Box WHCorr NYTimes Letter

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POTUS Letter for Inclusion in NYTimes Magazine Supplement on the White House Conference on Aging

Dear friends,

Along with many of my friends in the "baby boom" generation, I turn fifty this year. By the time all babyboomers reach sixty-five, the percentage of older Americans will have increased from 13 to 20 percent of our population. Today, we have twice as many older Americans as 30 years ago and 30 years from now, we will have twice as many again.

These dramatic changes in the demographics of our population will affect us all -- those of us who will be older Americans sooner; and those who will reach that stage later. As we look at the opportunities and challenges presented by these changes, we must remember the common ground which unites us all, as Americans and as generations.

As I said in the State of the Union, this is an age of possibility for our nation -- including for older Americans. People over 55 are younger, healthier and better educated than ever before. Many are beginning entirely new careers and endeavors in life as they grow older. Participation in volunteer efforts such as the National Senior Service Corps has increased, allowing us all to benefit from the accumulated wisdom and experience of older Americans.

Yet, this is also an era of new challenges as we work to maintain the opportunity for economic and health security for Americans at all stages of life. We must continue to shrink the federal deficit and strengthen our economy to shore up the economic future of our children and grandchildren. But in doing so, we must not jeopardize the future of our parents.

In meeting these challenges, I believe we must remain firm in the American value of supporting and protecting our older citizens. We cannot turn our back on national efforts that have dramatically improved the lives of older Americans over the past several decades. We must strengthen and improve them.

The Social Security Act signed by President Roosevelt has played a key role in the more than 65 percent decline in poverty among seniors since 1960. A strong and solvent Social Security system must be as much a reality for tomorrow's seniors as for today's.

Medicare and Medicaid have provided access to health care necessary for older people to live full and independent lives, and have helped people afford nursing homes so families do not have to bankrupt themselves to care for aging parents or spouses.

The community-based services provided under the Older Americans Act -- such as Meals on Wheels and transportation -- have allowed older Americans to live independently at home in their communities.

We have made critical changes -- and these must continue to occur -- for these efforts to remain sound. To keep Medicare strong and responsive, I have introduced proposals to strengthen the Medicare Trust Fund, to give beneficiaries new choices of high-quality health plans, and to provide new preventive benefits and respite care for families coping with Alzheimer's Disease. Our aggressive initiatives aimed at cracking down on fraud and abuse in Medicare and Medicaid have saved an unprecedented $15 billion in the last three years alone.

Medicaid can be made more flexible and efficient, while maintaining its essential guarantee to vital health services. And we must continue to support and expand options for home and community-based long term care.

Now more than ever, we cannot abandon our fundamental obligation to our nation's seniors. We cannot go back to an era in which we expected older Americans to fend for themselves.

I said it at the White House Conference on Aging almost a year ago, and I continue to say it -- we are always stronger when we are together. We can only achieve our destiny and meet our challenges working together -- one generation, one American connecting to another.

Sincerely,

BC

Outline of Supplement

Prime Movers

Generations Aging Together

Turning Resolutions into Results: A Followup Report on The White House Conference on Aging

Outline

This special section highlights--in a very personal way--the growing importance and challenges of dealing with an aging population. Based on findings from the 1995 White House Conference on Aging, and from subsequent meetings in town halls, universities, community forums and health centers across the country, this incredibly diverse group of experts, advocates and elders pinpoints the problems and strongly recommends solutions. The five articles in this 12- to 20-page section will feature real people living with real situations, and will include interviews and anecdotes, and information on how the greying of America is going to affect everyone--from generation X to baby boomers to the elderly--plus tips on what *you* can do about it, on both a private and political level.

The visuals and text will be in a readable, lively format, with photographs, boxes and interactive capabilities, as well as directories on where to find more information.

Contents Page
Will include a brief article on the White House Conference on Aging, its purpose, repercussions, and followup; a Letter from the President; and a Letter from Donna Shalala, Secretary of Health and Human Services.

