

From the Impoverished to the Entitled: The Experience and Meaning of Old Age in America
since the 1950s

By

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Submitted to the graduate degree program in the Department of History and the Graduate Faculty
of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of
Philosophy.

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Date approved: 02 April 2012

Abstract

With more than seventy million individuals, the baby boom generation is rapidly approaching traditional retirement age and threatening to strain America's public and private resources. Within the context of Social Security and Medicare, the subject of later life has become one of the most pressing issues of our time. But these potential fiscal problems are not just the result of natural aging; rather, they were caused by historic developments that encouraged most individuals to retire in their mid-sixties, regardless of their personal financial status, physical health, or career ambitions. This project argues that these assumptions about retirement emerged from political and social developments that emerged in the 1950s and 1960s. Prior to those decades, a majority of Americans over the age of sixty-five continued to work as long as they were physically able and could find employment.

For the first time in the 1950s, retirement for the middle-class began to emerge as a common experience, centering more heavily on leisure, consumerism, and self-fulfillment. Middle-class retirement developed out of a confluence of events, including the widespread adoption of mandatory retirement policies in the workplace, growing Social Security payments that provided supplemental income for leisurely retirements, marketer's efforts to promote the retirement industry, the emergence of a "senior lobby" led by AARP, and the creation of Medicare in 1965, which greatly relieved the financial burden of health issues in later life. In short, retirement transformed from something enjoyed by economic elites into an institution that a majority of middle-class Americans could experience and quite possibly enjoy.

A final point of analysis that permeates this project is the concept of entitlement, or a social insurance or earned benefits model. Politicians could justify expansion of programs benefiting the aged middle-class because the recipients themselves had paid into trust funds in

their younger working years, thereby earning their benefits. I argue that this entitlement ideology explains the enduring public approval for Social Security and Medicare in the face of politically conservative attacks, especially when compared with less popular welfare programs that in the popular mind are associated with minorities rather than middle-class white recipients.

Acknowledgements

I owe a deep debt of gratitude to all of the people who have made this project possible. I first want to thank my four grandparents and three great-grandparents, whose collective examples have illustrated the vitality and sense of purpose that is possible in later life. Their lives have provided a fount of inspiration for this project. As a child I observed them traveling, volunteering for the community and church, and generally living an active and meaningful lifestyle that far surpassed most individuals' ambitions for any stage of life. More practically and more importantly, my grandparents served as supplemental parents as I grew and learned life's lessons.

The rest of my family members have made extensive contributions to my education and to this project specifically. In addition to granting me an ideal upbringing, my parents, Dave and Debbie, provided generous financial and emotional support throughout college and graduate school. My in-laws have tolerated numerous weekend visits in which I occupied my time grading papers, reading, or otherwise neglecting my social responsibilities. My wife, Lindsey, patiently and lovingly endured countless evenings with my attention turned to my studies and only taking a break for food. If she was not a great chef, and thereby able to pull me away from my work, I would have starved during the course of this project. She has also tolerated the fact that graduate study placed me on the career slow-track for more than half a decade.

No one has been more influential in shaping the professional aspects of this project than my advisor, Jeff Moran. He encouraged me to take a more expansive approach to my scholarship, incorporating social history, policy history, and political history into one (hopefully coherent) body of scholarship. The rest of my committee members similarly planted ideas into this work. Sheyda Jahanbani helped me conceptualize my proposal as a story of senior citizens

rising out of poverty. Chris Crenner helped me acquire a background knowledge of health issues, cultural meanings of health and aging, and the American health care system. Finally, Jake Dorman and Shawn Alexander challenged my preconceptions about the interplay of class, race, and aging. Equally important were the archivists at the Harry S. Truman Presidential Library and the Carl Albert Congressional Research and Studies Center.

In addition to intellectual contributions, all research requires the tangible input of funding, and I have been extremely fortunate in this regard. The Hall Center for the Humanities at the University of Kansas has sponsored me with the Richard and Jeanette Sias Graduate Fellowship, which is a dissertation completion fellowship usually granted to just one humanities student each year. Beyond a living stipend and tuition waiver, the fellowship provided me with a quiet and spacious office to house my innumerable books, a stimulating intellectual environment among faculty fellows, the invaluable support of the Hall Center staff and administration, and the opportunity to participate in research presentations and seminars. The individuals affiliated with the Hall Center who made deep contributions to my fellowship experience included Victor Bailey, Kristine Latta, Sally Utech, Cindy Lynn, Jeanie Wuhlfkuhle, Dave Tell, Jill Kuhnheim, Randy Klein, Samantha Bishop Simmons, Kathy Porsch, and Stephanie Johnson. I am also grateful to the Department of History at the University of Kansas, which, prior to this fellowship, provided me with five years of gainful employment and tuition waivers as a graduate teaching assistant or graduate assistant instructor. The faculty and staff of the department also awarded me smaller research scholarships and immeasurable professional support throughout my years of study.

I also wish to thank Dennis Domer, who acquired additional funding for this project through a Boomer Futures Student Fellowship. This funding added to my research coffers, but

more importantly, it brought me into contact with an active community of gerontologists, scholars from other fields, and persons outside the university who are all working on research and application in the field of aging and the built environment. Among these people who have provided intellectual guidance, support, and the occasional challenge to my assertions, are Cheryl Lester, Dave Ekerdt, and Erin Smith. Similarly, my colleagues in a dissertation reading group provided feedback on each chapter of this work. Tom Arnold, Jeremy Prichard, Chris Rein, James Quinn, Margarita Karnysheva, and Dustin Gann all spent innumerable hours reading and commenting on my work, as well as commiserating with one another over our cups of coffee. I am happy to say that several of these individuals have also successfully defended their dissertations and are moving on to new phases of their lives. Perhaps friendship is the best place to end these acknowledgements, as I consider all of the people mentioned here to be, above all, my friends.

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Introduction

The 1979 movie *Going in Style* exemplifies the image of poverty that largely defined later life in the United States from the mid-twentieth century through the 1970s. In the film, the roles of three older men are played by George Burns, Art Carney, and Lee Strasberg. Their characters reside together and endure a menial existence. Their daily lives consist of eating, attending to personal hygiene, and going to the park to watch the children of strangers play. They have no jobs or responsibilities, no hobbies, no spouses, and only limited contact with one of their nephews and his family. They initially appear to be in reasonably good physical health, and they clearly still have the mental and physical aptitude to work at least part time, but the film never suggests that they could make any relevant contributions to society other than occasional contact with their relatives. They live on their Social Security checks alone, rent a small, grimy apartment, and appear to own only their clothes and a few other personal items. To make matters worse, the younger characters in the film largely ignore them as they meander through the city streets. Overall, the film's early section captures a normative image of old age that was only beginning to wane by the film's release date— that of old age as a mere waiting period before death.

The film soon diverges from the expected course, but it does so by utilizing similar stereotypes about old age. Motivated by sheer boredom, George Burns's character, Joe, convinces the other two to rob a bank. They spend little time dwelling on the philosophical or moral implications; instead, they ask more practical questions, such as, "what if we get shot." To that question, Joe responds, "what's the difference?" If they succeed, they will have plenty of money. If they fail, then at least they would have the excitement and, Joe argues, free room and board in prison. From that point, the film depicts them stealing guns from the nephew, the

successful robbery of the bank for \$35,000, one of them dying from a heart attack following the overstimulation of the bank heist, the remaining two flying to Las Vegas and winning an additional \$70,000 at a craps table, and one of the latter two characters dying from overexcitement and exhaustion from the travel and gambling success. The film closes with the arrest of Joe, who refuses to return the money and hides it by giving it to the nephew. Joe declines a plea bargain, and is convicted and sent to prison. In an upbeat, comical tone, Joe explains that in prison the system takes care of him, gives him lots of attention, and provides a life that did not differ in substance to his life outside of prison, which actually had been "a cage" as well.¹

The creators of *Going in Style* chose to emphasize the comical and upbeat traits of the individual characters and juxtaposed those traits against the commonplace images of poverty, loneliness, and purposelessness among the elderly. These three characters ultimately rose above those normative constraints, maintained upbeat attitudes, and displayed an unorthodox, albeit illegal, creativity in making the best out of the rest of their lives. They did not fear death, but instead chose to see it as an inevitable part of life. The film thereby implicitly suggested that the three individuals started out living normally for people of their age, and only in the implausible search for adventure did they move into the realm of Hollywood fantasy and public entertainment. The depressing parts of the film thereby represented "normal" aging, whereas the more upbeat moments were portrayed as comical and unlikely antidotes to reality.

By the end of the twentieth century, I argue, these images and the actual incidence of later life poverty had diminished to such an extent that public policies and popular opinion increasingly viewed older Americans as citizens deserving of special governmental or private benefits that would help them maintain a middle-class standard of living. Furthermore, older

¹ *Going in Style*, Tony Bill and Fred T. Gallo, Martin Brest, George Burns, et al., December 1979.

Americans painstakingly carved new social roles that centered on political involvement, a new concept of leisurely retirement, and other consumer endeavors. Over the period of time that this project covers, older Americans received benefits and social guarantees that are still unparalleled for people of other age groups.² *Going in Style* and other contemporary media depictions aptly portrayed the challenges faced by many individuals in later life, but they rarely credited senior citizens for defining complex personal identities and social roles or for having any larger purpose to their lives. Only in the 1980s did the popular images of aging begin to catch up with the enormous changes in financial security, health, personal satisfaction, and retirement lifestyles that had begun to occur as early as the 1950s. It must be acknowledged that many older persons did indeed experience severe mental and physical hardships, loneliness, inadequate support from private and public sources, insufficient financial security, or a sense of purposelessness, yet in the latter half of the twentieth century, older Americans attained far better levels of health, political, and social standing.

A snapshot of the present financial aspects of aging sharply contrasts with the narrative of later life poverty that predominated between the 1950s and 1970s. Compared with children, who make up the only other age demographic likely to earn as much sympathy and public provision for care, older Americans have access to much more public support ensuring their fundamental well-being.³ The poverty rate of children is double that of senior citizens.⁴ Even after the 2008 recession, less than 10 percent of senior citizens fell below the government's official poverty

² Sociologist John Myles, for example, argues that the American welfare state is unique for focusing so heavily on the needs of the elderly, see John Myles, *Old Age in the Welfare State: The Political Economy of Public Pensions*, Revised ed. (Lawrence, KS: University Press of Kansas, 1989), 5-27. See also: "Poverty in America," *Congressional Digest* 88, no. 7 (September 2009): 193.

³ Regarding government policies and statistics throughout this project, "senior citizens," the "elderly," and so forth refer to adults over the age of sixty-five, unless otherwise noted.

⁴ Christopher Howard, *The Welfare State Nobody Knows: Debunking Myths about U.S. Social Policy* (Princeton: Princeton University Press, 2007), 125.

lines with an additional 5.4 percent considered "near-poor."⁵ Meanwhile, the Census Bureau estimates that more than 45 percent of senior citizens would be living below the poverty line without the Social Security program.⁶ Compared with senior citizens' poverty rates prior to various expansions of the Social Security program, this may well be an accurate estimate. In percentage terms, older Americans of the 1950s and early 1960s were the most impoverished age group.⁷ In *The Other America*, Michael Harrington's landmark book on poverty, Harrington estimated that at least 60 percent of older Americans were living in poverty or just above the poverty line. Just two decades later, in the 1980s, older Americans were the least impoverished age group.⁸

Senior citizens are also the only age group that can claim to have virtually universal health care, a factor that strongly contributes to the population's low poverty rates. Nearly all receive insurance coverage through Medicare, leaving less than 2 percent without any health insurance in 2010. By comparison, 18.4 percent of the population under the age of sixty-five, 9.8 percent of children under age eighteen, more than 28 percent of young adults aged nineteen to thirty-four years old lack health insurance.⁹ For seniors, these numbers also compare favorably with those of the past. In 1960, for example, nearly 50 percent of senior citizens and 62 percent of senior retirees lacked health insurance.¹⁰ While children do receive targeted public benefits in

⁵ Administration on Aging, "Profile of Older Americans: 2010," ed. Department of Health and Human Services (2011), 11. Proquest Statistical Insight.

⁶ Paul N. Van de Water and Arloc Sherman, "Social Security Keeps 20 Million Americans Out of Poverty: A State-By-State Analysis," (Washington, DC: Center on Budget and Policy Priorities, 2010), 1. <http://www.cbpp.org/files/8-11-10socsec.pdf> Accessed 01 March 2012.

⁷ Harrington drew his information and definition of "adequacy" from the U.S. Census Bureau. Unless otherwise noted, the onset of old age for purposes of public policy was considered to be sixty-five, see Michael Harrington, *The Other America: Poverty in the United States* (Baltimore: Penguin Books, 1963), 103-104.

⁸ Harris Meyer, "Senior Bashing," *Hospitals & Health Networks* 70, no. 23 (5 December 1996): 28.

⁹ Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, "Income, Poverty, and Health Insurance Coverage in the United States: 2010," ed. United States Census Bureau (Washington, DC: U.S. Department of Commerce, 2011), 26. The 2 percent of seniors without insurance are made up of illegal or recent legal immigrants and individuals or communities with religious exemptions from the program.

¹⁰ Sheri I. David, *With Dignity: The Search for Medicare and Medicaid* (Westport, CT: Greenwood Press, 1985), 4.

the areas of health and education, they have no guarantees of health insurance or family income remotely comparable to Medicare and Social Security.¹¹

Meanwhile, a sense of "senior power" has emerged in the nation's politics, and senior citizens have become perhaps the most sought-after demographic of voters in the United States. A 1972 event underscored this trend as President Richard Nixon reversed his previous stance in favor of domestic spending cuts by signing into law the largest single increase in Social Security payments in the program's history. In a political game of one-upmanship between Nixon and Democratic Congressional leaders, the proposal had grown from a modest 5 percent increase in benefit levels to a 20 percent increase with additional provisions for automatic annual Cost of Living Adjustments (COLAs), indexed to inflation. Nixon attempted to claim full credit by instructing the Social Security Administration to enclose a letter with each of the 24.76 million checks sent out (just prior to the upcoming presidential election), saying that the bigger checks resulted from a bill "signed into law by President Richard Nixon."¹² The influence of senior citizens, or at least the largest organization they belong to, has continued to grow and now supports one of the most formidable political lobbies in the nation, headlined by AARP (formerly the American Association of Retired Persons). It is a member-benefits and lobbying organization with annual revenues in excess of \$1 billion and a membership of 40 million people, making it the second largest organization of any kind in the United States, behind the Roman Catholic Church.¹³

¹¹ Children are the subject of some targeted welfare programs such as the State Children's Health Insurance Program (S-CHIP), but those programs do not cover the entire population as effectively as programs for older Americans, see Howard, *The Welfare State Nobody Knows*, 125.

¹² Quoted in: Lawrence A. Powell, Kenneth J. Branco, and John B. Williamson, *The Senior Rights Movement: Framing the Policy Debate in America* (New York: Twayne, 1996), 131-132.

¹³ Jeffrey H. Birnbaum, "On Issues from Medicare to Medication, AARP's Money Will Be There," *The Washington Post*, 24 April 2007.

AARP has exerted an outsized influence in the past decade of domestic politics. In 2003, Congress passed and President George W. Bush signed into law prescription drug coverage under the Medicare Prescription Drug and Modernization Act, colloquially known as Medicare "Part D." AARP's lobbying efforts contributed to this act, which policy experts sometimes consider to be the largest expansion of the welfare state since the creation of Medicare itself in 1965. Also notable is the extent to which AARP-endorsed supplemental health insurance plans supply the prescription drug coverage provided by Part D. AARP followed these efforts by successfully opposing the Bush administration's proposals to privatize Social Security. With its "Divided We Fail" publicity campaign and through direct lobbying, AARP then controversially supported legislation for comprehensive health care reform that eventually became the Patient Protection and Affordable Care Act of 2010. In that instance, critics argued that the organization had taken on a set of policy goals entirely removed from the wishes of a majority of its members, but Congressional Democrats and the Obama administration still cited AARP support as a major reason to pass the bill.¹⁴

Public Support for Entitlement Policies

Citing unsustainable federal levels of spending on older Americans, critics in the early 1980s began to complain of "greedy geezers" taking resources that could better be spent on younger generations, and warned that "entitlements" would cripple the economy.¹⁵ Such disparagements had emerged by 1980, when the noted journalist Robert J. Samuelson cautioned the newly-elected President Ronald Reagan, "You may think you were elected president of the

¹⁴ Frederick R. Lynch, *One Nation Under AARP: The Fight Over Medicare, Social Security, and America's Future* (Berkeley: University of California Press, 2011), 2, 140-142, 174-184.

¹⁵ Howard, *The Welfare State Nobody Knows*, 126; Robert H. Binstock, "From Compassionate Ageism to Intergenerational Conflict?," *The Gerontologist* 50, no. 5 (2010): 576.

United States, but actually you were elected head of the world's largest senior citizens club."¹⁶ Reagan attempted to counter this narrative of senior power by categorizing the programs of Social Security and Medicare alongside welfare programs for the poor as "entitlements" and warned of the dangers of citizens depending too heavily upon government support. He could use the term entitlement as a code word signaling "welfare" and Social Security alike, without actually having to specify the still-popular Social Security program.¹⁷ Meanwhile, popular and scholarly criticisms of America's "entitlement society" (albeit more focused on purportedly lazy, young, and healthy beneficiaries) emerged and flourished.¹⁸

Reagan's efforts popularized the phrase "entitlement program," but he could not control the popular definitions of the term. Prominent advocates of Social Security and Medicare argued that the term entitlement was a positive label that distinguished Medicare and Social Security from charity or welfare for the poor, because a majority of the entitlement programs' beneficiaries (or at least their spouses) had paid into the programs during their working years and accordingly been promised benefits during their retirements. These advocates argued that the recipients were, therefore, legally and justly entitled to receive the earned or promised benefits.¹⁹

¹⁶ George F. Will, "The 'Grandpa Bulge'," *The Washington Post*, 5 February 1981.

¹⁷ Theda Skocpol, *The Missing Middle: Working Families and the Future of American Social Policy* (New York: W.W. Norton & Company, 2000), 46-47; Robert J. Samuelson, *The Good Life and Its Discontents: The American Dream in the Age of Entitlement, 1945-1995* (New York: Times Books, 1995), 46.

¹⁸ Examples of anti-entitlement publications include: Phillip Longman, *The Return of Thrift: How the Coming Collapse of the Middle-Class Welfare State Will Reawaken Values in America* (New York: Free Press, 1996); Peter G. Peterson, *On Borrowed Time: How the Growth in Entitlement Spending Threatens America's Future* (San Francisco: ICS Press, 1988). Gareth Davies argues that liberalism's shift toward an entitlement ideology largely explains the rise of the conservative movement: Gareth Davies, *From Opportunity to Entitlement: The Transformation and Decline of Great Society Liberalism* (Lawrence, KS: University Press of Kansas, 1996). The political opposition to Medicare and Medicaid in the mid-1990s is detailed in David G. Smith, *Entitlement Politics: Medicare and Medicaid, 1995-2001* (New York: Aldine de Gruyter, 2002). Related to the genre of anti-entitlement scholarship, Jonathan Rauch argues that government programs are hard to eliminate even when they accomplish their original goals or the original problems become irrelevant, see Jonathan Rauch, *Demosclerosis: The Silent Killer of American Government* (New York: Times Books, 1994).

¹⁹ See, for example: Daniel Patrick Moynihan, "The Case Against Entitlement Cuts," *Modern Maturity*, November 1994, 13.

Alternative terminology for this definition of entitlement included social insurance, a social contract, socialized benefits, or an earned benefits model.²⁰

Within the political science discipline, although not in popular discourse, Robert Nozick has proposed a third meaning of the term by proposing an "entitlement theory" that echoes the writings of John Locke, but does not contain a particular reference to age. Nozick argues that producers are entitled to the fruits of their labor and that governments violate that entitlement to property with any attempt to equalize property holdings. Under this model, governments protect individuals' "entitlement" to property (so long as it is acquired through legal means), but would violate those rights by attempting to redistribute that property to other citizens.²¹ While this idea has been closely associated with the conservative movement over the last few decades, the use of the term entitlement to describe it has not resonated with the general public or in the nation's politics.

This historical debate over the politics of entitlement provides the conceptual framework for this project. As defined here, "senior entitlement ideology" or "senior entitlement program" refers to an ideological justification for public programs that broadly benefit older middle-class recipients and mostly rely on revenue collected from the beneficiaries themselves under a social insurance model. The most popular programs that can be described as entitlements were targeted to the middle-class, but also extended benefits to wealthy and impoverished beneficiaries, and required some form of contribution from a majority of the recipients before and/or during their retirements. By combining these features, recipients could say that they had previously earned the benefits they received and were not the recipients of charity. Along with programs

²⁰ Renée L. Beard and John B. Williamson, "Social Policy and the Internal Dynamics of the Senior Rights Movement," *Journal of Aging Studies* 25, no. 1 (2011): 25. The social insurance model of America's welfare state is detailed in: Theodore R. Marmor, Jerry L. Mashaw, and Philip L. Harvey, *America's Misunderstood Welfare State* (New York: Basic Books, 1991).

²¹ Robert Nozick, *Anarchy, State, and Utopia* (New York: Basic Books, 1974).

specifically designed to fit this social insurance model, other local, state, or federal programs including meal deliveries, special tax rebates, or other forms of assistance have similarly relied on a notion of deservedness that recipients have earned through the course of a lifetime, even though those recipients did not necessarily pay directly into the programs. So, while not always fitting the model of a middle-class oriented entitlement program, other smaller programs have benefited from related sources of public approval and embody a part of the public benefits bestowed upon older Americans.

I utilize this definition of entitlement ideology to explain the origins and sustained basis of popular approval of public programs – not to conflate the policies’ unique origins, historical context, or special goals. The funding mechanisms, policy goals, and practical results of programs have varied widely, but popular support has followed similar patterns for each of these diverse programs. The funding and policy issues surrounding Medicare and Social Security, for example, differ sharply from one another. Medicare provides payments to medical providers on behalf of individual beneficiaries, whereas Social Security provides direct cash benefits to the recipients. As will be discussed, Medicare’s cost structure and fiscal outlook relies on the delivery of medical care in the wider American health care system, making its financial problems far more complicated and harder to remedy than Social Security’s funding issues. Nonetheless, Americans and policymakers often equate the funding problems of one program with those of the other, and a majority of Americans have likewise seen both programs as something they and their relatives are entitled to benefit from in later life. Public support for these and related programs benefiting seniors has remained steady over the time period covered in this project.

I argue that in the post-World War II period, this public support for senior entitlement programs emerged to largely define the later stages of life in America. Public policies

incentivized retirement from the workplace by age sixty-five, approximately, while the common definition of retirement gradually shifted from a lonely, purposeless waiting period before death into a time best suited for the pursuit of hobbies, travel, intellectual enrichment, community or political involvement, consumerism, or family life. Public policies and private initiatives increasingly promised older Americans greater financial stability, reliable access to health care, freedom from the rigors of the workplace, and the distinct opportunity to choose an individual purpose for later life. Taken together, these efforts implied a common belief that these advantages should be made available to everyone who had reached "old age" (the exact onset of old age remained debatable), regardless of events or choices made previously in each individual's life. The level of personal savings, private pensions, personal disposition, race, class, gender, or health status could determine the extent to which individuals could benefit from the expanded support network, but this does not diminish the fact that new forms of public support emerged, thrived, and still help define old age in the United States today.²²

In labeling a senior entitlement ideology or referring to pre-1980s programs as entitlements, I apply the terminology somewhat retroactively to describe the growing public approval for increased support of older Americans. Just as historians retroactively refer to the early twentieth century as the Progressive Era, I use the concept of entitlement to explain the origins of sustained popular support for increased public benefits for older Americans. Prior to the 1980s, the term entitlement occasionally referenced constitutional rights and long before that, in the colonial era, deference to nobility. Congress first used entitlement to describe public benefits in 1944, specifically referring to programs in which beneficiaries automatically qualified

²² This argument echoes a narrative offered by Sheryl Tynes and other scholars, although I place heavier emphasis on middle-class entitlement ideology as an agent of change in its own right throughout this time period, see Sheryl R. Tynes, *Turning Points in Social Security: From "Cruel Hoax" to "Sacred Entitlement"* (Stanford: Stanford University Press, 1996).

by meeting certain demographic criteria. The Social Security Administration followed suit by the 1960s and began describing (and justifying) its benefits as entitlements, or even as American "rights" attained by virtue of reaching old age.²³ Senior citizens were not the only group to receive benefits that are popularly described as entitlements, but as measured by the sheer amount of spending and by the level of public controversy generated, they were and still are the biggest beneficiaries of America's welfare state.

Some scholars have tacitly suggested that senior entitlement programs were inevitable or static, but in reality intense debates surrounded the programs' initial adoption, continued existence, and periodic evolution.²⁴ An examination of alternative models that were not chosen quickly dispels the notion of inevitability. Many senior citizens would not contemplate, much less desire, a world without programs that fulfill the functions of Social Security, Medicare, or Medicaid. Yet even as these programs came into being and evolved, a vocal minority of politicians, citizens, and scholars continually proposed legislation that would have made various alternatives to senior entitlement a reality. Such proposed alternatives have included the elderly working until physically unable and only then receiving public assistance on the basis of disability or impoverishment. Another thoroughly rejected alternative was the rationing of medical care so that the elderly would not use medical or financial resources that could presumably be redirected to younger generations. Under this model, expensive life-saving medical care would be withheld merely because a patient had turned seventy-five, eighty, or another established age limit. Had these models been adopted, only those who were wealthy,

²³ W. Andrew Achenbaum, *Social Security: Visions and Revisions*, A Twentieth Century Fund Study (Cambridge: Cambridge University Press, 1986), 59, 220-221.

²⁴ For a brief discussion of scholars treating Social Security or Medicare as inevitable, see W. Andrew Achenbaum, "The Elderly's Social Security Entitlements as a Measure of Modern American Life," in *Old Age in a Bureaucratic Society: The Elderly, the Experts, and the State in American History*, ed. David Van Tassel and Peter N. Stearns (New York: Greenwood Press, 1986), 159.

fortunate enough to enjoy good health, had a generous pension from their employer, or had carefully invested their savings would be able to retire for nearly the last one-quarter of their lives, as became increasingly common.²⁵ Instead, a majority of Americans have come to support the concept of a lengthy retirement from the workforce, made possible to a significant degree by public programs.

This narrative begins in the first chapter with an examination of the cultural redefinition of old age between the 1950s and the 1970s to a flexible view that considered older Americans more capable and youthful than previously thought, but simultaneously in need and deserving of public assistance. This improved status by the 1970s can be observed in somewhat more favorable media images, new paradigms in the scholarship of gerontology and geriatric medicine, the increasing use of more respectful terms like "senior citizen" in favor of more derogatory terminology, and new public approval for the creation of Medicare in 1965.

Chapter two discusses the creation of prominent age-based organizations that advocated for senior citizens between the 1930s and the 1960s and details the development and expansion of the major programs that came to be known as entitlements or benefited from the expanding public interest in senior citizens' well-being. In addition to Social Security and Medicare, legislation that received this public approval included the Age Discrimination in Employment Act of 1967 and the Older Americans Act of 1965, which created the Administration on Aging. As these programs emerged, political reformers and older Americans began to define a coherent political philosophy in favor of public benefits for the aged. I agree with the existing historiography that the age-based lobbying organizations, with the notable exception of the labor-oriented National Council of Senior Citizens, held a surprisingly weak lobbying influence

²⁵ Dora L. Costa, *The Evolution of Retirement: An American Economic History, 1880-1990* (Chicago: University of Chicago Press, 1998), 181.

prior to the late 1970s and 1980s, although I do contend that those organizations played a critical role in developing a popular rationale for age-based benefits.

In chapter three I argue that by debating the merits of senior entitlement and making lobbying demands, age-based organizations played a crucial role in initiating and sustaining popular support for senior entitlement. Several prominent organizations, including the Gray Panthers and initially even AARP, resisted government benefits and warned of the dangers of middle-class dependency on public programs. These organizations' foremost argument against entitlement was that by participating in compulsory public benefits programs, individuals would become dependent on government aid, be forced into retirement (potentially) against their will, and thereby lose their freedom of choice or sense of individuality. Critics from outside the senior community complemented these warnings with an argument that senior entitlement removed resources from younger generations and perhaps hampered economic growth. By the 1990s, though, a majority of senior citizens, their representative organizations, politicians, and the general public had come to reject the alternative approaches and embrace seniors' rights to public benefits.

Chapter four examines the new, increasingly normative experiences of retirement to explain the roles and social status that senior entitlement made possible for a large portion of middle-class retirees. I argue that the status and social roles of older Americans can be defined loosely within the framework of consumerism. While certainly not all retirement experiences can be defined as consumerism, the dominant cultural images that emerged were ones of travel, relocation to Sunbelt states, the pursuit of hobbies, the purchase of medical products and services, and the emergence of older persons as a demographic group targeted by marketers. In sum, senior citizens' lifestyles and social statuses, bolstered by widespread public approval, were

entirely removed from the conditions that had prevailed in the 1950s. As suggested by the film *Going in Style*, popular references to senior poverty and negative stereotypes appeared periodically, but these images coexisted with the newer concepts of senior power and leisured retirees.

Chapter One – Challenging Disengagement and Poverty: A More Youthful Old Age

The elderly in the 1950s were largely impoverished and disenfranchised from social life and political involvement; however, they were a growing percentage of the population. They had longer life spans and were healthier relative to previous generations, yet in many cases they lost opportunities for employment upon reaching their sixties or even their fifties. For most households this situation translated into a longer period of time spent outside the workforce, or "retired," usually without sufficient pensions, savings, or health insurance to provide financial security. According to popular stereotypes and many contemporary scholars, the elderly were mostly senile, crippled, childlike, obsolete, or otherwise incapable of offering meaningful contributions to society.¹

Just two decades later, by the end of the 1970s, senior citizens' social standing and financial well-being had improved dramatically. In that brief span, social reformers (some of whom were senior citizens themselves) had proposed and enacted Medicare, Medicaid, and other expansions to the Social Security program that extended public financial guarantees and helped raise the political profile of older Americans. By framing the legislation mostly as entitlement programs, these reformers created a system in which all American citizens could qualify for considerable benefits just by reaching old age, regardless of individual financial need. Meanwhile, the popular definition of retirement also shifted from a waiting period before death to a time of leisure and possibly continued social involvement. This chapter will explore the cultural shifts that, I argue, redefined the meaning of old age toward a more flexible view of the

¹ The term "stereotype" often, but does not necessarily mean that the observation is false. Rather, it is simply used here to describe a cognitive structure or "schema" that individuals (and societies) construct to make generalizations about members of a demographic group. Ziva Kunda, *Social Cognition: Making Sense of People* (Cambridge, MA: MIT Press, 1999), 36-37, 313-393.

possibilities for later life, defined largely by an individual's ability to "stay youthful" in later life. This cultural redefinition of old age provided the initial rationale and the continued justification for senior entitlement programs.

Senior Poverty and Age Stratification by Mid-Century

High rates of poverty and social disenfranchisement had characterized old age long before the 1950s. Additionally, the separation of people along the lines of age, labeled "stratification" by scholars, actually increased throughout the twentieth century.² In the late-nineteenth and early-twentieth centuries, the development of new bureaucracies, an industrial focus on efficiency, consumerism, and lower mortality rates made it expedient to categorize individuals according to chronological age norms, in addition to the more traditional, hierarchical categories of race, gender, ethnicity, and class. While progressive reformers emphasized education and the benefits of a sheltered upbringing for the nation's youth, the elderly occupied a narrower and ineffectual role in society. The so-called "wisdom" of the elderly held only an abstract meaning in a rapidly changing urban and industrial world. Complicit with this erosion of social standing was the elderly's growing difficulty in simply earning a living in the low-skill, labor-intensive factory jobs that were becoming a larger part of the economy.³

As the century advanced, younger people also came to frequent age-differentiated social clubs and activities, while tending to spend less time cultivating cross-generational relationships. In this "peer society," as historian Howard P. Chudacoff labels it, the lack of inter-generational

² In social gerontology, stratification refers to a social hierarchy based on age; for a comprehensive discussion, see James J. Dowd, *Stratification Among the Aged* (Monterey, CA: Brooks/Cole Publishing, 1980).

³ Howard P. Chudacoff, *How Old Are You?: Age Consciousness in American Culture* (Princeton: Princeton University Press, 1989), 7. See also: W. Andrew Achenbaum, *Old Age in the New Land: The American Experience Since 1790* (Baltimore: Johns Hopkins University Press, 1978), 39-54. On the former "exaltation" of the elderly in early America, see David Hackett Fischer, *Growing Old in America* (New York: Oxford University Press, 1977), 26-76.

familiarity contributed to the increased isolation of older Americans and decreased awareness among the younger population of the complexities and possibilities of later life. Such ignorance allowed negative stereotypes to dominate the public discourse on aging. Thus in 1922, when the famed psychologist and "discoverer" of adolescence, G. Stanley Hall, published the first major American study of aging and psychology, the public was predisposed to accept Hall's conclusion that "senectitude," a sharp mental and physical decline more commonly known as senescence or senility, was the standard trajectory of aging, beginning at age forty.⁴

These stereotypes led to the elderly being seen as dependent and uninterested in or incapable of contributing to an industrial society. As a result the poorest or disabled elderly became socially isolated and sometimes institutionalized in almshouses or mental institutions. Mandatory retirement policies with set ages of retirement forced the older, but possibly still-healthy workers to leave the workforce before they may have wanted or could afford to do so. Finally, the social norms of everyday life limited the daily interactions across generations, with the exception of intra-family contact. While institutionalization in an almshouse, "old folks home," or nursing home was statistically rare throughout this history (ranging from just over 1 percent in 1880 to 5 percent of the elderly population by 1990), these institutions presented a strong symbolic warning about the social disadvantages of growing old. With the limited availability of public or private pensions, high unemployment rates, and the inability or unwillingness of young working-class families to take in their elders, poverty seemed the inevitable outcome of living much beyond the age of sixty.⁵ This pattern held steady through the 1950s, as author Michael Harrington observed. "We have given them [the old] bare survival," he

⁴ Chudacoff, *How Old Are You?* , 109.

⁵ *Ibid.*, 109-118; Costa, *The Evolution of Retirement*, 113.

wrote, "but not the means of living honorable and satisfactory lives as valued members of our society."⁶

At least as early as Hall's publication of *Senescence* in 1922, scholars and the public recognized the unique challenges that the elderly faced in an industrialized society and began to consider old age as a separate stage of life distinguishable by the inability to participate in the workplace due to physical or mental decline. Although it was not his intention, Hall brought public attention to the utter absence of institutions and private lifestyles (such as a leisurely retirement) that could cope with an aging, presumably senile population. Such social innovations were largely absent from Hall's time, but even Hall believed that a better understanding of evolution, medicine, and biological aging processes could eventually reduce the various hardships of old age and possibly inaugurate a utopian society where elders could once again function as wise counselors for younger generations.⁷ In a sense, then, Hall left open the possibility of a more "youthful" old age, in which the aged could continue to fulfill important social roles, regardless of whether those activities took place in a formal work environment.

Whether directly inspired by Hall or, perhaps more likely, simply adhering to similar ideas, social reformers from the 1920s onward recognized the utility of legislation that could improve the lives of the elderly and even started to reconsider the cultural meaning of old age. By the mid-twentieth century, these reformers still largely adhered to the existing stereotypes, but in the welfare state they saw an opportunity for the elderly to overcome impoverishment and perhaps develop aspirations for later life. These efforts set the stage for a redefinition of old age

⁶ Michael Harrington, *The Other America: Poverty in the United States* (Baltimore: Penguin Books, 1963), 118.

⁷ For a more complete discussion of G. Stanley Hall's role in this intellectual development, see Thomas R. Cole, "The Prophecy of Senescence: G. Stanley Hall and the Reconstruction of Old Age in Twentieth-Century America," in *Societal Impact on Aging: Historical Perspectives*, ed. K. Warner Schaie and W. Andrew Achenbaum (New York: Springer Publishing Company, 1993), 165-181.

that would be characterized by a leisurely retirement from the workforce, social involvement, and a more "youthful" outlook.

Explanatory Models: Disengagement and Activity Theories

Seeking to replace the many stereotypes of old age, gerontologists Elaine Cumming and William E. Henry outlined "disengagement theory" in 1961. Under this explanation, the disenfranchisement of the elderly was a natural and perhaps even desirable social outcome. "In our theory," they explained, "aging is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social systems he belongs to." Contrary to the seemingly negative implications of this model, Cumming and Henry intended that disengagement theory would provide a positive model for old age. They observed that in the contemporary social environment, the only way for the elderly to gain respect was to act younger than they really were, whereas disengagement theory attempted to understand aging on its own terms by arguing that many older persons actually found happiness in withdrawing from certain social roles and becoming more introspective. Cumming and Henry accordingly posed the question: "Why is it not suggested instead that old people may want recognition for having *been* useful, for a *history* of successful instrumentality?" When embracing the next stage of life (withdrawal or disengagement), instead of stubbornly fighting the biological or social limitations of old age, Cumming and Henry believed that the elderly could adhere to the attainable model of disengagement theory.⁸

Despite Cumming and Henry's hope that their theory would lead to an acceptance of the elderly on their own terms, disengagement quickly co-opted existing stereotypes and acquired

⁸ Elaine Cumming and William E. Henry, *Growing Old: The Process of Disengagement* (New York: Basic Books, 1961), 14, 19-20, 22. For the role of disengagement theory in social gerontology, see Sherry Ann Chapman, "Theorizing about Aging Well: Constructing a Narrative," *Canadian Journal on Aging* 24, no. 1 (Spring 2005): 11-12.

negative connotations. Negative views of disengagement often echoed the words of gerontologist Zena Blau, who wrote in 1973 that, following retirement, "many older people just cling to life as they wait to be relieved of a lonely and useless existence."⁹ Under this view of disengagement theory, the elderly succumbed to their declining social status, and they did not find the process fulfilling. This view of disengagement stemmed from compassion, or perhaps pity, and acknowledged that many older people did indeed have a difficult time coping with physical decline and the lack of purpose sometimes associated with retirement from the workforce.

Disengagement theory, coupled with common stereotypes, had broad social implications. While most gerontologists intended their work to draw attention to the unmet needs of the elderly, the popular stereotyping of disengagement contributed to the declining social status of senior citizens by exaggerating the extent of their "otherness" or social distance from younger generations. Older Americans were unemployable, separated from daily interactions with younger generations, generally lacked autonomy and social influence, and most damaging, were seemingly uninterested in a world that they expected to soon depart. As with all stereotypes, these views presented a homogenized image of an entire demographic group and failed to acknowledge the wide range of experiences and abilities that older persons possessed.

A corollary of disengagement theory, known as activity theory, presented a way of thinking about aging that could inspire political reform. Activity theory relied on the same parameters of disengagement theory by acknowledging that the elderly did often disengage from society, but activity theorists argued that they did so involuntarily due to social pressures. First put forth by gerontologist Robert J. Havighurst in 1961, activity theory placed an emphasis on the social forces that pressured the elderly to disengage. Activity theory held that the elderly

⁹ Zena Smith Blau, *Old Age in a Changing Society* (New York: New Viewpoints, 1973), 177, cited in Andrew Blaikie, *Ageing and Popular Culture* (Cambridge: Cambridge University Press, 1999), 61.

could (and presumably should) fight those social pressures and remain involved in society well into chronological old age. "Old age" under activity theory therefore described a decline in the amount of social activity, not a mere numerical accumulation of years. Those who lived a long life and yet remained active were "aging well" or "aging successfully" – both phrases that came to be used extensively in scholarly works, popular publications, and various types of personal accounts.¹⁰ In effect, activity theorists identified a model of aging that political reformers were already using to justify entitlement programs. Those reformers, whose efforts will be discussed shortly, intuitively believed that if provided the necessary financial resources and social leeway, the elderly could find a new role in society.

Countering Senior Poverty: Medicare

While the major programs benefiting senior citizens will not be detailed until the next chapter, the protracted political debate over the adoption of Medicare provides a view of the state of senior poverty and stereotypes about aging in the late 1950s and early 1960s. On the surface this debate appears to have been narrowly focused on the provision of health care for the elderly, but it actually constituted one of the nation's most important debates over the broader social and political roles of the elderly in the United States. In addition to the program of Medicare, these reform efforts resulted in the creation of Medicaid, the Older Americans Act of 1965, and greatly expanded Social Security pensions. This legislation, combined with an expansion of private pensions, personal savings, and longer life spans, helped sustain the growth of the leisurely retirement as a normative institution. Older Americans came to be viewed as the deserving beneficiaries of government aid, but perhaps still not as fully autonomous participants in society

¹⁰ For a full discussion of the relationship between disengagement and activity theories, see Dowd, *Stratification Among the Aged*, 6-10, 54-60. See also, Chapman, "Theorizing about Aging Well: Constructing a Narrative," 11.

and politics. The resulting changes in lifestyle and rhetoric allowed for the redefinition of the disengagement stereotype toward a new stereotype of leisurely nonproduction, which defined senior citizens as no longer disengaged from society, but nonetheless limited in social roles.

With the election of President John F. Kennedy in 1960, old age came to the forefront of national politics. Medical expenses had become one of the most pressing threats for older Americans' pocket books. Due to their status as a high-risk group to insure, most older Americans had not benefited from the private health insurance plans that had come into widespread use after the Second World War. Between 1959 and 1962, for example, 71 percent of the overall population had some form of health insurance, but only half of senior citizens had any. Among older retirees, the numbers were even worse – only 38 percent had insurance. The 22 percent of retired workers who managed to retain some form of insurance from their employers usually could not cover their spouses on the plans.¹¹ For those who had insurance, the limited coverage reflected senior citizens' high-risk health status. A typical insurance plan for older customers only covered 7 percent of a hospital bill and frequently offered nothing for prescription drugs or routine visits to the doctor.¹²

The impact of health expenses on seniors' overall financial security was similarly bleak. A report generated by the Legislative Reference Service of the U.S. Congress indicated a median annual income of \$2,500 for American citizens over sixty-five and \$1,000 for widows over sixty-five. The report showed that, in 1959, 67 percent of families headed by senior citizens had less than \$2,000 in total savings. At an average cost of over thirty dollars per day, hospital expenses would exhaust most older American household's life savings in less than sixty days (a not unusual length of stay for seniors at the time), even without factoring in extra physicians',

¹¹ Sheri I. David, *With Dignity: The Search for Medicare and Medicaid* (Westport, CT: Greenwood Press, 1985), 4.

¹² Theodore R. Marmor, *The Politics of Medicare*, Second ed. (New York: Aldine De Gruyter, 2000), 13-15.

nurses', surgical, and prescription drug fees. To qualify for state or local assistance with medical bills, assuming such aid were even available, families had to pass a means test to prove their impoverishment, making it necessary to first exhaust their resources in savings, other property, and, according to many, their dignity. The advocates of Medicare believed that it would be better to offer assistance to the aged to prevent their spending all of their resources, so that they would not become permanently reliant on charity or the local public dole.¹³

To address these problems, Kennedy proposed a plan of compulsory social insurance for older Americans, a proposal which would eventually become Medicare.¹⁴ He did not articulate the problem as a matter of national finances, but rather as a question of compassion for a disadvantaged group. At a nationally televised rally in Madison Square Garden in 1962, Kennedy addressed 20,000 persons brought together by the National Council of Senior Citizens, an age-based organization affiliated with the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO), for the purpose of gathering public support for Medicare. He expressed the devastating impact of medical expenses that a typical older couple might face:

His basic needs are taken care of. He owns his house. He has twenty-five hundred or three thousand dollars in the bank. And then his wife gets sick - and we're all going to be in a hospital, nine out of ten of us, before we finally pass away, and particularly when we're over sixty-five - now she is sick, not just for a week but for a long time. First goes the twenty-five hundred dollars - that's gone. Next he mortgages his house, even though he may have some difficulty making the payments out of his social security. Then he goes to his children, who themselves are heavily burdened because they're paying for their houses and they are paying for their sicknesses, and they want to educate their children. Then their savings begin to go.¹⁵

¹³ The "public dole" referenced here is assumed to be in excess of standard Social Security payments. Education and Public Welfare Division Library of Congress Legislative Reference Service, *Medical Care for the Aged: A History of Current and Past Proposals and Pro and Con Arguments*, 15 March 1963, pages 17-19, Carl Albert Collection, Legislative Series, Box 72, Folder 59, Carl Albert Congressional Research and Studies Center, Norman, Oklahoma. Hereafter referred to as "CAC".

¹⁴ Marmor, *The Politics of Medicare*, 29-30. Jonathan Oberlander, *The Political Life of Medicare* (Chicago: University of Chicago Press, 2003), 27-29.

¹⁵ On the whole, Kennedy's speech was not well-received, an event which will be discussed at greater length in chapter two. See Richard Harris, "Annals of Legislation: Medicare IV -- A Sacred Trust," *The New Yorker*, 23 July 1966. For a full transcript, see John F. Kennedy, *Address at a New York Rally in Support of the President's Program*

This hypothetical older couple henceforth fell into poverty, as did thousands more actual elderly persons around the nation.

Alongside other citizens, older Americans clearly needed a solution to the problem of medical bills, but the politics of healthcare could never be limited to finances and health issues. The stigma of socialism forced reformers to limit the scope of their health reform efforts to the elderly, which brought the financial and health issues of aging to the forefront of national politics. Democrats most feared a replay of President Harry Truman's failed attempt to enact a National Health Insurance program in the late 1940s. That earlier debate witnessed the American Medical Association (AMA) undertake the largest special interest lobbying campaign in American history to that point.¹⁶

As the main organization representing America's physicians, the AMA was able to win public support for its view that a government insurance program constituted dangerous socialism and would create "socialized medicine," "pill mills," or "assembly line medicine" in which patients could not choose their own doctors and the entire system would become bogged down in bureaucratic waste. The AMA pamphlets widely distributed to doctors' patients drove in the organization's point with lurid headlines: "Compulsory Health Insurance (Politically-Controlled Medicine): A Threat to Health – A Threat to Freedom!: A MESSAGE FROM YOUR DOCTOR: If you value your liberty, if you value the health of your family, turn inside and read this

of Medical Care for the Aged, May 20, 1962, John T. Woolley and Gerhard Peters, *The American Presidency Project*. Santa Barbara, CA: University of California, Gerhard Peters (database), <http://www.presidency.ucsb.edu/ws/?pid=8669>. Accessed 12 August 2011.

