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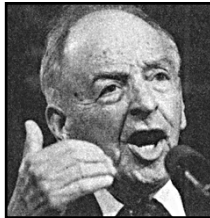
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WHCOA VETS RAISE CONCERN, HOPES ABOUT 2005 CONCLAVE

By PAUL KLEYMAN



Arthur Flemming

“I have a dream,” declared 90-year-old Arthur Flemming at the 1995 White House Conference on Aging (WHCOA) with a purposeful allusion to Martin Luther King, “a dream that this national community will not only live up to the obligations that it has at the present time, but . . . will look forward, not backward, as far as helping our people deal with the hazards and vicissitudes of life.”

Flemming’s speech was “my favorite moment,” Robert N. Butler, who chaired the 1995 WHCOA Advisory Committee, recently told **Agging Today**. Jon Pynoos, a delegate and expert observer at the once-a-decade conference, recalled that Flemming received “the loudest and longest standing ovation of any speaker at the conference. I show the videotape of his speech to my students in public policy” at the University of Southern California’s Andrus Gerontology Center.

A VISION

It is widely agreed among those attending the 1995 WHCOA that the otherwise busy and workman-like conference suddenly came to life with a flash of vision—an aging society seen as something more than a prioritized list of policy and program resolutions: Flemming’s “national community.” Flemming, who had been Secretary of Health, Education and Welfare under President Eisenhower, was instrumental in creating the first WHCOA in 1961, which he chaired. He continued to be an inspiring advocate for elders’ rights until he died in 1996.

Butler and Pynoos are among a group of prominent veterans of the 1995 event who were asked by **Agging Today** for their review of the past conference and their thoughts on the 2005 WHCOA to be held in Washington, D.C., Dec. 11–14.

The 1995 delegates debated and voted on more than 100 resolutions, with the 50 highest vote-getters being adopted and sent to Congress and the White House. Some were drafted by the WHCOA Public Policy Committee, often using language recommended by people who had convened during the previous two years at more than 1,000 WHCOA mini-conferences and related events around the United States. The 2005 conference has involved about 400 preconference events.

DEMOCRACY IN ACTION

“The 1995 WHCOA was intended to be a real people’s democracy in action,” said Fernando Torres-Gil, who oversaw that conference as U.S. Assistant Secretary of Aging. A total of 2,259 delegates were charged with “formulating recommendations and an action plan for the following decade,” said Torres-Gil, now acting dean of the School of Public Affairs at the University of California, Los Angeles. He will attend this year’s WHCOA as a delegate—appointed by Gov. Arnold Schwarzenegger, R-Calif.

In 1995, though, “a surprising development influenced those objectives: the Republican takeover of the Congress and the ‘Contract With America,’” Torres-Gil said, referring to the GOP document that

promised, among other things, to reduce the size of government, including entitlement programs.

Richard Browdie, then Pennsylvania Secretary of Aging and chair of that state's 1995 WHCOA delegation, remembered that the Contract With America, devised by then-House Speaker Newt Gingrich, R-Ga., generated a sense of crisis among delegates about efforts to shrink or slow government spending. "The result was a powerful affirmation of support for the safety net of Social Security, Medicare, Medicaid and the Older Americans Act," he said. In addition, Browdie, who now heads the nonprofit long-term care provider Benjamin Rose in Cleveland, said that delegate support of aiding families in community-based care helped lead to passage of the National Family Caregiver Support Program.