Who We'll Be
It won't be long now before the faces grinning happily from the side of the cornflakes box are no longer young, lively and freckled, but older, energetic and wrinkled as the visual icons of America shift merrily along with the bulk of the population. The size of our older population--persons 65 years or older--is not only growing rapidly, it will increase dramatically as baby boomers pour into their sixth decade. By 2030, there will be 70 million older persons, more than twice the number in 1990. The oldest old (persons 85+) are increasing faster than any other demographic segment. Even now, there are more than 200,000 people who are over 100 years old. Women and minorities are also strongly represented in the ranks of the aging. How will this change the look of America?

Biology vs Chronology--New Opportunities for Living Longer and Better
Does quantity mean better quality? Breakthroughs in the biology of aging are allowing people to live longer and longer--and longer. Scientists are zeroing in on the cause of Alzheimers disease and have learned how to predict (in some cases) its onset, as well as delay it. Researchers are proving that the more active you are, the more active you'll stay. Diseases that once were instant killers are yielding the spotlight to chronic conditions that people partner with for years. What new discoveries are on the horizon and how will we pay for them?

Long-term--Who Cares?
For children and parents, the question of who looks after whom--and how, and with what resources is a question everyone is facing or is about to face. Whether they're caregivers or receivers, families all over the U.S. are grappling with the realities of longer life, and what to do when a parent can no longer take care of him or herself. What are the ramifications? Will the parent stay at home or have to move? Will the family provide the care or do they hire someone? And what is the cost--both in dollars and in opportunities lost?

Social InSecurity--Will there be anything left for us?
Will social security benefits run out six years from now? Noone seems to know, or be looking very far ahead. People are either playing carefree grasshopper--or ostrich. Baby boomers aren't saving enough, perhaps because they assume social security will pick up the slack or maybe they're just not thinking very far ahead? How much *should* they be saving? Then there's generation X, which seems to have more

confidence in the existence of UFO's than that there will be anything left in the pot for them after their elders have dribbled it away, so why should they allow it to be taken out of their paychecks now? Older persons who have retired and were living relatively well on SSI, are now hanging on by their fingernails, fearing that cuts will catapult them into a precarious and impecunious old age.

But is social security a pension system or is it social insurance, a means to redistribute income? How much money will *you* get and what good will it do you? What are the facts and what can you do to prepare yourself financially?

Is Retirement Obsolete?

Retirement ain't what it used to be, and certainly not what it will be. The conventional notion of leaving work at 65, trading it for a life of golf, just doesn't play anymore. A healthier workforce is working longer, well into their seventies. As changing social dynamics (and legislation raising the income eligibility levels for social security benefits) free people up for second and third careers, a senior workforce is developing that will tremendously influence the way businesses utilize their employees. At the same time, corporate downsizing means many are taking early buyouts, years before they reach traditional retirement age. They're joining the swelling crowd of pleasure or challenge seekers, now eager to relax or volunteer, go back to school, travel.

The question for all of us--whether we retire at 55, 65 or 70, and live until we're 90, is what will we do with those 20, 25 or 35 years? And what will we live *on*?

Action Guide/Info Page--Where to go for more information, including a state-by-state list of organizations, advocacy groups, resources, and major legislation being considered for passage this year.

AGING TODAY
Demographic News for Decisionmakers
September 1995
Issue No. 3

Signs of Improving Health Among Older Americans Could Yield Cost Savings

The graying of America raises the specter of spiraling health care needs and costs. Because older people need and use more health services than younger ones, their care consumes a substantial portion of the national health budget. Currently, almost two of every five health dollars go to care for persons age 65 and older.

