

important subject. So you see, Mr. Speaker, that a great deal is already being done, and I do not believe that the appointment of a senior citizens commission at this time would contribute anything to the measures which are already underway.

● (1642)

The paradox in respect of the older population is the tendency to view success as a problem. It is a particularly frustrating irony that progress in man's search for a longer life should produce the problems of aging. In fact, the very successes in economic, social, medical and industrial progress that now permit such a large number of people to reach old age have also produced the changes that make elderly people a generally dependent group and have robbed them of their most important and traditional functions, roles, and statuses.

Since World War II, scientific and technological advances, with increasing industrialization, have changed both the way people live and the way by which they earn their living. The impact of population growth, urbanization and industrialization on the lives of older people has been heightened by the fact that these changes are occurring rapidly. Coupled with these rapid changes has been a new phenomenon—retirement. For the first time in the history of the world, thousands of persons each year leave the labour force and enter retirement.

It is here that difficulties have arisen. The right of persons to spend their later adult years not tied to the demands and responsibilities of the working world has become accepted, but we have failed to take steps to provide people with systematic preparation for their retirement years. Preparation for adulthood, and particularly for work, is an institutionalized part of the system; preparation for the later adult years is left to the individual and as a result is haphazard and often incomplete. With the end of the work role, the value of the older person's contribution to the family, the church, the neighbourhood, and voluntary associations has been downgraded. Society has developed negative attitudes towards the aged and aging; older people now carry these attitudes, developed earlier in life, into their own retirement with the result that they have negative attitudes about themselves and their peers.

Each of us must develop positive attitudes toward our own aging and old age. It will be necessary to supplant the misconception that many incapacitating illnesses, either physical or mental, are inevitable and irreversible characteristics of the aged. Good health and a clear mind are as much the right of persons over 65 as they are of adolescents, or younger and middle-aged adults.

Overcoming the negative attitude society has concerning the aged and aging is the challenge we face. Like all age groups, older people have problems and we must continue in our efforts to solve them. But we must not allow our efforts to aid the helpless to become synonymous with the whole spectrum of aging. Stress on the negative side of aging has contributed to the stereotypes and myths which have grown around it. Most of us have in some way contributed to the false picture that has been created. Until we come to terms with our own aging

Senior Citizens

and accept it, we will continue to endow the later years with all the misconceptions and untruths that society has built up, particularly over the past 30 to 40—some years—insidious and ultimately disastrous in terms of society's acceptance of its older citizens.

There are older people, many who are frail and not in the best of health, who are demonstrating that chronological age, in itself, is a meaningless measure. They continue to contribute to society, to their families, and to grow as individuals. When we see them, aging takes on a new dimension. Mr. Speaker, we all know such people; indeed some are in this House.

Changes in attitudes cannot be legislated. These will come about only through teaching in the homes, the schools, in the training of professionals who will be working in the community with the aged as well as other age groups. Each of us as individuals has a responsibility in this. Older people themselves have a responsibility. Increasingly they will have to demonstrate that they remain socially responsive and responsible, that they can and do continue to contribute to society, that there are new roles which they are able and willing to assume. We have to help them find these new roles; we have to provide the aged themselves with opportunities to do so.

Leadership is necessary to effect the kinds of developments required to allow older persons their rightful place in society and provide the services they need. Quality service, in the quantity needed, is essential. Effective leadership planning in aging requires real commitment for meeting the concerns and needs of older Canadians. Further, to enable a genuine exercise of leadership necessitates statutory authority, funds, energy and creativity, and status. Obviously it is only within the appropriate jurisdictions where the necessary statutory authority can be granted that authentic power lies.

Anyone familiar with the reports of the president's task force of older Americans of 1968 will know the problems there in respect to this whole matter. As we know, jurisdictional responsibilities are quite different in the United States from those in Canada. Besides some 20 agencies in the federal government in the U.S.A. with statutory responsibility for an extensive variety of programs and services for the aged and aging, there are dozens of additional federal operations that have considerable, if indirect, relevance. Co-ordination is therefore difficult to achieve, as is leadership planning. The result in 1968 was recommendations for new structures—thus adding to those already in place.

The 1970 task force explored the same range of issues as did the one of 1968. By the time of the 1971 White House conference on aging, leadership planning in aging was still more of a goal than a reality—a situation which continues to be of great concern. Various mechanisms, including some proposed mechanisms, have been given a variety of responsibilities for leadership planning in aging, but there have been difficulties in developing effective means to provide the appropriate authority to carry these out.

The president's council on aging serves as one example. Composed of very able members, its mandate limits what it can do in guiding federal efforts in aging. Its work has centred