retired Sarasotans who can scarcely get by financially. I can show you a beautiful mobile home park, such as Camelot Lakes, with its comfortable homes and expensive recreational facilities, and then take you to one of the distinctly scruffy older mobile home parks. Some retirees live in plush condos, while others make do in dingy one-room quarters. Near city hall, unemployed workers from the North sit on benches with nothing to do, while not too far away luxurious boats are docked along the bay.

Retirees who cannot afford regular health care benefit from an innovation begun when the late Dr. Irwin Portner discovered that retired physicians could, under Florida law, provide cer-

tain limited medical services. Dr. Portner enlisted retired doctors and nurses to staff a free clinic, which has now become very popular. Volunteer physicians diagnose simple ailments, refer serious cases to hospitals, and give appropriate counselling to patients. The clinic has received national attention as a model for what other retirement centers can do.

The county also has eight Senior Friendship Centers where senior citizens may gather to socialize, play bridge, sing, or take classes. Such projects as Meals on Wheels bring food to people who have difficulty preparing hot meals for themselves. Residents living alone may take advantage of daily phone check-ups and a transportation service that offers rides to doctors' offices or social centers. One of the more recent projects, called The Living Room, provides what amounts to daycare for older and handicapped citizens, in comfortable surroundings.

My wife Rose and I live in a well-planned community called Lake Tippecanoe. It's a "middle" sort of place, not too rich and not too poor, with 254 families living along the winding streets in triplex condominiums. Along the lake are two-story buildings with six units. We have our own water and sewer system, a cable hook-up for our televisions, a nightly volunteer citizens patrol, garbage collection, professional grounds keepers, a spring-fed lake, pool and club house, and common recreational and laundry

**“RETIREES need not become onlookers, far removed from the struggles of human beings. Many of us continue our interests in the causes around us.”**



facilities. We paid about \$40,000 for our home 12 years ago (it would have cost about half that much 10 years earlier), and now pay a monthly maintenance fee of \$80 to our Lake Tippecanoe Owners Association. The cautious and clever officers and directors of the association keep the condos running well and at a minimum cost. The 12 members of the board of directors are dedicated volunteers, elected by the homeowners at our annual meeting to serve staggered two-year terms.

Despite our differences in backgrounds and interests, those of us living at Lake Tippecanoe do have a sense of community. We are on the same ship traveling the sea of retirement. Should someone become seasick, we sympathize and try to help, because we, too, may need help later in the voyage. Shortly after we moved into our present home, I had a freak fall and needed an operation. Help came in goodly amounts; friends took me to the doctor and helped with the shopping, and their kindness was obvious. In a casual neighborhood, a sense of solidarity may not become as strong. Here we pitch in to help a neighbor because we never know when we shall require help ourselves.

Sarasota County is a Republican enclave, and our condo is no exception. My wife and I do not agree politically with many of our fellow homeowners, but we get along. A sense of humor helps. So does the sense of tolerance shared by most of our neighbors. Few of us have led ideal lives. We have experienced our share of frustrations and fear, loneliness and sorrows. Nevertheless, we carry on. All of us know, by this time, the human condition.

The attitude of the larger community of Sarasota and environs is sometimes not so congenial. As it happens, I am a confirmed addict to writing letters to the editor, which sometimes are printed and sometimes not. So far, I have received two death threats. One came after I wrote a letter against the Klan, and the other, several years ago, when I blasted the then Shah of Iran.

I have belonged to Common Cause and the ACLU, but at present my main emphasis is WILPF, the Women's In-



ternational League for Peace and Freedom. (Yes, they accept men as members.) We started out with something like seven members and are now approaching about a hundred. I also help with the Gray Panthers as much as I can.

From its inception, WILPF has taken as one of its projects working with the United Farm Workers and the Farm Worker Ministry. We have supported the grape boycott and other boycotts, and raised funds through an art auction, annual dinner, and other events. This past year, on very short notice, the members sponsored a dinner that raised about \$1,000 for FLOC, the Farm Labor Organizing Committee based in Ohio.

We have plenty of problems right here in Sarasota. Vestiges of Jim Crow are still alive. Even progressive groups have their difficulties with this problem. Our own WILPF branch has only one black member. A few blacks are in the League of Women Voters or in some of the business clubs. The free medical clinic brings in black patients, but few attend the Senior Friendship Centers. All in all, blacks and whites remain in their own churches and organizations, and the task of intermingling still remains to be accomplished.

Our WILPF branch has featured black speakers at some meetings and sponsored a program on the death penalty at a black church. We have made a few attempts. What is obvious is that we shall have to redouble our efforts to increase black participation. Our main priority must be to increase their confidence in our sincerity and to create two-way roads between the groups.

As in other parts of the retirement sunbelt, there's the added tension between the haves and have-nots. The old-timers and natives may resent, to varying degrees, the incursion of people from the North, many of them with ample supplies of greenbacks. While business owners might welcome the newcomers and the money they spread around, the working stiff who has been scratching out a marginal living resents the extravagant lifestyles and blames outsiders for the high prices.

Of course, all migrating retirees are not rich or reactionary. Sarasota County, with 202,000 people, ranks among the highest counties in the nation in per capita income, yet it has 25,000 residents living at or below poverty, and 7,000 of these are over 60 years of age. The influx of people from the North has also brought many progressives who lived through the Great Depression and the social upheavals that followed, and who are now busy creating changes in this bastion of conservatism. The Gray Panthers of Sarasota, for example, have steadily grown since beginning in 1975, and have organized activities ranging from street demonstrations for Social Security to cooperative efforts with local black and white high school students. With nearly 200 members, the Gray Panthers are respected in the community for paying attention to issues affecting young and old.

As you can see, life in the Sunshine State is not a placid existence devoid of all problems. Retirees need not become onlookers, far removed from the struggles of human beings. Many of us continue our interests in the causes around us. Perhaps we feel better that way, despite the aches of old age.

Yes, it is possible to live quite well along Florida's west coast, even with modest resources. The people are generally friendly, the weather is kind, and one can dress casually for almost all occasions. And as a person who is not handy with tools, I am especially happy not having to cut the grass or bother with repairs. As the song goes, the living is easy.

To tell the truth, I never had it so good. □

*Bernard Forer, 78, recently celebrated his fiftieth wedding anniversary.*

BY ANGIE CANNON

# THE OLD OLD IN FLORIDA



The neighborhood clubhouse at Gold Key West Villas is empty. The canasta tables are deserted. The swimming pool is quiet. Some blue and white lounge chairs are overturned. The men's club at this retirement community disbanded a few years ago, and

the women don't have enough active club members for real meetings any more. The social club expired last year. New Year's Eve went uncelebrated, no champagne, no noise-makers.

"This used to be a real jumpin' place," says Irving Engelbert, 80, who

came from Brooklyn to Gold Key West Villas in Sunrise, Florida, 12 years ago. "Now it's death valley."

Peggy Graham, 65, agrees: "Every day I look up and down the street and just pray for a front door to open." But many of her neighbors are too frail to venture out alone.

Twelve years ago Bob and Peggy Graham migrated to South Florida, like thousands of retirees. The Massachusetts winters were painful. Bob, now 69, had suffered a mild heart attack, and doctors ordered them south. So the Grahams left their daughters and big, old, burdensome house. They left with some money: Bob had a handsome pension from his job as a mail carrier in downtown Boston, and Peggy had saved some of her earnings as a supermarket cashier. They moved to Gold Key West Villas, a modest retirement community of 101 white one-story homes in Broward County. They bought a small house for about \$17,000, only doors away from Bob's brother Vinnie and his wife, Florence. But times have changed since they moved into this once bustling community.

"You can look out your front window all day and never see a fly go by," says Florence Graham, 72, who tends to the growing number of frail widows in the neighborhood by giving them permanent hair-waves or just checking on them. For thousands like the Grahams, the enchantment of retirement is giving way to the harsher realities and frailties of advanced old age and the expenses that accompany declining health.

"Increasing numbers of the elderly outlive their good health and their resources than have ever been known in the history of the country," says Max Rothman, a former district administrator for Florida's Department of Health and Rehabilitative Services (HRS). "The state has traditionally been the payer of last resort. The state is finding more and more that it will have to pay."

Life in Gold Key West Villas is no different than in hundreds of retirement communities across South Florida. Thousands of retirees, like the Grahams, moved to Florida during the early 1970s mostly from the Northeast. They came seeking healthy sun, easy housekeeping, and evergreen golf

Photo copyright © 1985 by Chuck Fadelty

courses. But as they moved from the ranks of the "young old" and joined the "old old," those attractions changed to golden memories. Now many elders in South Florida find their savings exhausted and their bills mounting. They find themselves alone, often unable to drive, dust the house, or bake a potato. They confront the reality of old age.

Policy-makers across Florida also are confronting the problem and discovering it to be colossal. "Our 'old old' population is growing immensely," says Candy Rechtschaffer, director of Broward County's Area Agency on Aging. "People move down here healthy and happy, and suddenly they are old and out of money. And that is a tremendous problem for the state."

Florida policy-makers and politicians also realize that other states, with their smaller elderly populations, are watching to see how Florida copes. "All the other states are looking to us. We are the laboratory for the rest of the country for the next 30 years," says John Stokesberry, the HRS district administrator in Broward County and former head of the state's Aging and Adult Services division. "But the other states won't have nearly the same demand as Florida."

It has not always been that way. In the past, for the most part, Northern senior citizens simply stayed home and were cared for by their grown children. But starting in the 1950s, after World War II, elders moved south in large numbers. During the 1970s, as later generations' incomes grew, the migration increased. Mostly, people came to Florida.

A 1984 national study shows that nearly half of the total 1.7 million retirees who moved during the 1975-80 period ended up in just five states. Florida was the destination of 26.3 percent of all the retirees, according to this analysis of 1980 U.S. Census data. Second-place California received 8.7 percent; 5.7 percent went to Arizona, 4.7 percent to Texas, and 3 percent to New Jersey.

The study, conducted by a team of four researchers including Charles Longino of the University of Miami, shows that 437,040 senior citizens came to Florida during that five-year period — a 66 percent increase over the number who migrated to the state

in the 1965-70 period and a 110 percent increase over 1955-60.

"It's a critical situation in the state today," says Candy Rechtschaffer. "Tomorrow will be disaster if we don't do something about it."

Longino, a sociologist who is also director of Miami's Center for Social Research in Aging, attributes the dramatic population shifts to several factors. Medical technology has enabled people to live longer, and with less dependence on their children for long-term care, and Social Security benefits and pensions have made retirement easier. Longino also believes it became more acceptable after World War II for Americans to leave family and friends and strike out on their own. But more than any other reason, older people move to the Sunbelt states for the pleasant climates and leisurely lifestyles.

Whatever the reason for the flight south, the mass movement has been a boon for Florida. The well-off retiree

some of their pensions and savings in Florida banks, and the sheer numbers of elders, whether they own their homes or rent — and the construction that accompanied their arrival — have boosted the tax base in a state that relies heavily on property taxes for its income. At the same time, most retirees to Florida remain out of the labor force; thus they don't compete for jobs. Nor are they big consumers of the usual government services such as education and welfare.

But the impact of elders on Florida's economy is changing. Until now, Florida's elders actually have been relatively young. But Florida policy-makers are defining a new segment of the state's population who will need more expensive services: the "old old."

Statistics compiled by Stanley Smith, a University of Florida economist, show what is happening. In 1980 the total number of Floridians over age 80 was 299,209. By 1990 that



photo courtesy Miami Beach Visitor and Convention Bureau

has been an important consumer. Developers turned seas of scrubby sawgrass into sprawling cities of retirement condominiums. The beachfront quickly became a wall of towers. Grocery stores, pharmacies, and hospitals followed. Retirees invested

number is expected to reach 523,238. By 2000 it should be 775,867, according to Smith, who directs the population program in the Bureau of Economics and Business Research at the university in Gainesville.

Policy-makers hear those statistics,

politicians visit retirement communities like Gold Key West Villas, and they realize the enormity of the situation: as people grow older, they are more apt to become frail and their needs often multiply staggeringly.

"When they first come here, they're young, mobile, married, and have means. There has been no slowing of the flow of elderly into Florida — 12,000 to 15,000 a month. Twenty years from now, those people won't be 60 years old," says Stokesberry of HRS. "Clearly, they need adequate and affordable and appropriate housing and health care, both long-term and preventive."

Florida's policy is to discourage senior citizens from entering costly nursing homes. Instead, the aim has been to keep people living on their own. "Florida is making it possible for people to live independently," says Evelyn Glasser, head of a statewide committee studying long-term care for the elderly.

And Florida elders *are* staying home. State population figures, compiled by Longino based on census data, show that 26.7 percent of those 85 and older are married and living with spouses. Only 10.6 percent of these very old people live in homes for the aged. Florida's elders may be staying out of nursing homes, but many still need help. "People have difficulty walking. They have difficulty doing things around their homes. These fitted sheets are very nice, but they're hard to put on the bed," says Margaret Jacks, the first director of the HRS division of aging, now a lobbyist for the Florida Council on Aging. "When you get to be shaky of hand and not too clear in sight, you put a kettle on for a cup of tea and you get burned."

Today, Florida does provide health aides and housekeepers under its Community Care for the Elderly (CCE) program, which other states are eyeing and emulating. Started in 1978 as a pilot project, CCE provides basic services designed to keep the elderly living independently. While the programs are funded by the state, recipients also pay fees based on a sliding scale depending on their income. Other services include home-delivered meals, transportation to doctors' offices, and home health care in which a nurse comes to an elderly per-

son's home.

One CCE service is a 24-hour emergency alert/response monitoring system. Frail elderly people, living alone, can press a portable help button electronically connected to a hospital to get emergency assistance. Hospital personnel call a neighbor or friend who can then check up on the person.

Another CCE program is homemaker services, in which an older person receives help with light housekeeping, cooking, laundry, and shopping. Under the personal care program, someone will give an older person a bath or shampoo; and the respite care program offers relief to a spouse or sibling caring for a sick elder, permitting that person to leave the house for a while. CCE also provides day care centers offering meals, programs, and rehabilitative therapy for senior citizens.

Still, the needs outrun the program. Governor Bob Graham asked the legislature for \$30 million for the community care program for this year, but only \$22 million was granted. That will serve 21,660 people a day, officials say. In Broward County alone, 700 people are on the waiting list for homemaker services, and seven day care centers serve 343 senior citizens, with 160 on the waiting list.

"There's tremendous need," says Margaret Lynn Duggar, head of the HRS division on aging. "There are so many waiting lists. And these are the critical services people can't really wait for." To meet that need, Graham has asked the Florida legislature to increase state dollars for CCE by \$14 million over the next two years.

Besides expanding the CCE program, Graham wants to create a new Community Services System (CSS), a central clearinghouse which would help disoriented older people get access to medical and social services. While it is still rough, the idea is to help seniors find their way through a maze of different government agencies. "Most older people get bounced around from one agency to another. They feel lost," says Cathy Kimbrel, a Broward County social service division supervisor. "If there was a single entry point, like they are suggesting with CSS, that would help."

The plan for CSS is just part of the 99-page report developed by Graham's 20-member Committee on Aging. In

June 1984 Graham appointed the body to study the future needs of Florida's 1.7 million elderly residents. Released in January, the report — entitled *Pathways to the Future* — suggests state policies for coping with the burgeoning elderly population.

The recommendations are sweeping, dealing with issues ranging from health care to crime to media perceptions of the elderly. In an attempt to improve the image of the elderly, the state will try to educate people about them. Specifically, the committee recommends legislation requiring the Department of Education, the Post-Secondary Education Commission, and others to have courses on aging in kindergarten through college-level classes. The committee also suggests that the state challenge public and private personnel officers to hire more retired workers who want to work part-time, and that school districts employ retired teachers as substitutes and teacher aides.

Another proposal is financial aid to people who have elderly relatives living in their homes, along with social services needed for their care. The bulk of the committee's report deals with health care, perhaps the single most important and expensive issue for the elderly.

The Florida Consumers Federation has pushed for lower health costs. The statewide organization lobbied for a hospital cost containment bill passed last year by the state legislature, especially demanding sections requiring hospitals to submit their budgets to a state board regulating cost containment. These sections were included, but the willingness of the board to be more than a paper tiger is in doubt, according to Karen Clarke, state director of the Consumers Federation.

The federation is now preparing a patients' bill of rights for the legislature to consider. It would cover a patient's right to receive full disclosure about proposed treatment, the right to participate in making decisions about her or his own treatment, and the right to fair billing practices, to quality care, and to confidentiality. It also would set up a grievance procedure whereby patients could protest hospital practices.

Better consumer education is also built into the CSS proposal — to help clear up elders' questions about con-

fusing Medicare regulations. Many such questions concern new Medicare regulations implemented in 1983, which were designed to curb costs but created problems of their own — including premature hospital discharges. In the past, Medicare reimbursed hospitals for the actual cost of treatment. Now, however, the rules specify 470 categories of medical conditions, known as diagnostic related groups (DRGs), and each DRG has a price tag, a flat fee. This cash limit tends to determine the number of days a person will be kept in the hospital, regardless

is common for insurance coverage to end and for the elder to run out of financial resources and become a client of Medicaid, the program that pays for health care for indigents.

Even though Florida has a very low ratio of nursing home beds per elderly resident — 22 per 1,000 senior citizens — more than three-fourths of HRS's \$389 million budget for long-term care is spent on nursing home care for only 1.3 percent of the state's over-60 population.

A recently released HRS report, *Targeting for Change*, emphasizes the

state encourage the private sector to develop group homes and congregate housing through tax relief and fair rental agreements.

Low-income housing for the elderly is another looming issue. Historically, the state has not received much in federal funds for such projects. In September 1984, however, the Department of Housing and Urban Development opened a new door for Florida: it granted millions of dollars for 18 projects in the state, the first outlay in six years.

State officials are applying for more federal money to provide additional badly needed apartments. But given President Reagan's recently announced budget request for 1986, state officials don't expect any money after this fiscal year. "You can forget any more money after October and probably until the end of Reagan's term and probably long thereafter," says Rechtschaffer of Broward County's Area Agency on Aging.

Graham's committee does make some recommendations for affordable housing: the state should provide housing assistance to those with low and moderate incomes and should encourage the private sector to build affordable housing through tax breaks.

Florida's advocates for the aged, who usually are pleading with the state for more money and attention, greeted the governor's report with smiles. Although Consumers Federation director Clarke is disappointed that the Graham committee failed to make recommendations about the need to ensure access to appropriate medical care for the uninsured poor, she believes that the committee recommendations are a step in the right direction. Now she and other advocates hope that the state legislature will appropriate the money necessary to put the proposals into effect. "This is the first time Florida has done something like this," says Rechtschaffer. "And it's about time. The need is so critical." □

*Angie Cannon, 24, is a Miami Herald staff reporter who has written frequently about Florida's elders.*



photo by Tom Kennedy/The Gainesville Sun

of whether the patient's condition warrants discharge.

"You have all these weak, impaired seniors coming out into the community, usually before they are completely well," says Glasser, who studied long-term care for HRS.

Sometimes, when medically necessary, a nursing home with round-the-clock care is the only answer. And this option may become more frequently necessary if the trend to discharge elders prematurely from hospitals continues. Going into a nursing home depletes an elder's personal savings. Usually, she or he starts out in a home by paying the bill — typically \$1,500 a month — with private health insurance and savings. But, as a HRS report points out, over an 18-month period, it

need for improved Medicaid reimbursement methods for nursing home care. Reasonable ceilings are essential, the report says, but they still must ensure that nursing homes provide quality care. The report also recommends possibly eliminating the least-intensive level of nursing home care, designed for people who might be able to live in an adult congregate living facility.

There's not a lot on nursing homes in Graham's report — because the state philosophy that a retiree should try to live at home or in an alternative facility is firm. The report recommends the creation of incentives for local communities to change their zoning codes to allow such alternative living environments. It also suggests that the

BY MILLIE BUCHANAN

# Health Care Choices

*“HOME IS WHERE  
THEY WANT TO BE”*

**MADISON COUNTY,** North Carolina is rugged country. Its steep mountains, winding roads, and remote hollows have fostered a people who place a high value on strength, self-reliance, and traditional ways of doing things.

Many changes have taken place during the lives of the county's eldest residents; not least have been changes in health care. Reliance on home remedies and occasional doctors' visits may have given way more slowly in the mountains than in many other areas, but it has given way. The area now has modern clinics, home health nurses, family care homes, and an intermediate and skilled care nursing home.

The elderly in the county and their families, like people everywhere, want to retain as much control of their lives as possible. For most that means staying in their own homes, with familiar surroundings and routines. But a combination of factors is making that increasingly difficult.

One factor is the changing nature of the economy. Madison is traditionally a rural area where farm families have

eked out a living from the rocky soil. Now less than 10 percent of the county's labor force makes a living farming, down from 70 percent or more just a few decades ago. Family farms lie fallow, and many have been bought for use as vacation homes as the younger generations move away in search of wage-earning employment.

Madison County women used to work the fields, raise gardens and small livestock, rear children, and provide three meals a day for work-fueled appetites. But today, fewer working farms, hard economic times, and changing social values mean that women as well as men are going into "public jobs." Over half of the women over 16 in the county now work outside home and farm. Since jobs are scarce in Madison, more than a third of the labor force commutes to adjacent counties or across the state line into Tennessee. The relatives and neighbors who once rallied to help when the sick or the elderly needed full-time care are now either living elsewhere or leaving home at dawn to drive long distances to work. As a result, the support system that once allowed older

relatives to live out their lives at home has thinned.

Government regulations and private health care insurance rules throw up additional barriers. Medicare, the health insurance portion of the Social Security program, provides money for hospital care and visits to doctors or clinics. It will pay for visits from home health nurses only if a patient has been hospitalized, and then for only 20 days after release. Medicaid may then kick in to cover home health nurse visits if a patient can meet the stringent eligibility guidelines.

But neither Medicare, Medicaid, nor most private insurance programs pay anything for maintenance visits — for blood pressure checks, monitoring of diabetes or heart conditions, or any kind of routine health care that could help keep an older person mobile by providing medical attention before ailments become severe. Nor do those programs pay for choreworkers, home-delivered meals, or other support systems to help the elderly stay at home.

"We can get them well through home health, but then we are forced to

leave, and then no one's there to monitor them," says Monica Teutsch, executive director of the Hot Springs health program, which operates the county's two clinics and home health nurse service. This makes no sense, she believes, even from a strictly economic viewpoint: "I'm personally convinced that just in saving inappropriate hospital visits, we could pay for a program of maintenance visits." Without skilled observation, chronic conditions that plague many older people flare up and go untreated. "Then a neighbor goes in and finds them in such a degenerated condition that they have to be hospitalized. A monthly visit by a nurse could keep that from happening."