¹⁶ Kimberly Green Weathers, "Fitting an Elephant Through a Keyhole: America's Struggle with National Health Insurance in the Twentieth Century" (Doctoral Dissertation, University of Houston, 2004), 126-127. Philip J. Funigiello, *Chronic Politics: Health Care Security from FDR to George W. Bush* (Lawrence, KS: University Press of Kansas, 2005), 80.

documented indictment of socialized medicine."¹⁷ The debate over Truman's plans for National Health Insurance even sparked dubious connotations of socialism and Nazism, as expressed by a member of the Board of Trustees of the AMA: "When Hitler took over in Germany, he considered the sickness insurance plan one of the greatest factors in gaining state totalitarian control of the people."¹⁸ Some doctors' organizations pressed the analogy even further, comparing government health insurance to "insidious mass murder which gets under way as soon as any compulsory health insurance program is instituted, and becomes vulnerable to open mass murder when democracy is destroyed by so-called social security and Government paternalism."¹⁹

Due to careful political maneuvering on the part of Congressional Democrats, the debate over Medicare was far more muted, even though it too elicited opposition from political conservatives and the AMA. Those groups argued¹⁷ that social health insurance, like "socialized medicine," limited individual rights and freedom of choice. Medicare proponent G. Mennen Williams, governor of Michigan, countered, "Freedom to starve for lack of food, or to suffer for lack of medical care, is not freedom."²⁰ As noted by historian Monte M. Poen, the Medicare advocates could elicit more sympathy for "health care for the aged" than Truman had been able to gain for the poor more generally. While "the poor" were often blamed for their own impoverishment, no one could help growing old and eventually leaving the workforce.²¹

¹⁷ The American Medical Association, "Compulsory Health Insurance (Politically-Controlled Medicine): A Threat to Health – A Threat to Freedom!: A MESSAGE FROM YOUR DOCTOR," Harry S. Truman Papers, Official File 286-A, Harry S. Truman Library.

¹⁸ Louis Hopewell Bauer, *Private Enterprise or Government in Medicine* (Springfield, IL: Charles C. Thomas, 1948), 47-48.

¹⁹ Lewis J. Moorman, editor-in-chief of the *Journal of the Oklahoma State Medical Association*, Lewis J. Moorman to Harry S. Truman, July 7, 1947, Harry S. Truman Papers, Official File, 286-A, Truman Library.

²⁰ Democratic Study Group of the U.S. House of Representatives, *Medical Care for the Aged*, 4, Carl Albert Collection, Legislative Series, Box 93, Folder 17, CAC.

²¹ Monte M. Poen, *Harry S. Truman Versus the Medical Lobby: The Genesis of Medicare* (Columbia, MO: University of Missouri Press, 1979), 210-221. See also, Oberlander, *The Political Life of Medicare*, 24.

Therefore, Medicare advocates gained traction in depicting the aged as helpless, feeble, impoverished, and in desperate or deserved need of government assistance. Furthermore, the reformers could fight accusations of radicalism by following in the established footsteps of the Social Security program. Still, the debate over Medicare sparked enough references to socialism to trap the bill in Congressional committees for over seven years. Only the Democrats' landslide victory in the 1964 elections finally placed legislators in a position to pass Medicare in 1965.²²

Despite this outspoken opposition, the basic concept of Medicare always enjoyed strong public approval. When polled with the generic question of whether the government should "do something" to address the health needs of the elderly, 70 percent of the population supported taking action. The more detailed legislative proposals of Kennedy and Lyndon Johnson were less popular, as is common with actual proposals in comparison with generalized policy stances, but they still managed to record 55 percent approval ratings in most polls.²³ Throughout the course of the debate, the demand for action on the issue did not wane. A 1964 Gallup Poll, taken just after Lyndon Johnson's election, showed "medical care to the aged" as the second highest national priority, behind the Vietnam War but ahead of civil rights, "farm problems," and unemployment.²⁴

Medicare resonated with a majority of the American public because it drew on preconceived notions of the elderly as disengaged, sick, and helpless. The advocates of Medicare assumed that "the aged," as policymakers preferred to call them during these years, would not work beyond the age of sixty-five (more or less) and therefore would not be able to afford their medical bills. In other words, the reformers attempted to make seniors' disengagement from the

²² Funigiello, *Chronic Politics*, 96-98; Poen, *Harry S. Truman Versus the Medical Lobby*, 216-217; Marmor, *The Politics of Medicare*, 45.

²³ Marmor, *The Politics of Medicare*, 75-76.

²⁴ George Horace Gallup, *The Gallup Poll: Public Opinion* (Wilmington, DE: Scholarly Resources, 1964), 1908, Survey #1701-K.

workforce, although not from social life, economically feasible. Instead of pursuing a welfare program targeted to the poor elderly, the reformers focused on creating an entitlement program for everyone over the age of sixty-five. Meanwhile, the political debate placed significantly less emphasis on the federal need-based program for people of all ages, Medicaid, which only appeared in the Medicare bill in the House Ways and Means committee during the "eleventh hour" of the debate.²⁵

To draw public support for a general entitlement program, Medicare advocates stressed the helplessness of the aged, as a group, by conflating the problems of some older persons with the problems of all older persons. Proponents of the bill put forth shocking, but accurate statistics, including "67 percent of these [aged] families . . . had savings of \$2,000 or less." They further argued that 60 percent of older persons had annual incomes below \$1,000, and yet 50 percent had medical bills above \$200.²⁶ Meanwhile, Medicare's conservative opponents pointed out that "nearly 4 million out of 16.6 million older persons are still employed." Further, they referenced a 1957 Old-Age and Survivors Insurance study indicating that "over 45 percent had a net worth of \$10,000 or more." The opponents of Medicare also noted that compared to all younger age groups, more older persons had liquid assets available (70 percent of the elderly population), more available tax deductions, and the lowest level of indebtedness of all age groups.²⁷

Each side chose to emphasize different types of evidence, but more importantly their goals relied on opposite assumptions about old age. In the first case, the Medicare proponents emphasized the majority statistics of 87 and 67 percent of senior citizens who presumably

²⁵ Oberlander, *The Political Life of Medicare*, 29-31.

²⁶ Democratic Study Group of the U.S. House of Representatives, *Medical Care for the Aged*, 2, CAC.

²⁷ Library of Congress Legislative Reference Service, *Medical Care for the Aged: A History of Current and Past Proposals and Pro and Con Arguments*, pages 18-22, CAC.

needed at least some assistance; therefore, an entitlement program serving everyone in the age group would be an ideal approach. This most closely reflected the model of activity theory by emphasizing the inability of the elderly to cope with the current social structures, while at the same time acknowledging their desire for a more dignified and active personal life. In the second instance, the opponents of Medicare emphasized that a minority, but still significant, population presumably had enough wealth not to require any assistance. They also questioned whether the aged as a group really suffered financially more than other age groups. This argument could, but did not necessarily, dovetail with warnings about expenses to taxpayers and the threat of socialism. Either way, the opponents could argue that a needs-based welfare program would be more appropriate, rather than characterizing an entire demographic group of sixteen million people as being as impoverished as the poorest members of that group.

It is not the purpose of this project to determine which side was "correct," as each had valid viewpoints and supporting data. A sizeable if undetermined proportion of the older population did indeed need a solution to the problem of rising medical bills, but an entitlement program was not the only available solution. It is clear, however, that the group conflation strategy that won the legislative argument in favor of entitlement had the less than desirable side effect of reinforcing the cultural stereotypes of disengagement. In order to win support for the legislation, the advocates of Medicare made feebleness and financial dependency seem inevitable for nearly all who entered old age. One example appeared in a Daytona Beach, Florida newspaper in 1962 and then was reprinted by *Senior Citizens News*, which was the main publication of the National Council of Senior Citizens. The editorial covered the dual suicide of an older husband and wife, whose bodies were found in their apartment with farewell notes left behind. "Beside the notes," read the editorial, "was a mass of accumulated doctor and hospital

bills, some paid, some unpaid." The notes, which were addressed to their daughter, explained that they could not meet their financial obligations, and, not wanting to burden their grown children, they took the only course of action they deemed possible. Only through the Medicare program, argued the author, could the nation "take care of society's neglect of its nearly 17 million elderly people in their last days on Earth."²⁸ By characterizing such isolated events as the normative experience of thousands of senior citizens, the reformers depicted the elderly as a group that was totally dependent on charity or government assistance to counter the collateral effects of disengagement.

An Emergent Model: Leisurely Retirement

In one critical respect, the Medicare reformers promoted the activity theory above disengagement. If the elderly had little to live for and were merely waiting to die, as at least some disengagement theorists proposed, then there would be little reason to expend national resources treating their illnesses. Instead, Medicare advocates emphasized that older Americans wanted to retain their health, financial independence, and dignity. The alternative model they advocated was to embrace the "golden years" of retirement. As with disengagement, the elderly would (for the most part) no longer be active in the workplace, but retirees could still pursue their own interests, which included hobbies, grandkids, and enjoyment of the daily routine. Further, they would not present a fiscal burden to their families if some of their needs were addressed by Medicare and other public programs.

The expectations for retirement in the 1960s differed greatly from those of earlier generations. In the early 1800s, barely 5 percent of the population had lived beyond the age of

²⁸ National Council of Senior Citizens, *Senior Citizen News*, January, 1963, 8, box 72, folder 40, Carl Albert Collection, Legislative Series, CAC.

sixty, therefore, the word "retire" did not automatically conjure an image of old age. It instead simply meant to leave the public eye.²⁹ By 1880, Webster's *American Dictionary* considered that usage to be archaic. Instead, "retiring" specifically meant leaving the (industrial) workforce because the worker was "no longer qualified for active service." As historian W. Andrew Achenbaum argues, this definition stressed that age itself disqualified employees from working. "Retirement," in the sense of leaving the workforce, had had little meaning in rural communities a century before, when no clear line distinguished between employment and unemployment except perhaps total incapacitation or abject poverty and beggary. The elderly often still struggled compared with younger generations in rural settings, and they did not necessarily hold a revered position in society even in the family, but an older farmer could contribute at least some labor well into old age. By contrast, in an urban factory setting there was little gray area between gainful employment and being considered too old to work for full wages. By 1915 more than 150 companies offered modest pensions, with the intention of justifying the removal of (presumably) inefficient older persons from the workforce, but these pensions were inadequate to provide for the aging population.³⁰ Only about 6.4 percent of Americans lived to the age of sixty by 1900, so the public burden was still modest in scale and failed to gain widespread attention during the Progressive Era.³¹

What most distinguishes retirement in the early 1900s was its brevity and cultural insignificance compared with later years. At the passage of Social Security in 1935, the average time an American male spent in retirement before death was just over two years, or roughly 6 percent of his life. By the end of the century, however, the average older male spent 22 percent

²⁹ Carole Haber, *Beyond Sixty-Five: The Delimma of Old Age in America's Past* (Cambridge: Cambridge University Press, 1983), 8. Achenbaum, *Old Age in the New Land: The American Experience Since 1790*, 50.

³⁰ Achenbaum, *Old Age in the New Land: The American Experience Since 1790*, 49-50.

³¹ Haber, *Beyond Sixty-Five: The Delimma of Old Age in America's Past*, 8.

of his life in retirement.³² Much of this increase was due to growing life expectancy. In 1890 the average age of death was sixty-six for men and seventy-one for women. By 1950, those ages had increased to seventy-seven for men and eighty-one for women.³³ Meanwhile, the average older male was actually more likely to retire at a younger age. In 1880, 78 percent of men over age sixty-five were still employed – by 1960, only 40.8 percent were. By 1990 this number dropped still further to 18.4 percent.³⁴ Some of this increase of retirement can be attributed to pension plans, rising wages, and Social Security benefits, but mandatory retirement policies were also more frequently applied in the mid-twentieth century. By their mid-forties or early-fifties, workers could expect to be labeled "older workers" and faced extreme difficulties in finding new jobs. The result was a net increase in the frequency and length of retirement.³⁵

As late as 1952, a majority of workers still considered retirement something to be feared rather than embraced. Business leaders also considered mandatory retirement a necessary evil, not a progressive American institution. The rise of activity theory enabled a more positive view of retirement as an institution that allowed workers to leave the workforce gracefully, but this view only started to take hold around 1960, when a small majority of active workers had a positive view of retirement and were looking forward to it.³⁶ Still, the concept of retirement as the "golden years," a gratifying low-key phase of life, had not fully materialized for the majority of workers.³⁷ In fact, as late as 1975 some commentators still subscribed to the view that, "Retirement is getting to be almost as typical of American life as hard work used to be. The idea

³² Costa, *The Evolution of Retirement*, 152, 181.

³³ Fischer, *Growing Old in America*, 228.

³⁴ Costa, *The Evolution of Retirement*, 29.

³⁵ *Ibid.*, 17-19.

³⁶ William Graebner, *A History of Retirement: The Meaning and Function of an American Institution, 1885-1978* (New Haven: Yale University Press, 1980), 227-228. W. Andrew Achenbaum, *Shades of Gray: Old Age, American Values, and Federal Policies Since 1920* (Boston: Little, Brown and Company, 1983), 60.

³⁷ Graebner, *A History of Retirement*, 227.

is still so new, and so foreign to the historic Puritan ethic"38 Even those who had a positive image of retirement sometimes resented being pushed toward retirement, and in some cases even considered this pressure an infringement on their individual liberties. Some public figures echoed these sentiments, including Eleanor Roosevelt, who when considering mandatory retirement wrote that she would, "rather die in the atomic war in a few seconds than live in a world that was constantly becoming more Communistic, and making me live in a narrower and narrower area."³⁹

The addition of Medicare in 1965 served to normalize retirement and ensure seniors' deeper financial and rhetorical dependency on public resources. As an entitlement program applying to nearly everyone over the age of sixty-five, Medicare relied on the assumption that most senior citizens were retired, disabled, or otherwise required financial assistance. To an extent, this was already the case. After the implementation of Medicare, however, businesses, and government agencies could add further justification to their mandatory retirement policies because their retirees would be cared for and retirement would make room for younger workers to enter the workforce with fresh ideas and energy. Politicians found the latter reasoning especially palatable (although they did not widely publicize this fact), because they could record older workers as "retired," not "unemployed." Mandatory retirement "lowered" the unemployment rate even as it threatened to increase the problem of senior poverty.⁴⁰

Along with the normalization of retirement during the 1960s and 1970s, more positive images developed that were based first on activity theory and then on the popular acceptance of withdrawal from the workforce as a normal life experience. The debate over Medicare helped

³⁸ Tabitha M. Powledge, "Retirement, One of the Hardest Jobs in America," *The New York Times*, 21 December 1975, 188.

³⁹ Graebner, *A History of Retirement*, 227.

⁴⁰ Achenbaum, *Shades of Gray*, 101-105.

clarify the importance of retirement, especially as liberal reformers emphasized the importance of maintaining the "dignity" of the aged. Perhaps no word appeared more frequently than "dignity" in the justification of Medicare. This largely resulted from the demands of senior citizens themselves, who wrote letters to their legislators, including pleas such as, "The cost of [medical care] is unpredictable, and can only be met, with dignity, by having paid for it before retirement."⁴¹ To many older Americans, the most important element of any reform was that it would not be seen as a form of charity, but rather as a benefit that they had earned through years of contributing to the workplace and to society. Prior to Medicare, a much less popular Federal provision for the health care of senior citizens already existed, the Kerr-Mills program. Adopted in 1960, Kerr-Mills provided need-based care to senior citizens, but required what detractors considered to be a "humiliating" means test to determine who was impoverished enough to be eligible for benefits. Because the program required expensive state-matching of funds, its scope in practice was limited to five states that received 90 percent of the funding.⁴² Many older Americans agreed with the sentiments of Elbert C. Stout, who wrote an open letter to all Congressmen which read,

An early death with dignity is preferable to a pauper's death later, from having to resort to treatment under the provisions of the disgraceful 'Kerr-Mills' Law! So please ask God's forgiveness for stigmatizing this great nation by having adopted a policy of pauperism care for its citizens during their evening of life, and rise to your high official responsibility and erase it"⁴³

The pro-Medicare legislators and bureaucrats who had been charged with administering the Kerr-Mills program generally agreed with Stout, albeit less vociferously. Robert M. Ball,

⁴¹ Elbert C. Stout to Carl Albert, Majority Leader, U.S. House of Representatives, 8 September 1964, Carl Albert Collection, Legislative Series, Box 72, Folder 57, CAC. Emphasis Stout's.

⁴² Marmor, *The Politics of Medicare*, 29.

⁴³ Letter, "Elbert C. Stout to Honorable Legislators," June 9, 1964, box 72, folder 57, Carl Albert Collection, Legislative Series, CAC.

Commissioner of Social Security (Medicare initially fell under the Social Security Administration), focused more narrowly on the health benefits by explaining that Medicare would "allow the selection of care appropriate to the condition of the patient with much less regard than in the past to the question, 'Can he pay for it?'"⁴⁴ In a speech delivered at the Democratic National Convention in 1964, Carl Albert, the House Majority Leader and one of the architects of Medicare's passage in that chamber, stressed the importance of senior citizens maintaining the "high degree of independence [that] is almost as valuable as life itself."⁴⁵ In this instance, Albert suggested that independence and dignity were intricately linked with self-worth, and Medicare could help deliver that "independence" even though the beneficiaries would still technically be reliant on a government program.

By embracing dignity, the Medicare supporters assumed that with proper health and financial arrangements, retirement could be a dignified experience and therefore could also be a meaningful period of life in itself. During the Medicare debate, Dr. Benjamin Spock, the famed American pediatrician, extended the argument of dignity to include a multi-generational analysis of family dynamics. While the AMA opposed Medicare for being a socialist program, Dr. Spock publicly disagreed, arguing that the bill was essential for the well-being of the nuclear family. In his own practice, he had observed his patients' parents forgoing medical treatment and extracurricular activities for their children because they had to pay for their grandparents' medical care. Dr. Spock and many other advocates of Medicare believed that it was unfair, or at least impractical, to ask working families to start careers, raise children, buy homes, and take full

⁴⁴ Robert M. Ball, Speech, "Hospitals and Health Insurance under Social Security," Delivered at the Association of Western Hospitals, Los Angeles, April 28, 1966, box 246, file Government, Department of H.E.W., Social Security Administration, Bureau of Health Insurance, Mills Library, Hendrix Archives & Special Collections, Hendrix College, Conway, Arkansas, (Mills Library).

⁴⁵ "Senior Citizens Forum: Democratic National Convention," Aug. 26, 1964, box 4, folder 117, Carl Albert Collection, Speech Series, CAC.

financial responsibility for the care of their aging parents all at the same time. Easing this burden with public benefits would give the elders of the family a newfound dignity, instead of burdening their grown children.⁴⁶

Also, beginning in the 1960s, shifting popular terminology reinforced the concept of dignity and simultaneously redirected it toward viewing old age as something to look forward to. It became less acceptable, or at least less common, to refer to older persons as "geezers," "old-timers," "oldsters," "codgers," "fogeys," or "hags."⁴⁷ Other negative terms that declined in use included "old bag," "dirty old man," "old goat," and "little old lady."⁴⁸ By contrast, the terms "senior citizens" or simply "seniors," "retired person," or "mature American" came into vogue as various organizations demanded more respect and legislation on behalf of older Americans.⁴⁹

A subset individuals demanding more respectful terminology, most vocally represented by the Gray Panthers organization, countered that "senior citizen" was actually a patronizing term that implicitly segregated older persons while simultaneously stripping them of all the authority suggested by the word "senior."⁵⁰ This opposition to the term senior citizen actually took a cue from Ethel Percy Andrus, founder of AARP, who argued that even well-meaning language could constrain and segregate older persons as a minority group. She complained that the term "senior citizens" was "a disservice to [older persons] and to the youthful sponsors who

⁴⁶ Benjamin Spock, M.D., "Medical Care for the Aged - What Young Families Should Know," *Redbook Magazine* (May 1964): 34-36, box 72, folder 57, Carl Albert Collection, Legislative Series, CAC.

⁴⁷ These words are excerpted from a list of common terminology compiled in 1965, see Richard D. MacNeil and Michael L. Teague, *Aging and Leisure: Vitality in Later Life* (Englewood Cliffs, NJ: Prentice-Hall, 1987), 52.

⁴⁸ Richard H. Davis, *Television and the Aging Audience* (Los Angeles: University of Southern California Press, 1980), 83.

⁴⁹ According to older subjects in a 1975 study, the most popular term was "senior citizens," with 33 percent saying it was their preferred term. An additional 13 percent preferred "mature American," and 12 percent preferred "retired person." Of the more respectful and common terms, the most unpopular were "aged person," "old man," "old woman," "old timer," "golden ager," "elderly person," and "older American," see Louis Harris and Associates, *The Myth and Reality of Aging in America: [A Study] Conducted for the National Council on the Aging, Inc.*, by Louis Harris and Associates, Inc., Second ed. (Washington, D.C.: National Council on the Aging, 1976), 228.

⁵⁰ Edward F. Ansello, "How Older People Are Stereotyped," *Interracial Books for Children Bulletin* 7, no. 6 (1976), in *Sourcebook on Aging* (Chicago: Marquis Academic Media, 1977), 57.

so named them, forgetting that they, too, if fortunate enough to live long, at last might also be so classified – and so segregated and so belittled."⁵¹ Nonetheless, organizations like the National Council of Senior Citizens embraced the term, and mainstream opinion by the 1970s and 1980s had come to accept "senior citizens" as the most respectful, preferred term to describe older individuals.

Whatever the terminology, the senior movement or "gray lobby" (which is the subject of chapters two and three) successfully drew attention to the problems of old age, raised the level of respect for older Americans, and increased awareness that the "golden years" of retirement could indeed bring happiness and a sense of purpose. A small sample of these organizations includes the American Association for Retired Persons (AARP, founded 1955), the National Council of Senior Citizens (NCSC), an offshoot of the AFL-CIO, founded 1961), the National Retired Teachers Association (the direct predecessor of AARP), the locally-based Senior Citizens' Councils and Golden Ring Clubs, the National Council on Aging, the Gerontological Society of America, the National Caucus on the Black Aged, the American Association of Homes for the Aged, the American Nursing Home Association, the National Association of State Units on Aging, the Asociacion Nacional Por Personas Mayores, and the National Association of Retired Federal Employees. In the 1960s, and especially as their numbers and strength grew in the 1970s, these organizations adopted the strategies, language, and goals of the civil rights and women's rights movements and started to campaign against ageism.⁵²

⁵¹ Dorothy Crippen et al., *The Wisdom of Ethel Percy Andrus* (Long Beach, CA: National Retired Teachers Association and American Association of Retired Persons, 1968), 315.

⁵² Achenbaum, *Shades of Gray*, 119. The emergence and significance of these organizations will be discussed in greater detail in chapter two, and their strategies will be discussed in chapter three.

Reorienting Old Age in the 1960s-1970s

The leading images of old age continued to evolve during the course of the 1960s and 1970s. Even though senior citizens still withdrew from the workplace in great numbers, the debate over Medicare and the rise of the senior movement made it obvious that they were not disengaging from social and political life. Nonetheless, as these ideas developed through the 1970s, new but still largely negative descriptions of aging supplanted disengagement and activity theory. In gerontology, the "socio-environmental theory," outlined by J.F. Gubrium, emerged to supplant disengagement theory. Socio-environmental theory stressed that with age, older individuals lost their former social roles (especially work roles), but then, if they aged "successfully," they would replace them with new social roles that could be fulfilled in spite of advanced age. With good health, finances, and the support of younger generations, old age could actually be a time to thrive, but probably still not in the workplace. Closely related to this socio-environmental theory was "continuity theory," described by R.C. Atchley in 1971. Continuity theory similarly argued that older people could choose to adapt their viewpoints and activities to the evolving world and their changing minds and bodies. Failure to do so would constitute a failure to age successfully.⁵³

The continuity and socio-environmental theories described emerging conceptions of old age in the scientific and popular communities. The medical field of geriatrics in particular had begun to revise the negative stereotypes of old age. The American Geriatrics Society (AGS, founded 1942) encouraged the study of the diseases and specific health issues associated with aging and supported the growth of geriatric medicine as a mainstream field of American medicine. In their quest to cure the health problems of aging in the 1940s, geriatricians had contributed greatly to the acceptance of disengagement by treating aging as a disease in its own

⁵³ Chapman, "Theorizing about Aging Well: Constructing a Narrative," 10, 12.

right. Certain diseases, especially senility, seemed inevitable; therefore, the only way to deal with the elderly was to remove them from important social roles and attempt to treat their illnesses.⁵⁴ Starting in the 1950s, though, the medical community came to the conclusion that there were actually no so-called "diseases of aging." Instead, the causes of specific chronic diseases afflicting the elderly at a greater rate were now seen as caused by years of poor living habits or general physical decline which increased the probability of some diseases. This subtle distinction led the AMA's Committee on Aging to declare in 1963 that, barring the onset of serious mental or physical diseases or disorders, which could affect individuals of any age, older persons could live active lives, including gainful employment, into their eighties.⁵⁵

These medical revelations helped social gerontologists modify their own conceptualizations of old age, but the socio-environmental and continuity theories were still constrained by the slow pace of actual changes in the popular image and social status of senior citizens in the 1960s and 1970s. Popular magazines ranging from *Science Digest* to the *Reader's Digest* dutifully reported on the positive medical findings, but the resulting changes in public opinion were hardly transformational.⁵⁶ According to popular views, the elderly were inflexible, unintelligent, senile, unproductive, resided in nursing homes, and were uninterested in sex. Depictions of the elderly on television, for example, tended to show blank facial expressions, a pronounced hunch in stature, gaudy, and unflattering outfits, incoherent speaking patterns, and a comical personality that exhibited stubborn, forgetful, or childlike characteristics.⁵⁷

⁵⁴ Laura Davidow Hirshbein, "'Normal' Old Age, Senility, and the American Geriatrics Society in the 1940's," *Journal of the History of Medicine and Allied Sciences* 55, no. 4 (October 2000): 340-346.

⁵⁵ The Committee on Aging, Council on Medical Service, American Medical Association, "A New Concept of Aging," January, 1963, box 72, folder 59, Carl Albert Collection, Legislative Series, CAC.

⁵⁶ See, for example, "Classified Ads," *The Washington Post, Times Herald*, 26 August 1963; J.H. Pollack, "Your Mind Improves with Age," *Reader's Digest*, January 1959; "You're Really as Old as You Feel, Says Expert," *Science Digest*, October 1959; "False Senility Can Trap Men of Retirement Age," *Science Digest*, June 1962.

⁵⁷ Richard H. Davis and James A. Davis, *TV's Image of the Elderly: A Practical Guide for Change* (Lexington, MA: Lexington Books, 1985), 46, 56.

The main exception to these negative views could be found in daytime soap operas, which accorded older people more respect and often showed them as healthy, sexually active, and adventurous. This rarely resulted in the perpetuation of a positive image, though, as the producers intended these characters to draw attention for their extraordinary behavior, not for being typical persons. In other words, it was understood that the audience would perceive these characters as the comical or remarkable exception to the rule of infirmity in old age.⁵⁸ When discussed on prime time or late night television on shows hosted by figures such as Carol Burnett, Johnny Carson, and Dick Van Dyke, old age most frequently appeared in comedic caricature. Johnny Carson, for example, repeatedly joked about prunes, old age, and constipation, as well as treated sex and innuendos among the elderly merely as subjects of ridicule. Carson also played the recurring character of "Aunt Blabby," who personified many of the negative images of age among older women, especially the traits of confusion, ill health, unflattering dress, and nearness to death. As a response to the inquiry by Ed McMahon, "what do you have going?," Aunt Blabby answered, "at my age I've got everything going," and proceeded to mention her failing eyesight and other infirmities. Aunt Blabby could be witty, but in Carson's depiction, her comments were often the result of confusion rather than cleverness. In addition, Aunt Blabby cracked jokes about such topics as flatulence, claims of personal fraternization with the founding fathers, and comparisons between herself and the nation's economy: both "sagged" and were "hard to get going again."⁵⁹

While not all humor about old age intended outright disrespect, the tendency toward using younger and cross-gender actors to portray the elderly (as in the case of Aunt Blabby)

⁵⁸ Ibid., 49.

⁵⁹ Lydia Bragger, "Ageism in Videoland," in *Sourcebook on Aging* (Chicago: Marquis Academic Media, 1977), 59-60. *The Tonight Show Starring Johnny Carson*, Fred de Cordova (24 October 1973 and 27 August 1976).

laughed at the old rather than with them.⁶⁰ In terms of stereotyping, this trend shared many traits with the minstrel shows of the late nineteenth century, which frequently used white actors in blackface to perpetuate stereotypes about the ignorance, laziness, and clumsiness of African Americans, all while emphasizing the opposite whiteness of the actors and audience.⁶¹ Younger actors sporting tacky wigs, pasty makeup, gaudy clothing, and accessories like canes and walkers similarly perpetuated the stereotypes of old age without actually giving senior citizens the opportunity to portray themselves in a better light on television. While in these cases the topic allegedly informed the audience about old age, the "old" characters depicted by younger actors actually juxtaposed America's glamorous youth culture against a caricature image of aging adults.

Despite the slight revision of the disengagement stereotyping to include a more active and leisurely retirement, many inaccurate images, myths, and stereotypes still permeated the leading images and the social status of senior citizens. These included:

(a) *Isolation and Loneliness*. The undermining of disengagement theory resulted in a general acknowledgement that the elderly did not want to be disengaged, but in some ways this revelation merely enhanced the existing stereotype of the elderly being isolated and lonely. If the elderly no longer happily faded away as described in the disengagement model, but were often forced into retirement against their will, then perhaps they lived in miserable solitude. When polled in the mid-1970s, 60 percent of younger people agreed with the blanket statement, "All older people are lonely." Only 12 percent of the elderly agreed.⁶² The discrepancy can be explained in large part by the social distance that had grown between old and young. Fewer older

⁶⁰ Davis and Davis, *TV's Image of the Elderly*, 56.

⁶¹ On minstrelsy and race stereotyping, see David R. Roediger, *The Wages of Whiteness: Race and the Making of the American Working Class*, Revised ed. (London: Verso, 2007), 116-122.

⁶² Florence E. Vickery, *Old and Growing: Conversations, Letters, Observations, and Reflections on Growing Old* (Springfield, IL: Charles C. Thomas, 1978), 78.

persons lived with their extended families than in the past. By 1980, 75 percent of older men lived in an independent household, either alone or with their partners, compared with just over 45 percent in 1940.⁶³ Instead of living with or near their grown offspring, more older Americans lived in retirement communities, neighborhoods, and nursing homes where they primarily interacted with other senior citizens or a small subset of younger persons working in industries that served the needs of the old.⁶⁴ That social distance made isolation from younger generations something of a reality, but it did not necessarily follow that older persons were especially lonely or socially isolated.

This distancing between generations could be seen most clearly in television, the medium that provided the most "information" about aging to many younger people. The first problem relating to isolation and loneliness was underrepresentation. According to one study, older characters made up only 4.9 percent of the total characters shown on television between 1969 and 1971, despite the fact that they constituted more than 10 percent of the population. This underrepresentation also reveals a subset of the isolation stereotype. On average, an older man appeared once every twenty-two minutes of viewing, whereas an average viewer would have to watch a random sample of programming for four to five hours before encountering a single older female character. By strong implication if not by actual on-screen presentation, older Americans, especially older women, were quarantined in their own households or in a nursing home where they only received the few visitors who took time out of their schedules to visit.⁶⁵

(b) Senility and Inflexibility. Some Americans attempted to justify this isolation of the elderly by subscribing to other stereotypes, such as inflexibility or senility. In some ways, these myths perpetuated disengagement theory. Senility could describe a range of mental illnesses

⁶³ Costa, *The Evolution of Retirement*, 108.

⁶⁴ Chudacoff, *How Old Are You?*, 180-181.

⁶⁵ Davis and Davis, *TV's Image of the Elderly*, 44-45.

most frequently associated with old age and most often used as justification for disengagement. By the 1970s, the medical community, as previously mentioned, had mostly abandoned the concept of inevitable mental illness in old age.⁶⁶ The most feared of these illnesses, Alzheimer's Disease, afflicted one-eighth of senior citizens over sixty-five and more than half of senior citizens over the age of eighty-five. Nonetheless, younger individuals could also have similar diseases, and a majority of all senior citizens enjoyed relatively good health.⁶⁷

The stereotype of inflexibility held that the elderly could not adjust to a changing world and were maladapted for the workplace and for social life. Concerning the workplace, the use of mandatory retirement policies remained common during the 1960s and 1970s, although some reconsideration of its purpose and new legal restrictions on its practice did emerge. For companies that awarded raises based on years of service, older workers received the most compensation and yet, according to managers, seemed to cause the most problems due to ill-health or from an inability to adapt to change.⁶⁸ In particular, the young adults of the 1960s and 1970s held the view that older workers performed their jobs too "mechanically" and that older people were, generally, too unwilling to accept change.⁶⁹

The image of inflexibility did decline during the 1960s and 1970s as activists challenged the legality and logic of mandatory retirement. A few works of literature, for example, sympathized with the victims, even while maintaining some assumptions about inflexibility. *Chairman of the Bored* (1961), by Edward Streeter, followed the life of a business executive who was forced into retirement and could not adjust to the sudden loss of status and power. In a sense,

⁶⁶ Hirshbein, "'Normal' Old Age, Senility, and the American Geriatrics Society in the 1940's."; American Medical Association, "A New Concept of Aging."

⁶⁷ W. Andrew Achenbaum, *Crossing Frontiers: Gerontology Emerges as a Science* (Cambridge, MA: Cambridge University Press, 1995), 265-266.

⁶⁸ Costa, *The Evolution of Retirement*, 24-25. On the elderly as a percentage of the overall population, see Fischer, *Growing Old in America*, 60.

⁶⁹ George Horace Gallup, *The Gallup Poll: Public Opinion* (Wilmington, DE: Scholarly Resources, 1973), 200.

his inability to adapt to changing circumstances actually presented a reason to oppose mandatory retirement.⁷⁰ These images of inflexibility reflected the observations of gerontologists Eugene Friedmann and Robert J. Havighurst, who, in 1954, argued that most retirees were unable to enjoy retirement because they came of age in the pre-1920s work-oriented culture that placed little emphasis on leisure or consumption for personal happiness. If older Americans of the 1960s could not embrace the life of leisure that mandatory retirement promoted, their experience of retirement could indeed be miserable.⁷¹

Most opponents of mandatory retirement, on the other hand, argued that applying a standard age of retirement to all workers unfairly discriminated against those who remained efficient workers (and by implication, flexible) well past the age of sixty-five.⁷² In a direct reference to the Civil Rights Movement, the term "ageism" first emerged in 1969 to describe this concept. With the delineation of ageism, the American workplace gradually moved away from blanket policies based on strict chronological age limits for the old, although federal programs continued to provide an incentive for retirement around age sixty-five.⁷³ This more flexible view of later life possibilities entered mainstream opinion by the mid-1970s, when nearly 70 percent of Americans disagreed with the principle of mandatory retirement. Some older Americans might indeed have been stubborn and unable to adapt to a changing workplace, or potentially in poor health, but a majority of the public gradually realized that this influence of age did not apply to everyone equally.⁷⁴ Contemporary productivity studies did show a general decline of worker efficiency with age, but the decline did not apply to everyone equally, nor did the average

⁷⁰ Edward Streeter, *Chairman of the Bored* (New York: Harper & Row 1961).

⁷¹ Graebner, *A History of Retirement*, 229, 231-236.

⁷² *Ibid.*, 225, 250-255.

⁷³ Chudacoff, *How Old Are You?*, 186-187.

⁷⁴ American Council of Life Insurance, "Attitudes Toward Mandatory Retirement," American Council of Life Insurance, "Work, Leisure and Retirement," *DataTrack*, no. 3 (Fall 1976), in *Sourcebook on Aging* (Chicago Marquis Academic Media, 1977).

downward trend become acute at any one particular age. Mandatory retirement and the assumptions of inflexibility that justified it consequently underwent public reconsideration. Some policy changes resulted, such as the increase of the minimum age of compulsory retirement to seventy, nation-wide, with the 1978 Age Discrimination Act, but the practice itself remained intact, as did the concept of inflexibility on the part of older Americans.⁷⁵

(c) *Physical Decline and Asexuality*. While the popular images of inflexibility, loneliness, and senility best qualify as stereotypes, physical decline is a biological reality of old age. There was still room for exaggeration and other mythmaking, though, as with the popular notions that older people were all disabled or uninterested in sex. In fact, Masters and Johnson reported in 1970 that more than 60 percent of older married couples were sexually active, at an average frequency of nearly one act per week, through their late seventies. Nonetheless, the sense that sexual activity among the aged was immoral, unlikely to work, or generally "icky" persisted, and the elderly themselves frequently internalized these stereotypes. Senior citizens were less likely than younger generations to talk to their doctor about sexual issues, were more likely to believe in traditional religious values about the immorality of sexuality for purposes other than reproduction, and more likely to permanently abstain from sex due to the death of a marital partner. Generally speaking, old age and sexuality were not publicly-discussed topics, except in the form of degrading humor. One of the few common exceptions to this silence was the equally harmful concept of the "dirty old man." This stereotype continued to circulate widely even though the vast majority of sex offenders arrested were in their twenties or thirties.⁷⁶

For at least some Americans, the stereotype of physical decline subsided considerably during the 1960s and 1970s as a result of the new trends in retirement. Popular magazines

⁷⁵ Costa, *The Evolution of Retirement*, 12-13, 24-25. The decline of mandatory retirement policies will be discussed in further detail in chapter three.

⁷⁶ Pat Brown, *The Other Side of Growing Older* (London: Macmillan Press, 1982), 31-33.

targeted toward an older audience, including *Retirement Living*, *Trailer Life*, *Harvest Years*, *Modern Maturity*, *Seniority*, and *50 Plus*, helped popularize the concept of retirement as a leisurely time of life in which senior citizens could pursue travel, quality time spent with grandchildren, and activities like golfing or tennis.⁷⁷ The common factor making such a retirement possible was good health, which Medicare helped ensure. This general improvement in health actually played out in practice, as older Americans of the 1970s exhibited far lower rates of chronic illness than in previous decades.⁷⁸ The image of leisurely retirement certainly conflicted with the images of lonely, ill, or socially inflexible older Americans on television, but this discrepancy in the media portrayals can be explained largely by the fact that these magazines targeted senior citizens themselves, whereas the television producers of the 1970s still coveted the youth audience as easily-persuaded consumers with money to spend.⁷⁹ The actual targets of these two mediums held a fairly consistent view of retirement across all age groups. When polled, attitudes were evenly split between those who looked forward to retirement and those who did not. While the image of a leisurely retirement spent in good health certainly became popularized, a solid majority of Americans had not yet fully embraced it.⁸⁰

Physical health, age, and retirement also played out differently for men than for women. In 1975, fully 75 percent of older men who were not participating in the workforce did so because of "retirement" and "old age." Some 81 percent of women, on the other hand, cited "home responsibilities" as the reason they did not seek employment. For a majority of women, therefore, the new retirement trends meant having their husbands at home more often, not a major shift in their own work patterns. Among men, 16 percent cited "ill health" or "disability"

⁷⁷ T.J. Murray, "The Money in Old Folks," *Dun's Review*, March 1970; Davis and Davis, *TV's Image of the Elderly*, 69.

⁷⁸ Costa, *The Evolution of Retirement*, 81-83.

⁷⁹ Davis and Davis, *TV's Image of the Elderly*, 69-70.

⁸⁰ Insurance, "Attitudes Toward Retirement," 50.

as the reason they left the workforce, compared to 8 percent of women.⁸¹ For these people, the physical decline associated with old age was all too real and a determining factor of their lifestyle. Nonetheless, a majority of older Americans could expect multiple years of active lifestyles in reasonably good physical health, and the popular images of old age were beginning to acknowledge that fact.

(d) *Poverty and Dependency.* Another pair of images that underwent changes in the 1960s and 1970s were of poverty and dependency. Actual rates of poverty among the elderly declined significantly in these years, and the image of poverty softened as well. Between 1959 and 1970, poverty rates for older Americans declined from 35.2 percent to 24.6 percent. By the late 1970s, the senior poverty rate had dropped to roughly 14 percent.⁸² The latter poverty rate still slightly exceeded the overall population's rate, but this hardly justified an image of all older persons living in abject poverty. Rather, some subsets of the elderly lived in poverty while the majority had incomes that could be considered adequate by the 1970s.

At the same time, the institution of the almshouse largely disappeared from the American landscape as the original Social Security legislation, and then Medicare and Medicaid, provided funding for "rest homes" (nursing homes) but not for "almshouses." At least in image, the former institution emphasized care based on health needs rather than on financial needs, even though the purposes of the two institutions overlapped in practice. Consequently, few people witnessed their elders enter the dreaded almshouses of earlier decades. Even as the image of poverty declined, a concept of dependency in old age remained intact. The nursing home presented a more

⁸¹ Alex Comfort, "Good-bye to Ageism," *Modern Maturity*, February-March 1977, 386.

⁸² Achenbaum, *Shades of Gray*, 120.

respectful, medically-oriented, but costly living environment, showing that older Americans had more financial resources, whether their own or from public sources.⁸³

For the vast majority of older Americans who were not institutionalized at any given time, the concept of dependency still thrived, albeit in a subtler form. Starting as early as the mid-1960s, businesses and advertisers observed and sought to profit from the declining senior poverty rates. They hoped to turn senior citizens into a lucrative market segment, and by seeking out leisurely retirement and spending more money on travel and entertainment, older Americans began to fill this role.⁸⁴ Thanks to Social Security and Medicare, however, predominant opinions about aging still considered senior citizens dependent on public support for their financial wellbeing. With rapid inflation in the 1970s, the image of senior citizens living on a fixed income elicited significant sympathy. A Gallup Poll conducted in 1977 asked respondents to label which group was "being unfairly treated" by the Carter administration. The most frequent response was "senior citizens," followed closely by small businessmen, the unemployed, and "people like yourself."⁸⁵ When the Reagan administration curtailed the growth of federal spending on Medicare in the 1980s, the same Gallup question elicited an even stronger response on behalf of senior citizens. Some 45 percent responded that senior citizens were being treated unfairly by the Reagan administration, compared to 18 percent who said so of the previous Carter administration.⁸⁶ The direct attack on the federal benefits allocated to senior citizens elicited great sympathy for senior citizens, emphasizing their assumed and actual dependency on federal programs.

⁸³ Fischer, *Growing Old in America*, 150; Carole Haber and Brian Gratton, *Old Age and the Search for Security: An American Social History* (Bloomington: Indiana University Press, 1994), 141.

⁸⁴ See, for example, Leon Morse, "Old Folks: An Overlooked Market?," *Dun's Review*, April 1964, 45-46, 86-88; Douglas W. Cray, "Affluence Makes Aged a Business Target," *The New York Times*, 11 January 1970, 482; Lizabeth Cohen, *A Consumer's Republic: The Politics of Mass Consumption in Postwar America* (New York: Alfred A. Knopf, 2003), 308, 350.

⁸⁵ George Horace Gallup, *The Gallup Poll: Public Opinion* (Wilmington, DE: Scholarly Resources, 1978), 205.

⁸⁶ George Horace Gallup, *The Gallup Poll: Public Opinion* (Wilmington, DE: Scholarly Resources, 1981), 179.

While this assumption of dependency still largely characterized old age, the rate and image of poverty also declined. The remnants of disengagement theory played an important role in this process, as some observers suggested that the elderly could be happy with far lower income levels than the population in general. By this logic, the elderly benefited from federal programs, tax breaks, discounts on many private services, and likely did not need as much income to maintain their lifestyles. More than 70 percent of senior citizens owned their own homes, and they were less likely to have young children for whom to care.⁸⁷ Due to Medicare, saving as much as possible for potential health costs was less imperative. Signs of a continuing disengagement stereotype included the continuing assumption that the elderly were satisfied without entertainment or significant social roles.⁸⁸ For those observers who embraced the image of a leisurely retirement, then, poverty and dependency seemed confined to racial minorities and single or widowed women. On the other hand, those who still adhered to a form of disengagement theory or the concept of isolation shared the sentiments of a 1972 poem that expressed the "joys" of old age by stating, "You're out of the running, and accept the fact with grace."⁸⁹ In this extant stereotype, money, possessions, and self-sufficiency no longer mattered.

(e) *The Young-Old and the Old-Old*. The existence of both positive and negative stereotypes surrounding old age does not just reveal that different people held clashing views. In fact, a theory of aging had emerged to describe the tendency for one person to hold two seemingly contradictory views simultaneously. The images of the "dirty old man" and the asexual old man coexisted in American society. Likewise, an older woman might enjoy travel or be the "senile old lady" who sat at home and complained about the "kids these days." In

⁸⁷ Martha Farnsworth Riche, "Retirement's Lifestyle Pioneers," *American Demographics* 8, no. 1 (January 1986): 42-49.

⁸⁸ Brown, *The Other Side of Growing Older*, 34.

