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SENATE
Special Committee on
Aging

1st Session, 26th Parliament
1963

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First Session—Twenty-sixth Parliament
1963

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 1

THURSDAY, OCTOBER 17, 1963

The Honourable David A. Croll, *Chairman*.
The Honourable J. Campbell Haig, *Deputy Chairman*.

WITNESS:

Mr. David A. Morse, Director-General,
International Labour Office, Geneva.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1963

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman

Jodoin
Lefrancois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Monday, July 29, 1963:

"Pursuant to the Order of the Day, the Senate resumed the adjourned debate on the motion of the Honourable Senator Croll, seconded by the Honourable Senator Roebuck:

That a Special Committee of the Senate be appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof;

That the said Committee be composed of twenty Honourable Senators to be named later;

That the Committee have power to engage the services of technical, clerical and other personnel as may be necessary for the purpose of the inquiry;

That the Committee have power to send for persons, papers and records, to sit during sittings and adjournments of the Senate; and

That the Committee be instructed to report to the House from time to time its findings, together with such recommendations as it may see fit to make.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative.

With leave of the Senate,

The Honourable Senator Macdonald, P.C., moved seconded by the Honourable Senator Brooks, P.C.:

That the Special Committee of the Senate appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof, be composed of the Honourable Senators Blois, Brooks, Croll, Dessureault, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*), Smith (*Queens-Shelburne*) and Sullivan.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative."

J. F. MacNeill,
Clerk of the Senate.

MINUTES OF PROCEEDINGS

THURSDAY, October 17, 1963.

Pursuant to adjournment and notice the Special Committee on Aging met this day at 10.00 a.m.

Present: The Honourable Senators: Croll, *Chairman*; Blois, Brooks, Ferguson, Gershaw, Grosart, Hollett, Inman, Jodoin, Lefrançois, McGrand, Pearson, Quart, Smith (*Queens-Shelburne*) and Sullivan.—15.

In attendance: Mr. R. E. G. Davis, Special Consultant. Mr. David A. Morse, Director-General, International Labour Office, Geneva, was heard.

At 11.15 a.m. the Committee adjourned until Thursday next, October 24th, at 10.00 a.m.

Attest.

John A. Hinds,
Assistant Chief Clerk of Committees.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, October 17, 1963.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Members of the Senate, this is the first general meeting of the Special Committee on Aging, which was established by the Senate.

We are privileged to have here for our first meeting Mr. David Morse, Director-General of the International Labour Organization.

He is one of the great and distinguished international public servants. He is well known and respected by Canadians, particularly those who attend annually at the sessions at Geneva.

The Department of Labour informs me that they send a working delegation to the I.L.O., composed of labour, management and Government representatives, who all profit from their visit to Geneva.

The I.L.O. has a somewhat special relationship to Canada. During the war, along with other refugees, we housed them in Montreal and they have never forgotten the friendly gesture.

There is another recommendation which I can give Mr. Morse. It is that he is an American—and we look upon Americans as our dearest and nearest neighbours and friends.

Mr. Morse has a distinguished war record. On talking to him, I found that I operated under some of his labour directives during the Second World War.

He was Assistant Secretary of Labour under President Truman and for a while he was Acting Secretary of Labour. He has been Director-General of the International Labour Organization since 1948.

Honourable senators, a couple of years ago, the I.L.O. devoted a special study to the problem of aging workers, from a global point of view. Thus, we were very fortunate when he came here to visit Canada for a few days to see the Prime Minister, the Minister of External Affairs, the Minister of Labour, and his many departmental friends, that he was able to give us some time in a very busy schedule. We are very thankful to have him.

Also in attendance today are the Deputy Minister of Labour, Mr. George V. Haythorne; the representative of the International Labour Organization in Ottawa, Mr. A. H. Brown; Mr. John Mainwaring, of the Department of Labour; Mr. G. Schonning, also of the Department of Labour, who will do some work with us in connection with our committee. We also have a very distinguished Canadian, Mr. Robert Cox, of Montreal, who is also with I.L.O.

Now, the floor is yours, Mr. Morse.

David A. Morse, Director-General, International Labour Organization: Mr. Chairman, and honourable senators, as you have just heard, I am the Director-General of the International Labour Office, with headquarters located in

Geneva, Switzerland. Perhaps I might tell you just a little about the Organization before I get into the main subject, although I am sure most of you are familiar with the I.L.O. We are an organization representing governments, employers and workers of 108 countries, which promotes co-operation among these groups of these countries in dealing with labour and social policy at the international level. Canada has been a member of the I.L.O. since its inception in 1919; and is one of the ten states of chief industrial importance which are entitled to sit automatically on the I.L.O.'s Governing Body; the Governing Body being the board which is elected by the Conference, composed of the 108 countries, workers and employers, to fix the program and policies of the Organization, which it is then my duty and privilege to execute; the board being composed at the present time of some 44 members. Canada's employers and trade unionists are also represented on the Governing Body—on the board of directors of this Organization. Canada has been more than an original and contributing and continuing member of the I.L.O.; Canada has been a firm supporter of the Organization, upon whom the I.L.O. has relied, as your chairman just told you, in its most difficult hours, particularly during the war years when we were housed in Montreal. It was during World War II that we had these temporary headquarters in Montreal, and so we were able to survive and to prepare our role for the postwar period in which we are now living and functioning.

So I am very glad indeed to be able to appear before a committee of the Senate of Canada, if my presence particularly may reiterate the close links between the I.L.O. and this wonderful country. But I am glad for another reason too, because the subject before this special committee—the subject of aging—has ranked high in my preoccupations with world social policy in recent years.

Our conference is called the International Labour Conference. In 1961 it unanimously adopted a resolution concerning problems of older workers, urging the I.L.O.'s member states and employer and worker organizations—and I quote:

. . . in developing their economic and social programs to give special attention to the particular needs of older manual and non-manual workers both while they are still employed and in retirement, and to the contributions older workers can make in economic and social development.

Now, this resolution actually reinforced my intention, which I carried out in 1962, to lay before the International Labour Conference through the medium of my annual report a survey of the problems of older people in work and in retirement. My principal aim in doing this was to draw attention to the need for special consideration and concern for older persons by labour departments, employment services and social security institutions, by employer organizations and by trade unions. Thus you will understand my special and particular satisfaction at being the first person to appear before this special committee of the Senate of Canada.

I shall, of course, be able to make available copies of the report I mentioned, if you think that would be useful. And if in the course of your work at any time the I.L.O. can assist by providing information or by putting you in touch with the experience of other countries in this field, or in any other way, I would like you to know, Mr. Chairman and honourable senators, that I would consider it part of my responsibility towards a member state to ensure that you received all possible help. But let me hasten to say that this is not altogether a disinterested offer on my part; because the I.L.O. and its other member states stand to gain appreciably from the work of your committee. When my report on older people was prepared, I found that many examples of new initiatives in this field of social policy came from Canada. Yet the fact that your committee has been set up shows that Canadians of all parties share my view that

not nearly enough is being done. Your analysis of the problems of aging and your recommendations, while they will relate to the specific circumstances of Canada, will be watched and used by other countries now also alerted to the need for a determined new development of public policy on behalf of their older citizens. Canada can, through your work, be an international pace setter in this field.

I see a special advantage in appearing at the outset of your work, because as one who can claim no special knowledge of the specifically Canadian aspects of the questions which you will consider, I believe my remarks would bear more pertinently on the general lines of approach to the subject. I believe that the problems of older people, like those of youth, are the problems of society at large. They open out on to the whole range of social problems and they can only be dealt with constructively when viewed in the light of the broader tendencies and purposes of society.

We should avoid, I suggest, a piecemeal approach which does not spring from this larger view; otherwise, there is a danger of ending up with a set of conflicting policies, some seeking to give special protection to older people, while others protect youth or other groups, and none perhaps takes adequate account of the general requirements of economic growth and the entire public interest.

Of course, older people are more vulnerable to change than other social groups. Despite the protection afforded them by reason of seniority, and despite other measures, they are more defenceless, more liable to be discarded in the ruthless march towards "progress".

Their claims on society are apt to be overlooked or to be set aside in favour of those of the younger and more active elements of the population. Their needs have not usually been put forward for urgent attention and consideration, as have those of youth, and their voice has often not made itself heard. Yet in justly recognizing these claims of the older people arising from their special vulnerability we should do so, I suggest, through policies which are fully harmonized with the broad social and economic goals of the committee as a whole; and this I would like to stress.

You have been asked to deal with one segment of social policy; but I suggest it will only prove possible to do so effectively by taking all of society as your province as the start. This means asking: what are the major trends and social conditions which are affecting the position of older people? What common purposes are the Government and people of Canada pursuing? What kind of future society are they trying to build? How can policies for aging be defined which respond to these trends and advance towards the attainment of these purposes?

In my view there are five major trends against which purposes may be more clearly seen and a policy for aging defined, and these set the framework for policy.

I would like to have a little adventure with you this morning in suggesting what these five major trends are.

The first is the changing pattern of demography. One of seven people in the North American population is sixty years of age or more. This compares with a world average of one in fourteen. The populations of Asia, Africa and Latin America are on the whole more youthful than those of more industrialized countries. But nearly everywhere the trend is towards a demographic "aging" of the population, an increasing proportion of older people.

The segment of population represented by older people is growing faster than the total population, and this is also true when you consider the total population of nonworking age—the very young as well as those past normal retirement.

The working age population is diminishing in relation to it, or, in other words, society's burden of "dependency" is increasing, and among the so-called

"dependents", that is, those who have either not yet begun to work or who have retired from work—the older group is growing proportionately to the younger.

Thus the community through use of the demographic yardstick, can foresee the numerical scope of its needs as regards aging during the decades to come; and in doing so, will realize it will probably have both to meet a demand for more employment opportunities for older people, and in other ways to provide incomes for an increasing segment of older nonworking population.

The precise numerical scope of the problem may vary from place to place; and it would be important in designing suitable policies, to get the most reliable possible measures and forecasts.

That is the first point.

The second of these trends—closely related to the first, to the demographic, but expressed in individual human terms rather than as aggregate figures—is the medical and scientific achievement which has not only prolonged life, but prolonged both the capacity and the desire of individuals for useful activity. Work has to be viewed no longer merely as a means of receiving income but as something having its own justification in the human mind and necessary to a continued healthy life. Of course, there are wide variations among individuals in this respect; and continuing research in medicine and the human sciences is required so as to yield a growing understanding of older people's social needs as individuals.

Some may need, and welcome, retirement earlier than others. This we know. Some may, on the other hand, suffer from an arbitrarily enforced "inactivity", and their suffering will be a loss in talent and a loss in capacity to the community. The findings of such research need to be translated into intelligent personnel policies by management, and into a better adaptation of the technical and physical environment of work to the changing capacities—I do not say diminishing but changing capacities—of aging individuals, through a branch of applied science which has been labelled "ergonomics".

The third point I would point to is the imperceptibly slow evolution of social and family relationships towards an increasing individualization. Here sociology can help us to understand more about how people, in the course of aging, do live and how they want to live.

One of the most important recent tendencies in the industrialized societies of the world, I believe, is the great increase in the number of married women who enter or re-enter the labour market once their home responsibilities for care of children have become reduced. In part this is attributable to a need to earn income, but in part it represents a desire for personal fulfilment through work and the new relationships this brings.

Retired people, too, and their families, are often torn between conflicting pulls, as you know—on the one hand, the desire for warm family and personal relationships through life within the family circle, and on the other the desire for privacy, independence and continuing individual activity. Different people naturally, and this is quite normal, will find happiness in different ways; and there is no general answer—there should be no general answer—which can be taken as an assumption for public policy. Our societies, which have called into being this force of individualization, and which have founded their economic and scientific progress upon it, must, in turn, be prepared to help individuals confront the problems which it presents to them. It must try to respect their choices and not impose solutions.

One thing, it seems to me, is clear in this respect; that continued participation in various types of community activity, whether volunteer or remunerative, is more important for older people than in days gone by when they were expected to, and did, pass the later years of life exclusively within the bosom of their family.

The fourth trend which, I think bears upon the problems of aging, as upon virtually all significant aspects of public policy today, is the acceleration of changes in technology and in the structure of the economy. This is changing the distribution of jobs among the different sectors of the economy and among different industries. It is changing the nature of occupations, calling for new skills and new kinds of preparation for work, and for different aptitudes. It is changing the location of jobs. These changes may be felt disproportionately by older workers.

It is widely understood and, I believe, accepted that technological progress must be pursued in the interests of the greater welfare of the community and the nation, even of the world, as a whole. Protective and restrictive policies which have the effect of putting a brake on technological progress would be self-defeating. The aim of public policy should be rather to help people adjust to change and to their new environment. This, in general terms, calls for an active labour market policy which will facilitate mobility of labour: the acquisition of needed skills, relocation, maintenance of incomes of workers during transition to new jobs, during retraining and so forth. In all these matters, the needs of older workers call for special consideration.

Finally, as a fifth point, I would include, as an essential of the framework for a policy for aging, the fact that Canada, like other countries, in order to maintain and increase its prosperity, has to sustain its economic growth and so maintain a high level of demand and of employment. Thus policies for aging should fit in with these objectives of economic policy. You are fortunate in being able to draw upon the work of the Special Committee of the Senate of Canada on Manpower and Employment—the Report of which, from an international standpoint, I found particularly stimulating, and which clearly brings out the special problems of older persons in regard to employment. It is well worth a second and third reading.

There are some apparent contradictions among these five trends I have enumerated and the purposes and policies to which they give rise.

There sometimes appears to be a contradiction between, on the one hand, the capacity of modern technology to produce more and more with proportionately less and less labour; and, on the other, the desirability of creating more jobs so as not to incur unacceptable levels of unemployment.

There appears to be a contradiction between the anticipated increase in the numbers of older people wanting jobs and the more persistent character of unemployment among this category of workers.

There appears to be contradiction between the importance for industry and workers having the most recent technological training—which is likely to be found most readily among those just out of school or college—and the need to meet desires of older people for longer and more satisfying careers.

There appears to be contradiction between the need for higher occupational and geographical mobility in the labour force and the tendency to protect older workers' jobs by application of seniority rules and so forth.

I have used the words "appear" and "apparent" about these contradictions because I believe them to be on the surface of the problem. I believe they can be resolved if we probe deeper. They are a challenge to rethink social and economic policies so as to achieve a new consistency in the light of national objectives. To do this, it is necessary to begin by asking some difficult questions.

For example, I think it is necessary to ask what, in the decades to come, will be the level of total employment required to sustain a desirable rate of economic growth, taking account of population increase. If, as seems possible, this may point to a relative decline in the economically active in relation to

the inactive population, then it is necessary to envisage how wealth—represented by the steadily expanding production, which is the basis of the calculation—will be distributed so as to support the inactive portion of the population.

Some economists, attempting to anticipate, have suggested a loosening of the link between work and income, so that a certain basic income may be guaranteed to the economically inactive population; and so that work becomes more and more regarded as a means of personal satisfaction rather than an indispensable condition of existence—something you want to do, something you are good at, rather than something you have to do.

I am not suggesting that we are all on the verge of the millennium; in fact it seems we are a long way from it. But there are some signs that a gradual change is taking place as regards, for instance, the development of social security and other public and private schemes for guaranteeing a basic income, linking it with previous earnings and with increases in the cost of living.

Some further and perhaps rather unconventional thinking in these matters might help us foresee better what the context of social and economic policy may be some years or some decades hence. In devising a policy for aging, we should, I submit, be thinking not only of those who are now old, but of those whose process of aging will take place in the different and changing conditions of the future. I think it is obvious that aging is a long-term process.

It is also, I think, indispensable though equally difficult, to attempt to foresee trends in occupations, to make a forecast of what the occupational world will be like over the next decades. What will be the distribution of jobs among the major sectors—agriculture, industry, services and so forth? Which industries are demanding more workers, and in which is employment declining? And what will be the occupational structure within industry? What kinds of skills will be needed and in what proportions?

Then, the actual character of jobs needs to be studied, to ascertain what qualities and aptitudes they require in workers; and these findings need to be matched with further research into the changing aptitudes and capacities for work that may enter into the process of aging. We should try to identify which jobs can be performed as well, or better, by older persons. Traditional assumptions in this respect are likely to be no more valid as regards older workers than they will be as regards the occupational picture as a whole.

New technology is creating opportunities as well as difficulties for the employment of older people; but it is necessary to search them out. New techniques are wiping out back-breaking labour, cutting down requirements for physical strength and stamina and generally tending to simplify work requirements of many kinds. They are also creating new types of jobs, many of which may be equally as suitable for older as for younger workers. Unless changing occupations are studied in this perspective, there is a danger that we will assume that older people are not suitable for them.

A better assessment of future occupations and of the work capacities of older people can be the basis for a broad programme of action in which public authorities, employers and unions share responsibility. Such a programme, as I see it, should provide, in the first place, an integrated approach to a specialized guidance counselling, further training and retraining for aging citizens. The integrating factor would be a concept of continuing development of the individual through his working life, building continually upon his experience, providing additional education and training opportunities throughout his career, adjusting changing individual capacity to new opportunity.

This concept would discard the old notion of abrupt, often traumatic, breaks in working life—most of all the abrupt break which comes as a result

of arbitrary dates for enforced retirement. The later working years could be used to prepare for retirement, perhaps by a gradual transfer to lighter work, perhaps by opportunities—as one eminent Canadian, Dr. Wilder Penfield, has advocated and himself practised—by taking up a “second career”. And in the years which follow retirement there would be opportunities for continuing usual activity including part-time employment and voluntary work.

So, Mr. Chairman, by force, it has been necessary for me to be general. These are the broad lines of approach which I see to the individual and human problem of aging. I do not think they can be put into effect solely by law or by administrative fiat. I think they must come through the response of the community as a whole to a heightened awareness of its own problems; and this I gather is the way you in Canada have dealt with your problems in the past. I am happy to be with you as once again you begin to confront in this creative way a problem which is not only Canada's but that of all the industrialized and economically progressive societies of the world today. I look forward with very much interest to your work. I wish you success in this very important undertaking, and I know that we in the I.L.O. will benefit from your experience.

The CHAIRMAN: Now, I realize that the senators have not seen this paper before, but in the course of hearing it some points will have come to your minds; and although Mr. Morse has a tight schedule and I may have to cut you off in order that he may get to this next appointment, the meeting is wide open for questions.

Senator HOLLETT: Mr. Chairman, may I ask if we can be sure of getting a copy of Mr. Morse's report to the I.L.O. which he mentioned during his speech?

Mr. MORSE: Yes. This report is called “Report of the Director-General Part I: Older People. Work and Retirement”, and it was used as a basis for discussion in our joint general conference in June 1962. It was based upon this world survey and the discussion that took place on it that we have been able to translate the debate into programs. It is available to your committee, if you would like it, and the arrangements can be worked out. Arthur H. Brown is the director of our office in Canada, with headquarters in Ottawa, and he can make arrangements for everything you need that we have to be available to members of the committee, and this can also be done by the Ministry of Labour.

Senator GERSHAW: Mr. Chairman, can our guest speaker tell us something about his experience as regards the advantages or disadvantages of old people living in a home by comparison with living in some institution?

Mr. MORSE: I think that is a difficult question for me to answer. There is a trend of the older people living on the more institutionalized basis in various parts of the world. My own inclination is more towards continuing family life where that is possible, and I think it is the preferable trend.

Senator BROOKS: Mr. Chairman, I wonder if Mr. Morse would give his opinion on the question of increasing more work for more people by limiting the number of hours of labour. There seems to be a very definite trend along that line.

Mr. MORSE: Yes. You know, an appearance before a committee of the Senate or a committee of Parliament is a rather unorthodox performance for the Director-General of an international organization. As a matter of fact, in my now beginning 16 years as an international official this is the first time I have accepted an invitation to appear, because I hesitate to get into problems that might be construed as interfering with the internal preoccupations of the country when they relate to more political concerns; but having said that and made that clear, personally I think that the answer to the problem resides

more in dealing with economic growth and economic development than with what seems to be the more simple conception of reducing the work week. I will just leave it at that.

Senator BROOKS: Thank you.

Senator QUART: This will probably be a simpler question. What observations would you make regarding housing for the older senior citizens in other countries? I would like to ask this particular question: How have you found that these posh retirement communities have worked out for senior citizens who have financial means and go to places like, for instance, California?

Mr. MORSE: Mr. Cox reminds me that in the report at page 80 there are some references to this particular aspect. The answer is this, that I think this idea of what you call posh places for older workers is not the solution to this particular problem.

Senator QUART: What type of housing arrangements seem to be more favourable, then for the older people? Naturally, you mentioned a preference for the home.

Mr. MORSE: Yes. I think that is the better way of living for them where that is possible.

Senator QUART: Where possible.

Mr. MORSE: Yes, where it is possible.

Mr. DAVIS (*Special Consultant*): And I suppose this calls for ancillary services in the community to make it possible to continue independently in the home?

Mr. MORSE: Quite so.

Senator FERGUSSON: Mr. Morse, you spoke about training and retraining. What success has there been in the training and retraining of people over 60 to help them to do better in the labour market?

Mr. MORSE: I think thus far this whole problem is in its more experimental phase, because there has been a tremendous resistance to it.

Senator FERGUSSON: I thought probably some other countries have done something in that direction.

Mr. MORSE: They have. There is considerable work being done. I think perhaps the Scandinavian countries offer the best example. They have now undertaken a work in this area in Belgium and France, and there is a great awareness of the need, and I think it is basic to what we are discussing. Unfortunately, there has been considerable resistance, resistance also by employer organizations and resistance in the trade union movements. That is why I think education and the elucidation of facts to illuminate these problems is so necessary if we are going to make progress with them. Similar efforts are being undertaken, as you probably know, in the United States through this new legislation which has recently been brought about.

Senator SULLIVAN: Mr. Chairman, Mr. Morse has given an excellent resume of this particular problem. I speak as a medical man, and I would like to congratulate him on his remarks. There are two or three points that I believe are worth emphasizing. He made the statement that the segment of older people is growing faster than any other segment. Then he stated that one out of seven people is 60 years of age or more. His second point was that medical and scientific achievement has had this profound effect. I was particularly pleased to hear that remark, as I am sure also was the Chairman. I draw attention to that purposely, for more reasons than one.

Have we to accept the fact that in an industrialized society fewer and fewer older people, say sixty and over, will be able to find employment, or is

there some likelihood that automation, by reducing the need for physical strength and endurance, will create wider opportunities for older people in the labour market?

Mr. MORSE: I agree with the implication of your question, Senator Sullivan, but this again is a matter of education and retraining.

Senator SULLIVAN: Yes. Thank you very much.

Senator GROSART: Mr. Chairman, I was deeply impressed with Mr. Morse's insistence on this problem being related to the larger problems of social policy. The question I would like to ask is this—do you know of any studies or any action that has been taken to move this problem of aging into the earlier productive years? To clarify that perhaps I should say this. It seems to me that one of the dangers in treating this problem is to regard people in old age as a problem only when they are out of the labour force and on their own. We have had experiments in this country during wartime guiding people along cultural lines. This is one answer. Another answer would be training people when they are young to develop some interest other than those which by and large throw people into this traumatic condition that you referred to.

It seems to me if we carry on with our civilization the way it is, with less and less emphasis on reading, on worthwhile hobbies, and worthwhile interests, that we are not going to solve this problem, and in fact it is going to become worse. Compared with older generations, there is less of these abiding interests being developed by people. I will not instance particularly television, but it is a good example of a time-consuming interest which leaves little behind it in the way of permanent values that might be made use of in later years.

May I ask, do you know of any approach in any country to the problem along this line?

Mr. MORSE: I think that one of the best reports on this particular subject that has been made—there are others—is a report by a Frenchman called Larocque, which gives the lines for action that correspond with the point of view that you have just suggested. I would think also that perhaps the best work in this area is being done in France although it is also now being done in the Scandinavian countries. I think that it is an area that we in the I.L.O. will be doing more about.

Senator GROSART: You have mentioned some interesting studies. Would it be possible for somebody on your staff to give us a brief bibliography of the available material in this area?

Mr. MORSE: Yes, certainly. We have that information and we would be glad to make it available to the chairman for the use of your committee.

Mr. DAVIS: I take it the request relates not only to your own publications—Mr. Larocque is not of the I.L.O.?

Mr. MORSE: No, that is a French publication but whatever we have in the way of bibliography, and I can assure you it is rather extended, can be provided. Mr. Cox assures me we have it available and it can be put together very easily.

Senator HOLLETT: We all realize how difficult this problem is, Mr. Chairman. I think it is one of the most difficult ever approached. But after your study, Mr. Morse, and I think you have been connected in this matter in some ways over the past 15 years, can you say positively what can be done to provide more jobs for people who have passed the age of 65? Have you found any solutions at all?

Mr. MORSE: I do not think there is any ready answer to that question, Senator Hollett. I think it is a matter of keeping at it constantly and, as I said in my statement, recognizing that the older person is a part of the social problem

of the community and has to be considered just as youth or others have got to be considered for entrance and continuation in the economic life of the community. But there is no ready answer. It is a continuing problem of life. I am sorry I cannot give you an answer; there just is not any answer. It is a question of training or retraining.

Senator BROOKS: Is the problem looked on entirely as an employment problem or are there studies made of recreational activities which would combine employment? It is a matter of taking up the time?

Mr. MORSE: Leisure time, of course.

Senator BROOKS: I do not want to mention time again.

Mr. MORSE: That is very much a part of the problem.

Senator MACDONALD (*Queens*): Mr. Chairman, I have a question to ask and I am not too sure that it is a sensible one. I am not going to make it world wide, I will confine it say to the United States and we will cut that down to a month.

Mr. Morse, how many employable people is automation turning off jobs per month? Have you got any information on that?

Mr. MORSE: Your question is a difficult one to give a measurement answer to because it is not even established as a scientific fact yet that the unemployment problem, for example, even in the United States, is due exclusively to automation. There have been statements made by various people to that effect but it has not been clearly accepted that that is the sole cause. It is a factor, of course. One of the difficulties, I think, in the present situation, even in the United States, where they have got a most complicated problem of technological change is that they do not have proper devices for measuring what we are talking about. One of the things we are trying to do in our own organization, and in Canada too, is this centre that we are creating internationally so that we can begin to find scientific methods for measuring exactly what you are talking about. All this shows how much we are at the beginning of dealing with problems in the world when you cannot give a proper answer to a question like that. Maybe one individual would be able to, but no one can give a mathematically precise answer to the question you are putting.

We know for example what the trends will be. We know, for example, that it has been estimated that by the year 2000 there will be three billion more people in the world. Therefore we know what the world picture will be. We know that between 1950 and 1975 there will be another 800 million young people coming into the world, of which approximately 600 million will enter the labour force. Let us say there will be three billion additional people by the year 2000. Two-thirds of them will be in the under developed parts of the world. There are all these estimates which are transitory and imprecise, as no one could give a precise answer.

Senator GROSART: You spoke of the danger of the arbitrary cut-off age. It seems to me that there is an anomaly here. In our Civil Service, at the federal level and the provincial level, as in most civil services throughout the world, the conclusion has been reached that this makes sense. We have it, and it is, as most honourable senators know, one of the commonest causes of personal complaint which they receive. Many civil servants say: "I have been cut off, I do not want to quit my job." Would you care, Mr. Morse, to venture an opinion as to whether there should be careful consideration given at all levels to revising this concept—a concept of convenience, obviously—of setting an age limit at which a worker is arbitrarily retired?

The CHAIRMAN: Senator Grosart, you talk of the Civil Service, but I think it would make it more pertinent if you included the business world where the same rule is applicable.

Senator GROSART: I did mean business as well, but I also spoke of an anomaly. The anomaly is that this is a Senate committee studying this problem, while measures are being brought forward by Government to provide special assistance for the people that the Government is arbitrarily removing from their jobs. The Civil Service is one aspect of it, but I would not like to lump it with the other, as this is Government action, which is quite a different thing. I would suggest that the rules of public policy as laid down by Government should be rather different from those of the market place.

Mr. MORSE: Certainly, I think it is a question which has to be examined and studied. Of course, the question of alternative careers at points of cut off needs to be considered.

I would like to say on this particular point that in my own experience, in our own international Civil Service in I.L.O., I have seen through the years the need for changing what had been considered previously as rote. We have a retirement age of 60 in our organization—it is a civil service—but it is possible for the Director General of the organization to continue people up to 65.

Very early in my own work, dealing with just this problem, I found that 60 was too early an age to cut people off. This is controverted by many people but I am giving my personal experience. In handling people myself, I found it was too early; and as a matter of policy I have extended our retirement age to 65. Also, I have done another thing. I have an arrangement whereby any person who feels, when he reaches 65, that he wants to continue and can do so, will be given preference for continued work in our organization, in various areas outside of normal civil service requirements.

I may add that I have found these people generally speaking, to be among the most productive members of our organization. That is not always the case, but is more especially so as you measure and plan the kind of work that they can digest during these later periods. I think it is a very important point and it certainly needs to be fully explored.

Senator GROSART: Do you know of any government, business, or other body where anyone has instituted an efficiency test at this age rather than at the arbitrary cut off age?

Mr. MORSE: Yes, studies have been made of this, which I do not want to mention, as I do not want to become an agent for private industry in a public statement of this kind. There are certain consulting organizations, particularly, which deal with management problems; and they have made studies of this kind which are extremely interesting. When you get the bibliography, I will be happy to add to it the names of perhaps not the private institutions which have done it but the foundations which have also been looking into it.

Senator GROSART: Would it be going too far to say that a person reaching arbitrary retirement age might well assert the right to an efficiency test?

Mr. MORSE: That, I think, is a different thing.

Senator GROSART: I would say that not all persons but aging persons generally have some rights in this field.

Mr. MORSE: Yes. That gets us into the more static consideration of the problem. From my point of view it is not a question of efficiency—it is a question of opportunities, a question of health, a question of adaptability, and so on. Of course, this is relevant to the point you are making, but I would rather not go into it.

Senator SULLIVAN: That question has been answered in the latest edition of *Time* magazine, which reports all the up to date medical news. It thinks it knows more about medicine than any medical journal. It gives the report of a

study at the University of Chicago, where the executives submitted to an intelligence test at 55 and over and their brain functioning was still adequate.

The CHAIRMAN: Honourable senators, I have said that Mr. Morse is here on a very tight schedule. Originally, he had not intended to come before the committee. He came to Canada on other business, but he found an opportunity to come before us. We have gone a little over our time and Mr. Morse has other appointments.

I should like to say on your behalf to Mr. Morse how much we appreciate his coming and the challenging and inspiring statement he made to us here. We will be able to use that statement as a foundation for the work which lies ahead of us.

Mr. Morse, it is a contribution which will be remembered and you can rest assured that, no matter what else you did in Canada, in addition to meeting the people you were so anxious to meet, we will remember this statement of yours and we thank you most heartily for it.

Mr. MORSE: Thank you, Mr. Chairman and honourable senators.

The committee adjourned.



First Session—Twenty-sixth Parliament
1963

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 2

THURSDAY, OCTOBER 24, 1963

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESS:

Professor John S. Morgan, School of Social Work,
University of Toronto.

APPENDIX

A. Canada's Population in Profile.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1963

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman

Jodoin
Lefrancois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Monday, July 29 1963:

"Pursuant to the Order of the Day, the Senate resumed the adjourned debate on the motion of the Honourable Senator Croll, seconded by the Honourable Senator Roebuck:

That a Special Committee of the Senate be appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof;

That the said Committee be composed of twenty Honourable Senators to be named later;

That the Committee have power to engage the services of technical, clerical and other personnel as may be necessary for the purpose of the inquiry;

That the Committee have power to send for persons, papers and records, to sit during sittings and adjournments of the Senate; and

That the Committee be instructed to report to the House from time to time its findings, together with such recommendations as it may see fit to make.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative.

With leave of the Senate,

The Honourable Senator Macdonald, P.C., moved seconded by the Honourable Senator Brooks, P.C.:

That the Special Committee of the Senate appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof, be composed of the Honourable Senators Blois, Brooks, Croll, Dessureault, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*), Smith (*Queens-Shelburne*) and Sullivan.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative."

J. F. MacNeill,
Clerk of the Senate.

GENERAL INFORMATION

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J. F. ...
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MINUTES OF PROCEEDINGS

THURSDAY, October 24, 1963.

Pursuant to adjournment and notice the Special Committee on Aging met this day at 10.00 a.m.

Present: The Honourable Senators Croll, *Chairman*, Blois, Fergusson, Gershaw, Grosart, Hollett, Inman, Jodoin, Lefrancois, McGrand, Pearson, Quart, Roebuck, Smith (*Queens-Shelburne*) and Smith (*Kamloops*).—15.

In attendance: Mr. R. E. G. Davis, Special Consultant.

Professor John S. Morgan, School of Social Work, University of Toronto, was heard.

Canada's Population in Profile, a chart referred to by the witness, was ordered to be printed as Appendix A to these proceedings.

At 11.45 a.m. the Committee adjourned until Thursday next, October 31st, at 10.00 a.m.

Attest.

John A. Hinds,
Assistant Chief Clerk of Committees.

MEMORANDUM FOR THE RECORD

DATE: October 24, 1952

TO: Mr. Tolson

FROM: Mr. [Name]

SUBJECT: [Subject]

Reference is made to [Subject]

The following information is being furnished to you for your information:

Very truly yours,
[Name]
[Title]

THE SENATE
SPECIAL COMMITTEE ON AGING
EVIDENCE

OTTAWA, Thursday, October 24, 1963

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*) in the Chair.

The CHAIRMAN: We have a quorum. Our witness today is Professor John Morgan of the School of Social Work, of the University of Toronto.

Professor Morgan was born in Yorkshire, England, and was educated at the Universities of Oxford and Durham. He was on the staff of the National Council of Social Service in Great Britain from 1936 to 1946. In 1946 he came to Canada and joined the staff of the School of Social Work in Toronto, where he is now Professor of Social Work. Professor Morgan has concentrated his studies particularly on social security and the administration of public welfare. He has served as consultant with several departments of the federal and provincial Governments and has been a consultant with the United Nations in a number of European countries.

The Secretary has provided you with a copy of the brief from Professor Morgan which he prepared for me sometime in August, and you have had an opportunity of reading it. Professor Morgan.

Professor John Morgan, School of Social Work, University of Toronto: Mr. Chairman, one of my troubles is that as I get older I have more difficulty in reading. So I shall have to remove my hearing aid while I read my notes, and then I shall replace it again for the questions afterwards.

I am not going to read all this brief, but I thought it might be helpful if I spoke on the main items in it. One of the problems is that I have been exploring and talking about the problems of aging in Canada for 16 years. I held an institute on this subject in Windsor 16 years ago. My problem will be to say what I have to say in a reasonable time. However, I shall do my best.

The first subject I want to talk about is the whole question of what do we mean by older people. There is a real danger, I think, that we think of them as a different kind of people. There is a danger that we will think of them as being some different kind of people in the community, and one of the points of which I think we have to keep reminding ourselves is that they are still people with the same kind of needs for food and shelter, medical care and affection, and to be regarded as being as useful in society as every other member of the community. On the other hand they also have special needs, peculiar to this age, and which are characteristic of this age group; just as children have special needs characteristic of children and adolescents have special needs characteristic of adolescence. But they are fundamentally people with many of the same needs as other people.

Now, when we talk about age, I am sure you are all aware of the problem of deciding how old is old. I am always intrigued by the fact that at 45 some people are much too old for some jobs, yet they are regarded as being rather young for membership of the cabinet. I am taking the age of 65 in these discussions simply because that is the age we have to come to use. I think all our studies go to show that it is probably wrong to set any particular age as being the mark of the aged, and certainly as medical science improves and the number of old people increase we should begin to think of older ages than 65 as representing the threshold of retirement. My university has already done that and the official retirement age is now 67. I fully expect by the time I am due to retire the age will be 70.

Now the next thing I would like to talk about is the size of the problem. I think there is a danger that we will underestimate the size and shape of Canada's problem because of our rather unusual population situation. Canada is overall a young country, but we do have the situation at this moment that the weight of dependency, the dependent groups in the population, is extremely heavy.

We have, as Mr. Morse I think pointed out last week, only 7.8 or 7.9 per cent of the people over 65. But, we also have nearly 40 per cent of people in the under 20 age group. Half the Canadian population is under 25 at this moment. This means that we have dependent groups at both ends of the population scale. If we want to keep our young people at school, in technical training and in universities, as we must if they are going to live in the technological world that is coming upon us so fast, then the remainder of the population, which is less than half the total, has to keep producing the goods and services to feed, clothe, house and educate all the others.

I thought it would be helpful here if I showed you a very crude picture. I am sure that when you get the statistical information from the D.B.S. they will draw you very much better pictures, but this is one I use with my own students. This is the 1961 census in five-year age groups. This is the group from zero to four years, then the group from five to nine years, and then from 10 to 14 years, and so on. This is for 1961. (See Appendix "A")

You will see that the significant thing here is that you have this enormous block of young people; this greatly increased number of young people. In fact, these first four lines—age groups 0-4, 5-9, 10-14, and 15-19—represent about 40 per cent of the population. In the top age group you have the older people, and you see those numbers going up in regular stages.

I discovered in August just after I had written this paper that the *Financial Post* had made some projections. I do not know anybody else who makes projections other than the British Institute of Population, and we desperately need these for Canada.

I am going to use the projections of the *Financial Post*, which are very significant, to give some measure of what it is that we are talking about. The green blocks (the 1961 Census as shown in the diagram) again show the present situation. This is the actual situation in 1961. If the *Financial Post* is right we will find that by 1971 the smallest group of the population (age groups 30-34 and 35-39) has actually shrunk. I am referring to these two little pieces here. They are actual net deficits in the age group from 30 to 40 years, which, of course, is one of the most productive earning and producing age groups in the community.

Mr. DAVIS: That is a product of the depression.

Professor MORGAN: Yes, the product of the depression.

Senator GROSART: That would be a percentage decline, and not an absolute decline?

Professor MORGAN: No, this is an absolute decline in numbers of that age group as compared with its size in 1961. That is the significant thing. That age group will actually go down by a few thousands. It certainly will not increase in proportion to the other age groups, you see. So, this is a big gap that is moving up through most age groups of the population.

Then, you get about the same increase proportionately as we have had in the last ten years—about a 36 per cent increase in the numbers of old people. That means about another 400,000 old people, or people over 65 years of age.

Then, from 1981 to 1991 there will be a very significant increase in the older age groups. Whatever the dependency age group here is, this one does not look as if it is going to shrink. This one is going to grow, so that a study of our population, it seems to me, is an important element in any examination of policies or programs with respect to old people, in terms of how we are going to keep them productively employed to help fill this gap in the age groups 30-39, and how we are going to provide them with the basic necessities of living and a decent standard of living, when we have this problem.

Those are some of the problems one sees when one makes a relatively crude analysis, and I would hope that some population expert will give you much better figures than I have been able to. I have stolen this from the front page of the *Financial Post*, but a demographer making a careful study of what is likely to happen would seem to be necessary. That is an important study and one that ought to be made, as it is being made in both Great Britain and the United States. This gives you some idea of the dimensions of the problem, and I think there is a real danger, in our very proper concern for increasing educational facilities to make sure that our young people are adequately trained to live in this changing technological world, that we should not forget the old people. They may become the forgotten people. This seems to me to be one of the most important functions of people like yourselves. You must keep remembering that we have not merely a group of people who have done useful service but people who may, indeed, still be immensely useful if we can find some way of using them.

Another thing about the population that comes out of the census is uneven distribution. The largest increases in the decade from 1951 to 1961 were in Alberta, Quebec and British Columbia, and the smallest increases were in Nova Scotia and New Brunswick. These regional trends, again, are very important as are also the differences between rural and urban areas—the changing pattern. You will see later on why I say this becomes very important. You will see it becomes very important when you look at living conditions, incomes and occupations in relation to rural and urban areas.

So much for what I think. All I can say is that we really do not know enough about the changing shape of the population, but what we do know suggests that we must give very serious consideration to this, as it were, distortion of our population structure which makes us a very young country with a very substantial and growing group of older people.

Senator ROEBUCK: Do you know why there was a loss in Nova Scotia and New Brunswick, and an increase in the west?

Professor MORGAN: These are the figures for 1951 to 1961.

Senator ROEBUCK: But why?

Professor MORGAN: I do not know. It is very hard to say why these things happen unless you have some detailed studies made. One of the possible reasons, of course, is that people move west.

Senator ROEBUCK: They have been doing that for a long time.

Professor MORGAN: But not in very large numbers that would alter the population structure—at least, I do not think so. I think it has to do with

the size of the families and the migration of groups to central Canada. They then have their families in central or western Canada. It is because of this draining out of the younger groups perhaps, although it is hard to say.

Senator SMITH (*Queens-Shelburne*): It is an economic problem in the first place that has compelled the younger groups to migrate to the United States or to this part of the country during the last decade.

Professor MORGAN: I think that that is probably true. The late Sidney Smith, who was my president, used to say to me: "You know, John, the chief export of Nova Scotia is brains".

The CHAIRMAN: Gentlemen, may I mention that we are going to have a question period after Professor Morgan has finished. Perhaps in the meantime you can make a few notes with respect to what Professor Morgan is saying.

Professor MORGAN: That is quite all right. I have finished one section.

I have tried to pick out of this total picture the things which I thought might be of special interest to this committee, and I deliberately avoided the two major areas which are already under study and discussion. One is the whole question of pensions, and the other is the whole question of the cost and distribution of medical care about which a Royal Commission is to report. I have avoided them not because I do not think they are very important. It is simply because they are both under study and public discussion at the moment, and I felt that I would be doing more useful service by concentrating on some other things which were not under study and discussion.

Now, as you heard last week, in the last 25 years particularly, this whole question of aging population has been under careful study in most of the countries of western Europe, and more recently in the United States where they had this huge conference, the White House Conference on the Aging, with a research budget of several million dollars and the attendance of several thousands of people. So, we are beginning to know a good deal about the aged in other countries, but relatively little about the aged in Canada.

I have picked out four major areas for consideration. One is the whole question of the economic status of the older person and the problems that are involved here. The second is the whole question of employment. By "employment" I would include, when we come to it, the whole range of useful occupation, whether or not paid for. The third area which I have marked down for some consideration is living conditions. And the fourth one is related to medical care in general—not to the immediate issues of how the medical care is to be provided and who is to pay for it because those are the things Justice Hall's commission has been studying, but the needs of old people.

Let me take each of those four. When you talk about the income of old people—and I am using the expression "old people" in the best possible sense, and that status is at least over the horizon for me—anybody over 65, or perhaps a little younger than that, most of whom live in the community—I think one of the worst misapprehensions which I find in the literature and in people's minds is that old people are all decrepit and in need of institutional care. That is not true. A great majority of old people are living normal lives in the community, buying their own groceries, doing their own housework, and looking after their own gardens and trying to be normal, healthy, responsible citizens. In modern society this requires an income, some kind of cash income, because in modern industrial society if you have no money you cannot live.

Surprising as it may seem, we know very little about the income of old people in Canada. We do know that on the 31st March, 1961 more than 20 per cent of them qualified for public assistance. That means they were down at the bottom level where they met a strict means test under the Old Age Assistance Act.

Mr. DAVIS: That is the group 65-69; in those five years.

Professor MORGAN: Yes, 65 to 69. The others were getting old age security of \$65. In this field I do want to draw your attention to the fact that in the United States and Great Britain some rather shocking figures have come to light which very few people had really believed until we got the figures. This is not in the paper because it came after I wrote the paper, but I will give the reference to the secretary. There is a book some of you might like to read by Michael Harrington called, "The Other America". Michael Harrington is a responsible journalist who has undertaken a review of a number of studies for the U.S. Congress, in the University of Michigan, the U.S. Department of Commerce and elsewhere; and he has worked out what he calls the "poverty level", which is based on United States' official statistics, and he estimates that if you take his poverty level—and I cannot give you the actual figures here—one half of the old people in the United States are living in poverty. He calls these the forgotten people, and says:

"... The poor are increasingly slipping out of the very experience and consciousness of the nation. . . . Many of the poor are the wrong age to be seen. A good number of them are sixty-five years of age or better," . . .

Then he says: "About half of our senior citizens in America are living in poverty."

This is corroborated by some very careful studies that have been made in Great Britain, and I have just given your secretary here the paper in which a recent study by Dorothy Cole Weddeburn, of the Department of Applied Economics in Cambridge, who has examined all of the recent studies on poverty in Great Britain. According to this study, about 44 per cent of the old people in Britain are living at or below the national assistance level, which is the basic subsistence level of their national assistance program.

Senator HOLLETT: Is that in Great Britain?

Professor MORGAN: Yes, that is in Great Britain.

Senator GROSART: What is the title of that paper?

Professor MORGAN: It is called, "Poverty in Great Britain Today. The Evidence." It is by Dorothy Cole Weddeburn, and is in the Sociological Review for November, 1962.

For our purposes, it seems clear that in the two economies that are most like ours something between 40 and 50 per cent of the population are living in poverty. This is a very shocking discovery. I suspect it is true in Canada, but we do not know.

If you ask what we mean by poverty, if you take these levels, even with the increase in the old age security it will eventually level out to an assistance level of \$75 a month. That is \$900 a year. I think that by any analysis you like to make, that constitutes poverty, to live on that.

The question is, what other means, if any; and how many of the old people have any other means? This we do not know. It becomes very important. If you have \$75 a month and you own your own home and you have some small return on a pension you are in a very different position than if you have \$75 a month and you have to rent a room in downtown Montreal or in downtown Toronto. Then it is a completely different income position, and we do desperately need to know a lot more about these differences between the urban and rural and between different regions of Canada, because the cost of living at the poverty level is markedly different in different parts of the community.

We do know that when the joint parliament committee met in 1951, as far as I recall—and I do not have the book with me—about 40 per cent or more

of the old people met the means test under the old system, which again tends to suggest these other figures are right.

We do know that the Clarke report, a study of old age security in Canada, shows that under the old age security, in the case of those who do not need old age security, it gets paid back in income tax; that only about 8 per cent, as I recall the Clarke report, actually paid back the whole of the old age security in the form of income tax; and only another 8 per cent paid any part of it back—which suggests that of the people getting old age security at least 75 per cent of them have very little means. They are not subject to income tax on that part of their income, if, indeed, they have any other means.

I believe these really very shocking figures about poverty affect the old perhaps more than anyone else. The young are poor too, but they still have a chance to recoup; while the old will settle down and become poorer.

We need to know a lot more about their total situation, about their assets, home ownership and savings, if there are any. We need to know a lot more about the situation they live in. If you have \$75 a month and you are living with relatives, it is quite different from having \$75 a month and living alone. So, we do need to know a lot more about the income structure and the economic circumstances of the aged.

The indications are—if the United States and Britain are anything to go by—that they are much worse than we think they are.

Employment Occupation: The second area I put down to talk about was employment. I have said here that older people, like all normal adults, wish to be useful members of their community. In an agricultural society—which is, after all, what Canada was two or three generations ago—an older person can and does remain a useful member of the community as long as he is fit and active and knows about farming, and can do what his physical capacities allow him to do. But in industrial employment we have retirement ages which are explicit, irrespective of the condition of the individual, and personnel practices which make it very difficult for anybody over 45 who gets out of work to get a new job.

I am sure the National Employment Service will tell you that placing people who are unemployed at 45 and over is very difficult because we have not really re-examined our total employment situation in the light of these kinds of figures, and we ought to be using this productive capacity; and for our own sake we ought to be using them; and for their sakes, because anybody who has a record of difficulty in seeking employment, or suffers continuous unemployment from the age of 45 years on is going to be a very unhappy, insecure and damaged person before he becomes 65. Twenty years of difficulty in getting employment is not a prospect that is going to be of any assistance.

Retirement itself is an absolute change. In modern times if you leave the job, you don't just leave the job itself, you also leave the company of all the people you have been working with. You are leaving your working life, your friends, and the people you play with. You are separated from all of them and this means a major readjustment, so that retirement is an area of great human need for which we haven't made really very much provision.

Now this raises the whole question of employment of older people, and the National Employment Service and special placements division, which some of you will know about, particularly the one in Toronto, have built up the counselling services under Dr. Scott for older people with considerable success, but it is nothing like widespread enough. Neither is it accessible enough. We need greatly to expand this kind of skilled help that enables a person to re-think his useful capacity and go back to work in a useful occupation. Some voluntary groups are also doing this. However the White House conference in the United

States had evidence before them three years ago that about half of the people of 65 and 70 were still at work, that the retirement age or what they called labour penetration age is about 67. In other words very large numbers of people would remain at work if they could. The British made a study of this in 1954, a Government study, as to why people remained at work over the retirement age of 65. The major reason seemed to be economic, that they just needed the money to live what they regarded as a half-decent life. I suspect this is true for a great many of them, but it is also true for many of them that simply being useful is almost as important as, if not more important than earning the income. Now what technology is going to do about this situation is hard to say. I think it is probably true, and certainly it seems that the Senate's last inquiry into manpower suggests that all of us are going to have to learn new jobs two or three times in a lifetime. If we plan it that way, if we think of it that way, it is not impossible and we ought to be able to prepare people in their fifties and sixties for new jobs which will take them into and over the sixties. But this will not happen unless we think about it. Nevertheless this kind of study of employment opportunities and retraining is important.

Then we come to what we call non-work; it is work which you do but for which you don't get paid. It seems likely that this is going to become much more important for all groups in society; it is going to become important to find useful ways of being a member of society even though you are not actually employed for wages. All the evidence is that one of the most serious characteristics of old people is loneliness. It separates them from work; they become separated from their families by movement—by families moving away, and by their older friends dying, with the result that they don't have a place in society. Therefore the question of loneliness is very important. For this reason we probably shall have to begin to think about useful occupations. I would hate to see them labelled recreation because many of them are extremely valuable contributions to society, but they are not labelled as work because no pay packet is drawn for it. This is an area where in particular private agencies might develop experiments.

So much then for the whole question of occupation whether paid or unpaid. There again I think we have a lot of unknowns, a lot of things we don't know. We ought to be making preparations for counselling for employment, for retraining for employment, and to encourage experiments in using all this experienced manpower.

Living Conditions: Now, let me take the third area and talk about living conditions. I have already said at the beginning that all the evidence is that by far the greater proportion of older people live in their own homes, and a smaller portion live with relatives, but take care of themselves. I have said here, and I want to emphasize, that it is desirable to encourage this, provided that suitable and decent homes are available within their means if they are physically and otherwise capable of living there. I say this for two reasons, at least. First of all living at home is much more satisfying to them and it provides its own opportunities for occupation and recreation. The second reason, of course, is that it avoids the necessity for providing accommodation and services at the expense of the community. For these reasons you will see that there is a double-edged value here. When you begin to look at the shelter needs of older people, you will find they are very varied. It depends on the kind of conditions they have lived in, and the kind of accommodation they really need.

There has been a lot of study of this in the United States, and a great deal more in European countries. I have seen quite a lot of the work done in Sweden, Britain and Norway and other countries. We have done very little about this in Canada. We have not given sufficient thought to the kind of accommodation that older people need.

I would say here, of course, that we really don't know how old people live. Now, in my profession, my colleagues in social work who are working particularly in urban areas, tell us that old people live in dreadful conditions, shabby, rundown rooming houses, without proper facilities, and not related to the needs of old people at all. Some of them have stairs and passages that they cannot negotiate. In fact the catalogue is quite horrifying. But they know them as cases; they know them as individual people who have to be helped. Therefore, at the level of national policy, we must look at this much more as a total need in the community, to provide the kind of accommodation suitable for people who are getting on in years, people who no longer have children, and remember that they do need to live in decent conditions. This is normal. I am now at the stage where my children have left home and I ought to change my home to something more suitable. I can do this on my income, but I could not do so if I had to live on the income most people live on. I could neither change the house I have, nor could I find anything more suitable. This is true of the middle classes and the so-called poor as well.

We do have a National Housing Act in Canada, and I was very shocked to discover that in 1961 for the whole of Canada only 579 units were authorized for elderly persons under that act. So, I inquired from a colleague of mine, who is an expert, why this was so, and he said that there are two major reasons. First of all, the matter is entirely dependent on some local initiative. Some local body has to get around and raise some money in order to claim the 90 per cent loans available under the National Housing Act. The other reason is that even when you have used all the resources of the National Housing Act in a city like Toronto, Hamilton or Montreal you have to charge between \$50 and \$55 a month for an apartment, so you immediately exclude half of the old people from making use of this facility because \$55 a month out of an income of \$65 a month is just not possible, as is clear from simple arithmetic.

This is one reason why when those apartments are built they are occupied by people who are relatively well to do—that is to say, those who have retired on pensions—and not the other half that I was talking about earlier. No doubt the housing inquiry which the Canadian Welfare Council is starting may tell us more about this.

In this connection a number of services have been developed, particularly in Great Britain and Scandinavia, with respect to which it is assumed that old people can live in their own homes with a little help. They have reached the point where they cannot quite manage to live at home without some kind of help. It may mean nothing more than somebody coming in once a week to do the heavy jobs; or somebody who will come in and do the shopping in the bad weather. These are services that help old people to remain self-independent. Amongst these are a number of services which we do know of by name in Canada, and one is the Homemaker Service which has been developed and pioneered by the Red Cross and other agencies, but which is not presently thought of as an important contribution to the needs of old people.

A great many old people could remain at home if they could have a homemaker. Many old people could remain at home if they could have the services such as are being developed in Great Britain like "Meals on Wheels". Where old people are not able to cook a hot meal that service sees to it that they are able to purchase one within their means. Another service that has turned out in Great Britain to be tremendously important is a chiropody service. If the old people are kept on their feet they stay healthy. This has become a very important feature of the old people's welfare service in Britain.

There is bedside nursing for those who are not well and who need a little care, but not hospital care. If they are living alone they cannot care for themselves.

If we can back up the people who are living in their own homes by these kinds of services a great many more of them would not need to be taken into other forms of care.

Here, again, the question of loneliness comes in. I referred to this earlier. One of the classic studies that I know of are studies made in Britain during the early 1940's by Dr. Sheldon. "The Social Medicine of Old Age". He talks about the characteristic problem of loneliness, and then he goes on to talk about why it is that so few people live with their relatives. Of course, there are many reasons, some good and some not so good. But, one of the most important reasons is that in the modern family it just is not possible any longer to take care of the older person, partly because you do not have enough space and partly because the extra burden on the housewife is just too much. If a housewife has four or five kids and a husband in a small modern home and then there is imposed upon her another generation without any extra help, and even if that older person is wanted, he or she becomes a burden that many families simply cannot carry. It is not for want of love; it is for want of resources. There is the possibility here that a homemaker service or a home visiting service will relieve the family of the additional pressure, and may make it possible for some people to remain with relatives.

Institutional Care: I have been talking about people who want to remain in their own homes, and that means a home which is theirs, although it may not be as big a home as they used to have. We now have to look at the other part of the picture, and that is institutional care. In welfare there is a long tradition of institutional care. We all know about this field which includes the provision of institutions such as private homes—the Belmont Homes in Toronto and the hospices that have been built by religious orders come to my mind as other examples. There will always be a proportion of people who cannot take care of themselves. I think myself the evidence is that this proportion is much smaller than most people think it is. Certainly the studies we made in Britain suggest that about five per cent need long term institutional care in the hospital or in a geriatric home, and perhaps another five per cent need some kind of institutional living conditions where somebody else looks after the cooking and cleaning and the housekeeping and the management, but not more. So that this other group I was talking of earlier needs a lot more attention than we have been giving.

