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Old People and Public Policy

by Amitai Etzioni

UNIVERSALISTIC POLICIES

My view is that in general older persons can be expected to benefit, in terms of their self-view and the image of them held by others, the more their problems are handled via broad-based "universalistic" social policies aimed at coping with social problems as they affect all citizens and the society at large rather than via "particularistic" old-age-oriented policies, although these latter are necessary where more universalistic approaches are not available for one reason or another.

The view of older persons as a status group with unique specialized needs tends to set up a dysfunctional tension between older Americans and the rest of society. The tension is created by an implicit invoking or reinforcing of negative stereotypic images of older persons (in their own minds as well as in the minds of others). They tend to type them as victims of social segregation, physical isolation, and discriminatory attitudes and perhaps also serve to incur resentment toward them as a social albatross that must be borne by the rest of society.

This tension would be much reduced if more general, societywide policies replaced categorical programs in taking care of older persons' special needs. Needless to say, such policies are also more likely to have wide and lasting public support than policies which seek to benefit a subgroup, however sizable, powerful, and well organized.

Economic Policy

Older persons are economically disadvantaged because being increasingly phased out of the labor force their real income is declining, often sharply, especially during periods of inflation. Attempts to deal with this problem follow two principal strategic courses: general, universalistic correctives or particularistic, older-person-specialized ones, although of course many mixes exist and others have been suggested.

The best example of a general corrective which is *not* older-person-related is the suggested policy of income maintenance. It defines a given level of income as the right of every American and supplements the income of those whose income falls below this standard. It encompasses young people (especially mothers) and children now on welfare, as well as the handicapped, in addition to older persons and provides a form of antipoverty insurance for the middle class should prolonged unemployment or catastrophic illness strike. It thus meets the needs of a far wider segment of society than a policy of increasing Social Security benefits to persons 65 or older.

Similarly, from the viewpoint of encouraging a less age-graded society, one which is less prone to adversely labeling those over 65, income maintenance is a more suitable policy than continuously increasing Social Security benefits. This is especially so as higher Social Security benefits continuously increase payroll taxes. These tax raises are more and more viewed by those who work not as payments into *their* retirement fund but transfer payments to those currently over 65. Of course income maintenance might well also be viewed as a transfer payment (and hence, if sizable, generate resentment and opposition), but it would not single out older persons as the target for resentment because not all older persons would receive it and younger persons would also be its beneficiaries. Above all, it is a need-related and not a status-bound policy.

A general policy focused on reducing inflation would likely prove the most effective, because it would benefit an even wider segment of society than either income maintenance or increased Social Security payments. Those concerned both with serving the economic needs of older persons and the undesirable segregation of the

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aged as a separate status group should find this policy especially compelling because, just as a high rate of inflation in the long run harms practically all segments of society, but especially persons who are retired and living off savings, pension funds, Social Security, and other sources of fixed income, so a reduction of inflation especially benefits these groups. Indeed, if inflation could be held to, say, a 4 percent (or lower) yearly average over the next 20 years, an even larger segment of older persons would be able to maintain a decent standard of living *without* special supplements, and increased Social Security taxes could be wholly or largely avoided. (To explore this matter fully, one must address the question of whether the reduction of inflation is better achieved through a depressed, slow-growth economy or through one of substantial growth but some form of price and wage control. The advantages for older persons hold in either case, albeit more so under the second set of conditions.) In conclusion, the implications for the issue of whether to emphasize universalistic or older-person-specific policies is illustrated by the inverse relationship between success in curbing inflation and the need for special income supplements for older persons.

Health Care

In the area of health care the same points are illustrated by the relationship between national health insurance and Medicare. Medicare singles out older persons as recipients of special help. Again, efforts to lobby for minimizing the cost charged to its beneficiary, i.e., older persons (thereby asking society as a whole to bear the added cost), set up a tension between older persons and the rest of society, reinforcing the image of the aged as a separate status group. The introduction of a national health insurance to cover all persons according to their health needs would both serve to meet the health needs of older persons and eliminate older persons as a distinct service group.

Partial national health insurance, e.g., coverage of catastrophic illness, would have only a limited impact in this direction; it would not eliminate Medicare and older persons as specialized recipients. Indeed catastrophic illness provisions might well so inflate health costs by encouraging expensive forms of hospital care to obtain reimbursement that further cutbacks in regular Medicare coverage would be demanded, thereby decreasing the actual benefits to the elderly while fueling possible societal resentment against their "special privileges."