An additional problem with Medicaid exists in areas where families are tied to the land. Most Madison County farms are larger than allowed as a homestead exemption under Medicaid eligibility rules; and after six months in an institution, the patient loses even that minimum exemption. For many of the elderly, family land is their inheritance, the product of a lifetime's work, and the intended legacy for future generations. They resist losing both the product of their labors and the link between past and future that the land represents.

Even if families decide to sell, they find that the market is slow for steep, isolated farms, and "fair market value" as rather arbitrarily defined by Medicaid regulations may be impossible to get. And for their failure to obtain it they are penalized by those same regulations in two ways. First, should they attempt to turn land over to its intended inheritors they may be declared ineligible for benefits for a full year. Second, if those intended beneficiaries wish to purchase the land, they must meet the "fair market value" standard. In a county where 45 percent of the households have incomes under \$10,000, that is frequently impossible. Such regulations favor the urban and landless poor and have given rise to the notion in rural areas that if you go to the government for assistance, "they will take your land." There are no statistics available on the numbers of rural elders who do not seek help because of such fears.

"Folks work all their lives to build a home, and then when they get to the

photos by Rob Amberg



Laura Thomas with Susan Conley and Kate Church

point where they want to be comfortable and enjoy what they've worked for they can't, and that's a shame," Teutsch says.

Recent cuts in federal funds for social programs have resulted in more stringent eligibility requirements so that fewer people qualify for the limited services still available. Remaining funds have lost ground to inflation and needed new services cannot even be considered. While some services are still available, most are underfunded and spread too thinly to meet the needs of the elderly.

The Hot Springs health program's two clinics and home health care service operate on a fee-for-service basis, with a sliding scale based on income, which is subsidized by grant money through federal programs. In 1984, the program's two registered nurses made nearly 3,000 home visits, mostly to elderly patients; 87 percent of those patients visited received some assistance through Medicaid or Medicare, and 92 percent of the rest were eligible for discounts. Since the fall of 1984, the service has expanded, adding another nurse, several nurses'

aides, and a "Lifeline" service. Lifeline, which provides a monitoring device that allows a patient to call for emergency help by pushing a button attached to the clothing, is not covered by Medicare or Medicaid.

Also new in Madison County is an experimental long-term-care screening program through the Department of Social Services. Director Anita Davie says that the goal is to help people stay at home—even those who need regular medical attention. Patients who are accepted into the program can receive up to \$1500 per month for aid not ordinarily covered by Medicare or Medicaid, such as maintenance health visits from nurses and aides, delivered meals, choreworkers, and minor renovations to adapt homes to people's physical limitations. "We can keep them at home cheaper than in a nursing home, or at least at no more expense," says Davie. "We may find it really is as expensive, but home is where they want to be."

Other agencies or organizations offer transportation to a doctor's office or clinic, hot lunches five days a week at seven nutrition sites, home-delivered meals, choreworkers to help



SUSAN CONLEY TALKS WITH GEORGE ROBERTS AS HIS DAUGHTER GERTIE RANDALL LOOKS ON

do housework, and emergency money for fuel to help head off chill-related health problems. All these services are contingent on federal and state aid, and no one is ready to predict how far proposed new cuts will slice into them.

Whatever the sources of help, sometimes staying at home is impossible. Until a few years ago, leaving home for most elderly people meant leaving the county. Now Madison has five family care homes, each able to house up to six people needing housekeeping help but not full-time nursing care, and Madison Manor, a private for-profit intermediate- and skilled-care nursing facility with 100 beds. Those working with the elderly and their families say that Madison Manor has built a good reputation in the county and has made acceptance of institutional care easier.

Dr. Chipper Jones, one of the Hot Springs health program physicians, says that institutional care is often the best solution for patients who need around-the-clock care, and that families shouldn't feel guilty when they can no longer meet the needs of a patient at home. At Madison Manor many of the staff are local residents, the facility is close enough to allow frequent visits by relatives and friends, and many of the current residents are friends and neighbors of incoming patients. All these factors help to maintain the feeling of community so important to the

county's residents.

But neither the quality of care nor the neighborhood atmosphere of Madison Manor has removed the stigma associated with institutional care, and resistance to "putting someone away" remains strong.

"Senior citizens in this area came through the Depression, and they're used to hard times," explains Edwin Phillips, who administers programs for the elderly within the Department of Social Services. "They stay home even if it means doing without. They just tighten their belts."

Their relatives, by and large, support that effort. Most still bristle at suggestions that their parents might be better off somewhere else. "We take care of our own," they insist proudly.

## LAURA THOMAS

has taken care of other people most of her life. She quit school at an early age to help support her family by caring for elderly neighbors. She later married and raised five children of her own. Now widowed, she has full responsibility for her mother, Kate Church, who's "about 100, I think, but nobody really knows."

Although Kate Church can eat without help and can move around on her own, she still needs someone with her constantly because of her weakened heart. One day a week, a neighbor comes in to stay with her so

Laura Thomas can get out — usually to work in the garden. A home health nurse comes in periodically to take Church's blood pressure and check her heart. If that service were not available, the alternative would be expensive and time-consuming trips to the Hot Springs Health Clinic, trips Thomas says her mother finds confusing and tiring. A generation ago, when Thomas was growing up and health care consisted almost solely of home remedies, they wouldn't have had the option.

Thomas remembers the first time she went to a doctor, at age 13. She also remembers the treatment—a bottle of cod liver oil. The first dose came straight back up, the second she poured out when no one was looking. She got better anyway, and while she appreciates the advantages of modern medicine for those who need it, she says, "I'm not a person to run to doctors every time I have a pain. I don't have time; if I get sick, I just keep going."

At 70, Laura Thomas still raises a garden, cans, puts up pickles, and keeps a spotless house. Last year she cut her own firewood with a handsaw and tilled the garden herself. But now her youngest son is threatening to hide both tiller and saw unless she lets him do the heavy jobs for her. "I told her and told her and *told* her to leave the tiller alone," he says, half boasting, half concerned. "I've caught her several times over next door where she has her garden, a'plowing away. I told her I'm going to take the parts off it and take it home with me, and then I'll know she can't use it." Thomas just smiles; she's had this discussion before.

She refuses to consider a nursing home for her mother as long as she can handle care at home. Her son is just as strongly opposed to nursing home care for her should she reach the point where she couldn't care for herself. "She would be living with me and my wife," he insists.

"The way I feel about it," counters Thomas softly, "I just don't want to be a burden to nobody." She has a solution, though, spawned from years of caring for others: "If something happens to Mother before it does to me, I think I'll just go and get a job in a nursing home."



## “SUSAN COMES

here, and she just takes over like she was one of the family.”

It's the highest compliment Walter and Gertie Randall can pay to Susan Conley, the home health nurse who comes every other week to care for Gertie's father, George Roberts, age 92. Conley provides not only skilled nursing care, the Randalls say, but also a friendly ear and a willing hand. “She's even told me to call her on her day off if I just need someone to stay with him so I can get out,” Gertie says.

That's the kind of help traditionally offered by family members and concerned neighbors. But the Randalls' seven children live miles away, or have jobs that mean fewer free hours. The full-time care George needs keeps Gertie homebound while Walter finds his way through unfamiliar tasks like grocery shopping. “I don't mind staying home,” says Gertie. “I'd only call someone if it was a have-to case. If we didn't have Susan, I just don't know what we'd do. You get to thinking about it, what would anybody do? Back years ago, neighbors would come in and sit of a night, but you see there's

just nobody around to do that now. Most everybody's working, and there's just nobody to help.”

George Roberts spends much of his time sitting, sometimes smoking his pipe, occasionally joining in conversation with visitors, although his diminished hearing makes that difficult. “He's no trouble,” Gertie says, watching her father sit quietly. “Most of the time, he's just like that.” Conversation tends to be about her father more than with him. Questions to him, because they must be yelled, often become simplistic, as though spoken to a child: “How do you like Susan? Does she take good care of you?”

The answers are, as the questions deserve, short and simple. “I like her. Yes.” As talk continues around him, Roberts is briefly quiet again. Then a wry humor surfaces. “There's a little nurse up there in Asheville, but they won't agree for me to send for her. She takes care of people like me. She takes a hammer and knocks them in the head!”

## BUCK WILSON

didn't have much time to talk. The jury was out, but it might not be too long before the courthouse filled back up for the verdict, and you don't have murder trials every day. But the sun was warm on the bench outside the courthouse, and he could spare a few minutes to talk about life.

Wilson never tied himself down to a factory job. Not that he didn't work hard for most of his 80 years. He raised tobacco and corn, worked at a sawmill, hauled pigs, “went many a time day and night in a truck.” He did, in short, a variety of hard, dusty jobs. But factory work—that's confining, and Buck Wilson likes being on his own.

He was married once, but he and his wife parted company in 1968. She's in Illinois now, and so are his daughter and grandson. Mostly he's been on his own, but four years ago “my health went bad,” and he could no longer manage by himself. Last year, he lost a leg “because of my sugar,” and doctors are struggling to save the other one.

He now lives in one of the county's



BUCK WILSON

five family care homes with five other residents. Edwina and Boyd Mintz, with assistance from their eight-year-old daughter, Violet, run the home and provide meals and housekeeping in a family setting. The Mintz home is okay, Wilson says. "It's somewhere to sleep, three meals a day, the food's all right." The Mintzes are good people who stood by him when he was in the hospital last year.

He doesn't spend a lot of his daytime hours there. Mostly he's in downtown Marshall, taking in the action at the Madison County courthouse, talking with friends, often catching the bus to the senior nutrition site for lunch. The artificial leg slows him down some, but then there's not much reason to rush.

Edwina Mintz is taking classes to learn how to provide more planned activities, such as crafts and games, for the residents. That's kind of them, Wilson thinks, but he'd just as soon be in Marshall, coming and going as he pleases.

He enjoys being with Violet. In a way it's like having a young daughter again. They play school, with her as teacher, and she helps him take care of his remaining leg. "She's a fine little girl, that little Mintz girl. First thing I know, she'll be married and gone."

Wilson reminisces briefly about his own daughter's youth. "Maybe I'll visit her in Springfield someday," he says, and drifts back into the courtroom to join his friends.

**ALLEN PECK** is temporarily in the Madison Manor nursing home. He's been there two weeks and is working patiently at exercises as directed by the physical therapist. His patience falters, however, at silly questions, condescending attitudes, or any other inference that he isn't in control. Are they taking good care of him? "They don't have anything to do with taking care of me," he insists.

The therapist has been kidding with him, sharing jibes, making the exercise a social time for both. Her attention wanders briefly, and her movements become temporarily mechanical.

"You're not giving me anything to push against, damn it. How can I push if you don't?" says Peck. The challenge brings her back, and the kidding begins again.

The session over, Peck is wheeled into a sitting room to talk with visitors. A children's show blares unwatched on the television. Notices of upcoming activities brighten the walls, and other patients wander by. Peck is more interested in his visitor's cigarette, and asks if he has one to spare. Is he allowed to smoke in here? "I'm going to whether they like it or not."

Peck, 80, has been on his own since he was 16 or 17. He's farmed and done a number of other jobs, but now doesn't do much of anything, he says. He and his wife live about a mile up a dirt road off a paved, winding road appropriately named Grapevine. He says he'll go back "when I get good and ready."

It's lunchtime. Trays of hot meals are rolled down the halls, and a woman in white comes into the sitting room carrying a large bib. "You mind if I go ahead and put this on him?" she asks Peck's visitors as if he were not there. "It's lunchtime." She turns to Peck, "Hold up your little arms, Allen, so I won't hit that cigarette."

Peck glares, and a cough substitutes for a comment. But he submits to the bib, then sits patiently waiting for lunch. □

*Millie Buchanan, 43, is a freelance writer living in Asheville, North Carolina.*



ALLEN PECK

# “Now They’ve Got to Treat Folks Right”

*“I wish everybody could work one day in a nursing home. For one thing, they would then know what work is. . . . It’s hard to give the right type of patient care because we’re working short of help.”*

These are the words of a nursing home aide who works for Beverly Enterprises in Texas and is taking part in one of the most successful union organizing drives going today.

In scattered pockets across the entire South, nursing home workers who are near the very bottom of the economic heap are organizing for better pay and working conditions — and winning. By waging a “corporate campaign” involving the mobilization of community support for improved patient care, the unions are successfully negotiating contracts with Beverly Enterprises, the nation’s largest nursing home chain.

“In a lot of these places there is little understanding of unionization and little experience with unions,” says Stewart Acuff, Texas coordinator of the Service Employees International Union (SEIU) Beverly organizing drive. “One key to the campaign is the strength and courage of these women. They organize for their own individual reasons but also for the sake of the



people they work with and the patients they take care of.”

*“You couldn’t work here if you didn’t care about the patients. I’ve got a momma. I wouldn’t want anybody to mistreat her. You kind of look at it as if you’re with your kids. Their minds go back to when they were children.”*

*“It’s not the patients that cause me trouble; it’s the ones over me. I’ve been there seven or eight years but the people over me don’t know a single patient. . . . We had one patient who wasn’t acting right. We kept telling the charge nurse. She said she’d check the patient but told us to keep watching her. Then the patient died that night.”*

*“We need a better place to work. The patients are mistreated. You can see them suffer. You can see a patient fall. They [the supervisors] will come tell you to take care of it. You could be in a shower attending to someone else. Why can’t they do it? They just won’t. They just figure it’s our job to do it.”*

Southern Exposure tried to talk to Beverly representatives about the corporate campaign and the quality of care in Beverly nursing homes, and we asked to visit several facilities. The company declined the requests. “We just can’t participate,” said Carole Trimble, Beverly’s public relations official. “Beverly Enterprises is proud of its record. But we don’t believe we have anything to add.”

For fear of reprisals from their employers those workers interviewed would do so only on the grounds that their names not be used.

Over the past two years SEIU and the United Food and Commercial Workers (UFCW) have combined to win a whopping 58 out of 82 elections at Beverly-owned homes — unions generally win under 50 percent of their certification elections. Many of these nursing homes are in the South.



And many union members have just completed year-long negotiations for their first contract.

A composite portrait of a Beverly employee is that of a woman, in most cases black, making little above minimum wage — even after years of work for the company. Most don't work quite full-time, as Beverly would then have to pay out more in benefits. Many qualify for subsidized housing and food stamps. The taxpayer thereby subsidizes the profits of Beverly by supplementing the wages of Beverly employees.

*"I make \$3.65 an hour. After you pay gas and transportation to work, you can't realize much out of it. You need to pay \$10 every six months for a health card to work. Uniforms cost \$20. The shoes that you have to wear, nurses shoes, cost \$35. You get through four days of work and have one day off and you're so tired. One of Beverly's people encouraged us not to go union. A lady from Fort Smith, Arkansas. She said the union would be against the nursing home."*

While the number of organized Beverly workers does not yet constitute the "critical mass" necessary to force significant improvements in wages, benefits, and patient care, the unionization of service sector employees is reason for celebration in an

otherwise bleak labor picture. "Beverly can buy up homes faster than we can organize them," explains Cecille Richards, Texas organizer for SEIU. "But we are attacking the myth that Southerners cannot be organized, that the South is content to work for less and under worse working conditions."

*They had a movie showing us the bad things of a strike. How unions mess up houses. Our tires would be slashed. All the stuff the union would do to us. One lady said she was a person you could talk to and trust. She even said she had an old car we could buy. She kept me in her office 30 minutes. They promised to get new shower chairs for the patients, a whirlpool and a washer and dryer for the laundry. But some people you can look at and see what they're like, and I didn't trust them."*

*"All I had was a bunch to gain, I'm not against the union. When I was living in Dallas I worked for a construction company. We did have a union and I would take home \$350 a week. That was money! Anytime somebody says union, I'm gonna listen. It was a long struggle [to get a union here]. There was a lot of pressure. They were harassing us. The vote was 26 to 9 in favor of the union. Now they know they've got to treat folks right."*

The success of the unions' organizing campaign is largely due to their ability to show the direct relationship between working conditions and patient care. The issue of patient care is being used to mobilize community support for nursing home workers and to encourage patients' families to apply pressure on Beverly.

In the past several months the SEIU and UFCW have successfully negotiated a number of their first contracts with Beverly. In March workers at 11 homes in Michigan negotiated agreements with Beverly. This was followed closely by agreements in the 4 organized homes in Georgia. And in Texas, 9 Beverly homes are likely to ratify contracts soon.

In all those contracts negotiated, the issue of patient care has been thrust to the top of the workers' agenda, and this has been a sticky point with

management. The unions maintain it has been hard work just to get Beverly to agree to the principle that employees, as the main providers of care to the patients, have the right to address the issue of patient care. The unions have also been keen on empowering workers and fighting racism. This has been particularly important in the South, where mostly white management personnel now sit across the table from mostly black bargaining units.

Despite the obstacles, the unions have succeeded in getting some language on patient care included as part of each settlement. In the SEIU agreement in Georgia, "resident services" committees will be set up at the facility level and workers and management will sit down together and talk about patient care. In North Carolina the UFCW has successfully bargained for language in the contracts to ensure that employees are treated with respect and dignity by their bosses. Without this element of respect, the union argues, nursing homes cannot give patients good care. By making the issue of patient care part of the collective bargaining agreements, workers will be able to monitor patient care conditions and use them as an instrument for labor relations.

In these negotiations the issue of staffing has also been important. Throughout the South the staffing requirements are rock bottom. In Texas, for example, the minimal requirement for staffing states only that there should be a "sufficient" number of nurses aides on at all times. With labor accounting for some 60 percent of Beverly's expenses, the company tries to shave labor costs as much as possible. Many workers work less than 40 hours a week and there is extensive use of part-time workers and casual workers.

Because the nursing home industry is not highly regulated, workers often find themselves shortstaffed and unable to meet the demands of the job.

The whirlwind of recent contract victories for Beverly employees comes after two years of union organizing. On January 27, 1983, the two service-oriented unions officially opened a "corporate campaign" against Beverly Enterprises. Charging that Beverly was using taxpayers' money — in the

form of reimbursements from Medicare, Medicaid, and the Veterans Administration — to fuel its own growth while neglecting patient services, the SEIU and UFCW began pressuring Beverly to moderate its anti-union activities.

Kicking off the campaign UFCW president William Wynn articulated what was to become a highly effective organizing theme: "Working conditions and patient care conditions are closely linked. Quality care is sometimes difficult to deliver in the best of circumstances. In the worst of circumstances, when discouraged workers are understaffed, under-equipped, and underpaid, it is impossible." SEIU president John Sweeney explained, "Beverly is important to SEIU not just because of its size, but because it represents what appears to be the future wave of health care in this country — corporate health care." Sweeney denounced this trend in health care, saying it "puts profits ahead of patients."

Armed with questionnaires on patient care and working conditions, a thousand union organizers fanned out across 26 states approaching workers at 475 Beverly homes. The results of the survey revealed that 74 percent of the workers viewed patient care as only fair or poor, 68 percent thought patients' meals were substandard, and 88 percent said that understaffing made adequate health care impossible. These findings expanded upon a report released by the AFL-CIO Food and Allied Services Trades Department in January 1983. Entitled "Beverly Employees C. A. R. E. (Cooperative Action and Reform Effort)," that report included preliminary results of the unions' investigation into patient care conditions in Beverly homes in four states. The findings showed that the rapidly growing chain was spending far less on patient care than the average nursing home and was putting "significantly more money into profit, administrative fees, and facility charges."

In a 1983 study of 361 homes, Iowa's top nursing home regulator, Dana Petrowsky, found that for-profit nursing homes had a patient care staff of only 8 per shift for each 100 patients, while not-for-profit homes maintained



11 staff members per 100 patients.

Union research also revealed that Beverly Enterprises is at the forefront of attempts to corporatize the health care industry. Hospital Corporation of America, the nation's largest for-profit hospital chain, owns 18 percent of Beverly while Beverly is also in a 50/50 partnership with Upjohn Health Care Services, the nation's largest for-profit provider of home health services.

Tactics used in the unions' corporate campaign to organize workers and bring Beverly to the bargaining table included: exposing substandard patient and working conditions, challenging Beverly's applications for certificates of need to build nursing homes, taking legal actions before government agencies, and coordinating protests from consumer and church groups. In addition, the unions launched a proxy battle in which labor organizations and churches holding Beverly stock tried to place a prominent senior citizen advocate on the corporation's board. In the second round of shareholder protests on patient care the unions won 10 percent of the proxy votes, including a large block from Chase Manhattan Bank. By March 1984, when Beverly negotiated with the unions to call off the corporate campaign in exchange for the company's agreement to en-

courage a "non-coercive" atmosphere during election campaigns, the unions had won 28 out of 41 elections in Beverly homes.

The terms of the agreement to call a truce between Beverly and the Unions demonstrate that a well-planned, well-fought corporate campaign can have a positive effect. And this model of organizing is becoming a key element in labor's current strategy.

Even though labor and management, in their own words, "reached an understanding that provides the basis for a more positive relationship between the company and the unions," they continue to do battle. While Beverly launches decertification campaigns and stalls at the bargaining table, "they understand," one union leader says, "that we are going to be doing more organizing at Beverly than ever." □

*This article was compiled from reports by Paul Sweeney, the **Multinational Monitor**, and The Bureau of National Affairs.*

## AN INTERVIEW WITH ELMA HOLDER



photo by Julie Jensen

MISSISSIPPI GRAY PANTHER EDDIE SANDIFER AND ELMA HOLDER

# CITIZENS' COALITION FOR NURSING HOME REFORM

BY JANET WELLS

*The National Citizens' Coalition for Nursing Home Reform was founded in 1975 by 11 citizens groups, including the National Gray Panthers and Michigan Citizens for Better Care. The Coalition, headquartered in Washington, DC, coordinates the work of more than 278 state and local member organizations and almost 400 individual members who are concerned about improving the quality of care for nursing home residents. Seventy-four participating organizations are in the South.*

*In addition to providing resources, technical assistance, and information to state and local advocates, the Coalition has struggled to maintain consumer and resident input into nursing home regulation development and enforcement. In 1981-82 it was instrumental in organizing widespread public opposition to Reagan administration plans to weaken the regulations and inspection requirements governing nursing homes that receive Medicare and Medicaid reimbursement. The resulting outcry led to a moratorium on changes in the regulations until after completion of a study by the National Institute of Medicine, due in August 1985. The Coalition has published a Consumer Statement of Principles for the Nursing Home Regulatory System, endorsed by 40 national organizations, as input into that study.*

*In addition to publishing special reports, the Coalition has a quarterly newsletter and a periodic advocacy journal, Collation.*

*In this interview one of the Coalition's key organizers and its director Elma L. Holder, 43, talks to Janet Wells about the group's concerns and about organizing nursing home advocates in the South.*

*What are the primary concerns of the National Citizens' Coalition for Nursing Home Reform?*

All of our work revolves around quality of care. Key elements of this work are informing and organizing people to maintain the minimal standards for nursing homes. In most states, the standards of care established by the federal government [regulating nursing homes that accept

reimbursement for Medicare and Medicaid] are the minimal standards of care.