If you turn to the institutions, of course, we have many kinds of institutions. We need homes where people can live active lives. Some of the old people's homes in Ontario are good examples of this, where the shelter and the basic services are there, but otherwise they look after themselves, take care of their own rooms, go into town, and garden, and visit their relations, but they are in a place with some nurse or some qualified person—I hope they are qualified—who can provide for them that additional protection which they need. Then from there there is the need for increasing the degrees of care, and many of these are developing. We have a growing number of municipal or county homes for the aged in Ontario. In Alberta, there is a developing system of special corporations for the provision of homes for the aged, but we are doing this in some degree every province, and these are publicly supported institutions. The residents vary from up-and-about old people to bedfast old people. This is a wide range of need, and we probably need today a lot more of that. So even if you took five per cent of the city of Toronto, where I live, I am quite sure we do not have enough institutions to take care of even five per cent of the population over 65, and there are other parts of Canada where there are none. What happens if we do not provide adequate institutional care? I think this is equally serious. You find people in hospital beds costing \$10, \$12, \$14, \$16 a day; these

hospitals are full of aged people; they have no place else to go because they are old. I think any hospital superintendent or administrator will tell you that a lot of these beds are in use by people who could be better cared for if we had other kinds of institutions for them to be in. There is a lot of experience available here. I use Great Britain as an example, because I spent six months studying the needs of the aged there in 1955. They have developed a system of what they call "half-way houses", which are related to the hospital on one side and the community on the other, so that people who are sick at home but not desperately ill and need active treatment can move into such a place and be back into the community. If they become progressively more ill they can move out of it and into the hospital. People who go into the hospitals to be treated and get better can move into a half-way house and perhaps move out into the community. This is much more economical in terms of the hospital service, but certainly much more exciting and useful for the old people themselves. I think we need to look a lot more carefully at what do we have in the form of institutional care, and what do we need; how many people in our population are so sick that they need to be in hospitals, and how many could be cared for in what might be described as half-way houses; how many of them need social institutions, but not institutions for active care; and then how many of them with help can continue to live in the community. This is a range of living conditions which it seems to me we need to think about consciously providing, if you go back to my original discovery that half of these people have no means of their own with which to provide this kind of living condition.

Health Needs: The last area I refer to here is the health needs of older people; because they do have special needs. The kinds of illnesses and the kinds of care that are appropriate for old people are somewhat different. Just as we have pediatrics for children, we now have geriatrics to service the care of older people.

There are two things I want to refer to. One, is how do we keep the maximum health; not how do we look after sick old people, but how do we provide the kinds of medical services that enable older people to stay healthy. This I suspect is an area of medical research—which I do not know much about. I do not know whether much is being done, but I suspect not very much.

An interesting study is being done by the Department of Welfare in Ontario on the characteristics of aging, where they take a sample group of persons of 45 years of age and study them as they grow older. They are going to keep records for 20 years and then we shall know a lot more about it.

The second matter I refer to, it seems to me, is tremendously important: Are we training staffs who know about the needs of old people—medical staffs, social work staffs, housing staffs, staffs in employment services, who need to know what we already know about the special needs and the special kinds of help of older people? The answer of course is that we don't know, and that we are not by and large making any deliberate or conscious effort to provide those kinds of people in the community.

The last thing I have drawn attention to here is the problem of co-ordination. An old person faced with the problem really doesn't know where to look because there is no place at which these services are known or to which they relate, whether they are public services or private services. If you happen to know about a particular institution which meets your needs you have some chance of getting it; but how do you find out about it—how do you find out whether it meets your needs? The answer of course is that if you don't happen to know you don't find out. The development of some kind of information centre or an old people's welfare committee, or a central welfare service, seems

to me to be of immense importance for two reasons. First of all, we can co-ordinate our services better so that the gaps can be filled and we do not do things twice. The second thing is to make these services available to the people who need them. I think the most dramatic example of this in Canada is in the field of rehabilitation, where the appointment of a civilian rehabilitation national co-ordinator has made a profound difference to this whole field of rehabilitation, which before was scattered over many fields of labour, health and welfare providing agencies. There is now developing across Canada much more co-ordinated rehabilitation services. There has been a great expansion of physical and medical rehabilitation services, simply because we set to work to co-ordinate.

I think, Mr. Chairman, I have covered the four things I said I would talk about: the size of the problem, the economic status of old people, the problem of occupation, the problem of housing and living conditions; and I have given a sort of footnote on medical care.

I think one of the lessons I learned as I did this, is that we desperately need in Canada today a great deal more study of some of these things, a study of the population, not the treatment of the aged, but to look at what are the implications of the kind of population statistics we were looking at earlier.

It certainly is evident to me that we have to have a long look at this question of poverty which particularly affects older people but it does affect the whole population. The need to look at our whole housing legislation to see whether it is really meeting the needs of the people for presumably it is intended. As far as I can see at the moment it is not. Then we need to look at the whole business of employment and occupation and making use of all this experience and talent which resides in the older age groups.

Mr. Chairman, I think that is as far as I should go at this point.

The CHAIRMAN: We will now have questions from members of the committee.

Senator McGRAND: Mr. Chairman, has Professor Morgan any information on the cost of living as between the rural and urban people at this poverty level?

Professor MORGAN: No, Senator McGrand, I do not have that.

Senator McGRAND: Are there any statistics on that—has there been any work done on that subject?

Professor MORGAN: There must be some figures. The Dominion Bureau of Statistics must have figures on this. They run a cost of living study for families and I think they could probably give you that information.

Mr. DAVIS: Mr. Chairman, they have not got the rural breakdown.

Professor MORGAN: I think the primary difference is in living costs. Food is liable to be just as expensive in the country as it is in the town, if you have to buy it in the country. Food and things you buy tend to be a little more expensive in the rural areas than in the urban. But rents are quite different. Of course if you live on your own land and grow your own food, as many people in rural communities do, this makes a substantial difference. I think it is probably true that \$75 in some parts of Canada goes a lot further than it does in other parts.

The CHAIRMAN: I think everybody has questions to ask, so let us give everybody to chance to ask one question and then we will come around again.

Senator GERSHAW: How would you get help for that great group of people who could get along at home if they had a little home?

Professor MORGAN: In the rural homes?

Senator GERSHAW: Where are you going to find the help?

Professor MORGAN: Do you mean who is going to provide the help?

Senator GERSHAW: I mean there is a great shortage of that kind of help.

Professor MORGAN: Yes, that is true, but on the other hand I suspect there are large reserves of those in the older age groups that we have not begun to use. The homemakers' service is developing very rapidly, and this is a public service in this province of Ontario. It is now covered by the Homemakers' Service Act, and any municipality, can, and some have developed the service, but they have not developed it very much in relation to the aged. I believe there is a large pool of unused service here but we have to mobilize it and to find some way of paying for it because the people themselves cannot.

Senator INMAN: Mr. Chairman, I am interested in these half-way houses. Professor Morgan, wouldn't that be a place where, say, women of 65 and over could do a good deal of work to help?

Professor MORGAN: I am sure it is.

Senator INMAN: With very little training, if they needed training?

Professor MORGAN: I would want to see them get some training.

Senator INMAN: Wouldn't the type of woman who calls herself a practical nurse be quite competent in work like that?

Professor MORGAN: I am sure the large number of married women whose families are now grown up would only be too happy to enter the employment market under the right conditions and right kind of training.

Senator INMAN: And it would be a field for widows to help?

Professor MORGAN: Oh, yes.

Senator FERGUSSON: Mr. Chairman, I am interested in employment. Professor Morgan, would you tell us if the retraining of older people has proved successful?

Professor MORGAN: Of which group?

Senator FERGUSSON: The retraining of older people? You speak about them being retrained. Is there anything in the way of statistics to show that such retraining has been successful?

Professor MORGAN: I have not got any information at the moment. There is an item in this morning's newspaper, a report of the American Medical Association—it is on the back page of this morning's *Globe and Mail*—saying that older people's learning capacity is at least as good as that of younger people. We are about to demolish that old myth that you cannot teach old dogs new tricks because old dogs are learning new tricks all the time. Certainly the evidence points that way. Research conducted by the American Psychological Association suggests this is true, and I am sure it is true, that older people do in fact learn new jobs in all walks of life. Winston Churchill in his sixties learned to be a great military strategist with weapons he knew nothing about in his middle-age and he was not entirely unsuccessful. I think this is one of the myths of learning that is about to be set aside. Psychological evidence is now that new methods of teaching older people have to be used—you do not teach old people the same way as you teach school children. We have to learn new methods of teaching which are appropriate to older people.

Senator ROEBUCK: Mr. Chairman, the speaker has spoken about the desirability of getting further information such as is available from the Dominion Bureau of Statistics, and although I have a flock of questions to ask, this question is directed more to the chairman, and it is this: Will the management of the Dominion Bureau of Statistics get a copy of this splendid address that we have heard so as to inform them as to what we expect of them and the services they might give in preparing statistics for us?

The CHAIRMAN: I can inform the committee that Mr. Davis, our consultant, has a working group of all the departments including statistics, labour, health

and welfare, housing. They have already met on one occasion and they are going to meet again on November 6. He is bringing them up to the point of telling them he needs certain things from them. I have not heard of any objections, but I do not think there will be any difficulty in securing that co-operation.

Senator ROEBUCK: A copy of this address should be sent to the Dominion Bureau of Statistics.

The CHAIRMAN: These people will see these minutes before the next meeting, I can assure you.

Senator QUART: Mr. Chairman, I was very interested in Professor Morgan's mention of meals on wheels. This is a W.V.S. project, is it not?

Professor MORGAN: It began as that.

Senator QUART: Yes, it was started by the Women's Voluntary Service during the war and now they have gone into this meals on wheels. As a W.V.S. person during the war here in Canada I was very interested when I was in London and I did go to Tothill, the headquarters of that organization in Great Britain. The point is don't you think, in mentioning this, that these women after all did measure up during the war as volunteers, and I think they would be perfectly willing to do so again provided they have the directive and the incentive and if they really felt it was an urgency and a necessity to do it. I think you would get a tremendous response from the volunteers of Canada properly channelled through organizations such as our national organizations.

Professor MORGAN: There is a great opportunity here for volunteer bodies to make new experimentation and incidentally they may be providing useful occupations for people who would like to have them.

Senator QUART: I think that one bridge has to be crossed and that is the attitude of volunteers versus the professional workers at the moment.

Professor MORGAN: I would agree, that one of the things the professionals have now got to learn is to make use of large numbers of volunteers.

Senator QUART: Exactly. I think that would help tremendously. Let the volunteers feel they were needed and let it be known that they are not trying to replace the professional.

Professor MORGAN: This is the key. I think that the use of volunteers is going to be an important feature of social work in the coming years, but many of these services will reach a point that the sheer weight of the service is going to need public support. It will become something like the homemakers' service in this province which is so much needed in so many places that it really becomes a utility and at this point it begins to move out of the voluntary field.

Senator QUART: Skeleton committees throughout Canada have been occupied with W.V.S. and have been kept up in case of emergency and could be busy on this.

Professor MORGAN: There is plenty of room for that.

Senator QUART: Again, to come back to the point, they have to be rather invited, let us say, into doing this, that is to say, into coming into this field, through discussions or something of that kind, to show their work is not superfluous.

Professor MORGAN: I hope they take the initiative.

Senator QUART: I hope so, too.

Senator BLOIS: How much study has there been as to the reason why workers between 60 and 65 have been laid off? We take them off automatically at 65, but a great many have been laid off between 60 and 65. Last

summer I tried to make a particular survey of this problem in different situations. I spoke to a number of industrial people as to why they were laying off at those ages and I got different answers. I wonder if a study has been made on that.

Professor MORGAN: I believe the Department of Labour did work on this about two years ago. I seem to recall a report by the Canadian Department of Labour. There was this British report, I know, in 1954, as to why people go on working—which is the other half of the problem.

There has been a lot of discussion about this and the Department of Labour have done a great deal of work on it, and I imagine they will be telling you about what they have done.

Whether they have done enough or whether the answers are satisfactory, is another question.

However, when I am told that it is the cost of pensions, as I am told by employers, and when I sit down to work out the arithmetic on it, I find that the answer is that the pension works out at .0000 something of the total payroll, I have very much difficulty in believing that that is the real reason. I am not convinced by that particular reason, nor when I am told they cannot meet the requirements of modern technology; and then they send some one over to Europe and hire another technologist to take his place. I am not convinced by what they say on that, as to how these men could be trained, as it is a curious method for people to train them. I am not sure if these are satisfactory answers that one gets.

Senator BLOIS: I found the same thing when I made inquiries, that a great many people make the excuse that now there are younger people coming along and if they do not promote them they will go somewhere else; so they say they will let so and so go at 62, and give him a small pension, and in a few years' time he will get a Government pension.

Another question which I asked was why they did not hire people at 45. I myself found here in Ottawa that people of 40 to 45 were very reliable workers. The answer was that these people need help and one cannot afford to get them. It strikes me that these are problems which need more study than has been given, as far as I know. That is why I asked those questions.

Professor MORGAN: The Department of Labour have done a great deal of work in the last two or three years on this and I suspect there is a lot more to be done, but I am sure you will wish to hear from them about what they have done.

Senator HOLLETT: I wonder if you are convinced that the national approach in this problem is better than, say, a community effort?

Professor MORGAN: I think we have to use every method. The problem is a very large one. Some things will be better done in one way than in another. I hope there will be a great deal of voluntary initiative in some things; but I do not think we are going to get very far in building these houses by relying on voluntary effort. This is a massive problem. It requires all kinds of priorities—priorities of land, priorities of housing production, priorities in the use of public funds. These cannot be left in private hands, it seems to me, as that would be unrealistic.

Senator HOLLETT: I was thinking along the lines that, if you take away the incentive to a middle aged man or a young man—the old incentive used to be of trying to provide for old age—if you take away that, I wonder what effect it would have on society over a period of years. However, that is a problem; and I do not expect you to answer that.

Professor MORGAN: I think it will be not one problem but a lot of human problems which we will have to take in terms of the different kinds of human needs.

Senator SMITH (*Kamloops*): I was very interested in the charts which the professor showed us. It was a surprise to learn that the lower age brackets and upper age brackets, containing so many dependents, came so close together. I think you told us, professor, that that bracket which was closest to be self-maintaining was between ages 30 and 40?

Professor MORGAN: The brackets that are growing are the very young and very old; the top and the bottom of the population are both growing in size. The middle group is going to remain stationary for the next 30 years, roughly speaking.

Senator SMITH (*Kamloops*): What struck me—and I wondered if there was any information available to you about it—is how self-sustaining that centre bracket is, those who come closest to being responsible for themselves.

Professor MORGAN: Of course, I am not an expert on this. It requires a demographer to give you the expert answer. However, I think there is a common sense answer—that the population between 20 and 30 years of age now, subject to the usual attrition of disease and death, which is relatively small, will go on gradually reducing in size as it moves up the age scale, so that this gap here (indicating) which is the one you were talking about, the depression children who are now in their twenties and thirties, and who will be in their thirties and forties, is being partly repaired by immigration. But the immigration of younger and of middle age groups have now had families, so you have a large dependent group continuing to grow into the population here in the under 20's, and for the next 30 or 40 years a large dependent group at the top. When these people who are now 20-30 years of age become old, we shall find a more unusual situation; we shall have relatively few old people in the year 2000—relatively few, that is, more than there are now but fewer in relation to the total population. After this goes on, there are very large numbers of middle aged and young people. What we do not know, of course, is whether this is going to happen at all. This is what the *Financial Post* says is going to happen. I do not know. As I have said, I am not an expert.

There was a time, only 10 or 15 years ago, when the experts would never have shown you a picture like this. The population chart for an industrial nation, as one used to draw it when I went to school 20 years ago, was a falling off of the population, a shrinking of the younger age groups and a very real concern about the old becoming over preponderant. It was said that in 20 years time those children would have left school and would have become members of the community and would begin to take some of the economic burdens of maintaining themselves and their families. This is the sort of thing you begin to learn when you look at the whole question.

Senator SMITH (*Kamloops*): My concern is that we have a lot of study and I realize that there are not many answers ready made for us. That is why this committee has been set up.

I am wondering if there is not an increasing responsibility for public care in connection with a group that we have. With as little as we knew about these problems, we have had it brought out that there was a class of people in the twenties and thirties who had pretty well taken care of themselves. I think that in addition to all of the increasing problems we are going to have to study, there is the fact that the attitude of that group is changing. As we provide more welfare and more security in old age, is there not a decline in the interest of that group taking care about themselves in their old age.

Professor MORGAN: I think you have two things here. This is only my judgment. One is a change in the whole structure of one's thinking.

Most people now, if they succeed in maintaining a decent standard of living and giving their children an adequate education and making some provision for their children, have just about exhausted what they feel able to do. If you look at it from the point of view of a married man, who is aged 35, he has a wife and family, to pay today's housing costs and today's food costs and today's education costs, and to make modest provision for his own old age—if he is in a reasonable upper income bracket, that just about exhausts what there is. So in terms of practical capacity I think this is shocking. I think in terms of social attitudes we are much less responsible—and this is a difficult thing to describe—partly because of the whole change in living conditions. When people lived as a family in the farm situation or in the town and they were settled, you felt your responsibility as a member of the community and as a member of the family. It was all wrapped up in the relatively static situation.

Now it has completely changed. You may work here today, Vancouver tomorrow and Val d'Or the week afterwards. Modern employment requires the young people to be very mobile, and you cannot be mobile if you have to take a three or four-generation family around with you. If you want to get on in modern employment you have to be ready to pack your bags and go 3,000 miles to the next job. Living conditions have just become more restricted, and today these things tend to make the maintenance of the next generation much more difficult. Most of us take care of our children, take care of our wives and pay our debts. This is the order we tend to think in, so there has been a loosening of the sense of responsibility for the older generation. I think this is inevitable in a modern, industrial civilization.

Senator SMITH (*Kamloops*): Mr. Chairman, the conclusion I come to from my line of thought, that I have tried to express, is that all the signals are a warning that we are faced, whether we like it or not, with an expanding need for a welfare state.

The CHAIRMAN: The chairman does not answer any questions.

Senator SMITH (*Kamloops*): Could you answer that, professor?

Professor MORGAN: I will not comment on that.

Senator GROSART: Mr. Chairman, my question is in very much the same area. It seems to me there is a gap, and my question will relate to that gap. The gap is between the problem, which is that of the senior citizens and their needs, and on the other side these suggestions that have been made here, and over and over again elsewhere, that the state should do something and that there should be organized voluntary services to do something. What I would ask is, how much stress we are putting on the very matter raised in the previous question, the responsibility in that gap—and I underline the word "responsibility"—regarding: (a) relatives; and (b) aging people themselves, having in mind that people start to age the day they are born.

To illustrate that, let me take two types of aging, starting, let us say, with marriage. One family rents an apartment. Another family, with the same income, spends the same amount of money in acquiring a house. At the terminal age we have one family with an apartment that they cannot keep up; and the other—and I am taking the low income group—already have a house. Each family has spent the same amount of money through their whole earning years on accommodation. Do we treat both these as the same problem? Do we say, "You who would not acquire a house, or would not take care of one, who did not want a garden, are going to be treated in exactly the same way as the other people"? This, of course, applies to the fact that some people do provide

for their old age and some people do not. Do we treat them exactly alike at the end? As a problem, yes. But as individual persons—and for me this is the approach to this problem that is the right one—consider someone who has for years contributed to the building up of the nation to have a reasonably secure old age. Surely, this must then relate to what they have done within their capabilities and within their income levels towards the building up of the nation?

May I then speak of relatives? You have used the phrase, “a change in social attitudes”. I agree this is taking place, but must we accept this? I would suggest this is an area where there should be some very careful study, and more than study, because the social attitude of family “A” is, “Oh, it is too much bother to look after mother”; and the social attitude for family “B” is, “Come what may, no matter what the inconveniences, no matter how many children, no matter if we do not like a mother-in-law in the house, we will look after her.” Again I say, does the state or do the voluntary organizations take precisely the same approach to the one problem as they do to the other?

My question therefore is: Do you know of any studies being made in the area of the responsibility taken by relatives and by individuals in respect of the old age of senior citizens?

Professor MORGAN: Certainly no studies in Canada, not to my knowledge. There has been a number of studies of families in the United States, particularly, and in Great Britain and elsewhere.

The fact of the matter is it is changing. Whether this is good or bad, this point really is not the question. I think the problem is much more complex than it looks. To take your own example, the modern worker may buy his own house, but if he works in the electronics industry he will probably have to sell it in five years' time and may lose money on it.

Senator GROSART: The degree of labour mobility is not of that magnitude.

Professor MORGAN: Yes, it is. I am told the average Canadian moves once every five years. There is very little difference in modern society between owning a house and renting an apartment.

Senator GROSART: With due respect, I think you are including moving from one home to another within the same community.

Professor MORGAN: It is increasing, and moving is becoming more and more frequent.

Apart from that, when you come to look at the relatives, who are the relatives? The relatives are these people, and they are already feeding, clothing, housing and educating half the population.

Senator GROSART: They have been doing that since the beginning of mankind.

Professor MORGAN: No, they have not, because there were far more here proportionate to this older age group, and far less here proportionate to this age group under 20.

This is one of the facts we have to face, and the numbers we have to maintain in the younger age group are probably greater than ever before in history. The numbers of children we have to bring up are the greatest in the history of Canada and proportionately one of the largest in the world. The numbers of older people are also greater than they have ever been, so the burden is quite different, and this is one of the things that comes out, when you look at this, that we have not really faced before.

Senator GROSART: Surely, we also have to remember that within that earning group a day's wage earns far more than it ever did, so there is a balance. We know this from a study of the G.N.P., in terms of per capita income.

I am not trying to minimize this problem: I am all for maximizing it. But I think we should approach it in realistic terms and in terms of individual responsibility, and not purely that of the state or voluntary organizations.

In that connection I want to say one further thing, and I will relate a personal experience. For three weeks now I have been advertising in the papers and going through various employment agencies to get one person in the city of Ottawa over the age 65 who will look after a house for eight hours a day. I have been doing that for three weeks and have had a minimal response, of only three people, none satisfactory.

Again, I come to the individual responsibility. We all know the problem in relation to this domestic area; you cannot get help; it is a subject of everyday jokes. Through this personal experience I have found that one of the problems is that older people are inclined to say: "I do not want to bother; I do not want to go out."

In that connection, Mr. Chairman, I would suggest—and this will be my last remark—that you might think of calling a senior officer of the National Employment service as a witness here to tell us something of these attitudes and their difficulties—because I have learned something of them during the last three weeks—in persuading some of these people to go out and earn \$1.25 and hour for five hours of work in a day.

The CHAIRMAN: Senator Grosart, we will, of course, have some of the senior officials present from the Department of Labour.

Senator SMITH (*Queens-Shelburne*): I would like to go back to the first subject that was broached by Senator McGrand. I found the statement that studies had indicated that about half of the older people were living below the so-called poverty level shocking, almost. Would you go over that again for me?

Professor MORGAN: Sure. I find it shocking too.

Senator SMITH (*Queens-Shelburne*): Would you go over it again, so I will know whether the study that was made was in the United States and whether, in your opinion, it would also apply to this country? A third question is: how do you define the poverty level?

Professor MORGAN: That is the most difficult question; it is not just one study in the United States, it is a whole group of studies, including a special study made for the United States Senate Committee on the aging, and the study made by a group of economists of the University of Michigan, and another study made by the Conference on Economic Progress, I think that is what it is called, and a further study made by a man called Caldwell. There are a whole range of them, some of them official and some academic and one or two that one would describe as relatively popular. Some of the things that these men have done I have read in the review in the *New Yorker*, which summarizes this. Dr. Galbraith, who wrote *The Affluent Society*, said that if they had a thousand dollars a year, that he would regard that as the poverty line. The CIO suggested in 1949 two thousand dollars. The Bureau of Labour Statistics in the United States have done a great deal of budgeting and examination of this, and they estimate, and this is taken from the Conference on Economic Progress, that there are 37 million people in the U.S.A. whose family income, not individual income, is between \$4,000 and \$6,000, and 2 million single people who have between \$2,000 and \$3,000 a year. The authors define deprivation as above poverty, but short of minimum requirements, and they claim that 77 million Americans, or almost half the population, live in poverty or deprivation. Now, poverty they define as a family income of less than \$3,500 a year in the United States. This is in United States dollars. Deprivation is \$4,500 a year after statistical analysis on what it costs in rent, food, clothes

and housing, so that is the sort of base line being used. I would suggest off-hand, without going through it, \$2,500 for a family, \$1,500 to \$2,000 for an individual, is about the poverty line as far as I recall the studies themselves.

Now the picture in Britain is easier because this study was made directly, and was based on the national assistance which is the means test allowance. There are 22 per cent of all old people, that is to say either in families or as individuals, but they are more likely to be individuals, who are receiving national assistance. That means they are at what they described as the poverty line, the minimum subsistence for a means test allowance. Another 6 per cent are not getting the allowance, but on the basis of all the surveys done are living on less than that. Another 16 per cent are not getting it but are known to be living at or above that level. This adds up to 44 per cent living at or below the minimum means test figure. This seems to say the very same as and to document the figures arrived at by a large number of studies by Brian Abel Smith, Richard Titmuss and Tony Hayden Lynes, who have been so shocked that they have broken into detailed analysis—they have interviewed families, collected budgets and done detailed analyses of family budgets and individual budgets. If that is the result in economies that are very like ours, I would come to the conclusion that we would find the same picture if we did the same type of studies.

Senator SMITH (*Kamloops*): This study was arrived at among urban dwellers overwhelmingly?

Professor MORGAN: Yes.

Senator SMITH (*Queens-Shelburne*): If you are going to establish a budget level that would apply in a like manner to the rural population in this country, I can only think of one rural population, in Nova Scotia, where you would have to lower that level considerably before you reach what we would consider the poverty line. Some of us are sympathetic to this. But you would have to reduce it considerably and still find that people are living below the poverty level. It seems to me the answer is to get these people out of urban centres and send them back to where their people came from.

Professor MORGAN: The fact is that at the present time 60 or more per cent of the people in Canada live in urban areas, and by 1967 eighty per cent will live in urban areas.

Senator SMITH (*Queens-Shelburne*): That is a horrible thought.

Professor MORGAN: It may be a horrible thought, but we have to live with it.

The CHAIRMAN: A question from Senator Pearson.

Senator PEARSON: I have a question; in this effort which I anticipate will be made to aid the aged people, I would define the people in three groups. First we have those up to 20 years of age who are going to school and learning. Then there is the group from 65 years of age and over who are more or less dependent on somebody, and then there is the group in between. The question is how far can we go in building up this massive assistance to aged people when there is just this one group between 25 and 40 who are struggling to get on top and maintain their children and families to bear the cost. How far can you go to get money out of their pockets to help in this matter. Is there a study being made to see how far you can go?

Professor MORGAN: There are many economists now who argue on these figures that we ought to be deliberately trying to find ways to put these costs forward on to this very large younger generation when they become earning. In other words they think we should find ways of deliberately postponing the cost of education and pensions so that this big group will bear some of the

burden. At the present time it appears that more than 50 per cent of the population are in the dependent age groups, and this is likely to be so for the next 15 or 20 years. Then the situation will change and we will have very large numbers coming into productive ages and it is felt that they ought to be able to carry part of this burden. This is a problem of economic policy, and not just a problem of the care of the aged. Some economists, of course, may take a different point of view. But some of them do think that we ought deliberately to be devising these pension schemes and financial aids to put the burden on those now leaving school. This is one of the very real questions which will have to be settled.

The CHAIRMAN: I will now throw the matter open and anyone who would like to may ask questions.

Senator McGRAND: I asked a question at the beginning and then Senator Smith followed. I am on the committee that studies land use in Canada, and I would like you to give some information as to studies that had been made of these families who do not want their senior members with them, because I am of the impression that this overcrowding is often used as an excuse rather than a real reason. Now, as you go on to this halfway house development, what studies have been made as to the costs of such a program?

Professor MORGAN: I can tell you frankly I know of no studies in Canada which have been made into the living conditions of old people which would solve this question of what is involved in living with relatives.

Senator McGRAND: I can see that these people in halfway houses can contribute a lot to their support as between the community and the hospital. A new occupation has grown up in the form of sitters that sit with children and look after a house when the people are away. They even sit at nights with sick people in hospital in cases where people are too poor to hire a nurse. Now there is an opportunity for these people to have their support continued in such a manner.

Professor MORGAN: Yes, the "Halfway Houses" I have referred to have been built into the British Health Services. Some of them are run by voluntary services such as the Red Cross, and some of them by local authorities. However, they are fitted into the health service. They are directly related to the hospital. It was in 1955 that I looked at them, and my recollection is that the cost was, roughly speaking, about half as much per diem as a hospital bed.

Senator McGRAND: You are thinking more of what we call a nursing home.

Professor MORGAN: It is a little less than a nursing home. It is not quite a nursing home. It is a protective care situation.

Senator McGRAND: Do you mean that the people who live in them do not need as much nursing as . . .

Professor MORGAN: They may need some simple nursing, but not active nursing treatment. They may begin by being in bed for a week, and then up for half a day at a time. In many cases they are on their way up.

The CHAIRMAN: Senators, I am aware that there is a caucus this morning for some groups, but I think that while we have Professor Morgan here those of us who want to remain should take advantage of him by asking questions, and those of you who want to go to the caucus—well, the caucus is called for 12 o'clock, and you still have 15 minutes left.

Senator HOLLETT: Mr. Chairman, will we be getting a copy of the graphs?

The CHAIRMAN: Yes, they will be reproduced. There are 15 minutes remaining before 12 o'clock.

Senator GROSART: Professor Morgan, I was impressed by your earlier statement to the effect that 44 per cent of those in the United Kingdom at the National Assistance level, and 50 per cent of those in the United States were

at the poverty level. Since you have mentioned figures—I must say I am confused, and I appreciate the fact that I do not quite understand, but I am sure there is nobody in this room who considers that an income of \$4,500 per annum is at the poverty or deprivation level.

Professor MORGAN: \$1,000 per annum was the figure that Dr. Galbraith used, and which everybody has discarded. It is so far below the poverty level for a family that everybody has discarded it. \$2,500 as a family income is pretty well regarded as the poverty level.

Mr. DAVIS: In the United States.

Professor MORGAN: Yes. \$2,500 to \$3,500 is regarded as poverty for a family in these studies. \$3,500 to \$4,500 per annum is labelled as being the deprivation level for a family. These figures are based on studies of costs of living and rentals and other things. The figure of \$1,000 was used, but it has now been discarded. \$2,500 to \$3,500 per annum is what they think of as being the poverty level. However, these figures apply to family incomes. They will be much less, of course, when individual incomes are considered.

Senator GROSART: Of course, we are all deprived of something we want.

Professor MORGAN: They are talking about deprivation of the necessities. The Department of Labour in the United States has a list of what they call the necessities of living—minimum shelter, minimum clothing and minimum medical care. These figures are based on dollar income figures. This is based upon a scientific study.

Senator GROSART: I cannot believe that there is much validity in the figure of \$4,500, which is \$80 a week, in having any relationship to a family being deprived of the necessities of living in the United States.

Professor MORGAN: This is the figure they have been working on. When they are talking about poverty they are talking about the bottom level. People receiving the upper incomes are not being deprived.

Senator GROSART: My guess would be that \$4,500 per annum is the average wage of the United States. It is away above the average in Canada.

Professor MORGAN: The average weekly wage in Canada is about \$84 a week—that is, in the southern area of Ontario.

Senator GROSART: That is the average weekly wage in industry?

Professor MORGAN: Yes, in the industrial areas.

Senator GROSART: Yes, but it is not the over-all average.

Professor MORGAN: This does not tell you what the family income is because many families have two or more wage earners, so the family income is likely to be \$4,000, \$5,000 or \$6,000 per annum. Of course, the chances of earning in the aged group are very low, and the incomes of the persons in that group are obviously lower than these figures.

Senator GROSART: We are in a very bad mess if these figures are realistic and we are still talking about \$75 a month.

Senator INMAN: I was interested in your remarks about keeping elderly people healthy. How would that be done?

Professor MORGAN: I think this is a matter for medical research.

The CHAIRMAN: I might mention that Dr. Sherman of the American Geriatric Society will be one of the witnesses two weeks from now.

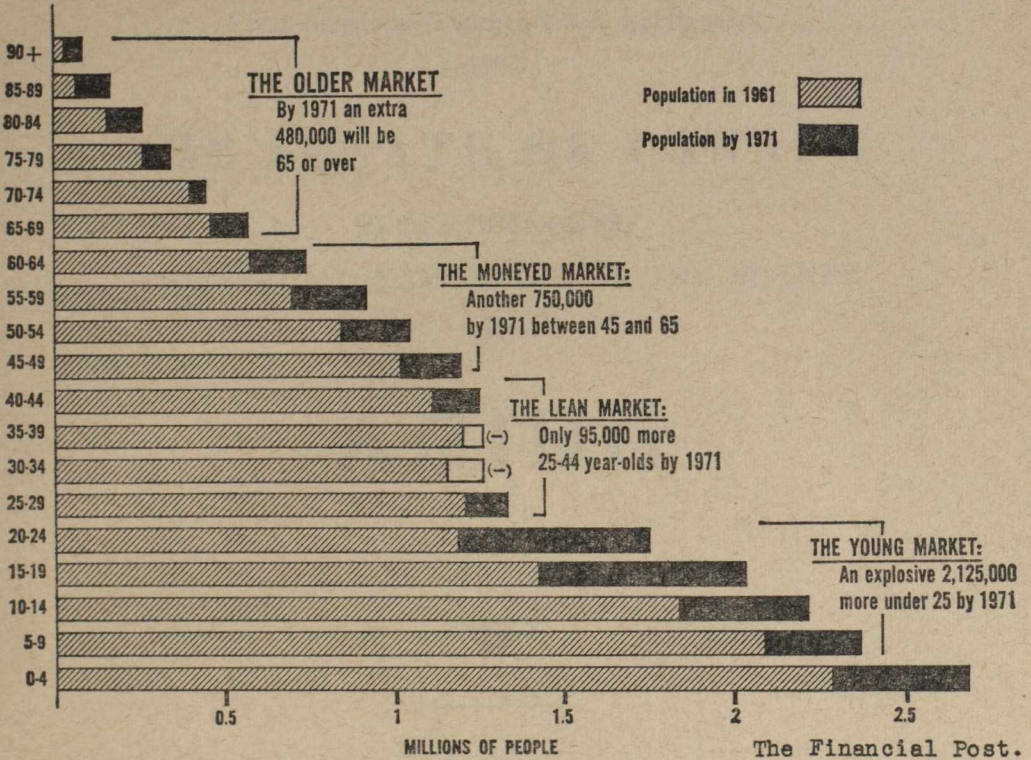
Professor MORGAN: Yes, he is an expert. I hope you will ask him about that because I think medical research can tell us a lot.

The CHAIRMAN: Before we adjourn I will tell Dr. Morgan that we have appreciated his stimulating presentation this morning, and his willingness to come down from Toronto. He has a very heavy schedule. He has today deprived the young people of his special knowledge and has come here to give it to a somewhat older group. We appreciate very much your coming here, Dr. Morgan. The Committee thanks you.

The committee adjourned.

APPENDIX A

CANADA'S POPULATION IN PROFILE



REPORT

ON THE PROGRESS OF THE WORK

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First Session—Twenty-sixth Parliament

1963

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 3

THURSDAY, OCTOBER 31, 1963

The Honourable David A. Croll, *Chairman.*

The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESS:

Mrs. Jean Good, Consultant on Aging

Toronto, Ontario.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1963

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman

Jodoin
Lefrancois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Monday, July 29, 1963:

"Pursuant to the Order of the Day, the Senate resumed the adjourned debate on the motion of the Honourable Senator Croll, seconded by the Honourable Senator Roebuck:

That a Special Committee of the Senate be appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof:

That the said Committee be composed of twenty Honourable Senators to be named later;

That the Committee have power to engage the services of technical, clerical and other personnel as may be necessary for the purpose of the inquiry;

That the Committee have power to send for persons, papers and records, to sit during sittings and adjournments of the Senate; and

That the Committee be instructed to report to the House from time to time its findings, together with such recommendations as it may see fit to make.

After debate, and—

The question being put on the motion, it was—
Resolved in the affirmative.

With leave of the Senate,

The Honourable Senator Macdonald, P.C., moved seconded by the Honourable Senator Brooks, P.C.:

That the Special Committee of the Senate appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof, be composed of the Honourable Senators Blois, Brooks, Croll, Dessureault, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*), Smith (*Queens-Shelburne*) and Sullivan.

After debate, and—

The question being put on the motion, it was—
Resolved in the affirmative."

J. F. MacNEILL,
Clerk of the Senate.

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MINUTES OF PROCEEDINGS

THURSDAY, October 31, 1963.

Pursuant to adjournment and notice the Special Committee on Aging met this day at 10.00 a.m.

Present: The Honourable Senators Croll—*Chairman*, Blois, Dessureault, Fergusson, Gershaw, Grosart, Hollett, Inman, Lefrançois, McGrand, Pearson, Quart, Roebuck, Smith (*Queens-Shelburne*), Smith (*Kamloops*) and Sullivan. 16.

In attendance: Mr. R. E. G. Davis, Special Consultant.

Mrs. Jean Good, Consultant on Aging, Toronto, Ontario, was heard.

At 11.30 a.m. the Committee adjourned until Thursday next, November 7th, at 10.00 a.m.

Attest.

John A. Hinds,
Assistant Chief Clerk of Committees.

THE SENATE
SPECIAL COMMITTEE ON AGING
EVIDENCE

OTTAWA, Thursday, October 31, 1963.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. David A. CROLL (*Chairman*) in the Chair.

The CHAIRMAN: We have a quorum, members of the committee. Our witness today, who is Mrs. Jean Good, has been working in the field of aging for about 17 years and 10 years of that was with the Toronto Welfare Council in the Division on Old Age. Mrs. Good was planning director of the first Ontario conference on aging which was held under the auspices of the extension department of the University of Toronto. Out of that grew the Ontario Society of Aging, and she was its first executive director and I was a member of her board.

I welcome her here today and recommend her to you as one who knows a very great deal about the subject.

Mrs. Jean Good, Consultant on Aging, Toronto, Ontario: Thank you, Mr. Chairman and honourable senators. I have been asked particularly to speak about community facilities and services for independent living for older people. Each of you has before you a chart which shows interlocking circles. It is provided to show the scope and inter-relatedness of the many facets of the whole life of an older person.

(For chart, see Appendix)

The titles in the circles read: Employment and retirement income; Life-long learning, spiritual growth; Opportunities for service to others, creative activities for self-expression and development; Recreation, holidays, travel; Institutions for care, treatment, rehabilitation; Home care; Counselling, assessment, referral; Living arrangements and family life.

These are not much different than the components of the life of any adult, you may think. This is precisely the point. But, for many, society has been treating adults who live a long time as though old age was a disabling disease which incapacitated people suddenly to the point that all they required was an institutional bed or a pension.

It is therefore my purpose to make three points which are relevant to the subject about which you have asked me to speak:

1. The old person is a person, not a statistic.
2. Competent senior adults who recognize the implications of longevity should be involved in the community's and nation's planning for its older people.

3. The need for appropriate community facilities and services for independent living and the problems of financing their development.

On point 1: The old person is a person, not a statistic. Aging is something which happens to you and me through the simple process of keeping breathing. Yet most of us seem to be poor judges of our own aging—the change is so gradual that we do not recognize it. In our earlier years we are busy going to school, earning a living, looking for a mate, rearing a family. Then it seems that before we know it other people begin talking and thinking that we have been around a long time, that we are too old to learn new tricks, that romance is past, that we have not a clue how to rear children, and that we should retire from our jobs. Even though we may recognize that we have passed the peak of our careers, that life is not of indefinite duration, and our parental roles are substantially completed, we get a decided shock when we learn from someone else that we are old.

Dr. Margery Fry, at 84 years of age, speaking to the Third Gerontological Congress in London put this attitude to our own aging in these words:

To most of us our age does not seem to be a part of us at all.

Yet growing old is not a new thing—it has been happening from the beginning of time, but now, in the twentieth century, we are seeing for the first time, in European and American countries, a very large proportion of the population living into what used to be referred to as “borrowed time.”

Furthermore, this increase in life expectancy occurs at a time of great technological changes, high productivity, compulsory retirement at a fixed chronological age, an inflationary economy and more and more leisure time available to large numbers of people.

Aging is a very individual thing, and our attitude to our later years is of course related to the kind of person we are and have been for the past forty, fifty or sixty years. We may be rich or poor, sick or healthy, bright or mediocre, but as an older person we each have one distinctive asset—a long experience with living. Think how many years of education study or apprenticeship have gone into the making of each of us, the skill or wisdom of forty or fifty years of experience in a trade, a business, or profession, and in bringing up the family, have been added to early training.

The old person is part of our national wealth. Discarding him is like throwing away an investment of hundreds of thousands of dollars.

We say “he, his and him” while at the same time recognizing that there are far more older women than older men. Many women are widows who in their years of family life have become experts in human relations, home nursing, hostessing, homemaking, money management. Some older people, both men and women, have developed specialties for which they are famous among their friends. Others have aptitudes that have been scarcely recognized by themselves and others. They have just been taken for granted. They need encouragement and support to use them to help themselves and others.

We hear nearly every day of new products being developed from materials which were previously wasted. Is it too much to expect that as much time and effort will be put on conserving human resources?

Evidence that some people are recognizing the old age potential is contained in the following item:

Senior Citizens Wanted in Peace Corps

which appeared in an American publication in August 1962. It reads:

Don't envy youth its opportunities. If you are thinking of retirement, and have a useable vocational skill; if you are physically fit and

have a willingness to share your skill with those living in one of the countries of Africa, the Near, Middle, or Far East, or in Latin America—then the Peace Corps would welcome your application.

Organizations which recruit volunteers for service may well follow the example of the Peace Corps and make a special plea for the help of people experienced in living.

VALUE OF RESEARCH:

Some people who have been working in the field of aging for many years and who have studied and conferred with each other have reached certain conclusions. It is interesting now to have some of them confirmed and some modified by research conducted under univervisty auspices.

From the University of Tokyo we have a study of what makes for happiness in old age. Mrs. Omachi interviewed old people in two Japanese villages and one of her findings was that the most important single factor was their faith.

INDEPENDENCE AND PRIVACY:

This idea is suggested in the findings of a piece of research done by a student of the School of Social Work, University of Toronto, in which he examines the attitudes of tenants to living in an apartment development exclusively for older people. He found that there was consistent emphasis on the pre-eminence of independence and privacy. The statement of one elderly tenant underlines this:

Being remote from friends, that is what hurts most. Going back to the apartment when I have been away, I feel I am leaving everything I have always known behind. I am sad, but I am happy to be coming to my own little place. I must now give up everything I have known to live in privacy and independence. These come first.

ADEQUATE INCOME, HEALTH, FRIENDS:

A research project designed to find out how sustaining members of the Soroptimist Clubs of the United States and Canada, a women's service organization, felt about retirement, was undertaken by Dr. Mary Laurence of the Department of Psychology, University of Toronto. A questionnaire covered facts and feelings about their former work and about retirement, data on family, living arrangements, financial considerations, etc.

The survey showed good health, economic independence, close and loving family ties and rewarding intimate friendships in retirement. They pursue an active, diversified program of hobbies and club affiliations, built up long before retirement.

One important particular in which the Soroptimists differ from the general old age population in Canada is that the respondents had no real money worries.

Another characteristic on which there has been no research, one aspect of old age which might well be the subject of research, is the need for planners to take into consideration the probability that a high proportion of people over 60 years of age have no car. This should influence at least the timing of traffic lights and the location of old people's dwellings. Many of us are pedestrians.

FORGETFULNESS:

Even some of the Soroptimists in Dr. Laurence's study admitted that at some time or other they had spells of absent-mindedness. Of course, we may

not have to move very far from where we are to find a forgetful person. Again we must remind ourselves that there are individuals who have been absent-minded all their lives. Nevertheless it is important to have some multi-disciplinary research done with respect to memory failure.

It is encouraging to note that the Allan Memorial Institute in Montreal has already started and some of us are familiar with the research on memory done by Dr. Van Zonneveld of The Netherlands. It is to be hoped that generous financial support for this research will be forthcoming.

As we grow older the responsibilities of each person as worker, parent, or spouse will lessen, but those of citizen, friend, church or club member and user of leisure time may be expanded, if he or she has the desire and capacity.

In self defence, I may say that I think there has been over-emphasis on memory in our educational system, which makes us feel, when we do become forgetful, that somehow we are failing, when actually we may have far better judgment than some people with excellent memories. I think our attitude towards memory failure has a good deal to do with progressive memory failure, our own attitude and that of other people.

Middle-aged people have a great desire to see older people and children behave in middle-aged fashion. In our middle years many of us bow to the conventions of society, fashions, manners, diplomacy, keeping up with the Joneses, in order to get ahead in our jobs, or to please our husband or wife, or to have the best seats at the ballet.

We strive to conform—and then our jobs are taken away and our income is reduced or vanishes completely. Our children marry and move away. Many of us have to make new living arrangements and try to find part-time jobs. We sell the old home and move into a cheap apartment or room, our clothes get shabby and we are unable to buy new of a quality we want. This is disturbing. We have lost our place in society. Displaced persons are often lonely persons. We have to be helped to find our place—a different one.

There are real advantages in being old, but there are obstacles to our making the contribution to life of which we are capable. One of them is that present day society marks as old many persons who are neither infirm nor of any great age. Middle-aged persons who are ill are apt to be thought of as old, if not senile, while people who are chronologically old are considered infirm, regardless of the actual state of their health.

Competent senior adults who recognize the implication of their own aging should be involved in the community's and nation's planning for its older people.

Scientific investigation has shown that learning ability declines very little between 30 and 80 years but the educational and training opportunities for senior adults are almost non-existent. Actually we do not know what kind of educational and training opportunities are needed and wanted by older people.

At present we are experimenting with this problem in a course known as "Conversations about Aging" which is being conducted at a Centre for Adult Learning in Toronto. The people who are participating are of retirement age and have had a professional career. The brochure had announced that the registrants would make their own course and so after four sessions they identified a lack in the services for older people—namely, consultation services. They agree that some sort of screening process and some instruction would be necessary. The trend of the "Conversations" is that the educational opportunity which some senior adults might use would be an on-the-job training as consultants to their contemporaries.

WORKING TOGETHER:

The problem of educating the community and the nation to realize the value of its own older members, and of educating the older people to use their longer lives in a positive way, is a basic responsibility of society.

The advantages of working together and planning together have been demonstrated in cities and some towns right across Canada, where a committee has been set up to mobilize public interest and concern regarding the old age situation. This bringing together of interested people from many walks of life to exchange information and experiences about their work dealing with older people is worth while in itself. Usually this working together has led to the assumption by the group of a number of basic responsibilities such as the following:

1. To find out what the community offers that helps to keep older people in the flow of community life.
2. To identify the factors which isolate and segregate older people.
3. To find out what the senior citizens themselves think is necessary.
4. To become an informed group with respect to principles to be observed in all aspects of aging.
5. To inform the public regarding the strengths and weaknesses of the present local situation.
6. To initiate action: (a) to encourage and support good existing services; (b) to correct faulty situations; and (c) to develop the new facilities and services which are needed.
7. To create a climate of acceptance of aging.

Family, friends and the church are probably the most important groups to many older people in their later years. This is where we should look for a climate of acceptance.

FAMILY:

How do you account for the close ties in some families no matter how far apart they may live? Can closer ties be established between members of families who have drifted apart? At a golden wedding recently, the "groom", responding to a tribute from three generations of his family, said thoughtfully:

Looking back over the years I have been thinking of the things which have been most important to me—my travels, my business associations, my writing—and I have weighted them all, and looking around the table, I know that what means most to me is you.

This statement about family ties must be true of countless thousands of senior Canadians both of high and low estate. It is encouraging therefore to know that the conference set up by His Excellency the Governor General is taking into consideration the place of the older generation in the Canadian family. Let us hope that this examination of conditions and relationships as they are may give rise to ways of life which will serve to strengthen understanding and loving family relationships, which in increasing numbers cover five generations.

Some observers feel that family ties are weakening. We do not know whether or not this is true of Canada. Recent studies of the family life of older people in London, England, and in a parish in each of three American cities, indicate very strong ties. Although not a high proportion of three or four generation families were found to be living under one roof, there was a

regular, often daily contact between the generations. A study of family relationships in a city, town and rural area in the several regions of Canada would be enlightening. Probably we should look to the churches to take the lead in this regard.

FRIENDS:

Senior adults, who in recent years have returned to their home town for the centennial celebration, have been delighted to meet many old friends, but when it was over they realized that most of them were, like themselves, visitors to the old town. Although we hear over and over again, "There are no friends like the old friends", it is a fact that the opportunities of visiting with each other grow less and less. The distances, disabling illnesses, and, so often, death, greatly reduce the social contacts of older people.

Recognition of the importance of new friends to senior adults led the Red Cross Corps in Toronto to set up a friendly visiting service. This was soon extended to the Ontario Division of the Canadian Red Cross and they prepared a handbook for friendly visiting of old people. They made available also a program and three sketches to be used in training people for friendly visiting.

Later several of the denominations prepared similar handbooks. As a result of these efforts thousands of older people in Canada have been cheered by a regular, helpful visiting friend who brings the best gift of all—herself and her time—or himself—for men are encouraged to visit men of their church or neighbourhood.

A memorable statement I read about 15 years ago in a report of the National Committee on the Aged, of Britain, said, "It is easier to raise money to build an institution for old people than it is to get one friendly visit made."

FAITH:

Earlier, I mentioned a piece of research done in Japan, which indicated that the happiest old people were those who had a faith.

I venture to say that there is a higher proportion of older Canadians who have a meaningful faith than is true of any other age group. In modern society we do not hear much about meditation, prayer, contemplation; and most people seem not to have time even to think—but how much these are needed today. Since older people have more time and more experience with faith, they may be very useful by providing "Pools of Refreshing".

The Inter-Faith Committee of the Ontario Society on Aging includes in its membership representatives of Jewish, Roman Catholic and six Protestant denominations. It has been found that the field of aging is a very easy one in which to co-operate.

COMMUNITY FACILITIES AND SERVICES FOR INDEPENDENT LIVING:

It takes a very staunch person to remain undaunted by the shocks encountered in growing old. Those who have been able to hold on to self esteem wish to play their role in the family and in the community, and in the affairs of the nation. In order to play that role, old and young and middle-aged must learn how to work together toward ensuring that certain basic needs are met. What are these basic needs?

RETIREMENT INCOME:

I think we might refer to the chart, with the circle at the top: "Employment and Retirement Income". What is needed is retirement income sufficient to provide adequate food, suitable shelter, clothing and other personal necessities on a modest but adequate basis. A study done by the Ontario Welfare Council in 1958 showed that it would require \$90 to \$95 per month to cover

that standard of living in the cities. We need to know how many Canadians over 65 are completely dependent upon public assistance. Could this be done by requiring everyone over 65 to file an income tax return? Obviously if it requires \$95 per month for a minimum adequate standard of living, \$1,000 is a too low exemption for retired persons.

Although a very high proportion of Canadians over 65 years have not taxable incomes (88 per cent in Ontario in 1956), it is possible that the other 12 per cent through their personal income taxes, the corporation taxes from corporations in which they hold the controlling interest, the hidden taxes, and the succession duties on their estates, may actually take care of a large slice of the Old Age Security payments to the 88 per cent.

EMPLOYMENT:

Satisfying jobs should be available for all senior adults who are eager and able to work—either on a full-time or part-time basis, with or without money return.

The National Employment Service made an outstanding contribution in this regard by establishing in a number of Canadian cities, a counselling service for older applicants for employment. Canada was the first state in the world to do this and has been acclaimed and copied in the United States in nearly every state of the union, and the counselling service is well and favourably known in other countries. Here in Canada I fear it may be in imminent danger of being abandoned.

In an effort to break down the discriminatory attitudes of employers and create a more favourable attitude toward older applicants for employment, the Department of Labour sent out letters to some 45,000 employers from coast to coast, describing the problem and seeking advice in minimizing it. The response to these letters was encouraging, and a considerable amount of thinking throughout Canada was stimulated to combat the poor effects of the over-all problem. Then recently a subsidy was offered to firms who hired older applicants.

PART-TIME WORK:

Full-time employment is not what many older people need. They need part-time employment—a change of pace. The situation regarding part-time or short time employment of older women has improved greatly in the past five or six years. Business concerns now realize that pension funds and seniority do not have to be taken into consideration with part-time employees. Women of 65 can be sent on a part-time or occasional basis, by commercial employment firms, into businesses which had shooed out all their own women employees at 60. My inquiries lead me to believe that applicants for part-time work are considered on the basis of personal individual qualifications rather than chronological age. This is quite cheering but somehow makes the regular hiring and retiring policies seem not very logical. Further examination might show that they are not even profitable.

SHELTERED EMPLOYMENT:

The Women's Sheltered Workshop of Toronto has been in operation since World War I and has a fine record. There are 50 to 70 older women working, at their own pace, doing household mending, knitting, quilting, making rugs, slipping strings through tags, and doing all sorts of things. They receive a modest money return for their work, car fare and a substantial noon meal; but just as importantly they have companionship and a recognition of work well done. The workers are not hurried and the person, whose work is being done, brings it and picks it up again but may not ask that it be done by a definite date. Working without pressure is important to many people—particularly the old.

As the prices charged for the work do not cover the cost of operation, the agency is United Fund supported. This sheltered workshop has the reputation of helping to keep its older workers in good physical and mental health and so the public purse is spared the expense of providing care for sick and discouraged people.

HOME-MADE ARTICLES:

Many older people have ability to produce home-made articles, garden stuff, etcetera, but do not know how to market it. Some states of the United States provide a government consultant on home products and how to sell them.

NEW PROGRAM:

The National Council of Jewish Women of Canada adopted this year a new program to develop a neighbourly service by older persons to individuals, families and organizations in the total community.

The goals of the proposed program, called A Community Senior Neighbours' Bureau, are:

1. Through such a bureau an older person either active or home-bound may offer his or her services on a part-time basis for either voluntary or paid service;
2. Through such a bureau, individuals, families and organizations may apply for part-time help;
3. Through the bureau, the interests of both the older person and the employer would be protected;
4. Through such a bureau information of many kinds, counselling and referral services could be given.

With encouragement and the co-operation of many organizations, and a substantial financial boost, this could be a worthwhile centenary project. What could be more appropriate than to recapture neighbourliness?

HOUSING:

Traditionally, in Canada, older people have lived with their children, but there has been quite a trend away from this since World War II. During the war and immediately after it, housing was so scarce for everyone that existing institutions for old people were flooded with applications. This gave authorities the impression that we needed a great deal of new institutional accommodation—homes for the aged. Doubtless we did need more institutional beds and certainly improved conditions and better care but it took us a long time to recognize that a high proportion of the old people who applied to the institutions were not in need of care and treatment but of independent living accommodation at a rate within their ability to pay. They wanted space and could look after themselves.

Institutions for old people grew up in a time when tending a wood stove in winter and carrying pails of water pumped from a well were two of the many responsibilities of old people living alone and trying to be independent. Times have changed with electrical equipment and oil heating.

The great bridge in our thinking that I think we have to build is a recognition that homes with a capital H—which are institutions—should not be confused with housing in the community designed for independent living. We are getting quite a bit of independent living accommodation in Canada but

not nearly enough to meet the shortage of it, but as the report of the Nuffield survey of old age in Britain so simply stated, "All old people do not like the same things."

However, for old people who wish to live independently the location of their living accommodation is of prime importance. It should be located in a place where shopping is easy, a bus stop for one-ticket transportation is close at hand, churches and places of entertainment nearby, no hills to climb in getting to and from the stores, and a sidewalk to walk on.