⁸⁹ Helen Lawrence Brown, "The Very Special Joys of Elderly Ladies," in *Growing Older: Things You Need to Know about Aging*, ed. Margaret Hellie Huyck (Englewood Cliffs, NJ: Spectrum Books, 1974).

scholarly circles and in some instances of popular culture, the concept that largely reconciled these tensions by the end of the 1970s was that of the "young-old" and the "old-old." These terms emerged as a practical theory for gerontologists to differentiate the healthy and disabled elderly, but they also occasionally appeared in popular media to describe the dichotomy of old age in American society.⁹⁰

The young-old and old-old paradigm could be quite flexible in terms of chronology. The young-old referred to people between the ages of fifty-five and seventy-five, roughly, who were old enough to have gray hair and were either nearing or living in retirement. This group absorbed most of the positive images of old age and successfully deflected most of the negative images. The young-old were active, in relatively good health, and perhaps most interested in the possibility of hiding their advancing age through alterations in appearance and behavior. The old-old, on the other hand, roughly described people above the age of seventy-five, although they could be younger and still fit the description. Among the old-old, aging was instantly recognizable and impossible to hide. The old-old could be disabled, require expensive and difficult care, have dementia, or be stubborn and inflexible. If an eighty-year-old could still live up to the behavioral and appearance expectations of the young-old category, or the social standards of youth, then he or she fit within that schema. If a sixty-year-old suffered from mental or physical disability, he or she could be viewed through the lens of the old-old category. This distinction between the old-old and the young-old made it possible to discard many of the former

⁹⁰ The coining of the phrase is most often credited to University of Chicago behavioral scientist Bernice L. Neugarten, see Anahad O'Conner, "Dr. Bernice L. Neugarten," *The New York Times*, 30 July 2001; Bernice L. Neugarten, "Age Groups in American Society and the Rise of the Young Old," *Annals of the American Academy of Political and Social Science* 415 (September 1974).

stereotypes of aging for particular individuals, while simultaneously maintaining those views about some subsets of the aging population.⁹¹

Most people did not use these actual terms or apply these stereotypes so precisely, but the young-old/old-old model best described state of age stereotyping, as well as the social status of senior citizens by the 1980s. This distinction helped make it possible for the seventy-year-old Ronald Reagan to win election to the presidency and go on to serve until the age of seventy-eight. Due to his youthful demeanor, sense of humor, and hair that defied turning gray, Reagan fit squarely within the young-old image, and he actually managed to appear more "youthful" in many respects than his younger rivals.⁹²

Conclusion

Although the leading images and myths of old age were still often negative by 1980, they did challenge the previous, inaccurate theory of disengagement and the longtime assumptions that the elderly were senile, impoverished, asexual, or hopelessly inflexible. By 1980, the reoriented image of old age, at least as it applied to the young-old, was becoming one of leisure and social activity, not disengagement. Still, this new image presented a double-edged sword. Senior citizens were freed from the expectations of work, but they could not also attain the social status that accompanied gainful employment. Older Americans actively participated in defining the loss of employment negatively, as many of them still emphasized the value of work to an even greater extent than younger generations. The embracing of retirement and the public

⁹¹ Bernice L. Neugarten and Robert J. Havighurst, "Aging and the Future," "Social Policy, Social Ethics, and the Aging Society," Report Prepared for the National Science Foundation, 1976, in *Sourcebook on Aging* (Chicago: Marquis Academic Media, 1977).

⁹² Chudacoff, *How Old Are You?* , 17-19.

programs that made it possible for millions of middle-class Americans, as we shall see, was a drawn-out, contentious process.

The leading images of old age left some room for leisurely retirement, but aging continued to be viewed as a pitiable experience and the word "old" as a negative descriptor. Some elements of public approval for government programs were in place, including a burgeoning view of retirement as a positive experience. But senior citizens also faced stereotyping and the need to assert a claim to being political, economic, and socially autonomous individuals. The young-old/old-old paradigm granted appreciation to seniors who acted youthful, but it disregarded anyone who exhibited traits widely associated with old age. The negative stereotypes of old age never subsided completely, but through the 1970s and 1980s, older Americans did involve themselves more deeply in the areas of political lobbying, consumerism, and social life (all subjects of subsequent chapters), and in so doing they attained a deep base of public approval for their status as citizens deserving of special status and public benefits.

Chapter Two – Benefits Won: The Senior Movement and the Coalescence of Entitlement Policy and Ideology

In 1975 the estimated proportion of older persons living below the poverty line was at most 15 percent – a mere fraction of the Congressional Budget Office's estimate of 58 percent who would have lived beneath the poverty line had it not been for direct government assistance from Social Security, Medicare, Medicaid, food stamps, housing subsidies, and Social Security Income (SSI) disability benefits. By 1979 spending on the elderly through Medicare, Medicaid, and Social Security alone amounted to \$148 billion, or approximately 29.6 percent of the federal budget.¹ This chapter examines the origins of the public approval and policies of senior entitlement, as well as the origins and activities of the age-based organizations that encouraged public support.²

The earliest contemplations of age-targeted public programs in the United States can be traced at least as far back as 1900, yet a full-fledged movement for such programs really only gained traction with the coalescence of the major elements discussed in chapter one (improved health in old age, longer life spans, deeper engagement with society, leisurely retirement as a possible and desirable outcome, and the potential of financial stability). The concept of senior citizens as deserving beneficiaries of public programs took root at the federal level in these decades as a wave of demands for entitlement programs and legal protections against "ageism" swept through the older population.³ These advocates' efforts were not in vain. "Senior power"

¹ Robert B. Hudson, "Emerging Pressures on Public Policies for the Aging," in *Growing Old in America*, ed. Beth B. Hess (New Brunswick: Transaction Books, 1980), 481-482. Although Medicaid was intended for the indigent of all ages, senior citizens accounted for 30 percent of Medicaid outlays by 1992, even though they only made up 10 percent of Medicaid's recipients, see Jonathan Oberlander, *The Political Life of Medicare* (Chicago: University of Chicago Press, 2003), 51.

² An appendix at the end of this project provides a timeline of major events relating to senior entitlement.

³ On the expansion and influence of this senior movement in this time, see Henry J. Pratt, *The Gray Lobby* (Chicago: University of Chicago Press, 1976), 7, 86-103; Lawrence A. Powell, Kenneth J. Branco, and John B. Williamson, *The Senior Rights Movement: Framing the Policy Debate in America* (New York: Twayne, 1996); William W.

became a widely-recognized phrase that denoted the growing size of the older population, an emergent identity as a distinct social or political group, and an apparent tendency to vote more regularly than younger generations.⁴ Many of these assumptions about senior political power were premature, factually flawed, or masked significant divisions within the senior rights movement, yet an explosion of public programs and new legal protections occurred in the 1960s and 1970s.

While these benefits did not inaugurate a utopian world (as noted by gerontologist Robert H. Binstock, who argued that nearly a quarter of the aged were still "deprived and disadvantaged" in 1980) they did help to disassociate old age from the images of disenfranchisement and poverty that had reigned in previous decades.⁵ The widespread acknowledgement that the vast majority of older persons lived above the government's official poverty line by 1980 made it possible for political scientist Robert B. Hudson to note with confidence, "Chronological age can no longer directly be associated with poverty."⁶ Later in the decade, Harris polling data supported the conclusion that 90 percent of senior citizens were "satisfied" with their lives, including the economic aspects.⁷ Clearly the senior movement—or at least many of the ideas it promoted—had triumphed in its mission to win wider acknowledgement of and effective assistance for the elderly. The concept of entitlement that

Lammers, *Public Policy and the Aging* (Washington, D.C.: CQ Press, 1983); John B. Williamson, Linda Evans, and Lawrence A. Powell, *The Politics of Aging: Power and Policy* (Springfield, IL: Thomas, 1982); Steven P. Wallace and John B. Williamson, *The Senior Movement: References and Resources* (New York: G.K. Hall & Co., 1992); Christine L. Day, *What Older Americans Think: Interest Groups and Aging Policy* (Princeton: Princeton University Press, 1990), 10-13.

⁴ For a contemporary discussion of this "senior power," see Wayne King, "Efforts Pressed to Ease High Costs for the Retired," *The New York Times*, 11 January 1970, 58.

⁵ Pratt, *The Gray Lobby*, 2.

⁶ Hudson, "Emerging Pressures on Public Policies for the Aging," 482.

⁷ Leslie Lenkowsky, "Why Growing Old is Getting Better," *Public Opinion* (May/June 1987): 46-47. See also: Day, *What Older Americans Think*, 86.

emerged came to define government-provided benefits as special rights bestowed upon the entire demographic group – not merely as optional or charitable assistance for individuals in need.

Introduction to the Senior Movement

While many scholars have accurately noted that individual age-based organizations made limited contributions to the creation of senior entitlement policies prior to the 1970s, the senior movement did help lay a groundwork for the general view that older Americans merited greater respect and public benefits on account of their advanced age.⁸ The senior movement lacked a uniform political vision or goals prior to the 1970s, but it did make important, if indirect, contributions to the development of new legislation in its early years. The ideology of senior entitlement was based on the fundamental acknowledgement that the unique issues faced by older citizens were a public problem and responsibility – a view that developed only in a limited way between the public debates around 1900 and the adoption of Social Security in 1935.⁹ Aging advocates in this era relied on an assumption that old age was a broad societal problem rather than merely a personal or family issue. Progressive leaders were among the first to express concern that the United States, when compared to other industrialized nations, had not recognized this public responsibility, developed age-based advocacy organizations, or adopted legislation specifically addressing age-related issues. Germany, Austria, Britain, France, Romania, and Sweden had adopted national old age pension systems in 1889, 1906, 1908, 1910,

⁸ The lobbying weaknesses of senior organizations is described in: Howard, *The Welfare State Nobody Knows*, 125-149; Oberlander, *The Political Life of Medicare*, 145; Williamson, Evans, and Powell, *The Politics of Aging*, 103-104.

⁹ Historians disagree about the "original" recognition of old age as a public problem. David Hackett Fischer, for example, notes that public programs dealing with old age have existed, periodically and in one form or another, in Western history since at least the fifth century A.D. Notwithstanding the American antecedents to modern programs (especially the institution of the almshouse), Fischer and other historians do generally agree that a greater sense of social responsibility for the elderly emerged sometime during the Progressive Era. See David Hackett Fischer, *Growing Old in America* (New York: Oxford University Press, 1977), 157-158; W. Andrew Achenbaum, *Old Age in the New Land: The American Experience Since 1790* (Baltimore: Johns Hopkins University Press, 1978), 109-110.

1912, and 1913, respectively. By contrast, Theodore Roosevelt found himself at the vanguard of the American pension movement in 1908, when called attention to the "outrage" of America's lack of public pensions. Even Turkey, a nation inhabited by a race and culture that Roosevelt considered inferior, had pursued these modern, progressive policies.¹⁰ The United States did not actually lag as far behind the other nations in welfare policy as Roosevelt argued. In 1893, for instance, the federal government spent 41.5 percent of its revenues on pensions for Union Civil War veterans and their widows or orphans. By the early twentieth century, nearly one-third of all men over age sixty-five received some benefits from these provisions.¹¹ As a percentage of the federal budget, these outlays for pensions were even comparable to what the twenty-first century government spends on Medicare, Medicaid, and Social Security combined.

Roosevelt more accurately argued that not all of the elderly shared in these benefits, and his warnings did help facilitate a progressive-style movement for pensions and improved old age homes. The coming of World War I and the Bolshevik Revolution, though, made it expedient for the opponents of public pensions to associate these reform efforts with a German or socialist model, which undermined support for virtually any proposal for compulsory public pensions.¹² The American ideals of "rugged individualism" and Social Darwinism further undermined the logic of public assistance for the aged who were perceived as not fit to thrive in a laissez-faire society.¹³ Compared with the British and Canadian political environments, American reformers also found it more difficult to draw on the socialist and labor movements. The American socialist movement faced such fundamental resistance that it could hardly devote its efforts to the needs

¹⁰ Roosevelt viewed the Ottoman Turks as a "race," see Fischer, *Growing Old in America*, 160-161.

¹¹ Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy* (Cambridge, MA: The Belknap Press of Harvard University Press, 1992), 65, 129.

¹² Henry J. Pratt, *Gray Agendas: Interest Groups and Public Pensions in Canada, Britain, and the United States* (Ann Arbor: University of Michigan Press, 1993), 42.

¹³ Powell, Branco, and Williamson, *The Senior Rights Movement*, 33-35.

of the elderly. Likewise, the labor movement's support for public pensions was tenuous at best, mainly due to the opposition of Samuel Gompers and the American Federation of Labor, which resisted government programs that could fall victim to political whims or the rulings of the Supreme Court.¹⁴

Meanwhile, private pensions or savings remained inadequate until well into the mid-twentieth century. By 1930 only 720 such plans existed in the entire nation, covering just 2.4 million workers, many of whom were not yet retired. Some plans did not include full benefits for spouses after the death of the breadwinners, who were usually male and had shorter life spans than their wives. Without public or private pensions and in a hiring market that broadly discriminated against older workers, the only other means of support that the elderly could turn to included personal savings, charity, and support from younger family members. For as many as one-quarter of the elderly population, even these fallback options were not enough to keep them out of an almshouse.¹⁵

Considering the scale of issues facing older citizens, American policymakers and scholars did increasingly recognize some level of public responsibility for the elderly after 1908, which set the stage for a more defined senior movement to emerge during the Great Depression.¹⁶ Some of the first public commissions on aging, the earliest pension systems for private, state, and federal employees, and the specialized field of geriatric medicine emerged between 1909 and 1915.¹⁷ Some organizations, particularly the Fraternal Order of the Eagles and the American Association for Labor Legislation, continued to advocate for public pensions in the 1920s, but

¹⁴ The AFL maintained this stance until 1932, see Pratt, *Gray Agendas*, 44-45. On Victor Berger, Eugene B. Debs and the Socialist Party, see *ibid.*, 47-48.

¹⁵ Fischer, *Growing Old in America*, 161, 166-167.

¹⁶ A "defined" senior movement refers here to reform or lobbying organizations formed specifically to address the problems of old age, as opposed to labor unions, for example, that took up pensions as just one of many advocacy issues; see Powell, Branco, and Williamson, *The Senior Rights Movement*, 41-44.

¹⁷ Fischer, *Growing Old in America*, 157-158.

when measured by public recognition and policy achievements, these institutions did not accomplish much in the early years.¹⁸

The financial devastation of the 1930s finally sparked several movements for pensions or other assistance to the elderly, the most prominent of which were the EPIC plan (a part of muckraking journalist Upton Sinclair's failed 1933-1934 campaign for the governorship of California); the Ham and Eggs Group (a California pension movement with ties to Hollywood and to Upton Sinclair); the Townsend Movement (loosely Keynesian in principle, the "Townsend Plan" would have given all Americans over age sixty-five a remarkably generous pension of \$200 per month, but only under the condition that they spend each payment in its entirety to stimulate the economy); and finally, the American Association for Social Security (the organization most often credited with framing the 1930s old-age policy debate and whose founder, Abraham Epstein, coined the term "social security" for both the organization and the federal program).¹⁹ As with the pension movement of the 1910s, though, these plans were vulnerable to charges of socialism or communism. The detractors of Sinclair's EPIC plan, which was an acronym for "Ending Poverty In California," derisively called it, "End Property, Introduce Communism."²⁰

The first major age-based lobbying organizations had finally emerged, but these were short-lived and lacked sufficient influence to win legislation that even remotely resembled their demands. Seeking to avoid charges of redistribution of wealth, or communism, the Roosevelt administration formed committees that formulated policy based more on conservative advice than on proposals from any of the new lobbies. While the lobbies successfully pressured for Social Security legislation, they had little input on that legislation. In the early years of the

¹⁸ Powell, Branco, and Williamson, *The Senior Rights Movement*, 41-44.

¹⁹ *Ibid.*, 46-58.

²⁰ Fischer, *Growing Old in America*, 178.

program, the funding apparatus was so politically conservative that it actually had the effect of taxing regressively, so that wealth was redistributed slightly upward. Politicians reversed this situation in the following decades by expanding the program eleven times between 1950 and 1972.²¹

Social Security, which today is the largest domestic program in the United States, was not really an entitlement program in the modern sense of the term until after a series of expansions that began in the 1950s. In order to allow the trust fund to grow, the program issued no monthly benefits between 1937 and 1942. People who reached sixty-five in this time, worked in a job that paid the new Social Security taxes, and retired from that job were eligible for a single lump-sum payment, calculated on the basis of what they had paid into the trust fund. The first lump-sum payment issued in 1937 was just seventeen cents. The average lump-sum payment eventually reached \$58.06 by 1942 – still hardly enough to fund a short retirement.²² With such small benefits and the effects of the Great Depression, the official rates of poverty among the aged continued to rise from 40 percent in 1930 to a full 66 percent in 1940.²³ Even after monthly payments finally commenced in 1942, pension levels remained fixed, regardless of inflation, until Congress periodically approved their increases. Social Security beneficiaries had to endure long periods of time with fixed incomes before politically heated debates finally produced raises. From 1941 to 1951, the Consumer Price Index, as calculated by the Bureau of Labor Statistics, indicated that the cost of living had increased 77 percent, yet Social Security's average payments

²¹ Ibid., 183-184.

²² Theodore H. Koff and Richard W. Park, *Aging Public Policy: Bonding the Generations*, ed. Jon Hendricks, Second ed., Society and Aging Series (Amityville, NY: Baywood Publishing, 1999), 167.

²³ Roger Sanjek, *Gray Panthers* (Philadelphia: University of Pennsylvania Press, 2009), 1.

remained fixed at just \$26 a month from 1942 until Congress finally increased them to \$46.15 in 1950.²⁴

The original age-based lobbying organizations and movements fared as poorly as the recipients of the fledgling Social Security program. All were gone by the mid-1940s, with nothing to take their place. By far the most prominent had been the Townsend movement, which by 1936 had 600,000 dues-paying members, who were mostly elderly Californians who had recently migrated from the east and were likely to lack family resources. The movement eventually gained a following of nearly 3.5 million people spread across the American West, as measured by those willing to sign petitions or otherwise support the cause.²⁵ Despite this base of support, though, the Townsend Plan only attracted a polled approval rating of 3.8 percent as well as the condemnation of President Roosevelt himself.²⁶ This was enough support to prompt a House bill, but not enough to merit serious consideration from either Franklin Roosevelt or a conservative Congress that enacted Social Security instead.²⁷ By 1940, even the Townsend Movement had vanished due to internal scandals and Social Security's placation of the movement's supporters.²⁸

It was not until the late 1950s that national organizations would finally revive the senior movement and greatly expand the range of advocacy issues beyond public pensions. Originally intended as social groups or fraternal-style organizations, hundreds of locally-based "senior clubs" began to emerge in the late 1940s and subsequently voiced complaints about the longstanding inadequacies of public pensions, the continuing legality of mandatory retirement policies, the rising costs of health care for which they had no recompense, and a general cultural

²⁴ Pratt, *The Gray Lobby*, 33.

²⁵ Pratt, *Gray Agendas*, 60-61; Fischer, *Growing Old in America*, 181-182.

²⁶ Pratt, *The Gray Lobby*, 98.

²⁷ Powell, Branco, and Williamson, *The Senior Rights Movement*, 57-58.

²⁸ Pratt, *Gray Agendas*, 60-61.

disregard of the elderly. Inspired in large part by this throng of social clubs, some ambitious senior citizens and their younger allies began to found larger organizations that sought to improve conditions and in some cases play a more activist political role.²⁹

In this context, Dr. Ethel Percy Andrus, a retired educator and the first female high school principal in California, founded the National Retired Teachers Association (NRTA) in 1947. Under her guidance in 1958, the NRTA founded (and later merged with) the American Association of Retired Persons (AARP). Another group, the National Council on the Aging (NCOA), was a professional organization that channeled grants and philanthropic donations. The NCOA emerged in 1960, but it was the descendent of a defunct organization that had been founded in 1950. Another prominent organization, the National Council of Senior Citizens (NCSC), came into being in 1961 and had direct ties to the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO). The NCSC was the only of these three leading senior organizations that considered political lobbying to be its main purpose, even though AARP and the NCOA also had a presence in Washington, D.C.³⁰

Several other organizations took direct inspiration from the civil rights movement by labeling the aged as a "minority" group and even copying the names of civil rights organizations. One such organization, the National Association for the Advancement of Older People, was short-lived and accomplished nothing of note, but the Gray Panthers, founded in 1970 by the sixty-five-year-old liberal activist Maggie Kuhn, found a resonance with the media that far exceeded the modest scale of its membership.³¹ Taken as a whole, then, these developments

²⁹ Powell, Branco, and Williamson, *The Senior Rights Movement*, 110-111.

³⁰ Pratt, *Gray Agendas*, 84-85; Powell, Branco, and Williamson, *The Senior Rights Movement*, 110-111; Pratt, *The Gray Lobby*, 91.

³¹ On the National Association for the Advancement of Older People, see Pratt, *Gray Agendas*, 85. On the Gray Panthers, see Powell, Branco, and Williamson, *The Senior Rights Movement*, 139; Williamson, Evans, and Powell, *The Politics of Aging*, 103-104.

characterized a multi-decade explosion of senior citizens organizations that advocated on behalf of or otherwise served the financial or social needs of their elderly members. By the end of the 1980s the number of national age-based organizations had swelled to more than 1,000, with an additional 5,000 local chapters that were offshoots of the larger organizations.³²

Relative Strengths and Weaknesses of the Senior Movement

The sheer number of senior organizations and the growing size of the elderly population (some twenty million individuals, or about 10 percent of the overall population by the 1960s) indicated a strong potential for senior political activism and for entitlement policies, but the mere existence of these organizations by no means guaranteed the solidarity of their movement or success in the accomplishment of their goals. The senior movement faced challenges that few contemporary observers recognized. In the 1970s, for example, the membership of senior clubs often experienced a 25 percent annual turnover rate largely due to their high rates of death, illness, and disability.³³

Politicians and the public alike (mistakenly) believed that senior citizens voted in greater numbers than the rest of the population or that they voted as a solid bloc or coalition. These views indicated that the movement had established an image of organized power, when in reality the elderly were anything but unified.³⁴ A smaller percentage of older persons compared to middle-aged generations voted in the 1976 presidential election. Likewise, fewer senior citizens claimed to have participated in other forms of political involvement, such as attempting to

³² Koff and Park, *Aging Public Policy*, 142.

³³ Pratt, *The Gray Lobby*, 41.

³⁴ For an example of this misattribution of credit, see Steven V. Roberts, "'Gray Power' Getting Results in Congress," *The New York Times*, 24 October 1977, 19. The image of older Americans voting in significantly greater numbers did become a reality by the 1990s, see Koff and Park, *Aging Public Policy*, 151.

influence others' votes, writing to public officials, and attending political meetings.³⁵ These trends of low or average voting rates and political involvement held fairly steady between the 1950s and 1970s when the major entitlement programs were created or experienced some of their largest expansions.³⁶ In 1966 the authors of one study cautioned, "It is nowhere evident that [older Americans] are functioning as a unified group with indigenous leadership, focused political power, and shared long-range aspirations." Their inability to organize as a minority group, as youths and African Americans had recently done, inhibited seniors' progress in visibility and political benefits. Obstacles to political organization included a lack of attention paid to the issues of aging until potential activists were themselves old, the tendency for activists' social networks to pass away or become disabled and disenfranchised, and some reluctance to depend on the government or large organizations for help.³⁷

Only in 1986, well after the major senior entitlement programs were already in place, did senior citizens begin to vote with consistently greater frequency than younger generations.³⁸ As far as senior solidarity was concerned, older Americans hardly considered their age to be a central aspect of their personal identity or their voting decisions. Only one-third of senior citizens considered "the elderly" to be a leading description of their personal identity, with most instead identifying more closely with others sharing their sex, race, class, religion, or political viewpoints.³⁹ As noted by an oft-repeated cliché, seniors may have held near-unanimous support for Social Security and Medicare (which in recent years includes nearly 98 percent who want Social Security benefits to remain the same or increase), but the programs themselves were not

³⁵ William P. Browne and Laura Katz Olson, *Aging and Public Policy: The Politics of Growing Old in America* (Westport, CT: Greenwood Press, 1983), 136-138.

³⁶ Howard, *The Welfare State Nobody Knows*, 138.

³⁷ Margaret Clark and Barbara Gallatin Anderson, *Culture and Aging: An Anthropological Study of Older Americans* (Springfield, IL: Charles C. Thomas, 1967), 422-425.

³⁸ Richard Himelfarb, *Catastrophic Politics: The Rise and Fall of the Medicare Catastrophic Coverage Act of 1988* (University Park, PA: The Pennsylvania State University Press, 1995), 8-9.

³⁹ Skocpol, *The Missing Middle*, 83.

on ballots and politicians' intentions were not always clear in election years.⁴⁰ By the time the senior movement gained more direct political influence in the 1980s, politicians of both major parties were already approaching these issues carefully, precluding a permanent senior voting bloc for either party.

Despite the inherent weaknesses in the senior movement, politicians and the public alike still tended to assume that seniors had formed a powerful voting bloc, a situation which gave the movement increased attention and, consequently, political influence. Among state legislators, 75 percent believed that senior citizens voted more than younger generations and another 74 percent believed that senior citizens' organizations were "effective in the policy process."⁴¹ The discrepancy with reality could be explained in part by a concerted effort on the part of the Democratic Party to sway the senior vote to its side, thereby attempting to create a voting bloc where none yet existed. The party's advocacy of Social Security during the New Deal was the first step in this drawn-out process, followed by the party's Senior Citizens for Kennedy campaign in 1960, which erroneously claimed that the senior vote had tipped the election in his favor. The myth of high senior voting rates similarly took hold in the Republican Party, which did not want to cede the growing elderly demographic and came to blame their 1982 mid-term electoral defeats in large part on Reagan's proposals to cut Social Security benefits. Throughout that time, the perception of senior voting power far outstripped its actual impact on individual elections, but the perception alone provided an incentive for policies that benefited the elderly.⁴²

Many observers also mistakenly believed that the elderly exhibited a strong tendency to vote for Republicans and conservatives. Members of the liberal youth movement of the 1960s

⁴⁰ Andrea Louise Campbell, *How Policies Make Citizens: Senior Political Activism and the American Welfare State* (Princeton, NJ: Princeton University Press, 2003), 98.

⁴¹ Browne and Olson, *Aging and Public Policy*, 136-138.

⁴² Wallace and Williamson, *The Senior Movement*, xxvi-xxvii.

and 1970s believed that older persons became more politically conservative as a "natural" result of the aging process and had coined the phrase, "Don't trust anyone over thirty!" Contemporary life cycle studies, though, largely debunked this theory. Older Americans exhibited a strong tendency to vote however they had voted when they were younger, with the only noticeable trend of moving from either liberalism or conservatism toward more moderate views. Old age tended to add nuance to individuals' political views, not make them more ideologically extreme.⁴³ Further, older Americans' political preferences often barely differed from those of the general population. Among seniors in 1976, 43.7 percent considered themselves "strong" or "weak" Democrats, versus only 25.1 percent who considered themselves to be "strong" or "weak" Republicans. An additional 28.9 percent identified themselves as independents. Among other age groups, by comparison, 45.3 percent identified with Democratic Party, 33.5 percent identified with the Republican Party and 20.2 percent were independents. Polling conducted during the 1976 elections indicated that other factors, such as race, class, and gender, played a significantly larger role in choice of candidates than did age.⁴⁴ Neither of the major parties could claim to appeal consistently to senior voters. While seniors' party affiliation favored the Democratic Party, between 1960 and the 1980s their voting patterns indicated a slight preference (usually around 5 percentage points) to Republican candidates in presidential contests.⁴⁵

Even concerning political issues that directly affected the aged, demographic factors other than age usually had a larger influence on seniors' views and votes. A 1984 poll indicated, for example, that people aged sixty-five and older were somewhat less likely than people aged eighteen to sixty-four to agree that spending on Social Security and Medicare should be increased. Only between 45 and 47 percent of seniors thought such spending should increase,

⁴³ Williamson, Evans, and Powell, *The Politics of Aging*, 105, 112-113.

⁴⁴ Browne and Olson, *Aging and Public Policy*, 136-138.

⁴⁵ Lammers, *Public Policy and the Aging*, 54-55.

compared with between 51 and 55 percent support from adults aged eighteen to thirty-five, an age group that had the least to gain from such increases. Other polls from the late 1970s and 1980s consistently produced similar results, even on questions concerning mandatory retirement and "spending on the elderly" in general. Older persons' party affiliation, income, tax burden, education levels, and race typically overrode their age-based identity when forming political opinions on major issues, including age-based ones.⁴⁶

The grassroots senior movement clearly lacked an adequate level of cohesion and had a mixed record of advocating on behalf of new legislation or in some cases even defending existing legislation, yet some of the movement's organizations grew in prominence and started to outline legislative proposals.⁴⁷ Many of the senior organizations grew from what could only be described as "fledgling" (with the possible exception of the labor-backed NCSC) before Medicare's adoption to become prominent, prosperous organizations that drew a significant amount of attention from the news media and politicians alike. Although they did not in fact have as much success in prompting specific policies as might be expected by the image of organized voting power that they projected, they were still the loudest voice in shaping an ideology of senior entitlement in the 1960s and the 1970s. By the 1970s, for example, Congressional committees frequently relied on AARP for the bulk of their statistical information.⁴⁸

⁴⁶ Day, *What Older Americans Think*, 47-55.

⁴⁷ This weakness in lobbying accomplishment is demonstrated by political scientist Jonathan Oberlander, who argues that at least in regard to Medicare the senior lobby accomplished little more than defending the existing legislation through the 1990s; see Oberlander, *The Political Life of Medicare*, 145. For a similar argument concerning a broader range of issues, see : Williamson, Evans, and Powell, *The Politics of Aging*, 103-104. Other scholars alternately argue that the senior lobby was in a collective sense the most powerful lobby in Washington, comparable to the National Rifle Administration and defense contractors, see Powell, Branco, and Williamson, *The Senior Rights Movement*, 133-134.

⁴⁸ Pratt, *The Gray Lobby*, 147.

About once per decade starting in 1950, the National Conference on Aging (all subsequent conferences were called the "White House Conference on Aging") united the representatives of hundreds and eventually thousands of local or national age-based organizations. These conferences, as described by political scientist Henry J. Pratt, brought public attention to the needs of the elderly but were notoriously poor at producing any tangible legislative change or even a concrete agenda. Nonetheless, they did continually place issues of aging on the federal legislative agenda and thereby had an indirect influence on public policy.⁴⁹

The paradox between the senior movement's flaws as a lobby and the widely-held belief in the movement's political power is perhaps best illustrated by AARP's reluctance to behave as a political lobby in the 1960s. In 1965 the organization's founder, Dr. Ethel Percy Andrus, stated, "AARP holds no meetings to bewail the hardships of old age, nor to formulate pressure programs nor stress potential political strength of older folk, nor to urge governmental subsidy."⁵⁰ She also did not envision Social Security developing into a program that would provide benefits for the vast majority of older persons regardless of individual need or contributions to the program, and she frequently stressed that AARP had no interest in legislation that granted public benefits to all senior citizens. Andrus wrote that AARP was "not unmindful of those older persons who do need help from a governmental source and we have been diligent in our efforts to bring about improvements in these programs, but we know that most older persons are able to live independently and [with] dignity."⁵¹ She summarized, "A.A.R.P. does not welcome the welfare state as the way of life for all older persons."⁵²

⁴⁹ Henry J. Pratt, "Symbolic Politics and White House Conferences on Aging," in *Growing Old in America*, ed. Beth B. Hess (New Brunswick: Transaction Books, 1980), 489-503.

⁵⁰ John Tierney, "Old Money, New Power: The A.A.R.P. Has Become the Major Voice for Today's Elderly," *The New York Times*, 23 October 1988, 99; Charles R. Morris, *The AARP: America's Most Powerful Lobby and the Clash of Generations* (New York: Times Books, 1996), 9.

⁵¹ Crippen et al., *The Wisdom of Ethel Percy Andrus*, 303.

⁵² Tierney, "Old Money, New Power," 101. Also quoted in: Crippen et al., *The Wisdom of Ethel Percy Andrus*, 303.

Andrus and AARP instead preferred to focus on private initiatives, as stated in AARP's original motto, "To Serve, Not to Be Served." The organization's bylaws included the need to address quality of life issues, promote senior independence and dignity, advocate for further social and economic roles for older persons, and to improve the public image of the aged.⁵³ The distinction between Andrus's vision of senior independence and her fear of dependence on government benefits is perhaps most clearly illustrated by her and AARP's stance on the debate over the adoption of Medicare in the early 1960s. AARP took no official stance on Medicare and did nothing of substance to promote the legislation before its adoption.⁵⁴ It took an identical stance on the various expansions of Social Security between the 1968 and 1973 and did almost nothing to promote new policies in the early 1970s.⁵⁵

A brief history of the NRTA and AARP, however, indicates that both organizations lobbied more frequently and earlier than they claimed, just not on behalf of some of the major pieces of entitlement legislation. Like most other age-based organizations of the era, the NRTA began as a local entity that would provide direct benefits to its members, but these benefits included political lobbying on their behalf. In 1947, three years after Andrus had retired from teaching, she founded the NRTA to aid retired teachers who often struggled to earn a living. The organization's rallying points centered on the fact that many teachers were subject to mandatory retirement even though their pensions typically amounted to just fifty dollars per month and even on this inadequate pay they owed federal income taxes. The NRTA became affiliated with the National Education Association and grew into a national organization in the 1950s, during which

⁵³ Prepared Statement of Eugene Lehrmann, "The History of AARP," *Business and Financial Practices of the AARP*, Hearings before the Subcommittee on Social Security and Family Policy of the Committee on Finance, United States Senate, First Session, 20 June, 1995 (Washington, D.C.: U.S. Government Printing Office, 1995), 91.

⁵⁴ Pratt, *The Gray Lobby*, 91.

⁵⁵ Skocpol, *The Missing Middle*, 87-88.

time it had significant success in lobbying state legislatures to reform and expand teachers' pension programs.⁵⁶

The second item on the NRTA's agenda, the provision of health insurance for retired teachers, tracked more closely with Andrus's vision of using private initiatives to solve major problems. As discussed in chapter one, the insurance industry considered older persons uninsurable due to the high individual risk of illness and only rarely provided limited health insurance options for the elderly. Seeking to remedy this problem, Andrus forged a relationship with a young, entrepreneurial insurance specialist, Leonard Davis, after the two met in 1955. They developed a one-year trial program with the Continental Casualty Company to provide private health insurance to 800 retired teachers in the state of New York. To the surprise of many insurance experts, the program proved successful in terms of profits and the provision of health care, and by the next year 5,000 of the NRTA's 20,000 members had enrolled in similar programs. Andrus and Davis noted the potential demand from non-teachers who faced similar difficulties in retirement, and did briefly consider proposing that the federal government should provide a national insurance plan for retirees. They ultimately deemed it improbable that they could initiate such a federal program, and instead Davis (then aged thirty-two years) and Andrus (aged seventy-two years) founded NRTA-AARP in 1958 to provide health insurance plans for non-teachers and to advocate more broadly on behalf of older Americans.⁵⁷

AARP thus evolved with lobbying interests that often were as close to the insurance industry as to those of its membership, a situation which could potentially have undermined its political influence. The insurance plans did not completely solve the crisis of medical funding for America's senior citizens, but AARP did sell thousands of plans and soon also benefited from

⁵⁶ Margaret Abrams, *The Story of AARP* (Washington, D.C.: American Association of Retired Persons, 1971), 6-7.

⁵⁷ *Ibid.*, 7-10.

the sales of travel insurance, pharmaceutical insurance, and after the adoption of Medicare in 1965, supplemental health insurance plans, commonly called "Medigap" plans, to cover medical care for which Medicare made no provisions. Following this model, AARP grew from a membership of 150,000 in 1959 to more than one million by 1969 and nine million by 1975. By then the sheer number of AARP members ensured the organization some clout in Congress, even though the political interests of its membership did not always correlate with those of the organization's leadership. Prior to the 1970s, AARP had not yet realized its potential as a powerful special interest and preferred to remain noncommittal in major legislative debates that would have expanded or created senior entitlement programs.⁵⁸

Despite the seemingly slow start of the senior lobby, then, politicians recognized the potential power of the senior lobby and approached aging issues with care by the late 1960s. The White House in 1969 hired a full-time staff member whose main job description was to communicate with AARP.⁵⁹ Greeted with more hostility by the Nixon administration was the labor-oriented NCSC, which had attained enough clout to end up on the White House "enemies list."⁶⁰ At all levels of society and government, the term "senior power" came into regular use by the 1970s. Most observers publicly glossed over the movement's weaknesses and instead emphasized the potential, if not extant, power of a demographic group that composed 17 percent of registered voters by 1972. This perception of organized senior voting power in some ways facilitated actual political influence. Representatives at all levels of government declared the elderly "an impressive voting bloc" and lent an ear to what some called, "the cane, crutch and

⁵⁸ Pratt, *The Gray Lobby*, 90-91. On "Medigap" supplemental insurance, see Oberlander, *The Political Life of Medicare*, 48-50.

⁵⁹ Pratt, *The Gray Lobby*, 90; Costa, *The Evolution of Retirement*, 177-178.

⁶⁰ Powell, Branco, and Williamson, *The Senior Rights Movement*, 134.

Cadillac vote."⁶¹ The senior movement certainly had problems with the ideological or social cohesiveness of its constituency, with formulating clear lobbying goals, with assertiveness, and with considerable inter- and even intra-group disagreements on policy matters, but the public visibility of the senior lobbying organizations still made the movement one of the most prominent on Capitol Hill.

Labor and Entitlement versus the Welfare Approach: The Medicare Debate

A senior entitlement ideology focused on middle-class needs finally emerged out of the national debate over the adoption of Medicare between the late 1950s and the mid-1960s. In terms of financial expense, the principal early demand of the senior movement and its supporters was for medical benefits to be administered by a social insurance program, and they faced opponents who proposed means-tested welfare programs as an alternative approach. Using its ties to the AFL-CIO, the NCSC immediately became the most influential senior organization within the Medicare debate. The organization was founded by Representative Aime Forand, a Democrat from Rhode Island, who had in 1957 introduced the predecessor bill to Medicare: H.R. 94467, or simply the "Forand bill."⁶² Forand retired from Congress in 1960 and worked with representatives of the AFL-CIO and several senior clubs promoting "Senior Citizens for Kennedy" to create the NCSC in August 1961 specifically to advocate on behalf of Medicare. Within a year, the organization had grown to 600,000 members.⁶³

As the premier lobby representing working-class senior citizens, the NCSC maintained close ties to leaders of the Democratic Party and devoted most of its efforts to the promotion of

⁶¹ Barbara Isenberg, "Out to Pasture: Aged Increasingly Flex Their Political Muscle, Usually Get Results," *Wall Street Journal*, 17 November 1972, 1. See also: Linda Greenhouse, "Elderly Exerting Power in Elections in Suburbs," *The New York Times*, 21 February 1971, 1.

⁶² Funigiello, *Chronic Politics*, 96-98.

⁶³ Marmor, *The Politics of Medicare*, 18.

Medicare.⁶⁴ Among their many activities, the NCSC published a monthly bulletin called "Senior Citizens News," which reported on Congressional happenings and often differed very little in substance from Democratic campaign materials.⁶⁵ One activity that the bulletins encouraged with some success was instructing readers how to write Congressmen to show support for Medicare legislation.⁶⁶

Another notable NCSC activity entailed public rallies, such as the 1962 rally that worked in conjunction with nearly 700 affiliated local organizations to organize protests in thirty-three cities on May 20, 1962.⁶⁷ This was the same rally where President Kennedy delivered the nationally televised Madison Square Garden speech, mentioned in chapter one, on behalf of Medicare. An article published by *The New Yorker* best captured the moment: "President Kennedy stood before a capacity audience of twenty thousand old people in Madison Square Garden, smilingly accepted their long and enthusiastic welcome, and then put aside his prepared text to deliver one of the worst speeches of his career." Unhappy with his prepared speech for undisclosed reasons, Kennedy instead delivered the sort of stump speech that would excite people who already supported Medicare, but one that failed to win younger converts to the cause.⁶⁸

The American Medical Association (AMA), no less wary of government health insurance than it had been during Truman's advocacy of national health insurance in 1948, took advantage of Kennedy's poor speech to air a half-hour rebuttal—at the cost of \$100,000—the following

⁶⁴ Powell, Branco, and Williamson, *The Senior Rights Movement*, 135-136.

⁶⁵ Pratt, *The Gray Lobby*, 100.

⁶⁶ The bulletin's readership was estimated at over four million, see *ibid.*, 161. See also: National Council of Senior Citizens, *Senior Citizens News* (January, 1963), box 72, folder 40. *Senior Citizens News* (November, 1964), box 72, folder 58, Carl Albert Collection, Legislative Series, CAC. For examples of letters to congressmen, see folders labeled "in favor" of Medicare, box 92, folders 47 and 56; box 93, folder 2, Carl Albert Collection, Legislative Series, CAC.

⁶⁷ National Council of Senior Citizens, *Senior Citizens News* (January, 1963), box 72, folder 40, page 8, Carl Albert Collection, Legislative Series, CAC.

⁶⁸ Harris, "Annals of Legislation: Medicare IV -- A Sacred Trust," 59.

day. Rather than address a roaring crowd, the AMA's Dr. Edward Annis addressed the television cameras and a room full of empty seats at Madison Square Garden. He began, "I'm not a cheerleader. I'm a physician," and proceeded to dismiss Kennedy's speech as mere political rhetoric completely devoid of substance. Under Medicare, he threatened, medical decisions would fall to government bureaucrats rather than doctors and patients. The nail in the coffin for public support of Medicare boiled down to Annis's plea as a doctor speaking to a national audience of patients: "I implore you as your doctor, ask your doctor [about Medicare]." With evidence in hand that a majority of doctors supported the AMA's stance, and that the public sided with the AMA on the Madison Square Garden speeches, the AMA leadership hoped that they had nipped the proposed program in the bud.⁶⁹

The opponents of Medicare, which included a majority of Republicans, some Southern Democrats, and of course the AMA, still recognized the political necessity of coming up with alternative proposals based upon the welfare approach. This acknowledgement stemmed from polling results showing that public support for some form of medical assistance to the aged consistently remained above two-thirds of those polled.⁷⁰ The anti-Medicare coalition argued that most senior citizens could take care of themselves if allowed to do so, while the rest could be accommodated through welfare programs.⁷¹ Their plans entailed a variety of proposals for welfare programs, in which persons over 65 would qualify for hospital insurance, but only after passing a required means test to prove that they were impoverished.⁷²

One of these proposals, the "Kerr-Mills bill," became law in 1960, but its limited funding and scope of coverage had done little to improve the economic problems that most senior

⁶⁹ Ibid., 59-62, 65. Even after the passage of Medicare, some doctors threatened to boycott the new program, although very few did, see "The Doctors' Dilemma," *Wall Street Journal*, 1 July 1965.

⁷⁰ Funigiello, *Chronic Politics*, 114.

⁷¹ Marmor, *The Politics of Medicare*, 18-21.

⁷² Funigiello, *Chronic Politics*, 102-103.

citizens faced. Due to a requirement that states match the federal funding, just five states received 90 percent of the Kerr-Mills funds, and barely more than 30 percent of America's population over sixty-five lived within those states. The rest largely lacked health insurance coverage.⁷³ Even the recipients of the Kerr-Mills benefits still faced the prospect of a means test that they considered to be a humiliating affront to their social status. If they had not required charity in their entire lives, then most still did not want to take handouts in their old age. After a year of the Kerr-Mills plan, the NCSC complained that the means tests, or "pauper's oath" as they deemed it, was "degrading and humiliating."⁷⁴

Possible fixes to the Kerr-Mills plan still could have entailed a targeted welfare plan rather than broader entitlements, but circumstances in Congress ended up favoring a more expansive program. With the Democratic landslide election in 1964, Medicare looked increasingly likely to pass, which prompted the AMA and the Republicans to create alternative plans and narrow the range of their attacks on the Medicare bill. Largely abandoning their contention that the plan constituted socialism, they instead argued that Medicare should not be compulsory and especially that it would be inadequate because it only provided for sixty days of hospital care but offered nothing for visits to physicians, prescription drugs, and any other areas of medicine. The AMA alternative, known as "Eldercare," would have expanded the Kerr-Mills program and added voluntary, low-cost government plans for physicians' insurance, while paradoxically not providing anything in the way of hospital care.⁷⁵

The Republican Party, hoping to avoid the appearance of outright opposition to health care for the aged, limited their attacks on Medicare to the fact that it was compulsory and that it

⁷³ Marmor, *The Politics of Medicare*, 28-29; Oberlander, *The Political Life of Medicare*, 28.

⁷⁴ National Council of Senior Citizens, "Kerr-Mills Law is Inadequate...", January 1963, *Senior Citizens News*, 6, box 72, folder 40, Carl Albert Collection, Legislative Series, CAC.

⁷⁵ Oberlander, *The Political Life of Medicare*, 29-31.

was inadequate because it only focused on hospital care. They instead proposed several bills, some of which were known as "Bettercare" and most of which offered a voluntary program for subsidized, but private, insurance covering the costs of physicians, pharmaceuticals, and hospitals. In a stroke of political genius, House Ways and Means Committee Chairman Wilbur Mills, Democrat from Arkansas and formerly the co-author of the Kerr-Mills bill, simply combined the major elements of all three plans. The "Medicare" plan championed by the NCSC became Medicare Part A, providing mandatory hospital insurance. Medicare Part B borrowed from the AMA's and Republicans' plans for voluntary (although government-provided rather than private) physician insurance coverage at an initial cost of three dollars per month. The third part, Medicaid, offered insurance to the indigent by expanding the Kerr-Mills program to cover the population more uniformly. Politically, Medicaid also had the side benefit of appeasing the AMA and Republicans because it would presumably reduce the demand for a universal government health plan in the foreseeable future.⁷⁶

The specific policy design of this "Elder-medi-bettercare" policy, as *Fortune* magazine called it, had had as much to do with internal Congressional events as with the senior lobby or a public debate over entitlement, but the resulting legislation clearly favored the strategies of the NCSC and liberal reformers to entitle the broad swath of the elderly population to benefits instead of merely concentrating on individuals with a demonstrated need.⁷⁷ Wilbur Mills viewed this "social insurance" approach as a critical policy of prevention that would help maintain a permanent fiscal balance. He had conspicuously spent much of the previous half-decade opposing Medicare and ensuring that the House bill remained trapped in the Ways and Means

⁷⁶ Ibid. On the reception of Mills's adaptation, see Eric Patashnik and Julian Zelizer, "Paying for Medicare: Benefits, Budgets, and Wilbur Mills's Policy Legacy," *Journal of Health Politics, Policy and Law* 26, no. 1 (February 2001): 7-36.