INDEPENDENCE AND COMMUNITY SERVICES

Older persons will tend to benefit the more their needs are met through reliance on self, kin, peers, and community, in contrast to government and/or institutions (e.g., nursing homes). However, older persons should not be pressured to act more independently than they are able to, and services by and in institutions should be available for those who will require them either temporarily or for a longer term.

The view of older persons as a status group with unique specialized needs tends to set up a dysfunctional tension between older Americans and the rest of society.

Too frequently we assume that independence, capacity to function autonomously, and self-help are unquestionable virtues while dependency, especially on the government or on institutional care as opposed to one's self or kin or peers, is a matter to be embarrassed about or ashamed of or a sign of weakness and deficiency. For example, the 1971 White House Conference on Aging and the 1973 report "Towards a New Attitude on Aging" depict independence as of unquestionable preferability to dependence and associated with dignity, while dependence is not. Aside from such beliefs in the community at large, many behavioral science textbooks describe the capacity to function autonomously as *the* earmark of the "mature person" while the inability to so function is viewed as the attribute of the immature child, the mentally ill, "disturbed," people on welfare, etc.—all negative associations.

Such a strong emphasis on independence is excessive; it establishes a norm many older persons, and quite a few others, cannot live up to and should not be overbearingly pressured to try to live up to, just as those who are or can be independent should not be pushed to become dependent.

Sociopsychologically the issue is as follows: the society, through its dominant value structure, rewards independence and sanctions dependence, although, it seems, somewhat less than it used to in previous generations. One principal mechanism for negative sanctioning of dependency is social stigma. This means that, as when any other attribute is defined as highly desirable, be it sexual activity or a trim waistline, whoever does not or cannot live up to it is made to feel guilty, ashamed, undignified, incompetent. Reactions to such feelings on the part of individual older persons may give rise to desperate attempts to act independently when the person is unable, may delay her or his use of institutions when use is appropriate, and so on.

It might be argued that a *mild* societal pressure to be independent is necessary to curb excessive dependency, but the existing pressure seems to me too strong and public policy ought to endeavor to ease it rather than to exacerbate it. The basic principle of public policy in this area should be that persons be free to feed their needs and not a mechanical universal dictum. Thus for an 80-year-old person afflicted with several illnesses that require frequent medical service and administration of drugs, and suffering from impaired mobility, a nursing home might well be the best place, just as for others

home health services might be best suited, while still others will require none.

Second, the institutional policies should be brought in line with the images which public values and public policy espouse. Presently they are frequently at odds. Thus, despite the high nominal value placed on keeping older persons out of institutions and providing services to them in the community, it is still *much* easier to provide services for older persons in nursing homes than through home health service or in community centers. A significant expansion of home health services and community centers, combined with a possible leveling off of the nursing home growth rate, would go a long way to correct the current imbalance between the manifest values we profess and the latent values our policies at present convey. Such a shift toward community-based services has often been recommended—albeit on rather different grounds—but for the most part has not been implemented.

It should also be noted that when it come to deinstitutionalization, several alternatives, not one, stand out. Moreover, the policy approach sociological insight might tend to favor is not necessarily the one most compatible with the way independence is, at least usually, perceived. Usually independence brings to mind self-reliance. The autonomously acting person the value system depicts is not excessively dependent on any one, even spouse, as well as children, parents, or other kin, or peers. Actually, a strong individual may well be a person well integrated into a rich and diversified social fabric, while a "self-reliant" individual may well oscillate between dependency-breakdown and obsessive independence (e.g., refusal to be treated). A person well integrated into a family and a community is hence the one probably best able to function independently, both psychologically and otherwise in obtaining help, some nursing, a small loan, etc., without a governmental program. The trouble is that many older persons are widowed, divorced, or separated from their spouses, isolated from their children and other kin, and not integrated into a community. To help them function autonomously—in the sense of remaining independent of government and institutions—it may well be necessary to help them (though of course not force them) to relate more to one another. Group living (two or more older persons per apartment or residential unit) and peer socializing (e.g., at older persons centers) are two main avenues.