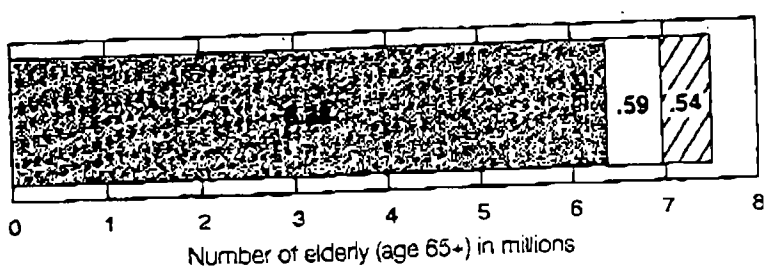
New research findings from one of the nine National Institute on Aging (NIA) Centers on the Demography of Aging indicate that the health of America's older population is improving. Studies at Duke University show that rates of chronic disability among the elderly are declining and the prevalence of chronic disease conditions is also dropping. These findings suggest that, contrary to popular belief, the aging of the population does not inevitably mean a sicker population. Given appropriate interventions, both the quality of life for America's senior citizens can be enhanced and the growth of costs associated with acute and long term care can be better contained.

Disability Rates Decline

About 7.4 million older Americans (age 65+) in 1995—roughly one in four elderly—are limited by a chronic, disabling condition. How fast this population group grows has important implications for estimating future health care costs because people with chronic disabilities tend to have higher than average acute health care and long term care expenditures.

Using data from the National Long Term Care Survey (NLTCS), demographers at Duke University found that between 1982 and 1989 the chronic disability rate among older Americans dropped more than 1 percentage point—a decline that represents about 540,000 fewer elderly with chronic disabilities in 1989 than would have been expected if the 1982 rates had persisted (see figure below). This is almost a 50 percent reduction in the growth that had been projected. Reductions were most dramatic at the oldest ages (85+). After adjusting the data for mortality, the probability of a person age 85 or older remaining free of chronic disabilities increased by nearly 30 percent. Still, three in five persons age 85 or older have a chronic disability. Preliminary findings from the 1994 NLTCS suggest further drops in disability rates. If this trend continues, it could have significant implications for Medicaid by lowering institutionalization rates and shortening the time spent in a nursing home. Other housing options, such as assisted living and continuing care communities, may expand. Medicare might also see cost savings because people with chronic disabilities also tend to use more acute health services.

Declines in Disability Rates Have Reduced the Expected Number of Elderly with Chronic Disabilities, 1982–1989



Source: National Long Term Care Survey

Prevalence of Chronic Conditions Declines

In a related study, the Duke researchers found significant declines in the prevalence of 10 out of 16 medical conditions reported in the NLTCS between 1982 and 1989 (see table over). The average number of conditions per person declined from 2.6 to 2.3. Overall, the prevalence of these diseases dropped by 11 percent in seven years.

Some of the largest decreases were observed in heart and circulatory conditions. The proportion of people with dementia also showed a significant drop. This finding is particularly important because the prevalence of dementia increases rapidly with age, and the oldest-old population is projected to grow the fastest in the coming decade. Increases were also noted in the proportion of people with respiratory conditions, such as pneumonia and bronchitis, as well as hip fractures and Parkinson's disease. Men tended to have smaller morbidity declines than women.

Although the occurrence of disease and disability generally increases with

Talking Points
March 24, 1996 New York Times Magazine Supplement Article

- The 1995 White House Conference on Aging (WHCoA) with its theme, "America Now and Into the 21st Century: Generations Aging Together with Independence Opportunity and Dignity," was the fourth such conference in history and the last of the twentieth century.

- It was a two year grass roots process aimed at identifying issues to shape national aging policy for the future. More than 800 grassroots events preceded the May 2-5 event and more than 200 other grass roots events followed it. All told more than 125,000 participated in WHCoA related events in all 50 states, the District of Columbia and the territories.

- The WHCoA included 2217 delegates, bi-partisan in composition, and ranging in ages from 15-95. They recognized and worked in a political and economic climate different than previous WHCoAs. They used the 1995 WHCoA to reaffirm support for the programs that have allowed seniors and their families to live with independence, opportunity and dignity -- Social Security, Medicare, Medicaid and the Older Americans Act. The delegates also supported reforms to keep these programs strong and solvent for future generations.