These seem simple enough stipulations, but you will be surprised to learn how many housing projects for the elderly—and here I am talking about self-contained apartments and bungalows—do not meet these requirements. I know of one that is over a mile from the shopping centre, another that is down at the bottom of a steep hill and which requires two tickets to go to the shopping centre, another is located on a highway without sidewalks on either side to go to the shopping centre.

Mr. Chairman, I raise this question: Should people who drive cars be allowed to select the sites for old people's dwellings—for pedestrians?

The importance of suitable location in cities is frequently sacrificed in favour of cheap land on the outskirts. Contrast this with the public attitude to parking lots.

A study of housing for older people which is now in progress under Canadian Welfare Council auspices may be available in a few months so I shall not deal further with low-rental, self-contained accommodation which may be built, but I must emphasize the importance of suitable location.

CLUBS, SOCIAL CENTRES AND HOLIDAY CENTRES:

It is nearly thirty years since the founding of what I believe to be the first club for older people in Canada—the Second Mile Club of Toronto has that distinction. It must have met a great need, for now there are about a hundred clubs for older people in the metropolitan Toronto area alone. They are known, as you will also know, as Senior Citizens' Clubs, Golden Age, Good Age, New Horizons. They are sponsored by recreation commissions, churches, service clubs, United Fund.

The clubs for senior adults flourish not only in most Canadian cities but also in some country places. The fact that they are not so popular in rural areas may indicate that the membership of Women's Institutes includes women of all ages.

This is as it should be, and wherever the experience and wisdom of the older members is put to good use in the Women's Institutes, clubs on an age basis in that locality may not be needed.

Most of the clubs meet once a week, but a few of them have developed into social centres open five, six or seven days a week—a home away from home. The program is not unlike that offered by Y.M.s. and Y.W.s.

Next I must speak about *care at home*. A prime requisite of independent living in a community in conjunction with housing for independent living for older people should be to make provision for help and care in emergencies and during illness. The provision of a telephone is a prime requisite in modern living and every old person should be able to get a physician when he needs one. The community should ensure the availability of services of a visiting nurse, visiting homemaker, chiropodist, night sitter, laundry service, hearing aids, glasses, dentures, prosthetic appliances, necessary drugs and a loan cupboard—provided by the Red Cross in many centres where people who need them may borrow all kinds of devices including hospital beds for use during an illness.

That, Mr. Chairman, sounds like a tall order but very few individuals need all these things, at least not all at one time, and thousands never require any of them except possibly glasses and dentures.

We are all familiar with the wonderful services rendered by the Victorian Order and St. Elizabeth nurses which benefit so many old people in Canada. In Ontario, and probably in some other provinces, there is legislative provision for payment for nursing service "at home". This legislation covers visiting homemakers too, but the shortage of homemakers is so great that many older people who could manage at home if they or their daughter or daughter-in-law had a few hours help several days a week to get meals, shop, clean up a little—just do all manner of things for which an older person has not the strength or the daughter-in-law has neither the time nor the strength. These people have to be admitted to institutions. The need of "home aides" or homemakers for the elderly is probably one of the most pressing and depressing aspects of the whole field of aging.

The Visiting Homemaker Association in Toronto carried out a three-year pilot project of home aides for old people in one district in Toronto.

They met a great need, but at the end of the three years the United Fund did not have money to continue it. So, instead of its being made Metro-wide it was withdrawn altogether.

Home aides for old people of Britain is a widespread service paid for by national funds. Holland too has a long-established service of home aides for old people. There it is a church responsibility.

I mentioned care at home, and that is slightly different from Home Care. There is a Pilot Home Care program in Toronto now in operation under the Department of Public Health. It is a co-ordinated service that offers the patient in his or her own home services usually available only in hospital. Its objective is to give selected patients, including the chronically ill, continuous care and maximum rehabilitation in their own homes.

It is recommended that the findings of the study be used to establish a permanent community-based organization to provide organized home care within the area municipalities of metropolitan Toronto. The provision of independent living accommodation and comprehensive home care would do a great deal to put institutional accommodation in a different light.

PROTECTIVE SERVICES:

Over the past several years a number of individuals have been concerned about the predicament of the older persons in the lower middle income brackets who recognize their failing ability to look after their own affairs and who do not know where to turn for trustworthy assistance. A wealthy person may put his affairs into the hands of a trust company. The individual who is eligible for public assistance turns to the local welfare department. Older people require, in many instances, not only information but skilled counselling, and this is not available in many places. So, the senior adult of failing ability is vulnerable to the bad advice of disinterested parties and to the exploitation of others. In Ontario he is eligible for the protection of the Public Trustee only if committed to a mental institution.

Let us have another look at the chart. On the left hand side there is a circle "Counselling, Assessment and Referral". Let us look at it with reference to another circle, "Institutions for Care, Treatment and Rehabilitation". It seems to me that in every community we need to have one easily accessible central place where older people can go to talk over their affairs with a senior adult counsellor, and where if a change in the type of accommodation is needed an

assessment team of a doctor, a psychologist and a social worker will evaluate the individual's health and social situation, and recommend the type of living accommodation, and the measure of service, care and treatment required.

In Toronto this type of assessment service is available through the excellent co-operation between the Jewish Community Social Service, Mount Sinai Hospital, the Jewish Home for the Aged and Baycrest Hospital.

About ten years ago a similar service was established by the Department of Veterans Affairs for the veterans of World War I, but somehow we have not yet seen how to apply this to the veterans of life in the total community. We should be able to work this out.

I wish now to make special mention of institutions for care, treatment and rehabilitation. I am not sure of the hospitalization coverage in other provinces, but in Ontario hospital insurance covers care as long as it is medically necessary in general hospitals, hospitals for chronic illnesses, convalescent hospitals, private hospitals, mental hospitals, TB sanatoria and nursing homes for chronic care. Not covered by hospital insurance are the bed-care sections of the Homes for the Aged which are under the Ontario Department of Public Welfare, and nursing homes not authorized under the Ontario Hospital Services Commission.

There are two aspects of institutional care which are bothering old people. The first is: Why does hospital insurance not cover care which may not be medically necessary but where nursing is required? The second one is: If I enter a home for the aged what will become of my financial assets? Will these assets all be taken and retained by the home?

Let us refer to the chart again, and to the centre. Right across the terms: "Fact Finding Community Planning (which is another term for working together) Communication and Social Action", should be written: "Financial Assistance". These things cannot go on without financial assistance.

Then there is the same kind of money, help and encouragement needed to educate more professional people regarding old age, and for scientific investigation.

The progress which has been made in Canada in the past 20 years through the co-operation of dedicated volunteers, a handful of professional people and senior civil servants is simply amazing, but it is time that every Canadian adult realized that we are choosing between having alert, active and constructive older people and a poor, dispirited and sick generation.

To give leadership in providing adequate community services and facilities for independent living requires money, and up to this point it has been painfully scarce.

The CHAIRMAN: Honourable senators, Mrs. Good is here to answer the questions that occur to you. Senator McGrand?

Senator McGRAND: I have two questions I would like to ask. They are short. One has reference to Japan. Can you equate the high percentage of old people in Japan who have faith in their meditation, and so on, with the high percentage of suicides?

That is one question. The other question is about your mention of the need for research into memory loss. We all know that for every dollar spent on mental health research there is, perhaps, \$100 or more spent on research into physical diseases. Have you any statistics or information as to the amount of research done in the field of psychological disabilities of the aged group? Those are the two questions I would like to ask.

Mrs. GOOD: Your first question was with respect to contemplation and suicide. I read, of course, only the old age research, and I do not know whether suicides are more common in the later years than they are in the middle years, in Japan. There is quite a high suicide rate among older people in Canada, so I do not feel that I can deal with that.

Senator SULLIVAN: May I be allowed to interject here? This might answer Senator McGrand. While I was attending a conference in Japan I was told that the suicide rate in the older group is so great that there must be some reason for it. It was stated, sort of jokingly, "Is that not because of this inherent doctrine of the whole of the Japanese people?" It is very great among the older group in Japan.

The CHAIRMAN: Thank you, Senator.

Mrs. GOOD: With respect to your question about mental health and memory failure, I think I will have to ask you to refresh my memory.

Senator McGRAND: I was mentioning research into mental health problems, and said that the amount of money spent, and the amount of research conducted, is small when compared with the amount spent on research into physical diseases. Do you have any information as to the amount of research done on the psychological disabilities of the aged?

The CHAIRMAN: Senator McGrand, our witness on December 5 will be the President of the American Geriatric Society, and I think he will be able to answer your question. That is his specialty, so please have your question ready for him.

Senator QUART: Mrs. Good, you have mentioned so many wonderful ideas, and I am interested in them all. You mentioned these projects of the National Council of Jewish Women and all these other projects. I am just a busy-body, but I am interested in all these things. You mentioned the Peace Corps, for instance, and we all know how people are always stirred up by something new. Could something be developed in these national associations whereby they called these volunteer services a Peace Corps, or some other name, to sell the idea so that the volunteers could assist in getting these things into operation, or help more?

I was interested in the remarks you made as to what makes for happiness in old age. That is one area which interests me very much, how to keep old people happy. May I take one minute to tell you about a woman, a very dear friend of mine over the years, who is financially secure. She attends university regularly, and I said to her one day, "My gracious, you must have a couple of dozen Ph.D.'s, and all that sort of thing, by now." She replied, "I would not dare write an examination, but I find companionship sitting with the others and learning."

Senator ROEBUCK: I would like to say how much I have enjoyed this address, sympathetic, almost sad in some particulars, because of the intense sympathy of the speaker with the parties who she was describing.

There was one question I was going to ask if you could elaborate at all. You spoke about institutions requiring the inmates to assign to the institution such assets as they may possess at that time. Is that a custom in all institutions?

Mrs. GOOD: This is what I do not know. It has been expressed to me by older people and their relatives, but it is not one which I have investigated. It would be very interesting to know whether this is general in any one province or in all of the provinces of Canada. I do not know the answer.

Senator ROEBUCK: I knew one institution where that was required, and I fancy it is required in a good many, and the institution itself would have a fairly good argument in favour of it, that the estate of the indigent person

should not go to relatives who do not take care of them but rather should go to the institution that does. On the other hand, it must be a tremendous deterrent to many old people who find institutional care necessary, but who gag at handing over everything they possess to the institution.

Mrs. GOOD: I think this is true, and there needs to be a statement of what the policy is, and then, if it is true that the money is in a way appropriated, whether this is a legal procedure.

The CHAIRMAN: Mrs. Good, calling on my earlier experience as Minister of Welfare many years back, in our provincial institutions it is the common thing for a person to sign over, and whoever is in charge makes an accounting if there is ever any need for an accounting. In private institutions what has been your experience?

Mrs. GOOD: I have really no more experience in the private than in the public institutions.

Senator GROSART: Mr. Chairman, on the front page of the *Globe and Mail* this morning there is a story very apropos this situation. The gist of it is that in a certain institution a complaint has been made that the extra \$10 in old age pension is being retained by the institution and not directly passed on to the old age pensioners. The situation, apparently, was that in determining the needs or, shall we say, the necessities of old age pensioners, the institution said they have to have \$10 a month pocket money, and the rest goes to contribute towards the cost of maintaining them. Now, the institution has said, You are still getting your \$10, but we are keeping the extra \$10. I am not criticizing that. I think it is quite understandable the institution feels it is a proper procedure. On the other hand, it is equally understandable that old age pensioners would object to this and feel the \$10 was due to them for pocket money.

The CHAIRMAN: I must come to the defence of the Government of Ontario in this case. The rules are a little changed, but there is a rule, and I think it is recognized—and you can correct me if I am wrong—that they allow 15 per cent of the old age pension for pocket money. It has been in effect a great number of years, and there is quite a deficit. In this instance they are giving them \$1.50 in addition to what they have, which is 15 per cent of the \$10. The statement made by the minister was that in federally controlled housing there would not be an increase, but this is a matter of provincial administration, and I think you will find this will be the situation pretty well right across the country, because I think they apply the same sort of rules, and they feel that reflects something of the proper requirements.

Senator GROSART: I am not being critical of this institution; I am merely saying this is a very obvious kind of misunderstanding. Could I just add to that, because there was a question I was going to ask? Mrs. Good, I think, referred to the study which came up with a figure of \$95 per month as the minimum adequate standard of living.

Mrs. GOOD: In 1958.

Senator GROSART: In 1958?

Mrs. GOOD: Yes.

Senator GROSART: Mr. Chairman, I would suggest this is an area which we should investigate, because we have had figures of up to \$4,500. We had from our last witness the flat rate statement that the \$1,000 a year, which had been suggested by Professor Galbraith at one time, has been thrown out the window by everybody as being completely unrealistic. Now we have a statement which suggests that everybody has not thrown this out of the window—at least, as of 1958.

The CHAIRMAN: Galbraith's book was just about that time, and a little before it Galbraith talks about that, and in the following five years the world has changed, even in relation to Galbraith's figure.

Senator GROSART: Not by this much. We had figures for the rise in the cost of living which are nothing like this. We also have a figure of \$2,000 here, which I believe was attributed to the Canadian Labour Congress. I think this is a very important matter for this committee to investigate, and I would suggest to the steering committee that some effort be made to bring here people who can discuss these things. If the committee did nothing else it would be performing a very useful service by coming up with a figure regarded by the committee as an adequate minimum standard of living.

This was a very interesting paper, as were the papers we heard of the last two meetings. However, as all of them were read here I would suggest that in future we have these papers in advance so that we can spend the time of the committee questioning the particular witness. It is very difficult, when you hear a paper like this, to sum it up. Any of us could read a paper in 10 or 15 minutes, rather than listen to the witness read it, and then I think we would get far more value out of the experience of these witnesses if we had these papers beforehand and were able to question them on their submission—that is, where a witness is giving us a prepared statement. I would respectfully suggest that, and I believe it would greatly increase the efficiency of our work.

Senator ROEBUCK: Would it not be far better to hear the paper first and then read it afterwards?

Senator GROSART: With all due respect, the difficulty is that by that time the witness is not available for questioning.

The CHAIRMAN: There are some difficulties in that connection. Most witnesses have not the necessary facilities to prepare a large number of copies, and by the time they get their notes ready and copies are prepared, time is running out. But we try to do that in each case. What I do say is that honourable senators know as much about this problem, collectively, as any individual witness who comes before us. Collectively, everybody knows something about one aspect or another: the doctor knows certain aspects of the subject; the farmer knows others, and the women know something else about it—so you can catch on pretty quickly.

Senator GROSART: I agree, but we are spending the time of 10 or 15 senators, roughly three-quarters of an hour on this aspect of it, instead of carrying out the investigation which I believe we are supposed to be doing.

Senator PEARSON: Referring to the difficulty suggested of getting prepared statements first, I remember in the Land Use Committee we had arrangements made whereby all witnesses who appeared were asked to prepare a statement and send 30 copies to the Senate. If they could not do this, they were asked to send one copy and we would get it done. All senators on the committee had a copy of the statement.

The CHAIRMAN: That is all right, but we are asking these people to prepare these for us. In fact it is not Mrs. Good's fault. It is my responsibility. She had her own written paper, and time did not allow for the making of copies. It is going to be a little difficult, but I shall discuss this with you a little later. I must be frank with you that for years and years I have sat where you sit now and papers were handed out to us as we walked into the room to read and I am afraid there were many of them I did not read. I wish I had read more of them than I did. I must tell you that.

Senator GROSART: I am not suggesting they should be made available just before the presentation. I am suggesting we should have them about a week in advance. It can be done; I have seen it done in other committees, not in this type of committee, but in business committees where it is done all the time. I very much doubt that any witness asked to come here and speak to us would object to being asked to let us have at least one copy of his presentation a week in advance. I very much doubt if we would find any objection.

Mr. DAVIS: I very much agree with the honourable senators who have spoken, but since I have the practical problems of arranging the meetings and securing the speakers I would like to point out two things; first, we are doing this at very short notice. We returned only about a month ago and we did not secure Mrs. Good's services until five days ago. We worked very hard to get the material to this house. We don't pay the witnesses; they come and give us their services free. How much can you ask of them? For example we don't have a speaker for next week. I think we have one for the week after, but we don't have one for next week. There are the problems of securing people in the first place, and there is a limit to what you can expect of them on a gratuitous basis. After Christmas when we get representations submitted by, for example, the Canadian Labour Congress, and other similar bodies then the situation will be different.

The CHAIRMAN: All right. Mrs. Fergusson, do I understand you have a question?

Senator FERGUSSON: I have one or two things in mind. Mrs. Good spoke about the opportunities for older people in the Peace Corps. Do you have any idea if there were applicants for this, or were they interested?

Mrs. GOOD: I know from the press there were applicants, and there were quite a number placed by the Peace Corps in other countries.

Senator FERGUSSON: I remember on one occasion I was at a conference on aging and someone got up and said she didn't see why we should be trying to get something for older people to do because she had just retired on her pension and was enjoying it very much.

The CHAIRMAN: I think if you were to speak to that person a year later the story would be different.

Senator FERGUSSON: I am very much interested in homemakers and home aides. I know in the V.O.N., even though the person getting the services cannot pay, a visit is made just the same. If they can pay they do. Do you know the policy on homemakers or home aides?

Mrs. GOOD: In Canada, and even in Toronto, I don't know. During the course of the project I think the services were offered to everyone who needed them.

Senator FERGUSSON: They didn't have to give it up because they had no money to pay. But do you know if they gave it up because of other reasons?

Mrs. GOOD: I don't know.

Senator INMAN: I am interested in the question of protective medical care for elderly people who are ill and who may be living in some of the units. Will there be any provision for a doctor to visit them? I have in mind cases of physical trouble, for example, kidneys or liver trouble, and something might go too far before it was discovered. That is if these people didn't know about it.

Mrs. GOOD: In the independent living units which are built under the metropolitan housing & welfare committee of Toronto the people have ready access to the nursing home section of the public institution, and an older

person who requires any care of that kind has the right to call on the services of the institution and to be returned to the housing unit after this is attended to.

Senator INMAN: That is not exactly what I was thinking of. I was wondering if there would be any routine examination of people like that, say, once a month or once every two months.

Mrs. GOOD: There isn't any that I know of anywhere. Of course the tenant has the right to call in his own physician.

Senator INMAN: Yes, but I was thinking that perhaps he wouldn't know he was not in good condition. I happen to know of one such case.

The CHAIRMAN: You mean is there provision for regular visits?

Senator INMAN: Yes, protective health care.

Mrs. GOOD: The public health nurses, I think, keep a very close check on the housing apartments.

Senator INMAN: It was just one aspect that interested me.

Senator ROEBUCK: What facilities are there for medical attention along with the nurses?

Mrs. GOOD: I would say where the public health nurse in contact with the elderly tenant saw something was required she would suggest that the tenant call his or her own physician.

Senator ROEBUCK: But supposing the money is not available to pay for it?

Senator SULLIVAN: Mr. Chairman, I would say that where a public health nurse, that is a qualified nurse, comes across a case which requires attention they get it immediately. There is a setup to cover this. I have enjoyed this discourse very much, but there is one remark I would like to make. Am I correct that in the closing part of your presentation you stated that the Ontario Hospital Plan should cover all types of care, medical and otherwise?

Mrs. GOOD: I am raising that question, but I don't know what the practice is in other parts of Canada. I would be interested to know. Some of the questions I have raised are subjects for study and investigation, and the point was made and the matter raised only because older people have raised it with me, and I do not know the answer.

The CHAIRMAN: Senator Blois, do you have a question?

Senator BLOIS: I am very much interested in the presentation we heard this morning and the various points brought forward, and I am wondering if from Mrs. Good's study of the situation she has not found that the financial assistance is the most important. I emphasize this point by mentioning that during the summer months I interviewed many older people in smaller towns. Now I realize this might not be the situation in Toronto or Montreal. But I found the problem with most of the people I interviewed seemed to centre around this point. For instance, in the church to which I belong, some time ago the system was started of arranging cars to take older people to church. I was asked to call on a few, and I called on one such person who used to be a regular attendant at church. I asked him why he could not come since we were prepared to send a car for him. He said he could not afford to get decent clothes to wear to church. Then, on the other hand, there was the case of a man who was getting a pension from my old firm. He was getting enough money to live on and said he was enjoying life more than he had since he was a boy. For that reason I wonder if perhaps financial assistance is not one of the most important matters.

Mrs. GOOD: I would agree it is one of the most important. It is essential to have enough support to maintain an adequate minimum standard of living. Otherwise such people cannot be part of the community.

Senator GERSHAW: This was a very interesting paper, Mr. Chairman. I am glad that Mrs. Good took up mention of the homemaking proposition. The Victorian Order of Nurses are planning a campaign and, if it works out well, they will likely spread all over Canada an "aid in homemaking" proposition to their professional visiting nurses. A person whom we all know is going to be head of that drive and, if it is successful, it is very likely that the two will be combined.

Senator SMITH (*Kamloops*): Like others who have spoken, I was very impressed with the whole presentation. I think of cases in our individual experiences in grasping certain problems. We were probably more impressed with some things than others.

I would like to suggest, without taking too much time, Mr. Chairman, that we should emphasize the importance of something referred to by Mrs. Good, that is, the matter of counselling services to those people. Out in our province, the Pacific coast is a harbour for those who have reached retirement and old age. It is just astounding how often we read in the papers about so and so, a retired farmer, from some place in Saskatchewan, stopping at some cheap hotel and being the victim of a robbery, losing \$6,000 in cash from his suitcase.

That was one definite case which was reported in the *Vancouver Sun* just about three weeks ago. One wonders how stupid can people be, to pack \$6,000 cash in a suitcase. It is amazing how many of these cases we read about out there. Besides being a harbour and retreat for the aging, the area is an attraction to the opportunist, the crook, the confidence person who is looking for somebody like that. There is no end to the number of ways in which their victims can lose their life's savings. I am hoping that that is one practical phase of the problem that this committee may come up with some solution to.

I am wondering if trust companies and those engaged in counselling in that particular field, could make available—as lawyers and doctors do—services on a more or less charitable basis to those who cannot pay. I think we could educate those people to dispel their fear of going to some place which is going to cost them a lot of money to get advice on these things. There is an opportunity for those who are expert in that particular field to render assistance, if it were by no other means than a prepared manual or booklet which could be made available to people who want to know what to do in connection with the handling of their worldly wealth, small as it may be, when it is needed most by them.

Mrs. GOOD: Mr. Chairman, I would like to say one thing about that. The Public Trustee in Britain has much broader powers and anyone who feels himself incompetent to manage his financial affairs may place them in the hands of the Public Trustee. He may also withdraw them when he himself feels that he is now competent to look after them.

Senator QUART: We had one gentleman from a charitable trust who gave a talk about estates, people who are exploited, etc.; and when I asked him if he would allow us to have this particular talk reproduced as a service, he said:

Just a minute, a trust company has to remain in business; we give some very broad suggestions, but I could not allow this talk I have given to a small group to be edited in any manner, as we would lose some of our good customers.

Senator GROSART: I have two questions. I wonder if Mrs. Good, from her long experience, would venture an answer to the question as to how close to an average adequate absolute minimum standard is the \$75 a month. I say an adequate average absolute minimum. The figure of \$75 has been mentioned. How close is it to that minimum?

Mrs. GOOD: I really do not know this. I think this, as you mentioned, sir, requires investigation in Canada. We do not know enough about the cost of living.

Senator GROSART: My second question is this: From your experience could you say that there is or is not a substantial number of our senior citizens who by their circumstances are denied essential medical care?

Mrs. GOOD: I do not know the relationship between their circumstances and medical care.

Senator PEARSON: I would suggest a question here. Since World War II the whole pattern of building program or living program of the people has been to leave a smaller house and to go into an apartment, a high-rise apartment. As a result, there is no room in the home for the aged person. Will this tendency of our building habits now force the state to build more and more low-rent houses for the aging people as well as for the unemployed?

Mrs. GOOD: I think it may very well be the inescapable responsibility of the state to do this. It is because of the great mobility of the whole population and it is no longer feasible for that many older people to live with their family.

Senator PEARSON: The cost of buildings nowadays is so high that a person who is in the middle income group can afford only to build for himself and his own growing family, and this forces older people out of the home.

Mrs. GOOD: I think this is a fair statement, that this is what is happening.

Senator FERGUSSON: I have one further question. Mrs. Good, you spoke about the excellent counselling done in Toronto, started by Dr. Scott.

The CHAIRMAN: It is under the National Employment Service.

Senator FERGUSSON: Yes, but Dr. Scott is in their employ and he was the person who really brought this around.

The CHAIRMAN: Yes.

Senator FERGUSSON: You spoke as if, instead of this growing, it might be lost to us and be abolished. Did you mean that?

Mrs. GOOD: Yes, I think this may be a fact. I really think that the senior counsellor has been withdrawn from the counselling service in Toronto.

Senator GROSART: Would you be in a position, from your experience, to provide the committee with a list of the agencies in your area that are actually working on this problem of senior citizens. You mentioned a number of them in your talk to us. Would you be able to give us a reasonably comprehensive list?

Mrs. GOOD: I think this information is available from the section on aging of the Social Planning Council of Metropolitan Toronto, for Metro Toronto. And for Ontario, from the Ontario Society on Aging, or the Ontario division of the Canadian Red Cross.

Senator GROSART: Mr. Chairman, may I suggest that we should get that information?

The CHAIRMAN: Yes.

Senator GROSART: That is for one area?

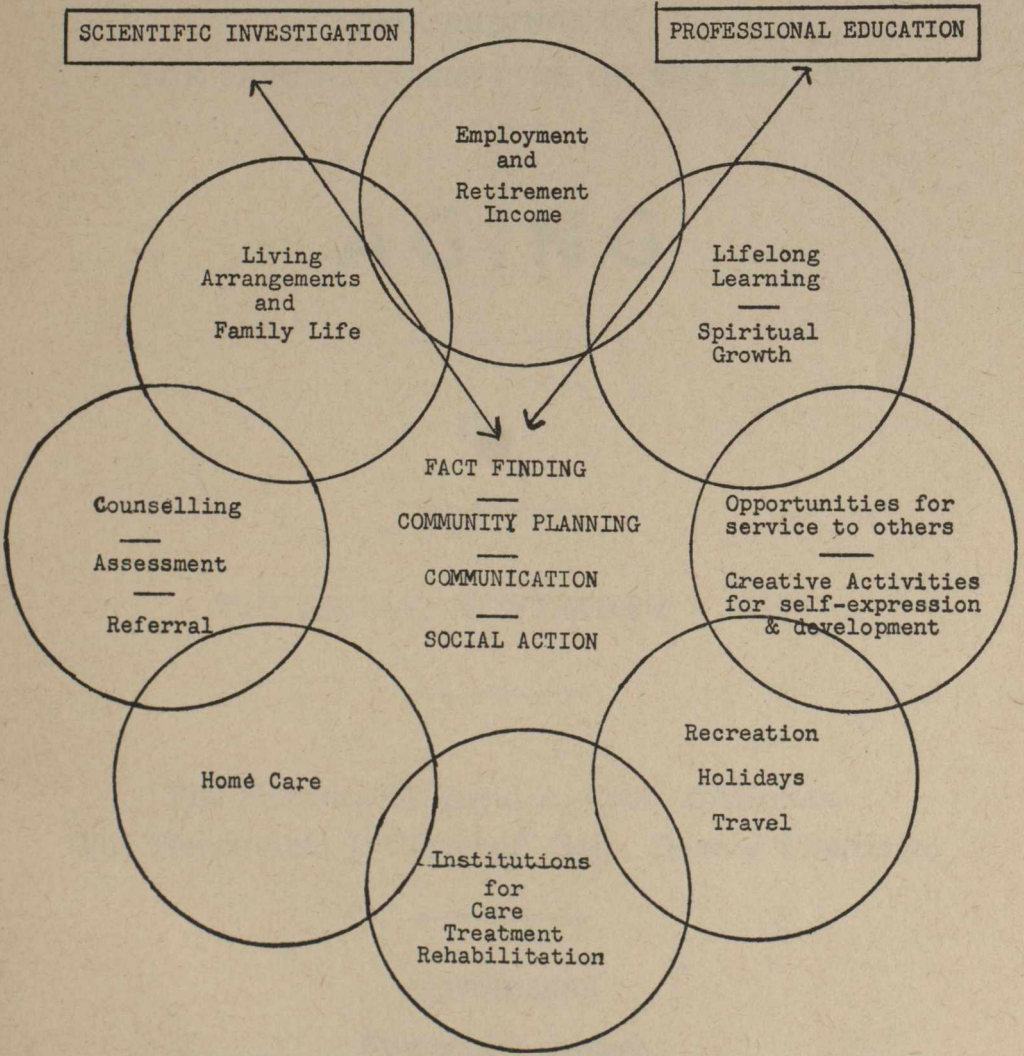
Mrs. GOOD: For one area, yes.

The CHAIRMAN: Are there any further questions? If not, let me just say this, Mrs. Good. We thank you very much for giving us the benefit of your knowledge and experience in order to help us find some solution to what is a very perplexing problem. The members of the Senate here, who are devoting themselves to this problem, thank you for coming down. We appreciate it very much.

The committee adjourned.

APPENDIX

"For age is opportunity no less
 Than youth itself, though in another dress."
 - Longfellow



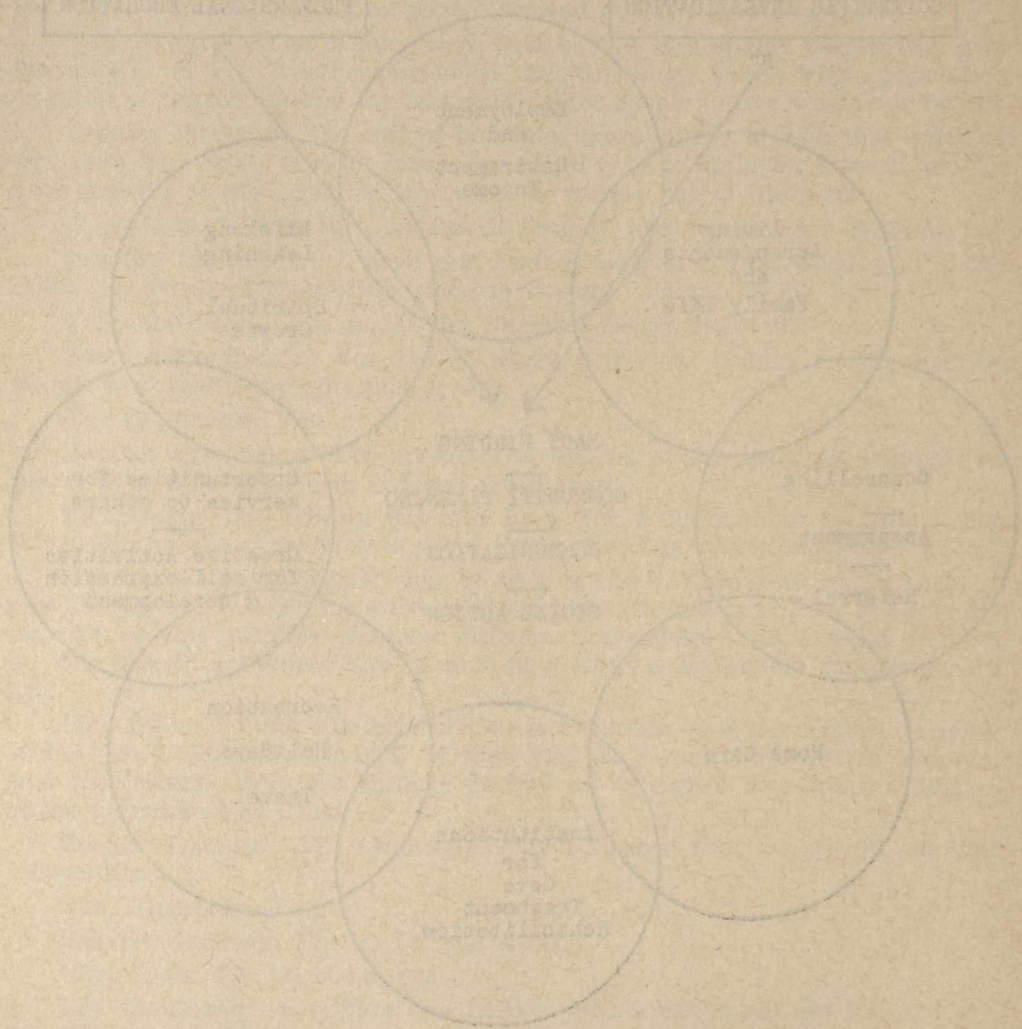
REVENUE

"For the first time in the history of the world, the world is being ruled by a few."

— W. H. Auden

THE NATIONAL BUREAU OF INVESTIGATION

INTERNAL SECURITY - R





First Session—Twenty-sixth Parliament

1963

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 4

THURSDAY, NOVEMBER 7, 1963

The Honourable David A. Croll, *Chairman*.
The Honourable J. Campbell Haig, *Deputy Chairman*.

WITNESSES

Five senior citizens.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1963

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman

Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Monday, July 29, 1963:

“Pursuant to the Order of the Day, the Senate resumed the adjourned debate on the motion of the Honourable Senator Croll, seconded by the Honourable Senator Roebuck:

That a Special Committee of the Senate be appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof:

That the said Committee be composed of twenty Honourable Senators to be named later;

That the Committee have power to engage the services of technical, clerical and other personnel as may be necessary for the purpose of the inquiry;

That the Committee have power to send for persons, papers and records, to sit during sittings and adjournments of the Senate; and

That the Committee be instructed to report to the House from time to time its findings, together with such recommendations as it may see fit to make.

After debate, and—

The question being put on the motion, it was—
Resolved in the affirmative.

With leave of the Senate,

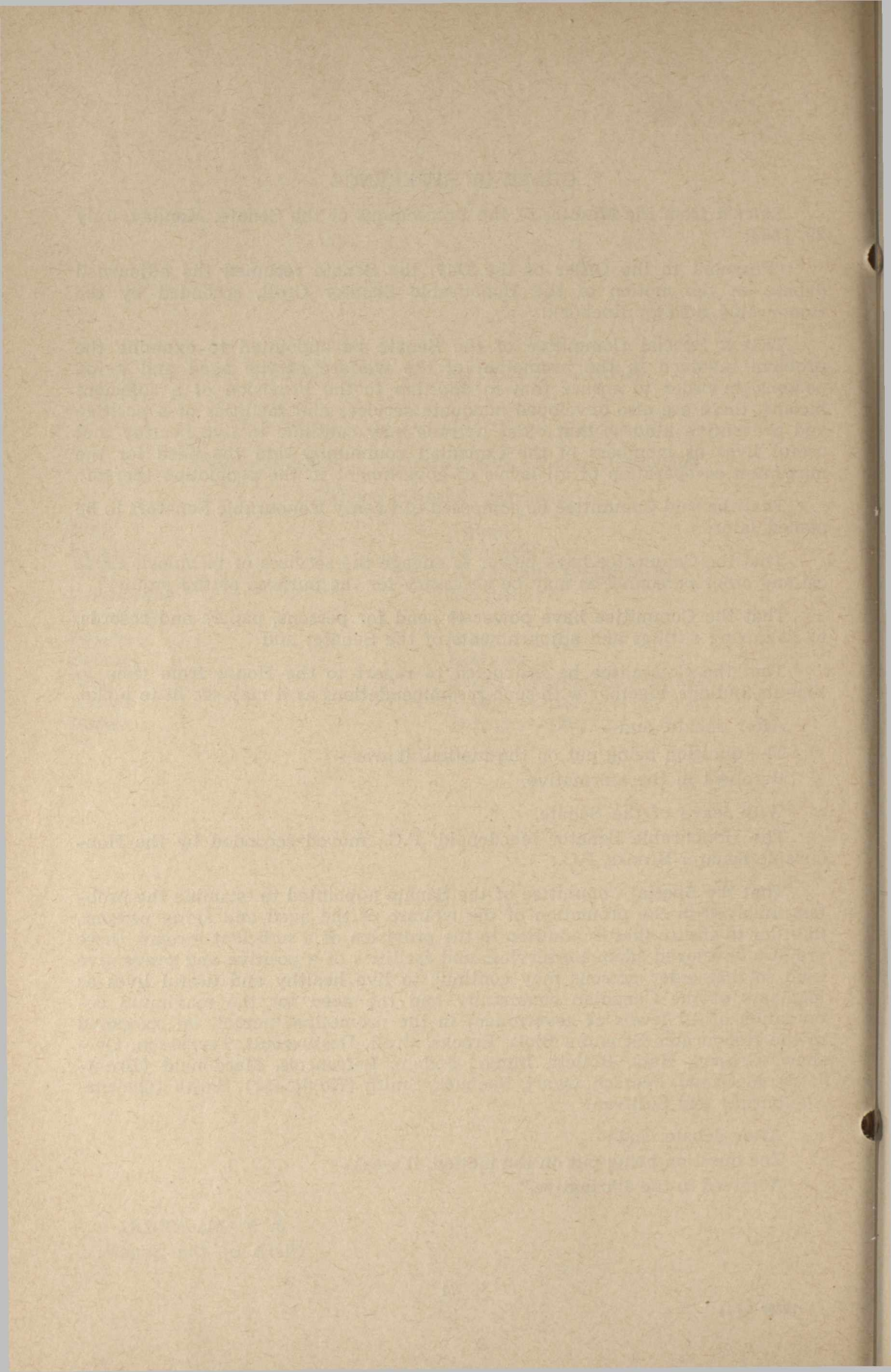
The Honourable Senator Macdonald, P.C., moved seconded by the Honourable Senator Brooks, P.C.:

That the Special Committee of the Senate appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof, be composed of the Honourable Senators Blois, Brooks, Croll, Dessureault, Fergusson, Ger-shaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*), Smith (*Queens-Shelburne*) and Sullivan.

After debate, and—

The question being put on the motion, it was—
Resolved in the affirmative.”

J. F. MacNEILL,
Clerk of the Senate.



MINUTES OF PROCEEDINGS

THURSDAY, November 7, 1963.

Pursuant to adjournment and notice the Special Committee on Aging met this day at 10.00 a.m.

Present: The Honourable Senators Croll, *Chairman*; Blois, Brooks, Dessureault, Fergusson, Gershaw, Grosart, Hollett, Inman, Jodoin, Lefrançois, McGrand, Quart and Roebuck.—(14).

In attendance: Mr. R. E. G. Davis, Special Consultant.

The following were heard:—

Miss F.

Is 78 years of age. She has never worked, but lived at home with her family and has been on her own since her mother died eleven years ago. Presently she boards in a private home but is seeking admission to the new municipal home—Island Lodge. She had polio at the age of nine months and wears leg braces. She enjoys needlework and gets out three afternoons per week to Senior Citizens' activities.

Mrs. S.

Has been a widow for seven years and is 73 years of age. She lives with a lady friend in "married couples quarters" at Ottawa, Lowren Housing. Her husband was a civil servant. She has five children, two of whom live in Ottawa. Mrs. S. is treasurer of a Senior Citizens' Association. She was an active organizer for the Progressive Conservative Party for many years.

Mr. W.

Has been a widower for ten months. He is approximately 65 years of age. He retired last March from electrical division of Defence Research Board. Mr. W. lives with an unmarried daughter (a psychologist) in a downtown apartment. He participates in activities of the Good Companions Day Centre. Mr. W. suffers from arthritis and phlebitis, but is able to get around.

Mrs. O.

Has been a widow for eight years and is 65 years of age. She is currently employed as a private housekeeper. She has worked for forty years (cleaning and housework), first to raise her family because of an invalid husband and then to keep herself. Mrs. O. has a married son, and a married daughter living in Ottawa. She emigrated to Canada in 1914 from Scotland, as an orphan with a group of children. She is active in senior citizens' clubs and is President of the Evergreen Pioneers.

Mr. B.

Worked for J. R. Booth Lumber Co. for forty years and Kemp Edwards for nine years. He retired ten years ago with no pension (at the age of 65). His only income at present is the Old Age Pension. Mr. B. lives with a married

SPECIAL COMMITTEE

son who has five children and two bedrooms. He plans to find his own room shortly. He spends six days a week at Good Companions, where he gets his lunch and dinner for a nominal sum.

At 12.15 p.m. the Committee adjourned to the call of the Chairman.

Attest.

John A. Hinds,
Assistant Chief Clerk of Committees.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, November 7, 1963.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*) in the Chair.

The CHAIRMAN: Ladies and gentlemen I will introduce those who are with us today. They are: Miss L., Mrs. S., Mr. W., Mrs. O., and Mr. B. all of Ottawa.

Those present are all members of the Senate. (Indicating members of the committee).

We have some other lady members of the Senate who will be here very shortly. They called and said they would be a few minutes late.

Our lady members of the Senate are mothers, homemakers, and they are very distinguished in their own right. They did not inherit their position but got it as a result of service to Canada, and they have all led a full life.

I can say the same with regard to the gentlemen members of the Senate, but they are not much in the way of mothers or homemakers.

Senator QUART: They are responsible for it!

The CHAIRMAN: Otherwise, we represent here all walks of life. We have two men who have been family doctors all their lives. We have other distinguished people who are publicists, businessmen, lawyers, and others who have made a great contribution to life in Canada.

The purpose of bringing you here today informally is to have you tell us just what is in your minds in order that you can help us help others. We are trying to study the question of aging, with all its problems; we know something about it because we have aged a bit ourselves, as you can see. Nevertheless, we want to know something about the problems, and we want to know about them from people who are living with those problems all the time in circumstances that are not quite the same as we face in our way of life.

After we have finished, at 12.30, the steering committee, at the request of this committee of the Senate, are asking you, of course, to have lunch with us upstairs in the New Zealand room, which is always set aside for our most distinguished citizens. Every member of the Committee cannot come because some have other commitments.

The senators are going to ask you questions. The questions they are going to ask you are going to be asked for the purpose of getting information. Suppose that each one of you tells us something about yourself—and do not talk too quickly. We shall start with you, Mrs. S.

Mrs. S.: Me?

The CHAIRMAN: Yes.

Mrs. S.: What do you want to know?

The CHAIRMAN: Tell us something about yourself.

Mrs. S.: Well, I am 73 years of age. I am the mother of five children, three boys and two girls; I am the grandmother of 21—I have 17 grandsons and four granddaughters. What else will I tell you?

The CHAIRMAN: How long have you been a widow?

Mrs. S.: Seven years.

The CHAIRMAN: What did your husband do?

Mrs. S.: He was a civil servant.

The CHAIRMAN: He was a civil servant for how many years?

Mrs. S.: From just after the First World War. He was in the corps of military staff clerks when the first war broke out and after that he was in the forces for a while, and in 1920 he became a civil servant.

The CHAIRMAN: Tell us about yourself since you became a widow. How do you live and where do you live?

Mrs. S.: Since I became a widow I lived on Sandy Hill, and I was quite near Ottawa University, so I opened my house and had about 45 to 50 young medical students come in for meals. I did that until I became 70 years of age. I had one daughter that was not married, and Margaret—I must not get sensitive. However, Margaret stayed with me and she was engaged to a young doctor, but she would not leave me, so I had to give up my house, to be on my own and to let Margaret see she had her own life to live, with the result she got married and went to live in Baltimore.

Where I live is what is called the low rent housing in Overbrook. I live on Prince Albert Street, and between Prince Albert and Queen Mary, which is the next street, there are 230 apartments. In these apartments, which are for husbands and wives, if the husband should die they would like very much if the wife could get another lady in to share the apartment. If the wife dies they do not encourage the husband to keep on the apartment alone because, as I say, there are 230 apartments, and Mr. Skuce, who is the manager or administrator of the apartments tells me they have a waiting list of as many more people waiting for these apartments.

By the way, there is another widow and myself who share this apartment. When I went there we paid between us a rent of \$47, plus our light and telephone. It is heated. What we have is one large bedroom where we have quite a bit of furniture—twin beds, two dressers—you know, good accommodation for two. We have quite a lovely sitting room with dining area to it, and a nice little kitchenette. It is just for cooking, but we have a stove, refrigerator, nice cupboards and a nice bathroom. We have a lovely garden—grounds at the back; a nice lawn at the front; and we also have a little balcony off our living room. We have downstairs a good size storage room, and we also have a washer and drier down there.

The CHAIRMAN: Mrs. S., you said "When I became seventy". What did you mean by that, when you received the old age pension?

Mrs. S.: Yes.

The CHAIRMAN: Tell us something about your income, please.

Mrs. S.: As I said, my husband was a civil servant for all these years. In the early years with the civil service the pay was not so much. However his superannuation became—when he was superannuated at sixty-five his superannuation was \$88.

The CHAIRMAN: A month?

Mrs. S.: Yes.

The CHAIRMAN: For life?

Mrs. S.: Yes. He didn't live very long to enjoy it; he died when he was seventy-two. Then I got half that when he died. Well then when I became

seventy I got the old age pension, and I still get that and still get his superannuation, but if it wasn't for the help that my family give me I couldn't do so well. Maybe I have a few luxuries that other people haven't got, because my family are very good to me and help me in lots of little ways.

The CHAIRMAN: You had how many children?

Mrs. S.: Five.

The CHAIRMAN: Here?

Mrs. S.: No, not all here. I have one in British Columbia, in Chilliwack. I have another in New Brunswick.

The CHAIRMAN: Any in Ottawa?

Mrs. S.: Yes, I have a daughter and son here now. My daughter was down east for 11 years but she is home now.

The CHAIRMAN: Why don't you go and live with one of your children?

Mrs. S.: I didn't want to; I felt that as long as I was able and God gave me the strength to look after myself, that was up to me. I felt too that if I had only one room somewhere I would like to know I could go and visit them but not to be a burden to anybody. Although each of them will say "Mother, why don't you come with us?", I don't go. I do go and enjoy a visit with them, but I am glad to come back home. As I say, I was seventy-three last August and I feel I have a good life.

The CHAIRMAN: You have an income I believe of \$44 a month plus your old age pension of \$65—now that is \$75?

Mrs. S.: Yes.

The CHAIRMAN: That is your income?

Mrs. S.: Yes.

The CHAIRMAN: And you said you had a few luxuries?

Mrs. S.: Yes, from my family.

The CHAIRMAN: The family are ready to help whenever it is needed?

Mrs. S.: I don't need to ask. This one will send a letter and there will be maybe \$5 or \$10 in it. Another will send a letter with a cheque for \$10 in it. I never ask for anything and they never ask if I need anything, they just send it to me.

The CHAIRMAN: How has your health been?

Mrs. S.: Well, that is another blessing. As you all know the civil servants had an insurance come out July 1, 1960, and they sent me the papers to see if I would like to join this insurance. I joined it and the charge is just kept off my superannuation. That was in 1960, and today I have had one \$5 doctor bill. I think that speaks for itself. I have arthritis in my knees, but that is old age. Outside of that I have lots to be thankful for in my health.

Senator GROSART: From what part of Scotland did you get your beautiful tongue?

Mrs. S.: From Glasgow. I have been here 52 years.

Senator GROSART: How did you manage to keep it?

Mrs. S.: I don't know; my husband was from Edinburgh, and maybe between us we managed it. Some people ask me if I am Irish and I don't know if they are insulting me or not.

Senator GROSART: I was born in Ireland.

Senator QUART: I was much concerned when you mentioned grandchildren.

Mrs. S.: I know you have grandchildren too.

Senator QUART: I have twenty-three.

Mrs. S.: Don't you remember me, Mrs. Quart? I was with Miss Jensen when we went on that inquiry.

Senator QUART: Yes, I remember you.

Senator GROSART: Mrs. S. is not sailing under any false colours. You have been an active organizer for the P.C. party.

Mrs. S.: I used to work quite a lot for the Conservative party.

Senator GROSART: You are also president of a senior citizens' association?

Mrs. S.: Yes, we have been only four in the group, and we are hardly under way as yet. We had a meeting where we had this election of officers, and then we gave two little functions the following week. One was a little tea in the afternoon on Friday. Incidentally there is something else I didn't tell you about here. I think I am doing all the talking.

The CHAIRMAN: You just go on and talk.

Mrs. S.: I gave this little tea on a Friday afternoon and I left on the Sunday for Burlington to see my youngest daughter to spend a week, and I came back nearly five weeks after. When I came back they organized a little card party last night. We are having another little tea next Friday. I want to tell you about the association in Overbrook. I don't know if any of you gentlemen or ladies know, but about last spring, the 1st of May, there was what is called the Queen Mary Court, it is an apartment building built in Overbrook. It is quite near to where I live, and they have senior citizens bachelors. There are 110 apartments in there and again Mr. Skuce is the administrator, and he told me and showed me the list and there are 125 people who are waiting for rooms there.

Senator BROOKS: How do you make the selection?

Mrs. S.: For these apartments?

Senator BROOKS: Yes, there are 125 waiting. Do you have a preferred list?

Mrs. S.: This is in the office, and I couldn't answer that truthfully. But I think the preference really is the person most needing the apartment. But anyway in these apartments there are, as I say, 110 apartments. There are 104 women and six men. It is a very lovely apartment building, as I said. It is called Queen Mary Court, and it is on a little street between Prince Albert and Queen Mary, called Bernard Street. There is a most beautiful lounge for them to sit in, where they can pass the time. It is very comfortable. There is wall-to-wall carpeting all through the halls. On the ground floor they have this lovely club room, and that is where we meet. They also have connected a stove in a little room with cupboards for us to use, and it really makes it nice. Now they pay \$41 a month. And they have one large room about half the size of this room. It is like a bed-sitting room. Here would be a part that is off—it is not closed off—but it is a fully equipped kitchen. They have a kitchen with a frige and stove. They have a bathroom with a shower and all the drapes in the bathroom, and the shower curtains were all put in there before the people moved in. It is really very nice. They pay \$41 and pay their light and telephone, if they have one. But there are lots of these people in there that are only living on the old age pension.

The CHAIRMAN: When you say the old age pension, let us assume now it is \$75. Do you say that is not enough?

Mrs. S.: No, I don't think it is enough. It is not enough for people that have no other income, because they are undernourished. I know I don't look undernourished, but they are. I am a good cook and I look after myself.

The CHAIRMAN: But what you are saying is that these people are living on a pension alone of \$75.

Mrs. S.: Of course the \$75 doesn't really apply because they have not yet had any benefit so far.

The CHAIRMAN: Well then at \$65, you say that is not enough.

Mrs. S.: No.

The CHAIRMAN: And people are suffering who have to live on that?

Mrs. S.: Yes, they are.

The CHAIRMAN: Is there any way of augmenting it from any public authority?

Mrs. S.: I don't think there is. If they got really ill, well I think they can get their medication free, but I don't know about doctors or anything like that. I mean I have not been in that category or anything, but I know they go to the Civic or the General or go to a clinic and get their medication free.

Senator HOLLETT: Do they buy their own food?

Mrs. S.: Yes.

Senator HOLLETT: And \$41 a month rent?

Mrs. S.: Yes, and their lights besides.

The CHAIRMAN: On \$41 a month—that is paid between two?

Mrs. S.: No, each one. Each apartment is for one person alone. I have been with people who have a little bit more, but that is not enough for people to live the way they should. Maybe everybody is not in the same position I am. Other people have raised families, too, but it has taken their family all their time looking after themselves and they don't get any help.

Senator GROSART: You have help from your own children. But what do the members of the senior citizens' association consider an amount for maintaining an elderly person in reasonably good health—would it be \$100?

Mrs. S.: Well, I don't think anything less than \$100 would give them anything to keep them reasonably happy.

Senator GROSART: Would you say that a fair number of our senior citizens could get by on \$100 a month?

Mrs. S.: Yes, I think so. Yes, I think they really could.

Senator GROSART: Mr. Chairman, I suggest we ask the question of others here now.

Senator BROOKS: Might I ask you, Mrs. S., what proportion are living on the old age pension?

Mrs. S.: Well, I think in the apartments that we live in—you see, there has to be a husband and wife. They would both be—if they have no other income they would both be drawing the old age pension. But, there is another phase to this, too. Quite a few of them get help from the war veterans' allowance. This is one of the questions I was to bring up, and I nearly forgot. Several of the men came to me yesterday to say to remember to say this. It seems that those people who are getting the war veterans' allowance to augment their old age pension that at the time there was this \$10 rise in the D.V.A., or whatever you call it, they took that \$10 off whatever they were getting.

The CHAIRMAN: Mrs. S., take a look over there. That is the former minister. He can give you an answer.

Mrs. S.: That is true, is it not?

Senator BROOKS: They put a ceiling on war veterans' allowance, and when you got over and above that ceiling—

Mrs. S.: It was to go up to a certain amount?

Senator BROOKS: Yes. I think it was about \$1,700 a year. The war veterans' allowance was quite generous. Anyone on war veteran's allowance would be getting more, I would say, than any of the people in your apartment.

Mrs. S.: Now, if I can recall yesterday a couple of the men said to me—what is it; \$139.

Senator BROOKS: It was \$135.

Mrs. S.: Anyway, it seems that when the last \$10 was put on all the rents went up \$5, and then last May all the rents went up another \$2. That was on May 1st. But, not in these new apartments, because they were just occupied on May 1st; it was on the apartments that we live in. But, two months after the last—not this one but the previous one—\$10, they got back their \$10 from the war veterans' allowance.

Senator BROOKS: Then, it was not deducted, you say?

Mrs. S.: Just for the two months, and then they got it back because there were so many complaints. But, now they are afraid the same thing is going to happen and that is why they asked me to bring it up.

Senator GROSART: Mrs. S., I do not want to be misled on this, but you are receiving \$75 plus \$44 pension which comes to \$119?

Mrs. S.: Yes.

Senator GROSART: You had a little to spare on that?

Mrs. S.: Other than the living?

Senator GROSART: Yes.

Mrs. S.: No, I have to be truthful. I do not think so, because, as I say my family really augments my income.

Senator GROSART: Yes?

Mrs. S.: If I was not getting the help that they give me financially I would be like the others. I would be just struggling along.

Senator GROSART: Then your figure of \$100 assumes they would be getting something more?

Mrs. S.: Yes, a little bit more to be able to live.

Senator GROSART: Would you say \$125 a month would be a minimum income for a person to live on if he had no outside help?

Mrs. S.: Yes, they could live very comfortably on that, especially if there was a husband and wife together.

Mr. DAVIS (*Special Consultant*): Is there not an important consideration here, in that you live in a public housing project?

Mrs. S.: Yes.

Mr. DAVIS: Your rents are less than those paid by other people who have to go and rent houses for themselves? They would have to pay more than \$10?

Mrs. S.: Yes, much more.

Mr. DAVIS: We are really talking about income of senior citizens.

Mrs. S.: I am really talking about the senior citizens in what we call low-rent housing. Mr. Skuce said there were about 125 applications waiting for the bachelor apartments, whereas in ours there are over 250 people waiting.

Senator McGRAND: In this group of people in this housing project how much support do they get from their families?

Mrs. S.: I would not know. That is really personal.

Senator McGRAND: I know, but news does get around.

Mrs. S.: I just mind my own business so far as that goes. I would not—I do not know whether they get five cents or \$5, you know.

The CHAIRMAN: For the moment, Mrs. S., you have been very helpful. I will ask you to take a rest, and I will ask Mr. W. to take the floor for a little while and tell us something about himself.

Mr. W.: Talking for myself, I came to this country some years ago. When I first came here I was working—I came here in the First World War. I went overseas with them and returned back again, and went to a little town in the country. I worked there and got in with the people. I worked at the electrical trade as a powerhouse operator. I was on different phases of the trade.

I worked for the municipality for several years until the Second World War, and then I was an electrical contractor. Eventually, after that in the Second World War I enlisted and spent seven years in it. In the meantime I came to Ottawa in 1946. I was still in the Service. I was put into a research division. I got my discharge from the army and continued in the Defence Research division up until my retirement a short while ago. That is a synopsis of my life.