Last but not least, economic independence is a major source of psychic independence. Obviously, if welfare in one's home provides for much less than Medicaid in a nursing home, as happens to be the case, then for those who are poor nursing homes become more of a necessity than they would be if there were more adequate income supplementation prior to institutionalization. Even more to the point are reforms of pension funds and Social Security. Recent legislative reforms which have made deferring income to retirement more attractive, improved the accountability of pension managers, and lessened the chance of losing pension rights (e.g., due to transfer from one place of employment to another) are steps in the right direction toward more economic security for older persons without either federal financing or institutionalization. If Social Security were reformed to improve its investment policies (e.g., allow it to invest in high-quality corporate bonds), if inflation were further curbed (as discussed above), and Social Security not used to service other needs beyond financing retirement, it could go a long way to allow older persons to be economically independent which in turn makes psychic independence easier.

From the viewpoint of encouraging a less age-graded society, one which is less prone to adversely labeling those over 65, income maintenance is a more suitable policy than continuously increasing Social Security benefits.

FROM ASCRIPTION TO ACHIEVEMENT

Public policies should move from relatively rigid reliance on ascribed status to greater reliance on achieved status, although one must realize that such a transition entails considerable human and economic cost. These, in turn, can be much curtailed if the transition goes "most of the way" but not all the way, and several accommodating mechanisms are provided.

Older persons correctly protest ageist policies which imply that when a person reaches a specific chronological age he or she is too old to perform certain activities or is generally incapacitated. They hold that a person should be judged by his or her functional age, i.e., ability to perform. This entails evaluating a person's capacities on an individual basis rather than in terms of an impersonal biological clock.

From a civil rights, humanitarian perspective the demand to be treated as an individual rather than according to one's ascribed status has wide appeal; it has been legitimated in other areas from the rights of racial and ethnic minorities to those of women. It also finds no objection in fact: indeed many an older person will be able to perform a task more effectively than many a younger (though not necessarily "young") person, even if statistically it is correct that the average of older persons' functional capacities in some areas will be lower than the average of younger persons'. Moreover, the prevalent view that persons a few years older than 65 differ significantly in their functional capacities from younger, especially middle-aged, persons is being progressively invalidated by improvements in the overall health status of older persons due to socio-economic factors as well as medical

advances.

The area of sexual conduct may serve to illustrate the point. Two decades ago the view was widely held that older persons, say 65 or older, for the most part could not and should not be sexually active. Since then much has been written, both in professional literature and popular media, on behalf of the view that older persons can and should engage in sexual activities. The facts, again, are not at issue. While there may well be statistical differences across the groups (if one were to compare 55 to 65 year olds with 65 to 75 year olds), the main point is that many individuals in the 65 to 75 group may "outperform" many in the 55 to 65 group. The conclusion is *not* to expect, and in this sense demand, that all older persons engage in sexual activity, but to stress that for all persons, whatever their age, whether they do or don't, no stigma will be attached, nor will expectations be tailored to their age but rather to their individuality.

Unfortunately, the social scientist must point to the costs attached to these often stated views, *not* to urge that the price not be paid but to prevent a backlash when it is exacted. Economic and psychic costs are generated by a transition from public policies which rely on ascription to those which rely on achievement. Retirement provides a pivotal case in point. Many civil service agencies, corporations, colleges, etc., maintain an age-specific retirement policy. These rules often include some leeway, allowing for some earlier retirement with little or no penalty and some measure of deferment. However, while this flexibility in the rules serves to accommodate individual differences and needs, these too are defined by chronological age: say, 62 for "early" retirement and, say, 71 for "late" retirement. What are the costs of a public policy which would abolish all age-specific retirement rules, judge all personnel individually, and retire those no longer "up to snuff" whatever their age?

The preceding arguments in favor of achievement-based public policies provide the reasons such an approach should be favored. However, one should not disregard that an application of this principle to retirement would likely prove costly. First, such a change in policy would require assessment of matters rather difficult to measure reliably, from mental agility to energy level. It is enough to recall the difficulties entailed by IQ tests to recognize how technically troublesome and controversial such a procedure would be. Second, extensive reliance on an individual's fitness for continued work, on the part of his or her superiors or colleagues could result in paternalism and favoritism rather than a safeguarding of employees' rights. Third, even more significant from the viewpoint of the self-image and image others hold of older persons, such achievement-based retirement would tend to label the retired person as less competent or incompetent. In contrast, under the present status-based, ascribed, "arbitrary" retirement policies, a retired older person may well feel (and others feel about him or her) that he or she is still in his/her prime but was retired because of ascribed rules. Judgment about competence is not necessarily involved.