⁷⁷ Harold B. Meyers, "Mr. Mills's Elder-medi-bettercare," *Fortune*, June 1965.

Committee. His opposition stemmed from his disagreement with the principle of only covering hospital bills when other more routine medical expenses made up more than half of older persons' medical expenses. By covering hospital bills only, he feared, patients' minor medical problems would fester until they became serious medical crises requiring hospitalization. In his words, the previous Medicare bill would have promoted "the most expensive part of the medical-care dollar, namely, the general hospital." Comprehensive insurance coverage for such services as routine visits to the doctor, he reasoned, could save money in the long run.⁷⁸

This viewpoint on prevention also informed Mills's views on social welfare for the aged more generally. When describing the philosophy of Social Security to a constituent, Mills argued, "It is a method of preventing destitution and poverty rather than relieving these conditions after they occur." He further described social insurance as "the extension of self-support. People who have led productive lives and have supported themselves through their own efforts do not wish to see their self-reliance end with their ability to work."⁷⁹ In the cases of Medicare and Social Security, then, Mills believed that retirees were entitled to their benefits: "Workers can expect that, having contributed, they will get benefits as an earned right, in dignity, without undue restrictions, and in a manner which safeguards their freedom of action and their privacy."⁸⁰ In terms of political ideology, and even in some elements of policy design, Mills saw deep commonalities in the two programs.

Political rhetoric aside, the actual policy implementation of Medicare pursued goals (to varying success) that can be described as social insurance or preventive in nature. Erwin Witkin, the Chief Medical Consultant to the Bureau of Health Insurance of the Social Security

⁷⁸ "The Doctors' Delimma," 41. See box 410, file 15, "Mills Personal Interviews," Mills Library.

⁷⁹ Wilbur Mills to Bill Barnes, box 278, file 18, Government, Social Security Administration, General, 89th Congress, 1965-1966, Mills Library. Emphasis Mills's.

⁸⁰ Speech, The 1965 Health Insurance Amendments to Social Security Acts, box 660, file 9, Mills Speeches, Mills Library.

Administration between 1966 and 1970, summarized the goals for Medicare's beneficiaries as a way to sustain the dignity of older Americans rather than attempting to restore dignity to unlucky individuals after they lost it. At a time in life when earnings were lowest, America's twenty million senior citizens also faced more illnesses and medical expenses than any other age group. Witkin noted seniors' great appreciation for a program that allowed them to receive medical care at low out-of-pocket expense without first falling under the stigma of being "charity cases." This program applied somewhat equally to all Americans over the age of sixty-five, and when interviewed they consistently stressed that they had earned the privilege through a lifetime of paying taxes. These reforms would allow seniors the dignity of seeking health care without financially burdening their doctors, their families, or even themselves.⁸¹

Medicare quickly had a profound impact on the nation's medical system. In its first year, Medicare made payments for 37 percent of its enrollees at a cost of \$3.2 billion.⁸² The popularity of the program became evident by 1967 when 95 percent of senior citizens had signed up for the optional Medicare Part B, which provided physicians' insurance at a cost of four dollars per month.⁸³ Between 1966 and 1968, the share of public spending rose from approximately 30 percent to over 70 percent of senior citizens' total health care expenditures. During the same time, out-of-pocket spending among seniors declined from an average of \$291.47 to \$175.98, even though total expenditures on their behalf had increased by 40 percent.⁸⁴

Researchers noted the high probability that seniors had been avoiding medical care due to expenses, and as a direct result of Medicare they sought out more services. The number of hospital visits among older persons increased by 11 percent within in the first two years. Total

⁸¹ Erwin Witkin, *The Impact of Medicare* (Springfield, IL: Charles C. Thomas, 1971), 50-53.

⁸² *Ibid.*, 280-281.

⁸³ *Ibid.*, 33-34, 155.

⁸⁴ *Ibid.*, 280-281.

days spent in the hospital by these patients increased by 20 percent in the same time frame.⁸⁵ Additionally, 41 percent of all physicians reported an increase in the number of older patients seen between 1966 and 1968, and no physicians reported a decrease in older patients. A further 54 percent of surgeons reported an increase in the number of referrals they had received due to Medicare.⁸⁶ The nursing directors of private hospitals with fewer than 100 beds reported increases in the number of patients ranging between 3 percent and 40 percent, while only a few public hospitals reported a decrease in older patients. The nursing directors explained that some patients with Medicare now chose more expensive, privately-run facilities, but it was not clear how widespread this new trend was. If a small part of the increased spending could be accounted for by patients seeking out more luxurious facilities, the more pronounced and measurable increase in spending went towards a greater number of visits to doctors, hospitals, and surgeons in the early years of the program.⁸⁷

As senior citizens took advantage of their new benefits, Mills's intent that the program would prevent illness and, subsequently, cost escalation, never materialized. The Medicare coverage was modeled on private insurance plans, which were largely designed for younger populations in good health who only needed occasional care. Medicare therefore emphasized care for acute illnesses rather than for the chronic ones that affected the elderly at a greater rate than the young. Nearly 25 percent of the elderly required some form of long-term care, as did nearly 60 percent of the older-than-eighty-five age set.⁸⁸ Nonetheless, Medicare made no provisions for extended hospital, home health, and nursing home care. Patients who suffered

⁸⁵ Minna Field, *Depth and Extent of the Geriatric Problem* (Springfield, IL: Charles C. Thomas, 1970), 73-74.

⁸⁶ Rodney M. Coe and Jack Sigler, "Physicians' Perceptions of the Impact of Medicare," *Medical Care* 8, no. 1 (January 1970): 29-30.

⁸⁷ Cynthia K. Henderson, "Nursing Directors React to Medicare," *The American Journal of Nursing* 66, no. 10 (October 1966): 2202-2203.

⁸⁸ Day, *What Older Americans Think*, 87.

from chronic or catastrophic illnesses still faced a possibility of exhausting their financial resources and falling back on the welfare system under Medicaid. Medicare similarly failed to cover prescription drugs, hearing aids, eye glasses, and dentistry.⁸⁹

Mills's cost containment provisions failed, which soon resulted in an explosion of costs that by the 1980s would become synonymous with conservatives' pejorative use of the word "entitlements" to describe domestic social programs. The program had virtually no administrative cost controls. Medicare's system of "reasonable reimbursement" (originally intended to placate the American Hospital Association and the AMA, and to avoid interfering with private medicine) guaranteed payment levels equal to the prevailing charges in the private sector. Without regulatory oversight, health care providers could themselves set the prevailing fees, which allowed costs for individual services to explode. Physicians' incomes increased by 11 percent annually, even though the number of visits to doctors only increased by between 5-8 percent annually. Policy analysts have on occasion argued that, as measured by financial benefits, doctors benefited as much or possibly more than their patients.⁹⁰ Prices for services continued to rise precipitously until the 1983 adoption of the Prospective Payment System, which limited payment levels to try to pressure providers into lowering charges. Even that system broke down in the early 1990s, though, as health care providers threatened to turn away Medicare patients due to lower reimbursement levels than private insurance plans.⁹¹

Other cost-containment measures similarly failed. If a Medicare payments claims administrator determined that an already completed treatment was unnecessary, the legislation did not specify whether the physician or the patient would receive the blame and which party should bear the costs. Reimbursements to the patient were occasionally denied, but many

⁸⁹ Oberlander, *The Political Life of Medicare*, 30, 38-40, 51.

⁹⁰ Marmor, *The Politics of Medicare*, 84.

⁹¹ Oberlander, *The Political Life of Medicare*, 120, 125, 134-135.

administrators and patients alike saw this as unfair to the patients who thought their bills would be covered. In any case, Medicare officials correctly observed that many patients lacked the expertise to determine medical necessity and argued that those patients should not be held accountable for such decisions. The administrators instead believed that forcing remuneration from the physician for unnecessary procedures was a more effective deterrent, but in practice the law allowed this pressure to be exerted only if the physicians in question explicitly agreed that they had provided unnecessary care. Predictably, such agreement was rare and the doctors had little oversight from either their professional peers or from bureaucrats in determining what procedures were necessary.⁹² The Medicare regulators thus understood that they lacked institutional control over costs, but they could not determine how to contain wasteful spending without negatively affecting patient outcomes. In any case, such efforts to administer bureaucratic control would have met resistance from the medical lobby, senior lobby, liberals, and even some conservative politicians, because the Medicare creators had explicitly stated that the program would not "interfere" with the private practice of medical care.⁹³

Medicare improved the economic fortunes of the medical industry. The newfound availability of government money fueled what some observers derisively called the "health care industry," a term that is now ubiquitous but which originally disdained the growing emphasis on profits among hospitals, doctors, nursing homes, and pharmaceutical companies.⁹⁴ The elderly, who then made up 10 percent of the population, represented 30 percent of public and private

⁹² General Accounting Office, Department of Health, Education, and Welfare, "More Needs to be Done to Assure that Physicians' Services – Paid for by Medicare and Medicaid – Are Necessary." Report to the Congress, August 2, 1972, 13-15.

⁹³ Arthur E. Hess, "A Ten-Year Perspective on Medicare," *Public Health Reports of the Association of Schools of Public Health* 91, no. 4 (July 1976): 300.

⁹⁴ Fischer, *Growing Old in America*, 192. For a full-length study that argues that Medicare was designed to benefit the providers more than the patients, see Nancy Wellek, "Medicare: In Whose Interest?" (Master's Thesis, Quinnipiac College, 1986). The influence on the medical industry will be described in further detail in chapter four, in consideration of senior consumerism.

medical spending in 1977. Medicare and Medicaid, most policy analysts agreed, made this rate of spending possible. Without those programs, older patients would almost certainly have sought less care, with profound effects on the health industry and on seniors' health and quality of life.⁹⁵ Even less flattering terms like the "medical-industrial complex" cropped up in the following years to describe the conflicts of interest sometimes inherent in money from a third-party payer (whether private or public) paying for medical services regardless of the corresponding outcomes for patients.⁹⁶

More so than non-medical programs, the growing costs of Medicare demonstrated the advantages and the drawbacks of the entitlement approach to legislation. Due to the broad base of beneficiaries, an active senior lobby, and a lingering public sympathy toward the aged, the program remained popular. For committees attempting to keep the federal budget in balance, the program was a nightmare. With cost control measures repeatedly failing, the only plausible solutions were politically unpalatable: cutting benefits or raising revenue through increased Medicare taxes or additional fees on Medicare Part B. While there was public concern about the growth of Medicare expenses, sympathy from the prospect of older persons losing their benefits usually dwarfed any apprehensions about the government's ability to pay. The senior lobby did its part to promote such public empathy. When faced with a potential \$383 million cut in Medicare in 1971, for example, William Hutton, the director of the NCSC, argued that "The [Nixon] Administration is trying to balance the budget on the backs of sick old people, and Congress will never go along with it."⁹⁷ Mr. Hutton correctly recognized the public mood, and

⁹⁵ Aliza Kolker and Paul I. Ahmed, *Aging* (New York: Elsevier Biomedical, 1982), 154-155.

⁹⁶ For a further examination of the medical economics of aging, see "The Graying of the Medical-Industrial Complex," in Laura Katz Olson, *The Political Economy of Aging: The State, Private Power, and Social Welfare* (New York: Columbia University Press, 1982), 128-162. See also: Stanley Wohl, *The Medical Industrial Complex* (New York: Harmony Books, 1984).

⁹⁷ Richard D. Lyons, "Medicare: No Cure Yet for Rising Bill," *The New York Times*, 14 February 1971.

the cuts did not materialize. To the contrary, the most significant expansions of Social Security to that date passed in the following year.⁹⁸

Public Approval for the Older Americans Act (1965) and Social Security COLAs (1972)

The early history of Medicare indicated that public approval for senior entitlement programs had solidified, and the history of related policies further supports this conclusion. The Older Americans Act of 1965 and the adoption of Social Security COLAs were the two other new pieces of major legislation in the 1960s and 1970s. Neither required as contentious a political debate as had Medicare, or attracted as much public attention; therefore, I do not provide the same level of legislative detail or policy analysis for them. Instead, this section explores the arguments in favor of the legislation and the emergent public approval that underpinned and sustained these policies.

Created by the Older Americans Act in 1965, the Administration on Aging (AOA) started as a bureaucracy with lofty goals but a modest budget and later grew to administer federal, state, and local benefits for seniors that extended well beyond health care and pensions. The act had a profound impact on the history of old age and at the same time managed to remain virtually invisible to the public, largely due to its utilization of local branches and its small initial scale, at less than one thousandth of the Medicare budget.⁹⁹ With an initial annual budget of just five million dollars, the act sought to help seniors maintain an "American standard of living," access adequate medical care, locate suitable living arrangements, combat age discrimination in employment, attain affordable transportation, and participate in community activities. By the

⁹⁸ Lammers, *Public Policy and the Aging*, 99-103.

⁹⁹ Pratt, *The Gray Lobby*, 107.

early 1970s, though, funding had increased to \$68 million, funding 412 area agencies that brought services to the local level.¹⁰⁰

For senior citizens who did not have significant resources, this program could have a surprising impact for the relatively small amount of money spent. One example of a local agency was the Lawrence Council on Aging, in Lawrence, Kansas, which received 90 percent of its funding from the Older Americans Act. Operating in a county with only 59,000 total residents and fewer than 4,500 senior citizens, the ambitious size and scope of the Lawrence Council on Aging demonstrates the local impact of the Older Americans Act. The council provided local bus transportation for 127 seniors (amounting to between 1,800-2,778 rides per month), served 26,250 free meals per year, and organized recreational activities that included band concerts, outdoor theater productions, picnics, transportation to local fairs, tours of local historical sites, baseball games, and trips to local malls. Another Kansas group funded by the Older Americans Act, the Jayhawk Area Agency on Aging, offered legal counseling and affordable health clinics.¹⁰¹ This program continued to grow nationwide. By the mid-1990s, the AOA utilized the services of more than 27,000 private service providers nation-wide under the direction of the fifty State Units on Aging and more than 661 local Area Agencies on Aging.¹⁰² In sum, the AOA operated on an impressive scale while remaining obscure to the public.

While the Older Americans Act was not the focus of a major national debate in itself, the services that its local affiliates and branches provided and the issues they sought to alleviate were major topics of public discussion and a part of the wider consideration of just what services

¹⁰⁰ Lorin A. Baumhover and Joan Dechow Jones, *Handbook of American Aging Programs* (Westport: Greenwood Press, 1977), 3-12.

¹⁰¹ "Budget Summary," box 1, folder 3, "Jayhawk Area Agency on Aging Press and Info 1976," box 1, folder 3, "Recreation Report," box 1, folder 37, "Transportation Participants," box 2, folder 42, "Meals," box 2, folder 48, "Area Plan on Aging for the Jayhawk Area," box 2, folder 19, "Rides Per Day," box 2, folder 28, "Title III – Older Americans Act Application," box 16, folder 15, Lawrence Council on Aging Collection, Kenneth Spencer Research Library, University of Kansas.

¹⁰² Koff and Park, *Aging Public Policy*, 77-80.

senior citizens should be entitled to. The economic inflation of the 1970s, especially regarding food costs, accentuated the continuing economic problems facing the elderly. A 1973 *Chicago Tribune* article noted that in just over seven months, food prices had gone up 20 percent. With each older person on government assistance only allotted an average of \$30.38 per month for food, the free or low-cost meals made available from the Older Americans Act provided an essential means of support. One beneficiary explained the value of the program: "Before I found out about this program, my diet consisted of sweet rolls, cereal, coffee, and milk . . . Now I conform to a well-balanced diet and my eating habits have changed." Demand was extensive enough that the Chicago nutrition program frequently ran out of food at its thirty-five sites.¹⁰³

The complaint about having less than one dollar per day for food was a nation-wide phenomenon. An elderly Deer Park, New York resident complained at a forum put on by Representative Tom Downey in 1975 that she lacked enough money for food and medical care. Inadvertently emphasizing her point, she passed out before she could finish her remarks, and required medical assistance to recover.¹⁰⁴ Residents of South Beach, Florida, a community with more than half of its population made up by senior citizens, observed a trend of older persons digging through garbage dumpsters looking for food.¹⁰⁵ Other newspapers ran stories claiming that some older persons resorted to shoplifting or even eating dog food to survive.¹⁰⁶ The lack of money for food was one indication of the continuing problem of poverty for older Americans by the early 1970s. In the state of New York the average cost of rent was between \$175-\$200, yet a Social Security check averaged just \$206 per month.¹⁰⁷ The Senate Special Committee on Aging noted that the number of older Americans living below the official poverty line had increased by

¹⁰³ "Senior Citizens Feeling Squeeze of Rising Prices," *Chicago Tribune*, 16 August 1973, W3.

¹⁰⁴ Elaine Barrow, "Elderly Seek Financial Relief," *The New York Times*, 9 March 1975, 100.

¹⁰⁵ Robert Lindsey, "Many Aging Face an Economic Nightmare," *The New York Times*, 30 January 1971, 28.

¹⁰⁶ "Senior Citizens Feeling Squeeze of Rising Prices."

¹⁰⁷ Barrow, "Elderly Seek Financial Relief."

200,000 between 1968 and 1969, even as 1.2 million younger persons rose above the poverty level. In 1971, nearly 25 percent of senior citizens still lived below or near the poverty line.¹⁰⁸

The publicity of these problems revealed that many senior citizens widely relied on public funds to make basic ends meet. Proposed solutions included funding or discount programs for food, medications, transportation, rent, and utilities, as well as a straightforward increase in Social Security pensions. The NCSC negotiated discounts ranging from 30-50 percent on prescription drugs from two nation-wide pharmacy chains. Tax relief enjoyed similar popularity, as municipalities and states cut property taxes and increased tax exemptions for persons over the age of sixty-five. San Francisco's trolley system granted an 80 percent senior citizen discount, so that a ride cost just five cents. Private businesses, especially movie theaters in the early years, partook in senior discounts so that they could sell their services to retirees during regular business hours. Whether the discounts came from private or public entities, though, the justifications for discounts and special programs rested not with profits or the mere economic benefits for senior citizens, but with the goal of improving seniors' quality of life. In a majority of cases, recipients of these discounts did not have to show proof of financial need – only evidence of old age.¹⁰⁹

New federal programs designed to reduce senior poverty similarly emerged in the early 1970s. The most notable welfare program was Supplemental Security Income (SSI), adopted in 1972 as an offshoot of Social Security. To qualify, recipients had to demonstrate low income and a low total net worth in addition to proving physical disability, blindness, or old age. It guaranteed a meager base income of \$140 a month for individuals or \$210 for married couples,

¹⁰⁸ Lindsey, "Many Aging Face an Economic Nightmare," 28; Douglas W. Cray, "Elderly See the Tarnish on the 'Golden Years'," *The New York Times*, 10 January 1971, NER41.

¹⁰⁹ King, "Efforts Pressed to Ease High Costs for the Retired," 58.

but individual states had the option of supplementing these funds.¹¹⁰ While its provisions represented a substantial increase in public aid for long-term disability and were no doubt appreciated by the recipients, the beneficiaries still only received guaranteed income equal to less than 80 percent of the federal poverty line.¹¹¹

In the history of senior entitlement, the approach of Supplemental Security Income represented a notable alternative approach to addressing seniors' social welfare. The SSI program treated old age as just another personal characteristic that only qualified individuals if they also met the requirements of financial need. Under such a program, individuals received benefits on the partial basis of old age, but not on the sole basis of old age. Had this narrower approach been adopted as the major federal approach to public old age assistance in all programs, the experience and politics of aging in America would have been radically different in the ensuing decades. Instead, the program remained obscure and limited in scope relative to the major entitlement programs. Sixteen years after SSI came into law, AARP's *Modern Maturity* magazine noted that only half of the eligible recipients were on the program and many of the rest likely did not even realize that SSI existed or that they qualified.¹¹²

In the same year, another shift in entitlement policy, sponsored by Wilbur Mills, dwarfed the limited SSI program. The 1972 amendments to Social Security established two key features: an outright increase in pension levels and benefit increases indexed according to inflation. Pensions grew by 20 percent, the largest increase ever made to Social Security and 15 percentage points higher than the initial lobbying request made by the NCSC.¹¹³ Mills introduced the 20 percent figure in large part because he was then considering running for the presidency and

¹¹⁰ Lammers, *Public Policy and the Aging*, 100-102.

¹¹¹ Koff and Park, *Aging Public Policy*, 173-174.

¹¹² "They're Revealing SSI Secrets," *Modern Maturity*, June-July 1988, 82.

¹¹³ Pratt, *The Gray Lobby*, 159.

recognized the popularity of the measure.¹¹⁴ The average single retiree now received \$166 per month, while the average couple received \$270. This represented a 40 percent increase over mid-1960s levels.

Even more notable for the long-term expansion of Social Security was the bill's provision for Cost-of-Living Adjustments, or COLAs. When COLAs took effect in 1975, the legislation triggered benefit increases that would kick in automatically on an annual basis to match the Consumer Price Index cost of living estimate whenever it reached 3 percent inflation in a single year. In the inflation-riddled environment of the 1970s and 1980s, senior citizens came to expect these annual raises and no longer needed to wait multiple years for politicians to debate an improvement in benefits. Further underscoring the entitlement nature of Social Security by 1975, fully 93 percent of the population either then received or were younger citizens who would expect to receive Social Security benefits. By comparison, only 20 percent of Americans of all ages had either qualified or could expect to qualify for Social Security thirty-five years earlier.¹¹⁵ The only groups now excluded were workers who earned below the qualifying levels in their respective fields, federal workers who qualified for separate public employee retirement systems, individuals who had never worked outside the home, or who had never been married to a beneficiary, or some people who had worked for a small business owned by close relatives. Most importantly for the average older woman, spouses and widows of qualified workers also qualified for benefits of their own, despite not directly paying into the systems.¹¹⁶ For the first time in its history, the Social Security program entitled virtually all older, retired citizens to

¹¹⁴ Lammers, *Public Policy and the Aging*, 102.

¹¹⁵ Achenbaum, *Social Security*, 58-59.

¹¹⁶ Roy A. Grisham and Paul D. McConaughy, *The Encyclopedia of U.S. Government Benefits* (Union City, NJ: Wm. H. Wise & Co., 1973), 799-802.

pensions that, while still modest, were substantial enough to ensure basic financial security for most people.

By the early 1970s, Social Security had become something of an American rite of passage and provided benefits substantial enough to cover many senior citizens' basic living expenses or even provide a middle-class standard of living if combined with other sources of income. Average benefits for single citizens still had not reached the \$200 per month level proposed by the Townsend Plan in the 1930s, even after forty years of inflation, yet the program now formed the basis of a typical retirement experience. The outright size of Social Security checks had grown considerably, even after adjusting for inflation. In 1985 the *Wall Street Journal* noted that the average Social Security check was worth 25 percent more than had been in the case in 1971.¹¹⁷ Among all older persons in 1975, including retirees and those who still worked, the portion living below the poverty level was 15.3 percent.¹¹⁸ When this rate is contrasted with the corresponding elderly poverty rate of 66 percent in 1940, mentioned earlier in this chapter, it is clear that senior citizens made vast financial gains in just over thirty years.¹¹⁹

This decline of poverty rates should not be interpreted as affluence, however. Older persons tended to rely heavily on government programs, which often only carried them just above official poverty rates.¹²⁰ Even after the significant expansions of the previous decades, Social Security still was not intended to lift people from poverty to a comfortable middle-class lifestyle, and yet more than half of older men and women relied almost entirely on the program

¹¹⁷ Joe Davidson, "Differing Social Problems for Young, Old Result in Contrasting Poverty Levels," *Wall Street Journal*, 27 June 1985, 64.

¹¹⁸ Charles S. Harris, ed. *Fact Book on Aging: A Profile of America's Older Population* (Washington, D.C.: National Council on the Aging, 1978), 44.

¹¹⁹ Sanjek, *Gray Panthers*, 1.

¹²⁰ Historian Theda Skocpol argues that the "chief credit" for the improved living conditions of retirees goes to Social Security and related government programs, see Skocpol, *The Missing Middle*, 73.

for their income.¹²¹ In 1973 dollars, median household income for people older than sixty-five was \$6,841, compared with \$13,080 for households headed by persons aged fifty-five to sixty-four.¹²² In the early- to mid-1980s, Social Security made up 50 percent of elderly married couples' incomes, 70 percent of the income of elderly single persons, and 85 percent of the income of the poorest fifth of retirees.¹²³ Certain subsets of the above-sixty-five age group averaged higher poverty rates from the late 1970s through the mid-1980s, including 19 percent for the disabled elderly, 26 percent for older widows, and 36.3 percent for older blacks.¹²⁴

When combined with the "near-poor" rate, which the Department of Health, Education and Welfare defined as incomes 25 percent above the poverty level or less to reflect an "absolute minimum [income] needed for a subsistence standard of living," more than 25.4 percent of the elderly could be considered poor, compared with a rate of 17.6 percent for all ages. Among elderly blacks, this near-poor or poor rate exceeded 50 percent in 1975.¹²⁵ The expanded Social Security benefits consequently left much to be desired for individuals who relied almost solely on the program, but it did provide minimal sustenance beyond what had existed before and still facilitated a considerably improved quality of life for senior citizens who also had access to a workplace pension and/or private savings. As such, Social Security, pensions, and personal savings came to be known as the "three-legged stool" of retirement, in which all three "legs" were necessary for a financially stable retirement.¹²⁶

¹²¹ Achenbaum, "The Elderly's Social Security Entitlements as a Measure of Modern American Life," 159.

¹²² Harris, ed. *Fact Book on Aging: A Profile of America's Older Population*, 66.

¹²³ On the income levels of married couples and single persons, see Achenbaum, *Shades of Gray*, 120. On income levels for the poorest fifth of retirees, see Susan Grad, "Income and Assets of Social Security Beneficiaries by Type of Benefit," *Social Security Bulletin* 52, no. 1 (January 1989): 5-6.

¹²⁴ On the poverty rates of the disabled and widows, see Grad, "Income and Assets of Social Security Beneficiaries by Type of Benefit," 5-6. On the poverty rates for blacks, see Harris, ed. *Fact Book on Aging: A Profile of America's Older Population*, 44.

¹²⁵ Harris, ed. *Fact Book on Aging: A Profile of America's Older Population*, 45-46.

¹²⁶ See, for example: Horace B. Deets, "Three-Legged Stool = Stable Retirement," *Modern Maturity*, March-April 1995, 90-91.

Even with these limitations, the expansion of Social Security did reflect the growing sense that older Americans deserved a greater level of independence, even if preserving that "independent" status required a heavy reliance upon government benefits.¹²⁷ In contrast to other cultures that revered the care of the elderly, Americans tended to believe that happiness and dignity in old age depended upon the individual's ability to remain active and independent.¹²⁸ The underlying popularity of Social Security also reflected that people of all age groups had a stake in seniors' financial independence, an idea that echoed the defense of Medicare made by Dr. Benjamin Spock in the 1960s.¹²⁹ Responding to calls for a reduction in Social Security spending in 1987, Jack Carlson, the Executive Director of AARP, argued that without Social Security, younger generations "could be responsible for their parents' support . . . Social Security binds, not divides, generations."¹³⁰ Carlson's view of course overlooked the possibility that familial responsibility might actually increase intergenerational bonds for some families.

While theoretically now entitled to financial independence, some individuals lost out in the details of Social Security policy. Unhappily for some, these policies incentivized retirement and dependence on the government dole. Many older workers wanted to draw Social Security pensions and continue working simultaneously on a full or part time basis, but any wages earned above a fairly modest amount (\$1,200 per year in 1965) would sharply reduce the size of Social Security checks or, if large enough, eliminate them altogether. As Charles E. Bell, a 72-year-old

¹²⁷ Detractors of the senior independence trend argued that it left older persons unconnected to their family members and without a significant social role, see Comfort, "Good-bye to Ageism," 9. For commentary on the supposed decline of "social capital," see Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon & Schuster, 2000).

¹²⁸ On Americans' views toward independence in old age, see Clark and Anderson, *Culture and Aging*, 176-177. Many Asian cultures, for example, placed greater emphasis on the care of the aged than on independence in old age, see Fischer, *Growing Old in America*, 23-25.

¹²⁹ Spock's support for Medicare was previously discussed in chapter one. Benjamin Spock, "Medical Care for the Aged - What Young Families Should Know," *Redbook Magazine* (May 1964): 34-36, box 72, folder 57, Carl Albert Collection, Legislative Series, CAC.

¹³⁰ Jack Carlson, "Social Security's Popularity," *Wall Street Journal*, 15 December 1987, 33.

constituent of Wilbur Mills, complained, "I am an American citizen by birth, have always paid my taxes . . . I am willing, able and ready to work, and am working." Bell lamented that his income was too low to pay his household expenses, yet too high to qualify for Social Security.

Other people, Bell complained, lacked ambition and "will sit down and want the government to pay all their expenses," but those same people could then retire and draw from Social Security. Bell wanted to be able to continue working without losing the benefits he had earned as a tax-paying citizen.¹³¹ Supplementing Social Security in this manner could only be done through personal savings or private pensions, not through continued participation in the workforce. For someone like Bell, who wanted to continue working, Social Security constituted little more than a safety net, similar to welfare, which he could utilize only after losing his income, even though he had paid into the system throughout his career. The earnings limitation had its supporters, especially from the NCSC, which argued that the policy saved the program \$2.5 billion per year in 1970 (from approximately 1.4 million persons who lost potential benefits), thereby leaving more money for individuals who lacked income and needed it the most.¹³² In this aspect, Social Security more resembled a redistributive welfare program intended for senior citizens with low or no incomes rather than a program that would supplement the incomes of the employed.¹³³

As a political concept, though, programs broadly benefiting middle-class retirees enjoyed greater popularity in comparison with welfare programs directed at people of other ages or demographic groups. Younger generations fell behind in the amount and scale of promised benefits, although it could be argued that senior entitlements relieved some of the financial strain

¹³¹ Charles E. Bell to Wilbur D. Mills, 23 March 1965, box 278, file 16, Government, Social Security Administration, General Files, 89th Congress, Mills Library.

¹³² "Limit on Earnings for Aged Favored," *The New York Times*, 2 January 1970, 8.

¹³³ This group Christine Winter, "Seniors on a Fixed Income: Ways to Ease Cost of Living," *Chicago Tribune*, 14 May 1978, A8.

of caring for older family members. As spending on Social Security and Medicare continued to grow and senior poverty rates declined through the early 1980s, entitlements for non-senior citizens declined and poverty rates for those groups increased. Aid to Families with Dependent Children, for example, declined by roughly 33 percent, contributing to an increased childhood poverty rate of 22 percent by 1985 (up from about 15 percent in the early 1970s). Self-interest may have played a role in this political preference. A University of Pennsylvania professor specializing in population studies argued that voters supported old-age entitlement over childhood entitlement because they planned to become senior citizens themselves and might face hardships, but no one expected to be reborn into an impoverished family.¹³⁴

Gaps in other American public policies placed seniors' benefits in stark contrast with the lack of similar benefits for younger generations. While senior citizens now enjoyed (mostly) universal access to healthcare through Medicare and Medicaid, Senator Edward Kennedy and other activists struggled and ultimately failed in their plans to enact a national health insurance bill. Proclaiming health care to be "a forgotten right," Kennedy argued that all Americans, regardless of age, were entitled to benefits. Even older Americans needed more entitlements, Kennedy and the NCSC jointly argued, as they still lacked coverage for prescription drugs, eyeglasses, and hearing aids.¹³⁵ For decades thereafter, though, federal policies recognized only the indigent, disabled, and some impoverished subsets of children as having the limited "rights" to healthcare that senior citizens automatically enjoyed.¹³⁶ Attempts to extend more welfare to the disadvantaged usually met with significant resistance. Americans tended to associate the term

¹³⁴ Davidson, "Differing Social Problems for Young, Old Result in Contrasting Poverty Levels," 64.

¹³⁵ Barbara Campbell, "Elderly Support Bill by Kennedy," *The New York Times*, 11 May 1971, 28.

¹³⁶ Political scientist Alice Sardell addresses this lack of universal healthcare by arguing that (depending on program size, public awareness and the beneficiaries' demographic characteristics), "distributive" health policies like Medicare were generally more widely accepted than "redistributive" welfare programs; see Alice Sardell, *The U.S. Experiment in Social Medicine: The Community Health Center Program, 1965-1986* (Pittsburgh: University of Pittsburgh Press, 1988).

"welfare" with racial minorities, even though when measured by absolute numbers there were more white recipients of such programs. The various benefits to older Americans consistently maintained greater popularity than similar welfare subsidies such as low-income housing programs that could potentially attract lower-income minorities to local communities. In contrast to welfare programs, the most visible recipients of Social Security, Medicare, and to a lesser extent the programs made possible by the Older Americans Act, were presumably "deserving" middle-class whites who had merely experienced the misfortune of growing old.¹³⁷

Senior entitlement also received support because of a perpetual assumption that whether due to ill-health, financial incentives, or discrimination, most people over the age of sixty-five could not realistically continue to support themselves even if they chose to do so. This shift of public opinion was documented in a series of polls that revealed where the responsibility for personal income in old age should rest. The percentage of respondents answering that "the individual" was responsible fell from 50 to 31 percent between 1969 and 1976. By the latter date, 42 percent believed the employer or union should be the entity responsible for ensuring older persons' income, and 26 percent believed it was the government's responsibility. While a significant minority still placed the greatest responsibility on the individual, a combined 68 percent looked to other sources, indicating that a large majority of Americans believed senior citizens either deserved or had earned financial assistance, as well as a respite from labor, as a result of their advancing age.¹³⁸ As indicated by Social Security policies that encouraged retirement rather than continued employment, public policy generally coincided with the public opinion that the proper social role of older Americans was one of retirement.

¹³⁷ Davidson, "Differing Social Problems for Young, Old Result in Contrasting Poverty Levels," 64.

¹³⁸ Insurance, "Preferred Source of Retirement Income, 1969-1976," 392.

Conclusion

By the early 1980s almost all senior citizens were entitled to some level of benefits under Medicare, the Older Americans Act, and Social Security. The assumption that, as a general rule, older Americans needed various sorts of assistance and that even the more affluent among them should not be financially crushed before qualifying for aid coincided with the growing belief in senior dignity to form the foundational rationale for sustaining public programs targeted toward the elderly. Even as the practice of mandatory retirement declined (a trend that will be discussed further in chapter three) the public and private benefits available to retirees and age-based discrimination in hiring decisions ensured that retirement at around age sixty-five continued as a cultural norm. With a leisurely retirement as the leading expectation for old age and private pensions or savings only covering a fraction of the population, the new federal programs seemed a practical method of maintaining the new expectations for the bulk of the population.

When it came to the largest programs of Social Security and Medicare, the political debates were usually divisive, but the trajectory for these programs from the 1960s through the 1970s was nonetheless toward expansion. Significant support existed for the idea that the most impoverished older Americans deserved basic support in the form of welfare or entitlement programs. The Older Americans Act and related programs such as local meal deliveries consequently focused on meeting basic needs for the impoverished or disabled. These programs maintained sufficient public approval because they could be locally managed and/or take a cost effective, compassionate approach. Although older Americans did not necessarily receive a guarantee of a comfortable, middle-class lifestyle, neither did the general public or policymakers agree that the most unfortunate among them deserved to eat dog food, live on the streets, or live in isolation without ever having access to transportation. In that sense, then, even the most

impoverished older Americans were at least "entitled" to food, shelter, access to medical care, basic human dignity and even a minimal level of companionship or the opportunity to participate in enriching activities. By comparison, this same philosophy did not apply to the non-elderly.

Despite not having as many resources as some argued could be provided in a rich, industrialized nation, senior citizens were at least entitled to more benefits than the nation's younger and middle-aged adults, if not its children. These policies and the prevailing entitlement ideology acknowledged that in some respects, senior citizens had certain rights and privileges that extended beyond those of younger generations. They also acknowledged that older Americans should have the right or at least the possibility of pursuing more meaningful life experiences than was previously the case. As the next chapter will contend, Americans of all ages increasingly expected and accepted the premise of expanded public programs, despite extensive debates over the individual rights of senior citizens, over older persons' roles in society, and over the effects of entitlement programs on tax burdens and the wider economy in the 1970s, 1980s, and early 1990s.

Chapter Three – "Third Rails" and "Sacred Cows": Senior Entitlement Becomes Entrenched

In 1969, Robert N. Butler, author of the Pulitzer Prize-winning book *Why Survive? Being Old in America* (1975) and director of the National Institute on Aging, coined the term "ageism" to describe the pernicious and, in his view, wholly unwarranted discrimination against older persons.¹ This language, based on that of the civil rights and women's rights movements, eventually formed one of the more potent arguments in favor of maintaining public benefits for senior citizens. Where the civil rights and women's rights movements fought against the injustices of racism and misogyny and called for freedom, Black Power, or women's liberation, the senior movement of the 1970s similarly adopted the term "ageism," promoted "senior power," and demanded an end to age-based discrimination in housing and in the workplace. Simply put, senior movement leaders did not consider the gains from Medicare, Medicaid, the Older Americans Act, private pensions, and Social Security expansions (all previously introduced in chapter two) sufficient if these were not accompanied by full freedom of choice and a meaningful role in society.

Through the 1970s the major age-based organizations of the senior movement based their demands more closely on this rights-based language and only gradually strove for additional benefits. The goals of anti-ageism and entitlement sometimes contradicted one another – the former often promoted the right, and perhaps an emotional need, to continue working in old age, while the latter promoted indulgence in a leisurely retirement. Private pensions, Medicare, Social Security, and mandatory retirement policies jointly "entitled" individuals to the possibility of a

¹ Carole Haber and Brian Gratton, *Old Age and the Search for Security: An American Social History* (Bloomington: Indiana University Press, 1994), 167. In combination with Simone de Beauvoir's *The Coming of Age* (1972), Butler's book brought greater attention from the academic world to the issues of old age, see Lawrence A. Powell, Kenneth J. Branco, and John B. Williamson, *The Senior Rights Movement: Framing the Policy Debate in America* (New York: Twayne, 1996), 139-141.

leisurely retirement, but these policies also allegedly removed the elderly from a meaningful place in society and denied them their right to choose to continue working. Some organizations, including the Gray Panthers and (as seen in chapter two) even AARP in the 1960s, opposed programs that entitled individuals to special benefits at the potential expense of a restriction on individual freedom of choice. This ideological dichotomy largely defined the senior movement in the 1960s and 1970s, but by the 1980s, AARP and other prominent senior organizations had largely shifted their focus away from opposing age-based discrimination and toward defending existing legislation and advocating for still more benefits. The senior organizations' efforts and favorable public opinion ensured that senior entitlement became entrenched as an American way of life and politics.

"All They Need is a Martin Luther King": The Movement Battles Ageism

As a symbolic measure, perhaps nothing better illustrated the lack of freedom and social acceptability than the practice of mandatory retirement that was then common in private and government workplaces. In particular, AARP and the Gray Panthers gained influence as they placed the legal abolishment of mandatory retirement among their highest lobbying goals.² The problem, as described in AARP's magazine, *Modern Maturity*, was that younger people presumed that "the old are 'different' from ourselves – and so can be ignored, as whites ignored blacks and men put down women" In this view, the only real distinguishing factor between age discrimination and racial or gender-based discrimination was that many of the discriminators could actually expect to become a member of the subjugated group. This "stupid callousness," as the article labeled it, made it impossible for many younger people to relate to older generations

² Abolishing mandatory retirement was the primary lobbying goal of AARP in the 1960s and 1970s, when it did not actively pursue entitlement legislation, see Theda Skocpol, *The Missing Middle: Working Families and the Future of American Social Policy* (New York: W.W. Norton & Company), 88.

and ultimately acknowledge the rights, needs, and desires of older persons. For individuals who wanted or needed to continue working into their older years, mandatory retirement and a job market that frowned upon older workers took away these rights. It further argued that the relatively new trend of leisurely retirement itself subjected senior citizens to an "ejection from a citizenship traditionally based on work." Retirement was hardly something to embrace for those who had inadequate savings and for those whose children and grandchildren were unavailable to care for them.³

The major political debates undertaken by the senior movement did not directly address these social roles of retirees; rather, they focused more on the forces that compelled workers to leave the workforce when they were not prepared to do so. In this vein, Dr. Ethel Percy Andrus, founder of AARP, testified before Congress: "We believe it would be difficult to conceive a more vast waste of manpower and productivity than that caused by compulsory retirement."⁴ Maggie Kuhn, founder of the Gray Panthers, similarly argued that mandatory retirement removed competent workers from the workplace, reduced income security for senior citizens, had a negative psychological effect on many individuals, extended the myth that older workers were always incompetent and worthless to society, artificially lowered the unemployment rate to make the economy appear stronger than it really was, and interfered with the most efficient use of human capital.⁵ As similarly argued in a *Modern Maturity* article, mandatory retirement drastically reduced the number of older people who worked in the labor force and unnecessarily turned them into "beneficiaries of, rather than contributors to, the pension plan."⁶

³ Alex Comfort, "Good-by to Ageism," *Modern Maturity*, February-March 1977, 9. The rise of this leisurely retirement is discussed in chapter one.

⁴ Robert B. Maxwell, "A Silver Jubilee for the ADEA," *Modern Maturity*, April 1992, 8.

⁵ Dieter Hessel, ed. *Maggie Kuhn on Aging* (Philadelphia: The Westminster Press, 1977), 66-67.

⁶ Horace B. Deets, "Mandatory Retirement," *Modern Maturity*, January/February 1997, 74.

Statistics seemed to confirm this viewpoint that even as millions of workers chose to retire early, millions of others left work unwillingly. A compilation of studies from the late 1960s and early 1970s indicated that 24 percent of retired male workers reported retiring at their organization's mandatory retirement age, and nearly 60 percent of these retirees claimed to be unwilling to retire. The rest either retired early or were not bound by mandatory retirement policies. Calculations of mandatory retirement's economic impact were, by nature, complex and controversial, but a 1977 study estimated its annual cost to be \$4.5 billion in lost productivity and direct expenditures from pensions and other support systems.⁷ Most strikingly, only 22 percent of men and women over the age of sixty-five were in the workforce in 1974, as compared with 68 percent who belonged to that cohort in 1890.⁸

Demographic and economic trends gradually made it easier to argue against mandatory retirement. In 1974, for example, average life expectancy for someone who had already reached the age of sixty-five was 15.5 years for all persons (13.4 years for white or minority males, 17.6 years for white females, and 16.8 years for minority females).⁹ By 1980, this average had increased to 16.3 years above sixty-five, which remained the most typical retirement age.¹⁰ Since it was well documented that, on average, the mind declines slower than the body with age, and the economy was already shifting toward more white collar jobs, senior advocates argued that many older workers were capable of continuing their careers.¹¹ If such healthy individuals chose to work during those years rather than adhere to the norms of retirement and dependency on

⁷ Martin Lyon Levine, *Age Discrimination and the Mandatory Retirement Controversy* (Baltimore: The Johns Hopkins University Press, 1988), 28, 32.

⁸ Harvey D. Shapiro, "Do Not Go Gently . . .," *The New York Times*, 6 February 1977, 36.

⁹ Charles S. Harris, ed. *Fact Book on Aging: A Profile of America's Older Population* (Washington, D.C.: National Council on the Aging, 1978), 104.

¹⁰ William W. Lammers, *Public Policy and the Aging* (Washington, D.C.: CQ Press, 1983), 8.

¹¹ Jr. Harrison Givens, "An Evaluation of Mandatory Retirement," *American Academy of Political and Social Science, The Annals of the American Academy of Political and Social Science* 438 (1978), in *Sourcebook on Aging* (Chicago: Marquis Academic Media, 1979).

pensions or government programs, and if they were physically capable of working, senior advocates saw no reason why they should not be allowed to do so.

Opinions on mandatory retirement varied greatly outside and even within the senior movement. Among its defenders were the AFL-CIO and its offshoot senior organization, the National Council of Senior Citizens (NCSC). Both of these pro-labor groups claimed to oppose the principle of mandatory retirement but actually supported it in the event that it were made a part of a voluntary labor contract. Most leaders of organized labor considered uniform compulsory retirement policies essential to the stability of pension plans and to ensuring the availability of work for younger workers.¹² Labor leaders and management alike also believed that mandatory retirement spared workers the indignity of being fired for declining productivity and—by making pension planning sustainable—ensured a comfortable retirement. A manager for the Westinghouse Electric Company, for example, argued that workers could better maintain their dignity if they retired at a set age rather than waiting to be fired because they "can't cut it anymore."¹³

Other arguments on behalf of mandatory retirement included the viability of business and the maintenance of racial and gender equality. In 1978 Congress adopted new restrictions that increased the minimum mandatory retirement age from sixty-five to seventy (a development that will be discussed shortly). Many business leaders reacted with trepidation, warning that the revised policy would curtail opportunities for young workers, lower the efficiency of the workforce, and saddle companies with unfounded discrimination lawsuits. A 1978 *Fortune* magazine article warned that companies would have to resort to paying outsized bonuses just to

¹² Walter Mossberg, "Age-Old Issue: Older U.S. Workers Challenging Employers on Forced Retirement," *The Wall Street Journal*, 13 October 1975, 1.