We don't have really high standards written into regulations. Mental health services are practically nonexistent in nursing homes, and there are almost no rehabilitative services at this point. But we do want to maintain minimum standards, and we're not yet maintaining them across the country.

*You seem to be saying that the level of care in most nursing homes is deficient. Why is that so?*

The industry, of course, will always claim that they don't have the money. So that is a major issue we're looking at: What does it really cost to get good care? If it does cost more to get good care, my feeling is that our groups would support more public money for nursing homes. But state legislators are reluctant sometimes to support more money for nursing homes when the funds may be going into profits instead of actual care. There's no question people are making good money off the system — the whole corporate push into nursing homes is reflective of that.

We do all kinds of work on regulations and different programmatic issues related to nursing homes, but we know the real power base relates to reimbursement and financing. So we're developing a program of education for consumer advocacy groups and ombudsman programs about reimbursement issues. [The 1978 amendments to the federal Older Americans Act (OAA) require every state to appoint a Long-term Care Ombudsman to investigate and resolve complaints made by or on behalf of nursing home residents. One of the responsibilities of the ombudsman is to organize volunteers statewide to assist in this mandate. The state ombudsman networks have become an important component in the nursing home reform movement.] The reimbursement system is real complicated — there are a lot of hidden benefits to owning nursing homes in terms of taxes and depreciation — but it's not as complicated as it seems, if you just sit down and study it.

You have nursing homes in the South that are owned by big corpora-

tions headquartered in Minnesota, Colorado, or California, and your power to influence whatever happens in that facility is lessened considerably. It's important for people to understand the corporate structure and know how to influence change.

*Is race discrimination a problem in nursing homes?*

One of the issues that is of concern, especially in the South, is discrimination against Medicaid patients, and race discrimination follows from that. There's no question that people who are eligible for Medicaid are discriminated against because facilities want to get private pay patients into their home to help, they say, make up for the low fee they are given through the Medicaid program.

About three years ago, the ombudsman network in Florida did a survey where they tested this out. They discovered that although the nursing homes said there were waiting lists for beds when they called about placement for a Medicaid recipient, when they called back and said they had a private pay patient, they were told beds would be available immediately. Because of this, a lot of nursing homes in the South (as in other places) are almost exclusively white.

You hear this is because blacks don't live as long, which is certainly true statistically, and because blacks take care of their own. Well, in fact, minority groups will tell you they often take care of their own because they *have* to. They can't handle the problems any better than anyone else if their relatives become severely disabled or have costly health problems.

*The Coalition has organized primarily to get better care for residents, but you have also spoken out on employees' needs, haven't you?*

We just had a national symposium in Florida on quality care in nursing homes. There were 17 nursing home residents from around the country there. One was a woman from Valdosta, Georgia — Bessie Hale — a sweet country lady who looks very much like my southern Arkansas grandmother. Her key concern was that the workers are mistreated in nursing

homes. That they don't have enough money to take care of their families, that they don't have the supplies they need.

We still have mostly untrained workers. There's a tremendous amount of turnover because of a lot of factors — low wages, lack of support, lack of good supervision. Aides often leave the nursing home because they don't have the supplies and equipment they need in order to deliver good care.

If homes are short-staffed and staff members have to take care of 15 patients when they really should be taking care of seven, their burnout potential is pretty strong.

*How do you feel about efforts to unionize nursing home workers?*

We would support anything that's better for the workers — whether it be union activity or whether it would be some government activity which would increase their wages — if it would help them give better care. Some union work clearly goes beyond just getting better wages; part of their emphasis is on providing better quality care. I don't think there's any question that the campaign conducted against Beverly Enterprises has had some effect on Beverly's willingness to focus more on quality care. [See story, page 113.] The fact that unions have investigated and found a pattern of poor care in corporate-owned homes is definitely one of those outside pressures that makes the corporations behave in a better manner.

So I think the unions have done some very good things. But I think they have a responsibility to make sure that whatever they do translates into better care for residents.

*Is it more difficult to organize nursing home advocates in the South than in other parts of the country?*

I would say that organizing is different in the South in some respects. We probably have as strong a network of people and contacts in the South as anywhere. But the process of educating around advocacy issues has been slower in some ways because some people are fairly conservative in their politics. They're rural people, usually, people who want to do something

about the problems because it's just not right for those things to be happening.

You do not start fighting the big corporations because the corporations are doing a bad thing. You start out because people are suffering and having problems and you want to organize yourself in the best way to do something about that. It's a low-key approach to advocacy, which I support along with more aggressive approaches.

*Are most of the people who partici-*

*pate in your network in the South friends or relatives of nursing home residents?*

Yes, but that's where your strength lies. By the time people get involved in an ombudsman advocacy program in the South, most of them are in a position emotionally where they want to do something about problems. What I like about the South is that the reasons for advocacy seem to be more basic. They are: I have a mother in a nursing home who's hurting, or, I have neighbors who go into this nursing home

and it's not providing good care. And therefore I'm going to do something about the problem.

What our networks have to do is just build on that and hope we help the person see that there are strategies to change that problem. We always say that the basic core of advocacy is just a friend reaching out to help another friend. First you reach out in a friendship way, and then, once you confront the system, you realize that you have to sharpen your skills to confront administrators — to know what you're talking about on the regulations — and

## CHOOSING A NURSING HOME

- Look for how much *active participation by the public* there is in the nursing home. Is there a family council or a local advocacy group that spends time at the facility? Our experience shows that the more community people come into the nursing home on a regular basis, the more likely that home is to be treating patients well and meeting their needs. Why? Because there's usually someone around looking over their shoulder.

- Look for a *residents' council* in the nursing home. That's a good sign as to whether there will be inside advocacy for your loved one. Even if it's a very small council, it shows you that the administrators and workers in the home support resident participation in decision-making. Ask to sit in on a meeting and see if the council looks at the problems of all the people in the home and how far council members are willing to go in confronting the administration with problems.

- Look closely at the *staff person related to the residents' council*. Most of the time this person is an activities director, who may look at the council as a recreational activity rather than as social-action involvement. It doesn't take long to pick up what kind of attitude the staff person has.

- Look for *social services*, which you will rarely find, unfortunately. Most nursing homes have only a part-time person, sometimes an untrained aide, who also acts as the activities director (a role that has

nothing to do with social services). People often have difficulty adjusting to nursing home life. They may have problems with roommates and problems relating to the whole institutional scene. Their families often also need help; and nursing home workers need someone, besides an administrator or nurse, with whom they can talk through the complex challenges that they face in working with chronically ill or confused patients.

- Look for a good *physical rehabilitation program*. It's not uncommon to go into a large nursing home and find only one or two people — or none — in the physical therapy area. In the good nursing homes I've visited, much physical therapy goes on, as well as occupational therapy. In the "activities" programs, look for daily activities where residents construct something important to them rather than the egg-carton-type crafts.

- If there is no residents' council in the nursing home you visit, look for *any kind of residents' committee* — one that participates in making decisions about food or daily activities, for example. And look for a *family council* with members who make frequent visits to the facility and participate in decision making.

- The *food* in the nursing home is something people always think about first, but it's one of the hardest factors to judge. Eating one meal gives you little evidence about the day-to-day quality and sufficiency of food in the facility. Looking at the menu

won't tell you much either. If there is a residents' council associated with the nursing home, go to one of its meetings and ask what the food is like on an ongoing basis. A family council also should be able to give you that information.

- Look at several of the most recent *survey inspection reports* on the nursing home, which you should be able to find at your local Social Security office. They are hard to understand, and the states often turn them in late; but they may pinpoint some specific problems, such as understaffing of aides.

Regrettably, many people who make this kind of review will be disappointed. They may not find the degree of community, family, or resident involvement that would allow them to obtain the information they need to make the best decision. That's why we want so much for communities to get more involved. If there is an ombudsman program or a local advocacy group that visits a nursing home frequently and knows what it's like over time, then the family looking for a nursing home can obtain the information it needs.

Finally, remember that although you probably won't find everything you are looking for in a nursing home, that doesn't mean you won't find a good facility. Review your options, then choose the nursing home that best provides what you believe is most important for your loved one.

— E.H.



communicate with residents.

We help those "friendly visitors" become better at what they're doing, even if they do nothing more than become able to recognize at which point they need outside help. When they go to the administrator and complain that Mrs. Jones hasn't been receiving the food she's supposed to have, or regular baths, and nothing improves, then they need to reach out to the ombudsman program, or go to the state regulatory agency.

Our experience is that advocacy grows naturally when you do that. You don't go into an area and say, okay, we're going to fight city hall. You have to really educate people to what should be expected of nursing homes based on the regulations. Then you have to show them there are legitimate places, like the state regulatory agency, where they can go with the problem.

There was a wonderful situation in Tifton, Georgia, where a nursing home owned by a corporation was giving people problems. Families formed a council and confronted the corporation. They were able to make changes in the administration of that home over time because they kept on pointing out to corporate headquarters that things weren't changing. That's one of your best situations — where a group of family members becomes so concerned that they themselves organize. In the process, of course, they reached out to the local ombudsman, to the state ombudsman program, and then when they heard about the Coalition through the state, they asked us, "What can you do to help us?"

*Is most of your work in the South tied to the Older Americans Act-mandated state ombudsman program.*

In most of the Southern states we work with, there is a core group of people, usually associated with the ombudsman program, who work unbelievably hard all the time to try to change what's there and to continually educate more people.

In Georgia, people are organized almost exclusively under the state ombudsman concept. The state Office on Aging started working in communities to get volunteers for local ombudsman programs, but they saw they needed to formalize their network. [In most

places, the state or local ombudsman program does not have enough financial resources to afford sufficient staffing.] So in Georgia they moved aggressively to get an ombudsman statute through state legislation. Now ombudsmen there get trained, and certified, and they're in place throughout the state.

*You've said one of the strengths of the Coalition is the diversity of approaches its member organizations use in their state efforts. What are some examples?*

In Kentucky, a coalition of local and state groups, Quality Care Advocates, has organized a residents' council that brings residents together from various nursing homes in Louisville and Lexington. The residents gain a lot of strength when they sit together and talk about their problems and become involved themselves in aggressively trying to get a local ombudsman on a regular basis.

The Kentucky Health Care Association [which represents proprietary nursing homes] is extremely strong and has fought the ombudsman program at every level. For example, it filed a lawsuit against the state ombudsman a couple of years ago basically saying she had no right to do the job that she's supposed to do under state law.

We work with SAGA [the Social Action Group on Aging] in Nashville and with the Tennessee ombudsman as well. SAGA is a very good group. It has a hotline that people can call that's very well-advertised in the community. They work trying to get better legislation in the state and to improve conditions in local nursing homes.

There's another group — Nashville Communities Organized for Progress (NCOP) — that did a major direct-action campaign in the Nashville area to make sure the cost reports on nursing homes were available to the public. Cost reports are important to local advocacy groups that want to pinpoint what a nursing home is actually spending and be able to make some cost comparisons with similar nursing homes.

According to regulation, those reports should be available to the public, but the Tennessee comptroller

decided not to give consumers the cost reports. So NCOP held a public hearing and got a lot of publicity around it. The publicity generated more volunteers who wanted to support their work. SAGA supported them and testified at the hearing.

That was a real classic kind of organizing that came from a more radical grassroots group: it worked because all the people in the network supported the activity. Now those cost reports are available to the public. [For more about NCOP, see pg. 88.]

*How is the nursing home reform movement faring in the current atmosphere of deficit reductions, cuts in social programs, and deregulation?*

I think we're holding our own. There's a growing recognition among state regulatory people, particularly in the South, that ombudsman programs can be helpful to them. They're asking consumers what they have to say. There is also an understanding in the nursing home industry and in government — no matter who's in power — that there is a consumer movement that, though small, is here to stay. They recognize that there are concerned people who are organized into consumer advocacy groups, who are becoming very educated about what is required of nursing homes, and who really intend to see that standards are met.

*Elma Holder recommends that anyone who is concerned about nursing home conditions or an individual patient's rights contact the state Office on Aging in his or her state and ask for the State Long-term Care Ombudsman. For information about individual or organizational membership in the National Citizens' Coalition for Nursing Home Reform, write to the coalition at 1825 Connecticut Avenue, NW, Washington, DC 20009. □*

*Janet Wells, 39, is a writer in Washington, DC, where she has worked for the Older Women's League and the Lawyers Committee for Civil Rights Under Law. She has also worked with the American Friends Service Committee in Atlanta, Georgia and Aiken, South Carolina.*

# PERSISTENCE IS THE KEY

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BY KEN LAWRENCE AND DICK HARGER

The stage was set for a major confrontation in Mississippi when newly elected Governor Cliff Finch kept his campaign promise in 1975 to create the Mississippi Health Systems Agency (HSA), a group that would determine the state's health care priorities and distribute federal appropriations. The HSA, which represents providers and recipients with a fair apportionment according to race and sex, replaced an agency created by former governor Bill Waller that was run by the medical establishment. The local HSA bodies, called sub-area councils, would be democratically elected at public meetings.

Conservatives, led by the Nursing Home Association and the administration of the University of Mississippi Medical Center, fought for local control at the Jackson meeting to elect sub-area council representatives, packing the meeting with medical students and relatives of white doctors. Opposing them was a coalition of progressives organized by health-care providers, civil-rights leaders, and advocacy groups. The People's Slate, as it was called, nominated Eddie Sandifer, a Jackson Gray Panthers leader, for the seat designated to be held by a nursing home administrator.

On the Monday before the election, staff and residents of the Magnolia Home for Convalescents, where Sandifer worked, held their weekly meeting. They agreed to support San-

difer's candidacy, and co-workers from all three shifts and many members of the residents' families agreed to bring their vehicles to transport people from the nursing home to the meeting hall.

The elections meeting began at 2 p.m., and the auditorium was packed to overflowing with well over a thousand people. All across the back of the hall were elderly people in wheelchairs who had come to support the People's Slate, and especially to cast their votes for Eddie Sandifer.

The elections dragged on for hours, and people drifted away. Many of the elections were settled by compromises, but there was no compromise on the nursing home administrator seat. Sandifer was simply not acceptable to the establishment, and they stalled for time. The Nursing Home Association was particularly incensed that Sandifer, as a nursing home administrator, put money saved from efficiently running the Magnolia home into employee benefits like health insurance, instead of into profits. After several hours, Sandifer decided that many of the nursing home residents would have to return to their beds. But they refused to go; a number wet themselves, but would not allow anyone to take them out of the hall. Five hours into the meeting the vote came. Sandifer got over 300 votes, to 68 for the conservatives' choice. A cheer went up. And for weeks afterward, the HSA election

remained the main topic of conversation for those living at the Magnolia nursing home.

From that time on there's been no turning back. Each time the legislature threatens to cut benefits to the poor and to the elderly, wheelchairs line the rotunda and the halls of the Mississippi capitol, along with busloads of people brought from the far corners of the state by the NAACP and other organizations. And as at the HSA election, no one can persuade any of the contingent to return to their nursing homes before they meet with the appropriate representatives and senators.

When the second HSA election rolled around in 1976, Sandifer was again opposed by a candidate from the Medical Center. He won re-election in a breeze. The medical establishment, from doctors to wealthy operators of nursing homes, decided to punish him for his political success. A campaign of official harassment began against the Magnolia nursing home where Sandifer worked; state regulatory agencies demanded an excruciatingly exact enforcement of regulations that only the most modern home could meet. Clearly, this harassment would stop only when he was no longer Magnolia's administrator; therefore, despite staunch support from the residents and staff, Sandifer chose to resign.

Eddie Sandifer wasn't discouraged. He just switched hats and became a

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## AN INTERVIEW WITH GRAY PANTHER EDDIE SANDIFER

full-time organizer and advocate — and even more of a thorn in the side of his opponents. He became a community worker for the Mississippi Mental Health Project, which had been set up by Central Mississippi Legal Services. He continues to serve on the HSA, now in a seat designated for a consumer representative.

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Activism came early to Eddie Sandifer. He was born in 1929 in Cotton Valley, Louisiana, the son of a Baptist minister. His family moved to southern Mississippi while he was a toddler, and he grew up there. He was openly gay as a teenager in the 1940s, and even then distributed literature and circulated petitions he received from leftwing organizations. His family accepts his sexual preference, and, for the most part, accepts his politics, although they consider some of his stands a bit extreme. Eddie Sandifer has been a politically radical activist for so long that his reputation is legendary among those struggling for gay liberation, or attempting to unionize health care providers, or fighting for the needs of the poor and elderly.

Sandifer experienced attacks from the right when he was in his teens. In the late '40s, Oliver Emmerich, the publisher of the *McComb Enterprise-Journal*, ran a front-page editorial calling upon the good citizens of Pike County to tar and feather Sandifer and run him out of town. Emmerich failed, Sandifer recalls with glee.

There are plenty of current critics, too. Ever since the Mississippi Gay Alliance was formed in 1973, Sandifer has been its spokesperson and best-known leader. The Alliance has been involved in many activities, from an ongoing hot-line for the gay community to a heavy involvement in Jackson municipal politics to participation in major mass activities such as the nationwide anti-Klan march in Tupelo and weekly peace vigils in Jackson.

One of Sandifer's most caustic critics is Richard Barrett, a Jackson attorney, segregationist, and perennial fringe candidate for public office who says he is "making a career of restoring Americanism in this country." Barrett describes Sandifer as a communist-sympathizing homosexual

who "is a tragic aberration of nature, just like a mulatto. I'm not surprised that Eddie would be fellow-traveling with red-tainted and black-tainted groups. On his side you find red and black, whereas on our side you find red, white, and blue."

Another critic is the Reverend Mike Wells, Mississippi's Moral Majority leader from 1982 through 1984. Wells agrees with Barrett that Sandifer is destined for hell if he fails to repent of his homosexual lifestyle, and he publicly (and unsuccessfully) opposed an attempt by Sandifer and others to establish the Metropolitan Community Church of Jackson as a place of worship and fellowship primarily for lesbians and gay men. A media confrontation erupted when Sandifer publicly alleged that churches all over Mississippi, including Wells's own Mountain View Baptist Church in Raymond, had practicing homosexuals as members in good standing.

Occasionally the wrath of Sandifer's enemies erupts into physical violence. One morning about three years ago, at two o'clock, there was a knock at his door. Sandifer, half asleep, opened it and was punched in the face by a person who immediately fled. On another occasion that year there was an arson attack on his home, which fortunately burned only the front door. Recently an anonymous caller threatened to blow up the building where the Gray

Panthers' office is located.

Threats against Sandifer's life are increasingly frequent. He attributes the escalation to the growth of reactionary trends in general and of extreme "pro-family" and anti-gay sentiments in particular. As President Reagan and his supporters have pushed the pro-family line, or when there is any gay-baiting by politicians, attacks on him increase, Sandifer explains.

No one is more anxious about the threats than Sandifer's sister, Sandy Cliburn. She believes that if Sandifer were less outspoken and if those who threatened him knew him personally the threats would end. "Eddie is so open about everything; he doesn't try to hide anything. He is very compassionate. He goes out of his way to do things for people," says Cliburn.

Asked what kind of a man his father is, Sandifer's 13-year-old adopted son Bobby Smith replies, "He's a good man. He does what he wants to do. Nobody tells him what to do." Bobby's favorite sport is baseball, and he likes math, though not as much as he likes girls. His favorite father-son activity is helping out at the Gray Panthers' office. He too worries about Sandifer's safety.

Sandifer just shrugs off the attacks. He knows they don't influence the elderly people involved with the Gray Panthers. These days when someone whispers a warning about the "queer



photos courtesy Eddie Sandifer

Eddie Sandifer, left, and friends at the Southeastern Gay Conference

communist” to one of Sandifer’s constituents, he or she usually calls him up to report the incident and reassure him: “It doesn’t matter what they call you, Eddie. We’re with you.”

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Sandifer’s involvement with issues affecting the elderly began after a stint in the army from 1950 to 1953 and a smattering of college on the GI Bill. He went to work as a nursing home administrator in Jackson in 1955 and over the next few years opened up several nursing homes in other parts of Mississippi for his employers. He was also the first operator in Mississippi to allow a black person to live in a previously all-white intermediate-care facility.

As a nursing home administrator, Sandifer encouraged political activism in the people around him, both nursing home residents and co-workers — “I never call them my employees,” he points out. He helped organize health care providers into a union, fought for a patients’ Bill of Rights and educated fellow activists about it, and organized residents and co-workers to participate in various demonstrations. Along the way Sandifer developed close working ties with black leaders fighting for improved health care. These days Sandifer is chiefly known as the organizer who made the Jackson Gray Panthers a powerful community force.

The Jackson Gray Panthers grew out of a trip to a Hard Times conference in Chicago in 1976. Early battles at the HSA and around Medicaid were key to the formation of the chapter, but so were the people who worked with it: Dora Erving, Mamie Emfinger, Chris Elam, Ethel Moore, Lampkin Moore, and Eddie Sandifer and his sister Sandy Cliburn. The Panthers began work at that time on nursing home issues, a commitment they continue to this day.

They also have taken on many issues of general concern to the elderly including federal budget cuts, abuse of the elderly, health care, long-term care, and making it possible for the elderly to live at home. Two task forces currently meet regularly: housing and Medicaid/health. Only a small number of people pay dues, but the phone tree can pull in 300 to 500 peo-

ple for meetings and phone banking. Four Gray Panthers have seats on the HSA.

Sandifer’s knowledge increases both the quality and the quantity of services he provides. “Eddie knows Medicaid, he knows Medicare, he knows everything in the world there is to know about serving the elderly,” insists George Sadka, a medical social worker in Jackson. “He knows the resources in this city, in this county, in this state. I think he’s doing an excellent job for the elderly.” Sandifer has been the Panthers’ elected project director since 1979, living on what he could raise for the chapter, never earning more than \$200 a month himself. He says he is project director because no one else could live on so little money; he can because he shares a home with his sister, who supports his work and receives contributions from others at times.

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Many of the struggles that have engaged Mississippi’s elderly and the Gray Panthers in particular have been protracted ones. An example was the struggle waged by Medicaid recipients against so-called “co-payments,” a requirement imposed by the all-white Mississippi Medicaid Commission in 1976. Under the rule, each Medicaid patient would have to pay the first 50

cents of the price of each prescription. The commission justified the policy on the ground that it would save the state money by discouraging over-utilization of drugs.

Dr. Aaron Shirley, director of the Jackson-Hinds Comprehensive Health Center and one of Jackson’s best-known black community leaders, took the lead in opposing the co-payment rule. He pointed out that as a direct result of the policy many poor and elderly patients on fixed incomes would suffer, and some could die, particularly those who need to take a number of prescription drugs every day. His letter to the state Medicaid director said, “Only a motivational force tainted with genocide would place the most extreme barriers to obtaining proper medication on the elderly and the poor.”

