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On Growing Old in America

Each year, old age is overtaking more of us and at a faster rate: the beginning of retirement is advancing into the early 60's, and for some even into the 50's, while life expectancy is being extended from 47 years in the early 1900's to the present 70 years.

The problems of the aged may be cataloged in terms of money, health, and psychosocial dislocation. Persons over age 65 face an ever-widening income gap in relation to the rest of the population. In the late 1950's, the government estimated that a retired couple needed between $2700 and $3400 to live modestly. Today, over half of the families of the aged receive less than $3000, and half of those aged who live alone get under $1000. Under such circumstances, poor housing, poor nutrition, and poor health are constant companions. Thus, although the aged constitute only 10 percent of the population, they account for 25 percent of the hospital beds in use and 25 percent of the cost of medical care—and their illnesses are very likely to be long-term. Emotional distress is the almost inevitable result of failing powers, social isolation, and the loss of well-established social roles. Old age, says Simone de Beauvoir, is life's parody.

Society's responses to these problems have been indifferent, inadequate, and fragmented. Social Security, for example, averages $2500 per couple per year, and Medicare and Medicaid fall short by $5 billion to $7 billion of meeting the annual costs of medical care for the aged.

Increasingly, recourse has been to institutionalization, and increasingly this has meant the nursing home. Today there are in the United States 23,000 nursing homes, with well over a million beds. This is 250 percent more than existed in 1960, and seven new homes open each day. Simultaneously with this growth, nursing homes have become the basis for a national scandal—they have been labeled warehouses for the dying by the Chicago *Tribune*. The Senate Subcommittee on Long-term Care has heard testimony of weak federal policy, lax inspection procedures, control of licensing boards by vested interests, incompetent administration, untrained and incompetent staff personnel, indifferent physician services, criminal negligence in the administration of drugs, the extensive use of tranquilizers to control patients, and filth and brutality—and underlying all this, the charge of profiteering.* But even if all nursing homes were well operated, they would not be enough, for they accommodate only 5 percent of the aged population. In addition to an unambiguous national policy and strict enforcement of regulations, the nation needs a broad spectrum of alternatives that might include such elements as hospitals for long-term disease, day hospitals, provision for home care, and educational and career opportunities.

But the key to the problems of the aged is not national resources or the know-how of the medical and behavioral sciences. It is a fundamental change in national attitude. One may speculate that our present indifference to the plight of the aged stems from our historical preoccupation with youth, stronger now than ever before; from our addiction to the notion of obsolescence (things are meant to be used, discarded, and replaced); or from our frontier psychology of self-reliance. But whatever the reason, it is now time for a change in attitude. Behavioral scientists would serve society well in their role of citizen if they found ways to help facilitate that change. For we must recognize, with Simone de Beauvoir, that the only solution to the problem of old age is for each old person to go on pursuing ends that give his existence a meaning. And this is his birthright.—WILLIAM BEVAN

* *Trends in Long-term Care*, Hearings before the Subcommittee on Long-term Care, Special Committee on Aging, United States Senate (Government Printing Office, Washington, D.C., part 11, December 1970; parts 12 and 13, April 1971).