¹³ A manager for the Westinghouse Electric Company, for example, argued that workers could maintain their dignity if they retired at a set age rather than being fired because they "can't cut it anymore.", see Shapiro, "Do Not Go Gently"

incentivize older, inefficient workers to retire.¹⁴ Even outside of profit-oriented organizations, mandatory retirement could be a complicated issue. Senator Claiborne Pell (D-RI) noted that due to budget cuts, tenure, and minimum legal ages for mandatory retirement, Brown University had to reduce its costs by laying off newly-hired faculty, many of whom were minorities and women who were breaking new career boundaries. In such cases, the argument went, the elimination of age-based discrimination directly infringed on other groups' rights.¹⁵

Business and organized labor had the most clearly entrenched interests in mandatory retirement policies, but this did not deter other organizations from opposing mandatory retirement by arguing that it constituted a civil rights violation. These organizations included such prominent names as AARP, the American Civil Liberties Union, the American Medical Association (AMA), and the Gray Panthers.¹⁶ In contrast to the NCSC, the members of AARP and the Gray Panthers tended to be retired white collar workers who did not identify with the interests of organized labor. Multiple efficiency studies dating back to the 1950s had shown that a majority of aging white collar workers continued to perform their jobs as efficiently as, if not more efficiently than, their younger counterparts.¹⁷ One earlier, anecdotal example was Benjamin Duggar, a botany professor who successfully appealed for exemptions from his university's compulsory retirement policy for six straight years. At age seventy-one, he was finally forced to retire, but instead of pursuing leisure he found a job with a former student and went on to discover aureomycin, a drug that could be used against the diseases of scarlet fever, trachoma,

¹⁴ Irwin Ross, "Retirement at Seventy: A New Trauma for Management," *Fortune* 97, no. 9 (8 May 1978): 106.

¹⁵ Vernon Louviere, "The Fight Over Mandatory Retirement: How Old is Old?," *Nation's Business* 66, no. 3 (March 1978): 52.

¹⁶ Mossberg, "Age-Old Issue," 1.

¹⁷ Given individual variances in physical and mental health, a comprehensive statement of older workers' efficiency was and is not possible. For a discussion of the debate over workplace efficiency, see W. Andrew Achenbaum, *Older Americans, Vital Communities: A Bold Vision for Societal Aging* (Baltimore: The Johns Hopkins University Press, 2005), 25-48.

and tularemia. He remained an active professional and delivered lectures around the world until he died at the age of eighty-four.¹⁸

Old age advocates argued that older workers actually remained more productive than younger employees who had less experience, were more distracted by raising families, and purportedly had an inferior work ethic. Firing all older workers simply because of an arbitrary number was, according to senior advocates, unconstitutional as well as unconscionable. The AMA's Committee on Aging went so far as to claim that compulsory retirement "often leads to physical and emotional illness and premature death," because of lost social connections and economic resources.¹⁹ Dr. Bernard Hirah, a representative of the AMA, further elaborated, "We don't believe there is any statutory age of senility . . . A man may be in fine health at age 70 or in poor health at 35. People don't age uniformly."²⁰

Ultimately, the arguments against mandatory retirement best matched public opinion, but legislation followed suit only gradually. Public opinion steadily shifted from tacit approval in the 1950s to condemnation by the 1980s. In 1976, an American Council of Life Insurance survey found that 69 percent disagreed with mandatory retirement.²¹ Just five years later, a Louis Harris poll found that 90 percent of American adults and even two-thirds of business executives opposed mandatory retirement, presumably because of its arbitrary nature.²² Nonetheless, mandatory retirement and other forms of age-based discrimination were still widely practiced through the 1980s, despite some newer restrictions. Old age advocates had first attempted, but failed, to have age-based discrimination banned as a part of the Civil Rights Act of 1964 and in the 1965 amendments to the Fair Labor Standards Act. Then in 1967, the Age Discrimination in

¹⁸ Roul Tunley, "Are We Retiring People Too Early?," *The Saturday Evening Post*, 20 June 1959, 36-37, 54, 56-57.

¹⁹ Louviere, "The Fight Over Mandatory Retirement: How Old is Old?," 51.

²⁰ Mossberg, "Age-Old Issue," 1.

²¹ American Council of Life Insurance, "Attitudes Toward Mandatory Retirement," 392.

²² Levine, *Age Discrimination and the Mandatory Retirement Controversy*, 127.

Employment Act (ADEA) banned workplace age-based discrimination, including mandatory retirement for most workers, but only for employees between the ages of forty and sixty-five. Over the next eight years, 9,000 employees were rewarded \$30 million worth of settlements in resulting court cases. Mandatory retirement continued to decline as further legislation placed more restrictions on it in the 1970s and the 1980s, but it never disappeared entirely. In 1978 the Age Discrimination Act (ADA) increased the upper limits of age discrimination protection from sixty-five to seventy and eliminated the maximum age criteria entirely for federal employees. Then, in 1986, Congress banned mandatory retirement outright, with the exception of a few fields, such as for police and firefighters.²³ Eventually the practice of mandatory retirement dwindled, although some policies still exist in the present day. By federal law, for example, all airline pilots in the United States are currently subject to mandatory retirement at the age of sixty-five – a policy that likely reduces the number of unhealthy pilots but has created some concern over a possible shortage of airline pilots as the workforce ages.²⁴

Even for the age group of forty to sixty-five (and later to seventy) that the ADEA attempted to protect, the legislation failed to curb discriminatory hiring and firing practices. Companies could no longer post listings in the newspaper classified sections with phrases such as, "ambitious, young man to assist me in sales & service," or for a secretarial position, "No . . . exp nec for attractive, on-the-ball gal."²⁵ Such job listings were the easiest form of age discrimination to identify and curtail, but very little prevented employers from discriminating against older workers if they exploited loopholes in the Department of Labor's enforcement of the ADEA. An example is the ADEA's stipulation that companies could continue to make age-

²³ Kerry Segrave, *Age Discrimination by Employers* (Jefferson, NC: McFarland & Company, 2001), 139-141, 174, 176.

²⁴ Matthew Wald, "F.A.A. Review Is Expected On Pilots' Age At Retirement," *The New York Times*, 30 January 2007, C10.

²⁵ Quotations from: "Classified Ads.," "Classified Ads," *The New York Times*, 7 April 1960.

based hiring decisions in fields where age mattered in the performance of the job. Such fields might include modeling or physically demanding work such as firefighting or police work. The most prominent example was the Greyhound bus company, which continued the policy of not hiring any drivers over the age of thirty-five, regardless of their individual health and even though the company itself had many drivers over the age of sixty who had been hired when they were younger. When the case came to court, the lawyers representing the Department of Labor argued with the bus company's lawyers over what age the drivers' bodies began to degenerate and whether or not that presented a safety hazard to bus passengers. The Federal Court of Appeals agreed with Greyhound that bodily degeneration began at age thirty-five; therefore, the company did not have to consider applicants older than that age. The U.S. Supreme Court declined the Department of Labor's appeal.²⁶

More than a decade after the ADEA, many businesses still routinely—and not quite clandestinely—searched for ways to reduce the number of older workers. A 1984 *Wall Street Journal* article advised that, "the basic rule, and one that should be clearly established and firmly enforced, is that people beyond their early 60s should ease out of major managerial responsibilities." The supporting arguments were that older managers would make decisions based on outdated methods or information and then retire before they could fix the resulting problems. The author concluded that most companies should prod their workers into accepting lower-paying positions with less responsibility once they approached their sixties.²⁷ At least one survey reported that 97 percent of workers who had authority in hiring and firing decisions admitted that "unfair" age discrimination was common.²⁸ Confirming the suspicion of rampant age-discrimination was the statistic that in the mid-1980s, the Equal Employment Opportunity

²⁶ Segrave, *Age Discrimination by Employers*, 143, 145.

²⁷ Peter F. Drucker, "Executives Are 'Aging' at 42," *Wall Street Journal*, 7 March 1984, 30.

²⁸ Segrave, *Age Discrimination by Employers*, 147-148.

Commission (which had taken over the ADEA responsibilities from the Department of Labor) only pursued one out of every 200 complaints of age discrimination. With the number of complaints in this time ranging from 10,000 per year to nearly 25,000 per year, only a tiny portion of infractions were ever even investigated. The individual victims could pursue their own litigation, but this presented a risk due to the cost and inconsistent, sometimes even hostile, court rulings.²⁹

Despite a growing body of legislation, then, the evidence of persistent age-based discrimination and negative stereotypes allowed senior advocates to continue to portray their cause as a moral and legal battle for civil rights. In numerous local and national confrontations they sought more assurances of these rights as well as more public assistance for their housing, health, and financial needs. Occasionally these advocates opposed new public spending on younger generations and argued that the elderly were neglected and constituted a higher spending priority. In one such instance, Dr. Jack Kabcenell, a prosthodontist and president of the Rye, New York school board, ran up against opposition to an \$8.4 million bond issue for a new junior and senior high school in 1971. The local senior citizens community based its opposition to the bond on the indignity and disregard which they frequently experienced, arguing that more money needed to be spent on the elderly rather than on new school buildings. With the help of the local newspaper, they organized older voters to participate in a referendum vote. The turnout of registered voters was an astonishing 95 percent, nearly twenty-five times higher than in previous school budget votes. The bond failed, leaving Kabcenell to remark that his patients, many of whom were elderly, expressed a "rising class consciousness" of old age. With longer life spans, a shared experience of retirement, and poor economic conditions, Kabcenell believed that

²⁹ Ibid., 176-177.

they only needed effective leadership to organize on a national scale. "All they need is a Martin Luther King and it could be a revolution," he told a newspaper reporter.³⁰

The Gray Panthers Pose a Dilemma: Fight Against Ageism or Pursue Entitlement?

The senior movement never found a leader as dynamic or prominent as King, but it did have leaders who vibrantly expressed their opposition to age discrimination, while not necessarily advocating senior entitlement. The most visible old age advocate of the 1970s was Maggie Kuhn, founder of the Gray Panthers. Kuhn's career as an activist had begun in the 1920s when she took a position with the Young Women's Christian Association (YWCA), and by the 1930s she had ascended to the YWCA's national staff. During World War II, when the YWCA was a member of the United Service Organization (USO), she advocated on behalf of women who were soldiers' wives or who worked in war factories. She left the YWCA in 1947 and spent a year and a half at the General Alliance of Unitarian Women, before working for the United Presbyterian Church as a member of the Division of Social Education and Action and later in the Division of Church and Race.³¹

Kuhn made a career of disrupting the status quo of the Presbyterian Church. At the age of thirty she became one of the church's first female deacons and was nominated to join the governing lay body. In the latter incident, she could not override the objections of the local pastor, who believed women should not hold such a position.³² Beyond simply being a female church leader, her feminist stances also ruffled feathers within the church bureaucracy. In the 1960s she suggested that the church needed to focus more on the needs of single women, rather

³⁰ Greenhouse, "Elderly Exerting Power in Elections in Suburbs," 1, 62.

³¹ Sanjek, *Gray Panthers*, 13-14.

³² Maggie Kuhn, Christina Long, and Laura Quinn, *No Stone Unturned: The Life and Times of Maggie Kuhn* (New York: Ballantine Books, 1991), 93.

than exclusively on nuclear families, and be more accepting of extramarital sexual relations.³³ Kuhn herself never married, partially, according to her autobiography, because she did not find the right partner but also because the expectations of a career and of a housewife were largely incompatible in the mid-twentieth century. The YWCA's policy, for example, was to begin training a replacement for any woman immediately after she became engaged. She came close to marriage twice in her youth, but thereafter pursued several secret, extended love affairs.³⁴

As Kuhn aged, activism for women's and racial rights eventually translated into activism for senior rights. She first became involved in aging issues in the 1950s, when she prepared a study on the cost of medical care for the Presbyterian Church. The costs of medical care for older individuals and the unavailability of insurance to cover those costs shocked her. She conducted meetings with representatives of the American Medical Association, the American Hospital Association, Blue Cross-Blue Shield, the AFL-CIO, and the NCSC, and she finally represented the church at the 1961 White House Conference on Aging, where she advocated for one of the proposals that later became Medicare.³⁵ In the late 1960s, she served on the board of four "rather posh Church retirement homes" that served "well-to-do Presbyterians." In addition to the homes only serving the needs of the wealthy, Kuhn disagreed with their monotonous days and "autocratic" management that ignored the wishes of the residents.³⁶

Old age advocacy became personal for Kuhn in 1970 when she was subjected to mandatory retirement, despite the fact that other (male) church executives in good health were allowed to continue working on a year-by-year basis. She soon organized a meeting with five other women who had also worked in nonprofit organizations and been forced to retire. They

³³ Sanjek, *Gray Panthers*, 15.

³⁴ Kuhn, Long, and Quinn, *No Stone Unturned*, 71-74, 106-107.

³⁵ Sanjek, *Gray Panthers*, 16.

³⁶ Kuhn, Long, and Quinn, *No Stone Unturned*, 127-128.

first organized an event at Columbia University which attracted a crowd of 100 people interested in the place of the elderly within society. From these efforts came a small core of supporters who agreed that in addition to advocating for their own needs, the elderly should be more active participants in politics, especially with issues that transcended all age groups. The group later became famous for its advocacy on behalf of the aged specifically, but among their first actions were resolutions against the war in Vietnam, participation in anti-war rallies, and even the distribution of "care packages" to draft resisters. They also advocated for issues such as universal access to health care, racial equality, and other quality of life issues for people of all ages.³⁷

Of course this small group would have amounted to little without specific, achievable goals and wider publicity. They decided to hit the streets with public protests, make loud and clear demands, and generally follow in the confrontational style of the more vocal elements of the civil rights, anti-war, or women's rights movements. They cycled through several names, including Aging Continuing the Struggle (ACTS) and Consultation of Older Adults, but the name Gray Panthers stuck soon after a radio program producer suggested it to Kuhn to reflect their confrontational style and hopes of having a media impact far larger than their small membership would suggest.³⁸ While the group's goals were not specifically focused on racial uplift (Kuhn and most of the other members were white) and they did not wield weapons in their protests, the obvious reference to the Black Panthers did reflect the emotional depth of their demands, their determination to make themselves heard, and a stance on major issues that is best described as socially liberal.

The group's first major success came when they teamed up with consumer advocate Ralph Nader to fight against local banking practices in Philadelphia. The largest bank, First

³⁷ Ibid., 128-132.

³⁸ Sanjek, *Gray Panthers*, 20, 22.

Pennsylvania Banking and Trust Company, routinely denied older persons (and, for that matter, the poor) checking accounts because their accounts would have been too small to be profitable for the banks. As a result, most senior citizens cashed their Social Security checks each month and frequently fell victim to robberies while walking home. In one instance, an older woman was murdered and robbed for \$309, and some three dozen Gray Panthers occupied the First Pennsylvania Bank to demand free checking accounts, money orders, and better access to loans for home improvements, with the home itself serving as collateral. For his part, Ralph Nader arranged a meeting with the president of the bank, who ultimately gave into the Gray Panthers' demands.³⁹

Such confrontations brought a great deal of publicity between 1972 and 1975. Maggie Kuhn was invited to the *Phil Donahue Show* on two occasions, appeared in a television interview with David Susskind, and most notably went on the *Tonight Show Starring Johnny Carson*. Additional news about the Gray Panthers cropped up in national and local newspapers, newscasts, and four documentaries, the most widely distributed of which was called *Maggie Kuhn: Wrinkled Radical*. Finally, in 1974, President Gerald Ford invited Kuhn to his signing ceremony for the Employment Retirement Income Security Act (ERISA), which provided limited federal regulation and insurance for some private pension plans. Just a month after the unpopular pardoning of Richard Nixon, Ford hoped to receive positive publicity for ERISA and for garnering the support the Gray Panthers. Instead, Kuhn, who had prepared comments opposing ERISA (the Gray Panthers were outraged that it made no provisions for the more than half of all workers who did not even qualify for private pensions), indicated that she wanted to speak.⁴⁰ Ford, most likely trying to be polite, addressed her, "Young lady, do you have

³⁹ Kuhn, Long, and Quinn, *No Stone Unturned*, 140-141.

⁴⁰ Sanjek, *Gray Panthers*, 53, 55.

something to say?" Kuhn responded, "Mr. President, I'm not a young lady. I'm an old woman," and then proceeded to blast ERISA. In her autobiography she explained: "He was a little flustered and so were the others around the table. But I just couldn't help reminding him that his words weren't a compliment. Old people are old."⁴¹

The Gray Panthers used their newfound media spotlight to express their view that older persons, as with all other American citizens, possessed rights that should not be violated and that special legislation and programs were necessary to ensure those rights. Legally, their main argument against mandatory retirement was that it violated the due process clause of the Fifth Amendment and the equal protection clause of the Fourteenth Amendment. Various lawsuits, whether initiated by the Gray Panthers or other organizations and individuals, argued that mandatory retirement denied individuals these rights because the policy was based on the fundamental and mistaken assumption that "all workers over a certain age are incompetent," in the words of Maggie Kuhn.⁴² An AARP spokesman agreed with this viewpoint and further elaborated, "A person is constitutionally entitled to work, and the test of whether he is able to do so shouldn't be that he happened to turn 65."⁴³ In general, though, the courts did not agree that mandatory retirement violated due process or equal protection. By the 1990s federal laws had eliminated mandatory retirement in almost all situations, yet the Supreme Court continued to uphold the basic constitutionality of the practice so long as it did not violate said laws.⁴⁴

In spite of these courtroom failures, the rights-based language persisted within the senior movement, even in areas where seniors voluntarily made lifestyle choices. Some activists complained of age-based "segregation" in its various forms. Kuhn argued that, like "ghetto"

⁴¹ Kuhn, Long, and Quinn, *No Stone Unturned*, 143.

⁴² Hessel, ed. *Maggie Kuhn on Aging*, 73.

⁴³ Mossberg, "Age-Old Issue," 1.

⁴⁴ "The Nation: Supreme Court Studies Age Discrimination," *Modern Maturity*, October-November 1991, 9.

housing, retirement communities isolated the elderly and removed them from the rest of society where they were widely considered a nuisance. Leisure World, one such community in southern California, not only had its own hospital, health clinics, clubs, recreational facilities, and a church, but also had barbed wire fences, guards, and even a moat for security. Residents could leave, if able, but in Kuhn's characterization it was merely a "playpen . . . they're very safe . . . playpens are meant to be safe and comfortable. The people are out of the way of the rest of society."⁴⁵ This viewpoint fit well within Kuhn's view that the elderly were treated as "wrinkled babies," who should be pampered, protected, and entertained, but never expected or even allowed to contribute their labor and ideas toward tangible accomplishments.⁴⁶ Other activists echoed Kuhn's belief that leisurely retirement merely disguised paternalism and especially complained that "television has, almost unnoticed, become the 'baby sitter' for the old as well as for the young, but no one has yet devised a 'Sesame Street' for the elderly."⁴⁷

Representatives of AARP often echoed these complaints about the social roles of older people and how they were treated or viewed, though without necessarily agreeing with Kuhn's broader criticism of leisurely retirement (AARP, after all, was by then promoting the sort of leisurely retirement that Kuhn and the Gray Panthers despised). Writing in AARP's *Modern Maturity* magazine, Dr. Alex Comfort suggested that older people needed to stand up for themselves and avoid falling "into a state of fatuous senior Uncle Tomism." To do this, he believed, seniors needed to react quickly and decisively to derogatory comments and treatment (such as being referred to as "old biddy" "Granny," "Pop," or "old lady in tennis shoes"), just as African Americans had asserted themselves more boldly against "people who talk slightly

⁴⁵ Hessel, ed. *Maggie Kuhn on Aging*, 43.

⁴⁶ *Ibid.*, 91.

⁴⁷ Powledge, "Retirement, One of the Hardest Jobs in America," 188. For a more detailed examination of the concept of paternalism as used in relation to old age, see Thomas Halper, "The Double-Edged Sword: Paternalism as a Policy in the Problems of Aging," *The Milbank Memorial Fund Quarterly* 58, no. 3 (Summer 1980): 472-499.

about 'niggers.'" Comfort undoubtedly sensationalized the comparison, as there was no history of age-based slavery and no record of older people being the target of hate crimes, but the comparison held some structural similarities in that both forms of language adhered to stereotypes and accordingly belittled the person being addressed. "Tell them you don't appreciate that sort of language," Comfort wrote, "Usually they mean no harm, but need their heads changed . . . Point out acidly that you have a name and if they don't know it they can damn well ask, and that you were earning a living when they were still eating baby food."⁴⁸

The rhetoric of women's rights made its way into the senior movement in a fashion similar to that of the civil rights movement. While racial minorities were relatively invisible either as participants in or as beneficiaries of the senior movement, a trend that will be discussed in the epilogue, female activists were numerous and sometimes prominent among old-age advocates. Women's rights issues especially resonated with old-age advocates because a disproportionate number of the elderly were women due to longer female life spans and because, on average, older women had fewer resources than older men and were more likely to suffer from poverty and from abuse. Older women could also accurately complain that despite their larger numbers, they were ignored or belittled to an even greater extent than older men in popular culture and even in scientific studies. The National Institute on Aging, for example, did not include women in their study of "normative" aging until 1978 – in effect implying that men provided the only normative model of old age.⁴⁹

Personal experiences similar to those of Maggie Kuhn had originally motivated Dr. Ethel Percy Andrus to found the National Retired Teachers Association (NRTA) and AARP in 1947 and 1958, respectively. In 1930 at the age of forty-six, Andrus received a Ph.D. from the

⁴⁸ Comfort, "Good-by to Ageism," 11.

⁴⁹ Colette V. Browne, *Women, Feminism, and Aging*, Springer Series: Focus on Women (New York: Springer, 1998), xxiv-xxvii.

University of Southern California and thereby attained an amount of education highly unusual for a woman at the time and, clearly, still unusual among men and women today. Her career included high school teaching, volunteering at Jane Addams's Hull House and the Chicago Commons, and serving a stint between 1916 and 1944 as the first female high school principal in California.⁵⁰ Unlike Maggie Kuhn, Andrus retired voluntarily. But like Kuhn, Andrus found that the elderly faced many financial and health problems in retirement and felt compelled to address the issue. Andrus died in 1967 and therefore did not live long enough to see AARP become the nation's leading lobby for senior entitlement programs, but the NRTA and AARP certainly shared the Gray Panthers' goals of improving the lot of the aged, regardless of race or sex.⁵¹

Many of the same grievances that led women to become path-breaking feminists in their younger years frequently drove them to old-age advocacy. Reflecting on the second-wave feminism some decades later, the feminist Betty Friedan argued that old age advocacy and feminism were in fact indistinguishable. In her book, *The Fountain of Age*, Friedan wrote, "what had really caused the women's movement was the additional years of human life. At the turn of the century, women's life expectancy was forty-six; now it was nearly eighty. Our groping sense that we couldn't live all those years in terms of motherhood alone was 'the problem that had no name.'"⁵² When Friedan made this realization around the age of sixty in the 1980s, she joined other prominent women in advocating on behalf of the aged. She argued that the myths of old age not only paralleled those about women, but that frequently they overlapped with one another. In the 1960s, for example, public conversations usually only referenced menopause in the form

⁵⁰ Crippen et al., *The Wisdom of Ethel Percy Andrus*, 10; Jane Adler, "AARP Bulletin: Ethel Percy Andrus' Service in Chicago Drives AARP's Mission," AARP, <http://www.aarp.org>. Accessed 11 August, 2011.

⁵¹ For a collection of essays authored by Dr. Ethel Percy Andrus, see Crippen et al., *The Wisdom of Ethel Percy Andrus*. Andrus's biography can be found in: *ibid.*; Abrams, *The Story of AARP*; Browne, *Women, Feminism, and Aging*.

⁵² Betty Friedan, *The Fountain of Age* (New York: Simon & Schuster, 1993), 16.

of innuendos. On the unusual occasions that menopause did receive public attention, it was considered a "shameful sexual sickness . . . [the] ultimate trauma, the end of her sexual function, her life as a woman. She was told to expect painful, even agonizing, physiological symptoms and depressions that might send her to bed for weeks, even years, sometimes requiring hospitalization." Yet many of the older women Friedan interviewed had trouble recalling particularly bothersome symptoms at all, and certainly few would experience effects as traumatizing as they may have been led to expect.⁵³

Popular myths also held that all older people, whether male or female, were "senile," even though only a small percentage of the elderly population actually suffered from diseases such as dementia. Another connection Friedan made between feminism and old age advocacy was the social, medical, and political propensity to "protect" both women and the elderly in ways that denied their fundamental humanity. She referenced "'protective' laws sheltering women from the burdens of earning, voting, participating in society in equality with men" and compared them to policies that kept "the aging out of the places where the productive activities of society go on . . . the activities that earn money and status Far less trouble to keep them sedated, in beds and wheelchairs in expensive nursing homes, than to deal with their diverse reality and figure out ways to keep them productive in the community."⁵⁴

Friedan, Kuhn, and Andrus all shared the view that, at least on occasion, entitlement policies could serve to reinforce the image of the elderly as hapless, force a leisurely retirement upon unwilling persons, or even rob individuals of their human liberty and dignity. Other than the Gray Panthers, though, old-age advocates commonly failed to reconcile or chose to ignore any discrepancies between entitlement ideology and rights-based ideology, in favor of the

⁵³ Ibid., 14-15.

⁵⁴ Ibid., 26-27.

former. A complete eradication of ageism would also, at least in theory, entail ending benefits that came automatically with chronological age. So while the Gray Panthers and AARP agreed upon the need for better systems to care for the elderly disabled, for example, they disagreed about the implications of leisurely retirements and retirement communities that tended to segregate the old from the young and from some fundamental aspects of social and economic life. While there were (and are) still limitations in seniors' rights and in how they were treated, the legislative gains, increased senior voting rates, and image improvements made between the 1960s and the 1990s did at least signify a growing acknowledgement of senior citizens' fundamental humanity and dignity. This acknowledgement (and implicit or in some cases explicit admission of public responsibility) also underlay the growing public approval of benefits that applied specifically to older Americans.

"Greedy Geezers": AARP and Senior Entitlement Come under Fire in the 1980s-1990s

The newfound clout of AARP and the senior movement as a whole, discussed in chapter two, did not go unnoticed or unopposed. As the influence and power of old-age advocates grew, the nature and purposes of senior citizens' newfound benefits came under closer scrutiny. In particular, the decline of several older stereotypes about aging presaged the rise of new stereotypes that generally viewed the elderly as being able to take care of themselves. Many of the negative stereotypes surrounding aging had gradually softened by the 1980s, as discussed in chapter one, but this shift did not always translate into political advantages. A rising, though not yet ubiquitous, opinion trend viewed the elderly with at least three excessively positive stereotypes, all of which corresponded neatly with many political conservatives' arguments that federal spending on social services needed to be reduced. Gerontologist Robert H. Binstock

argued that these misconceptions were: 1.) senior citizens' finances were sound, 2.) that they had more than adequate political influence, and 3.) they all voted as a bloc according to self-interest. These stereotypes often led to the conclusion that, with a growing percentage of the overall population, increasing political clout, and selfishness, older Americans would soon subvert the nation's economy if nothing was done to reduce their benefits. Publications ranging from *The Washington Post* to *The Wall Street Journal* blamed excessive federal spending on older Americans (amounting to more than one-quarter of the federal budget by the early 1980s) for the nation's economic malaise in the late 1970s and early 1980s.⁵⁵ In the words of AARP's legislative director, "The old stereotype was eating dog food. The new stereotype is playing golf."⁵⁶ The reality of old age, of course, lay somewhere in the middle and varied greatly by individual.

The growth of AARP did little to dissuade some observers that senior citizens were financially and fiscally well off and perhaps taking more than their fair share of the nation's wealth. By the 1980s no age-based organization could claim to be as powerful an advocate for such public benefits as AARP. Its membership expanded from one million in 1969 to eleven million in 1977 and to thirty-two million in 1989.⁵⁷ By the latter date, AARP was gaining 8,000 members per day and was, by membership, the largest organization of any kind in the United States aside from the Roman Catholic Church.⁵⁸ Its main office in Washington, D.C. and its regional office in Long Beach, California conducted enough business through the mail to merit their own ZIP codes and receive discounted rates for bulk mailings with the United States Postal

⁵⁵ Robert H. Binstock, "The Aged as Scapegoat," *The Gerontologist* 23, no. 2 (April 1983): 136.

⁵⁶ Kenneth H. Bacon, "AARP, Now Championing Health Care for All, Scrambles to Prove It's More Than a Paper Tiger," *The Wall Street Journal*, 27 December 1989, A8.

⁵⁷ Halper, "The Double-Edged Sword: Paternalism as a Policy in the Problems of Aging," 491; Pratt, *The Gray Lobby*, 90-91; Bacon, "AARP," A8.

⁵⁸ Bacon, "AARP," A8; Tierney, "Old Money, New Power," 98.

Service.⁵⁹ More than 20 percent of all registered voters were members of AARP.⁶⁰ The organization spent \$10 million per year and employed 125 staff members in its lobbying efforts.⁶¹ Adding to its clout was the fact that—unlike the situation prior to the 1980s—people in the age group of 65-84 by then actually did vote at a greater rate than all other age groups (a rate slightly above 60 percent). Even by then, though, voting rates for voters aged 85 and above were much lower (below 40 percent) and were in fact the lowest level of all age groups except for those aged 18-34, of whom fewer than 30 percent turned out to vote.⁶²

Even before the senior advantage in voting rates began to materialize, AARP came under criticism for allegedly using its large membership numbers to pursue political objectives that benefited the organization more than its members, many of whom had paid their five dollar annual dues not for political reasons, but rather for the personal benefits of accessing supplemental insurance plans, receiving *Modern Maturity* magazine, soliciting legal or health advice, or obtaining travel and other discounts.⁶³ These critics included Ed Bradley, who in a 1978 *60 Minutes* segment claimed that AARP was merely an insurance company posing as a nonprofit agency. Phillip Longman, another critic and a staff member of the 700-member Americans for Generational Equity, claimed, "The reality in Congress is that nobody can take on the elderly. When A.A.R.P.'s lobbyist shows up, it's like Darth Vader at the door – he tells

⁵⁹ Jonathan Peterson, "19 Million Members: Association of Retirees a Major Force," *Los Angeles Times*, 19 September 1985, OC1. AARP endured significant criticism for its discounted postal rates, due to the fact that many of their mailings included solicitation for the purchase of products or services: see Statement of Roy Goldberg, Galland, Kharasch, Morse & Garfinkle, Washington, D.C., in *Business and Financial Practices of the AARP*, Hearings before the Subcommittee on Social Security and Family Policy of the Committee on Finance, United States Senate, First Session, 13 June, 1995 (Washington, D.C.: U.S. Government Printing Office, 1995), 26-33.

⁶⁰ Powell, Branco, and Williamson, *The Senior Rights Movement*, 135.

⁶¹ Tierney, "Old Money, New Power," 99-100.

⁶² Koff and Park, *Aging Public Policy*, 151.

⁶³ Published criticisms of AARP's conflicts of interest included: Dale Van Atta, *Trust Betrayed: Inside the AARP* (Washington, D.C.: Regnery Publishing, 1998).

people how to vote."⁶⁴ Longman had previously been fired from his job as a Congressional aide for criticizing AARP on television.⁶⁵ Some Congressional hearings brought forth further questions about the conflicts of interest between AARP's lobbying and membership practices. One policy expert testified before the Senate Committee on Finance that AARP routinely expelled members for holding unauthorized meetings and expressing political views antithetical to those of the AARP leadership. The threat of expulsion from an organization that offered so many direct (and in some cases, irreplaceable) benefits to its members was not to be taken lightly. In this way, AARP could swell its membership, use those numbers to claim a large base of support for their legislative proposals, and then use benefits to coerce their members into retaining their membership.⁶⁶

The benefits of belonging to AARP merit further delineation. Each year members received six copies of *Modern Maturity* magazine, which in 1988 became the most-circulated magazine publication in the nation and eventually surpassed the combined circulation of *Time*, *Newsweek*, and *U.S. News & World Report*.⁶⁷ *Modern Maturity*, along with the eleven-issues-per-year *AARP Bulletin*, delivered a significant amount of information about aging issues, AARPs advocacy activities, and advertising content. AARP also offered *Highlights* magazine to 200,000 of the organization's volunteers, distributed *Working Age* to 65,000 subscribers over the age of sixty-five who still worked and produced various other educational or promotional pamphlets on hundreds of topics of special interest to the aged. AARP offered a Consumer Affairs Program to help older persons purchase consumer products as well as financial, utility,

⁶⁴ Tierney, "Old Money, New Power," 52, 99.

⁶⁵ "AARP's Catastrophe," *The Wall Street Journal*, 2 October 1989, A14.

⁶⁶ Prepared Statement of Paul S. Hewitt, "Elder Abuse," *Business and Financial Practices of the AARP*, Hearings before the Subcommittee on Social Security and Family Policy of the Committee on Finance, United States Senate, First Session, 20 June, 1995 (Washington, D.C.: U.S. Government Printing Office, 1995), 89-90.

⁶⁷ Ira Teinowitz, "'Modern Maturity' Wins Top Spot in Circulation," *Advertising Age* 59, no. 35 (22 August 1988): 12. For *Modern Maturity's* circulation compared with that of *Time*, *Newsweek* and *U.S. News & World Report*, see Atta, *Trust Betrayed*, 14.

and other services. The organization's Criminal Justice Services, established in the late 1960s, trained police officers to interact with the elderly in positive ways. Other similar programs that AARP offered included the Grandparent Information Center, the Housing Program, Work Force Programs, Health Advocacy Services Program, the Legal Counsel for the Elderly Program, the Office of International Activities, and the Research Information Center (a publicly-accessible library devoted to the study of social gerontology).⁶⁸

AARP's community service programs trained and coordinated senior citizens to volunteer their time to various causes or groups, including such organizations as the American Red Cross. Even after the adoption of Medicare in 1965, insurance companies continued to offer AARP-endorsed life and health insurance plans through its Group Health Insurance Program that would cover various medical services, drugs, or devices not covered by Medicare. It was even possible to buy AARP-licensed car, home, mobile home, and travel insurance. AARP members could receive discounts on prescription drugs, rental cars, and many other travel services or consumer goods. Members could also invest their money in AARP-endorsed mutual funds and use AARP credit cards. Further complicating the relationship among its endeavors of lobbying, charity, marketing, licensing, publishing, and nonprofit advocacy, AARP also received federal funds to manage such programs as the Senior Community Service Employment Program, the Senior Environmental Employment Program, and the Tax-Aide Program to assist older persons or those with disabilities in completing their tax returns.⁶⁹

The enhanced visibility of AARP and of senior citizens more generally came at the price of negative publicity. Increased criticism of the complex, the intertwined private and public

⁶⁸ Prepared Statement of Eugene Lehrmann, *Business and Financial Practices of the AARP*, Hearings before the Subcommittee on Social Security and Family Policy of the Committee on Finance, United States Senate, First Session, 20 June, 1995 (Washington, D.C.: U.S. Government Printing Office, 1995), 92-96.

⁶⁹ *Ibid.*

interests inherent in old-age politics threatened to undermine the ideology of senior entitlement itself. Senior entitlement came under fire for a combination of its costs (supposedly at the expense of younger generations), a growing perception that it was perhaps unnecessary, and, especially in the case of Medicare and Social Security, for its potential long-term insolvency. Numerous publications started using the phrase, "Greedy Geezers," to describe those who lobbied on behalf of more old-age benefits at the expense of younger generations.⁷⁰ Ken Dychtwald, author of the well-known 1989 book, *Age Wave*, argued that efforts to relieve the elderly from poverty had gone too far. "They now have the lowest poverty level of any age group in the country," he announced to a group of insurance company representatives: "While we were worrying about the communists taking over America, the elderly took over."⁷¹

By expressing concern over the growing resources devoted to senior citizens, some critics took stances in complete opposition to the view of senior citizens as entitled citizens. In 1984 Richard Lamm, then the governor of Colorado, created a stir when he argued that the old possessed "a duty to die and make way for the young." Daniel Callahan, a medical ethicist and the author of the influential book, *Setting Limits*, further argued that a particular age should be established, perhaps in the late-seventies or early-eighties, after which patients should be denied life-saving health care.⁷² Callahan specified that these patients should not be placed in intensive care units, receive organ transplants, or be placed on life support. They would only receive low-cost, routine care and, when faced with life-threatening situations, palliative measures to ease their suffering. Others, such as Dr. Christine Cassel, the chief of internal medicine at the

⁷⁰ Franklyn P. Good, "'Greedy Geezers' Want to Share," *The Washington Post*, 28 October 1989, A21.

⁷¹ Meyer, "Senior Bashing," 28. The elderly did indeed have low poverty rates, but as I will note shortly, a large population meeting these minimal standards of financial security should not be confused with outright senior affluence. See also: Ken Dychtwald, *Age Wave: The Challenges and Opportunities of an Aging America* (Los Angeles: J.P. Tarcher, 1989).

⁷² Sandy Rovner, "Healthtalk: A Younger Generation Measures the Worth of Old Age," *The Washington Post*, 17 October 1989, F11. See also: Daniel Callahan, *Setting Limits: Medical Goals in an Aging Society* (New York: Simon and Schuster, 1987).

University of Chicago School of Medicine, alternately argued that cost savings should first be found by making the medical system more efficient, "before we talk about throwing people off the lifeboat." Cassel did suggest that some older patients (or their powers of attorney) already voluntarily chose to decline life-extending measures in certain circumstances, thus saving expenditures on terminally ill patients. Cassel argued, though, that individuals had the right to decide whether or not to take extraordinary measures to extend their lives, based on their quality of life rather than "on the basis of some arbitrary age cutoff."⁷³

Older persons themselves sometimes expressed feelings of guilt associated with the benefits they received just for reaching certain ages. One such individual, Louis Maples, expressed concern that the benefits she and her husband had not even asked for or needed were saddling the economy with a significant burden. Maples argued, "Able-bodied seniors today are extending their hands for a handout rather than a handshake. Too many are playing on their age. Too many are freeloading the entire last lap of life's journey." She further summarized her view of the scheme: "Senior power is voting power, and there is no politician alive who does not recognize this fact. Give them senior centers. Give them recreational programs. Give them free transportation. Give them tax benefits. In return, they give their votes and the taxpayers give their money."⁷⁴ In other cases, senior citizens were unable to reconcile their personal pride with the receipt of handouts. Vincenza Sceusa, director of a senior center in New York City with a large number of Italian-American members, told interviewers that the biggest challenge in connecting benefits with recipients was figuring out how to "teach [seniors] that the various services are entitlements—not charity—that they have paid for." Many seniors nonetheless

⁷³ Alan L. Otten, "Ethicist Draws Fire with Proposal for Limiting Health Care to Aged," *The Wall Street Journal*, 22 January 1988, 29.

⁷⁴ Louis Maples, "Should the Elderly Get Handouts," *The New York Times*, 31 October 1982, 38.

refused to accept any distinction between earned benefits and charity, even for programs that provided for basic, daily needs such as free meals.⁷⁵

The views of Maples and Sceusa were undoubtedly closer to the mainstream of public opinion than Governor Lamm's suggestion that the elderly had no particular right to existence. Jeff Faux, president of the Economic Policy Institute, for example, argued that it was a "strange morality" to make demands "that would reduce medical care for 80-year-old retired workers in order to assure that the 18-year-old children of the affluent maintain their supply of stereos and sports cars."⁷⁶ Indeed, the basic concept of providing the means of sustenance—as well as expensive medical care—to older Americans always maintained strong support from all age groups. A 1986 NBC News/*Wall Street Journal* Poll indicated that 78 percent of respondents opposed reductions in Medicare to balance the federal budget.⁷⁷ In the same year, a Gallup/CCFR Survey indicated that 60 percent of respondents wanted to expand Social Security and a further 32 percent wanted it kept the same. Only 5 percent indicated that program should be cut back.⁷⁸

Two growing assumptions did threaten to undermine public support for senior entitlement. These were that senior citizens were better off financially than younger generations and that spending on Medicare and Social Security could be reduced without adverse effects on the aged population. Indeed, fewer senior citizens (12.4 percent in 1985) lived below the poverty line than did the general population (14.4 percent in the same year). The phrase "welfare for the rich" might even have roughly described the 10 percent of Social Security funds that went to

⁷⁵ "Elderly With Proud Traditions Find it Hard to Say 'Help'," *The New York Times*, 29 September 1979, 23.

⁷⁶ Rovner, "Healthtalk."

⁷⁷ NBC News/*Wall Street Journal* Poll, October 1986, iPOLL Databank, The Roper Center for Public Opinion Research, University of Connecticut, http://www.ropercenter.uconn.edu/data_access/ipoll/ipoll.html. Accessed 30 August 2011.

⁷⁸ Gallup/CCFR Survey of American Public Opinion and U.S. Foreign Policy 1986, October 1986, iPOLL Databank. Accessed 30 August 2011.

households with incomes above \$30,000. Certain groups such as the "old-old" and minorities, though, still relied almost entirely on government programs for basic sustenance. Nonetheless, senior activists increasingly had to defend the charge of being "greedy and selfish consumers," in the words of Cyril Brickfield, executive director of AARP. Brickfield, other senior organizations besides AARP, and gerontologists therefore warned about the dangers of basing social welfare policies on this new, inaccurate stereotype of senior affluence.⁷⁹ If proposals for entitlement reform assumed that senior citizens were generally affluent, then entitlement itself could potentially be challenged.

Numerous proposals to reduce spending on old-age benefits emerged from the Reagan administration, but those met with limited success in actually curtailing entitlement spending. One of Reagan's most notable campaign promises was to cut Social Security along with other social spending. He claimed that in an aging society, the program's funding was unsustainable and the only way to save the program was to systematically cut its benefits. In reality, Social Security's trust funds were sound for the foreseeable future, and Reagan's plans for Social Security encountered so much opposition that he had to abandon them. Still, the idea of Social Security's insolvency lingered, particularly among the nation's youth, who repeatedly heard that the program would not exist when they grew old.⁸⁰ The administration had more success in cutting the Medicare and Medicaid programs by placing more of the financial burden on the plans' recipients and paying medical providers less money per service rendered.

In addition to deep animosity toward government programs, the underlying theory behind the Medicare cuts was one of moral hazard: that excessive Medicare insurance benefits insulated

⁷⁹ Thomas E. Ricks, "People's Perception of the Elderly as Being Poor is Starting to Fade," *Wall Street Journal*, 19 December 1985.

⁸⁰ John Myles, "Postwar Capitalism and the Extension of Social Security into a Retirement Wage," in *The Politics of Social Policy in the United States*, ed. Margaret Weir, Ann Shola Orloff, and Theda Skocpol (Princeton, NJ: Princeton University Press, 1988), 265-266, 277-279.

patients from personal financial risk, thereby causing them to seek unnecessary health care and increase overall medical inflation.⁸¹ Most medical policy analysts and medical economists argue, however, that shifting the cost burden onto patients caused (and still causes) some of them to forego necessary or cost-effective preventive and diagnostic care. This behavior tended to reduce the patients' health and, in the long run, actually resulted in more spending on serious illnesses.⁸² The Reagan-era Medicare reforms therefore did little to restrain medical inflation, as the administration had hoped, but for a time the reforms did limit the total amount of taxpayer money spent on Medicare. By 1985 Medicare's beneficiaries shouldered much more of the fiscal burden, paying out-of-pocket medical expenses that were, on average, 49 percent higher for hospital services than they had paid in 1980. For the first time since 1965 (before Medicare even existed), older persons' average out-of-pocket spending exceeded 15 percent of their annual income.⁸³ The second major area of Medicare cost savings, enacted in 1983, came in response to the apparent insolvency of Medicare's trust fund. The weak economy, coupled with years of inflation in medical costs, had caused the time to exhaustion of Medicare's trust fund to fall to approximately seven years and precipitate a "crisis" in Medicare funding for the second of three times between 1965 and 1997.⁸⁴

The Reagan administration responded to this crisis by introducing the prospective payment system (PPS), which as opposed to the existing "retrospective" or fee-for-service

⁸¹ National spending on medical care had increased from 7.1 percent of gross national product in 1970 to 8.9 percent in 1980, see Marmor, *The Politics of Medicare*, 104, 108. For a well-known, critical examination of moral hazard theory as applied to medical care, see Malcolm Gladwell, "The Moral-Hazard Myth: The Bad Idea Behind Our Failed Health-Care System," *The New Yorker*, 29 August 2005, 44-49. See also: John A. Nyman, "American Health Policy: Cracks in the Foundation," *Journal of Health Politics Policy and Law* 32, no. 5 (1 October 2007): 759-783.

⁸² Marmor, *The Politics of Medicare*, 108.

⁸³ Oberlander, *The Political Life of Medicare*, 55. It should be noted, though, that patients in the mid-1980s still received far more medical services than they had in the 1960s.

⁸⁴ While there was no official or actuarial line that signified a "crisis" of Medicare funding, political scientist Jonathan Oberlander argues that politicians and the public tended to view the system as being in a crisis when its trust funds depleted to less than ten years, see *ibid.*, 92-94, 102-103.

system, sought to grant hospitals set payments for treating each patient (the specific amount was determined by the diagnosis in each case) rather than paying for each service rendered during treatment. A similar system was soon adopted for Medicare's physician coverage (part B). In a cost-savings arrangement roughly similar to a restaurant-goer not tipping the server, the PPS ultimately saved money by paying physicians and hospitals less than the prevailing rates for each service rendered. At least in theory, the PPS incentivized medical providers to treat illnesses in a more cost-effective manner because they would have to provide services at less cost than the PPS payments or else absorb the financial loss. Over the next decade, though, cost savings outside the Medicare system were not realized. Medicare reimbursement continued to fall in relation to that of private insurance companies, which still paid providers on a fee-for-service basis. In the three years between 1986 and 1988, total Medicare expenditures for hospital services remained steady or actually declined. By 1993, though, Medicare payments to physicians averaged just 62 percent of the private insurance payments for the same services.⁸⁵

There were obvious limitations in the extent of savings that could be realized with the PPS. There were still no predetermined limits for Medicare's total expenditures (as had been established in most industrialized nations possessing national healthcare policies). Policymakers also could only use Medicare's PPS as a price-leveraging mechanism to a certain extent because lowering payment levels too far caused providers to turn away Medicare patients altogether and instead rely on younger patients with private insurance for their revenue. These factors, combined with an unplanned and unrestrained adoption of expensive medical technology, allowed health care costs and eventually Medicare expenditures to continue expanding in the 1980s and 1990s.⁸⁶

⁸⁵ Ibid., 120-135.