The commission ignored these arguments, and the policy went into effect. Shirley and Charles Evers, then mayor of Fayette, issued a call for action against the co-payments. Rims Barber of the Children’s Defense Fund joined in, and Sandifer activated a telephone tree to reach Panthers and their supporters. Meetings sprang up across the state after Evers called for demonstrations. The Panthers responded to Evers’s call, mobilizing people in wheelchairs and the elderly to get to the demonstrations. The first was held at the Medicaid Commission office,



*Dora Erving in the Gray Panthers office*

followed by a wheelchair protest at the legislature. Still, neither body would take action to rescind the rule.

When another demonstration — which included the Panthers among many others — was held at the capitol in October 1976, the 300 protestors said they wouldn't leave until the governor met with them. Finally Governor Finch came and listened to the grievances of the protestors as they gathered in the basement around the statue of the late governor and senator Theodore Bilbo, one of Mississippi's most notorious segregationists. Finch promised to support their cause, but it took another year of struggle before the Medicaid Commission finally backed down. The co-payment requirement was rescinded effective January 1, 1978.

"Once you take on a problem," Sandifer maintains, "you must not give up. Persistence is the key." It's just as important, he stresses, "to involve all concerned individuals and groups and to make sure that decision-making is democratic. I never did any of it alone. There were always people supporting me and it was the known and the unknown who gave me the strength."

Another key to Sandifer's success and that of the Gray Panthers is his ability to motivate people. Nellie Bass, 79, a retired postmistress, has been working with the Gray Panthers for over a decade. "Eddie was responsible for getting me involved," she says. She travels with him to meetings in other cities and sometimes minds the office phone while he delivers butter and cheese to elderly recipients who can't get to the commodity distribution centers. She was on the Mississippi planning committee for the 1981 White House Conference on Aging. "I'm also on the [Area Agency on Aging] advisory committee for the welfare department. That's a result of my Gray Panthers involvement," she says. "We make recommendations to the governor concerning the role of advocacy groups, the need for meals for senior citizens, things like that."

In 1978 Mildred Patterson was working for the League of Women Voters in an office opposite the Gray Panthers'. "I transferred jobs; Eddie was doing work I preferred, work that was more important to me," she said. "From the humanitarian side, there's no compari-

son. Eddie and I learned a lot together, about laws pertaining to the elderly, about Social Security, things like that. I also learned a lot of things from him I could apply to my own life. Eddie is the most forgiving person I ever met. I have heard people say the meanest things about him, and he'll turn around and help them when they're in need. I wish they would look at the good he is doing, not at his lifestyle."

Nellie Bass agrees: "His sexual preference is nobody's business but his." What is important, she says, is his devotion to the needs of others, and not just the elderly. "The Gray Panthers encompasses young and middle-aged too, people of all races and ages," she explains.

Dedicated providers effectively address people's immediate, urgent needs. Idealists bring organizing skills and spirit. Sandifer, as both provider and idealist, possesses the combination of professional knowledge and skills, organizing experience, and social vision that is necessary to bring about progressive social change.

The Gray Panthers' persistence and well-executed advocacy have impressed local public officials. Today the people responsible for administering aid to the elderly often seek out the

advice and support of the Gray Panthers and Eddie Sandifer. Among those are Jackson's mayor Dale Danks, a Democrat: "I think Mr. Sandifer is very sensitive to the needs of the elderly in our community. It doesn't have to be a major problem that involves the elderly for Mr. Sandifer to be concerned. He quite often calls regarding specific cases where he feels we might assist him in his efforts to help the elderly." Danks also supports Sandifer's advocacy role at city revenue and block grant hearings.

Republican City Commissioner George Porter has primary responsibility on issues affecting Jackson's elderly. His administrative assistant, Melba McAfee, when asked to rate Sandifer's work, replied, "If you're going to rate him on a scale of one to ten, it would probably be a ten-plus." McAfee said her phone rang incessantly in 1984 when the city was considering a proposal to fund some Gray Panthers programs of assistance to the elderly. Callers would say, she recalls, "If Mr. Sandifer doesn't come by my house and bring my check or pick up my cheese or if he doesn't take me to the doctor, I won't have anybody else to do this for me."

The funding proposal for temporary



Mildred Patterson in the Gray Panthers office

emergency assistance to the elderly passed, but the available resources never met the need, and the grant ran out after three months. The Panthers were told to apply for additional funding under revenue sharing, which they did, but the request was turned down. During a recent interview at Gray Panthers' headquarters, there was no heat in Sandifer's office, only two chairs, an antique typewriter, and a nearly bare supply cupboard. A grant from the Area Agency on Aging provides \$640 per month, which, except for some small donations, is all the money the Panthers have for Sandifer's salary, office rent, and all expenses, including the Panthers' work as part of a national campaign on nursing home reform (see p. 116).

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Among the many controversies surrounding Eddie Sandifer is his belief in the inevitability of armed struggle, which he has discussed during many interviews, including one with Studs Terkel. Terkel included a vignette on Sandifer in his *American Dreams Lost and Found*, changing Sandifer's name to "Charlie Dellakamp." His comments on armed struggle, Sandifer la-

ments, are always edited out. Sandifer is also an active member of the Workers World Party, a Marxist-Leninist organization formed in the 1950s and known for its militance.

The United States, in Sandifer's view, is the main source of oppression in today's world: "Our country has a history of upholding dictatorships of the most violent kind. And if you're talking about terrorists, nothing could be more terroristic than Botha in South Africa, Pinochet in Chile, Marcos in the Philippines. Those are some of the most barbaric terrorists I can think of offhand. Yet the U.S. government supports them." He believes that only a mass political movement that involves all exploited and oppressed people fighting together can put a stop to suffering on an enormous scale.

Sandifer is outraged that billions of dollars are added annually to the Pentagon budget while social programs are slashed. As part of a 1985 press conference he said:

*We oppose any cuts in services and/or programs. We do support cuts in waste, such as the high price of retirement of presidents and members of Congress and any others who are being paid their weight in gold each year*

*from tax dollars. We are appalled at a government that is willing to spend excessive amounts to support the military-industrial complex, while adding to human misery at the same time. Human suffering and misery at home and abroad. The present leaders of this nation place profits to stock holders who have invested in the military-industrial complex over the needs of our elderly, handicapped, and all poor people.*

Many of the elders Sandifer works with don't agree with all his political opinions, but they do admire and respect him. His arrival to deliver cheese and other surplus commodities to an elderly client often sparks an argument over the policies of the Reagan administration. Paradoxically, a lot of people who love Sandifer love Reagan, too, and voted for him.

It's a frustration for Sandifer, but he's confident that eventually most elderly people, no matter how conservative, will understand the connection between their own suffering and the policies promulgated in Washington. After all, he says, many more people agree with him now than did 40 years ago when he was a young activist in McComb. And at age 55 he's got a lot of good years left. □

*Ken Lawrence, 42, is a writer and activist living in Jackson, Mississippi. He is a long-time friend of the Institute for Southern Studies. Dick Harger, 50, teaches psychology at Jackson State University. Both have been friends of Eddie Sandifer for many years.*



*Eddie Sandifer and Nellie Bass, about to appear on educational TV*

"You've got to face it," her doctor said, "she really can't handle her own medications. Besides, she'll soon be too weak to tend to her own needs. She'll get the 'round-the-clock care she needs in a nursing home." Her priest agreed. "Since she refuses to move to Florida with you, I'd get her on the waiting list at Rest Haven. You'll be doing the right thing."

So we took our mother to the nursing home for a familiarizing visit, hoping to allay the fear that froze in her eyes at the very words "nursing home." "That wasn't so bad," she conceded after the visit. But from that day until the night she died there, my own nostrils never got used to the assault of the dry, overheated atmosphere where the odors of disinfectant and stale urine battled for supremacy. Nor was I ever comfortable in the common room, where wary old eyes defied my recognition of the glittering walkers, wheelchairs, and canes for what they were — armaments in a losing struggle against helplessness. And if I felt bad, how much worse were my mother's fears?

How did she feel, a woman whose lifetime of total dependency on a devoted, but dominating, husband had left her helpless? Safe in his shadow, my mother had never paid a bill, balanced a checkbook, or put gas in a car. Yet, from a core of courage resurrected largely to spare her daughters the shame of "putting Mama away," she made the choice to enter the home.

During her settling-in period, Mama was quick to praise "those precious nurses," "the delicious meals," and "that whirlpool bath," but she said little about her fellow residents. "I don't know any of those old folks," was her muttered excuse for leaving them alone. The world, however, wouldn't leave her alone. The lonely demanded attention, the sick cried out in the night, and the querulous complained at all hours.

Finally Mama's pent-up frustration and grief burst through her passive acceptance. "Rest home," she yelled. "Who can rest here? These nurses are too darn lenient. Put me in charge of these old women. I'd take a broom handle and knock the stew out of 'em."

Released by her outburst, Mama was able to venture beyond her room, to see beyond herself. She began to recognize faded but familiar faces from her youth. "See that shaky old fellow leaning on that nurse? I remember when he could dance the Charleston all night long."

Surrounded by the frail and lame, Mama seemed to grow stronger. Her wobbly gait made no impression on

## "Doing the right thing"

BY EVELYN MAY



Illustration by Helen Smith

people in wheelchairs. Her speech impediment didn't matter to the hard of hearing. And her fleeting confusions went unnoticed in a place where memories faded in and out like radio beams from far away and a sign read, "TODAY IS WEDNESDAY. THE NEXT MEAL IS LUNCH."

As Mama gained self-confidence, her feebler companions turned to her as a friend who could help with buttons and zippers, a friend who would cut the meat at dinner, and on at least one occasion a friend to trust with a dream. It happened on the night before the Valentine Ball, Rest Haven's social event of the year, complete with decorations and a live band. Mama was awakened by a persistent tapping at her door. A tiny, stooped figure shuffled in. "What on earth do you want, Mrs. McMorries? It's two o'clock in the morning." The small woman looked up with a shy smile. "I want you to teach me to dance," she whispered.

From dancing in the dark, Mama moved onto a brighter stage; in the last two years of her life — for the first time in her life — she became a leader. Frail Mama with bad feet, who had previously needed help to get from the porch to the car, recruited an open-air walking group from among the rocking chair set. Reticent Mama, with a speech impediment, led the handclapping gospel hymns at the daily chapel service. "Thank you, Lord, for making me whole; Thank you, Lord, for saving my soul." And submissive Mama found the pluck to persuade the director to let her set up a bird feeder, which encouraged the discouraged to share the joys of bird watching. Some even took to sneaking breakfast biscuits for crumbling around the feeder.

So, at the end of her life, in a nursing home in Mississippi where "home" became more than just a euphemism, Mama came into her own. Like the shower of sparks as the last log falls onto the grate, Mama's life blazed up in a final statement that was — at last — of her own making. □

*Evelyn May, 59, lives and writes in Gulf Breeze, Florida and is a part-time student at the University of West Florida, Pensacola.*

# The Biggest Question Mark of Them All

BY GARRETT EPPS

Not very long ago, a very intelligent friend in her 60s told me that as a teenager she never worried about death. By the time she and her friends had to face it, she thought, doctors would have developed a cure.

Soon after, another intelligent lady in her 80s asked me if I thought it likely that creatures from outer space would land soon, bringing with them an antidote to death.

My generation would laugh at this naivete, if we had time to laugh between gulping down mega-vitamins and rushing to the early-bird aerobics class.

It's not surprising that our intelligence sometimes fails us when we face the biggest question mark of all, the one that has no answer. These musings were set off by a recent visit to the doctor's office, in which I got the cleanest bill of health ever: low cholesterol, low-normal blood pressure, low triglycerides, lungs clear as winter mornings, heart thumping away without a hitch. I waltzed out euphoric. Five days later someone hit my car from the rear, totalled it, and, but for the grace of a seat belt, would have put my lights out for good.

After that experience, I feel some resistance to planning where I'll spend my retirement, no matter how good my checkups may be. To see ourselves as mortal, as subject to chance, and the whims of God, is the essence of wisdom. But it is also quite literally intolerable for more than five minutes at a stretch. So human beings like to imagine that we have found a cure.

Today, of course, the cure is exercise and diet — lots of fiber, no cigarettes, Transcendental Meditation, Tai Ch'i, 40 laps of the pool, zinc and iron, no cholesterol. If we can just stick to the regime, no disease will dare to kill us. When we hear that friends have fallen sick, we usually wonder what mistakes they made. Cancer, diabetes, heart disease now are symbols not of divine disfavor but of character defects. In the theology of the '80s, our bodies are temples of ourselves,



and the only sins are those of the stomach and the lungs.

But amid the healthbabble, I keep thinking of bamboo. Botanists tell us that each species of bamboo has a life expectancy that is absolutely fixed. It may be 60 years, or 20, or 119, but when that year comes around, the bamboo dies — all of it. All at once. Nothing can stop it. Take a cutting from a full-grown tree; put it in a sterile lab away from all other plants; offer it sunlight and plant food and constant temperature and arias by Luciano Pavarotti. It doesn't matter. When its cousins in the wild die, your shoot will die as well.

Every organism has its limits, and nothing we can do can change them much. Or to put it another way, when the black camel decides to kneel, he knows where to find your tent. Human beings are not bamboo shoots; but we're enough like them to suggest that each individual comes into the world with some upper limit on age, set by some combination of genetics and prenatal experience. Some of us will live longer than others, whatever we do. Some of the winners will be pudgy smokers; some of the losers will be vegetarian marathoners. At its most basic level, life really is unfair.

None of this is an argument for three packs of Camels, candy bars and Coke, and crashing on the couch. Obviously if we take care of our health, our lives will be happier and more useful than if we don't. They may even be longer, though we'll never know — there's no way to repeat the experiment.

But in my unscientific way, I question whether certain kinds of exercise or food or vitamins can really extend our time very much. To me, they seem more like magical charms to ward off death — the kind of thing we laugh at "primitive" people for using. There's nothing wrong with liking to work out, but there is something kind of pathetic about thinking your Nautilus machine has the power of life and death.

Maybe this obsessive activity is harmless. But everything I know about our religious and philosophical tradition suggests that people hurt themselves by not facing their mortality as squarely as they can. And people who believe they can tame death by virtuous living can be a little insufferable when they have to deal with people who are sick or dying. When author Susan Sontag was battling cancer, she was outraged by people who suggested that the disease was caused by a flaw in her personality, and she wrote a book, *Illness as Metaphor*, in response. If anybody said my personality caused an illness, I would throw a book — a large, heavy one.

The question of mortality is always worth facing; in a sense, it is the only question that counts. We can't really enjoy life unless we realize it will end one day.

But the question is particularly urgent now, because the jogging generation is about to meet Geritol. All our counting of pulse rates and calories can't prevent the death rate from going up as the baby boomers age. Loss is sad enough without making it a matter of virtue. In the year 2050, will our generation be a few octogenarians limping around the parcourse, laughing at those who couldn't keep up the pace? □

Garrett Epps, 35, is the author of *The Floating Island: A Tale of Washington* to be published in May 1985. This article appeared in March 1985 in *Style Weekly* in Richmond, Virginia and in *The Independent*, a North Carolina bi-weekly. A one-year subscription to *The Independent* is \$19.76; P.O. Box 3579, Durham, NC.

Illustration by Steve Kennedy





# AN EXPERIENCE WITH DEATH

by Ernest Morgan

Many years ago, when we were discussing a man who was being kept alive artificially after any prospect of a useful or satisfying life was past, my mother remarked, "If you let that happen to me, I'll come back and haunt you!"

When, at age 95, she was in a nursing home, bedridden, almost blind and deaf, and unable to speak coherently, my father came to visit her each afternoon, and to give her supper. There was much warmth and tenderness between them, and this continued to give meaning to her life.

At length as her condition deteriorated she decided that she had gone far enough. Her only recourse was to decline food. The nursing home responded with force-feeding — a brutal process. My father protested. "Offer her food," he said. "Give her every consideration, but do *not* force her!" When they ignored his wishes, he brought them a copy of an article which Mother had written years before, arguing that a person should be free to end his/her own life when his/her physical condition becomes hopeless.\* Still they persisted, so my father and brother and I jointly called the doctor, saying "Get the feeding

stopped or get her out of there!" This time they stopped, and a few days later Mother died in peace.

I took the death certificate to the county health office while my brother fetched a box from the Friends Burial Committee. When we arrived to claim the body the woman in charge exclaimed she had never heard of such a thing! She had called a funeral director who arrived the same time we did. An unusual confrontation. The funeral director graciously turned to the woman in charge and said, "They know what they're doing," then bowed himself out.

We lifted Mother's body into the box and I took it home in my station wagon. In the morning my daughter-in-law and I took her body to the medical school as she had requested. Mother had been firm about this. She was a biologist and thrifty, too. She had said she didn't want to have her body wasted. The medical school would have paid for transportation but

this was something I could do for her, a meaningful privilege. At the medical school we lifted Mother's body out of the box, which we took back for future use.

That afternoon my niece was being married in a nearby city. We all went. The ceremony was of a Quaker type in which there is no presiding minister, the speaking being done by the principals and by others who feel moved to speak. This ceremony became a joint celebration of my mother's life and her granddaughter's marriage and was a deeply moving occasion. My father spoke of the "almost unbearable joy" which he felt in the sense of continuity.

The next evening we held a Memorial Meeting in the community where Mother had spent most of her life. Family and friends shared their thoughts and memories and extended fellowship and support to one another. That too was a memorable occasion which helped to deepen the quality of our lives. □

*Ernest Morgan, 79, has long been an active proponent of the hospice concept. This article is from **Dealing Creatively with Death: A Manual of Death Education and Simple Burial** (listed with annotation in Resources), published by Celo Press, Burnsville, NC 28714.*

\* "On Drinking the Hemlock," by Lucy G. Morgan. Written in 1927, it was printed in the December 1971 issue of *The Hastings Center Report* (The Hastings Center: Institute of Society, Ethics and the Life Sciences, 360 Broadway, Hastings-on-Hudson, NY 10706.)

# THE JAZZ

The nine-piece band marched down the street in time to the drumbeat. The body had just been buried, the relatives had gone to the widow's house, and the musicians were returning from the cemetery playing jazz with a crowd of followers, called second-liners, dancing along. Between numbers some members of the crowd chatted while some, wiping the sweat off their faces, tried to catch their breath in anticipation of the next outbreak of music. Others filtered through the crowd in an effort to catch up with one of the two other bands still playing.

I strode along with the Grand Marshal, who parades in front of the band acting as traffic cop, crowd control, and sometimes intermediary between the funeral home and band. Three bands was an unusually large number playing at a funeral, and I asked the Grand Marshal, "Who do you have to be to get three bands?"

He paused thoughtfully before replying, "You gotta be dead."

The jazz funeral procession is a tradition derived from New Orleans' gumbo of cultures. West Africans brought to the New World a highly elaborate funeral ritual with enormous amounts of food, singing, and dancing. When jazz developed it was naturally incorporated into the ritual.

The West Africans also brought a culture imbued with secret societies, which became current-day lodges and social aid and pleasure clubs. One of the primary functions of these organizations is to provide sick benefits and funeral and burial expenses for their members. The more organizations a person belongs to, the more elaborate his funeral, with the clubs hiring the band and frequently providing the crypt.

The traditional jazz funeral begins where the band forms—usually on a street corner or in a neighborhood bar. From there the musicians parade

through the streets playing hymns in jazz time, to the church or mortuary where the body lies. The music draws families out of their houses onto their porches to watch the procession. Kids stream into the street to follow the band. At the funeral home the music stops. If the band leader has timed it well and the eulogies are short, the de-

lay is brief. Preachers have been known to speak for three or four hours, but this practice has become less common since the bands have increased their fees and now charge by the hour.

After the service ends the band forms in front of the church and plays dirges while pallbearers load the body



# FUNERAL

BY JULES L. CAHN

into the hearse. Then the entourage meanders through the streets. "The barroom where he used to bum might be six blocks. Had to go in front of the barroom," says Harold Dejan, leader of Olympia Brass Band. "Then you had to go to the graveyard if it was walking distance. Sometimes you had to turn him loose before you get to the

graveyard. Then coming back they would make the parade all around where he used to bum."

Coming back the musicians pick up the beat. It is impossible to listen and not move. Many of the second-liners have developed their own distinctive trademarks. One teenager dances only on rooftops. You usually see him two

to three stories high near the edge — hopping and bopping. Another frequent second-liner swings around light poles — don't get too near or you might get kicked. The traditional funeral ends where it began, usually in a bar.

Older band members and parade followers recall when two, even three funerals on a Saturday were common. Now, weeks pass between jazz funerals. Dirges are played less frequently and only the better, more experienced bands perform them well. Sometimes the bereaved family wants only a short musical remembrance, without the street crowds, and hires the band to play for only a block or two. But these changes are minor.

In the 60 years since my first parade the ritual of the jazz funeral has remained surprisingly intact. Each parade is unique, but they are all — in a comforting way — the same. □

*Jules L. Cahn, 68, lives in New Orleans and has been taking pictures since 1948. Since 1969 he has been making movies, some of which have been shown on BBC, ABC, NBC and CBS.*



*photos by Jules L. Cahn*

# GROWING OLD SOUTHERN



Illustration by David Suter

Mary Lee Fielding, a lifetime resident of rural Arkansas, is in her early eighties. When her husband died ten years ago, she was forced to sell their small farm to pay his final medical bills. Now she rents a three-room frame house within a mile of three of her five grown children. She barely gets by on a Social Security check of \$360 a month.

Shirley and Morris Lauder are in their late sixties. They bought a two-bedroom condo a block from the beach in Tampa two years ago. Their income from pensions, investments, and Social Security is more than

\$30,000 a year — enough to support a comfortable lifestyle. Since they are newcomers to Florida, their memories and many of their investments remain in New Jersey.

The hypothetical Fielding and Lauders represent the broad spectrum of older people in the South. Their circumstances demonstrate the widening gap between elders at either end of the income scale as the South increasingly becomes a mecca for Northern retirees.

If you take the average of the financial circumstances of Farmer and the Lauders, you might conclude that

older people are doing pretty well. Indeed, averages are often used as part of the Reagan administration's campaign to create an unrealistically positive stereotype of *the* older American. Many advocates who work with older people believe that this stereotype is being used to undermine public support of programs — such as Social Security and Medicare — that primarily benefit elders.

Despite the averages, elders more than any other group in the nation are likely to need financial assistance. This is especially true for those who experience severe or chronic health

problems as they get further along into old age.