The CHAIRMAN: You retired because you had reached the age when you should retire?

Mr. W.: Yes.

The CHAIRMAN: Did you get a pension?

Mr. W.: Yes, I have a superannuation pension.

The CHAIRMAN: From the department?

Mr. W.: Yes.

The CHAIRMAN: And you are a widower?

Mr. W.: I am.

The CHAIRMAN: And you are a recent widower?

Mr. W.: Yes.

The CHAIRMAN: How many children do you have?

Mr. W.: I have three children.

The CHAIRMAN: Where are they?

Mr. W.: I have two in Los Angeles and one at home with me.

The CHAIRMAN: Is that a boy or a girl?

Mr. W.: One boy and one girl.

The CHAIRMAN: At home?

Mr. W.: No, at Los Angeles.

The CHAIRMAN: Who is at home?

Mr. W.: My youngest daughter.

The CHAIRMAN: How old is she?

Mr. W.: She is 26.

The CHAIRMAN: Is she working?

Mr. W.: She does work. I put her through university and now she is a psychologist.

The CHAIRMAN: Where do you live?

Mr. W.: 258 Lisgar street.

Mr. DAVIS: Alone?

Mr. W.: With my daughter.

Senator FERGUSON: That is an apartment house?

Mr. W.: Yes.

Senator GROSART: What rent do you pay there? Do you mind telling us that?

Mr. W.: Well, she is working, and the rent is \$172.

Senator GROSART: A month?

Mr. W.: A month. We have a two-bedroom apartment, but she is working, and what little bit I have coming in—

The CHAIRMAN: Well, are you in good health?

Mr. W.: I hope so, yes.

The CHAIRMAN: Are you a military pensioner, by any chance?

Mr. W.: Yes, I have a military pension.

The CHAIRMAN: A small amount?

Mr. W.: Yes.

The CHAIRMAN: And that gives you medical services?

Mr. W.: Well, to a certain extent—on my disability, yes, but other medical services I have to pay for.

The CHAIRMAN: But on your disability you get medical treatment, and sometimes they carry that disability a little further in order to look after you. Tell me this; you are a man who has worked pretty well all your life?

Mr. W.: Yes.

The CHAIRMAN: You are a good working man?

Mr. W.: Yes.

The CHAIRMAN: Did you educate the other two children?

Mr. W.: Yes, I educated the others. My youngest daughter, she more or less—I trained her into music at an early stage, and as a consequence, to help through university, she taught for about two years taking in pupils. Of course, my whole family was more or less musical, anyway. We all were. Under those circumstances it enabled her to help me put her through university.

The CHAIRMAN: What are you doing now? Here you are; you have worked all your life, and you have finally reached the age of retirement. What are you doing?

Mr. W.: I am busy myself at various things. I am around here and there. I do various things. Perhaps some friend of mine has some little job in the electrical line that he would like me to help him with, and I go in to fix it for him, and then somebody else might have some little thing he wants help with. I try to read and study and keep myself busy. I don't settle down to any particular thing at all. I like to move.

The CHAIRMAN: I am not being nose-y, but I presume that over the years you saved some portion of your earnings, and you have some means?

Mr. W.: No, I am very sorry to mention that. In educating my family and all the other expenses—my missus had been sick for about eight years, and there were continuous doctor bills so it just kept my nose to the grindstone all the time. Nevertheless, I succeeded by going to work and being very economical.

The CHAIRMAN: Approximately what is your income now?

Mr. W.: Approximately my income would be about \$150.

The CHAIRMAN: \$150 a month?

Mr. W.: Yes.

The CHAIRMAN: You are living with your daughter; she has her own life to live?

Mr. W.: Yes.

The CHAIRMAN: And you live your own life?

Mr. W.: Yes.

The CHAIRMAN: What do you miss? Do you miss anything in particular in life?

Mr. W.: Mostly getting up and going to work in the morning, catching the bus at a certain time, and just general routine.

The CHAIRMAN: Do you mean, people you worked with?

Mr. W.: Sometimes I go out to where I worked, and get my mind off things, which is about the best thing for any person, to go out. A lot of people are sitting down reading books and doing nothing. I do not believe in that, but I believe in keeping on the move the whole time.

The CHAIRMAN: What you are saying to the committee is that one of the things you miss is companionship on the job?

Mr. W.: Yes, exactly.

The CHAIRMAN: Even today you go back now and again to see "Joe", "John" and "Jim"?

Mr. W.: Not only that, but there are organizations and different conferences and various things that while I was on the job I used to go to. They still let me go, and I still go to them. They have various things to go to. Also they go away on trips and on tours under various subjects. We went the year before last—and different times we go off—but the year before last we went down to the Eisenhower locks and all through that on a tour of inspection. Last year we went through Eddy's mill, and all these things are of interest. Not only that, but also pertaining to work I used to do, and therefore I still keep in the same atmosphere.

Senator GROSART: Do you think it makes sense to insist that people retire at 65?

Mr. W.: No, I do not. I happen to have a friend—in fact, two friends. One is 90 years of age, and his mind is equally as good as when he was about 50. His body, of course, is deteriorating, but that is the only thing. His mind, I would say, is normal. There is a certain amount of slowing down for all of us.

Senator GROSART: In your own case, at 65 would you say you were as efficient or more efficient than other people who are kept on the job merely because they are not 65?

Mr. W.: As far as efficiency is concerned, the older person is more stable and confident and more reliable, but the fact is they are not as fast. You generally slow up, as far as age is concerned; but mentally your mind is as clear, as long as it is active. Therefore, it does not give you an opportunity to become mentally ill at all.

Senator GROSART: How would your skill in your trade be compared with others, at 65?

Mr. W.: As far as my skill in my trade is concerned, I could say, oftentimes, a person must keep up with the present day instead of going back and saying, "We used to do it this way". I do not do that, but live in the present day instead of old times. Oftentimes a person will say, "That is not the way we used to do it." I think of the way it is done now, because automation is coming in so quickly and you have to keep up with it, and that keeps my mind straight instead of going back.

Senator BLOIS: Would you say that perhaps you are an exception, and a great many people in the plant in which you worked had that feeling, "This is not the way we used to do it"? You are an exception and are trying to keep up on the newer ideas?

Mr. W.: I knew some men who retired before I did. They were of the same opinion. I have often heard them say, "That is not the way we used to do it". There was one instance where I had the opportunity of telling one fellow, particularly. I said, "Look, it is very true, but have you noticed the modern apparatus and things that are coming out today and are more beneficial to us than the old ones were?"

When I was first in the electrical business I started quite young, and I climbed posts, and I taught myself in various stages of the trade. We used to have to go up a pole, and used our gloved hands to put on 2,300, to make taps on that, and put wire on at the top of the pole. There would be no safety. You would have to be careful because 2,300 is not a very nice thing to be caught with. I have had two of them that I can remember, but fortunately I got away from it. Today they do not get within 10 feet of it, and they have the apparatus to put it on. Modern ways of living, that is what I try to keep up with.

The CHAIRMAN: Put yourself in our position. What can we do for the older people, to help them, in your view?

Mr. W.: Excuse me. (Mr. W. produced notes).

The CHAIRMAN: That is fine.

Mr. W.: If you do not mind—

The CHAIRMAN: You take your time, and that is exactly what we hoped you would do.

Mr. W.: Well, I feel that two of the most important things for we older people is a feeling of continued usefulness and, secondly, having an opportunity to work. There could be occupations provided by agencies for older members of the community. That is one of the things, I think a person should really be able to go to work, if he is physically fit, to take his mind off things, or even do other things, and he could go out to do something, such as some small job. Even if he was not compensated very much he would feel himself that he would be doing something instead of sitting around. There could be a survey of jobs that could be handled effectively by older people. The important things here would be the individual's past vocational experience. If an older person could go to work and get some small vocation he would feel much better and feel he was a part of the community and doing work, and would not be relying on somebody else. I mean the individual's past vocational experience, both in terms of skills and his ability to deal with the social aspects of the work situation. The individual needs a vocation. That is the same as myself. I would feel if I was going back—in fact, I retired and they called me back, and I was back for six months before I retired the second time. Therefore, it made me feel I was still available to do something useful, and when I came out I felt I was still useful.

A person, in fact, has hobbies. For instance, sometimes they can lead to some financial gain, and are necessary to maintain mental alertness and a sense of accomplishment. If a man is busy he is not going to feel that he is away from something, or feel sorry for himself. He is doing something whereby he feels much better.

As far as hobbies are concerned, surely the hobbies must be meaningful all the time, and must not oppose an older person's well-established habits. They are well established habits. The old saying is, "You can't teach an old dog new tricks", but it is true you can teach an old dog new tricks—but not too many of them. That is one of the facts we all know.

Also important when considering skills, they must be chosen in relation to physical factors of aging and speed of performance. That is the same

thing. A man cannot be as fast as he used to be, and yet he still has a knowledge of these different things. But if he sits down and does nothing and twiddles his fingers, or reads a book, when he gets up the first thing he is stiff and he does not know where he is going, or anything else. Sometimes his mind will go off and he will go out that door instead of that one.

Senator GROSART: Are there any organizations offering work to older people at this slower pace? Do you know of any?

Mr. W.: Yes. There is one I think is called the Neighbourhood Services. They employ people such as defectives or who have disabilities. I understand they do—I have not seen any of them out there, but I have heard of this. That is one that I do know of.

Senator GROSART: Would older people, particularly skilled people, in association with unions, be prepared to take less than the going rate?

Mr. W.: Yes, to employ their minds. For instance, in Toronto—and, of course, it is mostly for disabilities, but they are aged as well who make these little car numbers. Look what they do. Some of them have even hands, legs and various things off. They still work because they are put to something, and they enjoy it. As far as their pay is concerned, that I do not know, but I presume it is not as much as it would be on ordinary production.

Senator BROOKS: They are veterans, of course, and they are amputees and get quite a large pension.

Mr. W.: Some of them do. But the fact is they can still work. That is why I mention these things.

Senator GROSART: In your own case you are a qualified electrician?

Mr. W.: Yes.

Senator GROSART: If you were to go out today to do a day's work or a week's work in somebody's house, I think you would have a slower pace than a younger man.

Mr. W.: Yes.

Senator GROSART: You would take less than the going rate?

Mr. W.: Yes.

Senator GROSART: Do you think this would cause trouble with the unions?

Mr. W.: Yes, because in the electrical profession there would be a union and in Ottawa you have to have a licence to do any work like that. So going out and doing something like that would not be the right thing for me to do. It would help me, but others would be against it.

Senator GROSART: If you were to get light work you would be forced to go into something outside of what you are qualified to do?

Mr. W.: Yes. You have to consider the community as well. As far as aged people are concerned there are certain things they could actually do with very little pay. They could be paid something small to keep themselves going.

Senator BLOIS: Do you mean that you might be in trouble with the city inspectors and unions? What do you say you could do that you wouldn't be in trouble with these people?

Mr. W.: The problem is not of going to work and being actually paid. For myself I would be in the position to do little things for people for more or less a thank you. It wouldn't be a regular profession. For example if a person had a bad light switch and called in an electrician he would pay him \$3 or \$4. Well, as a friend of his I would say "Get the switch and I will put it in for you."

Senator BLOIS: Perhaps then he would want to give you a dollar.

Mr. W.: Or maybe a cup of tea.

Senator BLOIS: But sooner or later the union would find it out and you would be in trouble again.

Mr. W.: Yes, but this is not regularly. I don't feel I am taking anything away from anybody by doing that. But if somebody came along to me and asked me to wire a house I would say "No, get an electrician." The other day as a matter of fact I said to a man to go and get an electrician. In fact I wouldn't be able to do that work like I used to. I have to slow down. With regard to the social part and the attraction of older people to a club—if we could get in a club or in a group we could help each other. It is a peculiar thing of older people that some elderly people don't see the brighter side of life and have had several troubles to bring them into the position where they feel they cannot do anything—they cannot do this or that—whereas the next person and other people start dancing and playing around and these people say "Look at those silly old fools; they are trying to be 20 years old." They are wrong in this. They should do the same thing. There are many elderly people who live alone; they sit in their room and they don't have any inclination to go out. They just get up in the morning and stay in their room or maybe go to the store and come back again and that is all. If somebody else goes there or tries to make friends or to get them into organizations it would make things considerably better for us all round. Then the question of mental hygiene comes along. The guidance council or a psychologist or social worker to aid in the adjustment to a new kind of life. Often they don't have to have a professional psychologist, but some person to whom people who have troubles can talk. It would help if they had somebody to go see about once a month. If a person has troubles they don't want to tell others about them because they are afraid they will spread it. But if they have a social worker to speak to, well, then, they feel better. Another thing on the social aspect of age is helping older people to understand how they can fit in in their children's lives. Every person who has children goes through this situation. The children say they want the father or mother to live with them. They say "You come and live with us, Mum or Dad", and they do. But in some instances they cannot. The mother and the son's wife perhaps are in conflict. One wants to do things this way and the other wants to do them another way. In such cases they don't feel independent and they don't feel on their own. Therefore many of them prefer to live alone. But as this lady says here she has children who look after her and she is fortunate. There are many who don't do that. Now what I would suggest is for the general public to see regular movies or something of that description showing how the elderly people could be maintained in the active family setting. I understand that in the States they have taken a Stanford Later Maturity Study.

The CHAIRMAN: Mr. W., you have given us valuable information and we shall be back to you again.

Mrs. O., will you tell us something about yourself, please.

Mrs. O.: I don't think my life has been such a high life as my friend Mrs. S.'s or Mr. W.'s I am almost 65 years of age. I have a son and a daughter, both married. I have one granddaughter four months old. I waited twenty years for that. My husband was an invalid for almost 18 years in an institution, and he went into the institution during the depression years. We had no money whatever, and I was on relief partly because I took on day work. I worked on the char staff with the Government for 15 years. And I have been working at housework for 39 years. Speaking on the question which was asked of Mr. W. if he had saved anything in his years with his occupation, I can truthfully

say that it was impossible for me to save any money because for many years I worked for \$3 and \$4 a day, and paid rent, heat and light and reared two children. Therefore I didn't have a chance to save any money. But I am still very proud of my family. They are doing very well, and I have been very fortunate in my later years to have come into a housekeeping job which I feel was a Godsend to me because I don't have to work nearly as hard as in the past. What I would say now—I hear Senate committee wants to know what they could do for senior citizens. My health wasn't always very good, and still is not. But one thing I think should be brought up is the price of drugs. I have here a bill for pills which I got just yesterday. I have to take pills now and the doctor tells me I shall have to take them for the rest of my life, and I take two of those pills three times a day.

One bottle consists of 100 pills for which I pay \$9.30, which doesn't last quite a month. The other is \$3.50. So, that is one of the things that the Senate committee might look into, because I do think that the price of drugs is too high. If I did not have the position I am in now I do not really know what I would do.

I know there is such a thing as going to the clinics. But, I am president of one of the senior citizens groups, and we had a welfare worker the other night speaking to us, and we asked this question about medical treatment and about drugs. Now, I have to have x-rays now and again, and it has cost me \$20 for an x-ray. Last winter it cost me \$60 for three x-rays, besides my drugs. This welfare worker told me that if I was not able to pay I could go up to the hospital and have these.

Now, I asked my doctor that question last winter and he said: "No the Government would not allow you to because you are earning." I must say that I do feel quite proud that I am able to pay. My salary is not very high, but when I pay my room and board and everything, I am quite comfortable.

The CHAIRMAN: Do you get help from your children at all?

Mrs. O.: No, I do not. I know that if I needed it they would be willing to, but I do not get any help from my family at all, and I do not wish to. I want to keep on going on as long as my health holds out. I am very happy where I am. I am seven years a housekeeper, and I am very happy there, and I do not want my family to help me whatever, if possible. But, that was one of the things that I figured should be provided—the drugs and the x-rays.

Now, this welfare worker told me that there was a welfare recipient who had gone up to the hospital for x-rays, and then she was given a prescription to have pills. She did not have any money to pay for it, and she asked the doctor what would she do about it, and he just shrugged his shoulders and said: "Well, I don't know".

I had the same experience myself many years ago. I think that my health would be much better now if many of the prescriptions that I had received many years ago had been filled, but I could not afford to get them filled. I just brought the prescription home with me. But, I understand that at the clinic you can go and have medicines at a smaller price.

The CHAIRMAN: But in so far as medical service is concerned that has always been available to you, whether you could pay or not—I mean, a doctor?

Mrs. O.: Of course you could not call a doctor, but you could go to the Civic hospital. Now that you mention that—I do not know what it is like in later years, but I did go to the Civic hospital, and there were many times when I sat—I am not exaggerating when I say that I sat for at least five hours. That is really the truth. When a person is not well and is forced to sit for a long time waiting then that person feels much worse than when she first went in.

The CHAIRMAN: What you are saying is that if a doctor gave you a prescription you had to fill it yourself; there was no public authority to fill it for you?

Mrs. O.: Well, during the depression years while we were on relief you could go and have—you could go to the welfare department and they would give you a certain amount to pay your doctor bills.

The CHAIRMAN: You say the thing that bothers you is your inability to obtain medicines at reasonable cost.

Mrs. O.: Yes. While I am speaking of medicine the P.S.I. which is the Physicians' Services Incorporated—now, while I worked for the Government on the maintenance staff I was in the group of the P.S.I. and also the Blue Cross. Since I am out of the Government I was notified shortly after that I was out of the group. So, I took the P.S.I. out again as an individual. I was in the hospital for some time, and was under the impression that part of my doctor bills would be paid for by P.S.I. So, my family looked after that for me, and I discovered after I had been to the doctor several times before going to the hospital that I could only get the P.S.I. while I was a patient in the hospital.

Now, I wrote to the P.S.I. and told them that I would be quite willing to pay the extra if I could still have the services of my doctor at home or at his office, and they notified me that they could not do it.

That is one of the things I would like the Senate committee to consider—if possible to have perhaps among senior citizens a group in the P.S.I. I understand that people who receive superannuation through the Government have medical services; that there is so much taken off from their superannuation to pay for it. I think in a case like my own where I do not have any income—as I say, if I did not have this job as housekeeper, well, I would still be struggling at housework and perhaps not making a very good living at it, and I do not know how I would ever be able to keep on going to the hospital and seeing the doctor and getting medicine, because if they still have the long waiting that they had before I am sure I would lose a lot of working hours too. So, I felt perhaps if this could be considered, and the Physicians' Services Incorporated could consider permitting a group among senior citizens.

The CHAIRMAN: Thank you for the time being, Mrs. O. Now, Miss L. what about you?

Miss L.: I guess I am the most lucky one in the room here. Many years ago when I was seven I suffered from poliomyelitis. My family was well off. I went to the convent. I was a boarder at the Rideau, and I graduated in music, English and French. Twenty-five years ago my father died. He had been very sick. He left his estate to me, but they said that he was mental, but as long as I had my mother I was okay. My mother received the revenues from the estate. I was rich. After my mother died they all came and went to court, and the lawyers got everything.

The CHAIRMAN: Your mother died 11 years ago?

Senator GROSART: Do not change the subject.

The CHAIRMAN: Eleven years ago your mother died, and you have been alone since then?

Miss L.: Yes.

The CHAIRMAN: Tell us about that.

Miss L.: I had a good friend living with me, and she died seven years ago. Now I have my old age pension, and I get \$20 from the municipality, and I get \$24.75 from the Information and Service Bureau.

The CHAIRMAN: What is that?

Miss L.: That is in the City Hall. It is part of the welfare.

Mr. DAVIS: Is that Miss Bradford's department?

The CHAIRMAN: Well, anyway, you have an income of \$75 plus \$20 plus \$24?

Miss L.: Yes.

The CHAIRMAN: Do you have any other income?

Miss L. : No.

The CHAIRMAN: Have you any brothers and sisters?

Miss L.: They are all dead. I had a brother a doctor, and one a druggist. They are all dead.

The CHAIRMAN: Are there nephews and nieces?

Miss L.: No, they all have children.

The CHAIRMAN: Yes, but do they help you?

Miss L.: No, one is a widow with four children and cannot help.

The CHAIRMAN: Where do you live now?

Miss L.: In a private house, and I pay \$100 a month board and rent.

The CHAIRMAN: Out of your \$130?

Miss L. : Yes.

Senator GROSART: \$120.

The CHAIRMAN: Yes, out of your \$120 you pay \$100 for room and board?

Miss L.: Yes. With the \$65 old age pension I used to give \$55.25.

The CHAIRMAN: What do you do for medical services?

Miss L.: I have the doctor, the provincial pays the doctor for me, and he comes home or I see him in his office, and the welfare pays my hospital insurance.

The CHAIRMAN: That is the \$20 they give you, from the welfare?

Miss L.: Yes, they pay the insurance.

Senator GROSART: This is the disability allowance.

The CHAIRMAN: The \$22 is disability. You are provided with medical care?

Miss L.: Yes.

The CHAIRMAN: What do you do for clothes?

Miss L.: I knit for the Ottawa Neighbourhood services, and they pay me 60 cents a pair for mitts, and for Marina's Creations. Sometimes I get \$3 or \$4 a month. I knit two or three pairs of mitts a month. I cannot knit too fast; I am too old. I buy my clothes with that.

The CHAIRMAN: That is the way you get along?

Miss L.: Once I had to ask them for some black stockings, and they gave me two good pairs. They are wonderful to me. I do not know if I am spoiled. I was spoiled all my life.

The CHAIRMAN: Rather be spoiled than be deprived.

Miss L.: I am supposed to have everything, but sometimes you do not like to ask, and I would rather, if I could, earn the money myself.

The CHAIRMAN: You do some work from which you get some money for your clothing?

Miss L.: Yes.

The CHAIRMAN: Otherwise everything is provided for you?

Miss L.: Yes.

The CHAIRMAN: What do you do, for instance, for interest—perhaps I could use the term "fun", recreation? What do you do outside?

Miss L.: I go to the Good Companions on Wednesday. On Tuesday and Wednesday I go to the Heather Club and work for the refugees. I knit and do anything. Every Sunday my niece comes for me.

The CHAIRMAN: To take you out?

Miss L.: Yes, for dinner. So we have dinner at the Good Companions for 40 cents, and a good dinner. But I am waiting for that Island Lodge.

The CHAIRMAN: You have an application to the Island Lodge when it is built?

Miss L.: Yes, they came and asked me if I wanted to go. When I need a pair of boots it is March of Dimes, for my braces and boots. They are very expensive. So, don't you think I am lucky? When I had my \$75 a lady called me up from the Service Bureau and she said, "Instead of \$65.25 you have to give \$73.75", so I was left with \$1.50. I said, "I thought I would be rich this month." She said, "I am very sorry."

The CHAIRMAN: Thank you, for the moment, Miss L.

You tell us about yourself, Mr. B.

Mr. B.: I am 75 years of age. I have five children, four sons and one daughter. The oldest son works in the Government. He looks after the elevator. Two work for the city, and my youngest son is in Toronto. He works there for the underwriters. I worked most of my life with J. R. Booth Lumber Company. I worked with them for more than 40 years. I was 13 years of age when I started to work for them, and I worked until about—I would say, most of my life. Then I went down to Kemp Edwards.

The CHAIRMAN: Kemp Edwards?

Mr. B.: Yes.

The CHAIRMAN: Is that still the Booth company?

Mr. B.: No, Kemp Edwards is another firm.

The CHAIRMAN: You worked 40 years for the Booth company?

Mr. B.: Yes.

The CHAIRMAN: All year around?

Mr. B.: Yes, all year around.

The CHAIRMAN: What pension did you get when you left?

Mr. B.: Not a cent—nothing.

The CHAIRMAN: Nothing at all?

Mr. B.: No.

The CHAIRMAN: When did you leave, what year?

Mr. B.: I think it was the early forties. It was during wartime, and I went to the Unemployment Insurance, and they sent me to Kemp Edwards, and I worked there for about nine years. I graded lumber—I used to do some grading, and all kinds of work around the lumber yards, and inside.

The CHAIRMAN: You are now 75?

Mr. B.: Yes.

The CHAIRMAN: You retired about 10 years ago?

Mr. B.: Yes.

The CHAIRMAN: Tell us about those 10 years. What have you done?

Mr. B.: In those 10 years I did nothing. I worked a while at the union station, in the shoe shine.

The CHAIRMAN: Well, how did you live?

Mr. B.: I had the unemployment insurance for one year, 15 months, that is \$21 a week.

The CHAIRMAN: But after that?

Mr. B.: I just live on my pension.

The CHAIRMAN: On the pension that you get?

Mr. B.: Yes.

The CHAIRMAN: Do the children help you?

Mr. B.: They have a large family, and they cannot afford to keep me. The only place where I get help is my son. They keep me for \$40 a month, and I get my breakfast and eat with them, but during the week I take my meals at the Good Companions.

The CHAIRMAN: How long have you lived with your son?

Mr. B.: About eight years now.

The CHAIRMAN: How many children has your son?

Mr. B.: Five.

The CHAIRMAN: How big a house has your son?

Mr. B.: Only two bedroom, and I have one, and I cannot stay there much longer because it is getting too small.

The CHAIRMAN: The other four children are not around much?

Mr. B.: There is only one that is not, and the others are all in the city.

The CHAIRMAN: And they cannot help?

Mr. B.: No, I do not like to ask for any help. When I think of it it just makes me sick.

The CHAIRMAN: You are living entirely on what you have?

Mr. B.: On my pension only.

Mr. DAVIS: That is the government pension?

Mr. B.: Yes.

The CHAIRMAN: How is your health?

Mr. B.: I feel pretty good.

The CHAIRMAN: Have you ever had to obtain medical services?

Mr. B.: No, not in the last three years. I was at the doctor's three years ago, and I had an operation, but I got over it all right.

The CHAIRMAN: Who paid for it?

Mr. B.: I am not sure, but it did not cost me a cent—the operation and hospital and all.

Mr. DAVIS: He must belong to the hospital insurance plan.

The CHAIRMAN: No.

Mr. B.: This was sent to me when it came into force (handing document to chairman).

The CHAIRMAN: That is an old age pensioner certificate under the Ontario hospital scheme?

Mr. B.: Yes.

The CHAIRMAN: It shows how really helpful that scheme is. What do you do for clothes?

Mr. B.: I have the rest, that is all. There is only \$35 left off my cheque, and it costs me 65 cents a day at the Good Companions for my two meals.

The CHAIRMAN: What do you do with your evenings? There are five children around the house, so the house is full of children—thank goodness.

Mr. B.: Yes.

The CHAIRMAN: What do you do with your evenings?

Mr. B.: About six I go home.

The CHAIRMAN: Do you have any men friends with whom you play cards?

Mr. B.: No, but I go to the Good Companions.

The CHAIRMAN: In the daytime?

Mr. B.: Every day from morning till night.

The CHAIRMAN: What do you do there?

Mr. B.: I do metalwork. Sometimes different things.

The CHAIRMAN: Would you get paid for it?

Mr. B.: Sometimes I may get a couple of dollars. But sometimes it is about two or three weeks before I get a few dollars.

The CHAIRMAN: At the end of the day in the Good Companions place you go to your home and stay there?

Mr. B.: Yes.

The CHAIRMAN: Have you a radio in your bedroom?

Mr. B.: No, when I go to my bedroom I go to bed.

The CHAIRMAN: You mentioned a newspaper; how do you get the newspaper? Does it come to the house?

Mr. B.: Yes, it comes to the house. They read it first downstairs and then they bring it up.

Senator HOLLETT: You say in the house there is only one bedroom left?

Mr. B.: I take one.

Senator HOLLETT: And the seven other people, are they all in the one room?

Mr. B.: All in the one room on the downstairs floor. The rest sleep in the front room.

Senator GERSHAW: You worked for 40 years for the Booth Lumber Company. How come you didn't get a pension from them?

Mr. B.: They never paid a pension to nobody.

Senator GROSART: Have you made any inquiries as to what it is going to cost you to get a room?

Mr. B.: Yes.

Senator GROSART: What do you think it will cost?

Mr. B.: At least \$30 a month.

Senator GROSART: Will that be with breakfast or just the room?

Mr. B.: Just the room only.

Senator GROSART: Will that be a satisfactory room for you?

Mr. B.: I think so.

Senator GROSART: As good as you have now?

Mr. B.: Yes. Maybe there will be more room because this is a small room.

Senator GROSART: That would leave you \$45?

Mr. B.: Yes.

Senator GROSART: Can you eat on that?

Mr. B.: Yes.

Senator GROSART: At the Good Companions?

Mr. B.: Yes.

Senator GROSART: What would it cost you a day to get your three meals at the Good Companions?

Mr. B.: Well, they don't serve three meals there.

Senator GROSART: Two meals?

Mr. B.: Dinner and supper.

Senator GROSART: What does it cost?

Mr. B.: Sixty-five cents for the two.

The CHAIRMAN: Tell me what do you think we can do. How can we help you?

Mr. B.: Well, the only help is to get another raise in pension.

The CHAIRMAN: The thing you say you need is more money?

Mr. B.: To buy clothes.

The CHAIRMAN: Suppose we raised the pension to \$100 or \$125, how would you use it, what would you do?

Mr. B.: Well, I could be dressed a lot better. I need underwear now and I haven't got the money to buy it.

The CHAIRMAN: You would get a room for yourself?

Mr. B.: Yes.

The CHAIRMAN: Would you eat any better than you are eating now if you had more money?

Mr. B.: Yes, at home, yes. At the club we are getting good meals, wonderful meals.

The CHAIRMAN: With what you have now, do you feel you are not eating well enough?

Mr. B.: No, I don't think there is anything wrong with the meals at the Good Companions. But maybe if I was alone I couldn't eat.

The CHAIRMAN: What could you do—you could get more clothing and dress better?

Mr. B.: Yes.

The CHAIRMAN: At the moment you are in need of things?

Mr. B.: Yes.

The CHAIRMAN: You have lived here all your life?

Mr. B.: Yes.

The CHAIRMAN: And the children are in the area; tell me about your children, what sort of education did your children have?

Mr. B.: Well, the youngest one is a geologist.

The CHAIRMAN: A geologist?

Mr. B.: Yes.

The CHAIRMAN: Yes?

Mr. B.: And the older one works in the Government.

The CHAIRMAN: The geologist went to university?

Mr. B.: Yes.

The CHAIRMAN: How did he get there?

Mr. B.: I helped him all I could.

The CHAIRMAN: Where does he work now?

Mr. B.: For the underwriters in Toronto.

The CHAIRMAN: He is a man who would get a pretty decent salary?

Mr. B.: I don't know what he is getting. I never asked him.

The CHAIRMAN: It isn't a matter of asking; you did a great deal for him when he needed the money for education.

Mr. B.: Yes.

The CHAIRMAN: He is now working at a good job.

Mr. B.: Yes.

The CHAIRMAN: Why doesn't he do anything for you?

Mr. B.: I guess I am too shy to ask for it.

The CHAIRMAN: Your son; the man who works for the Government, he is a married man?

Mr. B.: A married man with seven children.

The CHAIRMAN: How many children has the boy in Toronto got?

Mr. B.: Well, he is not married yet.

Senator GROSART: Do you think your son the geologist knows your need of clothing?

Mr. B.: He knows—the only time he comes is for Christmas and all I get from him is \$20. Then I get no more from him; he don't write or nothing.

Senator GROSART: Your son you told us said you could live with him; do you think he could help you?

Mr. B.: No.

Senator GROSART: You have one son who really helps you and one who does nothing?

Mr. B.: Yes.

Senator HOLLETT: Do you know of any other men in similar circumstances to yourself?

Mr. B.: I don't know any, but I am sure there must be many.

The CHAIRMAN: I am sure they don't discuss this sort of thing between themselves. These are personal matters.

Senator GROSART: Mr. B., assuming your health is good, would you be deprived of any necessities, anything you needed, if you were getting \$100 a month?

Mr. B.: I think I could do a lot better on \$100 a month.

Senator GROSART: Would you actually be missing anything you need to live?

Mr. B.: I don't think so.

Senator BLOIS: Mr. B., where you get your meals I presume there are 100 or 200 people eating at the same place as you do?

Mr. B.: At the Good Companions.

Senator BLOIS: What number of people eat there?

Mr. B.: Well, let us say an average of about 40 a day.

Senator BLOIS: Would most of these be in circumstances similar to yours?

Mr. B.: Well, some of them.

Senator BLOIS: Some of them might have a little more money than you have?

Mr. B.: Yes.

Senator BLOIS: You really get good food there?

Mr. B.: Yes.

Senator BLOIS: At a very reasonable price, of course?

Mr. B.: Yes.

Senator ROEBUCK: Are they all old people?

Mr. B.: Yes.

Senator ROEBUCK: Did you say 65 cents for the two meals?

Mr. B.: Yes. It is a welfare organization. Well, it is not strictly welfare, it is supported by Red Feather.

The CHAIRMAN: We have had a preliminary discussion at these people, and they have been delightful. I was afraid they would not talk freely. But now we are in the mood where they realize we are people just as they are. The meeting is open to everybody and anybody may ask questions. You can also tell us anything at all that you think may be helpful. You may ask anybody you like any question you want to and our guests may add anything that they feel they didn't have time to say earlier.

Senator ROEBUCK: You have all said if the pension was raised from \$75 to \$100 a month that it might help. Now what is there that can be done other than that? What is there that could be done for you other than raising the pension?

Mrs. O.: Well, the medication. Another thing is the hospital rates. I mean because I am an earner, and I don't make very much of a salary, but I have my room and board there. If I go into the Civic Hospital I am paying on the Blue Cross as a semi-private patient. But you still have to pay. They don't pay everything on that. There is always a bill when you are leaving the hospital. There is still a bill to pay. I have known that for the last three years I have never come out of hospital without having to pay a bill.

The CHAIRMAN: But, Mrs. O., we have got to get this clear. This is just to get the thing clarified. Mr. B. who goes to the hospital has everything paid for because he is an old age pensioner and has no other income.

Mrs. O.: Yes.

The CHAIRMAN: You have the Ontario Hospital Services available to you which is cheaper than the Blue Cross. If you go to the hospital you should not have to pay any hospital bill, unless you want a private room.

Mrs. O.: Well, they did give me a private room once because there was nothing else. I was not consulted about it, and I had to pay \$3 per day.

The CHAIRMAN: Of course, if they had nothing else—well, they charged you, but they should not have done so. The Ontario Hospital Services scheme should provide for you without cost.

Miss L.: Yes, under that we get everything because I was in the hospital last spring and I did not have to pay a cent.

The CHAIRMAN: What about you, Mrs. S.?

Mrs. S.: I have said enough.

The CHAIRMAN: No, you have not. You are a fund of information to us.

Mrs. S.: It is all drained out now because I cannot say any more. I have a note down here: "Please ask the Senate committee to raise our pensions again", but that was said half in a joke, you know.

The CHAIRMAN: No, no, its no joke—

Mrs. S.: I am putting it to you in the same way as I got it.

The CHAIRMAN: Mrs. S., we are not unaware of the inadequacy of the pension, and to all of you I say that although here we are people of all political faiths we are really of no political faith in this committee. We are here as public servants and we are trying to keep the matter of the pension in the background for the moment. That is a question that has to be settled elsewhere. We will take note of it when the time comes to make our report. Outside of that everyone has said: "What we lack is money enough to get by".

Mr. W. has said—and he is younger than Mr. B.—that work is what he needs. He says he has to have something to occupy him, and he rushes back to see his old pals in order to participate.

Mrs. S.: Yes.

The CHAIRMAN: Tell us what you think. Here is a gentleman who goes into his room in the evening, and just sits there. He has no radio in his room. He has a paper which is left over from someone else. I did not ask him if it was the paper he normally reads. That is a pretty empty sort of life, and not a very fulfilling one. What can we do to help out? Now, you tell us?

Mrs. S.: The only thing I can tell you is that we have started up this association of the senior citizens at Overbrook. There are 110 people in these bachelor senior citizens apartments, and we are going to try to make things. We have a really nice club room there, and I am giving an invitation out to any one of the senators who would like to come and visit that place just to give you an idea of how these people live. If you let me know at any time we will be glad to escort any one of you through that, and also to show you the apartments where we live.

I am not going to be prejudiced in any way, but the federal Government, the provincial Government and the city have subsidized these places, or are subsidizing these places, and I feel that as a whole, regarding accommodation, it would be a sin to complain, if you know what I mean. Although, as I said, I may be one of those that are a little bit different. There are others, of course, in the same position as myself, but where I may be one, there are ten out of the other lot that need all the help they can get, both financially and medically, and every other way.

The CHAIRMAN: Doctor McGrand is a typical family doctor, and has been all his life. There are not many of them left any more. He is a politician, too, by the way. These are the kind of people you have attended all your life. Let us hear your comments.

Senator McGRAND: The thing that I am concerned about is the unwillingness on the part of the children to support their parents to some degree. I do not mean that they should live in the same house, or under the same roof. I wonder how common is the practice for people to contribute very little to their parents' well-being, thus compelling the parents to say that they should have a higher pension. There was a time, I believe, when the law compelled children to look after their parents.

The CHAIRMAN: The law has not been changed. It is the attitude that has changed.

Senator ROEBUCK: There is legislation to that effect, but it is not very effective.

The CHAIRMAN: All of you know Senator Roebuck's name and reputation. What about this problem, Senator Roebuck?

Senator ROEBUCK: While I have been sitting here listening I have been wondering. It seems to me that your problem is not very different from the general problem. I once heard a very famous man say that he would rather leave his boy in a community where jobs were plentiful than leave him heir to a million dollars. I think, if we could only fix up the general economics of our community many of these problems would disappear, but that is a big job and it is not possible for us to do it anyway. What we should really be doing is searching around for what we can do or what we can recommend to be done, including an increase in the pension and everything else that might help the lot of the older citizen.

The CHAIRMAN: Senator Hollett comes from the province of Newfoundland. He is a very distinguished gentleman and he has participated in the life of that community. He knows a great deal of this problem because his province is one that has had to deal with it. What do you have to say, Senator Hollett?

Senator HOLLETT: I am in a whirl after listening to these witnesses. They have told us so many truths. During the depression we did what we could for special cases but in Newfoundland in the old days—I do not know whether it was obligatory or not—it was customary for the child to look after the parents. Now it seems to have changed around a bit, and the parents have to look after the children for too long a time.

In St. John's, which is our capital, we have two or three very fine homes. I think they must be similar to the one this lady mentioned. To these homes go not only the poor but very often the rich to spend their declining days. They have their own little clubs. They have places in which to play cards and have little get-togethers. I am thinking particularly of the Catholic home there which is really a model, and I wish we could see that. After listening to what these witnesses have said I think we could enlarge on that idea.

The CHAIRMAN: Dr. Gershaw, like Dr. McGrand, is the last of the old family doctors on the Prairies. He is a most distinguished doctor, and he knows this problem very well.

Senator GERSHAW: Mr. Chairman, this has been a splendid meeting. We have made contact with the people who are living with these problems. Several things have been mentioned—money, and a welfare officer who might give people quite a lot of counsel—but I have gathered from this meeting that these people should have free medical and hospital attention. They have not the money to pay for it. They have not the money to pay for drugs or for hospital care. It seems to me that that is one thing that should be considered. When a person gets past a certain age he or she gets worried. They have little troubles, both physical and mental. If they could feel free to ask for proper attention at any time they needed it then they would be helped greatly. Geriatrics is becoming a special branch of medicine, and a lot has been done about it. If every senior citizen could get free medical and hospital care and drugs it seems to me that their lives would be very much happier. Worry would be removed, and so would fear of physical disability, pain, sickness and accident, and all that kind of thing. That is all I have to say.

The CHAIRMAN: Senator Fergusson is from the Maritimes, and she has been a welfare worker of renown in this country.

Senator FERGUSSON: One thing I would like to ask is if our guests feel children nowadays expect more help from their parents than they used to, and do not expect to have the responsibility of their parents as much as they used to?

Mr. W.: Yes, I do.

The CHAIRMAN: You do, what?

Mr. W.: I think children today expect more from their parents than they should. On top of that the children themselves, often times there are several cases where the parents have gone and looked after the children's children in their children's home while their own children are going out to work. Their children are coming up knowing more of their grandparents than they do of their own parents.

Senator FERGUSSON: I have an illustration in my mind I would like to relate. There is a woman I know very well who works very hard in my own province, and she and her husband just manage to get by, and they have a large family of nice children. They are very nice young people and are married, but they do not feel it is necessary to give anything to their parents. The parents are old and although they get by they do not have much. This woman told me herself that her son asked her for a large amount of money,

and she said, "Why do you expect me to do that? I cannot afford to do it". He said, "That's what moms are for." Is that the sort of feeling you think the young people have nowadays?

Senator McGRAND: How old would that person be?

Senator FERGUSSON: Thirty.

Mrs. O.: About the children, well, I know my son, when talking to him on the telephone—and this is more in jest, but he will always say, "Well mother, if I had your money I would do this and that."

What I think about the younger generation growing up today is that they try to buy their own homes and they all want to have a car—and, in fact, some of them have two cars—and in the summer time they have to have a boat. In my day I never had any luxuries whatever. Even as a young girl I came over to Canada as an orphan, when I was in my teens. I did not have any luxuries or anything like that. My own family are fortunate, but they were not brought up with luxuries. However, I notice now they expect luxuries. I think that is the trouble with the generation of today: they are getting higher salaries and they are living up to them.

Then there is this thing of too much credit, I believe, which I never went in for in my life because I was always afraid of it.

The CHAIRMAN: You have a friend right beside you!

Senator BROOKS: That is a good answer.

The CHAIRMAN: Yes, but I wanted somebody to say why, what is the difference, where do my children differ from me. We were all brought up in a home and were taught to look after our parents. These are normal people and the same kind of people as I am and you are. Yet she says they get a boat and buy a house. They do all that. They have not got time or money for their parents. Is that what you are saying?

Mrs. O.: No, I think if I was really in need my family would help. I know they would help.

Senator McGRAND: They are willing to avoid the responsibility as long as they can.

The CHAIRMAN: Senator Grosart, whose name is very well known to people in this province—and Mrs. S. recognizes him right away—has been very active on the committee.

Senator GROSART: Mr. Chairman, I am very interested in this matter we are discussing. I do not think the reasons at the moment are too important. I think we should get at the facts. For that reason I am going to ask these five people, with your permission, to give me a "yes" or "no" pretty well answer to this question. Our witnesses here are working in one way or another with a great many senior citizens, so do not give your own opinion, but what you think is the opinion of senior citizens generally.

Would you say there are many cases of children who have luxuries and who are not helping parents who need necessities?

The CHAIRMAN: Just repeat it slowly, please.

Senator GROSART: Would you say there are many, or a substantial number of cases of children who themselves have some luxuries but whose parents lack needs, necessities, and where there is no contribution from the children?

Mr. W.: I would not say collectively, no; but I would say there are several that are—the same as you have just said.

Senator GROSART: There are some, but not many?

Mr. W.: Yes.

Mrs. S.: I do not really know anyone in particular. Where I live now they are all in the same position as myself. In our own apartment block there are four apartments, and I think all four of us have families that really help, and I do not think it is asked for.

Take my own case, I have three boys and two girls. I have one boy a captain in the permanent force in Chilliwack. I have a son a salesman for Campeau Construction Company. I have another son in the Bell Telephone, a foreman in the Pembroke area. My youngest daughter has a husband who is squadron leader in the air force, and my youngest daughter, her husband is a doctor. I am one of the fortunate people.

I do not want anybody to feel that I am saying anything about their families, but to me, and I may be wrong, an awful lot has to do with the bringing up of a family. My family were brought up to respect me as their mother. Today that respect still stands.

Senator McGRAND: Your family has been very good to you?

Mrs. S.: Yes.

Senator McGRAND: But still you feel your old age pension should be raised?

Mrs. S.: No, I did not say that.

Senator McGRAND: I thought you said you had it written down.

Mrs. S.: From the people I am representing.

Senator McGRAND: You do not feel it yourself?

Mrs. S.: No, I feel what I am getting, living in a subsidized apartment, that federally, provincially and municipally they are really helping, and I feel it would be a sin for me to complain.

The CHAIRMAN: She was giving the views of her friends.

Mrs. S.: I do not want to hurt anybody when talking about their families, but take Miss L. I have known Miss L. for years, and I have not seen her for the last 12 or 15 years. When I knew her she was in very different circumstances from those she is in today, because as she has already told you they had lots of money; and it was quite a surprise, and I did not even know until today when I heard what she has told you now.

The same as myself, I have had to work hard to raise five children, but they never wanted for very much, not in an extravagant way. They say when it comes their birthday or Christmas, "Mother, remember there is no need for you to spend money. As long as we know you are well and we can help, that is a good Christmas present or birthday present for us." The odd letter brings me something. I have no complaints, and I thank God every night on my knees for my family.

Miss L.: I know a married lady I met where I was boarding, and they would not help her and come and see her, so I am glad I am as I am.

Mrs. O.: I think a lot of it is in the bringing up of your family, as Mrs. S. said. As I stated before, I was "father" and mother to my children when they were very young, because I was left alone with them, and they really do respect me. I think there are some cases where the children do not care about their parents watever, but I know if I was in need of help my family would help me.

The CHAIRMAN: Mr. B.?

Mr. B.: Well—

The CHAIRMAN: You have said what you want to say?

Mr. B.: Yes.

Senator GROSART: There seems to be reason to believe there is a shortage of domestic help. Is this a field where senior citizens, particularly ladies, could help themselves and help others?

Mrs. S.: I think there are very few who could help others. I am talking about the senior citizens. But there are several people around who do some

things. There is one in Queen Mary Court, I think she is 65, and she is paid so much an hour and spends three hours every afternoon looking after a blind lady until the family comes home. There are others, again, that go baby-sitting. You are talking about, like, domestic help. I do not think they are able enough for housework.

The CHAIRMAN: Mrs. O. is a pretty good example.

Mrs. O.: I hope to stay in the club. There are about 75 of us there.

Senator GROSART: You think there are quite a number of senior citizens who are doing what you are doing?

Mrs. O.: Yes, I do. But speaking of senior citizens, I belong to four clubs and there are two of them I belong to that I must mention. Because there, there are many of those widows who are receiving the war widow's pensions.

The CHAIRMAN: War widow's allowances?

Mrs. O.: I don't know about the allowance, but pensions from the First and Second World Wars, and civil service besides, and the old age pension. Many of those people own their own homes. Very many of them, members of the Good Companions, have their own homes besides—I mean their homes are paid for for many years.

Senator ROEBUCK: I had a little experience along that line that might be of interest here. Some years ago I tried to organize a family to provide a little house for the parents, to have everybody contribute a certain amount to a house for the parents and I stated the amount that would be required. I got nowhere. The argument I received was that "We are taking care of our children; although they took care of us when we were young we are paying the debt by looking after our children." The scheme came to nothing.

The CHAIRMAN: Actually it occurs to me that in Ottawa we should meet less of this situation than in any other city in the country. Because this is a civil service city where the Government provides pensions. Many people are receiving government pensions on top of old age pensions, and higher than they received 10 or 15 years ago. Here we have a man who has worked 40 years for an organization and he doesn't receive a pension. Senator Inman has the distinction of coming from the home of Confederation, Prince Edward Island, and I think she has a question.

Senator INMAN: I should like to know if these interesting people find, from what they have discussed as senior citizens, that the majority of senior citizens prefer to live with children if they could, or do the parents have a feeling the children do not want them?

Mrs. S.: I don't think that. I could be living with any one of my five children, but I don't want to.

Senator INMAN: But what is the situation generally?

Mrs. S.: The general rule I think is that everyone likes to have his own place, to visit his children, but to have his own place to come back to. I share an apartment with another lady. She has a war widow's pension from the First World War of \$138 and now she has \$75. You see there is a difference.

Mrs. O.: But isn't there a clause that once they come into the old age pension—

Mrs. S.: No, the clause is in the War Veterans' Allowance. In the pension there is no clause.

The CHAIRMAN: This is a total disability pension?

Mrs. S.: Her husband was killed.

Senator GROSART: My mother is still alive and I asked her on a number of occasions to come and live with me and she said "No, I have lived with you all I want to."

Senator QUART: So many questions have been answered here. I agree on several points but I must mention I am not a social welfare worker. But I believe a tremendous amount of this relationship between family and parents started a long while ago and I think it is caused by the way children are brought up. There is nothing I would like better than to have such a great big place that I could have my sons and daughters and 23 grandchildren with me. I think we would be very happy, but I like to live alone. I lived with my grandfather, and there were four generations in the house. Actually my husband and my mother got on beautifully. They called in the repairmen and got the repairs to the house done without even consulting me. But my one thought is the question of boredom being the worst thing you are suffering from. I think it would be frightful if you didn't have clubs like these various clubs you mention. Is it not extremely essential to have older people of the same vintage meeting? Even if you live with a very happy family, they are not of your own vintage. I love to come to the Senate where I meet friends of my own age. I think that is one of the central things coming out of these discussions. He never suffered from boredom. He was 99 when he died and up to eight months before he died he belonged to a card club and he would come home ever so late at night. But he would have to go there. And I think it was the fact that he was with us that kept him alive until he was 99.

The CHAIRMAN: Senator Jodoin is also from Quebec and is a very distinguished lady, interested in welfare work.

Senator JODOIN: I don't speak sufficient good English to say much. But I am very interested in this matter and we have in Montreal many organizations to help such people.

Senator QUART: I should have said, and I have no wish to be boastful about this, but in Quebec City we have some wonderful places for people like this. There was one graduate with me, a very successful person, and she went into one of these homes just for companionship. She did this although they were really started for underprivileged people.

Mrs. S.: If I could again renew my invitation, senator. If you would just let me know when you could come so that we will have the committee there. I don't care how many come, but just to give you an idea how those people live.

The CHAIRMAN: Senator Dessureault came in after the discussion started and he may have something to say.

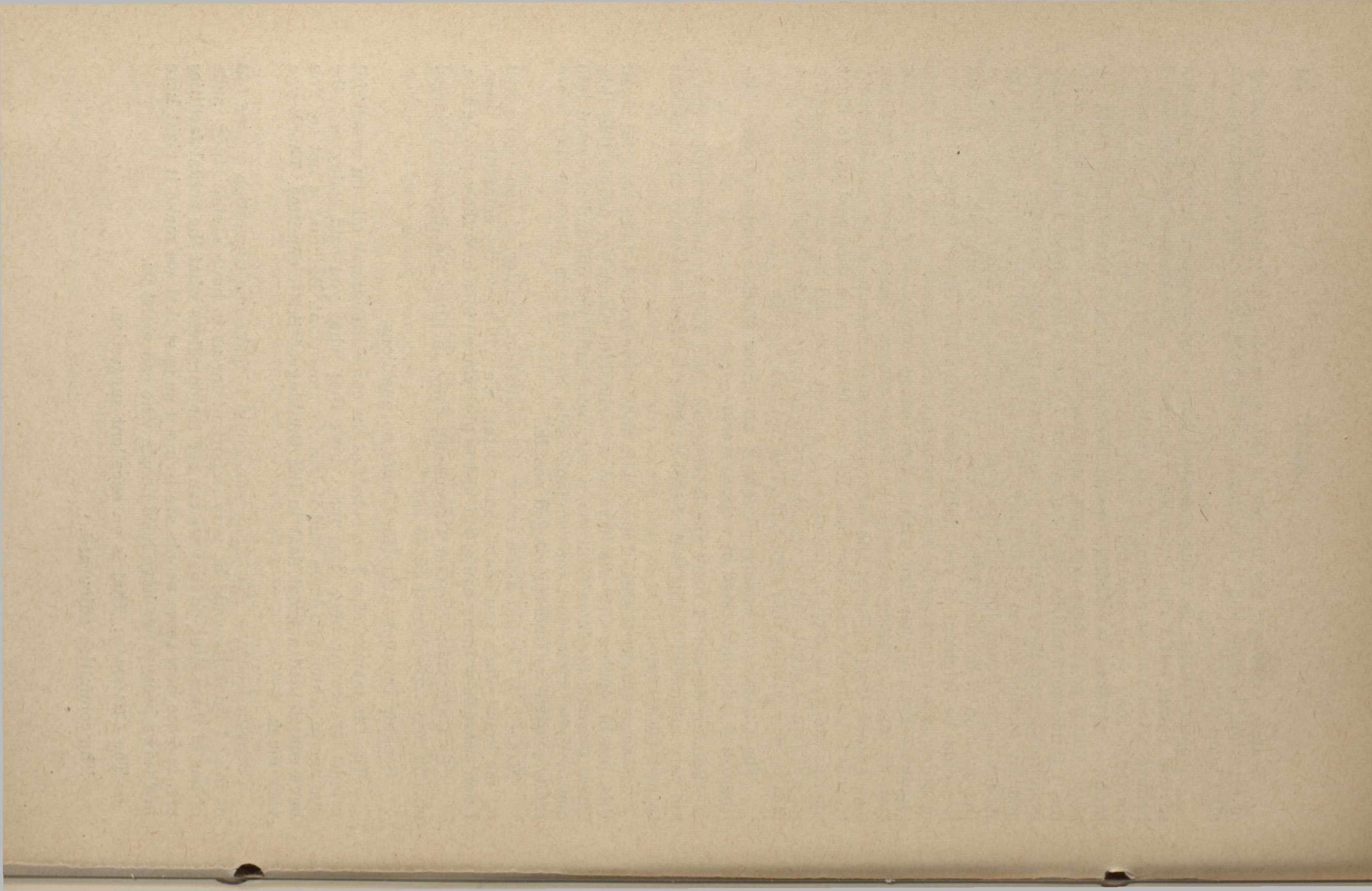
Senator DESSUREAULT: No, I have no questions.

The CHAIRMAN: May I on behalf of the committee thank all you wonderful people for coming here. You may think that what you said today and the manner in which you have said it was not important. But that is not so. You have contributed a great deal to the thinking of this committee. Thank you very much.

Senator GROSART: Mr. Chairman, could I make one suggestion arising out of this? I think it would be very important for us to have a pilot study made of one of these sites, so that we can see for ourselves what the actual facilities are, and see how these people are living. I suggest that we make it right here in Ottawa because we have here people who can assist us.

The CHAIRMAN: That is an excellent suggestion.

The committee adjourned.





First Session—Twenty-sixth Parliament
1963

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 5

THURSDAY, NOVEMBER 21, 1963

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESS:

Dr. Roby Kidd, Chairman, UNESCO International Committee for Advance-
ment of Adult Education.

APPENDIX

B. Some Practices for Overcoming in a College or Conference some of
the Deficits Associated with Losses in Vision and Hearing by Older People.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1963

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman

Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Monday, July 29, 1963:

"Pursuant to the Order of the Day, the Senate resumed the adjourned debate on the motion of the Honourable Senator Croll, seconded by the Honourable Senator Roebuck:

That a Special Committee of the Senate be appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof:

That the said Committee be composed of twenty Honourable Senators to be named later;

That the Committee have power to engage the services of technical, clerical and other personnel as may be necessary for the purpose of the inquiry;

That the Committee have power to send for persons, papers and records, to sit during sittings and adjournments of the Senate; and

That the Committee be instructed to report to the House from time to time its findings, together with such recommendations as it may see fit to make.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative.

With leave of the Senate,

The Honourable Senator Macdonald, P.C., moved seconded by the Honourable Senator Brooks, P.C.:

That the Special Committee of the Senate appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof, be composed of the Honourable Senators Blois, Brooks, Croll, Dessureault, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*), Smith (*Queens-Shelburne*) and Sullivan.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative."

J. F. MacNEILL,
Clerk of the Senate.

MINUTES OF PROCEEDINGS

THURSDAY, November 21, 1963.