- This was a White House Conference focussing on *Aging* not merely the Aged.

Demographics

- In a year when George Burns turns 100 and President Clinton turns 50 we recognize that the predicted demographic revolution is well underway.

- America is growing older, each day more than 6000 persons celebrate their 65th birthday -- by the year 2000 there will be 26 times as many persons 85 and older than there were in 1900.

- Elderly population grows more diverse as there will be doubling of minority aged population by year 2030 and will make up 25% of the aging population.

- As the Industrial Revolution impacted America in the 19th century and the Technological Revolution in the 20th, the Demographic revolution will clearly impact the 21st century. Social dynamics of the country are changing and will continue to change.

Challenges and Opportunities

- In America we measure successful aging in terms of those for whom the quality of life keeps pace with the quantity of life. It is true for many but not true for as many as we might like. this is a key challenge for the future and one which must be faced by the public and private sector as well as families and individuals.

•The challenge is to develop and implement a comprehensive, compassionate yet cost-effective national aging policy for the 21st century.

•It should never waver from maintaining the Federal government's responsibility to help those in need of all ages but should not be based on having it be responsible for everything.

•The challenge of formulating a national policy on aging can also be a great opportunity. Those policies and programs which fully utilize the vast resources which older people represent to the their nation, their communities and their families should be pursued. this can include fighting all remaining forms of age discrimination to continued support for programs such as the Senior Corps programs of the Corporation for National Service.

•Central to any successful national aging policy must be a special commitment to the individual's economic and health security.

•A strong and solvent Social Security system must be as much of a reality for tomorrow's seniors as it is for today's.

•Medicare and Medicaid as the health care lifelines for millions of Americans must not be undermined to achieve selfish and short term political gains. Reforms aimed at eliminating fraud waist and abuse such as Operation Restore Trust must be aggressively pursued. Reforms which result in benefit cutbacks or exorbitant our of pocket cost increases must be rejected.

•Clearly the most compelling intergenerational issue is the need for universal health care coverage. WHCoA adopted resolutions calling for the establishment of a quality comprehensive universal health care program which should include a seamless array of home and community services.

•As the White House Conference on Aging stressed, long-terms care must be an essential ingredient in health care policy for people of all ages. We must put more of an effort in developing he system at the community, home and institutional level to provide the most appropriate care for those in need.

•We must recognize and respond to many other challenges in our aging society -- the dynamics of tremendous diversity in our future elderly population must be recognized in how we plan and deliver services. the fact that 3 million children are being cared for by their grandparents is no longer just material for folklore -- it is a real issue which mandates real help form all levels of government.

•Again as the White House Conference on Aging so clearly articulated, we must be supportive of greater funding for all forms of aging research -- because it is not merely an expenditure of federal money -- it is an investment which will save billions in the future. We have learned that for each year we delay the onset of a disease such as Alzheimer's we save $50 billion.

Addendum

•The President has called for a new spirit of community and family and personal responsibility can and should form the foundation of national aging policy today and tomorrow.

•More attention must be directed toward the role seniors already play in society, the roles they can play and the work yet to be done.

•Focus groups run by the White House Conference on Aging show an increasing awareness of aging on the part of youth. Of 87 young people used in focus groups -- more than half 20 and under -- the generational experiences they had were positive in their minds. 83% indicated they were currently close to and influenced by an older person and 91% said they believed they could learn something from an older person.

•When asked to describe older people, the dominant answer by the young participants was "Wise and experienced"

•When combining the responses of the youth and the elderly participants to the statement "I believe the key to healthy aging is..." the responses were ACTIVE INVOLVEMENT, POSITIVE MENTAL ATTITUDE, AND HEALTH LIFESTYLE." This could serve as guideposts for future policy development.

•The community of ages or the essential interdependence of generations needs to be continually cultivated as a central thread in the fabric of community.