Statistics that illustrate and accentuate differences among elders *can* be useful. They point out changes over time and demonstrate how older Southerners differ from elders outside the South. For example, people throughout the nation are living longer; the number of elders — particularly the very old — is projected to increase at a rate dramatically greater than that of the total population. Between 1980 and 2030, the number of

people aged 85 and over is expected to almost quadruple (Table 1). Projected changes in the ratio of people over 65 to people aged 18 to 65 also are especially important (Table 2).

These two demographic changes have far-reaching implications for the future solvency of programs that provide financial and medical assistance to elders. These programs will have to help increasing numbers of older Americans, and they are funded primarily by working-age people.

Several unique features distinguish elders in the South. The average age of people in the South is increasing at an even greater rate than outside the South as Northern retirees continue to move south and as increasing numbers of older blacks return to the Southern communities where they were born. The rate of increase of Southern elders is about one and a half times the rate for the nation as a whole.

Elders already comprise a larger proportion of the population in the South (12.5 percent) than in the non-South (11.4 percent). This small difference is expected to increase significantly. It is predicted that by the year

2000 almost 14 percent of Southerners will be 65 or older, compared to only 11.5 percent of those outside the South. There will be about 2.9 million more people 65 and over in the South in the year 2000 than there are today, and 1.8 million of them will be women.

Southerners 65 and older have completed fewer years of schooling than elders outside the South. One-fifth of older whites and more than half of older blacks in the South have completed no more than five years of schooling — a level of education that often leaves a person functionally illiterate. Thirty percent of all those 75 or older have completed no more than five years. Comparable percentages outside the South are only about half as high.

Functionally illiterate elders are very likely to have inadequate incomes. Their Social Security benefits, which are based on earnings over a lifetime, are likely to be small; they are less able to obtain employment to supplement their Social Security checks; and they are likely to have a harder time taking advantage of

**TABLE 1**  
**U.S. Population by Age**  
**1980 to 2030 (millions)**

Year	All Ages	Over 65	Over 75	Over 85
<b>Estimates:</b>				
1980	227.7	25.7	10.1	2.3
1985	238.6	28.6	11.8	2.7
<b>Projections:</b>				
2000	268.0	34.9	17.2	4.9
2030	304.8	64.6	30.0	8.6
<b>Percentage Change:</b>				
1980-				
2030	33.8	151.2	196.7	279.2

Source: U.S. Bureau of the Census. Projections assume modest declines in death rates, stable birth rates, and net immigration of 450,000 people annually.

**TABLE 2**  
**Elder Support Ratio**  
**1900-2050\***

1900	7.35
1940	10.90
1980	18.59
2000	21.16
2050	37.85

Source: U.S. Bureau of the Census. Note: The Elder support ratio is the number of people 65 and older per 100 people aged 18 to 64 years. Figures for 2000 and 2050 are estimates.

**TABLE 3**  
**Elder Family Income: South and Non-South**  
**(Head of Households 65 or Older)**

Elder Households	Percent of Elder Households with Income Below \$5,000		Median Income of Elder Households	
	South	Non-South	South	Non-South
All	15.6	7.4	\$10,968	\$13,066
White	12.8	6.8	11,691	13,243
Black	30.6	16.3	7,397	10,161
Hispanic	27.2	15.4	8,369	10,175
All Rural	21.7	10.7	8,907	11,248

Source: U.S. Bureau of the Census.

government entitlement programs with requirements they are often unable to read. (See table on education levels by age, South and non-South, on p. 138.)

If we were deciding whether to cross a river, we wouldn't rely on knowledge

that the water — on the average — is only four feet deep. It's equally dangerous to rely on averages in making decisions about the needs of our nation's elders. Southerners especially should be aware of this danger because Southern elders are most likely to be hurt by reliance on averages. In looking at income figures, and especially poverty figures, the danger becomes very clear. People in the South are more likely to be living below the poverty level, so it's not surprising that elders in the South are poorer than their peers elsewhere (Table 3). In 1980 more than 10 percent of our white elders and almost 25 percent of our black elders had total incomes that placed them *below 75 percent* of the official poverty line (Table 4). These figures are about twice as high as the percentages of equally poor elders outside of the South. Significantly, *no*

Southern states have chosen to supplement the meager monthly Supplemental Security Income stipend allowed the poorest of the elderly poor.

Perhaps one of the most important differences between people 65 and older in the South as compared to the non-South is the contrast between the incomes of older and younger people. Unlike their peers in other regions of the nation, Southern elders, especially those living in rural areas, are more likely than younger people to have low incomes (Table 5).

Southern elders also are more likely than their counterparts outside the South to live in rural areas. In 1980 one out of every three people 65 or older in the South lived in a rural community (population 2,500 or less), compared to only one out of five elders in the non-South (Table 6). Almost all of the rural black elders in the U.S. — 94 percent — live in the South.

The statistics show that Southern elders differ from older Americans outside the South in several significant ways. But the nation's elders share some circumstances also, including the twin burdens of the physical effects of aging and society's negative stereotypes of older people.

In sheer numbers the population of elders in the South is growing rapidly and at an increasingly fast rate. The extent to which these numbers lead to more political power depends in part on the degree to which elders and others determined to create a more humane society recognize their common bonds and work together. □

*Stuart Rosenfeld, 48, is a researcher who loves numbers. Mary Eldridge, 49, is this issue's guest editor and the "older woman" that Rosenfeld married in 1981.*

**TABLE 4**  
Individuals with Incomes  
Below 75% of Poverty: 1980  
(percentages)

	South	Non-South
All people	10.4	6.9
65 and older	10.6	5.4
All Women	11.5	7.7
65 and older	12.3	6.4
All Blacks	23.5	19.2
65 and older	23.7	12.7

Source: U.S. Bureau of the Census.

**TABLE 5**  
Distribution of Income, South: 1980  
(percentages)

	Less than \$5,000	\$5,000- 14,999	\$15,000- 24,999	\$25,000 or over
All people	10.6	31.3	29.0	29.1
65 and Older	33.8	42.9	13.6	9.6
Rural, 65 and Older	40.1	43.5	10.8	6.1

Source: U.S. Bureau of the Census.

**TABLE 6**  
Place of Residence, South and Non-South: 1980  
People 65 and Older  
(percentages)

	South		Non-South	
	Urban	Rural	Urban	Rural
All People 65 and Older	67.3	32.7	78.1	21.9
Blacks 65 and Older	69.2	30.8	97.0	3.0

Source: U.S. Bureau of the Census.

BY LINDA ROCAWICH

# Promises to Keep

"There are those who claim that we've cut Social Security and Medicare benefits — nothing could be further from the truth."

So said President Ronald Reagan during last fall's campaign, but was he telling the truth? These benefits are of vast importance to older Americans — and will be to all other Americans who plan to get old someday — but all the arguments by the '84 campaigners about who would do what to whom only confused matters.

The truth is that Social Security, Medicare, and the other federal programs for the elderly *have* suffered at the hands of the Reagan administration. *Broken Promises*, a 1984 study of the state of the elderly during the past four years prepared by the National Council of Senior Citizens and the American Federation of State, County, and Municipal Employees, shows that federal spending was \$24 billion less than it would have been had programs for elders been continued at their 1980 levels.

Reagan and his people make much of the fact that the economic status of today's elders has steadily improved over the past few decades. For example, the president's Council on Economic Advisers, in its annual report issued early this year, announced that the nation's elders are now at a stage of economic parity with younger genera-

tions: "Thirty years ago the elderly were a relatively disadvantaged group in the population. That is no longer the case. The median real income of the elderly has more than doubled since 1950, and the income of the elderly has increased faster over the past two decades than the income of the non-elderly population."

There is no question that there has been progress on this front. In 1970 about 25 percent of older people lived in poverty; today's figure is 14 percent — thanks largely to ad hoc increases in Social Security benefits and to automatic cost-of-living adjustments (COLAs), both enacted in the 1970s. But the income level of elders still lags far behind the rest of the population, and millions of them live just barely above the poverty line. According to Vita Ostrander, president of the American Association of Retired Persons (AARP), in March 1985 testimony before the House Budget Committee, "To state or even imply, as some have recently, that the elderly are now on a par or even better off economically is misleading." To back up her statement, she cited the following facts:

- Median household income of the elderly is only half that of the non-elderly.
- Older people still have the highest poverty rate of any adult age group.

- Thirty-three percent of elderly women living alone have incomes below the poverty level. Median income for this group was \$5,600 in 1983, just \$800 above the poverty threshold.

- For older minority-group members, the poverty rate exceeds 40 percent.

A major worry of Ostrander and other advocates for the elderly is that these facts will get lost in the Reagan euphoria over *average* improvements in the well-being of elders — and they fear that Reagan administration rhetoric will be used to build a case for cutting federal programs for elders. Cyril Brickfield of AARP says, "The problem with this inaccurate and dangerous stereotype [that elders are now on an economic par with the rest of the population] is that it encourages those who would make wholesale, across-the-board cuts in income support and health care programs for older Americans." And, says Brickfield, millions of elders living just above the official poverty line will fall below it if Congress tampers with the COLA.

The size of the elderly population is increasing and a larger percentage of older Americans rely on federal programs than any other age group, so federal spending on programs for elders is still high despite the cuts of the last four years. In 1983 the nation

spent \$177 billion from the Social Security and Medicare trust funds, plus \$41 billion in general revenue on other programs for elders. Many of these latter programs, however, are still in place only because Congress refused to do as Reagan asked.

The Older Americans Act, for example, provides social services for seniors: home-delivered meals, homemaker assistance, home health aid, transportation, legal aid, and counseling, as well as jobs for low-income people and research and training in the field of aging. Reagan proposed, unsuccessfully, to turn the social services programs into a block grant (cutting the funds in the process) and to terminate the jobs program; the research and training budget was cut by 50 percent through 1984, and a further cut of 50 percent is proposed in Reagan's current budget request.

Of vastly more significance in terms of dollars spent are Social Security and its troubled child, the Medicare program. As the Social Security system approaches its fiftieth anniversary later this year, the retirement program is on a sound financial footing for the immediate future, thanks to a 1983 bipartisan compromise amending the Social Security Act to resolve the long-term effects of current demographics.

Demographics affect Medicare as well, and it is still in trouble. But today's longer life-expectancies and the aging of the baby boom generation are not the major reason. Medicare will be bankrupt sometime around the end of this decade unless Congress does something, mainly because the wages that are taxed for the fund grow so much more slowly than do the costs and inefficiencies of the health care delivery system.

Medicare was added to the Social Security system in 1965, over the vigorous opposition of the American Medical Association and its official spokesperson Ronald Reagan. It has grown from a program that spent \$3.2 billion in 1967 to one that spent \$57.4 billion in fiscal 1983, much to the enrichment of physicians and for-profit hospitals. Yet many seniors spend a larger proportion of their income on health care now than their fellows did before Medicare was enacted. Medicare's salvation will only come with

some solution to the larger health care crisis. Many advocates point to the need, at a minimum, for a comprehensive cost-containment plan that limits physician and hospital revenues, without requiring beneficiaries to pay more than they already do.

Under President Reagan, whose approach has been not cost-containment but shifting the cost, beneficiaries certainly have paid more. By 1987 proposals already enacted at his request will have cut \$20 billion from the Medicare budget, largely at the expense of the elderly. Part A of the program provides hospital insurance financed with a portion of the Social Security payroll tax. The hospital deductible — the amount that a beneficiary must pay each year before Medicare will cover any costs — has risen by 75 percent (from \$204 in 1981 to \$356 in '84).

Medicare's other component, Part B, is supplementary medical insurance that covers physicians' fees and some out-patient services. It is financed by general revenues (75 percent) and by premiums paid by beneficiaries who choose to participate (25 percent). The deductible on this coverage has risen by 25 percent since 1981 and the premiums have gone up by 53 percent. The 1986 budget Reagan proposed in February offers more of the same. U.S. Representative Claude Pepper, who is Congress's most outspoken supporter of the elderly, as well as its most elderly member, has some things to say about all this, beginning on page 140.

As for Social Security, and particularly its best-known program of old

age and survivors insurance, the years of debate over its insolvency have left it badly in need of a facelift by the public relations experts. The most popular legacy of the New Deal, Social Security was for many years a national sacred cow. But no more. According to a *Washington Post*-ABC News poll taken in January of this year, 43 percent of Americans don't think Social Security will exist when it is time for them to retire, and that includes 55 percent of those aged 31 to 44 and 66 percent of those from 18 to 30.

As Congress continues to insist on funding this system with regressive payroll taxes that take bigger and bigger chunks out of workers' paychecks, this mistrust of the future raises doubts about the willingness of the young to pay for these retirement benefits to the old. A recent *Washington Post* article explored the "politics of perception" of Social Security, describing what many young people see as a "ripoff" by the elderly. Many, especially the working poor and middle-class two-wage-earner families, pay more in Social Security taxes than they do in federal income taxes. But most of the resentment, the *Post* reported, stemmed from the lack of faith in the program's future. One young woman explained, "I don't make that much, I'm trying to make a start in life and the retired people just take their chunk of my check. I'm not going to see one cent of that money when I get old. There won't be any Social Security. . . . I'm just giving this money away."

In the past, when more people trusted the system's continuation, dislike of the taxes could be countered by point-

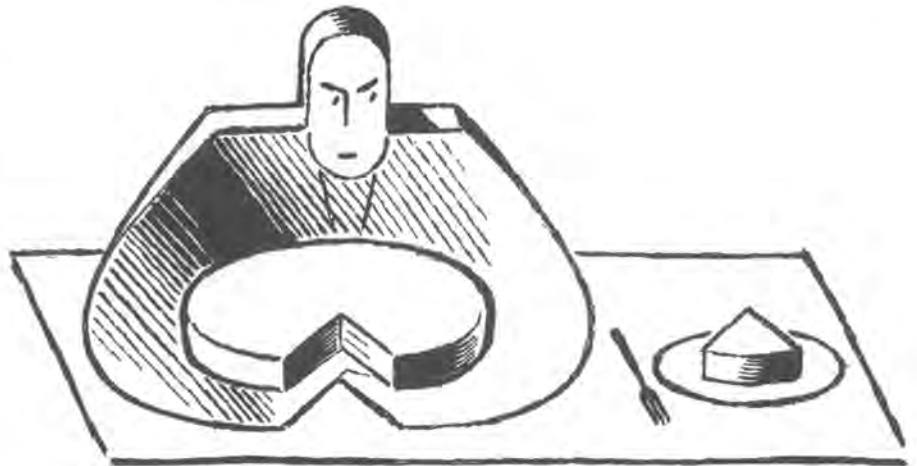


illustration by David Suter



BY ANDREW DOBELSTEIN  
AND ANN BILAS JOHNSON

# Showdown at the White House Conference on Aging

ing out not only the future benefits to the payer but also the current ones: the survivors' insurance, the disability insurance, the relief from the financial burden of caring for aging parents. Wilbur Cohen has had a hand in every piece of Social Security legislation, beginning with his service as research assistant to the director of the New Deal committee that crafted the program in 1935. He often speaks of the program as an "intergenerational compact," and he watches with dismay as mistrust undermines it. Beginning on page 141 he shares a few of the hopes that infused the Social Security pioneers and his hopes for restoring the nation's commitment to the program.

The Reagan administration did not invent all these problems: the Social Security crisis was already under way in the 1970s; the Medicare trust fund would have gotten in trouble anyway, lacking a drastic plan to contain health care costs. But Reagan's administration has done little to help and much to hurt. Supplemental Security Income — a guaranteed minimum income program for the neediest (the elderly, blind, and disabled poor) — is a good example. Even Reagan admits the need for this sort of "safety net," and the program itself has not come under serious attack. But under his leadership eligibility requirements have been tightened, and the rules have been enforced with zealotry, rigidity, and unprecedented intimidation of older Americans. Richard Margolis describes what has gone on, beginning on page 137.

Thus, what has happened in the past four years to the various federal programs for elders differs in details. But the Reagan administration's approach fell into a pattern early on. The 1981 White House Conference on Aging was a major opportunity to show old people where they stood with the new regime. A description of what happens follows. □

*This introduction was written by Southern Exposure editor Linda Rocawich, 37.*

Klieg lights heated the hallway and tightened the tension. Camera crews shoved and jostled with the crowd for position in front of the door leading into the Empire meeting room. Only minutes before, people had completely choked the passageway. Now they were securely behind restraining lines held by plainclothes security guards. Their chant — "We Want Pepper! We Want Pepper!" — grew louder and faster as more and more people were pushed more tightly against the walls by the guards.

*"We Want Pepper! We Want Pepper!"*

Then Claude Pepper appeared at the end of the hallway. The lights swung in unison to frame him for the cameras, and a roar thundered in the packed hallway. White-haired, his large spectacles reflecting the light, slightly stooped, Pepper walked briskly through the crowd toward the door. There he was met by two hotel security officers, who asked for his credentials.

The scene is the 1981 White House Conference on Aging, and the rules

said that only official delegates or observers to a particular session could enter the room. Claude Pepper was an honorary chairman of the conference. He was also a respected member of Congress who then chaired the House Select Committee on Aging. The day before this confrontation he had delivered a stirring address at the conference's opening session. But now the 82-year-old Pepper was barred from the meeting on Social Security, the very program he had vowed to save.

The irony turned the crowd of delegates to fury. "*Let Pepper In! Let Pepper In! Let Pepper In!*" shouted the crowd.

Pepper, red-faced and angry, turned away as his staff argued with the security guards. Cameras captured the confrontation and spurred the crowd on. Any moment, it seemed, the crowd might burst forth and storm the Empire Room. "*Let Pepper In! Let Pepper In!*" The pitch grew higher and the pace quicker. Then a staff member was allowed in and another left the room and returned with Pepper, usher-

ing him quickly into the meeting. The door was closed and barred, and cheers went up from the crowd.

This confrontation had its beginnings in the Reagan administration's attempt to tightly control this third official White House Conference on Aging. The four days of the conference in late 1981, when 1,500 delegates and observers — and a large number of hastily invited guests of the administration — met in Washington, tell much about the administration's attitude toward its senior constituents. The final report of the conference, promoted as "A National Policy on Aging," emphasizes the administration's insistence that older Americans are living very well:

"There appears to be a misconception among some that the aged in America are: victims of poverty; abandoned by their families. . . ; living in deteriorated housing; victims of inflation; prisoners in their homes and neighborhoods; isolated from family, friends, and society; forced into premature retirement."

And again: "Indeed, emphasis on the problems of the elderly has obscured the single most extraordinary fact about the great majority of the elderly Americans: They are the wealthiest, best-fed, best-housed, healthiest, most self-reliant older population in our history." Many advocates for the elderly consider this report to be the opening salvo in the administration's continuing propaganda campaign to convince us that the needs of elders are being more than adequately met by current federal programs.

Planning for the 1981 conference began when funds were appropriated in 1979 and a staff and national advisory committee were appointed by President Jimmy Carter. But Ronald Reagan brought to the presidency a different view of social problems and government responsibility. He soon appointed a new director for the conference, a man who had been Republican counsel to the Senate's Special Committee on Aging and brought considerable enthusiasm to the job. But he was replaced a few months before the conference by a woman previously

unknown for her work with older people. Confusion dominated the planning activities.

The delegates had been selected by the governors, according to strict formulas set by Congress. But several weeks before the conference, state delegations were enlarged with additional appointees made by the President. In state after state, newcomers appeared at planning meetings carrying letters on official White House Conference stationery. Many who work with voluntary organizations that serve older Americans worried that the opportunity to develop workable recommendations through the conference process would be destroyed by the addition of people committed to reducing government protection for elders.

Anxiety increased when the conference rules committee decreed that the conference as a whole would not vote on individual recommendations; what each committee decided for itself would become the official conference recommendation. Concern spread that if the key committee on economic security were dominated by Reagan delegates, traditional programs like Social Security could be in danger. Indeed, the fear proved well-founded. When the committee met for the first time, delegates offered numerous proposals to revise Social Security, including one from a last-minute Reagan appointee that called for drastic changes and a gradual fade-out of the

system.

During the conference proceedings manipulative tactics abounded, and alarming stories spread quickly among the delegates as they traded information about the doings in their committees. The committee chairs were all chosen by the White House, and most panels adopted rules limiting debate and limiting who could submit recommendations.

A leadership caucus composed of representatives of the major voluntary organizations on aging responded quickly, calling an open meeting that first evening, across the street from the headquarters hotel. It was a "speak-out" session for people to tell what was going on in the various committee meetings. Delegate after delegate came to the microphones and described abuses. Some said they had not been allowed to speak. Others complained that their recommendations had been ruled out of order or that administration delegates had been given special privileges. All the speakers called for action.

Finally, at about 11 p.m., an elderly woman from New York rose and asked the group to call Representative Claude Pepper to intervene. "Mr. Pepper," she said, "believes in old people. Ask him to come to this meeting so we can ask him to help us." She returned to her seat amid cheers and chants of "We Want Pepper!" The tone of the meeting changed. Complaints became appeals for action, and speaker after



BY RICHARD J. MARGOLIS

speaker pleaded for Pepper to come to the rescue.

By 11:30 the crowd was chanting for Pepper's appearance. He had spoken strongly earlier in the day. At last he came. When the cheers died down, Pepper gave an impassioned plea for an open conference, pledged the support of Congress for Social Security, and vowed to attend the session of the committee on economic security — thus setting the scene for the following day's dramatic confrontation. The crowd left the meeting singing, "We Shall Overcome!"

The outcome for Social Security was not nearly as dramatic; final recommendations of the conference called for some changes, but relatively mild ones compared to some of the proposals laid on the table. And the conference closed not in acrimony, but with some optimism.

The administration's attempt to subvert the purpose of the conference was thwarted, and the administration's posse that was out to get Social Security was cut off at the pass. The conference recommendations that were printed and distributed have been all but forgotten. But the politics of aging on display those four days will never be forgotten by people who care about the quality of life of older Americans. □

*Andrew Dobelstein, 50, teaches public policy to social work students at the University of North Carolina in Chapel Hill. Ann Johnson, 64, directs the Coordinating Council for Senior Citizens in Durham, North Carolina, and is a board member of the National Council on the Aging. This article is adapted from portions of their new book **Serving Older Adults: Policy, Programs, and Professional Activities**, copyright © 1985, pages 6-9, adapted by permission of Prentice-Hall, Inc., Englewood Cliffs, New Jersey.*

# SSI: What does it stand for?

## Supplemental Security Income or Supplemental Suffering and Intimidation?

In an odd reversal of its usual role, the Social Security Administration (SSA) launched a vigorous campaign in 1981 aimed at collecting "pay-backs" from the elderly poor and others judged to have received more than their due from federal entitlement programs. The upside-down crusade, scarcely reported in the press, brought fresh hardship to citizens already in distress, especially those who had been benefiting from the Supplemental Security Income program, or SSI. Now in its eleventh year, SSI was created to assist three categories of poor people who are getting too little Social Security or none at all: the blind, the disabled, and the elderly.