⁸⁶ Ibid., 134-135.

Conservative political strategists, drawing on the ideas of the Heritage Foundation, the Cato Institute, and the Concord Coalition shifted their efforts from the unpopular stance of cutting Social Security and Medicare outright to warning of "crises" in the programs' funding structures. Those organizations wanted to use the pretext of funding crises (and perhaps even precipitate actual crises by cutting tax revenues) in order to reduce program benefits to the middle-class to "save" the programs. The end result would have been Medicare and Social Security benefiting only the poor and more closely resembling the less-popular welfare programs. In the short term this approach had little effect, as the Reagan administration backed off from its proposed cuts to Social Security, but in the longer term conservatives hoped that the repeated mantra of program insolvency would persuade younger generations that they would never benefit personally from the program.⁸⁷

In the face of Reagan-era cuts in Medicare, public support for maintaining and even expanding Medicare and Social Security remained strong. Through the 1980s and 1990s, a large majority of Americans continued to see Medicare and Social Security as middle-class entitlement programs that should be maintained or expanded. A 1987 Harris poll found, for example, that 84 percent of respondents still opposed "cutting spending on entitlement programs, such as Medicare and health programs."⁸⁸ The shifting of the cost burden in Medicare and the PPS had managed not to attract much attention because those actions enjoyed bipartisan support and at least at the outset appeared to be mechanisms for reducing medical inflation and program inefficiencies rather than reforms that would cut actual benefits.⁸⁹ Even as more observers viewed the elderly as financially stable or possibly affluent, a majority either believed that

⁸⁷ Skocpol, *The Missing Middle*, 46-47, 56-57. These efforts were a part of the conservative movement's broader turn against the welfare state, see Michael B. Katz, *The Undeserving Poor: From the War on Poverty to the War on Welfare* (New York: Pantheon Books, 1989).

⁸⁸ Harris Survey, October 1987, iPOLL Databank. Accessed 30 August 2011.

⁸⁹ Oberlander, *The Political Life of Medicare*, 124-125; Marmor, *The Politics of Medicare*, 109-110.

affluence was a desirable outcome or continued to recognize that federal entitlement programs were a major component of seniors' financial security and health.

In comparison to the PPS, which enjoyed bipartisan support and seemed to find cost savings through improved efficiency, the Reagan administration's attempts to reduce Social Security created more controversy. In May, 1982, President Reagan signed a budget that specified that either the Social Security tax would increase or benefits would be reduced by \$40 billion. Within a week, the resulting public hostility caused Reagan and Congressional Republicans to back off of the issue. In a news conference, Reagan announced that the program's inflation-indexed Cost of Living Adjustments would be increased by 7.4 percent, as scheduled, with no additional taxes levied to pay for them. While that incident lasted only a week and is now an obscure piece of history, it is instructive of the nature and influence of senior power by the early 1980s. In what appears to have been the first printed use of the term, a *Newsweek* article the following week described Social Security as a "third rail" of politics. This quip metaphorically referenced the third rail of some urban railways, which carried a high-voltage charge and electrocuted anyone who touched it. The term—and the lesson—stuck. For a week in 1982, Congressional Republicans and the Reagan administration had touched the rail of Social Security and suffered the resulting political shock. The same *Newsweek* article quoted a frustrated White House aide, who said, "All Republicans should be required to get a lobotomy so they can't say the words 'social' or 'security' [again]." ⁹⁰ President Reagan followed this advice (except for the lobotomy) and with few exceptions generally shied away from using further rhetoric about cutting Social Security. ⁹¹ The administration wisely focused its attacks on the less

⁹⁰ Tom Morganthau et al., "The Third Rail of Politics," *Newsweek*, 24 May 1982, 24. Gerontologist Robert H. Binstock noted that the 1982 *Newsweek* articles seems to have been the first printed use of the term "third rail" to describe Social Security, see Binstock, "The Aged as Scapegoat."

⁹¹ Skocpol, *The Missing Middle*, 46-47.

popular welfare programs, whose recipients lacked the sizeable and influential lobbies that represented senior citizens, but the administration still had to endure steady questioning about its future plans for Social Security.⁹²

Despite the reductions of Medicare and Medicaid coverage, senior entitlement appeared almost sacrosanct to political observers by the late 1980s and early 1990s. "Third rail" became a commonly-used phrase and soon expanded to include Medicare.⁹³ By the mid-1990s, it was accompanied by the term "MediScare," which could describe either the fear caused by proposals to cut or privatize Medicare, to denote a political tactic whereby Republicans or Democrats accused members of the other party of trying to destroy Medicare, or to intentionally create a panic surrounding Medicare's fiscal stability.⁹⁴ Less common but equally colorful metaphors included referring to Social Security as an untouchable "sacred cow."⁹⁵ As Reagan discovered with the PPS, fiscal restraint on seniors' benefits could only be politically acceptable if the cuts somehow managed to escape intense political debate and appeared not to be "cuts" at all. With AARP diligently defending against benefit cuts and then actually pressing for expansions of such benefits in the mid- to late 1980s, the PPS system was a unique exception to the third rail of senior entitlement.

In the 1980s and 1990s, conservatives did occasionally ignore the third rail threat and suggested cuts in Social Security benefits so that its surplus funds could be used to balance the budget. These proposals outraged representatives of AARP and senior citizens in general. In

⁹² Ibid. On the continued public doubts about Reagan's sincerity in promising no reductions in Social Security, see Paul Blustein, "Social Security: How Now, Sacred Cow?," *Wall Street Journal* 1984, 1.

⁹³ Rick Henderson, "Retirement Plans," *Reason*, March 1996, 27.

⁹⁴ For examples of the use of "MediScare" tactics, see Howard Fineman and Thomas Rosenstiel, "MediScare," *Newsweek*, 18 September 1995, 38; Seelye Katharine Q, "In Blistering Attack, Dole Says Clinton Is Using Scare Tactics," *New York Times*, 27 September 1996, 16-18; Trudy Lieberman, "How the G.O.P. Made the 'Mediscare'," *Nation*, 6 November 1995, 536-540; Seelye Katharine Q, "In Blistering Attack, Dole Says Clinton Is Using Scare Tactics," *The New York Times*, 27 September 1996, 22.

⁹⁵ Blustein, "Social Security: How Now, Sacred Cow?."

response to one such proposal in 1992, a *Modern Maturity* article simply stated, "Social Security is not adding a penny to the deficit; on an annual basis it actually masks the true size of the deficit." The article pointed out that Social Security's trust funds had healthy reserves and that the Reagan tax cuts and increased defense spending were the true causes of federal budget deficit.⁹⁶ In a letter to the editor of *The Wall Street Journal* several years prior, Jack Carlson, a representative of AARP, argued that the Social Security trust funds had enough reserves for the next seventy-five years, it served the disabled who were not elderly, and it even directly benefited 3.3 million children who were dependents of Social Security's older beneficiaries. Carlson further argued, "It is a disservice to suggest that this program be cut in order to mask deficits in the general fund that were caused by decisions that have nothing to do with Social Security."⁹⁷

In addition to facilitating such pragmatic defenses of entitlement policies, the ideology of senior entitlement upheld a lingering sense of New Deal liberalism and promised senior citizens the support that many believed they had earned through years of contributions to society. Even though senior entitlement programs and leisurely retirements were still relatively new concepts, they were widely seen as a traditional part of the welfare state. This view can be found in the opinions of the beneficiaries themselves, many of whom had spent much of their lives growing accustomed to the benefits of federal social programs. In particular, the World War II or "GI generation," the group that was nearing or had attained eligibility for public benefits, had benefited to an unprecedented extent from federal social programs. While growing up during the Great Depression, they had witnessed or possibly benefited personally from the various relief programs that made up the New Deal. After World War II, servicemen qualified for the

⁹⁶ Horace B. Deets, "Setting the Record Straight," *Modern Maturity*, October 1992.

⁹⁷ Carlson, "Social Security's Popularity," 33.

educational and other benefits of the GI Bill and special subsidized loans from the Federal Housing Administration. They witnessed the construction of the Interstate Highway System in the 1950s, the numerous expansions of Social Security, and the creation of Medicare and Medicaid in the 1960s.⁹⁸

Virtually all members of that generation benefited from the 1972 Social Security COLAs and the 1974 Employee Retirement Income Security Act (ERISA) that regulated private pensions and made those pensions more secure than they were previously (or, for that matter, more secure than the pensions future generations would attain). These federal benefits, combined with a relatively high personal savings rate and an expanding real estate market that allowed for personal home equity, made possible the wealthiest group of retirees in American history.⁹⁹ Alongside leisure time and grandchildren, it was not uncommon for senior citizens to specify programs like Medicare as some of the best aspects of the later life experience. A seventy-eight-year-old retired nurse answered researchers' questions about the advantages of old age, "Mostly, it's the help we get from the government. We have always looked after ourselves. I worked after my husband died at 66 until I had to quit work. The government is handling it better, so I can help my daughter with the rent."¹⁰⁰ The typical retirees of the 1980s were long-accustomed to the benefits of government programs, and they had few incentives to support cuts in the very programs that made their retirement lifestyles possible. Likewise, younger generations could still benefit by not having to spend as much time or money caring for their aging parents, and they could still hope to receive similar benefits when they grew older.

⁹⁸ Charles F. Longino, "The Comfortably Retired and The Pension Elite," *American Demographics*, June 1988, 22-25.

⁹⁹ Ibid. On the shift away from industrial employment, labor unions, and private pensions by the 1990s, see Horace B. Deets, "Just What is an Entitlement?," *Modern Maturity*, November-December 1994, 6-7; Eugene I. Lehrmann, "A Look at ERISA after 20 Years," *Modern Maturity*, November-December 1994.

¹⁰⁰ Harris and Associates, *The Myth and Reality of Aging in America*, 8-9.

Middle-Class Senior Entitlement Endures: AARP's Failed Legislative Proposals

While seniors' benefits by the late 1980s were by any measure substantial, they still left room for further expansion. One of the important areas for which senior citizens (particularly lower-income seniors) still did not receive adequate protection was in insurance coverage for prescription drugs and long-term "catastrophic" illnesses. As AARP advocated for the Medicare Catastrophic Coverage Act (MCCA) in the late 1980s to remedy this gap in the social safety net, it stumbled upon a major point of contention over senior entitlement. That debate questioned whether the wealthy or healthy elderly should continue to be entitled to benefits commensurate with the poorest or sickest of the elderly who were most in need. The MCCA would have taxed Medicare's more wealthy beneficiaries and use the revenue to provide coverage for long-term hospital stays, prescription drugs, and physician care not previously covered through Medicare. Considering that AARP was by the mid-1980s known as the "800-pound gorilla" of political lobbying or the "nation's leading tax-increase lobby," AARP by this time had a remarkably humble track record of proposing new legislation.¹⁰¹ As seen earlier in this chapter, its efforts to end age discrimination were protracted but only partly successful, and it had not been active in pressing for new entitlement legislation. AARP had more success in opposing Reagan's proposed cuts to Social Security (that is, defending the existing legislation), but it had not yet played an important role in any of the program's major expansions.

When AARP lobbied for the MCCA, which Congress passed and President Reagan signed in 1988, it constituted a watershed in AARP's lobbying efforts. It was the first major new entitlement legislation endorsed by AARP. Paradoxically, it also soon proved to be the lowest

¹⁰¹ See, for example: Peter J. Ferrara, "The Hidden Costs of Health Coverage for the Elderly: AARP: America's Biggest Tax Lobby," *Wall Street Journal*, 28 April 1988, 28; Morris, *The AARP*, xii.

point in AARP's political history, as the program ultimately fell victim to the protests of the elderly themselves. The unusual political story of the MCCA demonstrates that for programs to fit under the umbrella of senior entitlement and enjoy public support, they needed to be funded at least in part by the non-elderly population and to broadly benefit middle-class or possibly wealthy senior citizens. By contrast, the MCCA relied entirely on funding from the aged by directly taxing the middle- and upper-class elderly in order to provide health care benefits to less-wealthy Medicare recipients.

With the creation of the MCCA, senior entitlement seemed to be expanding in scale and public support. The MCCA constituted the largest expansion of federal health benefits since the original Medicare legislation passed in 1965. It extended the maximum covered length of stay in hospitals beyond sixty days, placed a \$1,370 per person cap on copays for Medicare Part B, and even offered some prescription drug coverage for the first time. The MCCA closed significant gaps in Medicare's coverage, although it did not necessarily live up to its promise to cover the full financial impact of "catastrophic" illnesses. The most notable gap in MCCA coverage was that it made no provision for long-term nursing home care, which was the most likely cause of impoverishment for senior citizens. Recipients would still have to exhaust their financial resources before falling back on Medicaid for nursing home coverage.¹⁰²

Still, the MCCA seemed to offer greatly expanded coverage and also initially enjoyed considerable public and Congressional support. AARP, touting its membership of twenty-eight million, or 20 percent of all registered voters, threw its weight behind the legislation.¹⁰³ Public opinion polls showed considerable support among the general public and the elderly, the latter of

¹⁰² Thomas Rice, Katherine Desmond, and Jon Gabel, "The Medicare Catastrophic Coverage Act: A Post-Mortem," *Health Affairs* 9, no. 3 (1990): 76-77.

¹⁰³ "AARP's Catastrophe.," Himelfarb, *Catastrophic Politics*, vii.

which supported the legislation with an estimated approval rating of 91 percent.¹⁰⁴ The members of the Senate ultimately voted in favor of it at a ratio of eight to one. In an interesting parallel to the presidency of Richard Nixon (who had proposed spending cuts in Social Security before signing COLAs into law), President Reagan reversed his stance toward benefits to older Americans and also supported the MCCA. At the time, Reagan was reeling from the Iran-Contra scandal and from sagging support among older voters, so he supported what most political analysts expected to be a popular domestic proposal.¹⁰⁵ With such widespread support, the MCCA seemed assured of success when it finally passed in 1988.

The MCCA's funding scheme ultimately caused its downfall. The drafters of the legislation had expected the support of the general public (the tax only applied to a subset of the elderly population) and even the support of senior citizens because 60 percent of senior citizens would ultimately receive more from the program than they paid into it. However, the funding scheme received scant media attention prior to the MCCA's creation, which had artificially raised the polling support for the MCCA. After the legislation passed, the public's awareness of the redistributive nature of the bill grew, and many senior citizens came to oppose the legislation. Polling results now showed a thirty-seven point drop in support even among the lowest-income elderly, who actually stood to benefit at no additional cost to themselves. Just five months after the legislation passed, a grassroots campaign to repeal the legislation cropped up and founded new organizations, such as the National Committee to Preserve Social Security and Medicare, specifically to oppose the MCCA.¹⁰⁶

¹⁰⁴ Himelfarb, *Catastrophic Politics*, 54-55.

¹⁰⁵ *Ibid.*, vii, 23-24.

¹⁰⁶ *Ibid.*, 56-57, 61-62, 73.

Critics started calling the MCCA the "the AARP Tax" and complained that 85 percent of senior citizens already had similar, private coverage under supplemental "Medigap" plans.¹⁰⁷ In the most visible event of these protests, a group of senior citizens in Chicago resorted to demonstrations that bordered on violence. In August 1989, about one-hundred senior citizens encircled the car of Dan Rostenkowski, chairman of the House Ways and Means Committee, and cursed and slammed their picket signs into the car's windows. One elderly woman even climbed on the hood of the car. Rostenkowski abandoned the car, sprinted through a gas station, and outran the crowd. Eventually he rendezvoused with the car and sped away.¹⁰⁸ In November 1989, less than one-and-a-half years after the MCCA was signed into law, Congress voted to repeal the legislation, and President George H.W. Bush signed the repeal.¹⁰⁹ Older persons who lacked supplemental insurance were left with significantly greater risk in the event of catastrophic illness than would have been the case under MCCA.¹¹⁰

The vociferous response on the part of senior citizens merits some explanation. First, AARP failed to thoroughly consult its membership about the details of the legislation, even though many legislators assumed that AARP's endorsement equaled senior citizens' endorsement more broadly. In contrast, AARP's internal polling and public awareness efforts had failed to include information about the included surtax. Second, some impoverished senior citizens mistakenly thought that they would also be taxed up to the maximum amount of \$800 per person (or \$1,600 per couple), when in reality they owed no additional taxes for the MCCA. Third, some senior citizens resented the fact that the tax was levied against the aged only,

¹⁰⁷ Mike Causey, "Seniors on Warpath," *The Washington Post*, 30 August 1989, A14; Bill Peterson, "Rostenkowski Heckled by Senior Citizens," *The Washington Post*, 30 August 1989, A24.

¹⁰⁸ Details about the incident can be found in: Himelfarb, *Catastrophic Politics*, 74; Causey, "Seniors on Warpath," D02; Peterson, "Rostenkowski Heckled by Senior Citizens," A04.

¹⁰⁹ Himelfarb, *Catastrophic Politics*, 93; Rice, Desmond, and Gabel, "The Medicare Catastrophic Coverage Act: A Post-Mortem," 75-87.

¹¹⁰ Funigiello, *Chronic Politics*, 198.

making the program appear to be more of a burden than a benefit to older taxpayers. Fourth, the elderly saw it as a redistributive welfare program that taxed the financially well-off to provide catastrophic coverage to all.¹¹¹ By relying entirely on funding from the elderly themselves and by only benefiting lower-income senior citizens, the program's design had strayed from the protective umbrella of entitlement ideology.

Even the redistributive elements might have been more publicly acceptable if the program had also added benefits that more clearly assisted the middle-class.¹¹² Instead, the individuals being taxed were the same ones who either already possessed or could likely afford private Medigap plans to cover the extra costs of catastrophic and long-term illnesses.¹¹³ The plan thus appeared to be more of a welfare plan to extend benefits to the poor than an entitlement program that provided a new benefit to everyone. It was not a lack of support for senior entitlement that caused the MCCA's demise; to the contrary, the MCCA failed because it taxed senior citizens with approximately the highest 40 percent of income while offering few benefits to which the middle-class elderly did not already have access. One dissatisfied senior citizen who resented that she would be among those who would owe additional taxes for other persons' health care threatened that she would consider leaving AARP for its support of the MCCA. "If my excellent supplement was not linked to membership in AARP I would resign and so would many of my friends," she said.¹¹⁴

Therein lay AARP's miscalculation in regard to the MCCA. It could not force its members to support the legislation that it advocated for the benefit of the few. AARP's own

¹¹¹ Himelfarb, *Catastrophic Politics*, 54, 61-72; Rice, Desmond, and Gabel, "The Medicare Catastrophic Coverage Act: A Post-Mortem," 78-82.

¹¹² One poll indicated that 64 percent supported the principle of the wealthy paying either a "larger" or "much larger" share of taxes, see General Social Survey 1987 Supplement, February 1987, iPOLL Databank. Accessed 30 August 2011.

¹¹³ Rice, Desmond, and Gabel, "The Medicare Catastrophic Coverage Act: A Post-Mortem," 83-86.

¹¹⁴ Margaret Seagrove, "Are Middle-Income Elderly Endangered?," *The Wall Street Journal*, 15 August 1988, 15.

private Medigap plans made the MCCA unnecessary for a majority of senior citizens even as those plans bound the members to the organization. Once criticism emerged from AARP's own members, it was easier for MCCA's opponents to demagogue AARP as a special interest lobby that simply wanted to expand its mail-order prescription program (which then filled 7.5 million prescriptions per year) by adding prescription drug funding through the MCCA. Indeed, the MCCA would have granted AARP a fee of \$4.50 for each prescription filled under the legislation.¹¹⁵ Critics also charged that the MCCA would still leave room for AARP to sell Medigap plans because the legislation lacked coverage for nursing homes. When MCCA passed, AARP estimated the law would allow it to reduce its Medigap plans' premiums by 9 percent; however, medical inflation ensured that Medigap premiums actually would still rise 20 percent the following year, even after accounting for the MCCA.¹¹⁶

Within months of the MCCA debacle, AARP took on an even more ambitious goal. It started pressing for a plan for universal health care. Horace Deets, the organization's executive director, explained that AARP had reached a limit in winning new benefits for the elderly alone: "We need something that's universal, that's perceived as equitable and that's shared by everybody. It's got to be from cradle to grave." AARP had at least temporarily shifted its focus from senior entitlement to entitlement for all.¹¹⁷ It was among the organizations, including the NCSC, AFL-CIO, and AMA, that encouraged the Clinton administration to propose universal healthcare in 1993. In large part because of AARP's efforts, President Clinton included prescription drug coverage (of the sort that was lost with the repeal of the MCCA) in his ill-fated

¹¹⁵ "AARP's Catastrophe," A14.

¹¹⁶ Karen Slater, "Medicare Bill Doesn't End Need for 'Medigap' Plans," *The Wall Street Journal*, 9 June 1988, 33.

¹¹⁷ Bacon, "AARP."

plans for reform.¹¹⁸ Clinton's failure, combined with that of the MCCA, demonstrated that while AARP and other senior special-interest groups had a deep influence with the public and with politicians, they had a limited capacity to make demands that lacked grassroots public support. These groups were much better at defending existing legislation and the basic concept of senior entitlement that had solidified by the 1990s.

The 1994-1996 Congressional budget debate clarified the public's stance toward senior entitlement. Conservatives who wanted to reduce Social Security and Medicare spending increasingly used the term "entitlement" in a pejorative sense, essentially trying to conflate it with welfare for the poor. Among other Democrats, New York Senator Daniel Patrick Moynihan complained that conservatives were using entitlement merely as a "code word" to attack Social Security. Congressional Republicans were far more likely to gain public support for proposed cuts to "entitlements" than to Social Security. Moynihan believed that entitlement was in fact an unfair label that made it sound like the elderly had done nothing to deserve benefits, when in fact most of them had paid taxes for Social Security and Medicare throughout their working years. The elderly had contributed to and been promised the programs' benefits; therefore, Moynihan argued that they were quite literally entitled to receive them.¹¹⁹

Despite the inherently negative associations with "being entitled," Horace Deets, executive director of AARP, advocated the use of the term entitlement in a straightforward, positive sense: "Social Security and Medicare *are* entitlements, and you should be glad they are." These were government benefits that people could "count on," he argued. Deets explained that the less-popular means-tested welfare programs like Medicaid and Aid to Families with

¹¹⁸ Himelfarb, *Catastrophic Politics*, 100; Lynch, *One Nation Under AARP*, 132; Dennis L. Breo, "AARP's Call to Arms: 'Reform Health Care--Now!'," *Journal of the American Medical Association* 268, no. 19 (18 November 1992): 2706-2707.

¹¹⁹ Moynihan, "The Case Against Entitlement Cuts," 13.

Dependent Children were also technically entitlements, but he argued that all 400 federal programs that could generically be described as entitlements or as welfare should not be lumped into the same category as Social Security and then subjected to across-the-board cuts.¹²⁰

The Republicans' redefinition of entitlement toward a more negative meaning apparently did resonate with public opinion. Support for "entitlement" spending declined in public polling. When asked how President Clinton should address the budget deficit in 1992, only 24 percent of Gallup poll respondents had indicated making cuts in entitlement programs.¹²¹ By 1994 the Republicans' efforts to use the term entitlement in a negative sense seemed to be paying off, as a poll conducted by NBC News and *The Wall Street Journal* indicated that 61 percent of respondents favored cutting "government entitlement programs" to reduce the deficit.¹²² If the respondents followed the Republicans' lead in defining "entitlement" so generically that any form of social welfare spending on any demographic group could be included, it was without a doubt easier to support cutting entitlements.

However individual groups defined the term entitlement, a majority of the public continued to support the existing benefit levels of the major individual programs associated with senior entitlement. A Time/CNN/Yankelovich Partners Poll conducted in 1994 indicated that 54 percent of respondents opposed cuts in Social Security, 52 percent opposed cuts in Medicare, and 48 percent opposed cuts in Medicaid, while only 41 percent opposed cuts in welfare.¹²³ Ultimately, the Congressional budget debates reached an impasse with Clinton's veto of a spending bill that would have cut funding for Medicare, education, environmental regulation, and public health. The federal government shut down nonessential services on two separate

¹²⁰ Deets, "Just What is an Entitlement?," 6-7.

¹²¹ Gallup Poll, November 1992, iPOLL Databank. Accessed 30 August 2011.

¹²² NBC News/*Wall Street Journal* Poll, Jul, 1994, iPOLL Databank. Accessed 30 August 2011.

¹²³ *Time*/CNN/Yankelovich Partners Poll, Dec, 1994, iPOLL Databank. Accessed 30 August 2011.

occasions for an unprecedented total of thirty-three days in late 1995 and early 1996.¹²⁴ The 1997 Balanced Budget Act kept benefits to senior citizens intact, but cut Medicare's payments to medical providers. Two years later, however, Medicare's payment levels were restored with the Medicare Balanced Budget Refinement Act to ensure that promised benefits could still be provided.¹²⁵ Despite years of conservative attacks on senior entitlement spending and on the rationale for that spending, senior entitlement ideology and policies were alive and well at the end of the twentieth century. Once the most intense budget debates had passed in 1997, opposition to "reducing spending on entitlement programs like Medicare and Social Security" rose to 65 percent.¹²⁶

Conclusion

By the 1990s senior entitlement had become entrenched in American social and political life. This can be seen by the numerous polls that indicated public approval, by the repeated hesitation to cut spending on senior citizens, by the slow but steady growth of legislation that defended senior citizens' rights in the workplace, and by the fact that rationing resources in favor of the young has never really been considered a serious option. At the same time, the most prominent organizations of the senior lobby had shifted from a fight for freedom of choice toward a fight for more public benefits, even if this meant portraying themselves as helpless victims of conservative budget hawks. This acceptance of dependency on the government had previously been rejected by organizations like the Gray Panthers and, as discussed in chapter two, even AARP, which under the leadership of Ethel Percy Andrus in the 1950s and 1960s had

¹²⁴ "No More Government Shutdowns," *Washington Times*, 7 April 1997, A18.

¹²⁵ Robert Pear, "Health Providers and Elderly Clash on Medicare Funds," *The New York Times*, 15 May 2000, A1; Patrick Armijo, "Medicaid, Medicare in for Raise," *Albuquerque Journal*, 19 November 1999, A7; John Baldacci, "Medicare Bill Revisions Restore Reimbursements," *Bangor Daily News*, 12 November 1999, 1.

¹²⁶ ABC News/*Washington Post* Poll, Mar, 1997, iPOLL Databank. Accessed 30 August 2011.

feared the consequences of relying too much upon the whims of politicians. By the 1980s, though, senior organizations and senior citizens themselves had grown more accustomed to receiving publicly-funded pensions and medical care. Attempts to reduce or revoke these benefits were widely seen as direct attacks on elderly citizens.

Far more than resulting from the efforts of narrowly-focused special interest organizations, senior entitlement enjoyed favorable public opinion on the part of older and younger Americans alike. Senior citizens often cited a lifetime of personal contributions made to the programs and thereby saw themselves as entitled to receive the federal benefits that helped them sustain more leisurely retirements and middle-class lifestyles. This adherence to entitlement ideology can be seen in their vociferous resistance to any proposed cuts in Social Security and by their successful demands for the repeal of the MCCA, which had strayed from the middle-class entitlement model by taxing middle- or upper-income senior citizens for the benefit of low-income senior citizens. In essence, the "third rail" entitlement programs served as a rallying point for senior citizens, who could overcome most of their differences to unite at a grassroots level.

Senior entitlement enjoyed far deeper popular support (both among aged and younger citizens) than would be assumed by lending too much credit to "special interest" organizations like AARP. Senior entitlement existed and grew in stability not because of the efforts of a narrowly-focused special interest group, but instead because of the persistent support of the general public, the grassroots efforts of senior citizens, and the accommodating actions of elite political figures. Whatever setbacks the senior movement faced, the economic, social, and political events of the 1970s through the 1990s ultimately affirmed the public's commitment to the rights and dignity of senior citizens, as well as to the perceived public responsibility of caring for the aged.

Two nagging questions remained: first, just what social roles should Americans fulfill after reaching old age, and second, did those roles justify the costs of the benefits they received? Even without mandatory retirement policies, retirement from the workplace continued to be the normative cultural experience, but would a "normal" retirement be entirely self-indulgent? Would it be a time of volunteer work and involvement in the lives of grandchildren? The answers to these questions largely came to center on a model of consumerism and leisure, the subjects of the next chapter. The entitlement policies discussed in this chapter, in combination with private pensions and personal savings, allowed a larger number of middle- and upper-class senior citizens to indulge in travel, shopping, and related activities. Young-old senior citizens particularly achieved public images and macroeconomic influences in their roles as jetsetters, retirement community residents, medical patients, shoppers, and investors – in short, as consumers rather than as producers.

Chapter Four – Carving a Place in American Society: Leisurely Retirement and the Aged Consumer

In the *Seinfeld* television show, Jerry Seinfeld's parents retire to Florida where they play golf, make friends with other people of their generation, enjoy early bird specials at local restaurants, and generally spend their time in leisure. As in real life, though, these positive images of an active, leisurely retirement coexisted with the implication that the elderly did not have a significant role in American society, except perhaps as self-indulgent consumers. One episode highlighted the cultural trend of younger adults attempting to separate themselves from their aging parents. In it, Jerry's friend, George Costanza, notes that Jerry's parents live hundreds of miles away, while George's parents live nearby, constantly bothering him. George saw no particular value in keeping his parents in town and spent the early parts of the episode trying to convince them to move to Florida to enjoy the sunshine and leisure activities.¹ Thus while the rise of leisurely middle-class retirement gave the elderly a role in society, retirement communities could also be seen as "playpens" or "playgrounds" for the senile elderly, in the words of Maggie Kuhn and Ethel Percy Andrus, respectively.²

Other *Seinfeld* episodes demonstrated the vast social distance that could separate younger and older adults. These episodes treat the elderly as unfamiliar, physically nauseating, socially inept, and even immoral. In one case, the character Elaine Benes convinces Jerry and George to volunteer for the Senior Citizen's Volunteer Agency, which simply entails spending time with seniors. Elaine is unable to tolerate the sight of the unusually large goiter on the neck of the woman she visits. George acts as if he has never conversed with an elderly person, by

¹ From the episode, "The Shower Head," see Tim Delaney, *Seinology: The Sociology of Seinfeld* (Amherst, NY: Prometheus Books, 2006), 251.

² Dieter Hessel, ed. *Maggie Kuhn on Aging* (Philadelphia: The Westminster Press, 1977), 43; Dorothy Crippen, Ruth Lana, Jean Libman Block, Thomas E. Zetkov, and Gordon Elliot, *The Wisdom of Ethel Percy Andrus*, 305.

immediately asking the eighty-five-year-old man how he can tolerate being so close to death. Meanwhile, when Jerry announces that he is from "the agency," the elderly man he visits thought this meant the CIA and that he has been targeted to be murdered. Jerry later brings the characters Newman, Kramer, and George to the man's apartment, and the old man ends up biting Kramer on the arm, almost as if he is some sort of wild animal.³ In another episode, Jerry discovers that all older people are kleptomaniacs. Whenever his Uncle Leo gets caught stealing, he acts senile, saying "I thought I paid for it. What's my name? Will you take me home?" Jerry learns that every older person he can locate frequently steals items and similarly feigns confusion when caught.⁴

This chapter will argue that in many respects, senior citizens did increasingly experience their retirements largely separated from people of younger generations, with the result of increased inter-generational unfamiliarity. As depicted in *Seinfeld*, this separation from younger generations came to be defined by senior citizens spending large quantities of time in leisure. These common retirement experiences included hobbies, participation in social events, the purchase of consumer goods and services, and more passive forms of leisure such as watching television. While some real-life older Americans like Maggie Kuhn or Ethel Percy Andrus managed to draw attention for their social and political involvement, the predominant image of old age was one of mostly self-indulgent leisure activities. Drawing from the philosophy of the broader consumer movement, some activists argued that far from being selfish, senior consumerism played an important role in the economy, as demonstrated by communities that constructed golf courses, provided support to senior centers, and actively tried to attract retirees to live in them. Finally, by the 1980s and 1990s, popular depictions of old age had grown

³ From the episode, "The Old Man," see Delaney, *Seinology*, 254-256.

⁴ From the episode, "The Bookstore," see *ibid.*, 256-257.

considerably more flexible, with advertisements or television shows like *The Golden Girls* depicting senior citizens as energetic, witty, warm, and extroverted people – quite unlike the *Seinfeld* depiction. Many negative stereotypes and implications remained, but in one form or another, the leisured retiree evolved as the primary social role of older Americans by the 1980s. This image could exceed the reality, in which many senior citizens lacked the funds, health, or disposition to be happily retired, but the rapid growth of industries that revolved around travel, retirement communities, and other age-based services did reveal a growing number of senior citizens who could actually attain the leisurely retirement lifestyle.

Entitled to Leisure?

The cultural association between unstructured time and aging long predated the phenomenon of a lengthy middle-class retirement, but alongside the rise of senior entitlement ideology and policies, both the image and the actual experience of leisure became more active. The view of the 1950s held that the elderly wiled away long, possibly lonely days rocking in easy chairs. Considering that the term "old" could be applied to everyone in their sixties or above, that view was without a doubt embellished, but the elderly did indeed have fewer options for recreational pursuits prior to the onset of senior entitlement in the 1960s and 1970s.

By the 1970s, the concept of "leisure" was inextricably linked to later life, but such a heavy focus on active, leisurely retirements for such a long period of life diverged significantly from previous norms. Such a pursuit of leisure required a wholesale transformation, if not abandonment, of the so-called "Protestant work ethic" by those Americans who had reached chronological old age, had retired from the workforce, and were still in reasonably good health. Now possessing the economic means for retirement, healthy middle-class retirees still had to

overcome longstanding paradigms such as "work makes life sweet," "busy hands are happy hands," and "the devil makes work for idle hands." These views were deeply-rooted in Protestant religious history, but for the middle-class they were also a critical component of the secular vision of American exceptionalism.⁵

Eugene Friedmann and Robert J. Havighurst, social gerontologists who studied the "meaning" of work and retirement in 1954, encountered such resistance to leisurely retirement among their subjects. The researchers argued that most contemporary retirees had previously based their identity largely on their work and careers. They speculated that with the rise of a leisure and consumer ethic since the 1920s, later generations of older Americans might better cope with the new social roles inherent in retirement.⁶ It was this uneasy relationship with retirement that researchers Elaine Cumming and William E. Henry observed when they first outlined disengagement theory, as discussed in chapter one, to reconcile older persons' withdrawal from prior social roles.⁷

Although somewhat limited in availability due to the lack of existing research, the empirical data from the 1950s does suggest that older Americans were no more likely to engage in leisure activities than younger generations. A 1956 survey conducted in the United States asked participants over sixty years and between fifteen and sixty years what leisure pursuits they partook in during the previous day. For most activities, the percentage of responses was within one to three percentage points for the two groups. Older persons were slightly less likely to have watched TV (53 percent to 57 percent), to have listened to records (6 percent to 14 percent), to

⁵ Richard B. Calhoun, *In Search of the New Old: Redefining Old Age in America, 1945-1970* (New York: Elsevier, 1978), 35-36.

⁶ William Graebner, *A History of Retirement: The Meaning and Function of an American Institution, 1885-1978* (New Haven: Yale University Press), 229.

⁷ Esther E. Twente, *Never Too Old: The Aged in Community Life*, ed. William E. Henry, Nevitt Sanford, and Martin B. Loeb, First ed., The Jossey-Bass Behavioral Science Series (San Francisco: Jossey-Bass, Inc. , 1970), 33-34.

have played sports (2 percent to 4 percent), to have shopped (1 percent to 6 percent), or to have attended the cinema (1 percent to 3 percent). The aged respondents were more likely to have gardened (42 percent to 33 percent), read books (21 percent to 18 percent), or to have done no leisure activities at all (9 percent to 7 percent). The sociologists admitted that the available evidence was "flimsy," but they cautiously asserted that the type and frequency of most leisure activities did not vary much according to age.⁸

Prominent members of the senior movement believed that retirement presented challenges to Americans' sense of purpose. These difficulties had originally created a demand for organizations like the NRTA and AARP. Dr. Ethel Percy Andrus, the leading founder of both those organizations, described the trouble with retirement in an article entitled "To Find Again a Role in Life":

We miss much more than the wages we earned before we retired; we have lost the sense of significance in the performance of that job of ours, the comradeship of others likewise engaged, the prestige in the community as a worthy and respected producer, even something of the esteem and appreciation of friends and relatives as the head of a family and its provider.⁹

For Andrus and innumerable retirees of the 1950s, the central problem of old age went beyond mere financial or health concerns into deeper philosophical questions about how best to spend the enormous quantities of time now vacant of responsibilities. Andrus suggested a variety of approaches to coping with retirement in her writings for the *NRTA Journal* and *Modern Maturity*. Among a variety of activities, she advised retirees to start a collection of coins or

⁸ Joffre Dumazedier and Aline Ripert, "Retirement and Leisure," *International Social Science Journal* 15, no. 3 (July 1963): 444.

⁹ Crippen et al., *The Wisdom of Ethel Percy Andrus*, 150-151.

stamps, build things or put together scrapbooks, join a community theater, volunteer to assist with a civic need, or study history or other intellectual pursuits.¹⁰

This did not mean that Andrus considered self-indulgent leisure to be the best use of older persons' time, and she also warned that age-based leisure that was separated from the wider community could be dangerous. In her description of the purpose of AARP, she wrote, "AARP is not an organization of older folk who mainly desire . . . play-type amusements and recreation. It is not organized to seek governmental relief and direction nor is it a welcome recipient for playground activities."¹¹ Andrus further argued in favor of a "stern financial creed" that "could be summed up in two words, *work* and *save*." She believed in financial independence and frugality, not spending excessive time and money on frivolous, self-indulgent activities.¹² By no means did she believe that older Americans should be entitled to a luxurious retirement, and she even saw such public support as a threat to freedom and democracy. She warned, for example, "that the more of our personal burdens we encourage our government to assume, the closer we bring the day when the ruler will be stronger than the ruled and self government will have faded away."¹³

In another article, Andrus predicted that the issue of non-working time would eventually trouble people of all ages and possibly reduce the sharp line drawn between the old and young. She first pointed out that from 1900 to 1940, the typical number of weekly working hours fell from sixty to forty, even as per capita income tripled and the nation modernized its production technology. Projecting this trend of mechanization into the 1980s (and citing unnamed "statisticians"), Andrus argued that industrial production would require just 3 percent of the

¹⁰ Ibid., 103-104.

¹¹ Ibid., 304-305.

¹² Ibid., 76.

¹³ Ibid., 279.

population to provide the goods to meet society's basic material needs. "For 97%, no work!," Andrus wrote. She was not so naive to actually believe that 97 percent of the population would avoid careers; rather, she described a world of increasing production, "but the shifting is from a production of goods to the production of services, intangible, elusive, heart-warming services; endless, for man's appetite for such is insatiable." For a worker in the "*no-work* world" (whether old and retired or young and in a service career), Andrus predicted that happiness would come not from "the collection of status symbols," but instead from the "concept of *happiness through self-fulfillment*." Instead of aging being a process of decline and disengagement from society, then, Andrus saw its potential to be a progression, or a "*growth in self and service for all mankind*."¹⁴ On the surface this vision seems markedly Pollyannaish, but for a growing percentage of the population it contained some accurate elements. Like Friedmann and Havinghurst, Andrus accurately predicted that future white collar retirees would find the transition from production to retirement relatively more seamless, familiar, and full of a wider range of activities than had blue-collar workers. She also correctly predicted that many retirees would seek out ways to bring positive aspects of their pre-retirement lives with them into the post-career stage of their lives.

Well into the 1960s, most cultural observers still struggled to delineate the newfound focus on leisure. Writing in 1963, sociologists Joffre Dumazedier and Aline Ripert observed that the increasing prevalence and length of retirement (which is outlined in chapter one of this project) made it "obvious that leisure must occupy a more important place at this stage than at previous stages in life." They observed that since the publication of Thorstein Veblen's *Leisure Class* in 1899, the term "leisured class" referred to wealthy, usually young or middle-aged individuals who did not have to work for a living. Only since the 1950s had the term leisure

¹⁴ Ibid., 285, 290-291. All italics in these quotations were used by Andrus.

begun to attain a cultural age-based association, and, Dumazedier and Ripert cautioned, most older men (their study, like many gerontology studies of the era, did not include women) struggled to derive a sense of fulfillment from leisure rather than from professional work.¹⁵ Notably, only 3 percent of polled retirees between 1941 and 1951 claimed to have retired because they desired leisure time. This figure rose to 17 percent in 1963 – a growing figure, but one that hardly constituted a groundswell of enthusiasm. Five years later, in 1968, one poll reported that just 17 percent of retirees had even wanted to retire in the first place.¹⁶

By the 1970s, retirement had grown more popular, but still less than half of the retired population had actually wanted to leave the workforce. A study conducted in 1975 reported that 48 percent of retirees claimed they had "looked forward to stopping work." Predictably, white respondents with middle or upper incomes were more likely to look forward to retirement than were those with lower incomes. One forty-six-year-old woman from Verona, Pennsylvania observed that early retirement "ages a man and he fails faster if he retires early, unless he is wealthy and has various interests." According to this younger observer and a growing minority of senior citizens, comparative wealth and non-career "interests" could indeed help an individual cope with the loss of purpose commonly associated with retirement.¹⁷

The image of a leisurely retirement had thus become prominent long before a majority of senior citizens embraced it in their own lives. Even while nearly half of senior citizens claimed to have looked forward to retirement, a majority still continued to miss important aspects of work, including the income (74 percent), the "people at work" (73 percent), the work itself (62 percent), and the "feeling of being useful" (59 percent). Many resisted the idea of abandoning

¹⁵ Dumazedier and Ripert, "Retirement and Leisure," 438-443.

¹⁶ Dora L. Costa, *The Evolution of Retirement: An American Economic History, 1880-1990* (Chicago: University of Chicago Press), 133. Support for retirement did increase over time, as 48 percent of retirees listed "leisure" as the primary reason they retired in 1982.

¹⁷ Harris and Associates, *The Myth and Reality of Aging in America*, 217, 219.

work. One eighty-two-year-old man in Newton, New Jersey, who worked part-time, stated his support for continued work: "I think work is good for everyone, if they have their health. You stay much more alert and interesting when you keep busy doing something, whether it's work or volunteer work."¹⁸

Many retirees did begin to engage more frequently in leisure activities, yet younger adults continued to view the leisure time of retirement as more passive than actual retirees reported. Even after the rise of senior citizens' clubs, entitlement ideology, marketing campaigns, and policies that promoted the enjoyment of leisure time as the primary advantage of growing old, a 1975 study reported that adults between the ages of eighteen and sixty-five were more likely than senior citizens to report that the elderly spent "a lot of time" watching television (67 percent of younger respondents, versus 36 percent of senior citizens), "sitting and thinking" (62 percent versus 31 percent), sleeping (39 percent versus 16 percent), and "just doing nothing" (35 percent versus 15 percent). Notably, senior citizens of the 1970s did report participating in a wide range of leisure activities—sometimes on a daily basis—and did increasingly view such activities as a normal part of retirement.¹⁹

To explain the transition from widespread ambivalence toward leisurely retirements in the 1950s to the wider acceptance of them in the 1970s, historians of retirement generally do not credit senior citizens' grassroots demands for more leisure time, but instead credit businesses that, starting as early as the 1940s, used corporate memoranda to portray retirement as an opportunity to spend time with family or to pursue other leisure activities. This strategy, argues historian William Graebner, attempted to justify the businesses' mandatory retirement policies. Labor unions, especially the United Auto Workers, adapted by winning pension benefits that,

¹⁸ Ibid., 218-219.

¹⁹ Ibid., 59. The poll respondents reported engaging in activities like socializing with friends, gardening, walking, and enjoying various hobbies.

when combined with Social Security, would make life after work economically feasible.²⁰ Thus the marketing of retirement, which had begun as a consolation to employees exiting their companies, helped create a rationale for expanded public benefits to senior citizens that would enable them to focus on leisure activities. While senior citizens generally entered retirement in the 1950s and 1960s against their preferences, those same senior citizens and marketers concurrently constructed a model for later life that came to center on leisure and consumerism.²¹

Marketers did not define the senior market segment without the active participation of senior citizens themselves. While most senior organizations and older individuals initially were reluctant to retire and focus more heavily on leisure, over the course of the 1960s they did cope with the problems of retirement, forge a sense of group identity, and define a set of unifying characteristics that marketers could exploit.²² Such seemingly universal characteristics embodied a focus on maintaining or regaining youthful bodies, pursuing activities not stereotypically a part of the old age experience, and attaining more significant social and political roles. Marketers thereby found the most success in selling products or services that promised to enhance the areas of life that senior citizens had already defined as important in their own experiences of retirement.

By organizing politically and socially, as covered in chapters two and three, retirees took the first steps in turning themselves into a group that seemed to present a major opportunity to marketers. In addition to the numerous economic gains made in the 1960s, senior citizens formed a shared sense of group identity based on confronting widespread age-based problems. The rise

²⁰ Graebner, *A History of Retirement*, 229, 231-236.

²¹ This increasing focus on leisure and personal fulfillment emerged in the United States and also in most industrialized societies around the 1950s, but contemporary sociologists and anthropologists believed that the trend first emerged in the United States, see Dumazedier and Ripert, "Retirement and Leisure," 441-442.