Pursuant to adjournment and notice the Special Committee on Aging met this day at 10.00 a.m.

Present: The Honourable Senators Croll, *Chairman*, Blois, Brooks, Des-sureault, Fergusson, Gershaw, Grosart, Hollett, McGrand, Pearson, Quart, Roebuck and Smith (*Kamloops*).—13.

In attendance: Mr. R. E. G. Davis, Special Consultant.

Dr. Roby Kidd, Chairman, UNESCO International Committee for Advancement of Adult Education, was heard.

A document referred to by the witness: "Some practices for overcoming in a college or conference some of the deficits associated with losses in vision and hearing by older people", was ordered to be printed as Appendix B to these proceedings.

At 12.30 p.m. the Committee adjourned until Thursday next, November 28, at 10.00 a.m.

Attest.

John A. Hinds,
Assistant Chief Clerk of Committees.

THE SENATE
SPECIAL COMMITTEE ON AGING
EVIDENCE

OTTAWA, Thursday, November 21, 1963.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*) in the Chair.

The CHAIRMAN: We have a quorum.

Our witness today is Dr. Roby Kidd. He is a Canadian, born in Saskatchewan, educated in Canada. He took his postgraduate work in Columbia. From 1947 to 1961 he was on the staff of the Canadian Association of Adult Education and from 1951 he was the director.

In 1961 he was elected President of the World Conference of Adult Education. He is now Chairman of UNESCO International Committee for Advancement of Adult Education.

He is the author of many books on adult education. He is presently Executive Secretary of Overseas Institute of Canada, concerned with educational and technical assistance to developing countries.

All of you have heard him many times on radio, you have seen him on television, and now we have him here in person today.

Dr. KIDD: Mr. Chairman and honourable senators, I should tell you at the outset that almost everything that I will say will be some variation on one theme—that the difficulties older people encounter arise more from the attitudes held against them, and held by themselves, than because of real limitations or disabilities. The second general point, and I fear that in my remarks I will illustrate it all too well, is that relatively little is known respecting education and recreation for older people. Still, in this as in some other fields, we know more than we practise.

If you will pardon a digression, I will tell you briefly how I first became interested in the subject before us. I was then a very young secretary here in the Ottawa YMCA. One of the program groups was a Friday luncheon club whose members came together weekly to hear lectures and discuss them. The average age of the members was then somewhat over sixty. My predecessor had warned me that while the members were all very fine and decent men, that they just came to talk and never did anything. He and I shared the same attitude at that time about adult education—that groups should come together for study and discussion and should then go out and change all the ills of the world. In my comparative innocence I even knew what were the most essential reforms. Since the members of the Friday luncheon club didn't seem to engage in any form of social action, and since we didn't have enough staff to serve all of the activities then under way, my predecessor suggested that I concentrate on clubs of younger men and women and simply withdraw services from the luncheon club. So I did.

With what result? The members took over all of the responsibilities themselves and the club became stronger than ever. So far as I know, it is almost the only activity at the YMCA, of those that I had any part in, that still exists.

But persistence of meeting proves nothing, except how naive I was. What did become evident to me is of much greater importance. I began to see that these men did not come out each week just to gossip. They were genuinely interested in the world about them and keen to be informed and be able to engage in it. They did want and need the social contact with each other. As I began to know them as individuals I found that every one of them was also taking part, an important part, in other associations—church, political and civic; they were discharging important responsibilities as citizens, not through the Friday luncheon club but in all of their associations. I could see that these men who were growing older seemed to be much more effectively a part of the community than were many men who were growing older. There appeared to be some relationship between the fact that they chose to take part in a discussion club with the stimulation they obtained out of that activity and the comparatively different lives they seemed to lead.

All of this is obvious and elementary enough. But to me it was a kind of revelation, and when I went to New York for further study it led to my visiting a famous study club whose members were all 75 years and older, and to my calling on George Lawton, the first of the old age counsellors—whose works, I am sure many of you have read. I say “obvious and elementary”, yet in Canada we still do not organize much, or practise much, on the basis of these understandings.

We know comparatively little about the education and recreation of older people. Much more has been studied about the physical effects of aging, and about how to deal with older people as welfare problems. But having confessed my own, and the general ignorance about these matters, let me now tell you some of the things about which something is known, which, in my opinion, warrant some radical changes.

I shall be dealing with three general questions.

First, are older people capable of taking a more effective part in the vocational, the economic life of the country?

Second, are they capable of taking a more effective part in the intellectual and social life of the country?

Third, can and should they participate more fully as citizens?

The general answer to all of these questions is the same. If we are talking about potentiality, of real power and capacity, the answer is a strong and simple affirmative. But if we are considering the barriers that others throw up against them, or the inhibitions with which older people may surround themselves, the answer becomes—Yes, but.

Capacity of older people for employment:

Others who have appeared or will appear before you know more about this question than I do.

Note that I shall deal only with capacity, not with social and economic arrangements, the tendency of employers to be chary of hiring men and women over forty, or the practices and attitudes of unions, or such practices as fixed retirements. I am not dealing with these things; I am dealing with potentiality.

From maturity on, it is normal for the human organism to undergo the following kinds of physical changes, most of which occur gradually:

Cell tissues become dryer, they do not grow so rapidly and the repair of the cell tissues proceeds more slowly;

Bodily cells become somewhat less elastic;

The rate of basal metabolism is lowered;
There is some decrease in strength;
There is decrease in speed, intensity, and endurance of neuro-muscular reactions;
Vision and hearing become impaired.

Now what are the implications of these changes for work efficiency?

First, strength:

Mr. Chairman, I have some data before me from the Harvard Fatigue Laboratory, which I am not going to deal with in great detail; but I will summarize with the report of one study in England which does draw the implications of this, that there is decline in strength. In some tasks this is important, but in not a few tasks this is not disabling.

From the Harvard study, the curves of decline vary somewhat, but the loss until age 70 is gradual. At 70 or 75, capacity for such work may be half of what it was at 35 or 40.

What is equally clear is that several non-physical factors influence output markedly, particularly the amount of skill and experience a man has for a given task and his motivation. For many tasks that are rated as "light" physical work, his output may not show any decline.

In a recent study in England where the task was sorting blocks, the men over 65 took much longer on their first attempt than those under 25. But as the work continued the oldest group increased their output. At the conclusion of the study their production was only slightly lower than the youngest group, and the men of 46 to 64 had the best score of all. One man well over 70 was the third quickest in the entire group. It is obvious in this test that dexterity is a more important consideration than strength or endurance. And most studies indicate that losses in dexterity are negligible up to 70 and over, and that these losses can be retarded by training and practice.

There is a great deal of data to show the ability of the older group to do effective work, of which I am sure you are aware.

Second, speed: As people grow older they slow down. This bald statement is somewhat ambiguous and it may seem trite and obvious. From our own observations we know that it is true. Yet the failure to recognize its importance has led to many misunderstandings and misinterpretations about people as they grow older.

Slowing up seems to take many forms. One is in regard to the speed of the flow of blood in the veins and arteries, others have to do with the passage of 'messages' through the nervous system, the reaction of both voluntary and involuntary movements, and the time necessary for damage in the body to be repaired. We apprehend and perceive more slowly, we act more slowly, we think more slowly.

Ours is an age and a culture which is very 'time conscious'. When it is said of us that we are always 'in a hurry' we take this as a compliment, whether it was meant so, or not.

The medieval man, or many a man in Asia today, would not be so prone to equate speed with quality of performance; they would be much less likely to measure "efficiency" in units of time.

Psychologists also contributed to this practice. In their studies of children they found that for many tasks, the child who performed correctly, also performed quickly. In their publications and through the results of timed mental tests that some of them devised, the notion was circulated that there is close, direct relationship between speed of response and correctness of response.

This is true, within limits, when applied to children. It is not true about adults, particularly the older adult.

That capacity and performance are not directly linked to speed is well illustrated from the summary of a large number of studies of jobs performance conducted in England and reported by A. T. Welford:

It appears that the older subjects' performance tends to be slower and more deliberate than those of the younger, but subsequently more accurate . . . If we are interested in the total amount achieved regardless of any other consideration, then the younger subjects must be regarded as better, though not markedly so. However, the older subjects achieved their results with much less effort wasted on small errors, so that their performance can at least be said to have been more efficient. Finally if we are concerned with accuracy, as we should be if every error represented waste of valuable industrial material, we must regard the older subjects as, on the average, clearly superior . . . Although speed may decrease among older people, this deficiency is often more than offset by gains in quality and accuracy . . . Also, it seems, there is a substantial number of individuals who maintain performances comparable with those people in their twenties or thirties.

Vision: Of course, there is a rapid decline in visual acuity, even between the ages of 13 and 18, at which point it reaches its peak. This has been noted and commented upon quite often. This is followed by a gradual decline until the fortieth year. After 40 there is a sharp decline until age 55 and continues to decline at a decreased rate beyond 55.

However, as noted in the table, the greatest amount of decline occurs in the years 40 to 55. Studies have shown that over the age of 35 there is a marked preference for more illumination for reading than in earlier years. Beyond the age of 20 every person shows some decline in visual acuity; beyond age 40 the decrease is considerable.

Some people become very much concerned about this decline, particularly if the facts are not understood. However, as in most circumstances in life, when people know what may be expected, their adjustment may be accomplished with dignity and without damaging misapprehension.

There has been circulated among the members of the committee, Mr. Chairman, what I might perhaps term "rules of thumb". There are some quite obvious and elementary things which can and should be done in places where older people gather either to work or study or engage in committee work and so on, and they can develop these in relation to meetings, committees and conferences.

The CHAIRMAN: If it meets with the wish of the committee, it may become part of the record.

Senator ROEBUCK: Agreed.

(See appendix at end of report)

Dr. KIDD: There are also references to hearing, with which I shall now deal:

Hearing: In no capacity except sight are there greater changes at different stages in life than in hearing acuity.

In most people the peak of performance seems to be reached before the fifteenth birthday, and there is gradual but consistent decline.

Auditory disability sufficient to create difficulties in understanding an interview or a telephone conversation increases from about 5 per cent in children under 15 to about 65 per cent in adults of 65 or over. Older people tend to slow up in their reaction to sounds. That is, not only do we decline in

our ability to hear sounds but we are slower to hear—to translate the meaning of the sound, and to act in response to it.

It seems clear from the evidence that women lose acuity for lower pitch and men lose acuity for high pitch. An interesting consequence of this fact is that older women can, in general, communicate more readily with women and older men with men. Some attention has been given to this factor as a case of disharmony among older married couples, but no conclusive results have been found. People over 65 have somewhat less sensitivity to the richness of complex tones in high fidelity recordings.

In terms of the effect on one's behaviour, the psychological implications may be more significant than physical. Hearing loss can have a marked influence upon an individual's confidence or insecurity. It may increase his feeling that he cannot learn new things. He may be more reluctant to venture into a new situation because of the apprehension that he might not be able to cope with it, particularly if the activity occurs in a setting of crowding and confusion.

Hearing loss may have other effects. A man who doesn't hear well may feel left out, isolated, cut off from his associates. He may even come to believe that people are whispering about him. Some who have suffered losses in hearing have developed symptoms of a kind of paranoia. Others display the reactions of people who are isolated, they withdraw into themselves, or retreat. The querulousness which, in literature, has often been associated with old age, so far as this charge is true, may be caused in part by a decline in hearing.

Have I presented a dark picture? I mean not to do so. For, if these facts are understood, and the right practices are followed, these physical deficits are not at all disabling for most jobs, or, in fact, for most studies, or, in fact, for most of the citizen responsibilities that people assume.

I have distributed a set of suggestions for educational activities with older people. These have to do with the overcoming of deficits in vision and hearing, and you will be able to make the necessary application to the work situations.

I come now to the ability of older people to learn. The most damaging charge against older people is that they decline intellectually, or, at least, in their ability to learn. Few people will grasp the fact that there are a few exceptional men and women who, like your chairman, continue their intellectual pursuits until quite late in life.

Senator QUART: Please do not place him on the shelf.

Dr. KIDD: You have all heard of Goethe's work at 84, Robert Bridges' finishing his greatest poem at 85, Tennyson's last volume coming out when he was 80, Verdi composing sacred music when 85, and Wundt completing his memoirs at 87.

But what of ordinary people? Is there a decline in intellectual capacity throughout life as there is in physical capacity? Many people think so. This belief is firmly rooted in myth, fable and proverb.

Honourable senators, I have studied most of the evidence that I can find on this question. It is true that the evidence is somewhat contradictory, but I have reached some firm conclusions. Any man or woman can learn, and age, in and of itself, does not significantly affect the ability of adults to learn. There are, of course, enormous differences in intellectual capacity between people. The chief factors affecting learning of older people are their educational experience and their attitudes. These are important matters.

Now, why did some observers consider that capacity for learning declined with age? Some of the reasons are obvious. Since there is a decline in physical

capacity might not one expect impairment in intellectual capacity? Secondly, I have referred to myth, fable and folklore which seem to confirm the pessimistic view. Thirdly, for various historical, economic and social reasons ours is a culture that has placed a premium on youth, or it has for as long as we have been around. Lastly, the results of the so-called intelligence tests on adults seemed to confirm the view.

This last fact, since there appeared to be actual evidence of decline, should be gone into deeply. It should be noted that the tests which at first seemed to confirm a pessimistic view were marked with the following characteristics: Many of them were based on tasks associated with school rather than real life situations. Many of them rely on a motivation that is characteristic of youth, and not necessarily of adults. Many of them are based on the experience or performance of children and adolescents, and not upon those of adults. Many of them measure performance in units of time, which imposes an automatic handicap on older persons. Most of them were interpreted by people who had themselves accepted the view that learning capacity does decline.

For a decade or two there was currency given to what was a kind of interpretation of these findings which were presented and accepted as scientific findings—an interpretation that concluded that any one over 25 had lost his capacity for learning. There were also some extravagant assertions—and you hear these as well—such as the mental age of the average adult is 12 or 13 years, which, if the results had not been so serious, might have been treated as academic howlers, and would have been smiled at just as we smile at such schoolboy effusions as “Geometry teaches us to prove what we already know to be true”, or “Ambiguity means telling the truth without intending to.”

However, be that as it may, while there has been this adverse interpretation of data for a long time evidence that has been coming in during the last decades at an accelerating rate and piling up from the application of intellectual tests under more rigorous control all tends to support the contention that learning is not impaired. I will refer to just two kinds of evidence.

One is from the so-called follow-up studies in which a test was given to, let us say, 17 year olds in high school or college. Then the same test was given to the same individuals 20 or 25 years later, and then the same test was given to them, perhaps, again at age 50. There are not very many of these follow-up studies. You can see the difficulty in doing it. But, in every single case that I have read about where there have been follow-up studies—and Dr. L. M. Terman is chiefly associated with this work—the results of the later tests on the same persons taking this same test showed an improvement in test score. All of the data is not in. There are not many of these, but all of the evidence so far is of the same kind, namely, that there has been an improvement and not a decline.

The other main evidence, or another kind of evidence, is that derived from vocabulary tests. There ought to be many measures of what we call intelligence and no single test is good enough, but if you had to choose one the best single test is the vocabulary test. This is accepted by the psychologists.

Most of us assume that because we forget facts and things that we do not use that we are probably declining in this capacity of using vocabulary. What really happens, as the test shows, is that, if anything, we improve. We improve particularly if we practise. Many men and women who are using rich vocabulary in their work improve in the use of vocabulary. Men and women who are not using it decline, as they do in any other capacity. This is one capacity unlike vision, unlike strength, unlike hearing where there seems to be, if anything, improvement rather than decline, and this is the best single instrument of measuring what is called intelligence or, perhaps, learning capacity.

Professor Irving Lorge after 30 years of studies of adult learning summarized the results of the major inquiries in these two statements:

Whenever learning ability is measured in terms of power-ability, i.e. without stringent time limits, the evidence is clear that the learning ability does not change significantly from age 20 to 60 years. An individual of 60 can learn the same kinds of knowledge, skill and appreciation at 60 that he could at 20 years of age. The individual probably does not decline in ability to learn or in power intelligence. His performance may be reduced because of shifts in his motivations, speed, self-concept, or sensory acuities. Age as age probably does little to affect his power to learn or to think.

There is something that does give us thought, and that is schooling. Of all the factors that affect performance this seems to be the most important experience. This is seen most dramatically with respect to the results of tests in the two world wars. Those who had interpreted the data they obtained in World War I to the effect that the average mental age was 12 or 13 were astonished to find that, using the same tests, the "average mental age" had jumped almost three years between the wars, which shows how silly the first observations were. The real change that had occurred was that men and women going into the Second World War had on the average gone to school five or six years longer than was true of the first group.

The willingness to undertake learning, and the capacity for learning, at any age, is related both to the amount and quality of one's educational experience, and it is a fact—and this is important—that a very large number of Canadians who are over 65 have not had more than a few years of schooling, and this of very doubtful quality. However, as time goes on, an increasing number of older people will be those who will have had considerable education, and will have continued to practice intellectual tasks, and therefore many more of them will have excellent capacity for learning. Equally, many more of them will want to continue their education throughout life.

Feelings are important in this as well. There has been quite a lot of work done on feelings and attitudes, and it is a common view, you know, that the child is a bundle of emotions, but it seems to be assumed that the adult is lacking feelings or has somehow got over them. Of course, the reverse is true, as Gardner Murphy points out. He said that the adult has not fewer but more emotional associations than children, although we usually assume that he has less, because the devices of control are more elaborate and better covered in the adult.

Two of the feelings that are most important here are that many adults accept the view they cannot learn very well. An added burden they share is that too many of them were failures or had unpleasant associations with learning at school and, therefore, they do not now wish to engage and do not look forward to engagement in intellectual tasks, if schooling represented failure and defeat to them.

Some study has been made of the acceptance of attitudes on old age. The common view about the weaknesses and failings associated with older people is very strong and is widely held. Irving Lorge and Jacob Tuckman once prepared a questionnaire employing such stereotypes as, "Old people . . . are absent-minded." The questionnaire was presented to both children and adults. The results showed that as early as 10 years of age children have a negative picture of old age, and that graduate students hold such a stereotype so tenaciously that even a course on the psychology of aging does little to remove the negative picture. Not surprisingly, older adults also have a similar view themselves.

You may feel that I have dwelt too long on these matters, but they are of the greatest importance respecting training and employment. Potentially, many older people have the physical and intellectual capacity for many kinds of employment, and also for training or re-training related to employment. But they may need assistance and encouragement. Dr. W. A. Scott, of Toronto, from his experience in the National Employment Service, has said that counselling is essential. He said:

We discovered that when these discouraged job seekers talked to counsellors who were interested in them, a sort of transformation develops. The talks were therapeutic. The defeated person changed from a hopeless job seeker into an assured, hopeful and confident job getter. Before counselling, they had been looking for any work; after counselling, they looked for a definite job or jobs of their own choosing—jobs they could do and wanted to do.

Most of these observations and data I have presented apply with equal force to our other two general questions.

To these I will now turn. But, first, let me remind you, as others have done, of three factors about the employment market that tend to put a higher premium on what older people can contribute. These factors will become more important as time goes on:

- (1) The decrease, both in relative and in absolute terms, of the number of jobs requiring excessive strength and speed of reaction time;
- (2) the increase in the number of jobs (many associated with automated processes) which require judgment, experience and steadiness—these things which older people have;
- (3) the increase in the number of jobs of a service kind for which the deficits associated with growing older have relatively little importance.

Older people as participants in educational and cultural life: As I said, the evidence I have already presented has a bearing here at many points. While we are dealing with this subject in general terms, it is worth noting as well the careers of exceptional men and women. In a few intellectual fields—for example, in mathematics and physics—extreme youth has sometimes been the period for outstanding achievement. It is said of Newton that his incredible, dominating ideas were all conceived during his twentieth year and the rest of his life was spent in developing these concepts. Some poets have also been youthful prodigies. But there are as many or more records of the finest achievement in the latest years as there are in the earliest years, and to some of these careers I alluded a short time ago.

For most of us, achievement of most intellectual and cultural pursuits are possible during most of our life span. It used to be said that older people, for one thing, could not learn to play difficult musical instruments; that they could not develop the required technique and digital dexterity. But in my own experience, I know two men who have taken up the cello while in their seventies. The barriers we impose do have a physical basis, but they seem to be as much, or more, the shackles we ourselves fashion. Indeed, as I have pointed out, when more and more older people are those who have had excellent education and have continued to practice we will find many more of them who are avid for continuing education and cultural expression.

One of the remarkable changes that has occurred in the last quarter century in our society is the rapid acceptance of a notion of continuing education for all people for all of their life. This is just as important for women as it is for men, or more so.

At the start, Mr. Chairman, I was going to spend a lot of time on that point. First, of all, it is my own trade, but I will skip over it. However, I notice that Mrs. Good and Mr. Morse stress this.

Interests affect participation by people in intellectual and cultural pursuits. This needs even more attention. There has been some study of interests by various psychologists over the past quarter century, and some of the important results can be reported quickly. One interesting fact is that most pursuits seem to be established relatively early in life, seem to be established perhaps before 25. If you want a man to have an interest at 60, it would have been better had he had some experience with it before he was 25. It does not mean he cannot take it on later, but it would have been better had the interest been established earlier.

A man's vocation is much more likely to affect his interests than will his chronological age, but changes do occur during life. Older people are just as likely to have strong likes and dislikes as younger people. Activities which require well-developed physical or sensory skill, daring or stamina show the greatest change of all. For most men scaling a cliff or walking along a precipice might be considered a normal interest in the twenties, but exceptional thirty years later. Team sports, strenuous tests of endurance, driving a car, performing conjuring tricks may also decline, but bird watching or visiting museums may persist or increase. The older man is likely to be much more resistant than the younger to acquiring interests that interfere with established habits or customs.

One study—and this is an interesting one—suggests that a man's hobbies, which often require greater physical activity than those of women, are more likely to have to be given up in the later years. Thus a man who is limited to such hobbies may lose these interests at about the same time as he retires from work, constituting a serious double loss.

However, interests and recreations that have to do with talk, writing, reading, and that are carried on at a modest pace, are most likely to survive, and even increase in intensity with the passing years. This means that most of the interests associated with most forms of learning endure or even intensify throughout life. The older person, much more often than the younger, prefers interests that are carried on individually rather than in company or, perhaps, in small company rather than in large groups.

The importance of the meaning of an activity for an older person needs to be stressed. For example, there are those who urge that all older people should have a hobby. A hobby can be excellent as a recreational interlude at any stage in life, but for the vast majority of people it does not serve as an adequate substitute for the rewards of essential work. When one's goal in life is simply engaging in a hobby for self-pleasure, the pleasant may become dull and tasteless, if not bitter. Unless the hobby can be related to other rewarding experiences, such as active participation in a hobby club, or contributing to the happiness of hospital patients by the products, increasing the effectiveness of educational work in a church or social agency, easing the load of the leadership in a camp or Boy Scout troop, or producing a product to give or sell to others, the hobby may soon grow stale and disappointing. This is what it means to any man or woman at any stage of life, and not just the young.

Interests, as well as learning capacity, are directly related to educational experience. That is, of course, a truism. Many older people have never learned the pleasures of listening to good music, reading poetry, watching drama of high quality, visiting art galleries, or exploring museums. Not only was their schooling limited in number of years, but their education was in a framework of philosophy that stressed only the three R's, and depended on drill. Whatever you may feel were the virtues of such schooling, it did not prepare some of these men and women for effective use of leisure.

Of course, there are many general problems which are under study by sociologists, about how men and women regard the use of leisure time. Their view of leisure time influences what they do. If they grew up, as many of us did, with some very strong views that all kinds of work are good and all forms of idleness are probably bad, it is not easy to make adjustments to life in which work is not the dominant motif. Many adults for this reason have to be helped, to be educated to enjoy themselves and to express themselves. One other important development has been in what might be called the technology of education. I refer particularly to the use of certain devices for education, radio and television, telephone hook-ups to stimulate home study, various forms of programmed learning, wrongly called teaching machines, and improvements in correspondence instruction. All of these devices fit or can be applied very well to the circumstances and needs of older people. They are all aids to individual learning although small group associations can be employed as well. Unfortunately almost nothing has been done in the application of these for older people.

Older people as citizens: Can and should older people participate actively in the management of welfare agencies and hospitals, educational boards, civic and political institutions, or in service abroad?

This is too large a subject for brief treatment, and I understand you are going to discuss it in greater detail and give it the attention it deserves later. Many people now engage in such roles up to the latest years, and the people in this room know more about this than any other group in Canada. But there is little evidence that older people are urged to take part. There is very little evidence to show that there is much encouragement for older people. If they are aggressive, are obviously able, have an established reputation, they may be offered or may keep such positions. But in my own experience, it has only been in recent years that a few organizations and boards have sought systematically for men and women in their sixties who have time and experience needed for many important management positions.

You have already heard a reference made to the American Peace Corps, and it does provide an interesting case study.

Senator ROEBUCK: Would Dr. Kidd pardon me for a moment; I have to withdraw. The Chairman knows the reason why and I have informed him as to the time I should have to withdraw. I would like to say how much I am interested in what Dr. Kidd has been telling us. I think it is wonderful information, very much required, and I wish to thank him and congratulate him on the very excellent address he has given us and I would ask him to pardon me for withdrawing.

Senator HOLLETT: I must make the same apology because I too must withdraw.

The CHAIRMAN: Thank you for coming, senators.

Dr. KIDD: An additional word or two on the people who are dealing with these studies I am talking about. As you know the Peace Corps was conceived and widely publicized as a means of tapping the energy and enthusiasm and idealism of youth for voluntary service abroad. It is still so described in the official literature. Yet, to the surprise of the Peace Corps staff about 40 per cent of those who have applied for service have been middle-aged and older people. Some of the most successful Peace Corps volunteers in the field have been retired men and women. Now why were the staff members surprised? If you think about it you would see that people of experience who are in good health, who have wisdom and yet pose no threat or competition to the able people in other countries are likely to make the best volunteers. And so it has been proved. But at least we should give credit to the Peace Corps executive

staff; they were astonished but they did not try to prevent older people from volunteering. We cannot claim so much in our Canadian voluntary efforts; these have been planned for youth only, although many of the examples of finest overseas development service abroad are by older Canadians.

If you begin to turn your mind to the need of a much enlarged program of aid from Canada overseas at the same time as the heavy demands for trained persons at home, you will quickly see how important it is to recruit teachers and the trainers of teachers, extension workers and the trainers of extension workers, managers and the trainers of managers, from those who have retired, or who will undertake early retirement with the purpose of having a second career.

Let me say, parenthetically, that I believe that the speech by Wilder Penfield entitled "The Second Career" now found in his book with the same title, is perhaps the most significant speech of this present decade.

As we begin to plan, as I hope we will plan, for a development of the volunteer service idea as a permanent part of Canadian life, there should be found many places for the service of older people. Canada, with its example of Frontier College, and the work camps associated with the churches, should be able to devise forms of harnessing many kinds of talent for social tasks. For some of these, such as counselling or teaching older people, or assisting the Indians and Eskimos or the new Canadians to come to terms with modern life, perhaps in developing forms of more effective co-operation between French-speaking and English-speaking Canadians, for many of these tasks the patience and fortitude so often displayed by older people will be invaluable.

Age and conservatism: I know there are many views held about age and conservatism, although perhaps I should here use some other word, for example, rigidity. I am as aware as you are of the charges that are often made about the extreme conservatism or rigidity of older people. Those who claim that older people cannot adapt, cannot be trusted with leadership under the rapidly changing conditions that are our lot, have noted several reasons for the solidifying of attitudes;

Older people have been raised at an earlier time when, in general, attitudes were not so "liberal" as at present, and they have persisted in these attitudes.

They learn more slowly.

They have a more restricted social life, and are not influenced by new ideas.

They have a particular social role; the older adult has a position and is more apt to defend that position, and to maintain the attitude associated with it, than the youth who has no particular status.

They have suffered some losses in sensory and physical capacity, with lessened self-confidence and therefore may feel that it is more necessary to cling to habitual patterns of behaviour and display more tenacity in the face of threatened change. They find the old ways more comfortable and less threatening.

For these reasons it is asserted that there is an element of rigidity. I do not mean to dismiss the problem; it is a real enough problem, but the inferences made are often wrong. Here we are not dealing with a simple matter, marked by a span of years. Some of the most rigid conforming people I know are young people. Changes in attitudes are possible, though never easy to achieve.

Changes in attitude: In general, changes in attitude can be brought about by lessening the tension and the conflicts with which the person is affected.

For example, providing jobs and housing for older people will probable have considerable effect upon their attitudes. Much can also be done by increasing the number of opportunities where older people will continue to read, hear lectures, see films, take part in study-discussion groups. A major goal is to help them keep up with and take hold of life rather than sit back and submit to inevitable decline. Older people who have maintained an active interest in affairs rarely become the conservative or reactionary influences that sometimes act as a block to progress.

Now, what is offered to older people in Canada in an educational way? A recent report from the Dominion Bureau of Statistics, entitled "Participants in Further Education in Canada" presents some estimates of Canadians taking courses, estimates based on a labour force survey. They also give some statistics which are charted here, and you will note that the participation rate of people over sixty-five is 0.3 of the total age group, as compared with a rate for all ages of 3.6, and for the 20-24 group of 7.2. This suggests that very few older people take part in organized classes, at least at present.

This is hardly surprising. Not much effort has ever been made to encourage participation by older people in adult education. They may enroll if they wish, but often they feel, or are made to feel that they are not wanted. A librarian I once interviewed told me that older people were regular users of the library and were constantly seeking her assistance in selecting books. She said "They are an awful nuisance, they talk too much." A teacher of home economics once told me she had had a woman of sixty in her class, of which the average age was thirty, and she said "But we just made it too tough for her and she left."

Because of lack of education or fear of failure, many older persons may do well only in special classes or activities planned with their interests in mind. One essential feature is the provision of counselling.

As we have noted earlier, the kinds of facilities are important; facilities that are not crowded, that do not demand climbing of too many stairs, that have suitable illumination and acoustics. Even more important is the climate or atmosphere of the institution. Are older people wanted? Is the activity administered for mature people or like a class for adolescents? Is the teaching style one that commands the respect and co-operation of adults? In the case of many university extension and evening school classes the answer to these questions is yes, but in far too many cases the answer is no.

Another obstacle for same is cost. Professor Morgan gave evidence of the shocking financial situation of many older people. Such men and women cannot afford even the rather moderate fees charged by university extension departments.

Wilma Donahue has identified four main educational tasks:

- (1) Aid in the adjustment of the individual;
- (2) Promote the adjustment of society to its aging population;
- (3) Train personnel to serve older people;
- (4) Promote research about the aging process.

No university in Canada meets well the requirement of training personnel for this specialized field or the conduct of research.

Three universities, Toronto, McMaster and the University of British Columbia have had excellent courses about aging. I believe that ten universities now offer from time to time, courses under some such title as "preparation for retirement". A few night schools also have such courses. However, notice the caption "night school". We have come to accept that term; we have had night schools in Canada for over a hundred years. Yet for many people,

particularly for older women, the evening is not a very good time for education. So far only one city, Vancouver, has organized a school specifically for adults, open all day as well as in the evening at the times when adults are able to attend. The secondary school board in Ottawa is considering a similar plan—to utilize the present technical school for adults when the new technical school is built. When there are such schools, offering a curriculum that is of interest to older people, with appropriate counselling and guidance, with older people on the boards of management and teaching some of the courses, there will, I predict, be a large supply of keen and able older students.

The curriculum is important. Most offerings now are of courses that were planned for young people. Older adults will need the following activities:

Training associated with their vocation for those who are in full-time or part-time employment.

Activities to help solve problems of health, finances, legal matters and recreation.

Course related to personal development or participation as a citizen.

Much of what I have said about school boards and university extension applies to churches, community agencies and the Y's. There are some distinguished exceptions with which you, Mr. Chairman, are associated, but most such organizations have not yet considered how services of an educational or cultural nature could be offered to older people.

The problem here is not a lack of knowledge, or of money, but of attitude and will. Organizations that choose to do so can find the resources and train the leaders, most of them older people themselves.

We do have, in about twenty of the largest cities, some examples of golden age clubs, et cetera and other centres planned specifically for older people. Those I have visited are excellent; but it is not enough to provide all experiences for older people in specialized centres, there need to be outlets in many of the main community institutions as well.

The problem is not a simple one of building a few institutions for senior citizens. The re-education of our entire society, people of all ages, is needed.

SOME SUGGESTIONS FOR IMPROVING EDUCATIONAL AND CULTURAL OPPORTUNITIES FOR OLDER PEOPLE.

Mr. Chairman, I shall not dignify my concluding remarks with the term Recommendations. These are just a few tentative suggestions about ways of improving and extending the educational and cultural opportunities for older people:

1. It is now a truism to say that a man or woman should prepare for retirement during his youth. To the extent that his formal education as a youth is preparation for life, it should be preparation for all of life, not just the vocation he will begin. This is a fact that all teachers in elementary and secondary schools should be helped to understand.

2. Formal education of the youth must be, increasingly, one of several stages of continuing education. It is essential that secondary education and all forms of higher education be made available to anyone who has the capacity regardless of age. Women require much more flexible arrangements for continuing their education, particularly that large group of women who, with two or three significant decades of life ahead of them, become freed from 24 hour-a-day care of their family.

3. Universities and school boards should redesign their program of education in relation to the large and growing numbers of older people:

In content

In facilities

In administrative practices, social atmosphere, style of teaching

In the timing of activities they offer.

Many school boards should offer activities for adults at the hours best suited; this may require some special accommodation. Whenever possible older people should themselves be on the policy committees and offer the teaching and counselling for these activities.

4. Some Canadian universities should assume responsibility for research and for the training of specialized personnel.

5. Community organizations—church, "Y", social agencies and recreational agencies should consider to what extent they can offer services to older people. This should be in addition to the creation and maintenance of some specialized agencies for older people.

6. Attention should be directed to new opportunities for educating older people which are possible through radio and television, through the use of special telephone hook-ups to homes or agencies; through programmed learning, and in various forms of correspondence instruction. It is now possible to stimulate and guide the study of thousands of people who could work in their homes for most of the time with occasional small group meetings for extra stimulus.

Those, Mr. Chairman, are some of the obvious and elementary points on things that we could do with what we already know and with the resources available to us which will make a substantial change in the life of fine people.

The CHAIRMAN: Thank you, Dr. Kidd. We will now take a minute to relax. Senator Grosart, would you like to start the questioning?

Senator GROSART: Thank you very much Mr. Chairman. I am afraid you have chosen the wrong person to start with because I am going to start with a protest.

Dr. Kidd made reference to conservatism—small "c" conservatism. He was seeking a synonym. I thought I heard him say "frigidity", at least I thought at first that that was the word he used and I was prepared to protest. Then I gathered that his synonym was the word "rigidity", and I do not think that synonym is entirely accurate either.

Mr. Chairman, I agree with what Senator Roebuck said, that this has been a valuable presentation in one area of the old age problem which is more often neglected than other areas. The tendency is to stress the economic areas.

My question has to do with the chart. Dr. Kidd made reference to three figures, and in each of which there is a maximal percentage for those in the group that we are considering, that is the 65-plus group. The first figure is in column 5. This indicates that of those persons reporting for courses in this particular scheme 77.1 per cent were females, a higher proportion than any other age group.

Secondly, in the bottom chart, which I take refers only to those reporting for courses, we have another maximum figure for those in the 65-plus group. In column six, we read that 61.1 per cent of those in the 65-plus group were interested in the course, described as "keeping house".

The third maximum figure is in column 7, and it may not be significant because of the heading, and it shows 26.4 per cent were taking "no courses or other than those listed".

Dr. KIDD: Could I stop you there, Senator Grosart? The data, by the way, is taken from a recent report of the Dominion Bureau of Statistics and I think I am interpreting what it means. These figures under the different captions refer to individuals who belong to those captions rather than taking courses about the captions.

Senator GROSART: I am sorry. Then my last question is irrelevant.

I presumed those were the occupation percentages of people who were taking the courses. I think the chart is a little misleading in that respect. However, that washes out my second question.

What would your comment be on the figure that 77.1 per cent as against 23 per cent of those who have been reporting for the courses are women?

Dr. KIDD: I found this quite startling. The data has just come out. It has been in my desk only a week. I did not have time more than to react to it, as you have done.

I do not know what this means. I suppose one could speculate about the fact that certain courses now offered, of the handcraft kind, appeal to women in the neighbourhood, and there may not be courses of this kind offered that appeal to the men living in downtown areas.

Anything I could give would be just a reaction, speculation on it. This requires more study. I am not very helpful, I am afraid.

Senator GROSART: I have a second point. I was very interested in Dr. Kidd's general statement that the response and efficiency of older people increases with a time factor allowed for assessment of the task. Therefore, I would renew my request—as this is a group of older people faced with the task—that we have these papers a week in advance. I am sure Dr. Kidd would agree that the efficiency of our response would be increased if we were given a little more time, as we are an older group.

I have some other questions but will pass them for the moment.

Senator SMITH (*Kamloops*): I have a question I should like to ask Dr. Kidd. In reviewing these studies on efficient vision and hearing and so on, I was hoping Dr. Kidd might get to the matter of memory failure. I think that plays a great part in the loss of confidence. As older people lose their memory, or think they are losing their memory, they think they are becoming unfit to cope with the things that will bring them a lot of pleasure and comfort and peace of mind in age.

I often wonder if that matter of memory failure is to a great extent notional and the accepted thing.

You hear people say "Of course I am 45 and I cannot remember as I used to".

I think that has a great part in their loss of interest in trying to improve themselves or take courses in adult education studies and so on.

Is that a fact or is there something psychologically responsible for loss of memory and is there anything that can be done about it from a medical standpoint to improve the condition that produces deterioration of memory?

Dr. KIDD: There are three partial answers to this very important question.

First, you are repeating, you are making the point which I have also tried to make, that in general there is lack of confidence. This affects most older people. They are unconfident about their ability to engage in these things.

Secondly, in most of this field, we do catch ourselves in forgetfulness, that our memory is going. We forget the things we do not use. I have never found anyone yet who accepts the opinion itself, that we really improve in our handling capacity. We resist this because we have forgotten it. Take the

French vocabulary, we have forgotten it. We forget the names of people whom we have not seen for a long time. We accept our loss of memory. This is part of the problem and it seems to be borne out by experience.

A result of the test shows we have a great deal of capacity about vocabulary, but in certain areas there is a clinical basis for forgetfulness as people grow older. Dr. Wilder Penfield has made a good deal of study of this. I am not very well informed about this, but let me give you a little piece from a speech of his on "The Second Career".

This is about the corporation vice president or president who has retired and has been given his gold watch and quickly declines because he is not faced with something serious and important. He mows the lawn perhaps and carries out the garbage for his wife, while he thinks about his future. He notices that his recent memory is not as good as when he was younger, although his distant memory is good enough. He does not know that this is caused by the fact that the hippocampal gyrus in the temporal lobe each side of the brain, often suffers some interference in its circulation, while the rest of the brain is as good as ever for many years to come.

I cite this because Dr. Penfield makes reference to it. He feels that everyone ought to know that there are certain kinds of decline, so you accept that; but you do not need to accept this as a general condition.

More facts are needed. People ought to know what is going to happen to them, so that they can provide against anxieties that arise.

There is some physical basis for this, but it is mostly still the problem of attitude.

Senator GROSART: I recently saw a study that suggested another reason for this apparent loss of memory. I found it very comforting, personally. As you grow older, you have so much more to remember that it is not surprising you forget more.

Senator QUART: That is true.

The CHAIRMAN: You were talking a little while ago about a school being available when you required it. Someone told me last week about Mount Allison—Sir George Williams in Montreal—they had 3,000 students in the daytime and eight or nine at night. I think that is not very far out.

Dr. KIDD: That is very close.

The CHAIRMAN: I am told the same thing is true of some of the institutions in Toronto. Am I wrong?

I was wrong in what I said. I understood him to say that they had a far larger number in the daytime than they did at night. Is that right, in Sir George Williams?

Mr. DAVIS: You are wrong: it is the opposite. It began as a night school and is still mainly a night school, although the number of day students is increasing.

Dr. KIDD: I could follow your point by saying that in some places there is as large an enrolment for night school as there are children in the daytime. I am not arguing there should not be night schools. I say there should be. But it is equally true, that a lot of people do not go to the classes because it is not convenient for them to go out at night.

The CHAIRMAN: For whom is it convenient to go out in the daytime?

Mr. DAVIS: For retired people.

Dr. KIDD: For retired people, particularly women. The afternoon is the time they choose for their activities.

The CHAIRMAN: Does not that to some extent answer the question that Senator Grosart raised, the disparity between 71 per cent and 23 per cent, in that there are more women than men.

Dr. KIDD: Even now they go out to the activities listed here. This apparently is true. Where you have a school open at other times in the day, and there are many cases in the United Kingdom and in the United States, where this is true, you do find an increasing number of older people, both men and women, who will attend classes.

The CHAIRMAN: You are talking about the women who no longer have responsibilities in the house or for young children or who may even be alone. These are the women you are talking about particularly.

Dr. KIDD: They may have a certain amount of care of family. It depends on how much they have to do around the home. There is a decrease in the constant care but they may still have some responsibility. Also they are travelling, and many of them do not want to go out at night. It depends on how far they have to go.

Senator GROSART: Is there any study indicating what hours of the day are the maximum hours of this problem of leisure for older people?

Dr. KIDD: There may be. I do not know of any such study but I expect there might have been.

Senator GROSART: In this context, it would be rather important to know, because both psychologically and from the occupational point of view, what are the hours in which people say they are most lonely, when they feel most frustrated. Is it in the evenings or the middle of the afternoon? It would be valuable information.

The CHAIRMAN: Of course the other matter is the matter of facilities, is not that right?

Dr. KIDD: The kind of facilities.

The CHAIRMAN: What is available in facilities.

Mr. DAVIS: And at what time?

Dr. KIDD: Again speaking of school boards, when a school board has determined that it is important to plan for the education of older people, they usually have been able to find facilities and adapt them. Because of the change in a city, some schools are used to serve one kind of function and can now be used for another. I may be overstating the case but I state this is largely a matter of will and attitude. If this is present, the means can be found without an enormous increase in cost.

Dr. KIDD: Take another matter, that of school facilities; I do not know how many millions of dollars will be spent in the next ten years on them; but if we were to plan every one of those facilities to be a good instrument for the education of older people, instead, once a school is built, trying to adapt it for these purposes, we would not have to spend an additional nickel to have much better accommodation.

The CHAIRMAN: What do you mean by that? Will you give us an illustration? What is the difference between the kind of school that is built today and the school you would want to build?

Dr. KIDD: There are not outstanding differences. It is partly in the planning of facilities on the ground floor which can then be used for adults; that is, parking nearby, close to the cafeteria where coffee can be had and so built that there could be smoking, and the ordinary sort of atmosphere older people would like, with chairs that could be moved around for small groups, instead of fixed chairs. In the organization of these kind of facilities, they could be planned from the beginning with the aid of architects who understand that the building would be used for these facilities, with the application of television and wiring for these things.

Senator BROOKS: You would have to have the larger seats down on the ground floor, and so on.

Dr. KIDD: Yes, for adults on the first floor. Many night schools in this country are of that same kind. If you have only blackboards, which are grey on grey, and blur on blur, it makes it exceedingly difficult for adults, especially where there is great glare, and they are next to the shop where there is interference by noise; then you have real problems.

Senator BROOKS: Yes, I can see that.

The CHAIRMAN: Of course, today our general outlook, I suppose, is that when people move out into a subdivision they anticipate that perhaps there will be 1,200 new children, and they say, "Let's build a school for the children". Now, if anyone had suggested that the school be also built for the older people, I do not know what kind of reaction you would get.

Senator BROOKS: When the school is built they invariably put the younger children on the ground floor and the older children on the top.

Senator McGRAND: Mr. Chairman, it seems to me that much of what we are talking about is the problem of how to train old people or to assist them to putting their time so that their lives will not become monotonous, rather than to prepare them with a philosophy of life to enable them to live a fruitful old age. I had written out a question, which I would like to read: Education is a preparation for life. Most of the training in school is given in job preparation and much of it is on science. It may be necessary to revamp our whole educational program if the youth of today are to be prepared for the future level of old age. Now, is the set of values placed before children today in our educational system and in our schools sufficient for a fuller life in old age?

Dr. KIDD: I do not know what is going on in all the classrooms. I think I share something of what you are intimating. Something can be done and must be done in the schools to prepare them, not just for old age, but for all that is going to happen throughout their lives, as far as this is possible. As I indicated earlier, I think the teachers of children of any age should know a great deal about the whole process of life.

Senator BROOKS: Education is not only to make a living, but to make a life.

Dr. KIDD: As far as young people can be helped to get rid of the stereotype that old age is going to be a terrible time for them, so much the better for them.

Senator McGRAND: But they are not conscious of that. Are they not mainly concerned with their anticipation of making a living in our affluent society?

The CHAIRMAN: Of course, Dr. Kidd is the witness, but I do not share your view.

Senator PEARSON: Can you tell us, Dr. Kidd, if there has been any study made as to what is best for an older person to read, that is, whether good periodicals or newspapers would be of greater advantage to them than the reading of books of fiction or non-fiction?

Dr. KIDD: I do not think there has been any such study. I think I would also assume or guess that the results of the study would be rather negative; that is, that the result would show that if a man were reading about things which gripped him and interested him, either because of what was in the publication itself, or because of the power of the novel, or because he intended to take an active part in politics in his province or serve on a hospital board, if he reads in relation to some real social goal for himself, then he will gain more. I think those factors are far more important than the kind of reading—the kind of format.

Senator PEARSON: I am thinking of the person of say over 65, having retired. Of course, doctors continue to study their profession, as also do lawyers; but what would be best for the average person who retires at 65?

Dr. KIDD: I would simply say that if we could help him and all people like him to see that he still had an important role in the community, and his reading would be associated with this, it would be very meaningful to him.

Senator QUART: If I may inject a flippant remark. I was coming back on the plane with one of our important scientists in the Government, after attending a very important meeting in Greece not long ago. I noticed that on the plane he was reading an extremely sexy novel. I said to him, "Don't tell me you would read a book of that kind?" To which he replied, "Well, listen, I am getting on and I want to keep young".

Dr. KIDD: It reminds me of the story of the three chief justices of the United States who went for a stroll one day, and a beautiful stenographer passed by. One turned to the judge next to him and said, "Oh, Louis, to be 70 again."

The CHAIRMAN: What have you to say, Dr. Kidd, about older people who have been reading the newspaper, for instance, for the past 25 years, and have perhaps followed the doings of the Ottawa football team, or hockey, or any other sport. How important is the availability of that periodical to him and his continuing interest in something he knows something about? I assume this would also relate to older women, but I am unable to say in what way.

Dr. KIDD: Let us take the example I started with. As far as I was able to understand it these men were not at the extreme limit of life but they were what would still be called old people; they were reading newspapers already, but they wanted, in company with others with like interests, to keep informed of things. This offered a great deal to them and they kept it up under any circumstances. I think that many people of this kind would profit by some of these small group associations in addition to their personal use of radio, television and the newspaper. I think they cling to the newspaper because it is familiar and reminds them of their past and keeps them in touch with the present; but with some help they could engage in activities which would open up for them even more than these traditional things could. If men and women are simply exposed to those things they are familiar with they are really not able to face up to much that is new; they need some stimulus in addition.

The CHAIRMAN: Dr. Kidd, your profession requires you to do a great deal of reading. You are busy all day. You have an administrative job to do, and you have to organize yourself in such a way as to have time for reading. That is one of the problems that a man faces almost from the time he graduates and goes in to whatever profession he chooses. How do you organize your work? This troubles every one of us.

Dr. KIDD: Yes. We get some great advice here.

The CHAIRMAN: How do you organize it?

Dr. KIDD: Well, the load of reading, of course, is not well distributed. Persons in this room have enormous amounts which they should read, and many people have far more reading than they can manage. So, the matter of organization is for those for whom reading is necessary in the work they are doing. The problem with respect to reading of older people is not so much a problem of finding time as it is of knowing what to read. This becomes a matter of helping them so that they will be comfortable and will keep on exposing themselves to reading and so keep opening themselves up to what is going on.

Our libraries have made some efforts in this respect, but not very much, so what happens is that people tend to withdraw their readership. The age readership in libraries, so far as this is known, declines in the older years. This seems to be as much because of the way libraries operate, as I indicated in one remark, as it is a case of lack of interest on the part of older people. There does not seem to be a decline in interest in reading in older people, but there does seem to be a decline in the use of libraries and the planning of libraries.

We have a readers' advisory service, and this seems to increase the numbers of people reading, and also the quality of their reading. I have not given you any advice. I do not think any of us is completely organized.

Mr. DAVIS: The senator is completely organized.

Dr. KIDD: I have come to learn from you in regard to this.

The CHAIRMAN: We suffer in common. If we can read ten per cent of the material that comes across our desks we are very lucky.

Senator BLOIS: I am very much interested in this whole thing, and I have done a lot of surveys on my own. I was interested in the educational aspect, and the fact that .03 per cent of people over 65 are taking courses. I would like to hear Dr. Kidd's remarks on this.

First of all, it is my thinking that the courses that are available are perhaps not suitable for this age group, and this is particularly due to the education that they have received in the past. Secondly, we have to consider two different classes. There is the class of people who have not had much education, and the people who have had a better education who can adjust themselves to further education and who can study much more easily.

The big problem, as I see it, is with respect to the people who are lacking in funds. Perhaps as an example I might mention that this past Sunday I was in the United States and I was asked out to a "brunch" party. At that meeting there were 16 people who were all retired except one couple. They ranged in ages up to close to 70, and I think one man was 84. All these people had money. They had bought homes in the district—homes ranging up to \$75,000 in price. These people told me that they were more busy now that they were retired than they were when they were actually working. One was writing plays. Another man was an electronic engineer and he was helping people in the district. He was teaching a class. They had a community gathering once a week. These people were getting along very well.

The problem we are faced with is that of the people like those whom we had here two weeks ago, people who have not too much means and not too much education. Those people are not competent to take these educational courses. I am wondering if it is possible to have some courses of study that might be more helpful to this type of people.

Dr. KIDD: Yes, I agree with all five of your reasons. Why there are no many older people who have very limited experience—

Senator BLOIS: That is at the present time. In 20 years the picture will be different.

Dr. KIDD: Yes. Most courses are planned for young people and have their interests in mind, and it is a kind of hand-me-down curriculum that is proposed for older people. We must realize that they have doubts and that they feel that sometimes they are not really welcome. There is some resistance to their learning, and some eyebrows are raised.

You all know the old story of the 95-year old man who applied for life insurance. Everybody laughed at him, but he drew himself up to his full height and said: "There are very few men of my age dying these days".

They rather expect resistance, so they may not go to the classes. Then, there is the matter of money, and the time at which the courses are offered and where they are offered. These are all factors that affect many of the people you are talking about. The ordinary courses offered at university extension or in night schools probably will not do.

Senator BLOIS: They would not even interest them, perhaps.

Dr. KIDD: No, so we have to have a special program in old age schools, and invite them in and draw them in. There are others, however, who do not share these limitations, and who could go to the more regular programs if they were there.

Then, there is the possibility—and I think studies will come to this before long—of creating a great many programs for older people in their own homes which would be augmented or supplemented by some group activities as well. With the telephone hook-ups that are now possible—I know the cost factor comes into it here, but it can be managed—and with television, and if these things were planned, then a great deal can be done at home. In addition to that once a week or something of that kind they could go to a school, or some other centre, for the additional stimulus that comes from being with their fellows.

The CHAIRMAN: Doctor, the C.B.C. is part of the Canadian mosaic, and we around this table have a pretty good view of it. What could the C.B.C. do to stimulate this?

Dr. KIDD: Yes, there is a great deal that is presently on the C.B.C. which is very valuable for older people. Again, some other factors come in here. One is the selection that people make of the things that they see. I have experienced this. I have had to draw the attention of people to certain programs, but once they have been exposed to them long enough they will follow them themselves. But, they do not do this on their own.

The CHAIRMAN: Most of us here—I think I speak generally—look for a program. During the day we never see television. What we do is that in the evenings we will look for a certain program in which we are interested, and unless we are bored to death, or the evening is broken up, we do not bother with television at all. What is on now during the daytime that is attractive to this sort of people about whom we are talking?

Senator QUART: There is a very good program which I know of from visiting the hospitals. You would be surprised at the number of people in such hospitals as the D.V.A. hospital who follow the Scarlett Hill program. I do not know much about it, but it is on every afternoon and is a serial type of program. I know it is not educational, but it is an interest.

Dr. Kidd stressed companionship in these clubs as a means of preventing aging, and after all these people in the D.V.A. hospitals have various degrees of education. I am wondering if this type of program would not be more popular on the average across Canada than a program that was completely intellectual.

Dr. KIDD: I think you have made two points, and they are both generalizations. Perhaps I am speaking beyond my experience, but I think we did very well in Canada in radio in this field. I think our record in radio has been comparable to what any country has done. I do not think we have done as well in providing experience through television to people in the homes, as has been done in some countries in respect to educational, cultural and creative activities. We have not done as well in this field as we could. I think there are more good programs available than are being used. We would have to devise a way of helping people to use the facilities that are there for them, just as

we have to find a way of making them use the remarkable books that are now published in paperbacks rather than the paper-back junk. We have to find an instrument for people to use and that is accessible to them.

Senator GROSART: Dr. Kidd, you have spoken of this problem as being made more difficult by a wrong attitude on the part of those who are trying to help older people, and by a wrong attitude on the part of the older people themselves. Do you not think it is entirely unrealistic to talk of "courses of study" for people who are 65 years of age and over?

If we look at this from the point of view that Senator Blois brought up, of 11 million people taking courses, only 0.3 per cent or 3,670 are over 65. Are not these people really telling you, "We don't want courses of study at 65"? I recognize the importance of the cultural field, but is it not so that we must accept people as they are when they come to 65, and forget about trying to change them over or give them new hobbies or new reading habits? People do not change that much. Surely the stress should be on fitting them to do something?

Are you in a position—and I am sure you are, with your experience in adult education—to give us some kind of a breakdown of the type of courses, let us say, that the Canadian Council of Adult Education is now offering?

Dr. KIDD: Yes and no. Could I start with your first point, about the resistance that there may be of many older people to courses? I think there is a good deal in what you say. There is a resistance, or resistance can be expected to very formal structured courses which do not seem to have much meaning to an older person.

Senator GROSART: If you call it "a course of study".

Dr. KIDD: That is right. And if it does not have meaning to him he will not bother with it. However, I think it is possible to take philosophy or history or Shakespeare just before Stratford opens up, or a subject like what happens to older people or the activities of the Royal Commission on Bilingualism and Biculturalism and organize this into a learning experience that some older people will want to have. We do not need to call this a course, but I think the subject matter, in addition to things you do with your hands, in addition to the jobs you take on as a citizen, this, I think, people will be eager for, if we learn better how to get them started in it—not everybody. There will need to be quite a range of things from which we can choose, but I am constantly astonished when I meet with trade union groups and farm people in their homes for folk schools, where the age range is from 45 to 75. I am very much fascinated by the interests many of these people have in philosophy or economics or the problems facing the Government today, or what is going on in the south of the United States. I agree with you thoroughly that if you organize this in a very formal kind of course, most of us probably will not undertake it either. These things have meaning for something, for advancing in certain steps towards some objective. If you take the things people are really concerned about and organize those in ways they will want, I think a lot of them will take part.