While some of the collection campaign's worst abuses were quelled by Congress in October 1984, the federal collectors seem neither repentant nor finished. They estimate that about one million "overpayments" are still outstanding. One elderly woman in Gainesville, Florida, whom SSI had billed a year ago for more than \$3,000 in overpayments, said she is still being dunned. "But I don't open those government bills no more," she said. "Can't pay 'em no how."

The collection effort has undermined morale among the agency's 81,000 employees and raised serious questions concerning SSA's competence to hold up its end of the "safety net." "There was a time," says John D. Harris, an official of the American

Federation of Government Employees, "when our Social Security workers really cared about people. Now some of our most compassionate workers have become collection zealots."

At the height of SSA's "Debt Management Initiative" — the campaign's official euphemism — Social Security workers were exposed to a variety of blandishments designed to introduce them to the joys of collecting. Several regional offices gave special awards to "The Collector of the Month." With the help of T. Frank Hardesty, a consultant from Payco American Corporation of Columbus, Ohio, SSA made a 60-minute film to instruct Social Security "claims representatives" on how to get money from their SSI clients and how to "bring in maximum cash within a minimum amount of time." A trainer by profession, Hardesty says his mission is to "motivate people toward intelligent aggression."

At Social Security headquarters in Baltimore in 1981 there appeared to be no shortage of intelligent aggression. A middle-level manager there, who has requested anonymity, said his superiors "looked upon all those people out there getting checks as welfare cheats. The idea was to figure out ways to beat on them, to get the money back."

To be sure, the collectors' motives were not always consciously vindictive. Some SSA officials claimed to

perceive "paybacks" as a humane hedge against impending budget restrictions that could harm the poor. Robert D. Marder, director of debt management, reasoned, "We figured if we could get a lot of money back from overpayments, we wouldn't have to cut benefits."

The consequences of the campaign, however, turned out to be more far-reaching. By beating on the poor, SSA officials managed to brutalize an unusually enlightened program, the government's only attempt thus far to guarantee an income floor to poverty-stricken Americans.

Supplemental Security Income has never been bountiful. In 1984 the maximum payment to an individual with no other source of income was \$314 a month, 28 percent below the official poverty line. A couple could get up to \$472, 15 percent below the poverty line. Twenty-six states, none of them in the South, supply additional benefits, but only in Alaska, Connecticut, California, and Massachusetts do benefits lift people out of poverty.

In 1983 the federal program distributed some \$8 billion in SSI gold checks (in contrast to the green Social Security checks) to nearly four million people. It has been estimated that another three million are eligible but have not applied, either because they have never heard of the benefits or because they prefer to avoid the attendant humiliations.

SSI is a means-tested program that imposes strict limitations on a beneficiary's assets and income. If it does not always deliver a person from poverty, proof of deep poverty is required to get it delivered. The rules are complex and arcane, beginning with a 12-page application that can discourage the most determined applicant. Indeed, the increasingly byzantine nature of the program has been the undoing of many SSI recipients. Because older Americans, by and large, have received less schooling than their younger compatriots, especially in the South, they are more readily baffled by the prose of welfare bureaucracies (see table). Violating regulations they are often unable to read or understand, these mild miscreants may become victims of the collection crusade.

For example, while unearned income such as gifts and dividends can push a person above SSI eligibility limits, *earned* dollars are treated more tolerantly under the law. In computing a recipient's monthly income, SSI does not count the first \$60 in earnings. The distinction may seem clear enough, yet it is frequently lost on SSI clients and is sometimes muddled by overzealous bureaucrats. In Miami recently the agency refused to concede that money paid to a woman for babysitting with her grandchildren was legitimately earned income. It didn't count, declared an SSA official, because it was "all in the family." The grandmother appealed and eventually got the decision reversed — but not until after she had endured considerable anguish and several months without SSI assistance.

The "Debt Management Initiative"

**LEVELS OF EDUCATION  
People with Under Six Years  
of Schooling (percent)**

	South	Non-South
Over 15 years	8.4	4.6
Over 65 years	25.1	13.5
Over 75 years	29.8	18.8

Source: U.S. Bureau of the Census

originated in the late 1970s, when budget-conscious members of the Carter administration thought they saw a fiscal bonanza in SSI overpayments. But if debt collection was a gleam in Jimmy Carter's eye, it came to full term under Ronald Reagan and his Social Security commissioner, John A. Svahn, who had served as Governor Reagan's welfare commissioner in California. Svahn, now a member of the White House staff, still keeps an eye on the Social Security Administration.

Early in 1982 Svahn and his minions took the offensive. From district offices thousands of letters went out informing SSI clients that they had retroactively flunked the means test and, therefore, they owed the U.S. government money they had already received and spent — as much as \$11,000 in some instances. In classic collection-agency fashion, the creditors demanded full and instant payment and enclosed a self-addressed envelope for the purpose. ("The ins-

tant you think in terms of less than full payment," Hardesty advises debt collectors, "you lose control.")

SSA devised a standard notice-of-payment form, printed in faceless computer type, but quite a few district offices got carried away and wrote their own. One not atypical missive began with the word "NOTICE" in bold, inch-high letters. It continued:

**WE HAVE NOT RECEIVED  
PAYMENT ON YOUR  
ACCOUNT. WE MUST  
DISCUSS THIS TODAY.  
PLEASE CALL ME WITHIN  
48 HOURS.**

These astonishing letters from a federal program created to befriend the poor have caused much pain in the ranks of the aged. Many people have been too confused to comprehend the tough bureaucratic language and too intimidated to fight back. Nearly all would have been unable to raise lump-sum payments against their alleged debts, many of which are due to "overpayments" made seven or eight years previously. An SSA official in Rhode Island has remarked that many people are "really very docile. They'll give you all the money right away and then starve to death."

Another Social Security worker wrote to her congressman that collection letters were causing SSI clients "so much worry that they have been unable to sleep for several days. . . . Occasionally some 80-year-old recipient dies soon after receiving an overpayment letter for a large amount. It is impossible to prove a direct connection."

In Miami recently an aging Cuban refugee visited her Social Security office to inquire why her SSI check had not arrived that month. "I have a little surprise for you," said the man behind the desk. He handed her an overpayment bill for more than \$3,000. "When I understood what it was," she said later, "I burst into tears. I couldn't stop crying for the longest time."

According to testimony in May 1984 at a hearing of the Senate Special Committee on Aging, a 93-year-old Arkansas woman "had five cents in her bank account in 1982 when the Social Security administration told her she no longer qualified for SSI benefits because she had 'excessive' assets." The agency was referring to the wom-

an's one-ninth share in land inherited from her parents, which she couldn't sell without hiring a lawyer she couldn't afford. The land paid her about \$90 a year.

In their zeal to collect, SSA officials have frequently violated their own due-process rules. They have failed to inform debtors of appeal procedures and have even threatened to reduce people's Social Security payments in order to redress SSI debts. The picture that emerges from thousands of such cases is one of a hard-hearted government bullying a weak and perplexed constituency — people who are no match for the government's "intelligent aggression."

The most common violation of SSI rules, it appears, pertains to the assets ceiling, which was fixed in 1974 at \$1,500 for an individual and \$2,250 for a couple. As part of the 1984 Deficit Reduction Act, Congress finally raised the limits, which by 1989 will reach \$2,000 and \$3,000 respectively. In the same act Congress extended overdue protection to SSI debtors by making recovery of the debts less devastating. In deducting "paybacks" from SSI checks, the Social Security Administration is now restricted to lopping off no more than 10 percent of the recipient's benefits each month.

The Congressional reforms are already having a beneficial effect. Attorneys at Legal Services offices around the country, who since 1982 have spent a good deal of their time assisting "overpayment" victims, report sharp declines in their SSI caseloads. On the other hand, some SSA officials seem reluctant to apply the new assets ceilings retroactively. They continue to collect old debts that no longer apply.

That is what happened to Pearl Battles [a pseudonym], a 76-year-old former schoolteacher whom I interviewed recently in Miami. She is prey to her own frugality. So well did she manage her meagre SSI stipend that she accumulated \$1,538 in savings, which she had mentally earmarked for her burial expenses.

Battles is a tiny woman with bright green eyes and an innocent smile. She knows how to buy creatively at thrift shops and rummage sales. On the day of our interview she was wearing a black-and-white print dress with a

matching scarf knotted at the throat, and on her head a rakish brown bowler bedecked with chartreuse gauze. "Guess what this hat cost," she demanded of me. "Two dollars, that's what."

We sat side by side on stiff little chairs in the lobby of the Ritz Hotel, where Battles rents a room for \$190 a month. The Ritz has seen better days, but Battles, who is not easily discouraged, described the place as "a nice family hotel, a pleasant establishment." Later she conceded that her room was "not all that spacious" and that her stove, which she had bought used for \$49, was "usually on the blink."

Battles has been able to make ends meet on combined monthly incomes from Social Security (\$259) and SSI (\$75). "It isn't a great deal," she admitted, "but I'm a powerful bargain hunter. I don't shop frivolously."

When Battles took a room at the Ritz in May 1984, she dutifully visited the local Social Security office to report the move. SSI recipients are required to report changes of address. "I met a very nice young Negro gentleman there," she recalled. "He couldn't have been more polite. We were just making small talk, I thought, when he asked me how much money I had in the bank. 'Oh, not much at all,' I assured him. 'Just fifteen-hundred-and-thirty-eight dollars.' You see, I didn't know. I never dreamed the limit was so low."

The young man seemed sorry to hear the news. "He put his hands over his ears," Battles remembers. Then he told her she was over the "resource limit" and he would have to report the fact to his superiors.

There followed a sporadic investigation of Battles's bank account, both past and present. To date, examiners have discovered "overpayments" amounting to nearly \$1,000, and they may find more before they are done. "All these years I've been putting in and taking out," she told me. "I mean the totals keep changing. Lord knows how many times I went over that silly limit." The agency's position is that Battles's entire monthly SSI check was "illegally" received in each of the months that her savings account contained so much as one cent more than \$1,500.

Battles's case is by no means the most difficult, yet in some respects she typifies many victims of the Great Collection Crusade. Gutsy, uncomplicating, and above all thrifty, she is being punished now because she was able to save her pennies on an income well below the poverty line. She is one among several million reasons why we as a nation should be worrying less about what poor people owe us and begin worrying more about what we owe them. □

*Richard J. Margolis, 55, a writer and lecturer on social issues, is working on a book about the nation's elderly poor.*



*illustration by David Suter*

BY CLAUDE PEPPER

# Our Federal Health Programs Can Be Saved

With the enactment in 1965 of legislation creating Medicare (for the elderly) and Medicaid (for the poor), Congress established a covenant with the American people: that access to quality health care shall not be limited by age or wealth.

Though there is little doubt that the elderly and poor have benefited greatly from both these programs, expenditures have now reached such high levels that some suggest that we must break that covenant and shift the burden of caring. Total health care expenditures in this country have increased by 750 percent since Medicare was enacted. Per capita costs have risen from \$211 in 1965 to more than \$2,000 in 1984. The share of health care costs that is paid by the federal and state governments has climbed from 26 to 42 percent.

Yet senior citizens are forced to spend an ever-increasing percentage of their available funds on medical bills as health care costs rise more than twice as fast as their incomes.

The Congressional Budget Office estimates that, as a result of these increasing costs, the Medicare trust fund will be depleted by 1993. Obviously, a critical need exists to ensure the long-

term solvency of the system. The current administration has proposed several stop-gap measures that they claim will shore up Medicare. Unfortunately, these "solutions" place undue strain on beneficiaries, yet result in only short-term savings for Medicare.

Beginning in January 1981, the Reagan administration made the decision that cutting taxes and expanding defense were more critical than protecting the elderly and poor. They followed that decision with four years' worth of proposals and pressure to reduce the federal government's responsibility to the elderly and poor. Had the Congress not rejected many of the administration's proposals, the situation today would be much worse.

Hard work and tremendous creativity on the part of our nation's health policy experts will be needed if we are to deal with the problems facing Medicare. To this end, I introduced on January 7, 1985 a bill to provide for the establishment of a bipartisan commission to study and recommend changes in the Medicare program that will ensure both its solvency and the appropriateness of its benefit structure. A similar commission in 1983 was

able to ensure the solvency of Social Security for at least 75 years.

Solvency is not the only problem with Medicare. We know that it covers less than half of the total health care expenditures of the elderly, as senior citizens pay more and more out of pocket to participate. For the most part, both Medicare and private insurance programs finance health care treatment only when illness is associated with periods of hospitalization; they virtually rule out assistance for other care — such as immunizations, home care, and other supportive services — that might prevent or postpone costly institutionalization.

Furthermore, when institutional care is needed, neither Medicare nor private insurance offers appreciable coverage of custodial nursing home care. Although Americans spent about \$25 billion for nursing home care in 1981, less than 1 percent was covered by Medicare and private insurance. Medicaid, the federal/state program for the poor, paid the lion's share — about 50 percent. Almost all the rest came out of the pockets of the families of those afflicted by long-term illness.

Nowhere in our society are families left so unassisted as when they are meeting the financial and emotional burdens of caring for a chronically ill relative. This is the largest gap in our health and social service programs, underscoring the sad truth that we have no meaningful long-term care policy in the United States today.

I have briefly laid out the problems. We have a Medicare system facing possible insolvency. We have a health care system that fails to meet the needs of many of our citizens, even though we are one of the richest nations on earth. We have poor people who still must choose between whether to eat or to attend to their health needs.

We are at a crossroads. We must review the purpose and structure of Medicare and Medicaid and explore what the federal role might be in structuring a comprehensive continuum of care — a long-term policy — capable of addressing the preventive, acute, and chronic health care needs of our nation's citizens.

I believe my proposal for a Medicare reform commission is one important step. But we need to take others. Through continued research and hear-

BY WILBUR J. COHEN

ings, the Subcommittee on Health and Long-Term Care of the House Select Committee on Aging will continue to seek creative solutions. We will examine fraud and abuse, and unnecessary surgery. We will delve into a relatively new but promising option, home health care. We will examine the way Medicare provides larger-than-average reimbursements to for-profit hospitals; and we will explore preventive medicine and health education efforts — anything that will keep our population healthier and slash away considerable health spending.

Your representatives in Congress need to hear from people who want them to solve these problems. I urge our nation's elderly, and all others who want to start working now to ensure the quality of their future lives as senior citizens, to flex their political muscles. I urge you to work on behalf of candidates who truly care for the elderly and who also are concerned about the quality of old age for future generations of Americans.

Demographic trends indicate that the proportion of elderly Americans will almost double by the year 2030 — when those now 20 will turn 65. This will create a crushing burden on society unless intensive planning begins now.

Yet the numbers are a strength as well. If seniors mobilize their support for candidates who favor a health care system that will meet the needs of all Americans, they really can make a difference. Older Americans are the most active voting bloc: in 1980, one-third of all votes cast were by those over 55; 70 percent of those aged 55 to 74 cast ballots.

Our federal health programs *can* be saved. They also can be greatly improved. I am hopeful that we in Congress, aided by others involved in health care, and with active nudging by voters, will be able to reason together to make the changes that will ensure affordable, quality health care for older Americans, today and into the long-range future. □

*Claude Pepper, 84, is chair of the Subcommittee on Health and Long-Term Care of the U.S. House Select Committee on Aging.*

# Social Security:

## An Intergenerational Compact

The year 1985 brings the fiftieth anniversary of the enactment of the Social Security Act, which President Franklin Roosevelt signed into law on August 14, 1935. This omnibus legislation has resulted in major changes in the economic, social, and political life of the nation. If any piece of social legislation can be called historic or revolutionary, the Social Security Act is entitled to that mantle.

Under President Roosevelt's leadership the Act broke with the past in vastly expanding public responsibility for dealing with the problems of old age, unemployment, disability, and childhood dependency. Yet it carried this policy out in a way that built upon well-accepted institutional practices: it utilized the widely understood pooling-of-the-risk concept prevalent in private insurance (in connection with old age and unemployment compensation) and federal-state cooperation (in connection with unemployment insurance, welfare, rehabilitation, public health, child health, and social services).

As a social compact between generations of Americans and the U.S. government, the Social Security Act established the nationwide foundation of the "safety net" and was the basis for expanded protection against poverty. When he signed the

Social Security Act, President Roosevelt explained his basic incremental approach; he said that the Act "represents a cornerstone in a structure which is being built but is by no means complete." The building of the program has been a continuing process which Roosevelt expected to go on until the program provided protection against all the major hazards of life "from the cradle to the grave."

Despite criticisms, costs, and controversy, the Social Security system remains basically intact today in almost every major aspect and has been significantly broadened from its 1935 beginning. Old Age, Survivors and Disability Insurance (OASDI) is what most people think of as "Social Security," and it is the largest program in the act. But also included in the act's various "titles" are Medicare, the federal-state system of unemployment insurance, and several other benefits and service programs that together comprise the safety net — the Supplemental Security Income program, Medicaid, maternal and child health, programs for crippled children, child welfare, aid to families with dependent children, and the block grant social services program (Title XX).

OASDI has helped millions of Americans to enjoy a better life. It was a major issue in the 1984 presidential

campaign, with both candidates pledging not to reduce benefits provided by present law for both current beneficiaries and those earning protection for the future. But there is still a great deal of public confusion, concern, and even anxiety over Social Security's future. The system faced a fiscal crisis beginning in the mid-1970s not resolved until a bipartisan compromise was enacted in 1983.

Over a period of some 40 years before this compromise, a number of proposals had been advocated to completely revamp the system's basic structure and financing. These proposals had come from the left and the right. They had come from economists of all shades of opinion and from politicians, primarily conservatives, of both political parties. They had come from some senior citizen groups, from newspaper and magazine columnists, and from others who had simplistic solutions for "reforming" or "restructuring" the system and who did not value the contributory, earnings-related elements in the program.

The 1983 bipartisan compromise contained something nearly everyone could complain about, and something nearly everyone could endorse. It was the achievement of a national commission drawn from the ranks of labor, management, the insurance industry, and the private sector, as well as members of Congress. The commission was deadlocked for most of its 12 months' existence, and came to agreement only after acrimonious debate. Significantly, though, its members agreed unanimously that no "fundamental" change should be made in the structure of the Social Security system.

The commission rejected proposals — made by Barry Goldwater and later by Ronald Reagan when they were candidates for the presidency — to make the system "voluntary"; it rejected proposals to allow individuals to invest their Social Security contributions in Individual Retirement Accounts or other investments. The commission stated that it opposed transforming Social Security into a "program under which benefits are a product exclusively of contributions paid, or to convert it into a fully funded program, or to change it to a pro-

gram under which benefits are conditioned on the showing of financial need."

Social Security is a controversial and dynamic institution, and the 1983 amendments are not the final word on it. In my opinion:

- The provision in the 1983 law that calls for gradually increasing the retirement age from 65 to 67 beginning in the year 2003 will probably be the subject of further debate. It was adopted by a very close vote in the House. Organizations representing senior citizen groups, unions, welfare agencies, and similar groups are discussing plans for a vigorous campaign during the next 15 years to amend or repeal this provision.

- The Social Security system still discriminates against women. The 1983 law did eliminate four "gender disqualifications" in the system — largely because two women on the commission (Martha Keys and Mary Falvey Fuller) were able to persuade the men of the validity of these eliminations, even though they increased expenditures. But these four changes affect very few people. Women continue to get the lowest Social Security benefits because of lifetimes of low wages, benefit calculations which average zeros into earnings records for years spent in homemaking, provisions which treat divorced and widowed women inadequately, and benefit reductions for early retirement. One remedy that was widely discussed but not adopted is "income-sharing" for couples. To illustrate: if one member of a couple earns \$20,000 a year and the other, \$10,000 a year, each person would be deemed for Social Security benefit purposes to have \$15,000 credited for that year.

- Some amendments adopted by Congress in 1981 should be repealed. Congress eliminated the minimum benefit of \$122 a month, the payment to college students previously entitled to survivors' benefits, and the burial benefit in cases where there is no surviving spouse or eligible children. These cuts hurt primarily low-income people and those not eligible for other benefits.

The enactment of Social Security in 1935 — and the important expansions in 1939, 1950, 1956, and 1965 —

were all based upon a widespread acceptance and endorsement of government responsibility for a safety net underpinning a democratic political system and a free-market-enterprise economy. The opposition to the Vietnam War, the disillusionment due to Watergate, and other unexpected political and economic developments have led to a decline of confidence in both government and Social Security.

The general decline of confidence in government occurred simultaneously with the rising cost of Social Security, increased inflation and unemployment, and dissatisfaction with the general tax system. While it would be too much to hope that the 1983 Social Security legislation will restore confidence in *all* of government, it is possible to hope that it might restore a wider degree of confidence in Social Security. A vigorous education program will be required, however, enlisting both the public and private sectors to explain the program as a constructive and fair institution.

Social Security should be viewed in a broad context — not merely as a mechanism to give individuals greater freedom when they experience one of the "major vicissitudes of life," but as a way of assuring the dignity and independence of the individual, the integrity of the family, and the stability and purchasing power of the community.

We can make this fiftieth anniversary a celebration of the enduring nature of Social Security and the hundreds of millions of Americans who have benefited from it. Let 1985 be not only a reaffirmation of our belief in the program but also a year when we will fight to put back benefits that politicians have taken from us in the last four years. □

*Wilbur J. Cohen, 71, was research assistant to the executive director of Franklin Roosevelt's Cabinet Committee on Economic Security, which drafted the Social Security Act, and was Secretary of Health, Education, and Welfare in the Johnson administration. He is now a professor at the LBJ School of Public Affairs in Austin and co-chairs the Save Our Security Coalition (SOS), a national alliance of more than 200 organizations devoted to protecting and improving Social Security. For information, contact: SOS, 1201 16th Street, N.W., Suite 222, Washington, DC 20036.*



# Friends and Others

## INFLUENCING OUR REPRESENTATIVES IN CONGRESS

Like it or not, a good many of the decisions that affect the lives of all Americans, old and young, are made in Washington, D.C. Fortunately, we folks back home can influence those decisions. Influencing public officials is lobbying, and although that term has been sullied by powerful interests over the years, lobbying can give us a valuable opportunity to take part in the democratic process.

Lobbying is based on the premise that legislators not only want to be responsive to their constituents, but that they *have* to be responsive because they work for us.

The closer a public official is to the grassroots, the more responsive that official will be. Presidents and appointed officials are the hardest for ordinary citizens to influence. On the other hand, Anne Welsh, who worked with the American Friends Service Committee, points out that your "member of Congress is the national public official most sensitive to us at the grassroots. We know that these officials pay close attention to what citizens in their district are thinking and feeling. Research has indicated that, on a national average, around 500 letters from constituents on an issue create a mighty force on the Representative.