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To a considerable extent one can seek to reap the benefits of the achievement-based system without incurring the high costs entailed by complete abandonment of the ascribed rules. This can be accomplished by widening the range of retirement age, and by allowing continued part-time work, consulting, relations, etc., after these stages. This, if the age range were to reach from 59 (or after x years of service) to 71 or more, and if after that age there were room for part-time work, much of the rigidity of current policies would be eliminated, opening opportunities to accommodate differences in achievement without making the achievement criterion the dominant and socially visible one.

Another human cost should be mentioned: delaying the mandatory retirement age would tend to generate pressure on people to stay and work to earn larger incomes and benefits and not opt for or accept an "unproductive" life-style before they need to. This is compatible with the Protestant ethic but not with a transition to a more relaxed society. Also, such a policy might be suitable to a growth economy where there is enough work to go around and opportunities for young persons to move up, even if older persons do not retire early. In a slow economy the opposite holds. Here again, greater flexibility rather than a radical shift to a purely achievement-based employment policy seems to be the preferred public policy.

Similarly, age-specific discounts for persons 65 and older (in transportation, movies, etc.) have the undesirable attribute of being based on ascribed (age) rather than achieved (income) status. While it would be better to grant these discounts to poor people whatever their age, such an approach would tend to label people as poor on their identity cards, coupons, or stamps needed for discounts, a rather unattractive idea to say the least, as the stigma attached to the use of food stamps shows. The problem can be reduced if, as I recommend, all discounts were to be treated as income to the recipients which would be taxed back at progressive rates. Since this rate of "tax-back" would be confidential between the person and the Internal Revenue Service, no stigma would be attached to discounts, although they would still benefit the lower-income older person more than economically well-off members of his or her cohort. This would bring the policy closer in line with need and away

from age status. I would recommend a similar policy with respect to Medicare benefits for the same reasons.

The precedent for such an approach, suggesting that it is both legitimate and workable, is found in the provision calling for Social Security benefits for older persons to be reduced by 50 cents for each one dollar they earn above a specific amount. Now this particular example might well represent much too low a ceiling, and too high a tax-back rate, but it serves to illustrate the public acceptability of the principle involved. Indeed, if all benefits were taxed back in this manner it would be more readily possible to have a much higher ceiling for exempt amounts and much slower slope of tax-back percentages. The basic point is, however, that there is no apparent reason for allowing rich and well-off people the full range of benefits free of charge simply because they are over a certain age; yet one need not abolish discounts to those who are old and in need or less well off.

KINSHIP WITHOUT PREJUDICE

Public policies should encourage nuclear, extended, and intergenerational families, but not penalize those who seek other alternatives.

The public policies concerning the nuclear family may be the most controversial. A growing variety of arguments are being advanced to suggest that it is obsolescent and that single living or living together without marriage are just as socially functional, or more so, than the two-partner nuclear family. The issue is much less important for older persons than for young ones, because even those who do favor the "traditional" nuclear family are concerned first and foremost with the character formation of young children (aged 0 to 6); very few older persons have children that young.

What is relevant is, to a limited extent, role modeling, and to a larger extent, the proper alignment of public policy vis-à-vis individual roles, rights, feelings. Regarding role modeling: to the extent that it is desirable (which I hold it is for reasons given elsewhere) that the nuclear family be sociologically shored up rather than further undermined, I suggest that the more older persons live together without marriage, the more difficult it is to expect young persons to believe in the importance of marriage. True, in our society grandparental figures serve less as role models than in most other societies, but nevertheless they do perform such a function.

Much more important is the fact that older persons are now under pressure from public policy *not* to marry, which means that public policies exact penalties from those who do in the form of reduced Social Security benefits. While I certainly would not favor penalties on those who stay single or live together without marriage, penalties on the most legitimate and, in my judgment, personally and socially functional form of cohabitation, is a poor public policy and should be modified.