Senator GROSART: I will agree with you entirely in your last phrase. You suggest we should set up some kind of facilities to improve people in terms of a meaningful objective. I would agree here. I do not think we are going to interest many people in philosophy, history or even Shakespeare at 65, if they have not an interest in those subjects already. I think you yourself put the emphasis on the right side of it when you talked about current affairs, because all of us here are aware of the fact that in the general area of current affairs, which we may call politics, the interest of older people is much greater than that of younger people. In fact, anybody who has

attended—as I suppose everybody here has—a great many political meetings will agree with me that one of the phenomena of the age distribution in attendance at political meetings is the heavy weighting on the side of advancing years. This does indicate a great interest on the part of older people in current affairs, and I cannot agree they will get all their education or stimulus in that direction from a newspaper.

The CHAIRMAN: You “cannot” agree?

Senator GROSART: No.

The CHAIRMAN: I thought that as a publicist that is a thing you would agree with.

Senator MCGRAND: Senator Grosart referred to “a meaningful objective”. That is what I had in mind when I asked you the question the chairman diverted. It should be a meaningful objective, rather than temporary entertainment that will merely get them by for that evening and then let them wonder what they are going to do the next.

Dr. KIDD: I could not agree more. I think it is a dirty trick to play on people, simply to help them kill time.

Senator MCGRAND: That is it—“kill time.”

Dr. KIDD: I think we have to make it possible for all of our citizens to feel they have an important place in our society. That means serving; that means engaging in creative pursuits; and that means keeping the mind alive around the real-life problems of our society. If we do that and organize experiences to make this possible, increasingly our people are going to go for this because increasingly they will think them experiences that will help them to prepare themselves.

Senator MCGRAND: Built around some slogan like: “Learn as long as you live”.

The CHAIRMAN: Senator Gershaw?

Senator GERSHAW: My question has largely been answered, Mr. Chairman, but I would just like to ask a question about the institutions. All through the west we have night classes for new Canadians. Sometimes the school board will pay a teacher to help, and sometimes the work is carried out voluntarily. How are you going to get instructors for classes such as we have been talking about?

Dr. KIDD: On this I have no fears or qualms at all. I myself on many occasions have had occasion to go and recruit teachers. Not always are those who are already in classrooms the best teachers. Often the best teachers for the kind of adult learning experiences we are talking about are adults in the community who have lived richly themselves and who have some kind of special skill, knowledge, intuition or specialty.

Mr. DAVIS: They might be retired people?

Dr. KIDD: Yes, many will be. With a little help they can become magnificent teachers.

Senator BROOKS: There are people who have been students all their lives—and that expression is often used—and they are very valuable; there is no doubt about that.

Dr. KIDD: It is simply not true there are not teaching resources to do the things we are talking about.

The CHAIRMAN: Almost any place in the country?

Dr. KIDD: Yes, almost anywhere in the country you can find them. I have never found a place yet where they do not exist.

Senator FERGUSON: You spoke of the value of guidance counselling of older persons to build up their self-confidence. Would you say that guidance counselling is increasing significantly in Canada?

Dr. KIDD: To this extent, that we had none at all, except casually, before. We did not have anything in an organized way until very recently.

Senator FERGUSON: Are you referring to the employment service when you say that they are organized?

Dr. KIDD: Now there is a certain amount of guidance counselling going on there with respect to placement. The first conference on the role of counselling and guidance in adult education in Canada was held just last week. People in the university extension departments, night schools, the Y.M.C.A.'s and other places have recognized its importance, and, as I say, have just held their first conference on it. I do not know how many people would be doing it, professionally, throughout the whole country—there are not many, but there are more, and the problem is at last being recognized as an important one.

Senator BROOKS: Are labour unions interested in this?

Dr. KIDD: Yes. In Sweden and West Germany the unions do a great deal in the guidance field for retirement, and to some extent in the U.K., and some in the United States. I do not know, although I should, but I do not think there is a great deal in the educational programs in our unions.

Senator BROOKS: That could be done through the unions, could it not?

Dr. KIDD: Yes, there is increasing recognition of this, but I do not think it is getting into practice here yet.

The CHAIRMAN: We are going to have the Canadian Labour Congress appear before us here, and they are specialists on the subject, and do not be afraid to let them know your feelings on it.

Senator PEARSON: I would like to ask a question on employing the older people. If the larger industries and unions were not worried about the pension scheme at all, would the tendency then be to employ older people?

Dr. KIDD: I am sorry, but I cannot even give you a good opinion on this; I simply do not know. I hope this is going to change when there is a better understanding of the real capacity that older people have. But to what extent the relationship of pensions to other administrative arrangements affects this, I cannot even hazard a guess.

Senator DESSUREAULT: I notice that many people retire at 65 years of age and die soon afterwards. This is usually unless they are kept busy. Generally speaking if they are not kept busy they are not going to live very long. If they keep themselves occupied they do carry on longer. If they are not kept busy—and we do not notice that in the Senate here because we are always kept busy—so far as they are kept busy this is the best way to extend their life.

Senator QUART: Dr. Kidd, I am going to ask a question. At the beginning of your talk you mentioned the organization of the club at the Y.M. for people about 60 or 65. Now from your experience when you were there with them did you find retired businessmen, successful businessmen going there or was it merely the middle or poorer group who went to this club?

Dr. KIDD: I cannot answer this generally. I can only refer to this particular group. As far as I know there were no retired businessmen, or if there were there were only one or two. These were men still in the civil service or men ready to retire. Some had been in the civil service and some had been teaching. There are not so many corporations in Ottawa. It might be a different matter in another city, but as far as I know there weren't any here.

Senator QUART: Do you think most of these clubs should try to persuade these people who are financially secure to come into these clubs? Would it not be a very good thing for themselves, and would it not also help the whole tone of the club? Has there been such an approach in this club?

Dr. KIDD: I don't think there has been a systematic approach. I am not suggesting that everything should be done in older people's clubs. I think it would be a very good thing in many activities to systematically go out and get these older people who could contribute so much and do it regularly and systematically.

Senator QUART: My last remark will be that I was delighted to hear you mention that it would be good to get these men, and I specifically mention the word "men" to do something more than gossip. Men never admit that they gossip, but in fact they do.

Senator FERGUSSON: I want to get to the subject we discussed before. Dr. Kidd said he thought there were great supplies of teachers if we could find them throughout the country. Would there be more in urban than in rural districts?

Dr. KIDD: I am not as familiar with the rural areas as I once was. I think the shift to the city might have slightly affected the supply of teachers. My own experience of dealing with rural teachers has been very satisfactory. These groups have themselves been able to find excellent leadership. They might have to range over a whole county rather than a village, but now that is no problem since they are mobile. I think the generalization still holds that if you look you can still find good leadership resources in most places in Canada.

Senator BROOKS: You would find many farmers who had married school-marms over the years. I was a school inspector for a few years and I know.

Senator GROSART: Dr. Kidd, you have had a great deal of experience in adult education. You made it clear to us your experience indicates that there is very great ability in older people for relearning. Without in any way minimizing the importance of culture and recreational programs, would you say from your experience that a fully organized retraining program could direct a substantial number of senior citizens into gainful occupation?

Dr. KIDD: As far as my experience goes I would say yes. And I would recall to mind the useful experience during the war, particularly in the United Kingdom where it was absolutely essential to bring back people in their sixties and place them in significant jobs. With a little bit of retraining these men and women in the main acquitted themselves admirably. There is other evidence on this. This is not a field I know too well, but most of the evidence in this regard is affirmative.

Senator GROSART: At what age would you suggest aging people would be susceptible to retraining for their retirement?

Dr. KIDD: This I do not know, and I do not think you can judge this in terms of chronology. I think it is more related to how they view themselves than it is to any consideration of how long they have lived. It has often been said that a man ought to be serious about his retirement about 40 or 45, or ought to be planning for it at that stage. There are others who argue that he ought to have started considering it before this age.

Senator GROSART: There is one further question which I have asked before; do you think that the compulsory retirement age of 65 which is imposed generally by industry and by the 11 governments of Canada puts elderly people at a serious disability?

Dr. KIDD: Let me say two things; first, I am going to give a personal opinion on this because I don't have any professional competence to offer here. My own opinion is that it is outrageous, and creates very serious difficulties for the people of this country.

The CHAIRMAN: How did we get into this mess? Everybody at this table shares your view. But how did we get into this business? It seems to be part of the gospel of government today.

Senator GROSART: It is part of the gospel of business too.

The CHAIRMAN: Yes, of business too, and if you have business and government what else have we got? I repeat how did we get into this?

Dr. KIDD: I have studied this; this question deserves serious study. Some study has been done but it has not been effective. There are so many factors involved here. The placing of youth and youthfulness on a pedestal so common in our culture. It may also stem from the fact that this is a pioneering country where so many people died early.

The CHAIRMAN: Related to the United States these things are not applicable.

Dr. KIDD: The emphasis on youth as against old age, and the acceptance of the myths and fables I have mentioned earlier. I do not know why the insurance companies got into this. Maybe they had sound economic reasons. I don't have any professional competency to give here. I am told now there were not serious economic reasons for setting the tables in this fashion, but any insurance man I talk to says there were. I know I am not giving a good answer. All I am saying is that there were a lot of factors. We did slip into this situation without being aware of the consequences, and we didn't think about the facts very much at all. We accepted them without examination.

Senator GROSART: It was the easy way out for everybody; that is the answer.

Dr. KIDD: I expect so.

Senator GROSART: At 65 they could get rid of the inefficient and efficient, and this has been the attitude in business and has been carried on into government. I am surprised that any government would take this attitude. I am not surprised to find it regarded as a business necessity, but I am surprised it has become a gospel, as somebody has said.

Dr. KIDD: If it had not been for this evidence of prejudice maybe we would not have slipped into it.

The CHAIRMAN: Here again we have slipped into something we ought not to have, but there is no movement to get out of it.

Senator PEARSON: There is a movement on the part of some of the unions to keep it that way so as to make more employment.

The CHAIRMAN: That is a different matter. Here for instance the Government salves their conscience by giving a year or two extension if your health is good or something. And of course business will sometimes use you in a supervisory capacity.

Senator McGRAND: Mr. Chairman, if this is a problem today and we realize how big it is, what is it going to be like in another decade as the thing snowballs?

Dr. KIDD: This, I do not have a good opinion on either except that we are recognizing problems now we did not before, and asking the right questions on this subject is the beginning of wisdom.

The CHAIRMAN: Dr. Kidd, you spoke to Senator Grosart about retraining older people. Aren't we now in the midst of a very vigorous attempt to retrain younger people?

Dr. KIDD: Yes.

The CHAIRMAN: And we are having a considerable amount of trouble with the young people, with lack of facilities, but of course we are learning from this experience. Our present focus is upon these younger people and we are likely to need that focus for a period of ten years maybe, from all indications. Is it possible, do you think, for us to divert some of that attention away from the younger people when they are looking for experience and employment to the older people?

Dr. KIDD: I think that is going to be very difficult. Almost all the people in Canada will accept some changes respecting young people but I think with the right kind of publicity there may be a greater response to the idea of spending money in the retraining of older people. I do not think the retraining of older people will compete with the retraining of younger people. My guess is when we look into this seriously we may find a good deal may be done without the spending of inordinate amounts of money and we will have to find these ways without unduly adding to costs.

The CHAIRMAN: Some of the facilities now made available for training these younger people can to some limited extent be made available for older people?

Dr. KIDD: I think so and I think people will find that out.

The CHAIRMAN: Of course you are living with it, aren't you?

Dr. KIDD: To some extent.

Senator BLOIS: What about this problem in some of the countries where the unemployment situation is less serious than in many other countries? Is it not true where they have very little unemployment older people are working to a much greater extent than in the United States and Canada? I base that on the fact that today there are so many older people working, and if there was not work for these older people our unemployment situation in Canada would be much more serious than it is today.

Dr. KIDD: I think it is true that wherever you have full employment that all sections tend to have a better chance, and that where you have competition for jobs or for money then the less-favoured groups are at an even greater disadvantage. I think this is true, certainly in some European countries, that older people have better chances for retraining.

Senator BLOIS: In the earlier part of this year I was in Italy and I found there that there was lots of work, and older people were working there to a much greater extent than in the United States and Canada. In fact a great many women were working in the fields because men were not available. It strikes me perhaps we are looking at this matter in the wrong way altogether, that perhaps we should look at it from an employment point of view. As I said, I am not too sure we are going at it in the right way.

Dr. KIDD: Or do both at the same time?

Senator BLOIS: That would be the ideal way.

The CHAIRMAN: Dr. Kidd, I gather the purpose of your coming here is to share some of your knowledge with us and to stimulate our thinking. By the questions you were asked here today, you succeeded. A great number of other people will read the remarks that were made and will also become interested and will thus share some of the knowledge that you have acquired over the years. For all that we thank you very much.

The committee adjourned.

APPENDIX B

Some practices for overcoming in a college or conference some of the deficits associated with losses in vision and hearing by older people

Vision:

a. Illumination. One generalization may seem obvious enough, the need for adequate illumination. It is still common to meet the attitude that although good illumination must be provided for children, any old corner, no matter how dim, is good enough for adults. This is to put things backwards. Older people need better illumination than younger. Not only should the illumination be sufficient (if in doubt consult any lighting engineer) but it should be constant, without flicker. Do not have your audience face direct light.

b. Glare. Have you ever noticed in how many conferences or meetings some members of the group are compelled to face glare, either direct or reflected? Usually a simple change in seating will reduce or eliminate this. Glare will cut down the total efficiency of your group; it is usually unnecessary and is an insult to your audience.

c. Blackboards. Have you ever made a census of blackboards used for adults? You may be astounded to note how many of them are shiny (glaring) or, even more common, are "tattletale" gray in color. Chalk boards, or large paper pads which allow maximum contrasts should always be used; white on black, yellow on black, white on green make useful combinations.

d. Other Factors. Arrange seating so that people are close to speaker or demonstration. Use sharp color contrasts. Enlarge—if you use mimeographed material, choose pica type (at least) and double-space. Simplify—use simple words or phrases on chalk boards. Where possible avoid use of abbreviations. If possible remove everything from the board or chart except the relevant items.

Hearing:

a. Organization and Atmosphere. People with hearing loss will respond better and feel less isolated or threatened in small groups than in mass groups. In a face-to-face, informal group some hearing loss may not seriously matter. The conditions which are usually prescribed for effective small group discussion have even greater relevance for older people.

b. The Teacher or Leader.

The teacher or leader should stand still in a position to be observed by all, so that the listener can adjust to the source of sound and also watch face and gesture which may provide him with visual cues to meaning.

He should speak slowly, clearly, distinctly, loudly.

He should talk directly to the group, using conversational manners and avoiding a monotone.

He should use simple, clear, and meaningful words or phrases.

He should use blackboard, wall paper, flannelgraph or other means to provide supplementary visual cues whenever new, unusual, unfamiliar words or numbers, titles, or ideas are introduced.

c. Additional Checks for the Teacher or Leader.

Note and try to eliminate outside noises that may distract or interfere with the hearing of the group.

Watch the faces of the group members to see if they are hearing.

Ask someone in the back of the room to call attention when any members cannot hear.

Questions directed to the teacher or leader by members of the group should be repeated for the benefit of the others.

It may take a minute or two for people to get used to the acoustics in a room or hall. Producers of training films do not put their important message in the first three minutes of the film; they allow time for people to "warm up" as it were and become accustomed to the acoustics. This is equally important in a class or meeting in which older people are present.

TABLE 2, Persons Reporting Courses—Age Groups, June 1960

Age Groups	Total Estimated population 14 plus	Estimated number reporting courses	Participation rate	Persons reporting courses					
				Sex		Education			
				Male	Female	None and Elementary	Secondary	University	Unknown and other
				Percentage distribution					
14-19.....	1,658,000	38,975	2.4	48.7	51.3	19.0	76.2	3.1	1.7
20-24.....	1,162,000	83,210	7.2	64.5	35.5	15.3	67.9	14.0	2.8
25-44.....	4,672,000	238,595	5.1	60.4	39.6	13.9	71.8	20.2	2.1
45-64.....	3,015,000	61,890	2.1	52.2	47.8	19.6	57.1	20.6	2.7
65 plus.....	1,273,000	3,670	0.3	22.9	77.1	30.8	46.9	16.3	6.0
Total....	11,780,000	426,340	3.6	58.6	41.4	15.8	64.4	17.4	2.4
	Estimate number of persons	Occupations							
		Managerial	Clerical	Agriculture	Transport	Keeping house	Other and none		
14-19.....	38,975	8.6	43.8	8.2	21.8	10.3	7.3		
20-24.....	83,210	20.3	31.7	8.8	26.7	12.0	0.5		
25-44.....	238,595	25.6	26.3	2.7	21.7	23.1	9.6		
45-64.....	61,890	29.1	22.7	6.5	13.3	27.0	1.4		
65 plus.....	3,670	6.0	6.5	—	—	61.1	26.4		
Total....	426,340	23.4	28.3	4.9	21.3	20.6	1.5		

"By occupations, younger persons under 25 years of age were generally employed in clerical, transportation and related occupations. The groups 25-64 years of age, were chiefly in managerial and professional positions, or kept house. Most of those in the age group 65 years and older kept house, reported no occupation, or were retired, but a few were employed in managerial, professional and clerical occupations. Most younger persons, under 25 years of age, took academic or vocationally oriented courses; few took general education or fine arts courses. A shift in emphasis took place for the older age groups, with fewer taking academic and vocational courses. More than half of those taken by persons over 45 years of age were in general education or fine arts.....

"..... Universities or colleges sponsored an almost constant proportion (about 15 per cent) of the courses taken by those 20-64 years of age. Other organizations and institutions, chiefly employers and churches, sponsored 15 per cent of the courses taken by those 14-19 years of age, and an increasing proportion among older groups, until, for those over 65, almost 69 per cent were sponsored by voluntary agencies."



First Session—Twenty-sixth Parliament

1963

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 6

THURSDAY, DECEMBER 5, 1963

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESS:

Dr. E. David Sherman, President, American Geriatric Society.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1963

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman

Jodoin
Lefrancois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Monday, July 29, 1963:

"Pursuant to the Order of the Day, the Senate resumed the adjourned debate on the motion of the Honourable Senator Croll, seconded by the Honourable Senator Roebuck:

That a Special Committee of the Senate be appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof;

That the said Committee be composed of twenty Honourable Senators to be named later;

That the Committee have power to engage the services of technical, clerical and other personnel as may be necessary for the purpose of the inquiry;

That the Committee have power to send for persons, papers and records, to sit during sittings and adjournments of the Senate; and

That the Committee be instructed to report to the House from time to time its findings, together with such recommendations as it may see fit to make.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative.

With leave of the Senate,

The Honourable Senator Macdonald, P.C., moved, seconded by the Honourable Senator Brooks, P.C.:

That the Special Committee of the Senate appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof, be composed of the Honourable Senators Blois, Brooks, Croll, Dessureault, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*), Smith (*Queens-Shelburne*) and Sullivan.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative."

J. F. MacNeill,
Clerk of the Senate.

MINUTES OF PROCEEDINGS

THURSDAY, December 5, 1963.

Pursuant to adjournment and notice the Special Committee on Aging met this day at 10.00 a.m.

Present: The Honourable Senators Croll, *Chairman*, Dessureault, Gershaw, Grosart, Haig, Hollett, Jodoin, McGrand, Pearson, Quart, Roebuck, Smith (*Queens-Shelburne*) and Smith (*Kamloops*)—13.

In attendance: Mr. R. E. G. Davis, Special Consultant.

Dr. E. David Sherman, President, American Geriatrics Society, was heard.

At 12.05 p.m. the Committee adjourned until Thursday next, December 12th, at 10.00 a.m.

Attest.

John A. Hinds,
*Assistant Chief Clerk
of Committees.*

MINUTE OF MEETING

1911

Meeting of the Board of Directors held on the 1st day of January 1911 at the office of the Secretary in the City of New York. Present: Mr. J. C. [Name], Mr. [Name], Mr. [Name], Mr. [Name], Mr. [Name]. The meeting was called to order by the President, Mr. [Name], at 10:00 A.M. The minutes of the last meeting were read and approved. A report of the Secretary was read and approved. A report of the Treasurer was read and approved. A report of the [Committee] was read and approved. The following resolutions were adopted: [Text of resolutions]. The meeting adjourned at 11:30 A.M.

Attest:
Secretary

THE SENATE
SPECIAL COMMITTEE ON AGING
EVIDENCE

OTTAWA, Thursday, December 5, 1963.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: We have a quorum. Senators, we have with us this morning Dr. David Sherman, who was born in Sydney, Nova Scotia. He is a graduate of McGill University, Faculty of Medicine; specialist in Internal Medicine; Fellow of the Royal College of Physicians of Canada; Fellow of the American College of Physicians. His present position is co-physician-in-chief, Maimonides Hospital and Home for the Aged, Montreal. He is Director of Research, Rehabilitation Institute of Montreal, member of the Medical Staff of the Jewish General Hospital; Lecturer in Geriatrics, School of Rehabilitation, University of Montreal; Vice President, Institute of Gerontology, University of Montreal; President, American Geriatrics Society (1963-4), and member of board of directors. He is a member of the Committee on Aging, Canadian Medical Association; Chairman of the Committee on Aging, Quebec Division, Canadian Medical Association; Member of Council, International Association of Gerontology. He is a veteran of World War II; and he has been associated with many humanitarian activities.

Senator HAIG: Mr. Chairman, before Dr. Sherman makes a statement, may I say that I regret very much that I have not been able to attend meetings until now because I was away. May I ask Mr. Davis to make a statement for the record of what studies and reports are being made by his interdepartmental committee, so that it will be on the record for study prior to our meetings next year, when we hope this committee will be reestablished.

The CHAIRMAN: We will have that statement before our next meeting, or immediately after.

Dr. E. David Sherman, President, The American Geriatric Society, The Jewish General Hospital, Montreal: Mr. Chairman and honourable senators: I am profoundly appreciative of the privilege of appearing before your distinguished committee here today. I might say that the aim and objectives of your committee have evoked a very responsive chord, not only from myself personally, but as president of the American Geriatric Society, which is a society comprised of 10,000 physicians throughout Canada and the United States, whose principal objective is to foster a higher level of service and care for senior citizens. In addition, we also foster clinical research. May I add that in the last decade our membership has increased from 400 physicians to 10,000 and we cherish the hope of having 20,000 physicians within the next decade—which in itself indicates the importance of physicians and their interest in the field of gerontology.

I would also bring official greetings to you from our society, and wish you every success in your future endeavours. When the invitation was extended to me by Mr. Davis, he felt the committee would like to hear about this specialized field in relation to the task your committee has undertaken. Therefore, my presentation today is entitled "Physician's View on the Aging Process".

In 1909, the late Dr. Ignatz Nascher of New York City, introduced the word "geriatrics", to denote a branch of medicine devoted to the diagnosis and treatment of disease in the aged. Although this word is rapidly approaching a respectable middle age, it is only within the last decade that it has come into general use. The disorders occurring in older people constitute an essential part of general medicine. Another new term is "gerontology". This means literally the science of old age or aging, in its broadest sense, and involves all of the various divisions of the biological, physical and social sciences. Geriatrics is thus but a part, a subdivision of the broader field of gerontology.

The objective of geriatric medicine is not primarily to lengthen life. For life has depth and breadth as well as length. This is possible by working for construction of greater health in later maturity, the prevention and retardation of the progressive disabling disorders of senescence, and continued cultivation of the mind through better adult education.

The all-important goal is to retain the usefulness of the aged individual for as long as possible; for the true tragedy of old age is the awareness of uselessness. To strive for this concept is the responsibility of present-day society. All have a part to play.

Gerontology is concerned primarily with the changes which occur between the attainment of maturity and the death of the individual, and the factors that influence the progressive changes. These may range from the influence of heredity to differences in climatic factors, and include the effects of social customs and usages. Gerontology is concerned not only with the structure and function in individuals with the passage of time, but also with the reactions of one to the other, and the reactions of the individuals to their environment. In view of the complex nature of studies on aging, and because of the multitude of disciplines which must be brought to bear upon the many problems in this diffuse field, it is imperative to employ an overall type of approach.

In Canada, as in other countries, the increase in the number and proportion of older persons to the rest of the population has created new and complex problems. In his opening message, the president of the Sixth International Congress on Gerontology which was held in August 1963 in Copenhagen, stated that most societies were at least ten years behind the times in facing up to the problems of the aged, which he ranked in importance as secondary only to the problems of world peace.

Bernard Baruch has pointed out that the great increase in older citizens represents one of the most momentous developments of modern times. The health and general welfare of millions of aging persons in the United States and Canada, considered with their integration and full utilization into the stream of national life, remains a challenge of prime magnitude. During the past decade we have witnessed principally the recognition and acceptance of aging as a human experience and of geriatrics as an impelling challenge to the medical profession.

Today there are about 200 million persons in the world who are 60 years of age and over. They constitute about 7 per cent of the human population and outnumber all persons living in Canada and the United States or in all of South America. This phenomenon represents one of the great new developments in world population history. Never before in the recorded history of man have so many people lived to such ripe maturity.

The Canadian population in 1961 contained 1,435,000 persons 65 years and over or more than three times the number in 1921. They comprised 7.8 per cent of the population as compared to 4.8 per cent in 1921—419,000 persons. Projections of these figures indicate that in 1971 there will be 1,845,000 persons 65 years of age. Canadian residents aged 60 and over numbered over 1½ million in 1951 and represented about 11 per cent of the population, a rise of 4 per cent over 1921. It is now estimated by the Royal Commission on Canada's Economic Prospects that by 1981, persons 60 years and over will number 3,400,000 and those 70 years and over 1,500,000.

It is ironic that just as man has developed unique explosives that threaten to assure that man does not live out his years, human beings through advances in science have never had so good a chance of living out their years. Another historic marker in man's history has been reached. Man not only has unparalleled opportunity to live longer, but perhaps of greater significance, man today stands on the threshold of liberating the latent talents of old age, and of opening up new opportunities and new challenges in his later years, and of offering man opportunity in his later years for personal inner enrichment, creativity and satisfaction. While the problems of the aged of the world may differ in intensity, increasing evidence is accumulating that fundamentally the problems of aged human beings are the same around the world. They require the basic commodities for existence, food, clothing and shelter. But, in whatever culture they may be, they also require emotional sustenance and self-esteem. They need medical care and health maintenance, and in most cultures, usefulness in one form or other, whether through work, or service to the family or the community.

The problems involved in this inexorable increase of an aging population are by no means limited to the biological sciences and clinical medicine:— the social, economic and environmental aspects are of equal importance. Too often the public is prone to assign the problems of an aging population solely to the medical profession and the physician is "too busy" to appreciate the geriatric individual as a person having as many social and economic problems as medical, if not even more. Physicians will be and should be asked for advice and guidance by patients, employers, vocational counsellors, and the public. However, the medical profession should be concerned with the problems of aging beyond the purely health aspect.

The problems of old age are not new or unique in the United States or Canada. The classical reference is to Cicero's "De Senectute" written about 40 B.C., when Cicero was 63 years of age in a period when the average length of life was only 22 years. Cicero had little patience with those who lamented old age and noted that those with simple desires and good dispositions find old age easy to take. One of the speeches in the discourse expresses Cicero's views: "You will do us a very great favour if . . . you would allow us to learn from you, in good time, before it arrives, by what methods one may most easily acquire the strength to support the burden of advancing age." The old, being rare in primitive society, were highly respected phenomena. When communication was restricted to word of mouth, the wide experience of the elderly made them the repository of important knowledge and the most valued members of a group.

In the past century, old age in the western hemisphere, has lost respect and sympathy. Old age has been deprived of its rarity, and the rapidly changing technology in an industrial era has devaluated experience. Hauser points out also, that the transition from a rural to an urban society with its "diversity of social worlds, racial and ethnic groups, languages, institutions, economic levels, patterns of conduct and thought . . . undermines the importance of the role of the senior citizen as the carrier of the tradition of experience and wis-

dom". The present day home scarcely accommodates a two-generation family, let alone three generations, and thereby fails to provide the security and familiarity of a home setting to its aged members. All the major factors associated with a good adjustment in old age . . . love, affection, security, suitable housing, intellectual and physical occupation for the mind and body, companionship, and probably, above all, a sense of being understood, appreciated and wanted, are threatened.

Anticipating old age with assurance calls for good health, good financial security, good social adjustment and a receptive environment. A total approach to this many-faceted problem is obligatory.

The three aspects of old age of grave concern to the individual and needing support are maintenance of income, maintenance of health, and maintenance of social adjustments. Maintenance of income is probably the major factor of concern for the aged, and the magnitude of the economic problems of old age can hardly be overemphasized. Provisions for continued or new employment are probably necessary for a solution. Compulsory retirement at the arbitrary age of 65 years is illogical as no consideration is given to the personal desires and psychological and social needs of the person, and no regard is given to his productive capacity.

Preparation for Aging

Preparation for senescence through education has not kept pace with the changing social order. College and school curricula are still geared to the day when life expectancy was more than 15 years less than it is today, in an era when it sufficed that education attempt preparation of the boy or girl only for the completion of early maturity. There is incipient evidence that educators are awakening to the need for preparation for aging. Education must become a life-long discipline. Improved methods of teaching can bring about a continued growth on the part of individuals as they approach the latter and most important period of life. The false and completely smug assumption that the art of aging is learned spontaneously, has grievously retarded development of the potentialities of the elderly. The child prepares to become an adult; the adult must likewise prepare for senescence, if old age is not to be crabbed or bitter. Happy, full, significantly useful lives are not fortuitous. They are pre-determined by preparation. Age is not something that suddenly appears, and then should be abruptly arranged for and met. It is not a question of years but of effectiveness. The whole of life should be a preparation for this process. Greatness of mind in later years comes from continued study. This is rarely encouraged among adults, with the notable exception of professional groups. Professionals who become great, continue to study and exercise a conscious effort to learn. Facilities for adult education are grossly inadequate. Personnel is uninspired and untrained to meet the special problems of pedagogy for adult minds.

Many years of an incorrect dictum eventually leads to its adoption as truth. The woefully erroneous concept that the older mind cannot learn has done immeasurable harm. Constant reiteration of such platitudes as "You can't teach an old dog new tricks", has so fixed this false statement in the minds of most aging people that they are afraid to try to learn. That the concept is false has been proven repeatedly by the studies of Miles, Thorndike and others. These investigators demonstrated that the ability to learn depreciates very slowly, if the will to learn is retained. Miles has pointed out that the increments of knowledge accumulated through the years, and the continued practice of mental exercise, favour preservation of mental abilities. Critical judgment is enhanced by aging; superficiality and the gloss of pretty phraseology, used to conceal ignorance, are quickly discerned by the adult

mind. In order to teach the old dog new tricks, it is necessary to know more than the dog.

Aging is asymmetrical. As certain physical attributes decline with age, others become stronger. Memory may decline, but judgment in the appraisal of the significance of the facts improves with age. Visual acuity obviously diminishes, but the ability to comprehend that which is seen, improves with experience. Experience is dependent on time, and therefore, inevitably grows with age. The intelligence as measured by the Bellevue scale, declines very slowly indeed in later years; in some respects qualitative changes compensate for the quantitative depreciation. Many factors, such as motivation, interest, practice or disease alter and distort the quantitative studies on those in later maturity.

General Principles in the Psychiatric Problems of Aging

Many of the mental and emotional changes associated with aging are consistent with the life situation. The relinquishment of many of the previous interests of life gives the aging person a sense of impotence. In his desire to keep intact, he feels that he has little to give out, and that everything must be conserved. With time hanging on his hands, he may be worried, concerned and compulsive over small matters. He putters over little jobs. A certain amount of moodiness, depression, irritability and jealousy are quite characteristic. When disappointed, he feels in his own impotence that other people do not like him or are working against him. A person may be sensitive to his less vigorous appearance, falling hair, disappearing teeth, or other evidence of a loss of his cherished concepts of himself. He may become discouraged, give up and become careless of his appearance. Many older people tend to exaggerate physical disorders which are likely to develop with age. A gradual lessening of the activity of the sense organs such as sight, taste, smell or deafness may embitter him. There may be increased sensitivity to heat or cold or he may require special diets. He often feels useless, bitter and isolated.

There are many people over the age of 65 who are physically vigorous, well adjusted and emotionally comfortable. In the future their proportion can be even greater.

As a psychiatric problem emotional strain accentuates the difficulties of those who are in good physical condition as well as those who are more or less disabled. It is noteworthy that older people who maintain their interests even in the presence of physical limitations are likely to live the longest and be the happiest and most productive. In the absence of interests, psychological difficulties become accentuated.

The aging person feels special need to preserve his individual identity in the face of social threats of uselessness and inactivity as well as those of organic dissolution. What can we do at this time to promote a life of usefulness and satisfaction for aging people and thus help to preserve their psychological integrity? The restriction and disorganization of an aging person's life is often seen to lead to the development of functional psychological disorders and seems to precipitate the onset of organic mental disorders in persons with degenerative disease of the brain.

Sometimes the people with considerable mental disorder may have little organically wrong in their brains at the time of the examination; whereas other people who are functioning very well may have considerable signs of degenerative disease. This finding further supports the inference that many of the responsible factors for mental disturbance are not necessarily permanent, but lend themselves to treatment.

There is no question as to the pre-eminent psychological need for aging persons to continue their participation in the creative, social, economic, and political life of the community in keeping with their capacities, and as long as possible. Since work plays such an important part in a person's life, the problem of retirement has great psychological significance. The period of retirement, which one might anticipate would be a pleasant one, is too often devastating in its effect on the personality which is unprepared for the voluntary retirement or too often has retirement forced upon it.

Partial and gradual retirement from work with the cultivation of hobbies and other interests are sound psychiatric principles. The thinking and cultural development of older people who are of great importance in our civilization are worthy of specific and high recognition. A more constructive attitude toward the aging can be established when, by educational means, it can be realized what old people are really able to do. Their record is good. The multiplicity of the factors bearing upon the psychological health of the aging suggests that the physician will increasingly keep in mind all the facilities available in the community for the assistance of his patient. This includes such resources as available housing, Golden Age Clubs and other recreational opportunities, employment agencies, libraries, adult educational programs, visiting nurses, hospital clinics, and sources of financial assistance.

Another psychiatric problem of the aging may depend on family relationships. The natural and basic root of psychological security for the great majority of aging persons is in their family ties. It is here that they have their greatest stake among those whom they have nurtured to their adult years of maturity and responsibility. It is with them that the aging person is so closely identified as to make vicarious satisfactions in their achievements emotionally real at a time when they themselves must limit their efforts. When, however, in various ways, an unfortunate family situation causes emotional difficulties to both older and younger members, indicated psychiatric and other attentions may be helpful.

Needless to state the preservation of good physical health is very important in enabling the aging person to function satisfactorily and to avoid as long as possible the many psychiatric problems which may arise when he is forced into a position of dependency on others. The opportunity for the aging person to live as fully, individually and productively as possible for as long as he is able may be expected to minimize or even solve many of the psychiatric problems of the aging.

Chronic Illness

There are many indications from statistical studies that there is an increase in the frequency and severity of chronic illness among the older people in our society. Dr. K. C. Charron, Director of Health Services, Department of National Health and Welfare, in a communication stated, "There is no doubt that chronic disease is responsible for some of the greatest and most complex problems facing health workers in Canada today." With mounting concern, increasing emphasis is being given to the problems of the aged and chronic sick by outstanding authorities in the United States and Europe.

Chronic illness has been defined by the Commission on Chronic Illness in the United States, as comprising "all impairments or deviations from normal which have one or more of the following characteristics: are permanent, leave residual disability, are caused by non-reversible pathological alteration, require special training of the patient for rehabilitation, may be expected to require a long period of supervision, observation or care." The hard core of the problem from the standpoint of community planning in the U.S.A. is the 5.3 million people whose chronic disease has disabled them for three months

or longer. While only 8 per cent of the population is 65 years and over, this age group accounts for 40 per cent of the 5.3 million noted above who require care for a protracted period. Disabling illness is 13 times as frequent among persons 65 and over as among persons under age 45.

In the Canadian Sickness Survey of 1950-51, it was noted that the total number of year-long illnesses was estimated to be 684,000 for the survey year. This represented one year-long sickness for every 20 persons in the country, and included both minor and major illness. The age group 65 and over had nearly 25 per cent of all these sicknesses for a group which represented only 7.8 per cent of the population.

Some of the major causes of disability and death from long-term illnesses become accentuated in the older age groups. The 10 leading causes of disability in persons aged 65 and over—the Baltimore Survey—were: heart disease, arthritis, hypertensive vascular disease, nephritis, tuberculosis, diseases of bones and joints (except tuberculosis and arthritis), accidents, diabetes, cancer and eye-disease.

The five leading causes of death in persons 65 and over indicate that many of the leading causes of disability also cause most of the deaths in this age group. Taken from the United States Public Health Service statistics these were: diseases of the heart, cerebral haemorrhage, and other vascular lesions affecting the central nervous system, cancer, and other malignant growths, general arterio-sclerosis, and all accidents.

Characteristics of Diseases of the Aged

There are few, if any, diseases which may not occur at any age. The aging and the aged are not wholly immune to any disorder. The acute communicable diseases of childhood are not unusual late in life. However, after maturity, the acute infective disorders become less frequent and a group of so-called degenerative disorders becomes increasingly common. These are chronic, slowly progressive disorders. They constitute the gravest menace to continued health and usefulness of those reaching maturity. Today, nearly 60 per cent of the deaths in the U.S.A. are attributable to chronic disease. The frequency of the degenerative disorders is increasing perhaps because so many more people survive through youth to fall into the vulnerable period after forty.

Four major groups of these disorders are particularly significant to geriatric medicine: (1) circulatory impairments; (2) metabolic dysfunctions; —diabetes, et cetera—(3) arthritis; (4) new growths. Investigation by American Medical Association. The first efforts of the Committee on Aging of the American Medical Association formed in 1955 were directed toward the sick and towards a study of the diseases of the aging. Two basic facts emerged very early in the investigation. The first of these was that while there are diseases among the aged there are no special diseases of the aged. The second was that the vast majority of older people are not sick, and that any program on behalf of older citizens should therefore give emphasis to preserving their favourable health status.

As a result of regional meetings with physicians and informed representatives of other national and local groups with a special interest in aging, it seemed increasingly clear that the greatest need among older people was for health extension—for positive thinking. It was realized that the primary health objective for the senior, as well as for the young, is not mere absence of disease, but optimum health for all.

There are few individuals whose physical capabilities and mental attitudes cannot be improved. By the same token almost all can enjoy a further extension of such capabilities and health into their later lives. Good health must

be used, to be kept at its peak. This is the basic promise of positive health as opposed to passive freedom from disease. The continued full exercise of physical, mental and social capabilities is the best possible defence against the encroachments of apathy, declining function, or disease.

It inevitably follows that the health care of older people must extend beyond the medical aspects, as I have said before, embracing all factors in our society which may interfere with the full exercise of capabilities by senior citizens, whether they be cultural attitudes, social and family patterns, employment practices or economic trends. This intimate interrelationship with other factors demands that physicians must direct their efforts beyond the provision of medical care.

Preventive Aspects

Dovenmuhle, at Duke University, in a study of 182 community volunteers over the age of 60 years, has demonstrated that many of the major psychological discomforts of aging are often associated with physical illness. Most of the physical disabilities are in the nature of chronic illnesses, a considerable number of which are partially reversible. Although disease and disability cannot be completely avoided with the passage of time, especially after the sixtieth year, there is good evidence to indicate that relative preservation of health, and ability to carry out life's activities can be attained with adequate medical care. Much of this care has to be concentrated upon the physical aspects of illness and disability, but there is also room for considerably more effort toward improving the accompanying behavior symptoms due both to organic disease and to depression associated with illness. As medical research adds to our knowledge of the common chronic illnesses associated with aging, we must shift our emphasis from better and more rehabilitative medicine to genuinely preventive measures.

The teaching of physicians has been concerned chiefly with the identification and treatment of disease. It is only in recent years that attention has been focussed upon the individual who may or may not be suffering from an identifiable disease. Paediatrics and psychiatry are the two fields of medical practice in which concern with the patient rather than his disease has met with the least resistance. The prophylactic value of mental hygiene is becoming widely recognized. Innumerable Well-Baby Clinics have been established throughout the country; paediatricians have guided many thousands of apparently well babies to greater health. But where are available similar services for adults, and especially for senescents? Occasional geriatric clinics at hospitals have been established. Physicians appreciating the potentialities of such guidance are in the minority. The health of apparently well adults can be improved; even if an ideal optimum is unattainable it can be approached. The critical age in geriatric medicine is the two decades from 40 to 60 years.

Treatment of disease is toward the reconstruction of destroyed health. Stieglitz has advocated the construction of greater health in those relatively well, which he appropriately termed "constructive medicine". Constructive medicine is more than preventive medicine, though it includes all the activities of the latter. Preventive medicine is concerned with the prevention of disease; mere avoidance of disease does not add to health.

Conventional public health measures (sanitation, quarantine, etc.) cannot suffice in a preventive attack upon degenerative diseases in later life. No amount of control of the external environment can prevent arteriosclerosis, diabetes, gout, hypertension, etc. These are endogenous disorders. Their prevention is an individual problem, demanding initiative and effort on the part of the individual to be benefited.

Education in wiser living habits, including guidance in nutrition, is the one "wholesale technic" which has promise of considerable accomplishment in the prevention of degenerative disorders. Personal, individual guidance can be given through the periodic health inventory, periodic tests and consultation. As such instruction is sought by the patient, education of individuals in the matter of health is one of the most important technics of constructive medicine for adults.

The periodic health inventory for adults is the keystone of the arch of geriatric medicine. Its purpose is threefold:

- (1) To measure health and thus biologic age.
- (2) To discover the silent progressive disorders in their incipency and treat them promptly.
- (3) To teach the patient how to use his endowment of health more wisely.

The guidance phase of periodic health consultation is divided into five parts: (1) evaluation of findings; (2) correction of specific defects in health; (3) hygiene of living, e.g. proper diet, exercise, rest, emotional balance, use of leisure, etc., (4) discussion of future plans; and (5) questions to be answered by the physician.

Bortz recently stated that the nature of the health needs of aging persons surmounts merely curative practice, which is currently the average physician's principal interest. Repair work is no longer the only duty of medical science. Prevention of disease and deterioration is equally important.

He feels that the great potential of continued growth in later years becomes a reasonable objective. Aging in depth then becomes a challenge of controlling disease, disuse, and boredom. We should weight the balance by strengthening our emotions, intellect and spirit as we move along the corridors of time.

Psychosocial science is the study of human possibilities. Julian Huxley reminds us that, beyond the biologic phases man has mind and spirit. As studies of the physical body now are demonstrating a more vigorous potential, so observations on mental processes and powers are revealing reserve powers.

Creative aging implies a continuous elaboration of a person's talents, abilities and total being, reaching its summit in the harvest years, the years of arrival. It necessitates being confident that it is possible to keep growing with time.

These factors can be studied in depth by geriatric groups. Much of the available information concerning fitness and disease control is not now being used. Under energetic organized leadership, a more dynamic program can be set in action. Optimum health should be our major goal to be achieved through a combined program of prevention and rehabilitation.

Attitude of Society to Aging and the Aged

A major challenge of the added years is the attitude of present day society to aging and the aged. In the 1960s people as a whole are still viewing aging and the aged through eyes veiled by 18th and 19th century concepts. Because of this, adjustments of the individual to retirement are far more difficult of solution than are the actual economic or health problems of the later years. Despite recent knowledge gained about the later years and also despite the fact that older people are in better physical and mental health than were older people at the turn of the century, we find rejecting attitudes prevalent today.

Many of the so-called problems of aging are being perpetuated by our baseless fears. Much of the apathy found in our communities and among our business, professional and governmental leaders if based on emotional blockage

due to personal fear of aging. Most of us do not want to think about growing old because of the stereotyped pattern of aging which we have inherited and which we keep current.

Most people today believe implicitly that all older people are senile, ill and useless and that there is nothing to do about it. Senility to the average person connotes mental and physical deterioration to the point where the individual can no longer take care of himself. Workers in programs for older people have come to realize that senility is not necessarily a natural concomitant of the aging process; but, that it is something that happens to people who have lost all zest for life—who have lost all motivation to remain active—and who have virtually retired to the rocking chair.

Another aspect of the stereotype is that all older people are ill people. True there are many ailments that plague us as we grow older. But at least 70 per cent of all those over 65 are not ill to the extent that they must be pitted and put to bed for their remaining days.

The third aspect of the stereotype, which is heard bandied about, is that old people are useless. Are they useless? If they are, then society has made them so. They are retired from their jobs, taken away from their status and their normal activities. In our society, an individual has status through his work. After many years of work we retire him, whether he wants this or not, without helping him to find other activities which will help him retain his status as a useful member of society. Most older people do not want to be retired. If I might digress for a moment—there is a well-known aphorism that you have to retire from something to something, so many people fear retirement, because of the uselessness that is forced upon them. Idleness helps create mental and physical breakdown.

A further measure assists in making older people useless: perpetuating the notion that older people should not have to do anything for themselves. No one must be deprived of responsibility for himself and for others, because of his age. Activity and responsibility are the best tonics for the boredom and futility of old age in our society. Where is the best place to meet this challenge? At the federal, provincial or local level? All three segments have important roles to play. But the key spot is the local community. The real responsibility for meeting the problems of the years rests with the citizens in an oldster's own community. No effort to change our attitude is going to be successful unless the whole community works on a united basis. No citizen is exempt.

Personnel, Medical and Related Facilities

The need to train qualified personnel to work with older citizens is obvious. Because of the anticipated growth in the aged population, this need surely will grow, not only in medicine and public health, but also many related areas. Increasing demand for treatment of the chronically ill, for rehabilitation, for skilled nursing services and for other aspects of health care often associated with the aged, have produced shortages of skilled personnel.

Special emphasis must be given to enlarging the number of persons working with older people at all levels of medical training. There is need for more people to devote their full professional activity to care for the aged. There is requirement for increased understanding of the aged by medical personnel whose work may be only partially in this field.

Medical schools, hospitals and nurse training programs can be of great assistance. Aging and its problems formerly received little consideration by most of these institutions. Now the subject is being increasingly included in curricula. Much more should be done, however, to condition the thinking of

physicians and allied professional personnel for new needs in the care of the aging. This training must be accentuated in schools and encouraged by medicine on a continuing basis.

Rehabilitative services

In the last two decades medicine has contributed substantially to the increase of our life span and to the rehabilitation of the sick and injured. Large numbers of chronically ill and disabled individuals are in the aged population group. They can benefit in varying degrees from the medical, social and vocational rehabilitative services now available.

Medicine must be aware of its continuing obligation to assist in making rehabilitative services available to all in need of it, regardless of age. Each physician should be conscious of an obligation to assist his patients, irrespective of age, in achieving the best and most productive life. To attain this goal, the physician should use those diagnostic and therapeutic procedures which will aid in further development of the patient's physical and mental capacities. He should guide and encourage the patient in the use of suitable non-medical resources which can assist him in becoming a self-sustaining individual.

Rehabilitation needs and goals of older people may differ from those of the young. In younger individuals a crippling condition may be found in an otherwise healthy body, while in an older person, it may be superimposed on the pathology of the aging process. Thus, in older patients the restorative or medical phase rarely can be separated from definitive medical care.

The primary goal of rehabilitation of younger individuals usually is vocational. In the older group this goal may be secondary. This does not minimize however, the value of medical and social services in the rehabilitation of older persons. The ability to care for one's personal needs can do much to help a patient regain his dignity and self-respect and remove his fears of being a burden on his family or on society.

Promotion of health maintenance

Health maintenance has been defined as a comprehensive plan which connotes preservation of over-all health of the individual, both physical and mental. This plan should begin at birth to assure optimum health throughout life and a sound foundation for the individual's well-being in later years.

The individual has the primary responsibility for maintaining his own health and should be receptive to advice from his physician. The physician should assume a key role in this program. One of his most valuable guides will be a thorough periodic physical appraisal of his patient. Whether for young or old, such an appraisal should elicit not only a complete medical history and a picture of present physical condition, but should also tender information about the patient's daily living habits from the standpoint of nutrition, recreation, occupation, rest and environment. This type of evaluation provides the physician with guideposts in order to better advise the patient on healthful living habits, good mental attitudes and a philosophy to prepare for later years.

Current research

It might be in order to present some interesting findings from current research presented at the Sixth International Congress of Gerontology held in Copenhagen in August, 1963, where nearly one thousand persons drawn from a wide variety of disciplines including clinical medicine, biology and social sciences discussed gerontology.

What causes us to age? That was the theme of the first plenary session, and of course, the question remains unanswered, though an indication was given that the answer may be forthcoming when the molecular biologists and the biochemists progress further along with their work. There are two main theories about aging. Some have maintained that aging is mainly due to environmental or extrinsic factors, while others have considered that aging is really due to an intrinsic process—something from within, which is fundamental, progressive, inevitable and intracellular. Shock, of Baltimore, an authority, thought that both factors were important in fixing the life span but that at present, life was chiefly limited by extrinsic factors. However, in human beings there is a general pattern of gradual reduction of performance of organic systems beginning at 30 to 35 years and extending until death. Aging may be largely explained by progressive loss of cells, a loss which can be detected under the microscope or from physiological or biochemical data. But why do they die? Three hypotheses have been listed as exhaustion, eversion or change and error. The exhaustion theory assumes aging to be due to exhaustion of an essential element in the cell is not favoured, while the second, that some alteration in molecules occurs within the cell is unfortunately based on work on extracellular molecules. The third, and most feasible, according to Shock, is the error theory which suggests the vital chemical-nucleic acid coding system becomes obscured with time, and starts transmitting erroneous information to the cell. It was made clear that aging takes place in different parts of the body at different rates, and that cellular aging is not seen in such organs as the skin and lining of the bowel which are renewed throughout life, whereas the vital cells in the central nervous system do not divide, and therefore, do not renew their chemical nucleic-acid system and consequently age and die.

Geill of Copenhagen thinks that the normal life span, if disease did not intervene, would be from 100 to 120 years. External factors accelerating aging and lowering the life span include emotional stress (prisoners of war in Korea and from concentration camps of World War II have been found to age unduly rapidly, perhaps from stress as well as malnutrition) repeated childbirth, too little or too much exercise, climatic conditions, abuse of drugs, alcohol or tobacco. As regards exercise, he noted some studies which suggested that those who exercise regularly seem to retain intellectual vigour. Genetic and extrinsic factors are often confused in medicine. Until we know exactly what factors speed up aging (emotional stress, malnutrition, degenerative disease, lack of activity, alcohol, etcetera) the human being will continue to die sooner than he needs.

One important point stressed by a number of speakers, is that there is far too great a tendency to class all mental disturbances in the aged as senile dementia. The commonest psychiatric illness in this age group, aside from dementia, is depression, and it is often overlooked. This is a great pity because depression is treatable, but there is a great fable prevalent that old people do not become depressed because they are apathetic to their environment. Nothing could be further from the truth; they are very sensitive to their entourage's attitude to them, and a defeatist attitude can be very disturbing to the patient.

Drugs

There are precautions which should be observed in drug administration to the aged. Older people respond in much the same way as do the young persons, but to considerably smaller doses. Some surgeons have advised about half the usual dose of pre-operative sedations, for example. The drug effect itself does not change, but the sensitivity of the brain to drugs does, and barbiturates in particular must be given with caution. Anti-depressants are effective in depression, but in smaller doses than in younger persons.

Nutrition

It seems that a substantial number of elderly people are undernourished and about the same proportion are overnourished. Three general factors affect nutrition in the elderly: (1) A decline in basal oxygen consumption; (2) A reduction in energy expenditure (which together with the first factor is a cause of obesity); (3) A predisposition to nutritional upsets through illness. The aged need less calories, but they need the same ingredients in their diet as the young, and in the same proportions. It has been calculated that in all but the young the calorie intake of the United States citizen for example needs to be curtailed. One trouble with obese elderly patients is that their overeating has become a set habit; and they are relatively impervious to reasoning and persuasion. The culprits are usually an excess of fat and carbohydrate (starch) with a deficiency of proteins. Vitamin deficiencies in the elderly are not very common. In one chronic disease hospital for the elderly in Cleveland, Ohio, it was noted that there was a 7 percent incidence of malnutrition on admission for other causes. Why some old people eat too much and others too little is still unknown and indeed there is little information on such basic questions as the biochemistry of nutrition in the aged.

Arteriosclerosis (Hardening of the arteries)

Arteriosclerosis must not be regarded as an integral part of the general aging process, since arteriosclerotic changes are found even in young individuals with high blood cholesterol, and on the other hands, there are elderly persons with only a trivial amount. The principal factors are undoubtedly the subject's constitution, diet—especially in relation to fat intake—and inactivity. Dietary prophylaxis of arteriosclerosis is a possibility, but must start early.

Optimism in Geriatric Surgery

Optimism is the keynote now in geriatric surgery. Surgeons in presentation of scientific papers gave an enthusiastic account of excellent results from surgery in people over 65, 75, or even 80. An orthopedic surgeon from New York, wisely remarked that some surgeons talk about old people over 65 as if they were all physically in poor shape, whereas they were often talking about a select group of people with cardio-vascular disease who would be poor operative risks at any age. Even cancer operations in patients past 75 can give good results, and the outlook for men over 80 with prostatic disease is remarkably good. After any surgery, patients should stay physically active and mentally active, not retire, and not to become overweight. It was stressed that surgeons and physicians should collaborate in getting patients out of hospital quickly, as prolonged stays were hazardous.

Research

For over a decade, a small but significant contribution to Gerontological research has been made in Canada. Social and economic studies have been initiated by the government departments and by community planning groups. Medical and related inquiries, embracing a variety of techniques and fields of enquiry, including social factors in the aging, has been going forward in universities, hospitals and governmental departments. The Department of Veterans' Affairs has also developed geriatric research in several of its veterans' hospitals.

Research into various diseases associated with aging, including mental disease, arteriosclerosis, heart disease, cancer, arthritis, et cetera, as well as biochemical and physiological research is being performed in medical schools, hospitals and research laboratories. The gerontological unit of the Allan

Memorial Hospital in Montreal has been studying specifically the psychiatric aspects of aging. In 1961, the Institute of Gerontology at the University of Montreal was established as a research center for the study of aging, integrating the various disciplines which are embraced within the University's resources. Aside from creating an atmosphere which will stimulate collaboration between established investigators of various disciplines, this center can serve to kindle the interest of young investigators in problems of aging as well as ultimately providing a repository of information on Gerontology. I notice, Mr. Chairman, that you referred to it as a documentation centre in one of your speeches in the Senate.

Research in aging can be placed in three categories: (Deming)

Category 1: is the care of the aged or the chronically ill. It is rehabilitation—physical and social.

Category 2: includes investigations into the nature of specific disease processes. Hopefully this might lead to prophylaxis, or interruption of the progress of chronic illness, a process that would lead not to the lengthening of the normal life span, but to achievement of a normal life span in optimal health.

Category 3: includes studies of the biology of growth, maturation, and natural aging, those factors which affect the life span and decline of function with time of all the members of the species. This includes genetics, biochemistry, cell biology, and perhaps endocrinology. It is difficult to divorce any aspect of biology from the biology of aging.

In category 1, the research unit at Albert Einstein College of Medicine is conducting in its research ward a control study of a modified and intensified rehabilitation program. Almost any technique applied on a research basis with the intensified interest and activity in additional personnel, produces good results. It is difficult to ascertain whether these results are in any way related to the techniques studied or just to the energy that was applied.

Wittson and Smith, as a part of a drug research program in 1956, transferred ten chronically-ill geriatric patients, who apparently had no prospect of being discharged from State Hospitals, to the Nebraska Institute of Psychiatry. The drug proved ineffectual, but when the project was completed, half of the patients were released to the community as a result of other treatment, training, and attention given them in the research ward, and increased interest shown by relatives. This is a pertinent observation. It is crystal clear that the chronically ill require our attention and that we should improve approaches to understanding and caring for them.