"That 500 figure is a national average, including highly populated districts. In more sparsely populated districts, perhaps 40, 80, or 100 letters would constitute 'the critical mass.' Public policy research also suggests that handwritten letters, personal visits, and phone calls are much more persuasive than post cards, form letters, or petitions."

*Effective* lobbying requires going one step further than just taking a pen in hand. It is necessary only to get enough votes to win, not all the votes. And some representatives won't support some positions no matter how hard we lobby. Our first task, therefore, should be to determine where to focus our lobbying efforts.

One way that organizations concerned with particular issues find out on whom to concentrate their efforts is by rating elected officials. Here we present the Congressional ratings compiled by the National Council of Senior Citizens (NCSC) for 1984. We chose these ratings because NCSC has a strong record of concern for moderate- and low-income people and of supporting entitlement programs for elders. (For more about the ratings, see the key beginning on the next page.)

Officials with a score of 100 deserve continuous expressions of appreciation and can be considered reasonably safe bets to support NCSC positions in the future. Officials who

<b>SENATE</b>	NCSC 1984 Rating	SE 1984 Rating	NCSC 1973-84 Rating	Elder % in state	Committee Assignments
<b>ALABAMA</b>				11.3	
Heflin	70	35	80		
Denton	0	10	0		
<b>ARKANSAS</b>				13.7	
Bumpers	88	82	81		
Pryor	78	77	72		FI, SS
<b>FLORIDA</b>				17.3	
Chiles	100	72	76		SB
Hawkins	43	24	50		
<b>GEORGIA</b>				9.5	
Nunn	50	40	39		
Mattingly	0	25	5		
<b>KENTUCKY</b>				11.2	
Ford	80	nr	82		SR
Huddleston	100	nr	77		
McConnell					
<b>LOUISIANA</b>				9.6	
Long	40	41	54		FI, SS
Johnston	56	29	52		SB
<b>MISSISSIPPI</b>				11.5	
Stennis	50	30	38		
Cochran	0	24	18		
<b>NORTH CAROLINA</b>				10.3	
Helms	0	0	0		SR
East	0	5	0		
<b>SOUTH CAROLINA</b>				9.2	
Thurmond	10	5	14		
Hollings	100	80	66		SB
<b>TENNESSEE</b>				11.3	
Baker	25	24	31		
Gore					SR
Sasser	90	75	78		SB
<b>TEXAS</b>				9.6	
Tower	0	24	7		
Gramm					
Bentsen	57	66	57		FI
<b>VIRGINIA</b>				9.5	
Trible	20	20	25		
Warner	20	25	23		SR
<b>WEST VIRGINIA</b>				12.2	
Byrd	70	nr	82		SR
Randolph	80	nr	85		
Rockefeller					

score 0 probably should be ignored in lobbying on elders' issues. They may vote with us, but it will take a lot of effort, and with that same effort we might line up two, three, four, ten votes from the representatives who are unpredictable. And that's where our lobbying time should be targeted: on the undecided, the fence-sitters, the wafflers.

Targeting goes further. Not all the key votes are voted on by the House or Senate as a whole. A key vote might be taken in a committee or subcommittee, as a bill is being considered before it reaches the floor of Congress. Lobbying only the members of a committee rather than the whole House or Senate is much easier, of course, and in addition bills are more open to our influence earlier in the process. The most important decisions on issues of concern to elders are made in three committees and five subcommittees. These are listed here with information about the types of legislation that each considers. The Rules and Budget committees of each house are also important.

The ratings chart also includes the percentage of the population in each district that is over 65. There seems to be very little correlation between the potential block of elder voters and a representative's responsiveness to elder issues. Of the 15 districts with the highest percentage of elders, five Congresspeople scored 100, but eight scored 30 or below, and one scored 0 in a district 26.7 percent elderly. For the South as a whole, all of the top 15 were Democrats and all of the 0s were Republicans.

This pattern suggests that there is still a great potential for elders and all of us interested in the quality of life for older people — present and future — to make our voices heard more effectively in Congress. We need to do two things:

### KEY TO THE RATINGS

The NCSC ratings come from the *NCSC Voting Record* for the 98th Congress, Second Session, 1984. The cumulative percentage is based on correct votes in NCSC ratings from 1973 through 1984.

For its ratings, NCSC chooses key votes each year, determines its own position on each, and grades representatives based on how many times they vote in agreement with NCSC. "Correct" votes in 1984 were for funds for programs such as Legal Services, weatherization of homes of low-income people, Community Services Block Grants, community soup kitchens and shelters, and to study the problem of hunger in America. Other correct votes were those opposing increasing military spending, cuts in Medicare, and allowing utility companies to charge consumers for construction costs of new power plants before they are completed.

The *Southern Exposure* rating is for the 98th Congress, First Session, 1983, and appears in the the February 1984 issue of *Southern Exposure*. This rating was based on key votes as determined by seven liberal groups, including the Americans for Democratic Action, the Leadership Conference on Civil Rights, the AFL-CIO, and the League of Conservation Voters.

Democrats are shown in regular type, Republicans in italics. Legislators rated for 1984 but no longer in office in 1985 are shown in lighter type. Newly elected representatives are

## HOUSE OF REPRESENTATIVES

	NCSC 1984 Rating	SE 1984 Rating	NCSC 1973-84 Rating	Elder % in district	Committee Assignments
<b>ALABAMA</b>					
1. <i>Edwards</i>	10	10	10	10.7	
2. <i>Dickinson</i>	20	5	8	11.8	
3. Nichols	50	20	27	11.0	
4. Beville	70	50	51	12.8	
5. Flippo	78	46	46	9.4	WM
6. Erdreich	70	50	70	12.1	
7. Shelby	40	30	27	11.4	EH
<b>ARKANSAS</b>					
1. Alexander	100	79	73	14.0	
2. <i>Bethune</i>	11	25	21	10.6	
3. Robinson					
4. <i>Hammerschmidt</i>	25	10	25	14.9	
5. Anthony	100	56	62	15.2	WM
<b>FLORIDA</b>					
1. Hutto	60	15	40	8.4	
2. Fuqua	90	35	55	10.7	
3. Bennett	70	35	38	9.7	
4. Chappell	88	20	34	16.8	
5. <i>McCollum</i>	10	0	18	12.1	
6. MacKay	90	61	79	18.5	HB
7. Gibbons	56	65	51	12.2	WM, HS
8. <i>Young</i>	30	5	22	27.6	
9. <i>Billirakis</i>	20	10	20	24.0	EH
10. Ireland	30	25	23	18.0	
11. Nelson	60	40	45	11.7	
12. <i>Lewis</i>	20	15	20	18.9	
13. <i>Mack</i>	0	15	5	26.7	HB
14. Mica	70	60	50	24.4	
15. <i>Shaw</i>	10	5	10	22.7	
16. Smith, L.	100	85	100	17.9	
17. Lehman	100	93	90	15.8	
18. Pepper	100	77	95	24.3	HR (chair)
19. Fасcell	90	82	91	8.8	
<b>GEORGIA</b>					
1. Thomas	90	45	75	10.2	
2. Hatcher	67	40	55	10.9	
3. Ray	63	15	47	9.8	
4. Levitas	60	40	46	8.3	
5. <i>Swindall</i>					
6. Fowler	100	85	80	9.5	WM
7. <i>Gingrich</i>	0	9	11	8.1	
8. Darden/McDonald	70	0	73	7.9	
9. Rowland	90	40	75	11.6	
10. Jenkins	60	29	36	10.0	HB, WM
11. Barnard	56	25	23	8.3	
<b>KENTUCKY</b>					
1. Hubbard	50	nr	46	13.8	
2. Natcher	100	nr	74	10.0	
3. Mazzoli	100	nr	74	12.1	
4. <i>Snyder</i>	40	nr	21	9.7	
5. <i>Rogers</i>	50	nr	23	12.1	
6. <i>Hopkins</i>	30	nr	31	10.2	
7. vacant 1984					
8. Perkins					

not rated yet.

The letter codes at the right of the chart indicate key Congressional committees and subcommittees on which the representatives serve.

### Committees:

The Senate Budget Committee has jurisdiction over all concurrent resolutions on the budget.

The Senate Finance Committee has jurisdiction over

	NCSC 1984 Rating	SE 1984 Rating	NCSC 1973-84 Rating	Elder % in district	Committee Assignments
<b>LOUISIANA</b>					
1. Livingston	10	15	8	9.6	
2. Boggs	90	80	78	9.9	
3. Tauzin	44	40	26	6.8	EH
4. Roemer	50	30	40	11.1	
5. Huckaby	67	40	28	12.5	
6. Moore	20	10	13	8.0	HB, WM, HH
7. Breaux	33	40	30	8.8	
8. Long, G.	100	85	77	10.1	
8. Long, C.					
<b>MISSISSIPPI</b>					
1. Whitten	100	47	50	12.2	
2. Franklin	22	0	16	12.9	
3. Montgomery	33	14	10	11.7	
4. Dowdy	100	59	79	11.5	EH
5. Lott	0	0	9	9.1	HR
<b>NORTH CAROLINA</b>					
1. Jones	88	57	46	10.9	
2. Valentine	80	40	75	10.9	
3. Whitley	80	50	42	9.1	
4. Andrews	100	66	49	8.4	
4. Cobey					
5. Neal	89	63	63	10.9	
6. Britt	100	65	95	10.3	
6. Coble					
7. Rose	100	59	69	7.5	
8. Hefner	89	45	46	11.7	HB
9. Martin	13	10	10	9.0	
9. McMillan					
10. Broyhill	10	20	14	10.0	EH
11. Clarke	100	72	95	14.3	
11. Hendon					
<b>SOUTH CAROLINA</b>					
1. Hartnett	10	5	29	7.5	
2. Spence	11	0	12	8.0	
3. Derrick	67	66	74	10.4	HB, HR
4. Campbell	0	0	2	10.1	WM
5. Spratt	100	51	95	9.9	
6. Tallon	100	55	100	9.3	
<b>TENNESSEE</b>					
1. Quillen	10	5	18	11.2	HR
2. Duncan	10	15	21	11.5	WM
3. Lloyd	67	30	47	10.8	
4. Cooper	80	45	79	12.1	
5. Boner	100	47	76	11.2	
6. Gore	100	75	83	10.8	
6. Gordon					
7. Sunquist	0	5	23	9.1	
8. Jones	100	46	66	12.9	
9. Ford	100	90	93	11.9	WM

revenue measures, social security, general revenue sharing, and health programs.

The Senate Rules Committee has jurisdiction over meetings of Congress and attendance of representatives and Congressional organization relative to rules and procedures.

The House Budget Committee's jurisdiction includes studies of the effects of budget outlays on existing and proposed legislation, and review of the performance of the Congressional Budget Office.

educate ourselves on the important issues affecting elders and who is voting for or against them in Congress; and *organize and mobilize* to lobby effectively.

Welsh suggests one process for being more effective. First, *think* and plan a course of action in terms of your Congressional district. Next, hold *district-wide* meetings and planning sessions and set up a district-wide steering committee. Third, create a *communications system* to generate letters and phone calls. Finally, *follow up*; did the network members send out the letters they promised?

A new effort to create a nationwide grassroots lobbying network on elder issues is the Advocates Senior Alert Process (ASAP), coordinated by the Villers Advocacy Associates. It will provide participants timely and thorough information about current issues, especially health and income issues. In return, ASAP seeks the commitment of local activists who participate to lobby on those issues as part of a national strategy of letter-writing, visiting legislators, phone-calling, and other grassroots efforts. Twelve groups are already cooperating with ASAP, including the Gray Panthers, the National Caucus on the Black Aged, the National Council of Senior Citizens, and the Older Women's League.

According to Ronald Pollack, director of the Villers Advocacy Associates, "This sort of coordinated grassroots effort is critical if we all are to fight back against the serious cutbacks in benefits and programs that are critical to all low- and moderate-income people, especially the elderly." To expand the network and its effectiveness, each person involved is asked to mobilize five other people to take part in ASAP's efforts. To find out more about ASAP, contact Jeff Kirsch at 1334 G St., NW, Washington, DC 20005 (202)737-6340.

The ratings chart also suggests that issues affecting elders

The House Ways and Means Committee's jurisdiction includes national social security and revenue measures.

The House Rules Committee's jurisdiction includes rules, joint rules, and other House business, including creation of committees and times and methods of consideration of special bills.

The House Energy and Commerce Committee's jurisdiction includes public health, hospital construction, Medicaid, Medicare, and food and drugs.

#### Committee Assignments:

SB = Senate Budget Committee

FI = Senate Finance Committee

SR = Senate Rules Committee

SH = Senate Finance Committee Subcommittee on Health

SS = Senate Finance Committee Subcommittee on Social Security and Income Maintenance

HB = House Budget Committee

WM = House Ways and Means Committee

HR = House Rules Committee

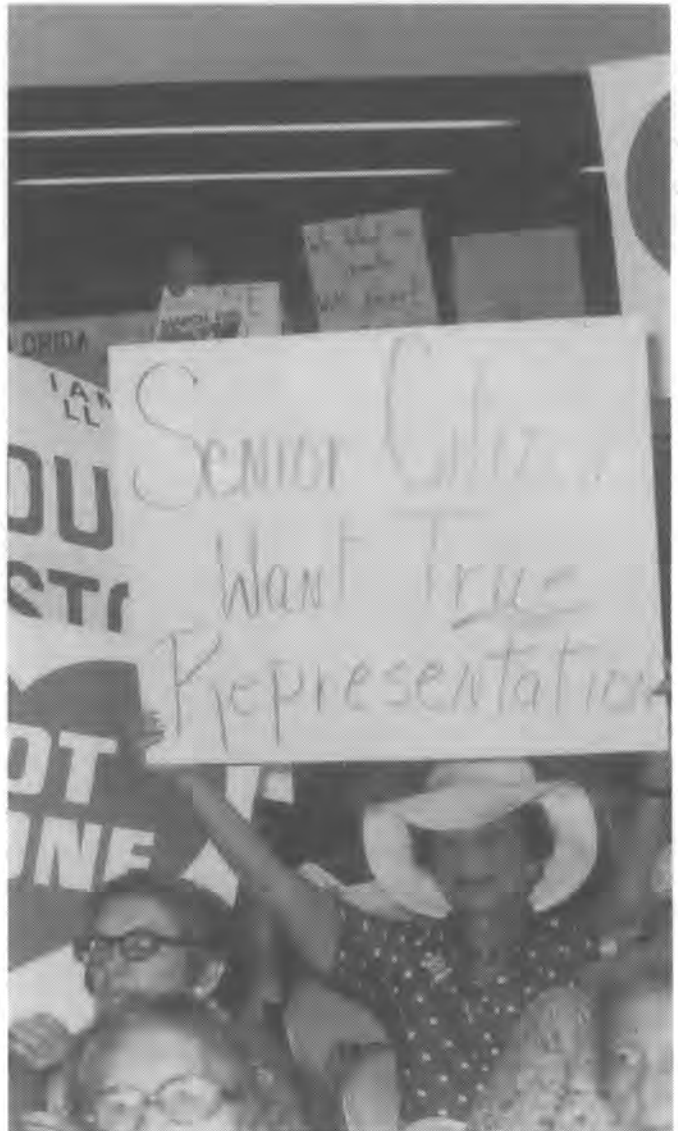
HH = House Ways and Means Committee Subcommittee on Health

HS = House Ways and Means Committee Subcommittee on Social Security

EH = House Energy and Commerce Committee Subcommittee on Health

are not isolated and that coalitions with people organized around other interests make a great deal of sense. In 1984, *Southern Exposure* produced a “progressive” rating for Congresspeople for the previous year. A comparison of the NCSC and the *Southern Exposure* scores shows that representatives who support elders’ issues also tend to support the issues of the other progressive groups. The 31 Congresspeople scoring 100 on NCSC’s ratings had an average rating of 65 on the *Southern Exposure* scale, a very high score. The 10 Congresspeople scoring 0 on the NCSC scale had an average *Southern Exposure* rating of a pitiful 2.3 out of 100. On the Senate side, the NCSC 100s got a *Southern Exposure* average of 73, and the NCSC 0s got a *Southern Exposure* average of 15.

We might not win every time we lobby, but our willingness to continue trying is one more weapon we can wield in convincing those in office to serve us better. And Senators and Congresspeople who get scores of 0 may not be convinced that they should represent us better, but they *can* be replaced. In some cases, we may have to do just that to win. □



FLORIDA SENIORS PLAYED A KEY ROLE IN DEFEATING SENATOR RICHARD STONE'S 1980 BID FOR REELECTION.

photo courtesy Andy Banks

	NCSC 1984 Rating	SE 1984 Rating	NCSC 1973-84 Rating	Elder % in district	Committee Assignments
<b>TEXAS</b>					
1. Hall, S.B.	22	25	13	16.2	
2. Wilson	100	52	60	11.8	
3. Bartlett	0	0	5	7.5	
4. Hall, R.M.	40	40	28	14.2	EH
5. Bryant	100	82	100	8.7	EH
6. Gramm	0	0	7	12.1	
6. Barton					
7. Archer	0	0	4	4.7	WM, HS
8. Fields	10	0	8	4.7	EH
9. Brooks	90	80	69	9.2	
10. Pickle	90	51	49	8.6	HS (chair), WM, HH
11. Leath	25	6	19	12.4	HB
12. Wright	100	66	80	10.1	HB
13. Hightower	50	24	38	12.6	
13. Boulter	HB				
14. Patman	40	45	45	13.4	
14. Sweeney					
15. de la Garza	100	46	62	10.0	
16. Coleman	90	70	85	6.8	
17. Stenholm	33	10	16	15.7	
18. Leland	100	96	96	9.6	EH
19. Hance	43	41	28	8.7	
19. Combest					
20. Gonzalez	90	90	86	10.5	
21. Loeffler	0	0	5	12.2	HB
22. Paul	14	11	9	5.6	
22. DeLay					
23. Kazen	100	35	59	6.9	
23. Bustamante					
24. Frost	100	75	77	7.0	HB, HR
25. Andrews	89	60	74	6.0	
26. Vandergriff	60	40	45	6.1	
26. Armey					
27. Ortiz	89	75	84	8.8	
<b>VIRGINIA</b>					
1. Bateman	0	0	0	10.0	
2. Whitehurst	10	14	14	6.9	
3. Bliley	0	3	3	10.3	EH
4. Sisisky	90	55	95	9.9	
5. Daniel	20	3	9	12.0	
6. Olin	90	60	80	12.6	
7. Robinson	0	0	6	9.9	
7. Slaughter					
8. Parris	30	24	28	4.4	
9. Boucher	100	77	100	10.9	
10. Wolf	40	10	23	7.5	
<b>WEST VIRGINIA</b>					
1. Mollohan	100	nr	77	13.3	
2. Staggers	100	nr	100	12.4	
3. Wise	100	nr	100	11.8	
4. Rahall	100	nr	97	11.3	

**Warning:** Don't confuse NCSC with the National Alliance of Senior Citizens, the ultra-conservative group that claims to speak for 20,000 elusive elders. (When *Southern Exposure* called its national office, we were told we couldn't be given names of any Southern members and 29-year-old head man Curt Clinkscales III refused to return our calls.) The Alliance gives positive ratings and "Golden Age" awards to representatives (for example, Jesse Helms) who rank lowest on NCSC's scale. A sample "right" vote for the Alliance was a vote opposing funding for abortion. **Contact NCSC** at the address listed on page 151 for more information about NCSC ratings.

## Aging and Ageism

**Why Survive?** by Robert N. Butler, is an angry, compassionate, well-documented account of what it's like to be old in the U.S. Butler coined the term "ageism" and persuasively chronicles its destructive effects and suggests concrete programs for changing the delivery of essential services. This book has excellent, although somewhat dated, appendices and bibliography (Harper & Row, 1975).

**The Aging Network: Programs and Services**, by Donald E. Gelfand, provides good descriptions of Social Security, Supplemental Security Income, Medicare, and Medicaid; nutrition, transportation, legal assistance, employment, volunteer, and educational programs for elders; information on senior centers, housing, in-home services, and long-term care residences; and appendices containing the Older Americans Act of 1981 and a listing of national nonprofit resource groups in aging (Springer, 1984). This is a good current supplement to Butler's book listed above.

**Look Me in the Eye**, by Barbara Macdonald and Cynthia Rich, is a perceptive and persuasive account by two lesbian feminists of the double blows of ageism and sexism (Spinsters Ink, 1983). "Extremely rarely does a book actually change lives, open doors, and affect the human condition. I believe that this one should and will." —May Sarton.

**Growing Old: A Handbook for You and Your Aging Parents**, by David A. Tomb, provides advice about all aspects — medical, social, psychological, and financial — of the complicated challenge of caring for elderly parents, as well as detailed self-help information for elders. Consult it for guidance in specific situations or read it in its entirety to gain an understanding of the problems of adjustment that elders encounter (Viking, 1984).

**The Complete & Easy Guide to Social Security & Medicare**, by Faustin

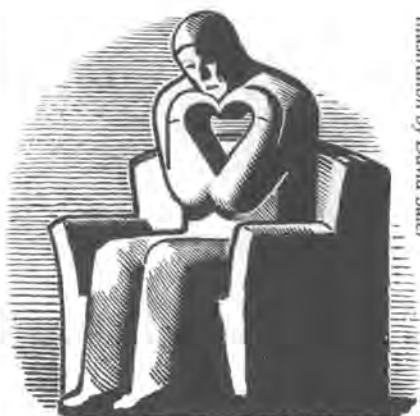


Illustration by David Suter

Jehle, makes it possible to acquire a working knowledge of how these benefit systems work, tells us how we can calculate what our benefits should be, and advises on how to obtain them (Fraser, 1983).

**Sourcebook for Older Americans**, by Joseph L. Matthews, provides information about Social Security and Medicare and private health insurance to supplement Medicare, as well as about Supplemental Security Income and age discrimination in employment (Nolo Press, 1983).

**The Black Aged in the United States: An Annotated Bibliography**, by Lenwood G. Davis, provides excellent listings of books, articles, dissertations and theses, and government publications about black elders, as well as listings of narratives and autobiographies that preserve the recollections of aged ex-slaves (Greenwood Press, 1980).

**The Political Economy of Aging: The State, Private Power, and Social Welfare**, by Laura Katz Olson, contends that the plight of disadvantaged elders stems from market and class relationships, along with racist and sexist institutions; challenges basic assumptions underlying aging issues and policies; and encourages greater recognition of factors linking the interests of younger workers with those of elders (Columbia University Press, 1982).

**Older Americans in the Reagan Era**, by James R. Storey, documents the impact on elders of federal policy

changes in the early 1980s (Urban Institute Press, 1983).

**The Black Elderly: A Guide for Practitioners**, by Joseph Dancy, Jr., has appendices that list selected films and videotapes, and institutions with special concerns for the elderly, and includes an extensive bibliography (University of Michigan-Wayne State University, 1977).