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Income policies such as Social Security should provide all persons with the same benefits and not reduce them if they marry. (It might be said that this provides a hidden reward for marriage because of the greater economies possible in a merged household; however, the same economies are achieved by living together unmarried or even more so by a group of singles residing together.)

Even more important are matters which concern the intergenerational family. While it is not easy to document, many policy makers in Washington (for instance, on the staff of the National Institute of Mental Health), significant segments of the media, as well as a sizable portion of the intellectual community have come in recent years to look with favor on the extended family, especially the intergenerational one (specifically, grandparents, parents, and children). Researchers and commentators dealing with minority families have pointed out that grandparents can act as a partial replacement for the often absent or come-and-go father or working mother, making up, they claim, for the suggested ill effects of higher incidences of common-law marriage and male turnover. Similarly, students of immigrants point to the value of the extended family (or clan) in providing its members with various services from loans to providing day care for children and ministering to the health needs of the elderly. Indeed, there are proportionately few Blacks and Puerto Ricans in nursing homes. Anthropologists also extol the emotional significance of extended families, for example in India, where children are said to benefit from a large variety of emotional contacts instead of being limited to attachments to parents or siblings. Some church groups have felt that where natural extended families are lost, artificial extended families should be created through several nuclear families joining together.

While there are merits in these arguments, it should be considered, *not* as refutation but as a means of balancing them, that American society is, relative to many other European and Latin, Asian, and African societies (although not as compared to some preliterate tribes) a highly age-segregated society. Values, social habits, residential arrangements, all point to at least a two-way, often three-way generational split. This is illustrated by the fact that each gener-

ation will tend to spend more of its leisure time with its peers than in intergenerational situations, although of course situations of both kinds abound. The deeper reasons are rooted in the economic structure of the nation, which requires a high rate of continentwide mobility of employees, which in turn allows transfer of the nuclear but not extended family as a rule; the youth-oriented nature of the society (which puts a negative value on association with older persons); and others. While these factors may be both normatively undesirable and factually less significant than they once were, they are still quite powerful and public policy could not be expected to turn them about. Moreover, in attempting to do so it would have to counter not only powerful historically rooted forces but the personal preferences of many persons.

In conclusion, I therefore suggest that public policy should ease rather than hinder intergenerational families (e.g., zoning regulations which limit buildings to single family residences should be changed to allow two families where the second is one of kin; expansion of home health services would reduce need for institutionalization of older persons and help maintain intergenerational contacts where they exist, etc.). However, no pressure should be placed nor implicit penalties exacted from those who wish to lead an age-segregated life, which may well continue to appeal to a majority of mainsteam Americans of both the older and the younger generations. Just as grandparents should not be pressured away from their children and grandchildren to retirement communities, so they should not be, even indirectly, pushed into an intergenerational situation if they prefer age-segregated living.

Aside from the general psychological rationale that the most effective and normatively preferable policies try not to make people behave in ways they do not wish to behave unless there are compelling human or public interest reasons (as in antismoking efforts) there are serious economic considerations. These stem from current residential and service patterns. The existing residential patterns are complex and far from fully known. It is clear, though, that any significant shift from existing patterns to accommodate greater intergenerational living, unless very gradually introduced, would entail major capital expenditure, as where there is now no intergenerational living the existing dwelling units and community layouts tend not to be suited for it. For instance, older persons typically need smaller apartments than those needed by other persons to make maintenance easier, as well as fewer stair-

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cases, more elevators, wider doors (for wheelchairs), railings, and so on. In communities deliberately designed for intergenerational living, especially in Great Britain and Sweden, buildings contain living quarters especially suited to the needs of older and younger persons, deliberately mixed together. Such a strategy could of course be followed with respect to new public buildings in the United States and in private ones to the extent there were a demonstrable demand for it. But to adapt existing structures on a large scale seems a relatively poor investment of public funds in view of the uncertain appeal of intergenerational life and the huge amounts involved.

Regarding services, especially health services, more and better research is badly needed to determine under what conditions they can be rendered in a less costly manner. It is quite possible that concentration of older persons in their own communities is by far the most economical way to serve them, allowing for special transportation (e.g., minibuses to bring older persons to day centers, either for treatment or social life), ready availability of day hospitals, and health centers staffed with specialists in medical gerontology, specialists in rehabilitation, and specialized nurses.