Responsible medical opinion in Canada strongly feels that research is urgently needed in these three areas, namely, (a) rehabilitation—physical and social, (b) chronic illness and mental disease (c) biological aspects of aging, to impart "Life to Years" as well as "Years to Life". Greater financial support for the promotion of clinical research in Canada is essential to keep pace with the explosive developments in medical science that have taken place since the Second World War.

Despite substantial and gratifying increases by the Government in the past few years, the funds available for medical research are still short of advancing requirements and, on the basis of their relation to gross national product, lag behind the level of funds provided by the governments of the United Kingdom, Sweden and the United States. Industry and commerce should supplement governmental support in the field of clinical research. The augmentation of an active program of clinical research would be a vital factor in the improvement of the standards of medical care for all of our citizens.

The Challenge

In the consideration of the various problems of the aging, it becomes evident that their solution is largely contingent upon fundamental changes in social attitudes toward the older members of our society.

Necessity for broad social action. The greatest need for effective leadership in solving the problems of the aging lies in the field of education.

The challenge of the advanced years faces us primarily because of the professional and scientific attainments of the medical profession. Moreover, medicine feels that it has a new and special responsibility for maintaining the health and vitality of the older citizen. The medical profession can lead the way, but the whole job for well-being must be the common effort of physician and layman working hand-in-hand. What action we take now in the 1960s will determine how well prepared we are to meet the challenge of aging for decades to come. The time is past when interest in the problems of aging can remain solely or principally the concern of special professional groups. The changes in social patterns and programs needed to make progress in solving these problems will affect all levels and segments of our society.

At the 20th annual meeting of the American Geriatrics Society held in Montreal during June 1963, I pointed out, in my presidential address of the immediate and urgent need for energetic leadership emanating from the National level. I recommended that this requirement could best be accomplished by the calling of a "National Conference on Aging", analogous in objective to the White House Conference of 1961. This measure would constitute an effective approach to the problems of leadership focusing attention on the problems from the points of view of many groups of both special and general interests. A national conference would direct the attention of the nation on the needs of the elderly as never before and the findings would provide guide lines for action by Government, voluntary organizations and individuals. All levels of our society must be made aware of the problems and be induced to make voluntary efforts that, taken together, will go far toward constructive solutions.

The creation of the Senate Committee on Aging under its terms of reference, has indeed come at a propitious time. The research and fact-finding involved in this distinguished committee's work will truly serve as a catalyst in providing stimulus through the dissemination of background material and findings for consideration at the proposed Canadian Conference on Aging.

Dr. Austin Chinn, Chief of the Gerontology Branch, U.S. Public Health Service, recently stated, "At the White House Conference on Aging and at many of the State Conferences, old ideas were reinforced and many new ones produced. However, action has been singularly sparse. It would seem that the time for words has ended and that we have reached the phase where implementation of these ideas must take place."

Though there may be weapons to prevent illness and disability, he believes that there is danger during the next 20 years for another reason. This reason is based on the current concepts and attitudes towards aging and the aged. The nation does not appear to grasp the thought that the problems of aging are synonymous with those of living; for aging is living. People must be constantly alert to the fact that age is not a disease but a living process. Those in the health professions have a great obligation to make the public understand these facts. A warped mental picture of life beyond 50 exists in the mind of a great many people, including some in the health professions. There is fear of physical and mental deterioration. There is fear of loss of income, family and friends. There is an inclination in all of us to relate ourselves to this ominous picture. The ultimate outcome of such thinking is to place old age in the background where it can't be seen. It is a logical sequence that this personal and group

activity will influence the national picture. A change in concepts and attitudes must come about if we are to have workable views of the later decades of life. These later decades cannot be looked upon with inevitable anxious foreboding; they must be welcomed for what they are most likely to be, tranquil and satisfying.

I would therefore respectfully recommend that a permanent representative National Committee on Aging be formed under Government jurisdiction, with powers for implementation of the ideas that may ensue from the studies of your distinguished Committee and a National Conference on Aging if it were held; so that your arduous efforts will not have been in vain for a cause which is so vital to the future of our country.

In Canada, Medicine should assume a major leadership role in the field of aging, extending beyond merely curative practice. The leadership for this task must be entrusted to the parent body; that is, the Canadian Medical Association. It is gratifying to note that the association has created a committee on aging. One of its principal objectives will be to stimulate interest in this subject within the profession itself.

Provincial committees on aging are being established to provide leadership at the levels where this program must ultimately be implemented. These committees should serve both as a stimulus to medical society action and as advisors to other groups on medical and related matters in the field of aging. Any program must be flexible so that it can be adapted to apply more closely to provincial and local needs.

Needs related to the aging and aged, while important to the medical profession, also concern a number of other groups. Physicians must realize that such matters as housing, recreation and financing require the specific attention of others, and therefore, any medical society committee on aging must recognize the necessity of working with the various community, provincial or interrelated groups which have these areas as their primary concern.

It is imperative that efforts be directed to:

- (1) stimulation of realistic attitudes towards aging by all people.
- (2) promotion of health maintenance programs and wider use of restorative and rehabilitative services.
- (3) Expansion of skilled personnel training programs and improvement of medical and related facilities for older people.
- (4) Amplification of medical and socio-economic research in problems of aging.
- (5) Leadership and co-operation in community programs for senior citizens.

Under energetic organized leadership and collaboration with geriatric societies, dynamic educational programs can be set in action. Optimum health should be our major goal for both young and old to be achieved through a combined program of prevention and rehabilitation.

Current research activities indicate that the potential of continued human growth in later years becomes a reasonable objective. The provision of improved facilities for the chronically ill, added financial support for research activities, initiation of preventive measures and the formulation of dynamic educational programs are essential requisites for attainment of the ultimate goal, which resolves itself as creative aging.

The CHAIRMAN: Thank you, Dr. Sherman.

Honourable senators, it is only fair that we should open the questioning by having the first questions from the doctors who are here.

Senator GERSHAW: I am sure we are greatly indebted for the splendid resume of the whole subject of geriatrics. There is one point on which I would like a little further elucidation. Could you give us the latest findings on the effect of, say, animal fats on the question of arteriosclerosis?

Dr. SHERMAN: Yes. As a matter of fact that work is being done by a former president, Dr. Lawrence Kinsell, who has presented his work on it. He feels, as many others do, such as Dr. A. Keys of Minneapolis, that there is a definite relation between the ingesting of fat in the causation of hardening of the arteries.

I might also say that that has been borne out by studies of autopsies of boys who died in Korea in World War II. A number of these autopsies revealed a very high incidence of coronary disease in boys of 20 to 30 years. They felt that that was undoubtedly due to the high animal fat diet in the United States.

Senator ROEBUCK: That is, animal fats?

Dr. SHERMAN: Yes, butter, cream, ice cream, animal fats. Is that the answer you wanted?

Senator GERSHAW: Yes.

Dr. SHERMAN: I might add that Dr. Kinsell feels—I put this to him personally—he would definitely put people on a very low fat diet, starting early in life, in other words, keep it down to acids, soya beans, and then let the people go for fish diets. It was felt by many that the fish diet would help to reduce blood pressure.

Senator ROEBUCK: That is what I wanted to know.

Senator McGRAND: There are two problems: one is the aging person who is mentally active; the other is can he contribute something to his financial support rather than throw the burden on society. Could you outline a program that would add life to years as well as adding years to life. How could aging people be employed so that they contribute something to their support? To me, that is the crux of the problem.

Dr. SHERMAN: You have hit on something, doctor, that I have not been able to solve. I have talked to people in the labour field, I have talked to economists, I have talked to many people; and I can only see one possible solution, if you can have a meeting of minds between labour and employer. What we need is a form of gradual flexible retirement, if that were possible. For example, a person, instead of being completely or arbitrarily retired at the age of 65, could be partially retired at 65, so that he would still have his work to do. Then, in that period of time, he would develop some form of hobby or some form of avocation.

I have found one thing to be very important. I happen to be medical director of a sheltered workshop in Montreal, sponsored by the Jewish Vocational Service. There are at least seven or eight older persons working there and they have been there for the last six, seven or eight years since this was started in Montreal. These people have done very well and they make on an average \$25 to \$30 a week; but the interest in the work, the motivation, is the thing which has kept them intact.

I feel that somewhere along the line we will have to come to grips with the setting up of some form of employment, whether it will be subsidized or partially subsidized by the Government I cannot say at this time, or whether it will be workshops or not. But certainly something has to be done.

One thing is true, that the people who live the longest and live the happiest are the people who have had major interests. In our own cultural concept in society, I think that work is the predominating factor that keeps most of us intact.

Senator McGRAND: Is there any program, or has anyone ever attempted to build such a program? There must have been some research?

Dr. SHERMAN: I would say it is only in the hypothetical stage. I do not think there has been a complete meeting of the minds, because arbitrary retirement still goes on. I have been asked the question many times, Senator: "Should a person retire?"

I feel that a person should not retire but should "Die with his boots on", unless he has prepared himself well in advance to do something else. I think that many times retirement is too suddenly forced upon the personality that is not prepared for it. I think that if it were possible, I would say that people should continue to work as long as they can.

I visited Norway this summer. In Norway the retirement age is at 70, that is, for public officials; and they can continue to work for as long as they like and are in good health—which is certainly something better than you have in other countries.

I was also in Russia this summer. There a man can continue to work as long as he likes and may also seek voluntary retirement at any age.

The CHAIRMAN: You said "In the public service". You mentioned that retirement was at the age of 70.

Dr. SHERMAN: In Norway.

The CHAIRMAN: But they can continue then beyond that retirement age?

Dr. SHERMAN: They told me that they can; with a little bit of pressure, they can do it.

The CHAIRMAN: Our retirement age is 65 here. In the middle brackets and the upper brackets, it is normal to obtain a year or two continuation beyond that. It is not the same in the very low brackets. Is that common?

Dr. SHERMAN: You mean, in Norway?

The CHAIRMAN: Is that common in other parts of the world?

Dr. SHERMAN: I think that the same practice exists in other parts of the world.

From talking to people in Britain, I have been given to understand that the usual age there is pretty well 65, and I understand that in some countries, in Denmark, for instance, it goes up to 68. I think 65 is more or less being fixed as the arbitrary age for classification.

The CHAIRMAN: Is that just in the public service, or is that generally accepted throughout business and industry?

Dr. SHERMAN: That I cannot answer, Mr. Chairman; I am not completely clear on that. I merely stated that the public officials in Norway could work up to the age of 70.

The CHAIRMAN: Take the case of a civil servant, or one who works for a large industry—it does not matter which—who embarks upon employment at 25 years of age, starts on his career and is moving up. He knows as he goes along that the rules, or the bylaws of the corporation, require that at a certain age he will be out. What have the studies indicated that this man does in the way of preparation to meet that inevitable day?

Dr. SHERMAN: I can only say that it has only been within the last decade or so that companies themselves have attacked this problem. Very little actually has been done outside of the bigger firms, as, for instance, Standard Oil, which starts for a man in his 50's a program of pre-retirement. Very little has been done in the overall picture.

Mr. DAVIS: Would you not say that to an extent this problem of early retirement is connected with the country's rate of economic growth; that is, if your economy cannot provide work for young people it is going to be difficult for

people over 65 to remain in the labour market? In the Soviet Union, apparently they have a kind of economic system in which work is plentiful but our system becomes choked if we have too many potential workers.

Senator PEARSON: What can you do with the average person who gets to be 60 or 65 and feels too tired or too lazy to carry on and does not want to work? I know quite a number of people who get to retirement age and who are quite happy to attain the age where they won't have to do anything but sit in a rocking chair.

Dr. SHERMAN: I think these people are in the minority. Studies show that most people do want to keep on working, or at least the majority do.

Senator PEARSON: I am speaking particularly of the farming community, of people who are quite happy to retire at 60. I started to work on the farm at age 60. I had a discussion with a man of this type, and he said, "Well, I am quite a bit older than you are." I said, "How old are you?" He told me he was 60. I told him that I was 60, too. He said, "What the Sam Hill are you starting up for, and I am quitting?" But he has done nothing except to get fat and lazy. What can you do with a man like that? He has a beautiful farm and does not live on it any more.

Senator McGRAND: How does he put in time?

Senator PEARSON: He doesn't. He just wanders down town, where he does a bit of shopping and so on.

The CHAIRMAN: How long has he been doing that?

Senator PEARSON: For ten or twelve years. He has built a beautiful home in this little town of 300 or 400 people.

Dr. SHERMAN: Has there been any form of mental or physical deterioration?

Senator PEARSON: Physical, yes, and I would say mentally, too, because he sits a great deal now and doesn't do anything but look.

Dr. SHERMAN: Well, this is very interesting. In Russia I was speaking to Dr. Chebotarev, the dean of the chair of gerontology there. There it is reported that they have more people over 100 years of age than anywhere in the world. They are supposed to have 100,000 people in that age category. I asked him how he accounted for that among a population largely of peasants and farmers, and whether they observe the rules of diet concerning cholesterol fat. He replied that these people eat everything, and work hard. They seem to lay great emphasis on exercise as being one of the most important factors in preventing aging.

The CHAIRMAN: Let us take a man or a woman of 65 years of age. What do you mean when you use the term "exercise"?

Senator PEARSON: Walking a couple of miles?

Dr. SHERMAN: As a matter of fact, I think Dr. Paul White, by riding on his bicycle, has made that exercise famous. We do know there have been a lot of theories about excessive exercise for people in the 50's and 60's and one hears that such people suddenly drop dead from excessive exercise. However, I honestly believe as far as exercise is concerned that you have to evaluate the persons themselves. For example, if a person has been exercising all his life, he is certainly going to modify the type of exercise as he gets older. In other words, the type of exercise that anybody should undertake should be commensurate with physical capacity. One thing is true, that walking is the best form of exercise for a person over 65. Otherwise appropriate exercises are swimming and golf—nine holes, and not overdoing it. Once more I have to emphasize that exercise should be according to the person's physical capacity.

Senator SMITH (*Kamloops*): I wonder if Dr. Sherman will tell us about the situation in Russia as regards old age security, which is expressed in this country through the extension and development of pension plans, and which plays a big part in the general attitude towards a deadline beyond which a person should pass along and get out of the road?

Dr. SHERMAN: Unfortunately we did not get too much information on that. We were told, for example, was that most women there work. I might add that Professor Chebotarev's wife is a pediatrician. She seemed to be very much surprised, having asked me if my wife worked, when I said no. She asked why not. I explained that we have three boys, and she has the family to care for. She told me that she herself worked, and I asked why. She said, "Well, I work so that I can get a bigger pension when I retire." I asked her if she paid into this scheme and she said, "No, we just have a system that when I retire I get a certain pension from the government." We do know that these people get a pension, a woman after 55 years of age, and a man after 60. If a person is stricken with some incurable disease a pension can begin at an earlier age.

Senator SMITH (*Kamloops*): If that is the case, what accounts for the difference between Russia and this country, where there is such an artificial inducement to put an end to a man or a woman's active years at a certain deadline? You have told us that in Russia they continue to work, and that there are a relatively large number who have reached the age of 100. What is the difference?

Dr. SHERMAN: A lot of my information is only in the nature of comments. Unfortunately most of the things we were told there were not given to us in the form of documents, but only by physicians telling us. Even at the opening session, we asked what was the average income earned, and they would not give us the answer. They said that the ministry of health provides so many millions of roubles. They told us the number of physicians practising, how many were allocated to the department of health. That is as much as I can tell you, because the information was sparse, and certainly not authentic.

Senator SMITH (*Kamloops*): Then we can put Russia aside as being able to offer a semi-solution. The fact remains that one of the problems in our country is the rapid development of plans to furnish security in old age, and evidently there must be some different approach necessary. It certainly calls for some study and thought as to what can be done to offset the situation that makes people feel that in three or four years when they reach 65 they are going to be on the shelf; and I can quite believe from what we have learned from you today that that is responsible for mental state that affects health and certainly does not add life to years.

Dr. SHERMAN: That is correct, Senator Smith. In the annual meetings of the American Gerontological Society we have not confined our papers in scientific sessions to the discussion of physical complaints, or of the physical aspects of old age. We have approached the social and economic aspects because we feel that medicine can help to enhance the optimal health. That is why I have stressed that there should be a combined effort of physician and layman until such time as we can work out a planned program. There is no one special group that has the possible solution. This is something that requires concerted action and study by all groups. I think anticipating old age with assurance calls for good physical health, financial security, social acceptance and so on. A varied approach to this many-faceted problem is therefore obligatory.

Senator QUART: Mr. Chairman, referring again to Senator Smith's question regarding how older people in Russia are kept in employment, Dr. Sherman, would it not be also a fact that the Government there assigns them jobs and they do them, whereas our people in Canada, with our Canadian mentality would not exactly accept that.

I think our older people would be very stubborn. I know that I would not want to be told to go here and do that job or another job. Do you think that that might explain the difference?

Dr. SHERMAN: In some of the conversations I found that to be true, that these people are assigned jobs and they have supervisors who make sure that they are there to do them. I know because I was told by one of the Russians that if they even come late they may be summarily discharged. In other words there is a great degree of supervision as to the type of work they do and how efficiently they perform the job.

Senator QUART: On the question of women working in Russia I would say that they are encouraged by the men to work. I think there is a different attitude in those countries to what it is here; there they want the women to get into it.

Dr. SHERMAN: The first night we were in Moscow walking on the street I saw a woman attired in a pair of overalls with a hose in her hand washing windows and cleaning the sidewalks which one certainly would not see in this country or the United States.

Senator QUART: They have had to accept it, let us put it that way. Even when they speak of freedom of the press, theirs is not our conception of freedom of the press.

Dr. SHERMAN: I can also say this, that I hope to receive some scientific material very shortly from Russia. I had occasion to ask about their problems at several meetings and was told their problems are the same as ours. I am referring now once more to physical complaints. They say that they have done wonders from 1918 to 1963—in a period of 45 years the span of life has gone up from 37 to 67 or 68 years. I asked how were their facilities for treating chronic illnesses and they said that they are very busy building hospitals now, but most of the chronically ill patients are taken care of on an ambulatory basis in the out-patient departments of hospitals. As far as homes for the aged, or institutional care is concerned there is still a large gap between what they actually need and what they have now.

Senator McGRAND: What did you find in what you call the social deterioration of a person rather than the physical? I mean the relation of the person to the community, in Russia?

Dr. SHERMAN: We did not have the opportunity to observe that. We were there for only a week and we had two or three scientific sessions. We visited a hospital and just observed what they were doing along the lines of research but had no opportunity to see what the social system was like. From what I am given to understand by one of the doctors there, they also have a considerable amount of psychiatric disorders in older people. Once more I have no available statistics. Our contacts with Russia so far have been through the occasional paper that has been republished in the American Journal but they have issued three or four volumes that we hope to translate as soon as we receive them here. This should give us an indication of the actual situation.

The CHAIRMAN: Tell me, Dr. Sherman, what is your experience in Britain or the Continent? What are they doing that is different from what anyone else is doing?

Dr. SHERMAN: Well, Mr. Chairman, I am not conversant with what is going on in Britain. We were in London only for one day.

The CHAIRMAN: I was not thinking of it as a matter of visiting, but rather through your Society and its work. Is anybody on the Continent doing anything along these lines?

Dr. SHERMAN: I can say this, Mr. Chairman, that the problems generally are the same in other countries as they are here, basically. At this International Congress of Gerontology I saw several reports from the Scandinavian countries and other countries throughout the world and they all have the same basic problems as I have enumerated here today.

Mr. DAVIS: You are talking in terms of physical ailments, Dr. Sherman?

Dr. SHERMAN: Yes, and mental conditions.

Mr. DAVIS: I think the chairman was referring to housing developments and community services in which, we understand, England and the Scandinavian countries are considerably ahead of us.

Dr. SHERMAN: I think Father Guillemette will have something to say about that when he comes here.

Senator PEARSON: In your psychiatric centres do you segregate older persons from the chronically ill?

Dr. SHERMAN: In old people's homes?

Senator PEARSON: No, in geriatric centres.

Dr. SHERMAN: In Montreal, we have no geriatric centres per se; we have nursing homes in Montreal.

Senator PEARSON: We have one in Saskatchewan and on visiting there I found a lot of persons who are just aged although they have some slight ailments but there are also patients there who are chronically ill and in bad shape physically, and they all seem to be mixed in the same group. It seems to me that creates a mental attitude for the older person who is not in bad shape.

Dr. SHERMAN: I am sure that Dr. Charron and others who are working with chronic illness would agree that treatment of chronic illness in the aged is separate from treating chronic illness as a whole. I know in an old people's home we do separate the people who are infirm and bound to bed, because there is otherwise a detrimental effect on the others.

The CHAIRMAN: Has anyone else a question?

Senator ROEBUCK: I would like to express my pleasure and profit from what the Speaker has told us. I am greatly impressed. He threw material at us so fast that it was impossible to keep up with it. I intend to read this as soon as I get it, and re-read it. It is one of the broadest statements we have had, it seems to me.

Most specialists, you know, concentrate on one point or another, but Dr. Sherman has roamed very far.

I liked what the speaker said about the economic factors involved in this situation. It seems to me that you can not separate the problems of the aged in the matter of economics from the problems of the young and middle aged and all the rest of us. I think we ought to get over this idea that we cannot learn anything from Russia. Russia has no unemployment problem, and I do not know that that is due entirely to their socialistic system of controlling everybody.

We have the landlord system which is responsible for our artificial lack of employment, where we cut off access to the forces of nature by the price we put on them. We have not even touched that problem yet. It is not even recognized that it is a problem in this country yet. But it is, and it will grow and become worse rather than otherwise, but that is not really the function of this special committee. We have no other committee of course that is even thinking about it.

This committee has attempted to separate and then analyse and see if we can find some temporary solutions to the specific problem of the aged. I am encouraged to think that we are accomplishing something.

One of the problems, our biggest problem I think, is to reach out and get such information as we have received today, into the hands of a larger number of people. We are doing what we can in that regard, but it is quite a problem. I think we might well send copies of this address today to as many people as we can individually think of. I am sending out some few.

The CHAIRMAN: Senator Roebuck, we have a mailing list that our clerk is attending to every day and as people write to me I have them added to the list and send the information along to them. Of course it is available to any member of the Senate who might wish to put a name on the mailing list.

Dr. Sherman, aside from your specialist activity, you are a man who has been around. You have practised medicine in New York, in Montreal and in the Maritimes. You are a man who has taken an interest in these things. What in your view, as a layman for the moment, are the problems of the aged? That is, as a layman, putting yourself in that position.

Dr. SHERMAN: You mean, excluding the medical aspects?

The CHAIRMAN: Yes. Forget the medical point of view. Would you give some of your experience outside that?

Dr. SHERMAN: Forgetting the medical aspects, although you cannot entirely divorce the medical aspects of aging from the general problem, I have found in homes I have visited, that suddenly there are many people telling you about their economic problems. "Remember, we are living together in a small house, our mother is living with us, she is getting senile, what are we going to do with her?" Then you see other problems, where the patient, a mother, has had a fight with the son-in-law, for example. I mean that there is controversy and friction there.

There is also the guilt problem sometimes about that fact, that they want to get rid of the mother or the aging parent. What to do with the parent, that seems to be the paramount issue that I find prevalent in Montreal.

Senator ROEBUCK: Over the hill to the poorhouse!

Dr. SHERMAN: Yes. It seems to me that the younger people who have had a parent living with them are confronted with a problem of what to do.

The second problem is that many old people live apart from their children, say, in an apartment. There is then an anxiety for the young people: are we doing our part? Should they be living with us? They may be paying for her apartment, giving her a servant and financial assistance, but there still remains a feeling of basic insecurity on the part of the child vis-à-vis the parent.

I think most of the problems I have seen are in the psychological background. Mr. Chairman, I do not know whether that has answered your question.

The CHAIRMAN: What do you mean by the psychological background?

Dr. SHERMAN: I am referring here now to the anxiety on the part of the child as to his role.

The CHAIRMAN: Well, doctor, if there is anxiety on the part of the children about the role that they should play, is not that good?

Dr. SHERMAN: Yes.

Senator QUART: I should think so.

The CHAIRMAN: If it is something that is good and that we agree, are they not going to find some solution, if it is within their competence, their monetary economic competence or otherwise? Are not they going to find some solution?

Dr. SHERMAN: Yes, I think they could. They could look around. There may not always be facilities. For example, I will take the other extreme. There is a lack of nursing homes, a lack of institutions.

Coming back to the disposal of the parent, where it is beyond the capacity of the children to keep them, the question is what to do with the parent, how to dispose of them. Shall they go to an old people's home? "Where are facilities available for persons such as my father or my mother?"

Mr. DAVIS: You are talking like a doctor now—how to dispose of them!

The CHAIRMAN: I would not wish to use that word.

Mr. DAVIS: Would you say on the basis of your experience with old people that if they have a choice they prefer to live in their own place.

Dr. SHERMAN: Yes, that has been my experience.

The CHAIRMAN: Yes, if they have a choice between living by themselves and going into a home, you say they would rather live in their own place by themselves.

Dr. SHERMAN: Yes, I found that to be true, where these people have lived independent lives, where they have worked for themselves, the father and mother.

Senator ROEBUCK: That is because they feel themselves in the way. If younger people have finance and the surroundings, the house, the room, I do not think that problem arises. It is where you have a very restricted house and a lot of children and a very restricted income that that thought arises.

Senator SMITH (*Kamloops*): I think we must recognize, Mr. Chairman, that this problem has become more acute in recent years because of another change that has taken place, particularly in Canada where there has been a mass movement from rural homes to urban homes, and another mass movement from homes in the urban communities to apartments. This has created a shortage of accommodation and facilities for older members of the families, who were in a minority perhaps 30 or 40 years ago; and it is just a natural stage of our evolution that makes this problem more acute than it used to be.

Dr. SHERMAN: I think that premise is accepted by all sociologists, the diversity of living, the changes from a rural to an urban society.

Senator McGRAND: Doctor, you have been watching this problem for a long time. Do you think there is an increase in the number of young people who prefer to get rid of their parents; is that on the increase? While you are considering the answer to that question, I will put another. Is there a change in the proportion of emotional to physical deterioration? I think until recently the majority of people felt that physical deterioration was the problem of old age, rather than emotional. Today we recognize the emotional as well as the physical. Is there an increase in the emotional deterioration as a problem compared with what it was a number of years ago?

Dr. SHERMAN: To answer the first part of your question, there is an increased anxiety for information on the part of children today, because more people are living longer, and as a result children are confronted with that problem a great deal more than they were years ago. So I think the answer is yes.

Senator McGRAND: With respect to getting rid of the responsibility toward old people?

Dr. SHERMAN: In the cases I have been in contact with, I have found that the majority of young people have been willing to assume responsibility for their parents. They display a great interest in seeing that they are taken care of properly, and are also eager for information as to giving them medical care, and providing proper housing facilities for them. Certainly my experience has been that these younger people have not shown or indicated any anxiety to get rid of their parents. From what I can see they seem to be doing what they can.

The CHAIRMAN: What about the second part of the question, the relationship between the physical and the emotional?

Dr. SHERMAN: Once again, I think there has been an increase in psychiatric disabilities or emotional conflicts. On the basis of admission to the New York State hospital in the last 25 or 30 years the figure has gone from 16 per cent to 30 per cent of people from the age 60 to 65 admitted to mental institutions; but that is also taken care of by the fact that more people are living longer and that they are getting a larger number of people over 65 who are admitted to these various institutions.

The CHAIRMAN: Doctor, do we have similar studies in Canada?

Dr. SHERMAN: Our figures here are pretty well comparable. The fact is that more studies are being done in the United States. We are having more done here. We have found, for example, that 47 per cent of all the hospital bed capacity is taken up by mental cases in this country; in other words, of all the hospital beds, 47 per cent are in mental institutions.

Mr. DAVIS: What percentage of these cases are over 65?

The CHAIRMAN: Veterans Affairs have had a long experience in dealing with this through World War I and World War II. Does their experience reflect the rest of the country, or is that a specialty for veterans that would only indicate what has happened to these people who have gone through a certain process?

Dr. SHERMAN: I have not the information.

The CHAIRMAN: Tell us this, Doctor. What institutions in this country—the universities or medical institutions, and other groups—are doing any study at all on this problem, and particularly intense study. What about McGill, for instance?

Dr. SHERMAN: Are you speaking of a study of mental cases?

The CHAIRMAN: Well, a study of the aged.

Dr. SHERMAN: Yes. In the Gerontological Department of the Memorial Hospital, Dr. Cameron and Dr. Allen are doing studies on aging in Montreal.

The CHAIRMAN: What about Toronto?

Dr. SHERMAN: I think studies are going along in most of these centres. The reason I say this is that actually information is very sparse, outside of what we pick up in the literature. We do know, for example, that the Gerontological Institute of Montreal, under Dr. Cameron, has a special section for the study of aging. Dr. Kral is also engaged in this work, which is devoted to the study of senile psychosis.

The CHAIRMAN: Who else is doing any work on it in Canada?

Dr. SHERMAN: In the psychiatric field?

The CHAIRMAN: Yes, in the general field of understanding the aged?

Dr. SHERMAN: Well, the Institute of Gerontology, University of Montreal has just started here, and they are doing some work. There is a group of the Ontario Research Society in Toronto—Dr. Priddle and his group have been doing work. In Saskatchewan they have made a wonderful survey of the chronically ill and aged. The Department of Veterans Affairs has been working on this for a number of years. Work is being done by many private investigators in the universities so it is utterly impossible to say how many studies are being done at one time.

The CHAIRMAN: Then we have many investigations going on in many aspects of this field. Who is co-ordinating it?

Dr. SHERMAN: Well, the government has no separate section on the co-ordination of aging activities. That is why it is very difficult to give you definite information. In the United States, for example, they have the Bureau of Aging under the Department of Health, Education and Welfare. Actually we have no co-ordinating group at the government level to indicate what is being done.

Senator McGRAND: Clinically or in the laboratory?

Dr. SHERMAN: Both, sir.

Senator ROEBUCK: And is the investigation largely what we can do for the aged, or what they can do for themselves.

Dr. SHERMAN: I would say primarily studies on the aging process, supplemented with sociological studies. For example, the Canadian Welfare Council and other groups, working as well in that field.

Mr. DAVIS: Is it not a fair observation, Doctor, that there are very few social studies in this field in Canada, that most existing research has to do with the nature of the aging process, and medical research?

Dr. SHERMAN: The medical end of it. Through this committee I shall be reporting it next week. We are making an inventory of research in Canada. I have had replies from most of the universities and a good many other organizations, and government bodies, and there is almost no research. It is all in the medical field. There are exceptions, but you could count them on the fingers of your two hands, all that we have done in Canada.

The CHAIRMAN: My own view, and this is strictly my own view, is that the medical field is the field that up to the present time has been the most fruitful field for the aged.

Senator ROEBUCK: And the social end is the worst of all.

Dr. SHERMAN: From the point of view of interest, Mr. Chairman?

The CHAIRMAN: Of availability, from the point of view of the actual response for medical attention. The older people can get medical attention faster than anyone else.

Senator QUART: Does the Health League of Canada co-operate in this in any way? Dr. Bates came to see me last week and spent some time in my office discussing this subject, and he felt that probably if this committee would so decide that some time he would like to come and express some viewpoints. That would be from the Health League.

Dr. SHERMAN: I cannot answer that. I can only say this that what we actually require is some form of co-ordination of all the work that is being done in the field of aging. In the United States they have a bureau on aging so that they do know exactly what is being done. Here you ask me some questions and some I can answer and some I cannot but that would be obtainable from individual organizations. I know what is being done throughout Canada through recognized hospitals that have gerontological units. I would like to stress that when I made the recommendation this morning that a national bureau be set up I thought we should try to integrate everything under one roof.

Senator SMITH (*Kamloops*): Mr. Chairman, I wonder if Dr. Sherman would tell us if his association is doing educational work by publishing all we have heard from him today in the way of journals.

Dr. SHERMAN: Are you referring to the American Gerontological Society?

Senator SMITH (*Kamloops*): Yes.

Dr. SHERMAN: I am working at it now through the Quebec Committee on Aging, of the Canadian Medical Association. We have a journal that we publish articles in, not only on medical, but on socio-economic and the various other

facets that have to do with the aging process. Too, we have made available here now four research fellowships that we are giving to graduate students who are doing work and we give an extra supplement for them to continue work along research lines in geriatrics. We have established awards to be given to members of the profession who have made contributions in the field of geriatrics. I hope to set up in Quebec an advisory committee of lay people in the fields of commerce, industry, labour, to give us the benefit of their advice, to work conjointly with the medical profession to see what we can do to alleviate the plight of the individual because this task is too much for the physician, there are too many ramifications when we consider the other problems that go with it. We know what the \$64 questions are but unfortunately I have not had the \$64 answer. What I tried to stress this morning is that this has to be a combined effort of physician and lay people in every segment of society.

Senator ROEBUCK: You spoke about publishing a journal. Are the members of this committee supplied with copies of that journal?

Dr. SHERMAN: We could send you copies if you would like to see them.

Senator ROEBUCK: If there is anything of that kind going I think members of this committee ought to have it, if you are generous enough to send them to us.

The CHAIRMAN: Dr. Sherman, I suppose that is a sort of journal that appeals to the profession.

Dr. SHERMAN: It is a journal primarily for the physician but there are articles of interest to others in it.

The CHAIRMAN: We will try to arrange to have a copy sent in, and if you wish to continue you will indicate your desire.

Dr. Sherman, what relationship have you to the American organization? You are president of that organization, and we are very proud that a Canadian is president of the American Gerontological Society.

Do you have the benefit of their studies, whatever they do in that line?

Dr. SHERMAN: Yes, we do. It is only within the last two years that we have been giving these research fellowships. We ourselves have not made any direct studies but we are beginning now to subsidize fellowships to help the research program. Most of the money is actually given by the Department of Health, Education and Welfare through the National Institute of Health.

The CHAIRMAN: Is that in Canada or the United States?

Dr. SHERMAN: The United States.

The CHAIRMAN: How do you get your money in Canada?

Dr. SHERMAN: We get money from the Department of Health and Welfare and we also get, sometimes, assistance from others.

The CHAIRMAN: What is the Canadian Medical Association doing? Are you connected with them? Are they interested?

Dr. SHERMAN: Yes, as a matter of fact I might add that the Canadian Medical Association is very widely interested in this problem of aging. They set up a Committee on Aging last year and they are setting up committees throughout Canada, that is on a provincial level, to try to establish contact with the local communities.

I might add this that I think that the work that is being done in Saskatchewan, and the report I received recently from the Government is one of the finest pieces of work that has been done in this country, this long study program of the sick and chronically ill.

Mr. DAVIS: And aging generally, not just the chronically ill?

Dr. SHERMAN: Yes. I think, Mr. Chairman, that would be a pretty good type of study for the other provinces in Canada.

The CHAIRMAN: Some people are saying that Saskatchewan is leading the medical field in many ways, but we won't get into that, Dr. Sherman.

Honourable senators, if there are no other questions may I say I cannot express any better than Senator Roebuck has already expressed the feelings of the committee—usually after he gets through nothing more can be usefully said. I won't repeat what he said but thank you very much for coming here and giving us the benefit of your knowledge. We are glad to know that one of our Canadian boys and particularly a Maritimer is head of the American Gerontological Society. We thank you.

The committee adjourned.



First Session—Twenty-sixth Parliament

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 7

THURSDAY, DECEMBER 12, 1963

The Honourable David A. Croll, *Chairman.*

The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESS:

Mr. Charles E. Odell, Director of The Older & Retired Members Department, United Automobile Workers of America.

REPORT OF THE COMMITTEE.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin

Lefrancois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith
(*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Monday, July 29, 1963:

"Pursuant to the Order of the Day, the Senate resumed the adjourned debate on the motion of the Honourable Senator Croll, seconded by the Honourable Senator Roebuck:

That a Special Committee of the Senate be appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof;

That the said Committee be composed of twenty Honourable Senators to be named later;

That the Committee have power to engage the services of technical, clerical and other personnel as may be necessary for the purpose of the inquiry;

That the Committee have power to send for persons, papers and records, to sit during sittings and adjournments of the Senate; and

That the Committee be instructed to report to the House from time to time its findings, together with such recommendations as it may see fit to make.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative.

With leave of the Senate,

The Honourable Senator Macdonald, P.C., moved seconded by the Honourable Senator Brooks, P.C.:

That the Special Committee of the Senate appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof, be composed of the Honourable Senators Blois, Brooks, Croll, Dessureault, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*), Smith (*Queens-Shelburne*) and Sullivan.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative."

J. F. MacNeil,
Clerk of the Senate.

CHAPTER OF HISTORY

The first part of the book is devoted to a general history of the world from the beginning of the world to the present time. The second part is devoted to a general history of the United States from the first settlement to the present time. The third part is devoted to a general history of the State of New York from the first settlement to the present time. The fourth part is devoted to a general history of the County of Albany from the first settlement to the present time. The fifth part is devoted to a general history of the City of Albany from the first settlement to the present time.

MINUTES OF PROCEEDINGS

THURSDAY, December 12, 1963.

Pursuant to adjournment and notice the Special Committee on Aging met this day at 10.00 a.m.

Present: The Honourable Senators: Croll, *Chairman*; Blois, Dessureault, Gershaw, Grosart, Haig, Hollett, Lefrançois, McGrand, Pearson, Quart, Roebuck, Smith (*Queens-Shelburne*) and Smith (*Kamloops*)—14.

In attendance: Mr. R. E. G. Davis, Special Consultant.

Mr. Charles E. Odell, Director of The Older and Retired Members Department, United Automobile Workers of America, was heard.

A draft Report, submitted by the Chairman, was considered.

Following discussion and on motion of the Honourable Senator Haig, the Report was adopted.

At 12.15 p.m. the Committee adjourned to the call of the Chairman.

Attest.

John A. Hinds,
*Assistant Chief Clerk
of Committees.*

REPORT OF THE COMMITTEE

THURSDAY, December 12, 1963.

The Special Committee of the Senate on Aging make their second Report, as follows:—

1. The order of reference given to your Committee was adopted by the Senate on July 29th, 1963. Following the termination of the ensuing summer adjournment on October 1st, 1963, your Committee:

- (a) Held nine meetings, seven hearings, heard and examined twelve witnesses;
- (b) Formed an interdepartmental committee, comprised of senior government officials, under the chairmanship of Mr. R. E. G. Davis, your Committee's Special Consultant, to gather such statistical and related information as is available from federal government sources;
- (c) Requested all provincial governments to make available to your Committee such information and advice as they may feel is relevant to the inquiry;
- (d) Requested voluntary organizations, numbering approximately 100, whose activities relate significantly to the subject matter of the inquiry, to prepare briefs and inform your Committee of their experience with such major problems of older people as income, employment, leisure time activities, housing, health, institutional care and social services.
- (e) Instituted the preparation of an inventory of Canadian studies and research on the major problems of older people, recently completed or being conducted currently, by universities, governments and other bodies.

2. Of vital importance to an inquiry of this magnitude is comprehensive statistical information specifically related to people aged 65 and over. Such information, your Committee has found, is scarce, scattered and often unreliable. While your Committee has made progress, it is apparent much time and effort is still required in this area.

3. While the response to your Committee's requests for information and assistance has been gratifying, the ramifications of the inquiry are such as to preclude the possibility of any short-term results.

4. Your Committee therefore recommends that it be reconstituted at the earliest possible date following the opening of the next Session of Parliament.

All which is respectfully submitted.

DAVID A. CROLL,
Chairman.

THE SENATE
SPECIAL COMMITTEE ON AGING
EVIDENCE

OTTAWA, Thursday December 12, 1963.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*) in the Chair.

The CHAIRMAN: Honourable senators, I see a quorum. Our witness today is Mr. Charles E. Odell. You have his brief before you. He is director of the Older and Retired Workers Department of the United Automobile Workers International Union in Detroit, Michigan, responsible for the development and implementation of a program of services for approximately 150,000 retired workers of the UAW.

Prior to his employment with the UAW, which began in August 1957, he was special assistant to the Secretary of Labour in Washington, and directed the Department of Labour program for older workers. He also served on the Federal Council on Aging, the National Committee on Aging, and on the planning committees of numerous state and federal conferences and study groups which explored the employment and retirement problems of older workers. In 1955 through 1957, Mr. Odell planned and co-ordinated a \$750,000 research and demonstration program, conducted by the Department of Labour in co-operation with seven state employment security agencies. This program was designed to develop the facts concerning the performance of older workers on the job and the dimensions of age discriminatory hiring practices in community labour markets, ranging in size from Worcester, Massachusetts, which is a very small community, to Los Angeles, California.

We are very pleased to have Mr. Odell with us today. The floor is now yours, Mr. Odell.

Senator ROEBUCK: Well, Mr. Chairman, he certainly is no retired worker.

Mr. Charles E. Odell, Director of the Older and Retired Workers Department of the United Automobile Workers International Union in Detroit, Michigan: Thank you, Mr. Chairman. In response to the comment about my age I would like to say that I think one of the great challenges we face in doing something about the problems of retirement and about making retirement living in the later years of life worth while is to get more young people interested in this problem and particularly people who are willing to dedicate themselves to both professional and active participation in this kind of work. One of the great difficulties we find in the United States in developing services for older people is lack of qualified personnel from fields such as social work, vocational guidance and even in the health services. I think the problem is that most of these professionals have been trained to believe that there is not much you can do for old people and that it is much better and much more profitable in the long run to work with youth because you can help youth significantly but with old people traditionally the belief is that they cannot be helped.

My experience is that this is far from the truth and that there are many things which can be done in the health field and in many other fields which will help older people to maintain their independence, their participation in the effective functioning of society.

Therefore I hope my relative age will not be regarded by this distinguished group as presenting a handicap in giving this point of view to your committee.

I do not like to read a paper, but since you did not have an advance opportunity to go over this, I think I will at least skim through it.

Senator ROEBUCK: Read it.

Mr. ODELL: In his stimulating book entitled, "Looking Backward", written in 1889, Edward Bellamy was actually looking ahead to a new day for middle aged and older people when he quoted his host in the 20th Century as saying:

In place of the dreary hopelessness of the 19th Century, its profound pessimism as to the future of humanity, the animating idea of the present age is an enthusiastic conception of the opportunities of our earthly existence, and the unbounded possibilities of human nature... 'As eager boys in your day anticipated 21, so men nowadays look forward to 45. At 21 we become men but at 45 we renew youth. Middle age and what you have called old age are considered, rather than youth, the enviable time of life. Thanks to the better conditions of existence nowadays... old age approaches many years later and has an aspect far more benign than in past times. Persons of average constitution usually live to 85 or 90 and at 45 we are physically and mentally younger, I fancy, than you were at 35. It is a strange reflection that at 45 when we are just entering upon the most enjoyable period of life, you already begin to think of growing old and to look backward. With you it was the forenoon, with us it is the afternoon, which is the brighter half of life.'

There are parts of this prophecy, in fact most of it, which have not completely been fulfilled, but in thinking about what is in the future for older people, one cannot help but wonder at the progress we have already made in prolonging life in the first half of the 20th Century. It is now well known that the numbers and proportions of people 65 and over in the United States and Canada have quintupled in the past 60 years while the total population has only doubled. According to census and social security experts, there are now 18 million people 65 and over in the United States and by 1980 there will be 25 million. Canada has experienced comparable growth. In terms of numbers alone, these are phenomenal achievements in our two countries—modern miracles which have unfolded in the lifetimes of those now 65 and over. Yet we know, from our experience in other fields of endeavour, such as agricultural and industrial production, that these modern miracles have a way of creating new problems which require solution if we are to enjoy their full benefits.

Scientific farming and the mechanization of farming methods, for example, represents a miracle in productivity but creates a problem of surplus food and fiber which plagues both our countries on the national and international scene. Technological progress in manufacturing, today known as automation, creates similar challenges of adjustment in our methods of handling the problems of production planning, distribution, prices, wages and the like. Therefore, increased numbers of people, and particularly of older people, can be a blessing or a problem, depending on how well we do in the next generation in finding and implementing new social inventions to help people to live more fully throughout the added years of life. It is possible that in both Canada and the United States, our capacity to reproduce and prolong human life has out-

run our ability or willingness to provide the adequate financial support and services required by these tremendous increases in the numbers of children on the one hand, and grandparents on the other.

I should say that Mr. Morgan dramatically pointed out this problem in his discussion of the youth population and the age population both squeezing in on our middle age, on presumably the principal breadwinners of economic income and tax support of the other groups.

But there seems to be some ground for optimism as we look ahead. This optimism is based on the fact that older people appear to be taking a greater interest in their own problems, needs and interests, and, as a consequence, politicians and the governments they direct are becoming increasingly concerned about the adequacy of programs for the aging and aged. I am therefore hopeful that a more articulate senior citizenry exercising positive and constructive influence on government can do much to ensure a brighter future along the lines foreseen by Edward Bellamy in his 19th Century look into the future.

What are some of the basic elements in an overall program of services and facilities for senior citizens that will permit an optimistic view of the future? The view may be somewhat biased but the easiest way for me to handle this question is to describe briefly the UAW's program for its older and retired members. As we see it, the UAW program represents a simple, comprehensive statement of the ingredients that will permit our members, and all senior citizens,—as our convention resolution in 1950 says and stated as an objective—to "make creative use of their earned leisure and to become an accepted and useful part of the whole community."

The UAW program for its retired members is based on two fundamental principles that are of great importance to all groups and programs set up by and for older people:

First, is the principle of *participation*. We believe that our retired members should be permitted to maintain an active role and status in our union even though they are no longer facing the daily "rat race" between the alarm clock and the time clock. Although they no longer have to pay dues, our retired members are accorded voting privileges and opportunity for participation in the affairs of the union. They are represented on standing committees concerned with retired member programs in local unions, and on steering committees which recommend policy concerning the operation of area and union-wide programs for retired members.

In those communities where we sponsor or operate Activities Centers for senior adults and other community projects, retired workers actually head up the internal committee structure which operates the Centers and work closely with center directors who are usually full-time, professionally qualified social group workers. This sense of participation is a great strength in our program, and the lack of such a sense of participation is one of the reasons why some other programs have been less than fully effective. Plato recognized this principle many years before the birth of Christ when he said, speaking of the importance to the state of an active body of senior citizens:

"They must indeed be the oldest, the most prudent, the ablest, and above all the most patriotic members of the body. There are the true guardians of the state... otherwise the state will most certainly perish."

Without casting any unkind aspersions on this body, I would say the basic principle enunciated here by Plato—and I think here he is referring to the Senate in one of the Greek city states—has some kind of continuity in the Canadian Government.

The second basic principle is that of a community-centered program. To quote from the Resolution on Older and Retired Workers passed unanimously

at the 17th Constitutional Convention of the UAW in Atlantic City in April 1957 and reiterated at each subsequent Convention:

“Our UAW program for retired workers can be most effectively developed only as part of a broad community program and not as a trade union program. In our planning we must take into account the pre-retirement problems and needs of retired members; and recognize that real and lasting progress in meeting these problems and needs will, in great measure, depend on the extent to which we can contribute, by leadership and organized effort, to our progress as a nation and community in meeting the needs of all older and retired citizens.”

In about seventy communities across the United States and Canada, the UAW has taken an active part in sponsoring, financing, or directing Senior Activity Centers and has joined with other groups to get financial support, space and personnel provided to operate these programs from both public and private sources. Even when these programs are housed in union halls, as they happen to be in some places, they are open to all senior citizens, not just to union members, and they serve as information, referral counseling and service centers for all, regardless of union affiliation, race, creed, color or nation of origin.

In addition to Community Centers, what are some of the other elements in our program? The primary goal of the UAW Retirement Program has been to provide adequate income for retired members. This has been accomplished to a great extent through collectively bargained private pension plans and through closely related companion measures to achieve improvements in benefits under government administered pension programs such as the Social Security Act in the United States and the Old Age Security Act in Canada.

I have read with much interest the testimony of previous witnesses before your Committee, in particular the statements of Dr. Morgan and the five retired persons who spoke so eloquently in behalf of an increase in the level of the Old Age Security benefits. As an American I do not wish to intrude unnecessarily in this controversial field, but I do urge you to look seriously and deeply into this aspect of the aging problem. Although Dr. Morgan may have overstated the case by citing Michael Harrington as his principal source concerning the impoverished social and economic status of older people in America, it is nevertheless true that the vast majority of older Americans, perhaps three out of four, have less income than their own governmental authorities in the field of cost-of-living expenditures claim is necessary for “modest but adequate” living in typical American urban communities. Specifically, the “modest but adequate” budget projected by the Bureau of Labor Statistics in November, 1960 for an elderly couple in 20 typical American cities ranged from a low of \$2,641.00 per year in Houston, Texas, to a high of \$3,366.00 per year in Chicago. Yet all other data available to us from the U.S. Census Bureau and the Social Security Administration show that two out of three aged couples are living on incomes from all sources of \$2,500.00 or less. The words “modest but adequate” are sometimes misconstrued by wishful thinkers to mean a sort of comfortable luxury living, but I hasten to point out that these expenditures do not provide for the ownership and operation of a car, while food costs are provided at only a bit over \$1.00 per day per person and shelter costs are projected at levels which are barely attainable even in government sponsored and subsidized housing projects.

I would therefore say, without too much knowledge of the day-to-day living costs and problems of Canada's retired population, that the observations of Dr. Morgan and the advice and wisdom of the five retired persons who appeared here are worthy of intensive study. I am sure that the Canadian Labor

Congress will have its own ideas on this subject and I am not presuming to speak for them, but I would certainly recommend that a detailed cost-of-living study be done for the elderly in typical urban and rural areas with a view toward arriving at a level of Old Age Security Benefit which does provide a "modest but adequate" standard of living not only at age 70, but hopefully as early as age 65. The program at 65 need not be compulsory in the sense that all must retire at that age. It could, however, be set up so that those who actually retire at 65 become eligible for the Old Age Security Benefit.

In addition, it seems to me that any Old Age Security Plan should have built into it provisions for automatic change as the cost of living changes. This is done in many European countries and should certainly be an incorporated feature of both public and private pension plans in the United States and Canada.

Health Security is another basic objective of the Union's program which has been achieved in part through the extension into retirement of Blue Cross, Blue Shield, and other types of protection. However, half the costs of this type of protection is now borne by the retired worker out of his limited retirement income, and therefore something must be done to provide prepaid hospitalization and medical insurance to retired workers and their dependents, either under collectively bargained plans or through some form of national health insurance, such as that proposed in the King-Anderson Bill introduced but not acted upon by the present session of Congress, and by the various Medicare proposals now under discussion in Canada.

More adequate housing for older persons is another UAW goal, and we expect that this can be best achieved, not through segregated skyscrapers for oldsters, but through the allocation of suitably designed apartments and homes within existing public and private housing projects and through the liberalization of government loans that would permit older people to purchase, repair and even build homes. The 1961-62 Amendments to the U.S. Housing Laws make most of these things possible, but there is still much to be done to bring the costs of such housing down to the point where most older people really get some benefits from these amendments. In reading Dr. Morgan's testimony again, I have the feeling that Canada faces similar problems in bringing the benefits of senior citizen housing within the financial reach of most of your elderly citizens.

In providing adequate health and housing programs we believe that a portion of the monies set aside in both private and public pension and social security programs should be invested in economically and socially sound projects designed to meet the needs of the entire community. This is one of the critical but unresolved issues discussed in our collective bargaining with employers over the years which deserves priority attention.

Now if older persons have these basic protections we can begin to talk intelligently about encouraging them to lead happy, active and useful lives. This is difficult to do on an empty stomach or in the face of anxieties concerning health, housing, and the wherewithal to keep food on the table. Admittedly, people with no such problems fail to achieve the goal of a satisfactory retirement and that is why we can well afford to discuss the problem as a general one which goes beyond economic considerations.

To achieve a broadening of community services for retired workers through Activities Centers and through information, counseling and referral services, most of our local unions in the United States and Canada have organized standing standing committees on retired workers. In those communities where there are several local unions, community-wide committees on retired workers have been organized along with a steering committee, composed of retired workers themselves, to advise and assist the community-wide committee on

policy matters. There are such councils, for example, in Windsor and Toronto, and we have also set up a province-wide council in Ontario. In those areas where other international unions have an interest or a problem in serving retired workers member, we have urged our local unions to combine forces with them in area-wide committees representative of the entire labor movement and to seek support from the United Fund and Health and Welfare Councils, and from state or provincial or local governments which finance and coordinate services to senior citizens. While the UAW is willing to initiate programs for its own retired members, the Union recognizes the need for community-wide action to meet the community-wide needs of all senior citizens.

In Windsor we have an outstanding example of what can be done by community effort with UAW assistance and leadership to provide space and staff for a Retired Workers Activity and Drop-In Center. We are greatly interested in this program because it represents the first instance in Canada in which the provincial government has offered financial assistance in support of an organized education and recreation program for retired workers. In most other places, these types of programs have been initially organized and housed in local union halls and then have been partially supported and staffed by the Community Chest or Community Services Organization. Since some questions have been raised about the central purpose and value of these Drop-In or Activity Centers, I would like to say that we find them of great value not only because they meet a direct need for organized recreational and educational services, but also because they provide a central place where older and retired persons can go for assistance with individual problems requiring information, counseling and referral services. In this latter sense, the centers serve as a means of bringing into focus the wide variety of services that older persons need in meeting their individual problems in such fields as income maintenance, employment, housing, health, family relations and so forth.

To digress for a minute, I should point out several examples of what I am talking about. In one instance in our four centre programs in Detroit in the early inception of these programs we made a survey to try to find out why people came twice and did not come back.

As a result of that experience we found two basic reasons. One reason was their sense of health insecurity from the point of view of mobility. The other had to do with the cost of daily transport to participate in this kind of program.

As a result of the transportation problem, which to us seemed to be quite a serious one, as we talked to our retired membership, we asked the city council to provide some help in the reduction of fares on city-owned transportation so that it would be easier for older people to participate in our programs.

There was great resistance to this at the beginning. It was finally approved and now we have a half fare plan in operation, which makes it possible for people over 65, who present a bona fide credential, to ride on the buses between the hours of nine in the morning and three in the afternoon at half the regular fare.

I should say that among the great resistors to this idea were the downtown businessmen's association in Detroit, which was concerned that this might in some way jeopardize the public transportation system. Today they are the strongest supporters of this program, because it has brought many older people back down into the downtown areas to shop, who otherwise would not come into that area. So there are benefits even for private enterprise, for a proposal which is motivated by humanitarian and eleemosynary interests.

Own funds and time and interest in such problems.

For these reasons, I feel very strongly that state and provincial legislation and appropriations should be passed that will encourage communities to

develop and maintain Activity and Drop-In Centers for senior citizens. New York State has pioneered in this field through its Bureau of Adult Education which is authorized to make grants to community agencies interested in the development of center programs. I feel that with a very modest investment of state or provincial funds it would be possible to get such programs started in all of the major communities in Ontario and, that with good provincial and local leadership, it would be possible to get communities to invest their own funds in such programs, using both public and private agencies and organizations as sources of financial assistance.

Another aspect of the UAW's program which has widespread implications for community organization, is the union's attempt to initiate systematic retirement preparation education services for its members. It is our firm conviction that such services can serve a very valuable purpose in the prevention or amelioration of many of the problems that develop for the individual in the post-retirement period. We, therefore, have sponsored such programs for local union members in Windsor. We would like to see these programs develop as community-centered enterprises using the facilities and services of the schools and colleges and other community agencies with modest support from management and labour in order to insure good quality of instruction and good educational content.