**The World of the Older Woman**, edited by Gari Lesnoff-Caravaglia, is aimed primarily at those working in gerontology but contains informative chapters on the effects on older women of social class, abuse, menopause, widowhood, and institutionalization (Human Sciences Press, 1984).

**Minorities and Aging**, by Jacqueline Johnson Jackson, discusses the unique needs of black elders and asserts that they must be met by aggressive government programs (Wadsworth, 1980).

**Older Women: The Economics of Aging**, by Sara E. Rix, is a concise and readable source of information, packed with data, on the troubling financial situation of older women in the U.S. It also looks at what may be in store for the older women of tomorrow. Order for \$5.50 (postage included) from The Women's Research and Education Institute, 204 Fourth Street, SE, Washington, DC 20003.

**About Aging: A Catalog of Films**, compiled by Mildred V. Allyn (Andrus Gerontology Center, University of Southern California, 1981).

**Aging** is an informative magazine published by the Administration on Aging. Subscription price is \$13 a year. Order from Superintendent of Documents, Government Printing Office, Washington, DC 20402.

## Elders and Their Lives

**Roots: The Saga of An American Family**, by Alex Haley, is a classic that celebrates the influence of black elders in Africa and in slave and freed families in the U.S. (Doubleday, 1974).

## RESOURCES

In the documentary film *Miles of Smiles, Years of Struggle*, retired sleeping car porters, a remarkable 100-year-old woman, and archival films and photographs tell the story of the first black trade union in the nation. Order from Benchmark Films, 145 Scarborough Rd., Briarcliff, NY 10510.

*The Revolt of Mother*, by Mary E. Wilkins Freeman, first published in the 1880s, is a collection of short stories

about remarkable older protagonists who give us much to admire in women who have passed their physical prime (Feminist Press, 1974).

*All Passion Spent*, by Vita Sackville-West, is a novel about an older woman who vows after her husband's death, and much to the consternation of her adult children, to live the rest of her life on her own terms (Doubleday, 1933).

Appalshop has a number of fine films about active elders, including *John Jacob Niles* and *Nimrod Workman*. In *The Millstone Sewing Center* elderly seamstresses tell how they used a combination of Salvation Army rejects, food stamps, and OEO funds in organizing a community center to sew clothes for needy children and what the center means to them. Contact Appalshop, P.O. Box 743A, Whitesburg, KY 41858.

*The View in Winter: Reflections on Old Age*, by Ronald Blythe, is a collection of British oral histories and the author's thoughts on old age (Harcourt Brace Jovanovich/Penguin, 1980).

*Drylongso*, by John Langston Gwaltney, is a collection of oral histories of New Yorkers, many of whom were born in the South. Subtitled "a self-portrait of black America," it includes candid opinions about the differences between white and black people that few white people have ever heard or read (Random House/Vintage, 1980).

*Hope and Dignity*, with narratives by Emily Herring Wilson and photographs by Susan Mullally, documents the lives and achievements of older Southern black women, including educators, community activists, musicians, midwives, and business leaders (Temple University Press, 1983).

*We Didn't Have Much, But We Sure Had Plenty*, by Sherry Thomas, is based on interviews with farm women aged 45 to 90, who tell their stories with passion (Doubleday/Anchor Books, 1981).

*Close Harmony* won a 1982 Academy Award for best documentary short film. It tells of an intergenerational program involving 4th and 5th graders and a choral group of elders that changed misconceptions about young and old. Order from Learning Corporation of America, 1350 Avenue of the Ameri-

cas, New York, NY 10019.

In *Aunt Arie: A Foxfire Portrait*, edited by Linda Garland Page and Eliot Wigginton, elder Arie Carpenter's comments about aging, family relationships, and her love of young people, as transcribed by Foxfire students, belie many negative stereotypes about old age (Dutton, 1983).

In *Lemon Swamp and Other Places*, by Mamie Garvin Fields, with Karen Fields, grandmother and granddaughter collaborate to tell a story of black life from the early 20th century to the present. The book is based on letters presented by the elder Fields to her granddaughters when she was 84 (Free Press, 1983).

In *Don't Send Me Flowers When I'm Dead*, by Eva J. Salber, rural Southern elders talk about their lives (Duke Press, 1983). See pages 21-23 of this issue.

*Gay and Gray*, by Raymond M. Berger, a gerontologist, tells the stories of six gay men ranging in age from their forties to early seventies (University of Illinois Press, 1982).

*Poletown Lives*, by George Corsetti, Jeanie Wylie, and Richard Wieske, is a 50-minute color film about the organizing attempts of elderly Polish and black residents resisting demolition of their neighborhood for a new auto plant in Detroit. It's also available on videocassette, for sale or rent. Two other outstanding films available from New Day Films are: *Fundi*, the story of Ella Baker, who helped shape the 1960s civil rights movement, and *Union Maids*, the story of CIO organizing in the 1930s told by three militant women who lived the history. Contact New Day films, 22 Riverview Dr., Wayne, NJ, 07470.

### Health and Health Care

*The Best Medicine*, a new publication from the Villers Foundation, describes how community groups can organize seven kinds of local health care campaigns, including protecting non-profit and public hospitals. It prescribes the strategy, tactics, research, and resources needed to win and lists additional resources for information. The cost is \$7 each for 1 to 5

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copies, \$5 each for 6 or more copies. Order from the Villers Foundation, 1334 G St., NW, Washington, DC 20005.

*The New Our Bodies, Ourselves*, by The Boston Women's Health Collective, contains an excellent chapter on "Women Growing Older" (Simon & Schuster, 1984).

*Nursing Homes: A Citizens' Action Guide*, by Linda Horn and Elma Griesel (now Holder), will be useful to those interested in nursing home reform (Beacon, 1977). Also, see the interview with Elma Holder starting on p. 116 of this issue.

*An Easier Way: Handbook for the Elderly and Handicapped*, by Jean Vieth Sargent, printed in large type, is filled with practical suggestions and descriptions of devices (and how to purchase them by mail) that can help disabled people remain independent in personal care and housekeeping activities (Walker, 1981).

A 20-minute film, *Passport to Independence*, acquaints elders, their families, and health professionals with equipment that will help older adults remain independent. It comes with an accompanying study guide and can be rented for \$30 from Adelphi University Center on Aging, Garden City, NY 11530.

*Age Pages from NIA* are free publications aimed at elders on topics such as eye disorders, hearing loss, alcohol abuse, osteoporosis, and prostate problems. They can be ordered from Information Office, National Institute on Aging, Building 31, Room 5C35, Bethesda, MD 20235.

*Large-Print Books By Mail*, a catalogue of over 500 titles, is available by calling the toll-free number 1-800-343-2806.

*Directory of Agencies Serving the Visually Handicapped* has listings of governmental, voluntary, and radio information services for the blind and visually impaired. Order it from the American Foundation for the Blind, 15 West 16th Street, New York, NY 10011.

*The 36-Hour Day*, by Nancy L. Mace and Peter V. Rabins, is subtitled "a family guide to caring for persons with Alzheimer's disease, related dementing illnesses, and memory loss in

later life" (Johns Hopkins University Press, 1981).

*Public Affairs Pamphlets* offers a packet of 26 booklets on aging that covers topics such as the brain and aging, the right to die with dignity, home health care, stroke, protecting yourself against crime, and how to handle stress — for \$11.70. Write to 381 Park Ave. South, New York, NY 10016.

### Death and Grieving

*Dealing Creatively with Death: A Manual of Death Education and Simple Burial*, by Ernest Morgan, is an excellent 150-page "encyclopedia" on death-related problems, with chapters on hospice care, the right to die, death education, simple burial and cremation, bereavement, and more. Appendices include sample living wills; listings of hospices, grief support groups, and memorial societies; and sample death ceremonies. A friend says this step-by-step guide was invaluable when her husband died and urges everyone to read it now "so you'll know it's available when you need it" (Celo Press, 1984). Order from Celo Press, Rt. 5, Burnsville, NC 28714.

*Suicide after Sixty*, by Marv Miller, documents the sometimes lethal effects on elders of early retirement, fixed incomes, social isolation, declining health, and dependency. It discusses the failure of most health professionals to deal with the phenomenon of geriatric suicide and includes a chapter on how elder suicides might be prevented. (Springer, 1979). Good companion reading with the chapter on "The Right To Die" in *Dealing Creatively with Death*, listed above.

*Coming Home*, by Deborah Duda, is about making and carrying through the decision to die at home and includes an excellent chapter on sources of help (John Muir, 1984).

*A Reckoning*, by May Sarton, is a novel about a dying woman's determination to "reckon up" her life and take control of her death (Norton, 1978).

*Care of the Dying*, by Richard Lamerton, tells us how to face death without pain and in peace and offers an argument against euthanasia (Penguin, 1980).

*On Death and Dying* and *Living with Death and Dying*, both by Elisabeth Kübler-Ross, are two of the most widely read books about dealing with death (MacMillan, 1980 and 1981, respectively).

*Meetings at the Edge*, by Stephen Levine, is a book of dialogues between the author and people facing death that attempts to integrate death into the context of life (Doubleday/Anchor, 1984).

*As We Are Now*, by May Sarton, is a novel about the shocking self-determination of a woman placed against her will in a bad nursing home (Norton, 1982).

*A Grief Observed*, by C.S. Lewis, is a small classic that describes the interior life of the grieving person (Walker, 1984).

*Widow*, by Lynn Caine, is a vivid autobiographical account of one woman's loss and an important warning about the emotional and financial havoc that results from failure to come to terms with impending death (William Morrow, 1974).

*Life after Life*, by Raymond Moody is a collection of "death experiences" of people brought back from the brink of death, recorded by the physician author, who believes that there will be beautiful light and loving people to meet the dying person (Stackpole, 1976).



Illustration by David Suter

### Housing

*A Glossary of Housing Options for the Elderly*, prepared by the New Jer-

## RESOURCES

sey Division on Aging, presents a dozen options, including house sharing, recycled buildings, and the elder cottage, and a brief section on methods to permit elders to remain in their

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present homes. Available from Department of Community Affairs, Division on Aging, 363 West State St., CN800, Trenton, NJ 08625.

*Turning Home Equity into Income for Older Homeowners*, an information paper prepared by the staff of the Senate Special Committee on Aging in 1984, explains home equity conversion programs and lists sources of more information. Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

*Old Homes — New Families*, by Gordon Streib, Edward Folts, and Mary Anne Hilker, is subtitled "shared living for the elderly." It's packed with information about different models of shared living and includes an appendix of shared-housing projects in the U.S. (Columbia University Press, 1984).

Four *Guides for Shared Living* are available for \$2 each (for postage and handling) from Action for Boston Community Development, 178 Tremont St., Boston, MA 02111.

## Organizations

### ACTION

806 Connecticut Ave., NW, Washington, DC 20525 (800) 424-8580

This is a federal agency administering a number of volunteer projects. Among them are VISTA, the Peace Corps, and Older American Volunteer Programs, which include: Foster Grandparents, volunteers who work with children on a one-to-one basis; Retired Senior Volunteers Program (RSVP); Senior Companions, elders who serve older people with special needs; and SCORE, which uses the skills of retired business people. For information about becoming a volunteer, call the toll-free number above.

### American Association of Retired Persons (AARP)

1909 K St., NW, Washington, DC 20049  
(202) 872-4700

AARP is a non-partisan membership organization providing a variety of member benefits and services, including: access to group health, auto, and homeowners insurance; a mail order pharmaceutical service; and a travel service and auto club. Members

receive the bimonthly magazine *Monthly Maturity*. Local chapters provide volunteer service opportunities and distribute informational materials for programs on consumer issues.

### Asociacion Nacional Por Personas Mayores (National Association for Spanish Speaking Elderly)

3875 Wilshire Blvd., Suite 1401, Los Angeles, CA 90010 (213) 487-1922

The Asociacion serves all segments of the Hispanic older population, administering employment programs for low-income people 55 and over and providing technical assistance to local, regional, and national organizations. Its publications include newsletters and a legislative bulletin for members.

### Gray Panthers

3700 Chestnut St., Philadelphia, PA 19104 (215) 382-3300

The Gray Panthers' goals are to foster the concept of aging as growth during the total life span; to challenge and help eliminate ageism; to advocate for fundamental social change that would eliminate injustice, discrimination, and oppression; and to build a society that will put the needs of people above profits, eliminate the concentration of corporate power, and serve human needs through democratic means.

### National Caucus on the Black Aged

1424 K St., NW, Suite 500, Washington, DC, 20005 (202) 479-1200

The Caucus recommends public policies responsive to the needs of older black Americans, conducts research, and trains black professionals and elders to assume leadership roles in services to older blacks. It coordinates employment programs for rural black elders and operates elder housing. Its publications include newsletters, job bank publications, and reports on health.

### National Citizens' Coalition for Nursing Home Reform (NCCNHR)

1825 Connecticut Ave., NW, Suite 417B, Washington, DC, 20009 (202) 797-0657

The Coalition serves as a consumer voice in Washington, DC, and assists local groups in their advocacy efforts to improve the quality of life of nursing home and board and care residents. It provides information and referral services, training and consultation, and regulatory monitoring. It has over 225



## RESOURCES

local affiliated groups in 40 states. For more about the work of the Coalition, see the interview with director Elma Holder, beginning on page 116.

### **National Council on the Aging (NCOA)**

600 Maryland Ave., SW, West Wing 100, Washington, DC 20074 (202) 479-1200

This is a professional organization that provides training, consultation, and technical assistance to public and private agencies working with elders. Its Center for Public Policy monitors legislation and its extensive library is open to the public.

### **National Council of Senior Citizens (NCSC)**

925 15th St., NW, Washington, DC 20005 (202) 347-8800

NCSC members work for state and federal legislation to benefit the elderly and advocate senior citizen interests in communities across the U.S. The na-

tional office prepares congressional testimony on issues such as Social Security, Medicare, age discrimination, improved housing, and pension reform. Nonprofit services include a mail-order drug program, health insurance, and travel service. The monthly newsletter is informative and very political.

### **National Indian Council on Aging**

P.O. Box 2088, Albuquerque, NM 87103 (506) 766-2276

The Council works to improve comprehensive services to Indian and Alaskan Native elders, provides information to Indian communities, and intercedes with agencies to ensure access to resources. Publications include a newsletter, conference reports, and *The Indian Elder: A Forgotten American* (1976).

### **Older Women's League (OWL)**

1325 G St., NW, Lower Level B, Wash-

ington, DC, 20005 (202) 783-6686

OWL is a national organization whose sole focus is women in the middle years and beyond. With members in 50 states and chapters in 90 communities, OWL works to provide mutual support for its members, to achieve economic and social equity for its constituents, and to improve the image and status of older women.

### **Senior PAC**

1302 18th St., NW, Washington, DC 20036 (202) 328-8105

This organization raises money and organizes people to help elect friends of elders and defeat those who are not sympathetic to their cause. It intends to get involved in every aspect of electoral politics and engage in public education activities designed to influence the outcome of elections.

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#### **Rural Southern Voice for Peace**

A growing, green, grassroots movement. It's a newsletter, workshops, networking opportunities and resources for nonviolent depolarizing action that is sensitive to the culture and values of rural and small city communities. It is a network of people working to end war, injustice, and to build the alternative systems and lifestyles that can bring peace to our world. Send for an introductory newsletter: RSVP, Rt. 5, Box 335, Burnsville, NC 28714.

### **Events**

#### **Curriculum Workshop**

Work with other college faculty to develop a course on women or revamp one to include more information on women. Also learn to conduct searches of data base of bibliographic citations on Southern women and women of color. The workshop will be held May 30 through June 1, 1985 at Memphis State University. For information contact: Marie Santucci, Center for Research on Women, Memphis State University, Memphis, TN 38152; or call (901) 454-2770.

### **Merchandise**

#### **Free Lists!**

Redhot books on peace and justice. RECON, Box 14602-B, Philadelphia, PA 19134.

#### **1985 International Workcamp Directory**

This annual publication lists over 1,000 opportunities for inexpensive travel in Western and Eastern Europe, North Africa, and North America. Workcamps are inexpensive ways that Americans of all ages can promote international goodwill through community service in 30 countries. Cost: Students: \$5 first-class postpaid. Free newsletter available. Contact: Volunteers for Peace, Tiffany Road, Belmont, VT 05730 (802) 259-2759.

#### **Note Cards**

*Southern Exposure* announces a new series of greeting cards. Handsomely designed for us by renowned artist Peg Rigg, each 12-card set costs \$4.50 and features quotes from the pages of *Southern Exposure* accompanied by detailed graphic illustration. Write to us to place your order from among three designs at P.O. Box 531, Durham, NC 27702.

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# A VOICE OF THE FUTURE

## Books about Old People That Kids Might Like

— Mary Brinkmeyer

Children sometimes are afraid of old people. I wonder why. Once you get to know them there's really nothing scary about them. Like everybody else, some old people are mean and some are nice.

The old people I know are all different. My grandparents are in their 70s and for the most part are still in good health. They belong to lots of clubs like the garden club and the Rotary club. But my great-grandmother is in a nursing home.

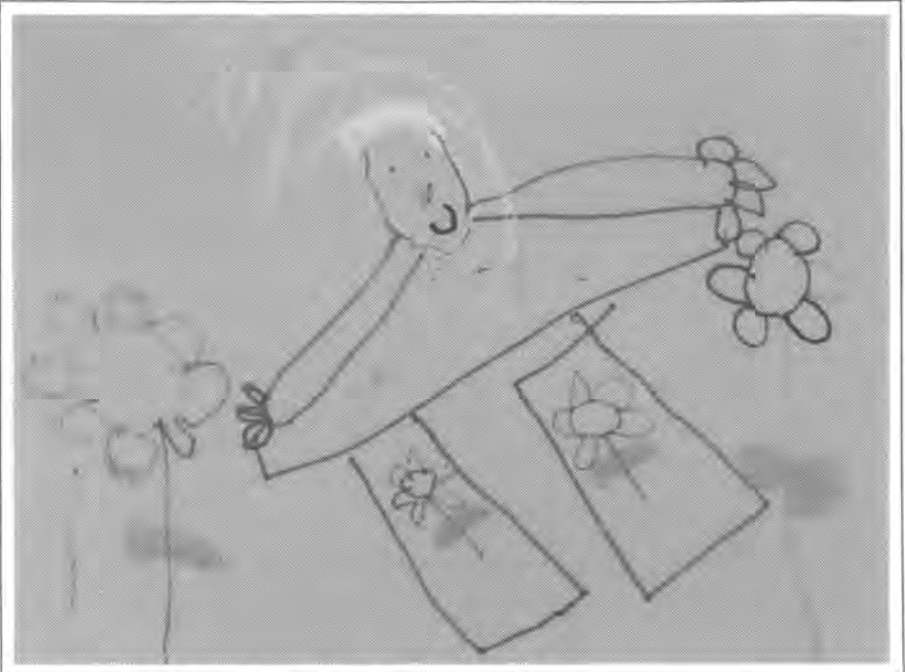
My great-great Aunt Mabel is in her 90s and acts like she's in her 50s. She even pays the bills for her son's used car business. And last but not least my neighbor Mrs. Carter, who is in her 80s, mows the lawn every time it needs mowing.

Here are picture books about old people that little kids might like:

*Strega Nona*, by Tomie de Paola, is about a wise old woman who can do magic. There are three more books about her and her silly helper, Big Anthony. Here are two more books about other old people, also by Tomie de Paola. *Nana Upstairs and Nana Downstairs* is about a boy who likes to visit his great-great-grandmother. When she dies, he feels bad. But he understands that old people have to die. *Now One Foot, Now Another* is about a boy who teaches his grandfather to walk after he has had a stroke.

*Emma*, by Wendy Kesselman, is about an old woman who decides to start painting pictures because she didn't like the picture of her old village that her family had because it didn't look the way she remembered her village.

*Annie and the Old One*, by Miska Miles, illustrated by Peter Parnall, is about an Indian girl and her grandmother. Annie's grandmother said that



"OUR NEIGHBOR MRS. CARTER IN HER GARDEN,"  
BY ELIZA BRINKMEYER, 5.

she would die when the family finished weaving a rug. Annie tries everything to keep her mother from weaving. She finally understands that old people have to go to "mother earth."

*Special Friends*, by Terry Berger, is about a girl who makes friends with her next-door neighbor. They talk, dance, and play the piano. Instead of drawn pictures, the story has photographs (by David Hechtiger).

Here are some books that bigger kids, 6 to 12 years old, might like:

*O, the Red Rose Tree*, by Patricia Beatty, is about an old woman who made quilts and some girls who helped her.

*Ludell*, by Brenda Wilkinson, is about a girl who lives with her grandmother because her mother wanted action and moved to New York, leaving Ludell behind. Her grandmother is a maid in Waycross, Georgia.

In *Heidi*, by Johanna Spyri, there are three different old people. Heidi's grandfather, "the Alm Uncle," is very strong and likes to build. He carries Clara, a crippled girl, about. Peter's grandmother is blind and spins in her corner. Clara's grandmother is rich and

kind but teaches Heidi a whole lot of lies about God, for instance if you forget to pray to God, he'll forget you.

*Understood Betsy*, by Dorothy Canfield Fisher, is about a girl who goes to live with her old relatives she has been afraid of. Aunt Abigail gives her a kitten on her first night there. Uncle Henry lets her drive the horse home from the station.

These are more books about old people that kids might like:

*Misty of Chincoteague*, by Marguerite Henry; *The Little Silver House*, by Jennie D. Lindquist; *Behind the Attic Wall*, by Sylvia Cassedy; and *All the Cats in the World*, by Sonia Levitin. □

Mary Brinkmeyer, 8, plays the viola and is in the third grade at Morehead School in Durham, North Carolina.



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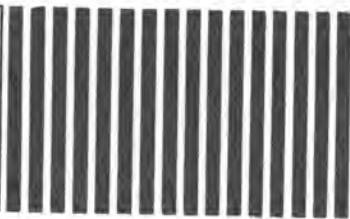
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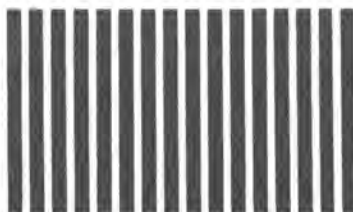
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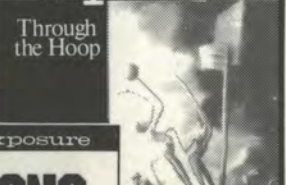
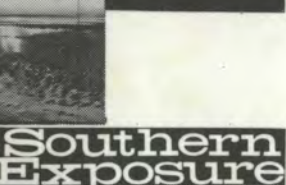
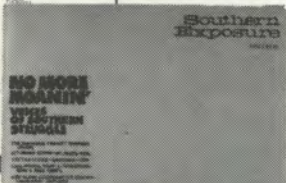
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