•Sen. Bill Bradley once said that Social Security is the best example of community that we have in American social policy because it provides an economic structure in which generations can minimize conflict and maximize the common good.

•In today's terms defending Social Security, Medicare and Medicaid against radical changes is essential to preserving a community of generations as well as a compassionate society.

•Dr. Donna Yee, a gerontologist from Brandeis University in a memo to the WHCoA said "In reaction to a greedy geezer stereotype on the one hand, and a destitute and vulnerable sick elder stereotype on the other, a broader,informed and rational view of a majority of over 30 million adults struggles to emerge. A view that elders are productive partners in society; as older workers, volunteers, caregiving spouses and grandparents an investors of personal savings and wealth and as consumers of goods and services that broadly impact economic growth and employment opportunities... Successful implementation of WHCoA resolutions as national aging policy calls for efforts to reflect the shared interest of all Americans across generations and are reflective of the country's diversity. Everyone is a stakeholder in how our society supports the availability and adequacy of care for elders and the most vulnerable."

- A leading gerontologist, Rick Moody, from the Brookdale Center on Aging wrote, in a memorandum to the WHCoA, "There is nothing wrong with compromise in a sensitive political domain as Abraham Lincoln and Franklin Roosevelt would have been the first to agree. But great Presidents and conferences called in their name, must also summon us to a higher level of commitment. there must also be an opportunity to remind us of shared values and ultimate meanings of our common human pilgrimage. Aging is not merely a public policy challenge, it is also a journey of life challenging the whole of our being. We need not, and dare not evade these fundamental questions. But we want to find a way to speak to these matters in a language that brings all generation together and helps draw together the public and private life."

Please Consider

- The New York Times Magazine would be appreciative of both the President and the Secretary making reference to the theme of the supplement or perhaps one or more of the articles (still being finalized).

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

03-Feb-1996 02:56pm

TO: Molly Brostrom

FROM: Jennifer L. Klein
Domestic Policy Council

SUBJECT: NY Times Letter

Hope NY was great. Call and tell me about Vera Wang. I bet you looked exquisite in all of the dresses.

Back to business . . .

In the second paragraph, I would give more examples of "new careers and new endeavors" -- like community service projects, etc. National Service comes out of nowhere -- explain what it is before he pledges to fight for it.

In the third paragraph -- we not only can't turn our back on these programs, we must also improve/adapt (or something like that) them for the future. I think just a few words here will make him seem less status quo oriented until the sixth paragraph.

In the sixth paragraph, fifth line, delete "and delivery systems"; sixth line delete "a new" before respite and "benefit" after care.

The $15 billion is for Medicare and Medicaid.

The last sentence reads a little weird -- what is one hand, one generation, etc.?

Also, why don't you ask Melissa Skofield at HHS to show you the Donna letter -- just to make sure they are consistent?

Call me if you need more.

Jen

1995 WHITE HOUSE CONFERENCE ON AGING

MEMORANDUM

TO: Molly Brostrom

FROM: Bob Blancato

DATE: December 6, 1995

RE: New York Times Magazine

The New York Times Magazine will be running a 16-24 page advertorial on the White House Conference on Aging on March 24, 1996. It will consist of 7-11 edit pages at approximately 1000 words per page, the rest being filled with pictures, graphics and advertisements. An advertorial looks like a regular story except that it has more advertisements and is not written by the Magazine itself, but rather by the organization or group that it is about. In this case the White House Conference on Aging. The Times will edit the piece for readability.

The piece will be framed in the context of the release of the final report and will use separate sections to focus on different aging issues. It will be "reader friendly" and feature lists of resources where people can either get involved or get more information. Letters and/or statements from the President and Secretary Shalala would be incorporated.

An outline detailing what issue areas will be highlighted must be completed by early next week so that sponsors may begin to be located. The deadline for all completed copy is February 16, 1996.