PERSONAL RESPONSIBILITY

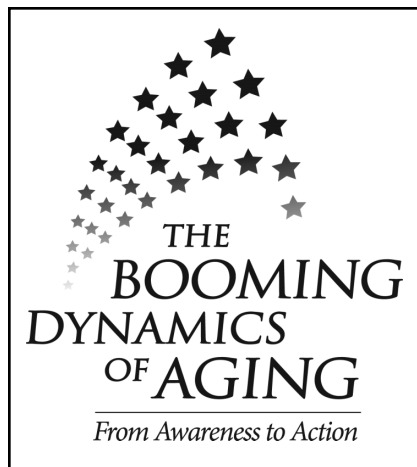
What has changed in a decade? Besides enactment of the modest caregiver-support program, leaders in aging interviewed for this article noted a marked increase in dementia research; significant movement from institutional toward community-based care; a widening spectrum of services available to elders needing assistance; and a new emphasis on health promotion, active lifestyles and personal responsibility for one's health.

However, E. Percil Stanford—a professor at San Diego State University in California when he was a 1995 delegate, now interim chief diversity officer of AARP—said of that conference, "To my knowledge, there was no systematic and sustained follow-up process that the general public could plug in to."

Overall, he said, progress has been made over the years in persuading people to take more personal responsibility for their health, but "the least progress has been around keeping Social Security sound."

"Progress has been slow and impeded by budget issues," Pynoos observed. Although the passage of Medicare prescription coverage is a positive step, he said, "it might be accompanied by other cuts in Medicare and Medicaid that will only serve to counterbalance it. Especially alarming are proposals to force low-income people to take out reverse mortgages to pay for what otherwise Medicaid currently covers."

Martha Pelaez, associate director of the Southeast Florida Centre on Aging when she was a delegate in 1995, said, "The fabric of our social safety net is becoming thinner with each year." Pelaez, now the regional adviser on aging for Latin America and the Caribbean for the Pan American Health Organization and World Health Organization, stressed, "The ties that bind us all into a compassionate society call for personal responsibility that is interdependent with social responsibility, but in 2005 we want to strengthen the first without even trying to mend the second."



Logo of 2005 White House Conference on Aging theme.

AGING FIELD DEFENSIVE

Marc Freedman, a 1995 delegate who heads Civic Ventures in San Francisco, said, "There's no question that we've turned our attention, as a society, more fully to the issues of aging in the past decade. However, as a field, we've remained largely in a defensive posture—forced to defend the pillars of progress established since the 1930s. There is little sense of forward progress." He added that in his area of concentration, increasing the community involvement of the growing force of active elders, "all too many opportunities still feel like efforts to keep the old folks busy, to keep their blood flowing." He went on, "Most of that progress is being driven by older adults themselves and a few enlightened philanthropies, not by innovative public policy."

Browdie, a former director of the National Association of Area Agencies on Aging, stated that one barrier to progress in the last decade has been a decline in advocacy in the aging network, the agencies serving elders under the Older Americans Act. Those groups have "largely focused on protecting past gains and fending off new initiatives, such as commercial managed-care companies moving into long-term care." He continued, "We resist change, but then don't propose anything ourselves, thus becoming agents of the fight for the status quo. And, we have done a poor job of educating the public, elected officials and policy makers about the issues and the range of things that could be done to improve our policies and practices." The lack of advocacy, such as for establishing a national policy on long-term care, lets officials off the hook, Browdie asserted.

Torres-Gil echoed several others in noting that none of the stated topics for the 2005 WHCOA, which will have the smallest number of delegates (1,200) in the conference's history, "address the contemporary political debates around privatizing Social Security and Medicare, the prescription drug benefit and the role of government in responding to the aging of the boomers." He credited conference organizers with addressing important themes of personal responsibility, community, wellness, and nongovernmental civic and social engagement. "But I think we can safely assume that many delegates will want to discuss public policy—so we shall see," Torres-Gil said.

Phyllis Mitzen, who was at the Council for Jewish Elderly in Chicago when she was a 1995 delegate, said a positive development is that today "the issue of an aging society is no longer abstract or unfamiliar to the general public." Mitzen, who now codirects the Center for Long-Term Care Reform at the Health and Medicine Policy Research Group in Chicago, added, "I haven't attended a social gathering where someone doesn't raise an issue about a parent, spouse or their own story."

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