On the other hand, greater economy might possibly be achieved through integration of older persons into other social service networks through "exchange" of child care and elderly care in intergenerational families, or—for fees—among families not related. Still other alternatives must be explored, such as subcommunities for older persons within larger integrated communities, which might allow them to have the benefits of both approaches as long as the distances were not too large.

Such analyses must be careful not to confuse operating budgets with capital expenditures. Where new communities are being designed, the alternatives are relatively open, but under most circumstances where existing facilities must be used, large-scale reconstruction to suit a public policy is not a realistic approach, at least for the near future.

My interest is not so much in the economic aspects per se but in the articulation between economic factors and the preceding discussion of desired patterns for social living. What is necessary is to put price tags on the various policies designed because of their social and psychic implications. Not that these price tags will decide the question of which policy is to be followed, but as they will affect their workability as well as other factors, they are best taken into account from the outset.

CURE AND CARE

The balance between care and cure in public policy should be modified to admit openly the need to *care*, for long periods, for many older Americans, rather than pretend that they are about to be *cured*, fully rehabilitated, weaned from the need for service rather quickly.

Current health-care policy for older Americans under Medicare is almost exclusively oriented toward meeting the need for treatment of serious acute conditions. Hospitalization is generously covered, while ambulatory and drug costs, especially long-term out-of-hospital drug costs, are provided for much less generously, with much more reliance on recipient cost-sharing provisions. Nursing home benefits under Medicare are virtually nonexistent; the limited financing of services provided for in "extended care facilities" is intended to cover the costs of posthospital convalescence and rehabilitation only. While home health benefits are theoretically available, they are hedged with so many limitations and restrictions that few persons are found eligible and few home health agencies can support themselves on Medicare payments. In sum, then, Medicare policy is heavily oriented toward cure rather than care. Older Americans with chronic disease and disability conditions (such as crippling arthritis or arteriosclerosis) that often require long-term care in an institution are generally forced to turn to Medicaid. However, unlike Medicare which is available to all older Americans regardless of income, Medicaid is exclusively for the poor. Hence an older person who needs the expensive services Medicaid finances and who is not already a public assistance recipient or deemed "medically indigent" must impoverish himself or herself in order to become eligible. Moreover, once having spent-down to indigent status, elderly persons in institutions covered by Medicaid become in effect de facto prisoners of these institutions and of the state since they often no longer have autonomous means to control what institution they are placed in or of protesting poor care by threatening to go elsewhere, especially not the option of returning to the community even if their health permits it. Thus, Medicaid retains, with respect to chronic care for older Americans, the negative features of Kerr-Mills which Medicare was intended to overcome. The policy issue thus is whether some adaptations in either Medicare or Medicaid or both should not be made to prevent or at least mitigate enforced pauperization of older Americans in need of long-term, especially long-term institutional, care for chronic illness and disability. In terms of messages public policy emits to older Americans' self-view or the image of them held by others, it should not stress so much that being incapacitated in varying degrees for longer periods is bad, and so-called proper illnesses are of short duration and curable; but it should serve to increase understanding and support for many older Americans who have no realistic hope of full recovery, nor are they terminally ill; they will have to live for years with some supportive care, without shame or guilt.

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OLDER PERSONS AND PUBLIC SAFETY

Older persons are typically viewed by others and by themselves as more helpless than most other persons. This view has its source in part in intrapsychic factors, but in part in institutional factors as well. To the extent that the latter are at work, policies which would improve the protection of older persons would benefit them three ways: (1) lower the incidences of specific abuse; (2) counter the view that older persons are vulnerable and hence deter those who seek to prey on them; (3) improve the self-image of older persons.

Areas in which special efforts are necessary include: (1) crime (not only by muggers who prey on their physical weakness but by con artists and white-collar financial and professional criminals, who prey on their loneliness and isolation); (2) exploitation by nursing home owners, Medicaid mills, etc. (older persons in institutions are abused in many ways, from bilking their personal accounts to neglect of health care and nutrition); (3) consumer fraud (of which older persons are disproportionately victimized).

Modes of protection vary. Again, strengthening policy approaches which benefit all are probably best suited. Thus, older persons would be the beneficiaries of improved police work, better systems to regulate quality and prevent fraud and abuse in nursing homes and other health facilities, and greater efforts in the area of consumer protection along with, though comparatively more than, the rest of society.