501 School Street, SW, 8th Floor • Washington, DC 20024
(202) 245-7116 • FAX: 245-7857 • INTERNET: CONFERENCE@BAN-GATE.AOA.DHHS.GOV

MEMORANDUM

January 18, 1996

TO: Jeremy Ben-Ami, Marilyn Yager, Molly Brostrom

CC: Fernando Torres-Gil

FROM: Bob Blancato

RE: White House Conference on Aging Final Report

As thought is given to the process by which the White House might release the final report, this memo is designed to frame the report in terms of how it would be politically beneficial.

The Final Report which is required by law represents a summary of both the process of the White House Conference on Aging as well as the policy recommendations which emerged from it.

STRUCTURE

The main elements of the report include:

** Comments from 45 Governors who responded to the draft final report sent to them in August. This includes 18 Democrats and 25 Republicans (and 2 independents). Overall, no real bombshells or major surprises in their responses. Many focused on advocating for greater flexibility in the use of Medicare, Medicaid and the Older Americans Act funds for services. Some specific references (both for and against) about block granting Medicaid.

** A statement of national aging policy, developed by the Policy Committee and entitled THE AMERICAN COMMUNITY: A VISION FOR THE FUTURE.

** A series of specific recommendations to implement the resolutions adopted at the May WHCoA. These recommendations were developed at the more than 200 grass roots post WHCoA events held from May through the end of 1995.

THE POSITIVE POLITICAL FEATURES

** The national statement of aging policy, developed by a bi-partisan Policy Committee, is built upon the President's advocacy for a greater sense of community in the development of policy. Built around this community approach are basic principles which would be comfortable to be associated with including --value of independence, promote personal security, the interdependence of generations and recognition of greater diversity in

the aging population. The three main ingredients in this visionary policy statement include economic security, health, and social well being.

** Within the Governors comments--most were positive about the Conference and especially the involvement and activity at the state and local level. Some Governors used the opportunity to reaffirm major elements of the President's positions protecting Medicare, Medicaid and the Older Americans Act. Most all the Republican Governors who responded were relatively mild in their views and very few, if any, made any specific endorsements of the specifics of the Republican budget plan especially with respect to Medicare.

** Perhaps the strongest political benefit in this report comes from the views of the grass roots based conferences which were held after the WHCoA. These conferences focused a great deal on the main resolutions from the WHCoA which included some on Medicare, Medicaid and the Older Americans Act. These post conferences became very dynamic as within days of the end of the WHCoA, the Republican budget proposal was made more specific. Central to the recommendations in this portion of the report is a strong affirmation of the President's position on protecting Medicare and Medicaid. This includes advocating for the veto which he did use on the Budget Reconciliation bill and specific opposition to the early Republican numbers of $270 billion and $154 billion in cuts for Medicare and Medicaid respectively. Also strong in this section of the report is opposition to the block granting of Medicaid and the end to the entitlement status. Also strong opposition to House passed cuts in the Older Americans Act

This report is real proof of the degree of grass roots support the President enjoys for his position on the "big ticket" issues of Medicare, Medicaid and the Older Americans Act.

ADDITIONAL FEATURES

** Final Report, as the WHCOA was, remains pragmatic in its overall approach. It is extremely limited in its call for major new federal programs or spending. It reaffirms the essence of the programs we have.

** Final Report, especially the grass roots sections, does not run from financing and cost related issues around Social Security, Medicare and Medicaid. They are included and while the specifics are not all that sophisticated, we are not producing a "wish list" of unrealistic ideas.

** Final Report strongly emphasizes the importance of many special constituencies within the aging population including minorities, women, veterans, the disabled, Native Americans and caregivers, especially grandparents.

** Final Report also offers an intergenerational vision for future aging policy including results from intergenerational focus groups and specific resolutions supporting key children's programs such as child nutrition.

** Final Report is strong in support for home and community based long term care and universal health care coverage which have always been key elements of the President's health care agenda and which he is recognized for.