²² The existing historiography on senior consumerism covers marketers' recognition and definitions of senior citizens, but it does not elucidate how senior citizens themselves contributed to the cultural construction of leisurely retirement.

of thousands of local senior citizens clubs around the nation, as well as of national organizations like AARP, the NCSC, and the Gray Panthers, offered new age-based social venues where participants could combat purposelessness and disenfranchisement by partaking in bingo or shuffleboard, social dinners, political causes, or volunteer work.²³ By the 1970s, 18 percent of senior citizens (3.7 million people) and 8 percent of near seniors (1.4 million between the ages of fifty-five and sixty-four) participated in a local senior citizens center or golden age club at least once per year.²⁴ The Older Americans Act of 1965, which provided for hundreds of local Area Agencies on Aging, offered further support for retirees who needed assistance in the preparation of meals, in transportation to social venues, and in seeking out help in general.²⁵ All of these opportunities not only offered support to individuals, but they also collectively raised public awareness of the elderly as a distinct demographic group with a (presumably) shared outlook on life, hobbies, political viewpoints, and buying habits. While certainly not all senior citizens participated in bus tours and bingo tournaments, or lived in a retirement community or shared the same political views, new political, social, and economic images of senior citizen solidarity helped define retirement as a time of leisure and older citizens as an important market segment.

Selling Old Age

Between the mid-1950s and the 1960s, Madison Avenue marketers began to recognize the potential of the senior market. The marketing journal *Tide*, for example, published an article that claimed older Americans had as much combined buying power as African Americans.²⁶ In

²³ See, for example: "Park Keys its Program to Seniors' Interests," *Los Angeles Times*, 14 February 1960, B18; *ibid.*, OC7; William Juneau, "Evanston Oldsters Keep Busy at Center: Nearly 600 Participate in Club," *Chicago Daily Tribune*, 14 January 1960, N1; "Senior Citizens' Interracial Group Takes Cruise, Sees City," *Chicago Daily Defender*, 30 July 1964, 12.

²⁴ Harris and Associates, *The Myth and Reality of Aging in America*, 183.

²⁵ Baumhover and Jones, *Handbook of American Aging Programs*, 3-12.

²⁶ Calhoun, *In Search of the New Old*, 191-192.

this manner, senior citizens emerged as one of the many market "segments" that marketers targeted for new sales opportunities. The approach of market segmentation had the advantage of allowing companies to advertise products specifically targeting certain subsets of the population. These segments could presumably be identified as any group that had constructed a shared group identity. The easiest groups to identify were those participating in "identity politics," including women, African Americans, the youth, and senior citizens. In their own ways, each market segment shared a sense of community, specific political demands of one sort or another, and, at least in market segmentation theory, similar demands for products and services.²⁷

In 1960, an article in *Advertising Age* stressed the abundant potential of any market segment that comprised just 1 percent of the population. Such a group would amount to a population of 1.75 million persons who could be steady consumers of products specifically marketed to them.²⁸ With more than \$40 billion dollars of disposable annual income and sixteen million persons over the age of sixty-five in the early 1960s—some 10 percent of the overall population—senior citizens already constituted an enormous, potentially lucrative market segment.²⁹ A few years later, in 1966, the Center for Research in Marketing reported that older Americans (in this case defined as persons over age fifty-five) possessed 35 percent of all common stocks. Additionally, 75 percent had paid down their mortgages, and the group as a whole spent \$250 million annually on travel.³⁰

Among other indicators of this growing financial stability was the increased tendency for older persons to continue living in independent households, a trend first discussed in chapter one.

²⁷ Lizabeth Cohen, *A Consumer's Republic: The Politics of Mass Consumption in Postwar America* (New York: Alfred A. Knopf, 2003), 308, 350-351.

²⁸ Calhoun, *In Search of the New Old*, 194.

²⁹ For information about disposable income, see Morse, "Old Folks: An Overlooked Market?." For population size, see Library of Congress Legislative Reference Service, *Medical Care for the Aged: A History of Current and Past Proposals and Pro and Con Arguments*, CAC.

³⁰ Calhoun, *In Search of the New Old*, 198.

In 1950, 70 percent of retired men lived in independent households, and by 1970 that percentage had increased to nearly 90 percent.³¹ The trend of older persons moving in with their children virtually disappeared. Drawing a sharp line between retirement living in 1977 and the experiences of prior generations, John F. McClelland, president of the National Association of Retired Federal Employees, announced: "It used to be that the elderly lived at home with their children, who looked after them . . . that doesn't happen today, and old people feel that they have to look out for themselves."³²

The aged market segment presented great potential rewards for companies, but it also posed special challenges. Marketers could not simply assume that all senior citizens demanded similar products or that they even wanted to identify as "old" in the first place. Some of the most common mistakes resulted from marketing food products using older actors as props to sell food products with high fiber content to promote regular bowel movements. Senior citizens unsurprisingly considered such advertisements offensive. In one well-known blunder, the H.J. Heinz Company disastrously marketed a salt-free line of food products in St. Petersburg, Florida and Cincinnati, Ohio during the 1950s. Nothing was offensive about a low-sodium diet, but Heinz unwittingly labeled the product, "Senior Foods." Not wanting to purchase products that so transparently announced their advancing age, seniors boycotted the line.³³

Marketers gradually learned to counter the negative stereotypes of old age not by rejecting the dominant youth-oriented culture (a move that many gerontologists encouraged), but instead by claiming that each product or service could help buyers regain their youthfulness in later life. In essence, Madison Avenue marketers acknowledged that society did not value the

³¹ Costa, *The Evolution of Retirement*, 107.

³² Roberts, "'Gray Power' Getting Results in Congress," 19.

³³ Morse, "Old Folks: An Overlooked Market?," 46; Melinda Becker, "Going for the Gold: Selling to the Over-50s Presents Big Opportunities and Big Risks" *Newsweek*, 23 April 1990, 74-76. This event is also described in: Calhoun, *In Search of the New Old*, 192.

characteristics commonly associated with old age, and they started creating advertisements that would assist in redefining those characteristics in favor of a more youthful image. Cosmetics producers, for example, could successfully sell their products by claiming that their products would reduce wrinkles, add color to gray hair, and generally make potential buyers appear more youthful.³⁴ Boosted by funds from Medicare in the mid-1960s, medical or personal care products and services accordingly emerged as some of the most lucrative sets of products for businesses to exploit.³⁵

As the more youthful cultural images of old age arose in the 1960s and 1970s (images which were detailed in chapter one), advertisers benefited from being part of a well-established narrative and a more clearly-defined market segment. Advertisers could utilize seniors' more frequent participation in organized activities. A *Dun's Review* article, "Old Folks: An Overlooked Market?," gave an example of this technique. The article referenced a group of thirty-two senior citizens from Ypsilante, Michigan who, in 1962, considered chartering a Greyhound bus so they could travel to the Seattle World's Fair. To make the sale, a marketing manager from Greyhound organized an entire tour package that included sleeping accommodations, fair admissions, and organized tours. The seniors collectively paid \$8,400 for their tour, or \$262 apiece. The event kicked off a campaign by Greyhound to offer tour packages for hundreds of senior citizens to attend the 1964 World's Fair in New York, and senior bus tours quickly emerged as a common emblem of active aging.³⁶

Grocers were among the first merchants who learned to mitigate and actually take advantage of the specific problems shared by the elderly population. Some grocers began to time

³⁴ Calhoun, *In Search of the New Old*, 192-194. On the dominance of the youth market segment, see Victoria Secunda, *By Youth Possessed: The Denial of Age in America* (Indianapolis: The Bobbs-Merrill Company, 1984), 59-88.

³⁵ Medical consumerism will be examined more completely in a later section of this chapter.

³⁶ Morse, "Old Folks: An Overlooked Market?," 45-46, 86-88.

their advertising specials and staff additional store clerks at the beginning of each month, when Social Security and pension checks were sent out. The associated advertisements did not have to specifically reference age and risk driving customers away; instead, they simply highlighted products that seniors tended to buy and set the sales at times that seniors liked to shop, outside peak hours for young families. Employees in a variety of industries similarly began to receive special training in how to assist older customers who might have physical ailments or problems with hearing. Older patrons of grocery stores frequently complained about outsized portions intended for large families. In one instance, a store manager noted that retired couples preferred to buy pork chops in packages of three rather than six. The manager realized the store could attract elderly customers simply by marketing smaller portion sizes.³⁷ Any of these strategies could backfire if the sales pitch touched a nerve with the senior community. Gerber's launched a line of jarred foods for senior citizens, with smaller portion sizes, in the early 1970s. In addition to Gerber's (in this case unfortunate) association with baby food, the company made the mistake of using the name "Singles," which unpleasantly reminded widows and widowers that they were eating and living alone.³⁸

Another marketing method involved teaming with psychologists or gerontologists to determine how older persons processed information. From these collaborations some marketers drew the conclusion that it was more difficult for seniors to absorb new messages and that seniors were less likely to alter their shopping behavior than younger generations. Very concise, powerful messaging would be required to compel someone to change the brands and habits that had been established over the course of a lifetime. Most of these collaborations with

³⁷ Annette Ashlock Stover, "Stores to Heed Oldsters' Needs," *Chicago Tribune*, 23 March 1972, D4.

³⁸ Becker, "Going for the Gold: Selling to the Over-50s Presents Big Opportunities and Big Risks ", 74-76.

gerontologists, however, discovered that few real differences existed in the ways that senior citizens and younger adults spent their money on daily purchases.³⁹

The overwhelming marketing finding based in gerontology was that most aged persons behaved similarly to younger persons. As Vergil Reed, a marketer at the J. Walter Thompson Agency, observed, "old people use practically everything everybody else uses." Companies could choose to use marketing techniques that would make products appeal to the elderly population, even if the product itself had no features that specifically benefited an older individual.⁴⁰ In these cases, marketing specialists strategically placed advertisements in publications likely to be read by senior citizens and then portrayed the products as cheaper or more convenient alternatives to traditional purchases. *Retirement Living*, for example, contained promotions and articles about mopeds and freeze-dried food, which some marketers claimed would be affordable alternatives to automobiles or traditional food.⁴¹

It is important to remember that senior citizens were not, as a general rule, particularly affluent or major consumers of luxury goods, but by the 1980s they did possess more buying power than a cursory examination might have revealed. After all of the gains made in Social Security COLAs, Medicare coverage, and private pensions by the 1970s, median households headed by senior citizens earned barely half (\$8,871) the median income of other households (\$17,710) in 1980. Such low figures, though, obscured a rate of growth in income that outstripped the gains made by younger adults. Between 1967 and 1980, for example, the median income for households headed by persons over age sixty-five increased nearly 44 percent,

³⁹ Lynn W. Phillips and Brian Sternthal, "Age Differences in Information Processing: A Perspective on the Aged Consumer," *Journal of Marketing Research* 14, no. 4 (November 1977): 444-457.

⁴⁰ Calhoun, *In Search of the New Old*, 193.

⁴¹ David Kendall, "Mopeds . . . How Safe?," *Retirement Living*, June 1978, 18.

compared to a 12 percent increase for households headed by persons of any age.⁴² Some analysts argued that, on average, older Americans had fewer financial obligations and more financial security than middle-aged Americans.⁴³

Senior citizens often had the advantage of lower average living costs, a steady stream of public benefits, and, therefore, relatively higher disposable incomes for their modest income levels. They were less likely, for example, to have home mortgages or young children to raise. Additionally, they could take advantage of senior discounts at numerous venues, and due to Medicare they no longer necessarily had to save as much as possible for potential health costs.⁴⁴ With Social Security, Medicare, Medicaid, private pensions, life insurance, and other savings, a majority of middle-class and working-class elderly could look forward to a more financially secure retirement than ever before.⁴⁵ From the early 1970s, marketers estimated that the aged possessed twice the total buying power as the coveted youth market.⁴⁶

Public entitlements played a major role in these financial gains. In 1977, an average of 32 percent of senior citizens' income came from Social Security. Reflecting the fact that some seniors still worked, 32 percent of average income came from wages earned. An additional 17 percent came from interest on personal savings accounts. Company pensions accounted for only 6 percent of average seniors' incomes, and government pensions other than Social Security accounted for an average of 4 percent. The last 9 percent of average income came from relatives

⁴² U.S. Census Bureau, "Historical Income Tables: Households, Table H-10, Age of Head of Household: All Races by Median and Mean Income: 1967 to 2006," Current Population Survey, Annual Social and Economic Supplements.

⁴³ Jerry Flint, "The Old Folks," *Forbes* 125, no. 4 (18 February 1980): 51.

⁴⁴ Benjamin Spock, "Medical Care for the Aged – What Young Families Should Know," *Redbook Magazine*, May 1964, 34, box 72, folder 57, Carl Albert Collection, Legislative Series, CAC.

⁴⁵ Haber and Gratton, *Old Age and the Search for Security*, 167-171. Among a group of senior citizens polled in 1975, 16 percent reported having a child living in their home, although 20 percent of the sample from ages sixty-five to sixty-nine reported having a child living in their home, see Harris and Associates, *The Myth and Reality of Aging in America*, 75.

⁴⁶ Stover, "Stores to Heed Oldsters' Needs."

and friends. For the male retiree, a status describing more than 80 percent of older males, leaving the workforce meant relying on Social Security for more than half of their earnings. The average older female was unlikely to have pensions of her own and so had to rely more heavily on a combination of her spouse's income (if she was married and not widowed) and on Social Security.⁴⁷

Senior Citizens Tentatively Accept Consumerism as a Model of Retirement

It is clear that a growing number of senior citizens sought active retirements, but this desire did not always translate into an enthusiastic acceptance of a consumer lifestyle. Magazines such as *Modern Maturity* actively pursued revenue from advertisers, but such advertising campaigns did not necessarily reflect the demand of seniors themselves. The magazine representatives sometimes went beyond the facts in claiming that senior citizens were affluent and possessed a unified consumer group identity.⁴⁸ Marketers likewise were overly optimistic in estimating senior citizens' enthusiasm for material accumulation. In the early 1970s, for example, some marketers theorized that senior citizens were even more "consumer-driven" than younger adults because they had less time remaining to buy products and enjoy life.⁴⁹ One marketer explained in *Dun's Review*, "These people are really the 'now' generation. They have to live for now because they don't know how long their now will last."⁵⁰

"Living for now" did not necessarily translate into purchasing goods. Whether out of necessity or choice, many older individuals sought to reduce their consumer expenditures.

Nicolina Zingali, a former Chicago, Illinois resident, reduced her spending out of necessity, but

⁴⁷ "Worthy of Note," *Modern Maturity*, February-March 1977, 5. On retirement rates, see Costa, *The Evolution of Retirement*, 12. Older male and female income differentiation will be discussed in the next chapter.

⁴⁸ Cohen, *A Consumer's Republic: The Politics of Mass Consumption in Postwar America*, 322.

⁴⁹ Murray, "The Money in Old Folks."

⁵⁰ Quoted in: Calhoun, *In Search of the New Old*, 200.

still managed to live an active, leisurely retirement. After the death of her husband, Zingali had no savings, no pension, and no investments, but she did draw from Social Security. She managed to travel alone through Europe by finding rooms in decrepit hostels at a rate of \$1.75 per day and cooking her own food. For Zingali, an active retirement did not require lavish purchases, luxurious accommodations, or other consumerist frills.⁵¹ A married couple from Beverly Hills, California similarly found ways to enhance their retirements without necessarily spending more money. They retired to Brisbee, Arizona, a small mining town. The purchase price of their home was the same cost as just twenty months of rent in Beverly Hills had been. They described life in Brisbee as "tranquility," with enough spare time to start a garden and share fruits and vegetables with their neighbors. Yet life in Brisbee could still be active, as local cultural events and venues included plays, puppet shows, concerts, arts and crafts exhibitions, museums, a library, visiting lecturers, "Brewery Gulch Days," parades, high school sports events, local history celebrations, hiking, picnicking, fishing, horseback riding, sightseeing, camping, designated rock-collecting areas, bowling, tennis, swimming, golf, a health club, recreation centers, and gymnasiums. All of these opportunities were free or inexpensive, and the older couple found everything quite accessible due to minimal traffic congestion compared with Beverly Hills.⁵²

Gregory Behgman, another contributor to *Retirement Living*, described his life at the age of sixty-three after his wife passed away. Despite some initial hesitation, he started dating again. He derived most of his pleasure from telephone calls and spending time with friends. Then he discovered the youthful thrill of rock and disco dancing at a local university club. While Behgman spent money to enter the club and consumed the music, the experience was far more

⁵¹ Nicolina Zingali, "You Don't Have to Be Rich," *Retirement Living*, March 1978, 50.

⁵² Hal Ker and Minnie Ker, "Yes, Small-Town America Still Has Retirement Advantages," *Retirement Living*, July 1978, 27-28.

social than consumerist. He emphasized the joy at dancing and mixing with the much younger female college students who, he assumed, found him "interesting."⁵³

In their daily lives and when partaking in leisurely (but not consumerist) activities, average senior citizens tended to devote more time to entertainment that did not involve shopping or other obvious forms of consumerism. In a 1975 study, senior citizens were most likely to report that they spent "a lot of time" socializing with friends (47 percent), gardening (39 percent), reading (36 percent), watching television (36 percent), "sitting and thinking" (31 percent), caring for members of the family (27 percent), participating in recreational activities and hobbies (26 percent), and going for walks (25 percent). According to self-reporting, then, senior citizens spent most of their daily lives engaging in activities that could be described as leisurely or active, but not necessarily as consumerist. The only activity on the list that fit squarely within a consumerist framework was television viewing.⁵⁴ Senior citizens most frequently expressed a desire for more money not so that they could buy physical merchandise, but rather so that they could have the luxury of travel or the equipment or entry fees to enjoy their hobbies.⁵⁵

When engaging in special "leisure-time activities" (not necessarily on a daily basis), senior citizens likewise tended to avoid overt consumerism. A 1980 survey conducted by the National Council on Aging revealed that more than 50 percent of senior citizens reported traveling, 40 percent reported doing needlepoint, weaving, or handiwork, 30 percent did photography, nearly 20 percent played a musical instrument or sang in the choir, about 15 percent painted or drew, over 10 percent wrote stories or poems, approximately 8 percent made pottery or ceramics, about 8 percent did folk or ethnic dancing, and less than 5 percent worked

⁵³ Gregory Behgman, "Recovering Your Zest for Life," *Retirement Living*, August 1978, 32-33.

⁵⁴ Harris and Associates, *The Myth and Reality of Aging in America*, 59.

⁵⁵ *Ibid.*, 219.

with a local theatre group. Besides travel, the list was devoid of leisure activities that could be described as consumerism. While the elderly were spending more money on consumerist activities than in the past, they still tended to devote much more of their leisure time and efforts to activities that did not require significant expenditures.⁵⁶

Some senior citizens did embrace consumerism more readily. Many of these seniors wanted to make their lives more comfortable by acquiring luxurious (though not necessarily expensive) items such as satin sheets, more fashionable eye glasses and clothes, better hair styles, and nicer cars. These items, according to articles in *Retirement Living* magazine, may have been easy to disregard during the hectic working years, but they became higher priorities for some during the leisure years of retirement.⁵⁷ Spending on small luxuries hardly compared with seniors' spending on necessities. In descending order of dollars spent, senior consumers spent more than 50 percent of their total income on housing, food, and transportation. This was nearly 10 percentage points more than non-elderly consumers.⁵⁸ Medical spending constituted a fourth major personal expenditure, amounting to 15 percent of income by the mid-1980s.⁵⁹ At the same time, retirees did spend a considerable amount of their incomes on recreational activities and made up one of the most significant consumer groups for recreational vehicles and travel services.⁶⁰

Beyond mere self-fulfillment, some senior citizens believed that becoming more prominent consumers actually improved the group's status as American citizens. In response to criticisms of senior citizen discounts and Social Security benefits, one senior, Harry Ronis, wrote

⁵⁶ Frank L. Schick, ed. *Statistical Handbook on Aging Americans* (Phoenix, AZ: Oryx Press, 1986), 83.

⁵⁷ Maynard Good Stoddard, "So You Want to Retire on Satin Sheets?," *Retirement Living*, July 1978, 33.

⁵⁸ Davis, *Television and the Aging Audience*, 19.

⁵⁹ Oberlander, *The Political Life of Medicare*, 55.

⁶⁰ Don Edgar, "Once-Slumping RVs Head Back to the Road," *Advertising Age*, 22 June 1981; Lisa M. Keefe, "Regions / South Texas: Snowbirds," *Forbes*, 23 March 1987, 117-118. Travel consumerism will be discussed in further detail later in this chapter.

to the *New York Times* that he believed the economy depended on older Americans. He pointed out that businesses deliberately offered senior discounts to expand their customer base, especially during the weekdays when younger customers tended to be at work or school. In particular, movie theatres thrived off the matinee crowds made up largely of retirees who paid less than the ordinary admission fee. He speculated that 90 percent of Social Security payments were "swiftly poured back into the economy, giving senior citizens a better quality of retired life and immeasurably stimulating our ailing economy."⁶¹

Such assertions about senior consumerism did not go uncontested. By the 1970s, some conservatives argued that excessive federal spending on senior citizens harmed the economy. In the early 1970s, Medicare was a primary target of these criticisms because in the first five years since its inception the nation's total private and public health care spending had risen from \$7.9 billion to \$20 billion. Roughly \$9 billion of this \$12.1 billion increase came directly from Medicare expenditures.⁶² A 1972 study undertaken by the Conference Board, a nonprofit organization for economic research, estimated that through Social Security and other social programs, \$59 billion had been transferred from "productive to nonproductive sectors of the economy" between 1968 and 1973. Due to the removal of this money from businesses and wage-earning individuals, they argued, workers' incomes had dropped while prices increased.⁶³

As with other conservative arguments, though, these complaints tended to resonate more against "welfare" spending on younger groups than with the middle-class entitlement programs of Social Security and Medicare.⁶⁴ Nonetheless, political opponents of Medicare and Social Security argued that welfare for the disabled or impoverished elderly would be a better approach

⁶¹ Harry Ronis, "The Dual Purpose of Senior Discounts," *The New York Times*, 4 December 1982, 26.

⁶² Lyons, "Medicare: No Cure Yet for Rising Bill," E8.

⁶³ H. Erich Heinemann, "Federal Outlays Inflation Factor," *The New York Times*, 8 May 1971, 55.

⁶⁴ See the section, "middle-class senior entitlement endures," in chapter three.

to reduce overall federal spending and inflation. One likeminded columnist acknowledged that the indigent elderly had seen their savings and fixed pensions wiped out by the runaway inflation of the 1970s, but he cautioned, "We must not confuse the plight of the few with the condition of the many."⁶⁵ Under such a plan, senior citizens could then only have been prominent consumers if their personal savings and private pensions supported such a lifestyle.

Detractors' claims about excessive spending on the elderly did not stop senior citizens from identifying as consumers or from demanding a continuation or expansion of senior entitlement. Prominent organizations in the senior movement helped define senior citizens as consumers by either promoting consumerism outright or by seeking to protect senior citizens' rights as consumers. Most notably, AARP abandoned its prior opposition to leisurely retirements following the death of Ethel Percy Andrus in 1967. As it expanded its business-inspired model in the 1970s and especially in the 1980s, AARP gradually promoted the notion of a leisurely retirement, grounded more in consumer rights and self-fulfillment than in the concept of voluntarism that Andrus had promoted. By the late 1980s, two-thirds of AARP's revenue came from endorsements and other business activities, with only one-third coming from dues.⁶⁶ For tax purposes, it maintained a nonprofit status despite directly competing with many for-profit businesses.⁶⁷ AARP earned royalties from its endorsement of products and services, including a 4 percent royalty (amounting to \$67 million) from the for-profit Prudential's sale of supplemental health insurance under the AARP endorsement label. In this case, AARP collected the premiums and then had forty days to remit the payments to Prudential, allowing AARP to invest the money for the short term and earn an extra \$15 million per year. AARP provided more

⁶⁵ Alvin Rabushka and Bruce Jacobs, "Are Old Folks Really Poor? Herewith a Look at Some Common Views," *The New York Times*, 15 February 1980, A29.

⁶⁶ David Pauly and Bob Cohn, "The Big Gray Money Machine," *Newsweek*, 15 August 1988, 38.

⁶⁷ Richard Phalon, "Empire Builders," *Forbes*, 22 February 1988, 36.

consumer services using the same method, including automobile insurance, homeowner's insurance, mutual funds, travel services, a special motor club, and discounts on pharmaceuticals. The IRS considered this to be nonprofit activity only because AARP did not provide the actual services – AARP merely advertised the services directly to its millions of members, helped design the services, used its brand-name as an endorsement, and collected the premiums. All of these benefits were made available, tax-free, to members who paid AARP's low five dollar annual fee (spouses automatically received membership with the five dollar fee).⁶⁸

Reducing the threshold age of membership to fifty (from fifty-five) in 1983 helped AARP increase its membership by 77 percent in the subsequent four years. Most of the new members were not even retired and were considerably more affluent than the older members. The organization's total earnings increased 600 percent between 1986 and 1988, and revenues reached \$296 million per year. This widening of the aged market segment contributed to society's more youthful outlook on old age, and no doubt helped enhance the consumerist image of AARP and older Americans. AARP members who traveled could receive discounts on a car rental or hotel of up to 30 percent. AARP's *Modern Maturity* magazine had the third highest circulation of any magazine in the nation in 1988, and by the early 1990s it had taken the top spot. *Modern Maturity* was actually a money loser for AARP, but, as one critic pointed out, if it had made profits in the magazine business (which was not as central to AARP's social benefits), the organization's nonprofit status may well have come into doubt. Regardless of its tax status, *Modern Maturity* did elicit jokes that its circulation was better than its readership's.⁶⁹ Perhaps AARP's most striking foray into the promotion of consumerism was the AARP Federal Credit Union. The union directly challenged for-profit banks by offering checking, certificates of

⁶⁸ Pauly and Cohn, "The Big Gray Money Machine."

⁶⁹ Ibid. On *Modern Maturity* taking over the top spot in circulation, see Friedan, *The Fountain of Age*, 55.

deposit, money market savings programs, and a Visa credit card, all at rates that were cheaper than the banking industry's standards.⁷⁰

AARP's business model did eventually prompt complaints from for-profit competitors and politicians. The author of a 1990 *Forbes* magazine article complained that AARP and other nonprofit organizations had a competitive advantage and that their nonprofit tax status actually produced a "halo effect" that garnered increased public trust. For many customers, the article's author argued, nonprofit hospitals, credit unions, universities, and charitable organizations seemed far more trustworthy than their for-profit counterparts.⁷¹ The 1994 "Republican Revolution" sparked investigations into AARP's tax-exempt status. These events resulted in the IRS levying a total of \$202 million in fines for the period between 1985 and 1999. AARP also paid a fine to the U.S. Postal Service in 1999 in the amount of \$5.6 million for illegally garnering nonprofit mailing rates. AARP then split itself into two "affiliated entities" – one the nonprofit AARP Foundation and the other the for-profit AARP Services.⁷²

Most reflective of the changing nature of AARP and of the more flexible definitions of old age, the organization officially changed its name in 1999 from "American Association of Retired Persons" to simply "AARP." This change reflected the fact that roughly half of AARP's members were not yet retired.⁷³ Now that old age could designate anything from age fifty (AARP's threshold of membership since 1983) to above 100 years of age—and age discrimination in employment was declining gradually—retirement itself could no longer be considered a shared condition of older Americans. "Old age" held a vast number of meanings

⁷⁰ Robert E. Taylor, "Retired Persons Association Launches Credit Union for Its 29 Million Members," *Wall Street Journal*, 11 May 1988, 1.

⁷¹ James Cook, "Businessmen with Halos: Introducing the Forbes Nonprofit 500," *Forbes*, 26 November 1990, 100-104.

⁷² Lynch, *One Nation Under AARP*, 131.

⁷³ *Ibid.*, 130.

compared with the almost universally negative interpretations that had prevailed in the 1950s. Regardless of its members' range of ages, though, AARP encouraged active aging and retirements with consumer interests in mind.⁷⁴ AARP did continue to offer nonprofit services and volunteer opportunities that legitimately qualified for tax-exempt status, but as early as the 1980s these had been dwarfed in the number of services offered and in the public image of special interest lobbying.⁷⁵ AARP appeared in the news media primarily as a member-benefit and lobbying organization and a giant among the special interest groups in America.

The influence of consumerism on the senior movement can be seen in the fortunes of the other prominent age-based organizations that did not follow in AARP's member-benefit path. The National Council of Senior Citizens (NCSC), which was the only organization comparable in size or revenue to AARP, provided some direct benefits to its members, primarily discounts on travel, prescription drugs, and legal assistance, but these paled in comparison with AARP's array of benefits. In 1971, the NCSC had a budget of \$416,000, compared with AARP's budget of more than \$6 million. Notably, 40 percent of the NCSC's budget was made up of donations from labor unions, especially the AFL-CIO. Most of the rest came from member dues. AARP, by contrast, gleaned over half of its budget from the services rendered to its members.⁷⁶ In the ensuing decades, AARP dwarfed all other age-based organizations in size, revenue, and public image. By 2001, the NCSC's membership had fallen to one million, and the organization changed its name to the Alliance for Retired Americans (ARA) and focused its efforts on gaining former working-class AARP members who were disaffected by AARP's middle-class focus or

⁷⁴ See, for example: Rosalind Massow, *Travel Easy: The Practical Guide for People Over 50* (Glenview, IL: American Association of Retired Persons, 1985).

⁷⁵ While 350,000 of AARP's members participated in its volunteer programs in 1990, making it one of the largest volunteer organizations in the country, this paled in comparison with AARP's total membership, see Horace B. Deets, "The State of the AARP," *Vital Speeches of the Day* 56, no. 23 (15 September 1990): 715.

⁷⁶ Henry J. Pratt, "Old Age Associations in National Politics," *Annals of the American Academy of Political and Social Science* 415 (September 1974): 116-117.

political stances. The strategy resulted in some success, such as an increase in membership to four million individuals, spread across thirty states as of 2011.⁷⁷

Still, AARP by then had 40 million members and expected to draw more members from the roughly 78 million baby boomers who were in their fifties and sixties.⁷⁸ AARP also had total revenue in excess of \$1 billion.⁷⁹ By comparison, the other prominent organization discussed at length in this project, the Gray Panthers, offered virtually no direct benefits and had a membership of just 60,000 members by the early 1980s. After the death of Maggie Kuhn in 1995, the Gray Panthers lost its visibility in the national media, and its membership declined to 20,000 members in 2011. The Gray Panthers still have 50 local chapters and effectively influence small-scale local issues, but most Americans likely have never heard of them.⁸⁰

By the later 1980s, the revenue made possible by AARP's promotion of consumerism had thereby reshaped and, in many respects subsumed, the senior political movement. With its consumer-oriented model, AARP managed to outshine its counterparts and grow into the nation's foremost age-based organization. Initially founded to help older Americans cope with the retirement that was forced upon them, AARP thus now promoted the institutions of leisurely retirement and senior consumerism.

At the same time, retirement had become a cultural norm and the main expectation of later life for people of all ages. "Successful" retirement, consisting of a comfortable lifestyle, leaving the workforce by or before age sixty-five, and leisure activities, required copious amounts of money, which in turn required a combination of Social Security, Medicare, and company pensions or decades of investment in private or employee savings plans. Investment

⁷⁷ Beard and Williamson, "Social Policy and the Internal Dynamics of the Senior Rights Movement," 24-26.

⁷⁸ Lynch, *One Nation Under AARP*, 2.

⁷⁹ Birnbaum, "On Issues from Medicare to Medication, AARP's Money Will Be There."

⁸⁰ Beard and Williamson, "Social Policy and the Internal Dynamics of the Senior Rights Movement," 25-26.

companies in the 1980s and 1990s accordingly promoted savings plans, particularly to young adults who could enjoy up to forty years of compound interest on their investments. Retirement was therefore something to look forward to, but it also presented an ominous challenge for individuals to save enough money to complement public pensions and medical benefits. For retirement planners (and for many typical individuals), longer life spans translated into lengthier retirements and the need for massive savings, not lengthier careers. Financial planners combined such expectations with conservatives' frequent warnings that Social Security might be insolvent and encouraged people to save for retirement at progressively younger ages. By the it was becoming more common for parents to start retirement funds on behalf of their pre-teenage children and for high school curriculums to inculcate the necessity of saving for retirement before most of the students had even attended college or started careers and families.⁸¹

On the surface it would appear that the personal responsibility required for a lengthy, pleasurable retirement would reduce the cultural trend toward retirement or the sense of entitlement to such a retirement. But the shift away from pensions and toward employee savings plans which began in the 1980s actually heightened workers' awareness of the "necessity" of planning for the lengthy retirements that they anticipated. Retirement became a goal to be achieved, but efforts to achieve that goal also created certain expectations. Public entitlements remained an important cornerstone of retirement planning. Because workers had paid into Social Security and Medicare, had invested money in employee savings plans, or had privately saved money in tax-deferred accounts, they felt entitled to receive the full benefits of those programs and to participate in the institution of retirement. Whether through public or private programs, workers generally felt that they had invested in or, in the words of one gerontologist, even

⁸¹ David J. Ekerdt, "Born to Retire: The Foreshortened Life Course," *The Gerontologist* 44, no. 1 (February 2004): 4-5.

"purchased" their retirements.⁸² Thus, while senior citizens did not fit particularly well into many traditional marketing models and were not conspicuously enthusiastic consumers of physical goods, they did indeed become pronounced consumers of the trappings and institution of retirement itself.

Purchasing Youth: Older Medical Consumers

Some fundamental, if oft-overlooked, aspects of a "successful" retirement included good health, personal mobility, and access to medical care. Socializing with friends, gardening, reading, and watching television were the leading uses of senior citizens' time, and travel was their most frequently cited leisure activity, but consumption of medical products and services was a leading expenditure that far exceeded per capita spending by the younger population. Medicare facilitated much of this spending. Between 1966 and 1968, in the first two years following Medicare's implementation, senior citizens' total spending on health care increased by 40 percent, even after adjusting for inflation.⁸³ Older Americans soon had an outsized impact on the medical sector of the nation's economy. By the late 1970s, for example, Americans over the age of sixty-five, who made up 10 percent of the population, accounted for 30 percent of the nation's total medical spending.⁸⁴ In 1984 annual medical spending on the elderly (from private and public sources combined) amounted to \$119 billion, or \$4,202 per person per year. Of this amount, more than 32 percent was from private expenditures and over 67 percent came from Medicare, Medicaid, and other government programs.⁸⁵ This distribution of spending was nearly a mirror image of that of the younger population, for which more than 70 percent of spending

⁸² Ibid., 4-6.

⁸³ Witkin, *The Impact of Medicare*, 280-281.

⁸⁴ Kolker and Ahmed, *Aging*, 154-155.

⁸⁵ Schick, ed. *Statistical Handbook on Aging Americans*, 238. These trends are also noted in: Karen Davis, "Aging and the Health-Care System: Economic and Structural Issues," *Daedalus* 115, no. 1 (Winter 1986): 229-230.

came from private insurance plans or out-of-pocket expenditures. Even considering the greater public contributions for older Americans, the elderly on average still had nearly twice the amount of out-of-pocket medical expenses as did younger individuals.⁸⁶

Alongside AARP, private health insurance companies profited from supplemental "Medigap" insurance plans that offered coverage for medical services not covered by Medicare. Colonial Penn, for example, teamed with AARP to provide life, health, and automobile insurance geared towards the needs of older individuals and in so doing increased its profits by 70 percent between 1968 and 1970.⁸⁷ Much more directly, a concession made to the insurance lobby during the legislative process forced Medicare to rely upon 130 insurance companies to process its claims. Consequently, a significant share of Medicare dollars, which some researchers claimed amounted to \$1 billion per year by the 1970s, went toward private insurance administration.⁸⁸

Medical providers also found new ways to capitalize on the growing health spending – a discovery with both positive and negative consequences. The nursing home industry provides one of the more dramatic examples of the growth in health spending caused by Medicare in 1965. Nursing homes had been growing steadily since 1950, when Social Security amendments allotted benefits to be spent on nursing homes, but not on the less-popular almshouses.⁸⁹ The first two years following Medicare's adoption witnessed a "boom" in nursing home growth. In the first two years of the program, the number of older Americans in nursing homes increased from 63,000 to 80,000.⁹⁰ The public share of money spent on nursing homes rose from 38 percent in 1965 to 64 percent in 1967. Chains of nursing homes emerged and stock in their companies shot up in value. By 1972 the nursing home industry had revenues of \$3.5 billion, 75 percent of which

⁸⁶ Davis, "Aging and the Health-Care System: Economic and Structural Issues," 230.

⁸⁷ "The Over-65 Set: A Bonanza for Business?," *Nation's Business* 59 (November 1971): 34-36.

⁸⁸ Robert N. Butler, *Why Survive?: Being Old in America* (New York: Harper & Row, 1975), 213.

⁸⁹ Haber and Gratton, *Old Age and the Search for Security*, 141.

⁹⁰ Murray, "The Money in Old Folks," 75-76.

came from federal, state, or local governments. Critics charged that these nursing homes had inadequate standards for fire and food safety. As early as 1971, alarmed government officials began taking steps to reduce spending on long-term care by denying payments for certain patients, placing stricter requirements on admissions, and placing more regulations on nursing facilities accepting Medicare patients.⁹¹ The "boom" in the nursing home industry was therefore short lived, but nursing homes remained a common institutional residence for the elderly and continued to receive revenue from Social Security, Medicare, and Medicaid.⁹² The industry's revenues in 1976 were still twenty times what they had been in 1960.⁹³

The discourse of consumerism first applied to health care in the late 1960s, as patients of all ages began to transliterate the rhetoric of consumer rights onto the movement for improved patients' rights.⁹⁴ While this revolution in the definition of the doctor-patient relationship gave the patient more autonomy in seeking treatment, it had the side effect of sometimes defining patients more as paying customers than as persons in need. By the 1980s hospitals had become more accustomed to treating patients (young and old) as consumers, and grew more adept at marketing to them. Annie Doll, senior vice president of marketing for a hospital in Dayton, Ohio, explained, "We used to be pretty paternalistic, but now we ask consumers what they want and we try to give it to them, whether it's shorter-stay maternity care or a guarantee that they'll be seen within 15 minutes when they come to the radiology department."⁹⁵

⁹¹ Butler, *Why Survive?*, 272-278, 292-294.

⁹² Although just 5 percent of older Americans lived in a nursing home or similar institution, more than 40 percent of them would live there before their deaths, see Haber and Gratton, *Old Age and the Search for Security*, 116. More than 80 percent would die in a nursing home, hospital, or other institutional setting, see Butler, *Why Survive?*, 299.

⁹³ Haber and Gratton, *Old Age and the Search for Security*, 141.

⁹⁴ Rob Irvine, "Fabricating 'Health Consumers' in Health Care Politics," in *Consuming Health: The Commodification of Health Care*, ed. Saras Henderson and Alan Peterson (London: Routledge, 2002).

⁹⁵ Tamar Lewin, "More Are Turning to Madison Avenue to Fill Their Beds: But Ad Campaigns Leave Many Doctors Feeling Queesy," *The New York Times*, 10 May 1987, 28.

Owing in large part to deregulation and the resulting competition, hospitals' marketing teams went to great lengths to advertise their services, establish a unique corporate brand, and attract market segments to their facilities. In an extreme (and no doubt unethical) example, a hospital in Orange County, California, mailed unsolicited \$2,500 checks as an advance "dividend" to doctors to encourage them to buy stock in and refer patients to their hospital. More commonly, hospitals offered physicians rent discounts and revenue sharing programs in exchange for patient referrals.⁹⁶ Between 1985 and 1986, the percentage of the nation's hospitals actively advertising increased from 64 percent to 91 percent, according to a Gallup study.⁹⁷ In 1987, hospitals' national spending on advertising increased 46 percent from the year before, to \$726 million.⁹⁸

As the leading demographic group in health spending, senior citizens were often the target of these advertising campaigns. Many hospitals tried to bolster their amenities with concierge services, improved food menus, and upgraded furnishings in the rooms. Others trademarked their services with catchy names such as "You're Becoming" to describe cosmetic surgeries, "Gift of Sight" for cataract surgeries, and "Step Lively" for podiatric surgeries. Others offered special senior citizen discounts, such as waiving Medicare deductibles.⁹⁹ Under the advisement of marketers, many hospitals started presenting health lectures specifically to senior citizens' groups with the hopes of making the potential patients familiar and comfortable with the hospital. They would then presumably choose to go to the hospital that they were most familiar with should they eventually need admittance.¹⁰⁰

⁹⁶ Leslie Berkman, "Orange County Hospitals Stage Marketing Blitz," *Los Angeles Times*, 7 February 1988, COC1.

⁹⁷ Lewin, "More Are Turning to Madison Avenue to Fill Their Beds," 28.

⁹⁸ Berkman, "Orange County Hospitals Stage Marketing Blitz," 7.

⁹⁹ Lewin, "More Are Turning to Madison Avenue to Fill Their Beds," 28.

¹⁰⁰ Berkman, "Orange County Hospitals Stage Marketing Blitz," 7.

At the same time, companies in a wide variety of industries produced and marketed new products to increase personal mobility and the livability of senior citizens' homes. Such products included a wheelchair accessible kitchen layout designed by General Electric, kitchen cabinets designed specifically to be easily accessible for older women, bathtubs and showers without barriers to step over, everyday products for arthritic patients, special grab handles in bathrooms, video surveillance and visitor admittance systems, and emergency alert devices in the event of falls. While not all of these were inherently "medical" products, they did have benefits of a medical nature by making it more feasible for older persons to live in their own homes rather than reside in nursing homes or assisted living facilities.¹⁰¹

Even more removed from the traditional definition of medical care, some prominent aging advocates argued that telephones should be covered by Medicare with a prescription, because for disabled senior citizens it might be the only method of contacting the outside world for emergencies or basic human companionship. Citing nutritional deficiencies among the elderly, aging advocates also sometimes considered food purchases to be medical necessities that should be subsidized by Medicare.¹⁰² While Medicare did not expand to cover telephones or food, it did gradually expand to cover more traditional medical devices. While the scale of the loosely-defined medical device industry is hard to quantify, businesses did enthusiastically expand into these markets and trade literature predicted a steady growth of engineering jobs related to senior mobility and communication.¹⁰³

The spending mentioned to this point was for medical services rendered by doctors' offices, hospitals, and other providers, or for products making daily life more workable. But

¹⁰¹ Mary E. Joyce, "New Products for Older Americans: Designs that Benefit the Elderly Grow in Demand," *Design News* 46, no. 22 (19 November 1990): 23-24.

¹⁰² Butler, *Why Survive?*, 221-222.

¹⁰³ Joyce, "New Products for Older Americans: Designs that Benefit the Elderly Grow in Demand."

purchases made for the purposes of appearing younger or coping with age-related disabilities could also fit within a broader theory of medical consumerism, in which devices, surgeries, or other services could be purchased for cosmetic or social purposes as much as for pressing physical needs.¹⁰⁴ The prevalence of this form of medical consumerism reflected a continuing celebration of youth-oriented culture on the part of younger and older Americans alike.

Old-age advocates had long hoped that America's "youth culture" would fade as the country's population aged. One such person, Simeon Costa, dreamt of a culture that would revere and emulate its older citizens. Writing to *Retirement Living* magazine in 1978, Costa noted that the portion of Americans under the age of twenty-five there had dropped precipitously in the previous decade, from nearly 50 percent of the population to just 40 percent. With the average age of the population growing older, Costa hoped (perhaps naively) that advertisers would promote maturity on its own terms instead of focusing on "products [that] were designed to help you look young, feel young, or think young." In the satirical exposé, Costa described a world in which wrinkle creams would make wrinkles more pronounced, hair products would dye hair grey, canes and trifocal glasses would become fashionable "accessories," and automobiles would be big, tall, and cushy like 1930s cars, albeit probably built to the modern "shoddy construction" standards of the 1970s. He painted an image of "Guaranteed to Make You Look 10 Years Older" products to point out the absurdity of idealizing particular images just because of young age. More importantly, he thought that with recent progress in viewing aging more

¹⁰⁴ Arthur W. Frank, "What's Wrong with Medical Consumerism?," in *Consuming Health: The Commodification of Health Care*, ed. Saras Henderson and Alan Peterson (London: Routledge, 2002), 17. See also: Patricia A. Hamilton, *Health Care Consumerism* (St. Louis: C.V. Mosby Company, 1982).

positively, there was already a subtle shift away from a youth-oriented culture and toward the promotion of "maturity" as an important personal trait.¹⁰⁵

Contrary to Costa's desires, most older Americans continued to pursue youthfulness, not the other way around. Magazines like *Retirement Living* frequently offered advice for how to fit in with younger crowds and to project a more youthful image. One such article described the new styles of eyeglasses and advised, "next time you look through your glasses in the mirror, look *at* them too – and ask if you're due for a change to something up-to-date?"¹⁰⁶ Researchers attempted to understand older persons' motivations for appearing more youthful. Betty Friedan, for one, argued in 1993 that middle-aged and older, healthy individuals feared and even exaggerated the negative stereotypes of aging in an attempt to distinguish themselves as still "young," whereas the disabled, ill, poor, or "senile" elderly were truly "old." Deliberately echoing race theory, Friedan further argued that an intense social pressure caused many of these young-old Americans to attempt to "pass" as young by denying their age, dying their hair, or in more extreme circumstances, undergoing plastic surgery and other cosmetic procedures. Hiding old age, Friedan argued, reinforced the notion that to be old was to be frail, dependent, poor, and lonely, because no positive, realistic models for old age remained.¹⁰⁷

For both the elderly and young, cosmetic medical procedures could also be more consumerist and emotionally fulfilling than seeking more traditional forms of medicine. Traditional medicine lacked one key feature of typical consumer markets – there were virtually no price tags. Medical bills were covered mostly by third party health insurers or public

¹⁰⁵ Simeon Costa, "Is 'Old' About to Become 'In'?", *Retirement Living*, February 1978. Such an idea was not historically impossible. Historian David Hackett Fischer argues that emulation of the elderly actually did occur in early American society, emerging from the rarity of a long life span, Judeo-Christian ethics that viewed long life as a sign of God's grace, and from a landed aristocracy made up mostly of elders, see Fischer, *Growing Old in America*, 29-33.