In order to increase the understanding and know-how of our own membership in this field, we have organized workshops under the leadership of the University of Michigan and the University of Chicago to train UAW staff. We have followed up on this initial effort by presenting a course in retirement preparation education at each of our Summer Schools. Following this experience which exposed from 300 to 500 UAW leaders from local unions to the basic concepts of retirement preparation, we have started voluntary programs in various communities under local UAW leadership such as that organized by Local 200 in Windsor. At this point, we want to draw upon the expert advice and assistance of local schools, colleges and other community agencies to provide instructors, materials, resource persons, and perhaps, most important, evaluation services designed to measure the effectiveness of the programs and to improve their content and method of presentation.

It is obvious that here again modest support from the state, province and the community through legislation and appropriation would be of immeasurable value to us and to the community agencies to whom we will be looking for co-operation and support. Here again, the experience of New York State points up what can be done with very modest appropriations to support local educational programs.

The UAW is not trying to preempt the field of aging and services to the aging; we obviously couldn't even if we wanted to. We do want all groups interested in aging to know about our program and our interest so that they will look to us for co-operation and support in the development of programs and services that will provide our retired members and all senior citizens with an accepted and useful part in the life of the community. The time has passed when any group in the community, or any nation in the world, can go it alone. We in the UAW need the understanding and help of the whole community in achieving our program for older and retired workers; we think the community can also use our help in achieving overall objectives. The contribution made by the International Executive Board of the UAW to assist in financing the Windsor Senior Citizens Center is a token evidence of our faith in the work that is being done and the service provided by the Center. It is our hope that eventually the United Fund of Windsor, like its American counterpart in Detroit, and the city and provincial governments, will see their way clear to assist us in carrying on the program not only in Windsor but in all major cities in Ontario and other Canadian provinces. In the words of the historian

Toynbee, "A society's quality and durability can best be measured by the respect and care given its elderly citizens." We hope that all men and women of good will in our two great nations will join together to demonstrate that we can measure up to Professor Toynbee's high moral standards.

On a recent trip to Europe, and specifically in England, Woodrow Hunter, Research Associate at the Division of Gerontology of the University of Michigan, observed a number of programs of preparation for retirement being conducted by community agencies but co-sponsored and financed by corporate managements. Usually selected workers in the age group nearing retirement were paid lost time to participate in such programs and the companies were also paying tuition fees for those who were enrolled. It is interesting that there were virtually no retirement planning programs in England five years ago, and that they have grown as a result of visits to the United States of British experts who came to this country and took back with them the content, methods and ideas for implementation in their own fashion.

I must say they have done a better job than we have.

It is also interesting that the mechanism they have used is to have the national council of voluntary organizations, the Old People's Welfare League, which is comparable to our National Council on Aging in the United States, act, with financial aid from the government, as the stimulator and co-ordinator of community-based programs in retirement preparation education. Perhaps this is the direction in which we must also move in America and Canada if we are to take this vital and essential service to the aging and aged out of the area of contention and to give it the opportunity to grow and prosper under a voluntary, objective, non-partisan leadership. I sincerely hope that the National Council on Aging in the United States and a similar group in Canada will assume this role and responsibility and that we can find in management counterparts to our interest in labour in the mutual development, sponsorship and, perhaps, even the financing of community-based programs of retirement preparation education which are truly available and accessible to hourly-rated as well as salaried, professional and self-employed people in the pre-retirement years.

I could say much more about the UAW's program for older and retired workers and in particular about the problems of age discrimination, early retirement, retraining and technological unemployment which are creating a new class of older Americans and Canadians—the AUTOMAGED who are too old to work and too young to retire. But this may well be a topic requiring fuller exploration than time now permits, or perhaps we can get into it more fully in the discussion period.

Returning to the theme with which I started, I would like to close with a brief quote from Senator Thomas Desmond, the retired Chairman of the New York State Joint Legislative Committee on Problems of Aging, who said in his valedictory report to the Governor and the Legislature in 1958:

If man does not exterminate himself during the next decade, leisure will take on new meaning; life in the late years should be more fruitful, less filled with tears . . . and while much that is exciting and some things that are basic have been done, they will be of relatively small significance as compared with the great advances that lie ahead.

We have only about five years left on the decade 1958-1968 in which to fulfill this prophecy of a great American and a pioneer in this whole field of work with older people. I sincerely hope that we can all join hands and get on with the job.

As I have indicated, there are many, many more aspects of this problem on which I have made no comment for reasons of time. However, I do think they are worthy of your overall consideration and I am therefore taking

the liberty of submitting, for the record, copies of the following documents which you may wish simply to list as bibliographical references, or, if you prefer, to duplicate or otherwise furnish upon request.

SUPPLEMENTARY BIBLIOGRAPHY

1. "UAW—NEW FRONTIERS FOR SENIOR CITIZENS", incorporating President Walter P. Reuther's Report on Older and Retired Workers, Report of the Retired Workers Department, and UAW Convention Resolutions affecting retired workers passed at the 18th Constitutional Convention, Atlantic City, N.J., May 4-10, 1961.

2. "WE CAN AND MUST DO MORE FOR OUR OLDER PEOPLE", a digest of testimony before the U.S. Senate Committee on Aging and Aged by Emil Mazey, Secretary-Treasurer of the UAW, in December, 1959, reprinted by The American Federationist in January, 1960.

3. "WHEN PEOPLE ARE TOO OLD TO WORK AND TOO YOUNG TO DIE", published by the Education and Public Relations Departments of Region 7 (Canadian Region), UAW-CLC.

4. A DIGEST OF PRESIDENT JOHN F. KENNEDY'S SPECIAL MESSAGE ON AGING, the first such special message submitted to Congress by an American President, in February, 1963.

5. "EMPLOYING THE OLDER WORKERS: PROBLEMS AND POSSIBILITIES" by Charles E. Odell, Director, Older and Retired Workers Department, UAW, presented at the Saskatchewan Conference on Employment and Retirement of Older Workers, Regina, Saskatchewan, June 1-2, 1961.

The foregoing supplementary bibliography, which I did not touch upon, covers some of the basic aspects of our program and our interest.

Thank you very much for the opportunity to make this presentation.

The CHAIRMAN: Some of the senators are anxious to get away to attend another very important meeting I suggest that they be permitted to question first. I believe Senator Roebuck and Senator Gershaw are among them.

Senator ROEBUCK: Yes. One thing that caught my eye was the statement of the speaker about a study made as to the money that was necessary for adequate living. I am wondering if any such study has been made in Ontario, or in Canada, and if not how it can be brought about, and if there are some authorities in Canada who could give us the knowledge along those lines. We hear references to it, from time to time, but have never gone into it, in my experience, very thoroughly. Our old people would like to hear some information along this line, but they are only half a dozen in many thousands. What can we do to bring about a study of that kind?

Mr. ODELL: This is one of my specific recommendations, sir, that an attempt should be made to pull this kind of information together, and I am certain that the competence is here within the labour statistics program of the Canadian Government and the universities, if this has not been done, but probably it has. I think one of the very helpful things we have gotten out of the Bureau of Labour statistics, Department of Labour, is the kind of standard approach to what is a modest but adequate budget for an elderly couple in the United States, and this has not been done just as a national norm, but an attempt has been made to adjust it to living conditions and the cost of living in various segments of the American economy. The Department of Agriculture has also developed a similar kind of budget for farm families in different age groups. As a matter of fact, they put the whole thing together so that you could see it in its components and trend with regard to costs and various factors for the young farm family right on through to the so-called later years of life. I really think this is badly needed and a continuing need in both of

our countries. I think the great contentions and unresolved questions in hearings on the whole question on the so-called medicare proposal in the United States rolls around this general question, and, how well cared for are older people, the only way I know to answer that kind of question is to have the kind of information we are talking about. I do think we need some kind of standards and norms which are related to the reality of what people do in their retirement years.

Senator GROSART: Mr. Chairman, it is my understanding, from information which has been given here and in the reports which have been furnished us from time to time on the work of the special committee, my information is that the Dominion Bureau of Statistics people have undertaken to break out some figures for us. Is that right?

The CHAIRMAN: I think that is right.

Senator GROSART: That they are actually working on this for us?

The CHAIRMAN: Yes.

Senator GROSART: Looking at the figures Mr. Odell has given us, on page 4 of his brief, if we average up the American figures we might say that \$3,000 a year would be about an average income for an aged couple in the United States. If we make an adjustment to arrive at comparable figures for Canada, dropping this figure by 20 per cent, which represents the difference in standard of living and cost of living between the United States and Canada, we would get a figure of \$2,400. If both of the aged people were getting the old age pension they would be getting \$1,800 between them, leaving a gap here of only \$600. I do not know whether that is realistic arithmetic in this context but obviously in all cases both partners will not be getting it but it would indicate that our present standard of old age pension is not too far below a figure that might be regarded as making a reasonable contribution to this problem.

I would like to ask Mr. Odell if he has related these figures, say this \$3,000 average figure to the average income per person in the United States today.

Mr. ODELL: Yes. Immediately following the figures you are quoting in the brief I mentioned that the median income of elderly couples in the United States according to the United States census of 1960, was \$2,500 a year. So that we had a gap in what we provide by way of income from all sources, we have a gap which tends to widen because of the increasing cost of living and what not between what people ought to have to live not well but modestly and comfortably and what they are actually getting by way of income. Some have more than they need but the great majority have less than they need and this presents a very real challenge to us as a country in terms of what we can do to improve that condition. For example our retired members are regarded in a sense of being in the upper group from the point of view of their income because they get a supplementary pension benefit.

The CHAIRMAN: They get a supplementary pension benefit from the union?

Mr. ODELL: From a collectively bargained plan, yes.

But the point is that they have had no increase in pension benefits since 1958, and while we go back into collective bargaining and negotiate improvements for future retirees, those who have already been out, and there are about maybe 125,000 who are still alive, who have been out since 1958, are still living on the allowance that was provided by the plan at that time. In addition there has been no significant increase in social security benefits except that of raising the minimum benefit. You understand that our United States program is on a wage related system so that the widow who is subsisting on \$40 a month under our social security program has been given an increase in benefits but

none of the other beneficiaries has been given any of any significance. So we see now a gap of maybe 10 per cent or 15 per cent between where these people were incomewise in 1958 and where they are today. This in part accounts for the differential between what they get and what the Government says they ought to have to live modestly and comfortably. It means all the limited resources they have in the form of savings, in the form of equities in a home, in the form of what they call their burial money, which is a modest equity in an insurance policy, tends to be eroded to make ends meet as time goes on. One of the great arguments we have been having with the American Medical Association and other groups on what level do we need to do something about health care for our older people has been over this question of the status of these equities. It is true, if you look at equities between younger and older people it looks as if the older people were more advantageously situated than the younger, but if you look at it from the point of view that four-fifths of that equity is the equity they have in the payments on a home, you will realize this is not a liquid asset in the practical sense unless one wants to convert it and live off it, which most people do not want to do. Our Michigan state governor got into real difficulty in our state because he proposed a property tax deferment on homes of older people and the older people said we would rather not have a deferment if it means our property is to be put in jeopardy so that we do not have a clear title to it if we want to change our living arrangements or if our children's equity is going to be jeopardized. I think that is a very basic area of consideration which needs continuing research and study and conscience-motivated evaluation in our society.

Senator GROSART: Mr. Chairman, my question was really directed to the relationship between this \$3,000 and the average income per person in the United States, or per wage earner.

Mr. ODELL: I see.

Senator GROSART: What is the gap?

Mr. ODELL: I think it is somewhere in the \$5,000 to \$6,000 class. Many wage earners have a family. There is a considerable gap, it is of the order of 50 per cent.

Senator GROSART: On the basis of a single wage?

Mr. ODELL: No, I am talking about average family income.

Senator GROSART: Do you know what the figure is per capita wage income?

Mr. ODELL: I do not have it at the moment but I can furnish it for you.

The CHAIRMAN: For the United States or for Canada?

Senator GROSART: I was asking for the United States figure. The figures in the long run will be more or less comparable. The Canadian figures are approximately \$4,000.

Mr. ANDRAS: The average rate for a Canadian wage earner at present is approximately \$80 a week.

The CHAIRMAN: \$4,000 a year.

Mr. ANDRAS: Yes.

The CHAIRMAN: Senator Gershaw, did you have a question?

Senator GERSHAW: Mr. Chairman, Mr. Odell has given us a very valuable paper. I would like to ask him if anything is being done to encourage people to provide for themselves privately for their old age.

Mr. ODELL: Of course, Senator Gershaw, one of the things that we are trying to do in our whole basic educational program in the unions is to encourage people to look at themselves in relation to retirement and where they stand from the point of view of what they are putting aside and which

they can draw in retirement. Our retirement preparation program is in part directed at the whole question of income adequacy and what we need in the way of money in retirement.

In the present generation of older people this whole question of why didn't you do a better job of saving for your old age, is one that raises an understandable hostility and a considerable amount of resentment because most of these people will tell you very quickly that in the kind of hazardous economic and social conditions in which they grew up and functioned in our country that they had no resources with which to plan and protect their retirement, and that is literally true—you get a real emotional reaction when you bring this question up even with the current generation of people in the age group fifty and over when we talk about budgeting and money management and planning and so forth they say, how can we plan?

Until very recently we had no assurance that we had a common object and employment. We cannot spend anything today with any assurance of continuity of income.

These are people who have been employed in industry with a relatively high level of production employment for a long time.

Only very recently, until we got into the whole business of something approaching the guaranteed annual wage and the elimination of the practice of laying people off and not calling them back because they were too old, or something like that, these people really had no basis on which to plan economically for their retirement.

I think that as time goes on the basic resources which they will have to draw on in this regard will be improving, but I do not think this is going to solve the problem of the current group of older people and perhaps the group that are going to come up in the next 10 or 15 years.

Senator HAIG: Mr. Chairman, just to continue on that, page 7, the speaker indicated a systematic retirement preparation education service for its members. When does that start and what does it involve?

Mr. ODELL: We are currently trying to reach the people who are relatively closest to retirement, although we have attempted to recruit participation in the age group from 60 and over. However, one of the very difficult problems in this field, is to get people to face up to this and to participate in these programs.

Mentally speaking, the people who come voluntarily are the people who need it least, they are the people who are most aware, who are most concerned. So we have opened the program up, just from the point of view of getting numbers involved, to people from age 50 to age 65. We are taking this age group.

Ideally, I would say this program should start at age 40 or 45, and instead of trying to do it all in one piece, in a six or seven weeks' discussion program, I would like to see it phased out over the remaining working life of the individual. Perhaps you would emphasize different aspects of retirement at different points, in his older middle and later working years.

You can do most about hedging against retirement from an economic point of view if you begin to do your hedging at age 40 or 45. It is almost impossible to do any hedging that will be of any significance at age 60 or 65.

Health problems certainly should be approached at age 40 or 45, if you are going to instill the motion of preventive health, the business of looking at your own need for medical attention on a periodic basis, in order to detect early and prevent serious chronic disorders.

Ultimately I think this kind of program should be built into our labour management industrial relations personnel practices, where it would be available to people over the latter period of their working lives, on a phase basis, and in varying degrees of depth of discussion.

As to content, the basic areas we include in our program, and these are rather typical of what is done in our country, are, first, the discussion of the meaning of work in the life of the individual, and the challenge of leisure, if it is not in some way planned and provided for in the thinking of the individual.

In other words, it may not be a challenging job, it may not be an exciting job, it may not be an all-embracing job, but it does occupy a prescribed number of hours in the life of the individual every day. When that is gone, and when nothing else is there to take its place, a great many problems—psychological, mental health and other kinds of problems—begin to develop. Family problems begin to develop, because the man is sitting around the house and the wife is having her basic regime and routine of life disrupted, without too good an understanding of what is happening to her.

We have found that a lot of the pressures, for example, for jobs for people who are presumed to be retired, derive from the fact that the wife is saying to the husband: "Well, you know, why don't you go out and do something?"—and the only thing she can think of for him to do, because he has never done anything else, is to go out and get a job. So there is great pressure to get the guy out of the house and into something constructive—and incidentally if he earns money, that is fine, but the real pressure is to get him out from under her feet and away from the house.

Senator HAIG: That happens in younger people, too.

Mr. ODELL: Sure it does. This point should be made, that a lot of the things we are talking about, and things that come up in the discussions are problems that have been lifelong problems for the family, and which really ought to be approached at an early part of the time.

The second area we get into is money and budget management, and some buying habits and what not, designed to stretch the dollar in anticipation of the reduction of income in retirement.

The third area is preventive health and mental health.

The fourth area is housing and family and living arrangements.

We are not saying you ought to do this or you ought not to do this. We are saying that if you are going to make a change, please make a careful determination in advance as to what the implications of that change will be on your life or family, on your friends or living arrangements and what not.

We have encouraged controversial discussion about the merits of moving to Florida or Arizona, or setting up in the country, moving out of the city and setting up a chicken farm or something like that, if it would only give people some sense of the future problems, a sense of the realization that these are rather basic decisions, for which they ought to do some planning. We even try to get them to develop a checklist of what they ought to look into before they make that kind of change.

The fifth area of discussion is where you give them an opportunity to know where to turn for help in carrying out their retirement program, what they can get through the union, what the community resources are which are available to them, so that they can get in touch with these resources and find out and use them if they need them.

We also try to get them to understand what services are available in the community which can help with the practical problems of retirement living and which have nothing to do with money or health but which have to do with where you spend your time and what you do with your time in your retirement.

These are the general areas we try to cover.

We cover these in what are essentially group discussion programs, where the important thing is not to have an expert come in and tell people what to do but to have a leader who is able to present things in such a way that the

group itself is thinking about this—"If I were in this situation, what would I do?"—and out of the collective group sharing of experience and ideas, people are stimulated to do something for themselves about their own problems.

Senator McGRAND: At or near the bottom of page 7, you say:

We have followed up on this initial effort by presenting a course in retirement preparation education at each of our summer schools. I would like to have some detailed description of that.

Mr. ODELL: This is essentially the program I have been describing. What we have done, sir, is to try to develop the best professionally conceived materials that we can, by using university experts in the field of adult education and gerontology and having it together with the basic program on paper. We then decided that before we could get our rank and file membership interested we would have to get our leadership interested. Therefore we put our leadership to workshop programs of one week's duration in which we covered essentially these problems.

Senator McGRAND: What success have you had so far?

Mr. ODELL: Following the summer school programs we have been working at local union level to get these programs set up in local unions, involving membership of the local.

We have had varying success. I mentioned one of the real problems.

The basic problem is to get people to face up to thinking about retirement in the first place. In general I would say that wherever we have been able to get in and get the co-operation of our people in getting a group together we have had a phenomenally good success in these terms:

1. Once people get involved they stay involved and they ask for an opportunity to come back and participate in the second and third round of programs. Secondly, the initial numbers of these programs are small, but the numbers grow on the basis of word to mouth endorsement and support. Thirdly, we have done follow-up work where it makes no difference whether they participate in the program or not on a variety of factors. Do they really know any more when they get through the program than when they started? We administer at the beginning what we call a "Retirement readiness check list", which relates to the basic facts of life and what they ought to have before they retire, and at the end of the program we run them through that same check list to see whether or not they have any more basic information than they had before.

Senator McGRAND: Is the work you are doing exploratory?

Mr. ODELL: No. We are in about our sixth year of this kind of thing now. For example, we have about a dozen of the largest international unions in the Detroit area that are conducting these programs, maybe three or four times a year, for their membership. We have other regions of the UAW throughout the country where there are three or four locals in each of five or six major cities that are carrying on this kind of program. It is hard going when you have to do it alone on a unilateral basis. This is why I put so much emphasis on the need for management specifically; because I think the people who need us most should be offered this as an extension of the working day, or something, so that it is easy for people to participate. This is why I also emphasize community support, because I think that many people other than our members need this and it ought to be sponsored as a community program, not as a union program.

Senator McGRAND: Do you favour people retiring at age 65 or do you favour that there should be a place in industry for people to carry on until they are, say, 72 or 73?

Mr. ODELL: Our general position in the UAW has been that it is fundamentally wrong to force people to retire at any age.

Senator McGRAND: What is responsible, then, for enforced retirement?

Mr. ODELL: Frankly, I think the principal culprit is the insurance industry and the actuary, who says in effect that unless you set terminal cut-off points for what is your planning today for people, we have no way of projecting costs. This is where it all started; and it started basically when most pension plans were insured plans and they had to know that as of a given date and a given time the workers in the group were going to retire and then would be placed at a given level of annuity. In order to do this it had to put so much money into an insured plan, and so on. This is basically where this idea started. There is a popular misconception that the trade union movement forced people into mandatory retirement. The truth is they objected to mandatory retirement, and that this was thrust upon employees by management; and they said to us if you do not establish a cut-off point there is no way of projecting costs. The truth is that if you permit people to go on working as long as possible it actually reduces the cost of the pension program, and there has been a study by Dr. Jim Clare, who used to work for us, and is now a professor of actuarial management at the University of Manitoba, which very well outlines the policies of mandatory retirement as it relates to costs.

Senator SMITH (*Queens-Shelburne*): Since I must leave to attend another meeting, I should like to ask a question; but first, may I say that I have been quite impressed by your brief, sir.

Mr. ODELL: Thank you, honourable sir.

Senator SMITH (*Queens-Shelburne*): I could not help thinking as we were going through it that if this is the kind of thinking that is in your particular organization, I can quite understand why our chairman at one time said he would rather work with the workers than ride with General Motors. My question is this. Are there any other unions that are doing anything like you are in the way of thinking on this subject in this country apart from the UAW?

The CHAIRMAN: Before you answer. Let me say that I had written down the same question to ask. Will you, however, keep the question in mind, and when you are answering for the unions, cover the aristocrats of labour, too, will you, who were there long before you were around?

Senator SMITH (*Queens-Shelburne*): I thought these people were around first.

The CHAIRMAN: No. These are the new men on the scene; they have the ideas. Go ahead, Mr. Odell.

Mr. ODELL: Well, there are several large international unions with counterparts of the UAW in Canada that have national expressions of policy and interest in this field, and varying degrees of effort to do something about it in terms of implementing a program. The steel workers in the United States, for example, have a very active program, and I think would be most interested in working on co-operative programs of this kind in Canada. The machinists have an outstanding international resolution on this problem, but unfortunately they have not gotten down to the practical problem of implementation in the same way as the steel workers and the auto workers have. The International Ladies Garment Workers, the Amalgamated and a number of the other large industrial type trade unions have, in various places, where they have a heavy concentration of membership developed outstanding programs for their membership in those areas.

Senator SMITH (*Queens-Shelburne*): In the United States?

Mr. ODELL: Yes.

The CHAIRMAN: When you are speaking of the garment workers and others, will you cover that? You say "in the United States", but I do not think that is quite right.

Mr. ODELL: They are pretty well much concentrated in the areas where they have a large membership, and they have done some things in Canada, but I am not too familiar with that. Usually in the Amalgamated and the I.L.G., these programs tend to tie in with their health centre or with the regular activities of their membership, but nevertheless they are doing outstanding work in this limited sphere. One of the difficulties with so many of the craft unions is that they never developed a companion drive to the drive of the industrial unions for pension plans, and of course there are many problems involved in developing pension plans with the crafts, where workers go from employer to employer, and from job to job, and so on, and for this reason they have not felt the same pressures. I suppose there is another reason, that they have had more to say about who can be hired in the industry, and they have done an outstanding job in the nature of a hire system, with regard to the older worker. In many of the building trades an employer must take one in four, or one in six or seven or eight, varying from trade to trade, of people over 60 or 65, or even 70 years of age, and there is a certain amount of this also in the industrial unions, in the sense that I am sure that many managements and many local unions are helping older workers who probably are no longer able to carry their full load on the job, to stay on until they reach a respectable age for retirement purposes, you see. But to get back to the crafts, they have not had the same pressures that the industrial unions have had, because they have not had to get their people out on retirement in the same way, because they have not had pension plan problems in the same way. So this is an uneven picture. I would only say this on that point, that I know of no community anywhere in our country, and I would think the same would be true of Canada, where it is not possible if you really go in and work at it, to bring both the crafts and the industrial unions together on a community level, to get the kind of things I have been talking about here this morning started and sponsored as a joint enterprise among the labour groups in the community, and this is true of the craft unions as well as the industrial unions. For example, I just came from the opening of an individual activity centre for retired people in Ipsilanti, Michigan, where the UAW took the initiative on a building program. They supplied free labour; they contributed money. They contributed some equipment. The employers in the community, the contractors, worked at cost in order to put this building up within a manageable budget of about \$20,000. This community obtained a \$40,000 building for about \$20,000 by virtue of the voluntary help and co-operation of the contractors, the building trades unions and other groups in the community, so I think you can bring them together into this kind of enterprise.

The CHAIRMAN: Mr. Odell, you say you can bring the unions together in this kind of enterprise, and we rather agree with you, but it seems to me that in listening to you, and in reading this brief, that there is an ingredient missing, and that ingredient is management co-operation. Perhaps you did not cover it because you did not think it was part of the scope of your presentation. When you talk of community effort and so on you are in your own field, but nevertheless you are just a small part of the whole labour movement, although you are a pretty vigorous part of it. You are telling us that other parts of the movement—you did not tell us anything about what the transportation people are doing, but I will let that go for the moment. What is management doing to co-operate not only in the Detroit area but in other areas in order to help solve this problem?

Mr. ODELL: I do not think they are doing nearly enough, and I think they have a very short-sighted view of their responsibilities with regard to what happens to people after they retire.

The basic attitude of the managements with which we deal on questions such as: "Will you help us develop pre-retirement education programs?", or: "Will you help us in developing post-retirement programs?", and so on, is: "Our basic responsibility is prescribed by the contract, and this is to provide a certain level of income to these people. Now, what they do with that income and what problems they face is the community's concern and not our concern".

This, of course, goes to a number of other things that I have run into in the field of retraining and everything else. There are a few exceptions. There are a few large corporations in the United States which have seen the wisdom of doing something about this problem on their own premises and in their own immediate concern for their workers, and also in supporting community enterprises in this field, but the number is comparatively small and the interest is comparatively very, very low.

I do not know the answer. I sometimes get the feeling—I guess I should not be saying this in public testimony—that if the U.A.W. were not trying to do so much in this field perhaps General Motors would be doing more. I do not know. I get that feeling because they react so negatively to anything that we try to launch in this general area.

I really think the answer is that they feel if they admit to a long-term interest and concern about what happens to this group of people who retire that this will come back to them in the form of a request to do something to improve the pension benefits of this group and to take on other kinds of responsibility that they feel may cost them a lot of money, so their tendency is to say: "Look, we pay taxes; city recreation should do this thing. We pay contributions to the United Fund and the United Fund should do these things. We as a corporation do not feel we have any more responsibility than to make sure that the worker gets the benefits he is entitled to under the contract".

Senator PEARSON: I would like to ask a question, Mr. Chairman. I admire the whole tenor of your statement here. You are not trying to involve governments at all. This is all community work. It is the unions and it is the managements that you are talking about all the time, but, on the other hand, there is a great percentage of workers who do not belong to any unions at all. How are we going to take care of that group, or is there anything being done to take care of that group outside of the unions?

Mr. ODELL: If I have given you the impression that I do not think that government has a responsibility then I am sorry because that was not my intention. I have tried to convey the impression that unless voluntary groups take some initiative and leadership, and unless a much better job is done in organizing public understanding and interest in programs for older people, I do not think that very much is going to be done by governments that will amount to anything. I think this is true.

There are some wonderful philosophical papers that have been written on this subject but Professor Cottrell, of the University of Ohio, who argues that when you put the problems of the aged down against the problems of national defence, of education for our youth, and all the other priorities in our society, it is understandable that government tends to downgrade the first-mentioned. This is really what I was saying when I started, that professionals in the field do the same thing. Other things are perhaps more dramatic and they seem to be things you can do more about, and so forth.

I do think government has the major responsibility, and I have emphasized the voluntary only to point up the fact that in order for government to exercise and function effectively somebody has to lead the way and demonstrate these things can be done.

For example, with regard to the centres program we started in 1953-1954 in Detroit we would have loved to be able to go to our city recreation department or state conservation department and say, "This is your responsibility." In fact, we did, and they said, "It is not our responsibility; and furthermore we do not think anything can be done about it anyway." Our initial effort was to demonstrate something could be done. Having demonstrated it, it is interesting to note that centre programs in the United States have grown by 600 per cent in the last 10 years, and about half these programs today are directly sponsored and financed by public tax monies. So that in this field, in the field of retirement preparation education, certainly in the field of housing, in the field of income maintenance and in the field of health care, I think government has an ascendant and primary responsibility.

In response to your question, the other point I would make is that I tried to emphasize in this presentation that what we are doing for our own membership is, in a sense, symbolic of what we think needs to be done for all older people in varying degree. Again, our effort is to mobilize and organize community support for services to the whole community of older people, and not just to our own membership. I think it is unfortunate that in too many places the community is complacent because they say, "Look, we have these wonderful U.A.W. centres in Detroit"—and they take these as evidence of achievement; whereas our view is that these centres are serving about 10 per cent of the older people who could benefit from them if there were adequate facilities spread across the city to meet the need.

The CHAIRMAN: You have been around—you have been using that term, and I use it in its best sense. You have made studies and have been with the Department of Labour at the Washington level, and so you have a pretty good idea of what is going on in the United States. Who in the United States is aware of this problem, from the top to the bottom? Who are doing something about it? And what?

Mr. ODELL: I think there is a considerable amount of awareness. I believe the National White House Conference on Aging, which was co-sponsored by Senator McNamara and Representative Fogarty, and which actually came off at the end of 1961, created a very large measure of public understanding, empathy and concern. The difficulty has been in getting this concern channelled through some kind of structure in federal, state and local government and in the companion structure of voluntary organizations so the program could go ahead.

We have an office of aging in the welfare administration of the Department of Health Welfare and Education in Washington, D.C. It is competently staffed; they are good people. They have field agents in each one of the Department of Health Welfare and Education regional offices. They have been stimulating state structures in aging. We have statutory commissions on aging in about half of our states, and in another quarter of the states they have appointed commissions, set up on a short-term basis, by governors. We have about 150 communities, in the larger ones of which there are special committees and staff. One or more professional people work on problems of the aging at the local level. But I think the basic difficulty is that the federal structure has never been given the status and the visibility that it needs to do the job necessary to be done. From my point of view, for example, it is a mistake to expect that you can achieve proper understanding, support, co-ordination and planning for service to older people under the auspices of a Department of Public Welfare. I think this sets back the whole concept of older people as an integral part of the community by 50 years, and puts us back to the days when the solution was to put them in the county poor-farm, which was supported by public funds, or to go out and raise money on an emergency basis among friends and neighbours to keep them alive or to tide them over.

Only about 10 or 15 per cent of our aged people are directly receiving welfare payments, old age assistance or other type of welfare payment. I, therefore, do not think you are going to get good leadership and co-operation and support from the whole community for a national, state, or local program on aging if you subordinate the project to the concept of public welfare. I have advocated as long as I have been with the UAW, and before that when I was with the federal Government, that we need a United States' type commission on aging with three commissioners and a representative advisory council which could function as an overall co-ordinating and planning body and an attention-getting body so that the agencies which have a responsibility in this field, for example the unemployment security agency, the welfare department, health department and education department, would get public support, understanding, and co-operation to go ahead and do their job.

This does not mean that anybody sacrifices his independence or principal function, but it does mean they have a place to turn to for getting proper public attention and support and leadership in the understanding of their activities. If structure is an important consideration in Canada, I would strongly recommend to go in this direction rather than find a convenient cubbyhole in some existing department of a federal or provincial Government in which to file it away.

The CHAIRMAN: If you think you have problems in the United States, I can assure you we have problems also.

Senator McGRAND: I agree with the S.I.D. A great deal of this stuff should be initiated at low levels, right in the community itself. Then we should have some place to go, some responsible group or government group to get help in doing these things. I think it is a very good idea to start at the bottom rather than the top.

Senator HAIG: May I ask a question? On page 5 where reference is made to housing, the speaker indicated that this problem of adequate housing can best be achieved through suitably designed apartments and homes, etc. In other words you would think that the aged or the aging would be better suited in separate housing or smaller groups of housing instead of these great big 20, 30 or 40-storey buildings?

Mr. ODELL: I am really addressing myself to the concept of housing for the aged successfully implemented in Sweden. I am not now talking exclusively about the method by which the housing is financed and built, but more about the fact that their concept has been to make a place for older people in the existing plans for housing and for community life in their society. So that instead of having a whole village or whole section of a city or a monolithic skyscraper in a large community, or a retirement village in Florida, their concept has been to try and find a place to keep old people identified with and functioning in the community. They have almost reached that. This may make a change in their living alone. They may be moving out of a private house and into a more modest and from the point of view of size and so forth quarters, but it is to integrate them into our society rather than to segregate them and here I think is the great danger. I think the great danger we face is the danger of feeling that the best way to solve this problem in the housing field is to put all the old people together somewhere and let them live out their lives by themselves.

Now, one or more of you may well say that this does not sound very consistent with what you say about the structure and the whole concept of centres. I think it is consistent because it seems to me that there is a difference between setting up a whole monolithic structure for dealing with the problems of older people and for calling attention to their problems and seeing to it that the existing structure of Government and community life do their fair share

and that is really what I think is involved. It is a matter of improving the competitive position, if I can use that term in its best sense, of older people in relation to other demands on society, to do things about their problems.

Senator HAIG: That is what we are doing in Manitoba and I just wanted to have justification for it.

Senator QUART: May I congratulate you, Mr. Odell, on your wonderful paper. You have been the target of so many interesting questions there seemingly remains only a few areas for me. I am interested in one thing, regarding housing. You mentioned that you encouraged Government loans to permit people to purchase, repair and even build homes. Is that your principle, to encourage older people to build homes or to repair homes or to undertake mortgages and so on when they are in their declining years where maintenance and all other aspects of keeping a home would be a burden. I see you nod your head. Does that mean you agree?

Mr. ODELL: I was nodding my head mainly because I think I understand your question but I am not sure that I would answer the question with a rousing affirmative. Basically the concept is that wherever possible we ought to try to encourage older people to stay in their own homes as long as they are able to function effectively in that setting. In many of our big cities, as the Negro population pushes out from the central core of these cities and the younger people move off into the suburbs there is an increasingly broad problem of older people living in areas which are changing in their basic character and where their housing is declining in its appropriateness for their use. My feeling is that we should not be stimulating the evacuation of the old folks because of the changing characters of those neighbourhoods but that we should be encouraging, making it possible for them to stay where they are. Let me tell you about the problem we have in Detroit, that of neighbourhood conservation which encourages them to do something to improve their properties and to maintain their properties at the highest level of good appearance and safety and everything else. In some cases modest amounts of money may be needed for this purpose. They are available under an extension of our F.H.A. insured mortgage program. There is also F.H.A. money available to underwrite the financing of new housing on an individual or group basis for older people. We have finally gotten over the notion that because they were old they were not a good financial risk. Some of the mortgages on our nonprofit and co-operative housing for the elderly are fifty-year mortgages at very low interest rates.

This is not now regarded as a bad economic risk. This is part of what I was trying to say here.

The big problem that I see in this general field of housing, from the point of view of encouraging older people to move into quarters which are more manageable for them and less expensive for them to maintain, to heat, to keep up and what not, is basically an educational program.

For example, a combination of trade unions in the United States is building a high rise apartment structure in Detroit. I happen to disagree with the concept of the thing, but we were asked if we would canvass our retired membership to see whether they were interested in this.

We sampled one out of every 20 names on our mailing list. This is about 2,000 of our retired membership. Three quarters of the people wrote back saying: "We are not interested, we will leave this property when we are carried out in a box or are taken to the hospital for the last time."

The CHAIRMAN: They said that in Toronto, too.

Mr. ODELL: My point is that until we begin to get some structures and some settings and some visible evidence of the fact that there are satisfactory

alternatives and in fact better alternatives to the kind of housing situation in which many of these people are now living, these people are going to go on saying these things.

Therefore, I am very much interested. I would have preferred something other than a high rise monolith as an example or as a demonstration, but I am very much interested to see what some of these people will be saying two or three years from now, after they have had a chance to compare what it would be like to live in a place like this, or something perhaps less concentrated in one spot, as compared to their present living arrangement.

The other aspect that needs to be explored—and it may be that this has been done in Canada—is the significance of the equity that they have in their present home, in relation to their ability to rent and finance new kinds of living arrangements. This we know nothing about, really, but we know they have an equity. We know what their income is, but when we talk about it or about what portion of that equity it is reasonable to assume they could use to cover the rental differential between the present living costs and what it would cost to move into better or a different kind of living quarters, we really do not know. It seems to me this is a big area for exploration, with older people themselves. Therefore, my answer to your question is a rather mixed answer.

I would like to see them stay in decent housing, that they can manage at reasonable cost; but I also think we ought to do much more than we are doing now so as to make it easier for them to move into more appropriate quarters as they grow older. It is a mixed situation and I do not think there is one single answer to it, except that I would resist the notion of putting them all together in one place or by themselves.

Senator QUART: I was delighted to hear you say that you encouraged your former members to come back and participate in your meetings. I do not know just how you work it out. You will remember, Mr. Chairman, that was one of the points stressed recently. I had a further conversation with one of those witnesses who came in the group of five from different levels of older people, institutional and others. There was one electrical worker, a Bermudan, who seemed to take the greatest joy in the point that, although I think they did not provide in his union at the time that he could go back, he was invited back. It seemed to be a great consolation to him.

One of the greatest consolations to me, was the mention you made about volunteer work in this field. I am and always have been sold on volunteer work. I think that a great effort has been made to get these councils into action.

That is why you mentioned that the U.K., although adopting your program, had passed you. Perhaps that is why they have done so, with a greater volunteer effort.

Mr. ODELL: That is a very important point. I include the trade union movement among the volunteers, so I am not ruling our interests out. I think this is quite important; and one important dimension to the program in the United States that I think is missing has been the failure of the federal government to find some way of working consistently and in a true partnership with national voluntary organizations we have in our country. They have made piecemeal little efforts to get groups together, and so on, but there has always been a great reluctance on the United States Office of Aging to admit that any portion of their basic responsibility in this field could be delegated to anybody and carried out. I think this is a great mistake. I think there is a big place for voluntary effort in doing some of the things, such as in centres, which would never get done if you had to depend entirely on the federal or government effort to get things going. In Great Britain they have done this. A lot of the work they have done in homeworkers services, with meals on wheels, friendly

visiting and that kind of thing, has been first done entirely by voluntary effort, and then a judgment made on what portion of this should we take on as a government and what portion of it to be continued as a voluntary effort. I think this is an intelligent use of resources which we do not have in the United States.

The CHAIRMAN: Senator McGrand?

Senator McGRAND: In this program in Detroit, where you have a large urban population, including coloured people, has this reached into the coloured region, or just been reserved for others?

Mr. ODELL: We welcome negro membership in our program; and I can tell you it has not always been possible to get easy acceptance for this, because some problems in every age group arise; but we do have negro participation. In fact, one of our centre directors is a negro and happens to be working in an area where there is a predominantly white population. However, there are two problems in connection with the negro that are worthy of attention here, and these may be sort of rationalizations for the fact that we do not have more in the program. One of course is that there is a sizeable differential in the longevity statistics on the negro population at large. I think there is a five per cent differential in life expectancy at age 60 among negroes and whites, and it is even greater at lower ages. In addition to that, of course, it has only been in very recent years that large numbers of negroes have been working in automobile plants, so that in the current crop of UAW retirees, there are very few negro retirees. From a study which has been done of urban centres like Detroit, there is a tendency for this generation of negroes to be less interested and concerned about finding their place in the total community and much more of a tendency to accept the social segregation that has been the pattern of their lives, and sort of live with it. So that in our centre programs there is a tendency on the part of the negro participants to club together and not to think of themselves as really belonging in this total program in the same way that we get the young and enthusiastic negro trade union leadership wanting to move in and do things all across the board. However, I think this is a transitory phenomenon.

Senator GROSART: It seems to me from what I have heard at these meetings on old people that we are putting too much stress on the psychological and social aspects of this program. Not that they are not very important. However, my impression is that if we can solve the income problem we will solve most of the others. Are these activity centres doing anything to provide additional income for the aged, or not?

Mr. ODELL: Well, we do not have this as a major emphasis in our programs, but there are some programs that do have a whole series of income-producing projects. I am not sure how much significant income they produce, but opportunities are afforded for things like a sort of casual labour pool so that people in the neighbourhood or in the community can call the centre and get certain kinds of specialized help. There are baby sitting pools and garden work pools. There are arts and crafts projects which have generated almost into a production line of goods of a marketable nature. There are hobby centres or marketing centres which are run by the organization in various parts of the community, from which the products are sold and the money goes back to the person who produced the goods. There is this kind of thing. We have not very great interest in this among our membership. They will work on craft projects to meet a community need. For example, we have a large toy project at Christmas time. We have projects going in the nursing homes providing certain kinds of surgical dressings, and this kind of thing.

None of these things are done for pay. It is all volunteer work done at the community service level.

Senator GROSART: Let me ask you another question. We have talked about this gap between the income of retired people and that which is needed. Where is the additional income going to come from?

Mr. ODELL: I think the principal source from which it is going to have to come is some kind of Government pension program. There are great differences of opinion about how these programs should be financed and how they should work, and so on. I read the Clark Report, and I got a strong impression from that that he thinks the current system is better than a contributory system. I think there are some limitations in a contributory system, but I think ultimately it is the better approach, and one which makes it possible to do more, and to do it with greater flexibility than you are ever going to get out of a straight old age pension financed from the general revenues of the country. I really think the answer to the income question is going to have to come from some kind of national pension program which is related in some meaningful and sensitive way to the cost of living—to the changing cost of living.

Senator GROSART: Let us relate that then to the income from industry pension plans. In the United States today what is the relationship between the social security benefit contribution to the plan and the income from industrial pensions, say, in your own industry?

Mr. ODELL: I would say that about, perhaps, a quarter to one-third of the retirement income of our members comes from the negotiated pension plan, and the remainder comes from social security.

Senator GROSART: What would those two add up to in relation to the \$3,000?

Mr. ODELL: Because we are talking now about almost 15 years of experience you have some people at different levels in terms of the level of their benefits. We would say that the average retired member is getting somewhere in the neighbourhood of \$220 or \$225 a month.

Senator GROSART: Is that total income?

Mr. ODELL: Yes.

Senator GROSART: Total pension income?

Mr. ODELL: Yes, so this would bring him just a little beneath that modest but adequate budget.

Senator HAIG: Is he allowed to earn extra money by doing odd jobs?

Mr. ODELL: Yes.

Senator GROSART: I have one other question. Would you mind elaborating a little on your statement in the first paragraph on page 6 where you say that the moneys set aside in both private and public pension and social security programs should be invested in economically and socially sound projects?

Mr. ODELL: Well, basically, what I have in mind is a very strong feeling we have had for a number of years, that as far as our trustee pension plans are concerned, instead of having all that money go into a big pension trust which is administered by three trustees who invest portions of it in the stock market, and so forth, it might be a good idea to have a portion of that money available for re-investment in the community where the workers work, from whose ultimate take-home pay it was set aside in a pension plan.

The CHAIRMAN: Go easy there.

Senator GROSART: Please, I am interested in this.

The CHAIRMAN: Go ahead.

Senator GROSART: I do not suggest the witness should go easy here.

The CHAIRMAN: No. The witness comes from the United States, and I did not want him to get involved in a controversy that is in our midst, as between a pension on a contributory basis or a non-contributory basis.

Senator GROSART: We are just talking about what is done with whatever money that comes in.

Mr. ODELL: Our position has been that a modest portion of this money could be re-invested in community projects—hospitals, housing and other kinds of project—which would directly benefit the workers in the community where the money was set aside in the first place; but it would not jeopardize the money from the point of view of investing. In other words, you would be investing the money perhaps not at the same rates, but you could invest it somewhere else. As we look at the totality of this problem we think that modest portions of these monies could be so invested and provide an immediate social return to be of value to our retired and active membership.

Senator GROSART: That is, invest in social assets?

Mr. ODELL: That is right.

Senator HAIG: Mr. Chairman, have we the permission of Mr. Odell to use the word "automaged", or has he a patent on that?

Mr. ODELL: I coined the word.

The CHAIRMAN: I have never seen it before. It is very good.

Senator GROSART: In that connection, what is your compulsory retirement age in the automobile industry in the United States?

Mr. ODELL: Sixty-eight.

Senator GROSART: What protection is there for workers so that they will not be separated from their employment before that age?

Mr. ODELL: Do you mean, on the ground of superannuation?

Senator GROSART: On any grounds.

Mr. ODELL: They have all the standard protections of the contract. I should say that upwards of pretty close to 80 per cent of our members retire before they reach the mandatory age, and we have an increasing number who are going out at the optional age, age 62. It is now possible under the Social Security Act with an actuarially reduced benefit, and an increasing number are going out even as early as 60 on the mutually satisfactory retirement program, where the company and the union agree, and the man gets a double pension benefit until he reaches the age where he picks up the social security, at which point half of the company's obligation is dropped.

Senator GROSART: What percentage retire voluntarily before the compulsory age?

Mr. ODELL: I would say somewhere around 70 per cent retire voluntarily before age 68, and this trend has been increasing all along.

Mr. DAVIS: That includes ill health?

Mr. ODELL: I would say about 10 per cent go out on permanent, total disability, but the vast majority go out optionally, of their own volition, before they reach the mandatory age.

The CHAIRMAN: Gentlemen, we have a little business to do now, and we will just be a minute.

Let me say, Mr. Odell, how much we appreciate your coming to give us information that is new and interesting to us, and that will set us to thinking and sharing some common experiences. Your background and your experience have been, of course, the result of many years of work; and in expressing yourself here today you have been most helpful. On behalf of the committee I want to thank you very much.

Mr. ODELL: Thank you, Mr. Chairman.

The CHAIRMAN: Gentlemen, there is a little business we have to do if we are to stay in business. You have all received a copy of the draft report which was sent to you. The steering committee considered the report and

they have passed it. The last portion of the report is that the committee be reconstituted at the earliest possible date after the opening of the new session, and in the meantime our work will go on as usual.

Senator HAIG: I so move.

Motion agreed to.

The CHAIRMAN: Now you will be receiving a document called a memorandum to the Special Committee on Aging prepared by our Consultant. There are some things in there that will interest you particularly. I should like you to think about them and if you have any views at all don't hesitate to pass them on to me or to a member of the steering committee. Our witness today has been in this business, particularly at the union level, for a long time. He has expressed the union's point of view. He has said they are trying to have a continuing interest, but I was impressed by one thing he said and I copied down his words that "They just cannot get attention." Did you get that out of his talk? They just cannot get attention. The President of the United States attempted to do something about it, and it was a bit of a schmozzle. They tried at state level and in half of the states they have continuing committees, and in some they cannot seem to attract any attention. This is something that has been bothering me and I am sure it has been bothering you and I don't know what we can do about it. I don't know how we can attract the attention of the public. Here is a man who is knowledgeable and who really has a message and it is hard to get a press report.

Senator GROSART: I would like to renew my suggestion that the committee talk with these old people. There is nothing I can think of that will draw attention to the fact that the committee of the Senate is actively working on this than if we ask these associations of senior citizens to form committees and organize meetings where senators, appointed by you, can meet them.

The CHAIRMAN: The point I have in mind is this—I will go back to Toronto and I know from experience that some of the old folks will contact me, as they have done before. They will ask me to come and talk to a group of them, and now that I have the time, I shall say yes. So I come and talk to them. But I have to be very careful to make sure I am not causing the local community too much trouble, and also the local politicians. We must remember they have to live too. I cannot afford to arouse too much hope because I don't know where we are going. I am not too sure. I have to talk in general terms and in a very broad way. But that may be better than not talking at all.

I should hope that other members of the committee would do the same thing in their own communities.

Senator Grosart, we had that meeting with older folks from Ottawa and everybody thought it was grand, and even our witness today noticed it. We have a great deal of information, basic information to get. We have to hear the story from the federal, from the provincial, from the organization levels. Then, having that story before us, and that may not be until next year, we will be in a position to do what you have in mind. We may hold say two or three meetings in villages or towns or cities in Quebec and Ontario.

Senator HAIG: Just a minute, Mr. Chairman. There is more to Canada than Ontario and Quebec.

The CHAIRMAN: Yes, I know, I was thinking of expense. A subcommittee of the Senate consisting of three people can go down and listen to them, at no great expense. Later on, during the Christmas period or during the recess period, there may be a subcommittee of the Senate hearing evidence in Manitoba or in other places in the West, and we will arrange that there will be one in Nova Scotia and elsewhere in the Maritimes at various times. In that way we can hear these people. But at the present time we are not ready.

Senator GROSART: With all due respect, Mr. Chairman, I do not agree. I am one who believes in "do it now". We are looking for information and the most vital information that this committee can get is the views of the old people themselves. We are looking for a fulfilment of our role to draw public attention to this problem. I say let us do that now, let us not wait until the end of all these meetings. I believe sincerely it can be done now because it will require organization, and we are now talking about that very problem, who is going to organize. Let us apply this to ourselves. Let us say, "We will now organize these meetings." It would be very simple to do that. In each of the major cities there are a number of organizations of senior citizens and it would take very little effort for somebody on behalf of this committee to get in touch with them and say, will you organize the meeting because the Senate committee wants to hear your views in a public meeting. That is my suggestion.

The CHAIRMAN: Well, Senator Grosart, I have respect for your suggestion but for the moment we have a program laid out that will carry us to May.

Senator GROSART: But this won't interfere with it.

The CHAIRMAN: The house is full of committees. All this talk about senators who don't seem to have any work to do, just isn't so. Where they are I don't know but they certainly are not here. There are four committees sitting this morning and there is a drive on to close on Wednesday or Thursday. Next year every Wednesday will be taken up with a committee. That is very important. Thursday will be taken up with two committees, Transport and Communications and the Committee on Miscellaneous Private Bills, and then there is a Divorce committee. There just doesn't seem to be enough time, but we will have time for the Committee on Aging.

We have yet to hear from the provincial people and from the voluntary organizations as to what they are capable of or what they think should be done. Nevertheless, what you have said has made an impression upon the committee and myself.

Senator GROSART: There are plenty of Fridays and Saturdays on which we could sit.

The CHAIRMAN: For public meetings?

Senator QUART: I think what you mean to suggest is visiting the old people in the institutions?

Senator GROSART: No, no, I do not mean that.

The CHAIRMAN: Honourable senators, this will be our last meeting. I will move this report in committee in the house and say a few words on your behalf. This will be our last meeting until we come back again after the Christmas holiday and move a motion for reconstituting the committee.

In the meantime, Mr. Davis and his staff will carry on and arrange that hearing when we return. Thank you.

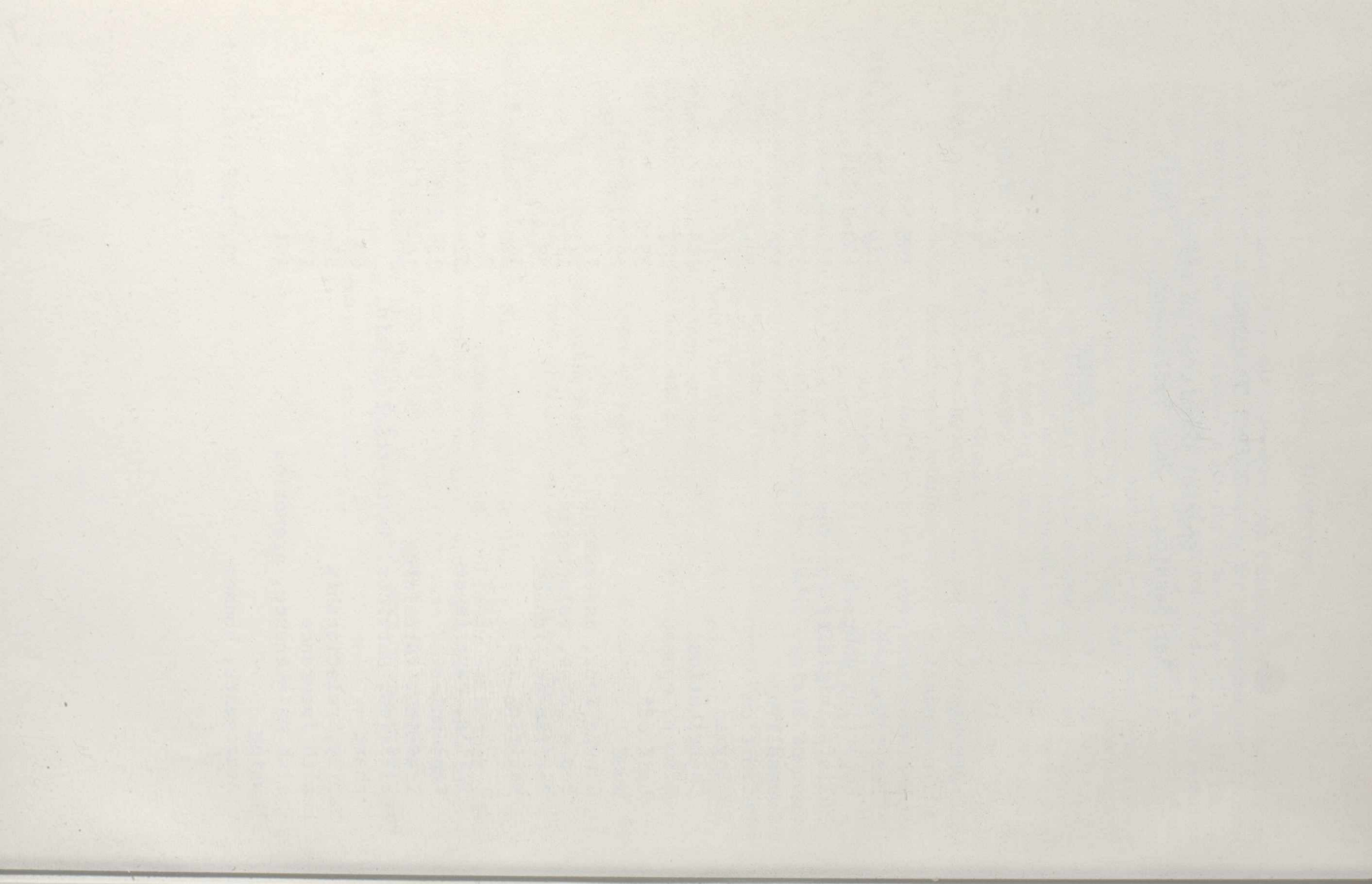
Whereupon the committee concluded.

SENATE OF CANADA

Special Committee on Aging
1st Session, 26th Parliament, 1963

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Year	Organization / Description
1947	General
1947	James, David A., Director-General, ILO
1947	York, University of Toronto
1947	Hargan, Fred, John S., School of Social
1947	of Adult Education
1947	National Committee for Advancement
1947	Miss Ruby, Chairman, IRESCO Inter-
1947	Toronto, Ont.
1947	Good, Mrs. Jean, Consultant on Aging,
1947	The St. Citizens
1947	David, E.M., Special Consultant
1947	WITNESS
1947	for law for each
1947	rights
1947	Issue no. 27 - "Frictions for ever-
1947	that
1947	Inter-relationships
1947	facilities, services
1947	Issue no. 2 - "Aged people, community
1947	age people, group
1947	Issue no. 1 - "Canada's population,
1947	ATLANTIC
1947	Patrons, policy, relationships
1947	Dr. Activity Centre, participation
1947	Report
1947	Self-therapy
1947	Participation
1947	Group participation
1947	Coins
1947	Program for blind, trained workers
1947	WITNESS
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Geographical Society