FINAL THOUGHTS

It would seem appropriate and beneficial to schedule some type of visible ceremony around the release of this report. This was only the fourth White House Conference on Aging in history and the first under a Democratic President. It is also the last of the 20th century. The President sought to have this Conference be inclusive and intergenerational. It was clearly inclusive with more than 1,000 grass roots events held around the WHCoA and involving more than 125,000 persons. Its intergenerational focus can be seen as main line in the Final Report which says "The 1995 White House Conference on Aging has defined aging as a lifelong process which encompasses all generations."

The Final Report will be completed and printed by February 15. One proposal suggested would be to release the Report on February 17, the second anniversary of when the President called the Conference. It is a Saturday and perhaps the report could be mentioned in the Saturday radio address and key leaders of the Conference could be invited in. It is important to note that if there is going to be a ceremony to release the report, it must be before March 15 to allow remaining staff and money to be used for dissemination of the Report to over 10,000 people, as all WHCoA money runs out in March.

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

The White House Conference on Aging

From May 2 - 5, more than 2,200 representatives of one of America's most powerful constituencies, those 65 and older, will meet in Washington, D.C. to address these issues at the White House Conference on Aging. The conference, the first in 14 years, the fifth in U.S. history will be the culmination of more than 600 preconference activities now being held all over the country.

Focus on Long Term Care

By President Bill Clinton

President Clinton

This year, we mark the sixtieth anniversary of Social Security, the single most important step our nation has taken to ensure the economic security of our senior citizens. We must never forget the commitment we have made to present and future beneficiaries of this long-standing program. I will fight to make sure that the promise of this program is fulfilled for this generation and for generations to come.

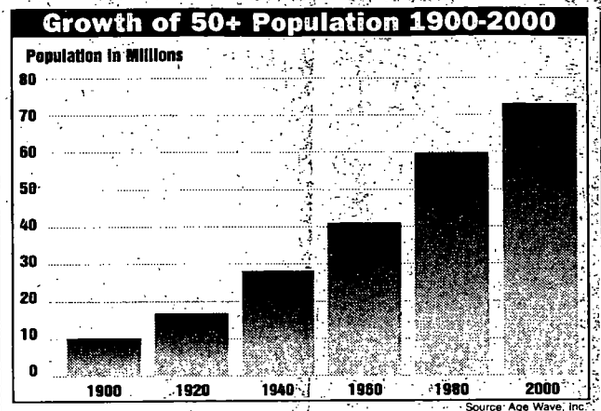
The Social Security Administration operates effectively and is continuously improving its customer service. For example, SSA is becoming more accessible through its 800 number, reducing the number of pending disability claims, and mailing statements to Americans that let them know the amount of retirement benefits they can expect.

Seniors have also stressed to us the importance to their well-being of federal health care programs. Although everyone recognizes the role Medicare plays in the health care of older Americans, it is important to understand that Medicaid also provides important services to vulnerable elderly and disabled Americans. In fact, approximately two-thirds of all Medicaid expenditures are for services for the elderly and disabled.

Over the next five years, almost 40 percent of the growth in all federal spending will come from rising costs in federal health care expenses. For the sake of our nation's economic future, we must contain costs in these programs. But we must recognize the imperative of doing so in the context of reforming our health care system. This is why I have consistently opposed deep and arbitrary cuts in programs serving our elderly that do not address the underlying problems of our health care system. And it is why I have consistently stated that I will not permit Medicare to be sacrificed to pay for tax cuts for the wealthy.

As part of our efforts to reform our nation's health care system, my administration has worked to improve federal health care programs. We have increased efforts to combat fraud and abuse to make sure that tax dollars are used to provide health care services, better publicized the availability of Medicare-covered services like flu shots and mammograms, supported states in reforming their Medicaid programs, and worked to increase choices and ensure quality of care for Medicare beneficiaries. We look forward to hearing more from the Conference on Aging delegates about how to improve these programs further.