Second, in the case of those older persons who are partially impaired, special assistance seems appropriate; for example, consumer counseling services attached to senior citizen centers, special communication devices (to allow older persons in their homes to mobilize security or health aides), etc. In addition, protective legislation should be drafted on behalf of older persons who are highly impaired: where there are no active

next-of-kin to safeguard their best interests, public interest guardians would be appointed to look after their finances and health decisions so that such decisions would not be made by providers who have a vested interest in these matters.

Finally, the recently formulated patients' bill of rights (or a modified stronger version) should serve as more than a statement of intent but be required by law to protect older persons in health facilities. Also, the right to refuse treatment and the legal status of the "living will" deserve additional attention. Present tradition in this area may leave too much power in the hands of physicians, who may then choose to deal with all older persons as if they were impaired or infantile.

POLITICAL ACTIVISM

Older persons have become increasingly politically as well as socially and physically active over the past two decades and such political activism on the part of those over 65 has gained in legitimacy, it seems. Moreover, older persons increasingly perceive themselves as entitled to public participation as a group and as individuals, although they do not appear to have as yet developed a political self-image akin to politically organized ethnic groups. The question is to what extent public policy should encourage, discourage, or ignore these tendencies toward increased political activism on the part of older Americans.

At stake is a conception of what is to be deemed appropriate, democratically legitimate participation in public affairs. Thus, it has been stated about practically all active groups that they are not a "proper" base for public action. Behind this suggestion often is a textbook image of the democratic process: the government is run by elected representatives and the legitimate way to influence them is by casting one's vote as a citizen and not as a member of any partisan group. Likewise, it is thought voting preferences should be based on considerations of the nation's needs rather than on the needs or desire for special privileges of a particular subgroup.

While it is quite true that, in part, the democratic process does work this way, it also proceeds by a large variety of groups each looking after its own set of concerns—not just "lobbies" or private interest groups, such as farm, labor, or business groups, but groups promoting the civil rights of particular constituencies such as the NAACP and CORE, Italian American Association, American Jewish Congress, as well as groups representing the public interest such as the American Civil Liberties Union, the Sierra Club, Nader's Raiders, etc. Indeed, to the extent that the government does attend to the people's needs it works at least as much by responding to these groups, which among them encompass most Americans, as to general voters. It also follows that needs not so represented or weakly represented will tend to be underserved.

One might argue that the processes of government would be more rational and more ethical if there were no such groupings, but they exist in all polities, especially in democratic ones, and it is unrealistic to assume their demise although one may seek to reduce their influence. Hence, for older persons, or any other group, to forgo collective action and participation in the competition for public awareness of and attention to their needs is basically to allow other groups to gain a larger share of the government attention and resources.

The question might be raised whether older persons have not already gained an excessive share of publicly allocated resources. This is perhaps the case where their "clout" is compared to some much weaker groups, such as the poor, the handicapped, the mentally ill, but compared to the main power groups this seems hardly the case. Hence a greater political mobilization of older persons on behalf of the rights and needs of older persons is both quite legitimate and will serve to better balance the scale of allocative justice rather than bias it.

It also follows that when we look for methods to improve the responsiveness of government and its capacities to guide social processes in desired directions, it might be futile to look for ways to "reform" government only from within, e.g., through new civil service regulations, more and better trained personnel, and so on. Without proper "outside" attention, the policy directions of government in general or of specific agencies will tend to be skewed toward mobilized groups. One example should suffice: state nursing home administrators are leaning toward the providers because nursing home clients, chiefly older persons, are not organized and active, nor as a rule the focus of attention of older American activist groups.

As noted at the beginning of this discussion, however, insistence on the special and unique needs of older Americans and efforts to gain special programs just for them tends to set up a tension between older persons and the rest of society. Thus politically organized older Americans might be best advised to support policies and social services needed by or favorable to the aged in the context of supporting more universalistic approaches. Other mobilized groups have enhanced how the rest of society views them by following such a strategy, e.g., labor union support for Social Security and national health insurance. In addition, coalition building is one way of building support for one's own special aims; thus, older American groups might do well to work more closely together with other groups seeking the needed changes in public policy. Public policy in a pluralistic society reflects the political energy the various active groups generate and leans toward those who pull together, away from those who go it on their own. ■