The White House Conference on Aging also provides an opportunity to tackle another difficult and critical aspect of health care reform — long-term care. Seniors have told us how much they value their independence. They have shown us that our current health care and social service systems make it hard, and, in many c impossible, for older Americans to remain in their own homes and communities



The Challenges of Population Aging

By Kenneth Manton, Ph.D

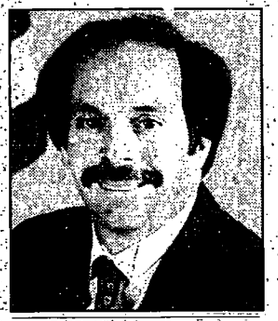
The post World War II baby boom and the fact that people are living longer pose serious future problems for society in general. The first reports of robust growth of our aging population came to public attention in 1982. At the time, the Social Security Administration devised higher payroll taxes and made plans to increase the entitlement age from 65 to 67.

This may still not be sufficient for the long term. Projections made in 1989 of the elderly population in the year 2040 suggested there would be 69 million persons 65 or older, 11.6 million of them older than 84. More recent projections, however, increased the anticipated number of persons 65 or older in 2040 by 10.8 percent, those over 85, by 19 percent. Both sets of projections used extrapolations of recent mortality. If one takes into account recent health changes, the elderly population could number more than 108.3 million by 2040 with 39.5 million over 85. Growth of the elderly population, therefore, could be much more rapid than entitlement programs currently assume.

Other countries face ever greater difficulties in coping with their aging populations. In Japan, for example, life expectancy is already three years higher than in the U.S. By 2024 a quarter of the Japanese population will be older than 65. In Japanese long-term care facilities today, 34 percent (compared to 6.5 percent in the U.S.) of patients are bed bound. If remedies are not soon put into place, the aging population will become an even larger drain on Japanese economic growth, with social security payments and taxes growing from 31.4 percent of national income in 1980 to between 63.3 to 71.2 percent in 2024. These implications do not bode well for other industrialized nations, most of which have progressively older populations.

Aging Together with Independence, Opportunity and Dignity

By Bob Blancato



Bob Blancato, director, 1995 White House Conference on Aging

Two weeks before John Kennedy's inauguration as President, in January 1961, President Dwight Eisenhower convened the first White House Conference on Aging. There were 16.5 million Americans over the age of 65 at the time, and health care, economic security, and housing topped the agenda. Thirty-four years later, with a senior population twice that of 1961 and projected to double again by 2030, we are in the final stages of preparation for the fourth White House Conference on Aging and the last of this century.

The 1995 agenda, formed by more than 900 public comments, is once again topped by health care, economic security, and housing. These issues continue to have the greatest immediate impact on the lives of seniors. But in spite of the recurrence of the major issues, the tenor of this White House Conference on Aging will be markedly different from that of past conferences. Emphasis on the interdependence of generations and the responsibility of individuals to plan for changes that will occur throughout their lives sets this conference apart from its predecessors. The 1995 Conference is not so much a conference about the aged, as it is a conference about aging, and nowhere is this better reflected than in the 1995 theme, "America Now and into the 21st Century: Generations Aging Together with Independence, Opportunity and Dignity."

The four main topics on the agenda for the 1995 White House Conference on Aging are: 1) assuring comprehensive health care including long term care; 2) promoting economic security; 3) maximizing housing and support service options; and 4) maximizing options for a quality life.

The conference Advisory Committee, a group of experts in the field of aging, have pared down the recommendations from the pre-conference events into approximately 40 resolutions which the delegates will discuss, debate, modify and finally vote on in the final plenary session May 5. Those resolutions approved by the delegates will form the foundation of the final report sent to Congress and the President.

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The White House Conference on Aging will meet in Washington, DC on May 2-5. In anticipation of that event, this issue forum was prepared by the Advertising Department of the Washington Post. Material for this section was provided by Mike Snow, a Washington-based freelance journalist who specializes in t ess, finance and international affairs. It did not involve the editorial staff of this newspaper. For more information, please contact MarciRosenberg, Corporate Advertising Manager, The