¹⁰⁶ "The Eyes Have It," *Retirement Living*, April 1978, 42.

¹⁰⁷ Friedan, *The Fountain of Age*, 62-65.

programs, while the patients made smaller copayments or met deductibles. Many fees were negotiable, but those discussions tended to occur between the provider and the insurer and not directly involve the patient. By contrast, patients tended to pay for elective cosmetic procedures out-of-pocket. Providers marketed those procedures by advertising their effectiveness and their affordable prices. Similar to buying other consumer goods, the patient could anticipate, save money, research, and even negotiate the price for such elective procedures. In this sense, cosmetic procedures and products most closely matched nonmedical consumer market models.¹⁰⁸

Gerontologists frequently observed a trend that was opposite to the emulation of youth. Many senior citizens subconsciously behaved "older" than their chronological age. Borrowing a theoretical approach from Betty Friedan's *Feminine Mystique*, some gerontologists in the 1970s identified an "elderly mystique," a term which described the purported tendency for the elderly to play a role dictated by society.¹⁰⁹ Writing in the early 1990s, Friedan herself used the term "age mystique" to describe social expectations that caused many individuals first to deny their advancing age and then to resignedly accept their age and all of the limitations that it supposedly entailed. With the loss of some social roles, that is, older persons would instinctively begin to act out the other stereotypical roles of the elderly (possibly including exhibiting physical signals of aging, leaving the workforce, or quitting vigorous hobbies like dancing), even if they were still physically and mentally capable of performing them.¹¹⁰

The "age mystique" did not fully explain older Americans' social behaviors or their spending on cosmetic medicine, and it largely overlooked the numerous gains already made by the senior movement. But as a method of cultural analysis the theories of the age mystique and "passing" do provide a deeper understanding of why some older Americans considered the

¹⁰⁸ Frank, "What's Wrong with Medical Consumerism?," 17.

¹⁰⁹ MacNeil and Teague, *Aging and Leisure*.

¹¹⁰ Friedan, *The Fountain of Age*, 62-65.

purchase of health care, mobility products, or cosmetic services to be more than mere physical aids. Beyond merely fulfilling physical needs, medical consumption in its various forms helped older Americans maintain some of the social roles and status of their youth.

Travel, Relocation, and Retirement Communities

Medical services consumed large amounts of senior citizens' money, but on average travel was their preferred consumer activity. Among retirees in 1980, 37 percent reported that they "traveled frequently," compared to just 13 percent of workers who were approaching retirement.¹¹¹ Also in 1980, over 50 percent reported traveling for pleasure at least occasionally.¹¹² Less commonly, but still a notable trend for the national economy, retirees sometimes relocated to be nearer to their children or to live in a warmer or otherwise favorable environment. Some moved into special retirement communities that were specially designed with the needs of retirees in mind. Through their travel and relocation, senior citizens had an important impact on the nation's tourism industry and established a distinct cultural image.

These influences begin with the amount of money seniors spent on travel, which amounted to \$50 billion annually by 1981.¹¹³ By some estimates older Americans (in this instance defined as mid-fifties and older) accounted for a full 80 percent of the revenues of the tourism industry, making seniors the nation's most important tourists by sheer numbers.¹¹⁴ Such travel had a dramatic impact on a wide variety of industries. Eastern Airlines, for instance, adopted a "Get-Up-and-Go Passport" program, which offered frequent fliers over age sixty-five

¹¹¹ Costa, *The Evolution of Retirement*, 152-155.

¹¹² Schick, ed. *Statistical Handbook on Aging Americans*, 83.

¹¹³ Alison Heckler, "Direct Marketers are Missing the Boat: Travelers Don't Hide in Their Rooms," *Zip Target Marketing* 6, no. 8 (August 1983): 19.

¹¹⁴ Mary O. Davis, "Reaching the Mature Market," *Zip Target Marketing* 7, no. 5 (May 1984): special; Jeffrey P. Rosenfeld, "Demographics on Vacation," *American Demographics* 8, no. 1 (January 1986): 38.

nearly unlimited airfare for one year for a one-time fee of \$1,299.¹¹⁵ The company credited the program with three profitable quarters, and other airlines, including Trans World Airlines and Continental Airlines, began emulating it. Launched in 1989, Continental's program offered almost unlimited domestic travel for an annual fee of \$1,299 or world travel for \$2,699. Judging by typical airfare rates of \$398 for a round trip coach-class flight, all flights subsequent to a third round-trip would come free to the passenger.¹¹⁶

Hotels likewise had to be sure to cater to the needs of older guests, who frequently wanted more personalized attention, special discounts, and freedom from any age-based prejudices.¹¹⁷ The market for recreational vehicles (RVs) also boomed in the early 1980s as manufacturers built lighter but larger "park model" trailers suitable for retirees who wanted an affordable way to spend multiple weeks or possibly an entire winter away from home.¹¹⁸ In the 1990s, banks ventured into the travel agency industry as they started organizing special trips for their clientele above age fifty. The trips purportedly drew new bank depositors from those who wanted to travel but were not able or willing to do so alone. Such customers included Myrlie, a sixty-seven-year-old widow who did not feel comfortable traveling after the death of her husband. She and a group who started calling themselves the "Blue Bombers" took advantage of every opportunity their local bank offered them to travel.¹¹⁹ Other organizations helped senior citizens travel for charitable reasons. One of the earlier groups was the privately-funded Vacations for the Aging, which in 1959 began organizing trips for impoverished elderly residents of New York City, many of whom had not left the city in several decades. By 1970, the group

¹¹⁵ "Eastern Finds a Passport to the Mature Market," *Ad Forum*, May 1985, 63-64.

¹¹⁶ "Continental Announces Get-Up-And-Go Passports for U.S. or Worldwide," *Business Wire*, 30 January 1989, 1.

¹¹⁷ Colette V. Browne, "The Older Traveler: Challenge and Opportunities," *Cornell Hotel and Restaurant Administration Quarterly* 25, no. 2 (August 1984): 12-15.

¹¹⁸ Edgar, "Once-Slumping RVs Head Back to the Road." See also: Judy Crawford, "Trailer Manufacturer Rides on Retirees' Latest Trend," *Greater Phoenix Business Journal* 7, no. 36 (20 July 1987): 1.

¹¹⁹ Christopher Sheffield, "Banks Cater to Their Jet-Setting Crowd by Organizing Regular Excursions," *The Mississippi Business Journal* 19, no. 32 (11 August 1997): 19.

made vacations available to 5,000 residents per year by splitting the cost evenly with the vacationers.¹²⁰

In addition to the "jetsetters" (describing those who took frequent vacations), "snowbirds" or "sunbirds" were senior citizens who moved from colder climates to Sunbelt states for the duration of the winter. In February, 1985, the campgrounds of Arizona housed 33,951 seasonal residents, amounting to 67 percent of the total camping population of the state. As compared to short-term vacationers, winter residents spent considerably more money on groceries and entertainment, providing a significant economic boost to states like Arizona, Texas, and Florida. For some regions, the seasonal population boom could overwhelm public services, but in other areas it brought much-needed revenue.¹²¹ The San Benito, Texas area was one of the more impoverished parts of the United States in the mid-1980s, but each winter's influx of snowbirds spent approximately \$100 million, or a full 10 percent of the annual local economy.¹²² In California, one-quarter of the 4,700 mobile home parks catered exclusively to older persons.¹²³

Permanent relocation had an even larger influence on states with warm climates, particularly in Florida, California, and Arizona.¹²⁴ With 24 percent of its population over the age of sixty-five by the 1980s, Florida had the oldest average population in the nation. According to some accounts, these demographics reduced intergenerational segregation among Floridians. According to one younger resident, "You don't think about people 55 or 65 or even 75 as old anymore. They are the 'young-old.' You see so many people in their 80s and 90s."¹²⁵ Young-old

¹²⁰ Deirdre Carmody, "Old People Here to Realize Dream: Group Will Help the Elderly Get Summer Vacations," *The New York Times*, 19 April 1970, 60.

¹²¹ Jacqueline Fifield et al., "East Valley Winter Migration Up 6 Percent in 1985," *Arizona Business* 32, no. 3 (May 1985): 1.

¹²² Keefe, "Regions / South Texas: Snowbirds," 117-118.

¹²³ Murray, "The Money in Old Folks," 75-76.

¹²⁴ Lawrence E. Davies, "The Retirement Village: A New Life Style," *The New York Times*, 18 January 1970, 1.

¹²⁵ Kathy Sawyer, "Financially Secure Retirees Now Make Up a New Leisure Class," *The Washington Post*, 30 April 1981, A2.

perhaps best described Florida's older residents. Many had moved to Florida in pursuit of the leisure promised in advertising campaigns for retirement communities. Even the oldest among aging Floridians were more independent and in better health than comparable populations in other states. Only 11 percent the state's residents over age eighty-five were living in nursing homes, compared with an average of 22 percent in all other states and 35 percent in South Dakota, which had the highest percentage. Healthier and wealthier senior citizens were more likely to move to Florida in the first place, and the state put in place policies that effectively restricted the emergence of new nursing homes in an attempt to keep its share of Medicaid costs down.¹²⁶ Throughout the American Southeast in the 1970s and early 1980s, the over-sixty-five population increased at twice the rate of the general population, and demographers explained that migration rather than natural population aging explained the growth rate. With senior citizens controlling an estimated 17 percent of the nation's discretionary income, states that received these migrants also expected to receive a significant economic boost.¹²⁷

Wintering in the South, particularly in Florida, had roots as far back as the 1870s, when wealthy families followed their doctors' advice to seek warm climates for their supposed health benefits for respiratory conditions. Traveling "for health" also provided a convenient justification for taking a vacation in a heavily work-oriented culture. Further, Florida had no income taxes or inheritance taxes, and growing real estate values made it a financially appealing location. The trend soon caught on for middle-class adults, and by the start of the twentieth century even working class families sometimes managed to winter in Florida. By the 1920s, municipal

¹²⁶ Eugene Carlson, "New Study Looks at the State of Nation's 'Old-Old' Citizens," *Wall Street Journal*, 5 August 1986, 33.

¹²⁷ Charlie Carter, "Economic Influence of Retirees on Selected Southeastern Communities," *Economic Review - Federal Reserve Bank of Atlanta* 69, no. 6 (June 1984): 30. As previously discussed, much of this "discretionary" income was spent on medical care, but such spending was also important to many local economies and social structures, see, for example: Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill, NC: University of North Carolina Press, 2001).

campgrounds in St. Petersburg and Tampa housed many of the working-class winter migrants in tents, while other migrants lived out of their cars. Trailer parks also appeared in the 1920s to accommodate seasonal visitors who pulled improvised wood-structured travel trailers behind their vehicles. Many laborers sought winter work there, relocated permanently, took the season off from working, or, if their ill health precluded work, resided there without having any income. Far from seeking a life of leisure activities, elderly unemployed individuals generally moved into homes founded by labor unions, churches, or fraternal societies for the care of their older members, such as the Moosehaven home, operated by the Loyal Order of Moose.¹²⁸

Charitable or at least non-profit in nature, these were among the earliest recognizable, permanent communities for retirees in the nation. They also remained the only form of permanent retirement community for several decades, and many were still being founded by churches or trade organizations into the 1950s and 1960s. In 1954, for example, Ethel Percy Andrus founded the successful Grey Gables, a retirement home designated for teachers in Ojai, California.¹²⁹ Another opened by the AFL-CIO in the mid-1960s was the Four Freedoms House in Miami, Florida, which encouraged union members to join but did not have any membership restrictions as long as residents could afford to live there.¹³⁰

In the postwar period, though, for-profit developers (some of whom had been speculating in the Florida tourism boom since the 1920s) began building their own permanent retirement communities and marketing to the emerging retirees who had longer life spans but who were being pressured or forced to retire without any traditional model of retirement lifestyle to

¹²⁸ Judith Ann Trolander, *From Sun Cities to the Villages: A History of Active Adult, Age-Restricted Communities* (Gainesville: University Press of Florida, 2011), 12-23, 28.

¹²⁹ Crippen et al., *The Wisdom of Ethel Percy Andrus*, 10.

¹³⁰ Trolander, *From Sun Cities to the Villages*, 21.

follow.¹³¹ Designated retirement communities housed an increasing number of the migrant aged population and contributed strongly to the image of leisurely retirement and to the growth of the retirement-leisure industry. The three major types of retirement communities were age-restricted communities, age-targeted communities, and naturally occurring communities. Each of these types could consist of rented or purchased apartments, condos, or single-family homes. They could offer numerous services or almost none at all. They could also be located anywhere in the nation, although they concentrated in warmer climates.¹³² Many of the communities offered tiered services, whereby younger and/or healthier residents could live in independent units and then receive increasing levels of service or eventually move into assisted living units or onsite nursing homes.¹³³ The most visible of these types were the age-restricted communities, which banned children and sometimes even adults under fifty-five or another set age from permanent residence.¹³⁴ In the 1980s an estimated 600 of the age-restricted communities housed some 2.5 million residents.¹³⁵ The retirement housing industry as a whole produced revenues of \$2.5 billion and an annual growth rate of 15 to 20 percent by the late 1980s.¹³⁶ By 2012, the population of age-restricted communities had risen to nearly 12 million.¹³⁷

These communities could offer a wide range of activities and social opportunities. Sun City, a chain of age-restricted retirement communities that started outside Phoenix, Arizona in 1960, intentionally borrowed from gerontologist Robert J. Havighurst's 1954 activity theory of aging to promote what it called an "active retirement." By joining fellow retirees in an exclusive

¹³¹ Ibid., 29-39.

¹³² Ibid., 8-9.

¹³³ Susan Heller Shoer, "Aging of America Gives Birth to Retirement Communities," *Atlanta Business Chronicle* 9, no. 36 (2 February 1987): 5B.

¹³⁴ Trolander, *From Sun Cities to the Villages*, 8-9.

¹³⁵ Secunda, *By Youth Possessed*, 140.

¹³⁶ Neil A.R. Prashad, "Development Issues in Continuing Care Retirement Communities," *The Journal of Real Estate Development* 3, no. 3 (Winter 1988): 12.

¹³⁷ Trolander, *From Sun Cities to the Villages*, 289.

country club environment and partaking in hobbies, the developers claimed that residents could counter the purposelessness of retirement. Sun City's golf courses, swimming pools, craft centers, theaters, social clubs, educational opportunities, and community life served as a model for the successful retirement community. Sun City was not the first community to pioneer age restrictions, but it did offer a particularly successful combination of age restrictions, amenities, and effective marketing that promoted a sense of country club exclusivity and a healthy lifestyle.¹³⁸ Other standard amenities to be found in retirement communities were shopping centers, recreational facilities, libraries, clubs, churches, banks, and often even their own security, fire, and medical emergency response systems.¹³⁹ Electric golf carts and pedal-powered vehicles were popular forms of transportation within many communities. A reporter visiting one retirement community observed that "Hundreds of foot-powered, oversized tricycles ridden by dainty, 60- and 70-year-old ladies can easily result in a kind of septuagenarian traffic jam." Many communities had their own pamphlets and newspapers, including the very successful *Golden Rain News*, which earned as much advertising revenue per page as the *Chicago Tribune*.¹⁴⁰

Developers' strategies in building planned communities varied widely. The Marriott Corporation planned to invest \$1 billion in the construction of 150 retirement communities, eventually housing 25,000 residents. Small investors would purchase the lodging units, but Marriott would continue to manage the facility operations. The residents would pay about \$1,000 to \$2,000 per month in rent.¹⁴¹ Another model required residents to pay a substantial entrance fee in addition to monthly rent to cover potential health care and assisted living service costs. These

¹³⁸ Ibid., 47, 58, 69.

¹³⁹ Jerry Jacobs, *Fun City: An Ethnographic Study of a Retirement Community* (New York: Holt, Rinehart and Winston, 1974), 10-30.

¹⁴⁰ Murray, "The Money in Old Folks," 75-76.

¹⁴¹ Mary Lu Carnevale, "Marriott to Build 150 Retirement Sites at Cost of \$1 Billion in Next 5 Years," *Wall Street Journal*, 21 July 1989, 1.

fees, which in limited cases were refundable, could be comparable to the price of a home, or up to \$85,000 at some luxury complexes in Indiana.¹⁴²

The corporate nature of these retirement communities stood in stark contrast to their historic predecessors. The carefully crafted names of these communities—Leisure World, Fun City, Sun City, Youngtown, Dreamland Villa, Century Village—evoked theme parks, suggested a certain separation from the real world, and epitomized the emerging leisurely but active concept of retirement. A cursory glance at one community in California, named Fun City, would have revealed a typical American suburban community. Upon closer inspection, the observer would see a carefully managed environment consisting of nearly 6,000 upper-middle class residents who rented or purchased the small, low-maintenance single-family homes. Fun City's low-maintenance lawns were mostly covered in small rocks, which were generally stained green to mimic grass. Even some of the landscaping shrubbery was made out of plastic. Residents moved into the community primarily because it was isolated from the crime, smog, social diversity, and crowds of big cities. Residing ninety miles from the nearest metropolis, Fun City residents were also isolated from the outside world and limited to the community's shopping and recreational facilities. Further, the vast majority of Sun City's residents did not even participate in the organized community activities on a regular basis, preferring instead to spend their time watching television, playing cards, traveling, or visiting neighbors.¹⁴³

The residents of the for-profit retirement communities were rarely more diverse than those of the religious or fraternal facilities had been. Within many communities, the residents were generally homogenous in race, class background, social mores, family relationships, and expectations for their retirement lifestyle. Retirement communities' households were mostly

¹⁴² Kristine J. Burgart and Nora McKinney Hiatt, "Retire in Style," *Indiana Business* 31, no. 12 (November 1987): 35.

¹⁴³ Jacobs, *Fun City*, 1, 31-42, 53-58.

made up of married couples, with widowed females as the second major group. Widowers made up an almost insignificant group, as they were often outnumbered by widows five-to-one. Due to women's longer life spans, men inside and outside retirement communities had many more opportunities to remarry after the loss of a spouse.¹⁴⁴

Racial statistics were the most striking measure of homogeneity. A pamphlet from Fun City, California cited the numerous former professions of the residents and boasted that the community possessed a "complete cross section of Americana." To the contrary, Fun City's own 1970 census revealed that 5,516 of the community's 5,519 residents were white. There were no African Americans and no Native Americans, and just three persons listed as "other" races. Nineteen residents were from foreign nations. Most retirement communities required a certain level of wealth to join, and many others actively discriminated against racial minorities. Racial segregation in Fun City, for one, was *de facto* rather than *de jure*, but the results were as or more effective than Jim Crow laws had been throughout the South. Black couples interested in moving to the community received the standard sales pitch and tour from the management, but the reception they received from the community was cold, if not outright hostile. Coupled with minorities' average lower levels of wealth, shorter life spans, and a continuing propensity to live with their younger family members, only small amounts of hostility were necessary to dissuade the occasional black visitor from attempting to move into the community.¹⁴⁵

Despite some developers' attempts to market to minorities in subsequent decades, retirement communities remain a place of residence primarily for whites, Christians, and a significant minority of Jews in the twenty-first century. In 2008 The Villages, the largest retirement community in Florida and in the nation, recorded only 250 African Americans out of a

¹⁴⁴ Frances FitzGerald, *Cities on a Hill: A Journey Through Contemporary American Culture* (New York: Simon and Schuster, 1986), 237. For more detailed statistics from another case study, see Jacobs, *Fun City*, 49.

¹⁴⁵ Jacobs, *Fun City*, 45, 48, 50-51.

population of 70,000, or just 0.3 percent. Around the same time, however, some communities noted a small uptick in the number of Hispanics and Asians, and relatively fewer cultural and economic barriers may have existed for those groups. Still, they remained vastly underrepresented in retirement communities.¹⁴⁶

The paucity of young people was, of course, another striking (and intentional) feature of planned retirement communities. Age-targeted communities were heavily populated by senior citizens, but some families with children lived in them as well. The population of the Deltona community in Florida during the mid-1960s, for example, was made up of 80 percent retirees, 10 percent younger adults, and 10 percent children under the age of twenty. A vocal minority of the residents of Deltona complained that the youths played loudly, drove their cars too fast, and occasionally committed petty crimes. In a review of Deltona, the nationally-circulated *Harvest Years* magazine warned potential residents that the presence of children could detract from the community. The first age-restricted community, Youngtown, opened near Phoenix, Arizona in 1954 with the precise goal of removing the potentially bothersome element of children. Buyers had to be over the age of sixty-five and they could have younger adults, but not children, living with them as permanent residents. When residents occasionally tried to have grandchildren move in with them in such communities across the nation and up to the present day, the communities' reactions have on occasion escalated to legal action, intimidation, and even threats of physical violence. An organizing principle of many of the age-restricted communities was and remains the idea that grandchildren make wonderful guests, but terrible neighbors.¹⁴⁷

¹⁴⁶ Trolander, *From Sun Cities to the Villages*, 136-137, 224-226.

¹⁴⁷ *Ibid.*, 40-41, 75-76, 229-230.

Despite the homogenous, isolated nature of retirement communities, they perhaps did more than anything else to enhance the image of the active retiree.¹⁴⁸ Popular television shows such as *Seinfeld* depicted retirement communities as places where senior citizens could go not to sit in rocking chairs, but instead to play golf, shuffleboard, or canasta with their peers. As the retirement community and other forms of active leisure became the most visible images of retirement lifestyles, an image of affluent leisure replaced the former image of poverty, at least for white middle-class senior citizens in good enough health to participate in the new version of retirement.

Television Consumption and Revised Popular Images of Aging and Retirement

When measured by the number of hours spent in a single activity, television viewing was the predominant consumer activity of most older Americans after 1960. Television viewership among older Americans outstripped their consumption of other media, including newspapers, radio, books, and magazines.¹⁴⁹ Senior citizens also spent somewhat more time watching television than members of any other age group. A 1979 study reported that 91 percent of senior citizens watched television on a daily basis, compared with 83 percent of all adults.¹⁵⁰ By the late 1970s, typical seniors spent more than five hours per day watching television, up from three hours per day in the mid-1950s. For both time periods, these numbers exceeded the viewing hours of younger adults by more than half an hour.¹⁵¹ In general, television viewership increased precipitously at the onset of retirement and only began to decline again as viewers reached their

¹⁴⁸ This argument echoes that of historian Judith Ann Trolander, see *ibid.*, 289.

¹⁴⁹ Davis, *Television and the Aging Audience*, 47.

¹⁵⁰ The study, conducted by the Newspaper Advertising Bureau, also compared television viewership and television news viewership with newspaper readership, the latter of which hovered around 74 percent of the older population and 69 percent of all adults, see Schick, ed. *Statistical Handbook on Aging Americans*, 82.

¹⁵¹ Davis and Davis, *TV's Image of the Elderly*, 80-81.

late-seventies. Television offered an excellent form of entertainment for older viewers, who tended to have more time, be more socially isolated, and have less mobility than younger persons. The most popular programming for the elderly of both sexes was news programming, followed by the variety show, *Lawrence Welk*. Additionally, older women were frequent viewers of soap operas.¹⁵² Not surprisingly, senior citizens especially liked to watch programming that depicted old age in a positive manner. Shows like *Sanford and Son*, *Alice*, and *Chico and the Man* were among the most popular programs of the 1970s due to their depictions of positive relationships between older men or women and people of younger generations.¹⁵³

Despite generally high viewership numbers for such shows, attracting the aged audience traditionally signaled the death-knell of a show. Such was the fate of shows like *Green Acres*, *Beverly Hillbillies*, *Red Skelton*, and *Gomer Pyle, USMC*, which all had the misfortune of primarily drawing elderly viewers. This bias against television shows watched only by the elderly reflected many advertisers' continued skepticism of the wealth and spending patterns of older consumers (with the exception of niche markets like medical services or tourism). In the late 1970s, shows that attracted an audience between the ages of eighteen and forty-nine could charge advertisers up to three times as much (about \$200,000 per minute for a popular show) as shows that attracted an audience above age forty-nine.¹⁵⁴ This situation actually demonstrated an improvement over some previous television ratings systems, which did not even bother to poll anyone over forty-nine years of age about their viewing preferences.¹⁵⁵ Still, even by the 1980s television advertising did not emphasize the aged market segment to the same degree as did print advertising, primarily because television of the era had few channels and had to appeal to broad

¹⁵² Davis, *Television and the Aging Audience*, 43-49.

¹⁵³ *Ibid.*, 50-52.

¹⁵⁴ *Ibid.*, 57.

¹⁵⁵ Comfort, "Good-by to Ageism," 8-11.

audiences, while printed magazines with wide circulation—including *Modern Maturity*, *Retirement Living*, *Seniority*, and *50 Plus*—already had a readership made up of older persons and therefore provided a focused, lucrative venue for advertising to senior citizens.¹⁵⁶

Some positive television depictions of aging had a cultural impact, but aging advocates desired more shows that would draw younger viewers without resorting to pejorative age-based jokes. One such scholar, Beth B. Hess, humorously commented that the top ten ratings lacked "such Top Ten hits as 'Sugermommy,' 'The Octegenerians,' 'Bionic Widow' and the like." She noted increased attention paid to senior citizens, particularly in advertising that used older characters to draw on a sense of nostalgia to sell cars or Countrytime Lemonade. While advertisements targeted to the older market segment still did not generate as much revenue as those for the youth market, their content was becoming less offensive and evidently more effective in influencing sales. Some ads depicted older persons as vivacious, without resorting to irony. One commercial, as Hess described, showed a "'mature' couple necking as proof that their dentures really hold and smell good – who could ask for anything more?" By the mid-1970s, most young and old audiences alike responded in polls that older people were being positively portrayed in regular television programming, commercials, and feature-length films.¹⁵⁷

Some of the gains made in the depiction of old age could be credited directly to the senior movement. The Gray Panthers started the Media Watch program, whereby members could submit complaints to Media Watch when they observed old age being depicted on television as an inferior state. Media Watch then submitted formal complaints to the programs' producers and sponsors, asking them to revise their depictions in the future. Media Watch produced lists of criteria that it believed signaled ageism. Within the lists common stereotypes included loose and

¹⁵⁶ Davis and Davis, *TV's Image of the Elderly*, 69-70.

¹⁵⁷ Beth B. Hess, ed. *Growing Old in America*, Second ed. (New Brunswick: Transaction Books, 1980), 543-546.

ill-fitting clothing, hunched bodies, senility, and consistently blank or confused faces. Distortions could include depicting the elderly as meddlers, comically perverted, or childlike. Finally, omissions could include the script ignoring the perspectives of the elderly or failing to explore alternatives to negative stereotypes.¹⁵⁸ In 1975, Media Watch's leader, Lydia Bragger, convinced the National Association of Broadcasters to add "age" as a category of sensitivity alongside such subjects as race or sex. As suggested by the *Seinfeld* examples at the beginning of this chapter, stereotypical and offensive jokes about constipation or senility did not disappear from television, but thanks to organizations like the Gray Panthers and AARP, television producers and their sponsors were increasingly cognizant of senior citizens' growing influence and concern.¹⁵⁹

Concurrently a genre of movies cropped up in the 1970s that focused on older characters and age as central plot drivers. These starred such actors as George Burns, Art Carney, Henry Fonda, and Bette Davis, and they generally depicted old age in a more realistic and positive manner, albeit with Hollywood melodrama and a sometimes overly sentimental feel. Most importantly, these movies often drew strong reviews and large audiences made up of a spectrum of age groups, thereby tearing down many of the old ageist stereotypes and some intergenerational misunderstandings.¹⁶⁰ A 1971 film, *Harold and Maude*, depicted a romantic relationship between a gloomy twenty-something young man and an eccentric seventy-nine year old woman. While oft-criticized for perpetuating some ageist stereotypes (Maude was a bad driver and perhaps not fully sane), it did cover new ground by having an elderly lead character depicted as a protagonist and by breaking down intergenerational barriers and

¹⁵⁸ Bragger, "Ageism in Videoland," 60.

¹⁵⁹ Ibid.; Sanjek, *Gray Panthers*, 53-55.

¹⁶⁰ Davis and Davis, *TV's Image of the Elderly*, 74-75.

misunderstandings.¹⁶¹ *On Golden Pond*, starring Henry Fonda, Katherine Hepburn, and Jane Fonda was a surprise hit in 1981 that explored intergenerational relationships and the growth of Henry Fonda's character from a depressed old man into one who, thanks to his step-grandson, could once again appreciate the beauty of life.¹⁶² The 1985 science fiction film *Cocoon* posed the question of how a group of elderly persons in a nursing facility would respond when offered the opportunity of immortality and exploration of the galaxy, but at the cost of never being able to return home. The film adhered fairly closely to 1980s models of science fiction movies, but it also posed questions to the audience about the proper role of the aged in society, the physical decline of old age, and the implications of human mortality.¹⁶³

The small screen offered the quintessential depiction of positive aging in *The Golden Girls* television series. Starring Beatrice Arthur, Betty White, Rue McClanahan, and Estelle Getty, the plot centered on four older widows who shared a home in Miami, Florida. The show was a comedy, but it did not resort to degrading the characters because of their age. Further, given the greater number of older women than men, the premise of four women living together without men was believable. The characters had active lifestyles, realistic friendships, and even sexual desires.¹⁶⁴ Some scholars have pointed out that the most unlikely aspect of the show was that it showed the women living in too much affluence, given the statistical unlikelihood of widows or single older women having much wealth in the late 1980s.¹⁶⁵ Nonetheless, *The Golden Girls* did fit within a broader entertainment trend of depicting older Americans as

¹⁶¹ *Harold and Maude*, Colin Higgins and Charles B. Mulvehill, Hal Ashby, Ruth Gordon, Bud Cort, and Vivian Pickles, 20 December 1971. On criticism of *Harold and Maude*, see Friedan, *The Fountain of Age*, 56.

¹⁶² *On Golden Pond*, Bruce Gilbert, Mark Rydell, Katharine Hepburn, Henry Fonda, and Jane Fonda, 22 January 1982; Bradley J. Fisher, "Exploring Ageist Stereotypes Through Commercial Motion Pictures," *Teaching Sociology* 20, no. 4 (October 1992): 282.

¹⁶³ *Cocoon*, David Brown and Richard Zanuck, Ron Howard, Don Ameche, et al., 21 June 1985.

¹⁶⁴ Susan Harris, Paul Junger Witt, and Tony Thomas, *The Golden Girls*, Beatrice Arthur, et al., 1985-1992.

¹⁶⁵ Nancy Datan, "Aging Women: The Silent Majority," *Women's Studies Quarterly* 17, no. 1/2 (Spring-Summer 1989): 14.

affluent, intelligent, and witty. It joined other popular shows such as *Murder She Wrote* and *Matlock*, both of which showed older male and female lead characters solving criminal mysteries.¹⁶⁶ In sum, while ageism never disappeared from the nation's media, a number of entertainment producers and sponsors did gain an awareness of the movement against ageism and responded by creating entertainment that portrayed positive aging and frequently appealed to viewers of a variety of ages.

Conclusion

Older Americans gradually grew far more comfortable with the idea of a leisurely retirement between the 1950s and the 1980s. In many respects, to be old meant to be retired and, as long as health and finances allowed, to enjoy positive experiences in later life. Even as some observers argued that such excessive amounts of unstructured time could be mind-numbing, demeaning, or wasteful, as suggested by the *Seinfeld* episodes referenced at the beginning of this chapter, retirement and leisure were the only social models commonly regarded as normal in later life, at least for the white middle-class.

This particular vision of retirement did not include old men whittling away their days in rocking chairs, nor was it stagnant or devoid of meaning. Senior citizens were not overly enthusiastic consumers compared to youth, but they did carve out certain market niches that were directly tied to the institution of retirement. These included the areas of medical and cosmetic consumption, travel, relocating and living in retirement communities, and watching television and movies. Even with Social Security and Medicare, preparing for such a retirement often required decades-long planning on the part of individuals or their employers, which actually

¹⁶⁶ Fred Silverman and Dean Hargrove, *Matlock*, Andy Griffith, Linda Purl, and Kene Holliday, 1986-1995.

increased the sense of inevitability and personal entitlement to retirement. In sum, senior citizens fulfilled the image and actual social roles of leisured, but active, retirees.

Epilogue – Aging and Entitlement Politics in the 21st Century

Senior entitlement policies have provided a basic level of support to the vast majority of America's senior citizens, allowing the meaning of old age to include an image of affluence by the twenty-first century. The models of retirement described in chapter four became possible for vast swaths of healthy, middle-class people who took advantage of the opportunity to live a life of relative luxury and freedom from work for nearly one-quarter of their lives. For a large majority of older Americans, the experience of later life improved dramatically in the period covered by this project. The change in image, focused on financial security and a "youthful" defiance of aging processes, especially from the 1980s onward, matched or even exceeded their tangible gains.

Despite this newfound prosperity for older Americans, not everyone reaped the benefits to such a degree. As will be briefly described in this epilogue, many experienced declining health, some racial minorities continued to face shorter life spans and poverty, and men and women still had their own distinctive problems with aging. Others struggled to cope with the loss of status or changing social roles inherent in retirement. Notwithstanding senior entitlement's failure to deliver a life of prosperity to these groups, the programs still provided an important basic level of support for the more disenfranchised subsets of the elderly population by offering modest pensions through Social Security, health care through Medicare and Medicaid, and a patchwork of services such as food aid through a variety of levels of government and private charity.

In the twenty-first century, the senior lobby led by AARP still serves as an advocate for senior citizens' needs and social standing. The bulk of entitlement program expansion occurred between 1965 and 1980, but the period after that witnessed a vigorous defense of earned

benefits, and in the early-2000s AARP even successfully lobbied for new expansions in the form of Medicare Part D, the largest single expansion of the welfare state since Medicare itself came into being in 1965. In the face of an unprecedented number of Americans reaching old age and potentially declining support for senior entitlement, though, these benefits may ultimately prove fleeting.

Entitlement for All?

Despite senior entitlement ideology's implication of that anyone could attain a leisurely retirement when given a baseline of public resources, not everyone shared in the newfound prosperity detailed in this project. Some racial minorities and widowed or single women, in particular, were still more likely to continue experiencing later life as a time of poverty not far removed from the average experiences of the 1950s. Among African Americans, for example, this trend can be seen in the smaller numbers who manage to reach old age in the first place. In 1950 black Americans had a life span nearly eight years shorter than white Americans (69.1 years versus 60.8 years for both sexes). Notably, the average black person born in that time could not even expect to live to the age of eligibility for Medicare or Social Security. By 1980 this gap had closed to six years (74.4 versus 68.1 years), and by 2003 it had closed to 5.3 years (78.0 versus 72.7 years).¹ Despite this slowly improving outlook, though, blacks made up just 8.5 percent of the elderly population, compared with nearly 13 percent of the population of all ages.² Further, the average black male in the early 2000s still lived just past the age of 69, on average.³

¹ "Health, U.S., 2006: With Chartbook on Trends in the Health of Americans," ed. National Center for Health Statistics (2006), 176.

² "Statistical Abstract of the U.S., 2008: The National Data Book," ed. Bureau of Census (2007), 9; "Income of the Population 55 or Older, 2008," ed. Social Security Administration (2010), 20. Proquest Statistical Insight.

³ "Health, U.S., 2006: With Chartbook on Trends in the Health of Americans," 176.

Retirees' former salary levels, which correlated with race and sex, also affected the benefit levels of private pensions, worker savings plans, and the Social Security program. For Social Security, workers who were paid less also paid less into the program and then received lower pensions. Private pension amounts also correlated with a former employee's salary, and workplace savings plans tended to be funded by a percentage of the workers' incomes. Thus, female or minority workers who had faced discrimination or demographic disadvantages throughout their careers also faced lower benefits during their retirements. Even among groups with a tradition of close-knit kinship networks that cared for and possibly revered the elderly, such as immigrant families from China, researchers have observed a decline of private care for the aged due to those groups' younger members moving away or devoting more time to their careers and childrearing.⁴

For blacks, Hispanics, and single or widowed women, these trends have resulted in a heavy reliance upon public programs to meet individuals' basic needs, leaving little or no room for travel, relocating to a retirement community, or the other forms of consumerism covered in chapter four. Among older blacks, for example, 39.5 percent relied on Social Security for 100 percent of their income in 2008. Among older Hispanics, that number was even worse, at 44.2 percent. An additional 29.3 percent of older Asians relied on Social Security for 100 percent of their income, as did 20.1 percent of older whites. Older whites were nearly twice as likely as blacks and Hispanics to have private pensions and three times less likely to receive public assistance in acquiring food. At the same time, relying totally on Social Security for income amounted to a meager standard of living for these groups. The median Social Security pension across the U.S. population amounted to \$14,966 per beneficiary per year, but this obscured the

⁴ Lodis Rhodes, "Retirement, Economics, and the Minority Aged," in *Minority Aging: Sociological and Social Psychological Issues*, ed. Ron C. Manuel (Westport, CT: Greenwood Press, 1982), 127, 132-134.

20 percent of the population who received less than \$10,000 through Social Security. In a painful irony, the groups receiving the lowest Social Security pensions also tended to be the ones with more individuals relying on the program for almost all of their income.⁵

Single or widowed women, particularly non-whites, made up another group that received lower levels of private and public support. Despite the trend of single feminist activists emerging as prominent members of the senior movement, including Simone de Beauvoir, Maggie Kuhn, Ethel Percy Andrus, Betty Friedan, and currently, Jane Fonda, these individuals' life experiences were in no way representative of the typical older single woman.⁶ At any given time between the 1950s and 1980s, approximately half of all women over the age of sixty-five were widowed and not remarried, and widows outnumbered widowers nearly four-to-one.⁷ That widowhood rate has since dropped to less than 40 percent, but women still outnumber men in total, accounting for 56.8 percent of the population over age sixty-five and 62.8 percent of the population over the age of eighty.⁸

Widows often faced and still face a tremendous loss of income and net wealth after the loss of their husbands. Private pensions and supplemental health plans sometimes, but not always, contained provisions for survivors' benefits. The survivors' benefits were generally at a reduced level compared with the husband's pensions, and even today older women are unlikely to have had a career with their own pensions. For all races, but especially among racial minorities, the trend toward higher divorce rates and lower marriage rates further threatens many

⁵ "Income of the Population 55 or Older, 2008," 61, 152, 302. Proquest Statistical Insight.

⁶ On Jane Fonda, see Jane Fonda, *Prime Time: Love, Health, Sex, Fitness, Friendship, Spirit - Making the Most of All of Your Life* (New York: Random House, 2011).

⁷ Schick, Frank L., ed. *Statistical Handbook on Aging Americans* (Phoenix, AZ: Oryx Press, 1986), 56-57.

⁸ "Income of the Population 55 or Older, 2008," 20; "Statistical Abstract of the U.S., 2012: Social Statistics," ed. Bureau of Census (2012), 39. Proquest Statistical Insight.

older women's survivors' status for the future.⁹ Poverty rates have long reflected these racial and marital-status disparities. In 1982, when the white middle-class elderly were enjoying a newfound prosperity and a poverty rate of 12.4 percent, white widows or white unmarried women had a poverty rate of 22.1 percent, older blacks had a 38.2 percent poverty rate, and widowed or unmarried female blacks had a 52 percent poverty rate.¹⁰ In 2008 poverty rates had improved for virtually all groups, to 9.7 percent for all persons over age sixty-five, 15.4 percent average for widows of all races, 19.5 percent for divorced women, and 23.8 percent for blacks.¹¹

Less income for these groups resulted in less public visibility and social or political influence. As noted by the feminist Simone de Beauvoir in her 1972 book, *The Coming of Age*, Western society only "cares about the individual only so far as he is profitable."¹² Beauvoir observed that as a general rule the elderly across Western Europe and the Americas were only beginning to see improvements in their economic wellbeing, social status, and political power. Unfortunately the numerous gains detailed in this project did not extend to all subsets of older Americans, and these groups also did not enjoy the social gains to the same extent as the white middle-class. High poverty rates for aged blacks altered the perception and meaning of old age for younger and older blacks alike. A 2004 study of subjects with a mean age of 37.9 years, for example, found that 60 percent of whites viewed old age as "a happy time," but only 21 percent of African Americans agreed. This revealed stark racial divisions in expectations for retirement,

⁹ Jacqueline L. Angel, Maren A. Jiménez, and Ronald J. Angel, "The Economic Consequences of Widowhood for Older Minority Women," *The Gerontologist* 47, no. 2 (1 April 2007): 231-233. See also: Mary Grace Kovar, "Problems of Retirement," *American Demographics* 2, no. 6 (June 1980): 18; Barbara S. Cain, "Plight of the Gray Divorcee: Growing Numbers of Women Over 60 are Being Jettisoned," *The New York Times*, 19 December 1982, SM89.

¹⁰ Schick, ed. *Statistical Handbook on Aging Americans*, 198.

¹¹ "Statistical Abstract of the U.S., 2012: Social Statistics," 324-326. Proquest Statistical Insight.

¹² Colette V. Browne, *Women, Feminism, and Aging* Springer Series, Focus on Women (New York: Springer, 1998), 54. See also: Simone de Beauvoir, *The Coming of Age*, trans. Patrick O'Brian (New York: Warner Paperback Library, 1973).

health status, and poverty rates in later life.¹³ Relative to whites, then, only a small minority of blacks or Hispanics could look forward to a leisurely retirement, reasonably good health, or even such "luxuries" as adequate access to transportation.¹⁴

These negative experiences meant that some subsets of the aged population relied more heavily on senior entitlement programs for basic sustenance without supplemental income. Without these programs it is unclear where (or if) these groups could find the resources for a minimal level of income or for basic medical care. Medicare, for example, presented an enormous benefit to recipients of all races or sexes. Its average expenditure per beneficiary, per year by 2008 was \$11,018. This of course did not mean that each beneficiary received that many medical services every year. Instead, the bulk of the funds were spent on a minority of recipients who had the most health needs. The healthiest half of Medicare beneficiaries accounted for just 4 percent of program spending, while the most expensive 20 percent of beneficiaries accounted for 83 percent of program spending.¹⁵

By the 2000s, older blacks and Hispanics visited hospitals and doctors more often than did whites and accounted for more Medicare expenditures. Researchers found, however, that blacks and Hispanics were 72 and 52 percent more likely, respectively, to consider themselves to be in "fair" or "poor" health than whites. One of the most marked racial disparities is that 37.3 percent of older Hispanics are on Medicaid, compared with 29.8 percent of blacks and just 7.3 percent of whites. Blacks and Hispanics were also far less likely to be able to afford supplementary health insurance, leaving them subject to more gaps in insurance coverage and

¹³ Paul W. Foos and M. Cherie Clark, "Is Old Age a Happy Time? Race Differences in Perceptions of Aging," *The Gerontologist* 44, no. 1 (October 2004): 225.

¹⁴ Tamara B. Harris and Ronica Rooks, "Race and Socioeconomic Status: The Health, Aging and Body Composition Study," *The Gerontologist* 44, no. 1 (October 2004): 404-405.

¹⁵ "Health Care Spending and the Medicare Program: A Data Book," ed. Medicare Payment Advisory Commission (2010), 12, 16.

therefore had less chance of receiving high-technology interventions in the event of serious illness.¹⁶

For senior citizens with lower incomes, these social insurance measures provided public guarantees of health care that would have been unattainable through private means. Senior entitlement provided little luxury and inadequate levels of financial support for these groups, but it did generally allow for basic needs to be met. As one eighty-four-year-old beneficiary described the philosophy of entitlement and Social Security, "He [President Franklin Roosevelt] believed, as do I, that Americans are entitled to adequate housing, food, and health care. We have allowed 'entitlement' to become a dirty word. It is not. It goes to the very heart of democracy."¹⁷ So while the rationale for senior entitlement policies tended to focus on the needs of the middle-class, senior entitlement also forged a crucial basis of support for the poor made visible by such actions as the addition of Medicaid to the original Medicare legislation and the extension of Social Security benefits to widows.

For all senior citizens, social acceptance from the younger population is still far from a guarantee. Despite the gains made in public image and media depictions of aging, which are examined in detail in chapters one and four, ageist perspectives still exist and many younger individuals refuse to consider ageism as a legitimate concern alongside such problems as racism or misogyny. The genre of pop culture humor that comes at the expense of older Americans will not end anytime soon. The word "old" is still widely used as a pejorative. Phrases like "act your age" can still seek to constrain behavior not on the basis of physical abilities, but rather based on social preconceptions of how aging Americans "should" act, according to social norms.

¹⁶ José Escarce and Kanika Kapur, "Racial and Ethnic Differences in Public and Private Medical Care Expenditures Among Aged Medicare Beneficiaries," *The Milbank Quarterly* 81, no. 2 (April 2003): 250-251, 254, 259-260, 270.

¹⁷ Dorothy I. Height, "Thirty Years of Medicare: A Personal Reflection on Medicare's Impact on Black Americans," *Health Care Financing Review* 18, no. 2 (Winter 1996): 87.

Marketers seeking to sell products to senior citizens still find it necessary to pursue "stealth marketing" by avoiding overt references to age. As Professor Joseph F. Coughlin, director of M.I.T.'s AgeLab, summarized, "With any luck, if I am successful retailers won't know they are putting things on the shelves for older adults."¹⁸ This situation still stands in stark contrast to marketing strategies that unashamedly glorify the advantages of youthfulness in order to sell products to younger customers.

Finally, the predominant model of a leisurely retirement included a focus on self-indulgent hobbies, limited societal responsibilities, absence from the workplace, television as a chaperone, or frequent travel for everyone. Even those who enjoy financial security and good health sometimes base their identity on their careers and ultimately regret leaving those careers for retirement. Despite the elderly making up a larger share of the population (at over 12 percent today) gaining public entitlements, and enjoying greater financial stability, they grew less likely than in the past to hold positions of political power or, for that matter, employment.¹⁹ The transition from employment to retirement could be emotionally and financially difficult. As more women sought employment and by the beginning of the twenty-first century made up half of the workforce, these adjustments to retirement became more complicated for many households. Dual-income households increasingly had to adjust to two retirements rather than one. Single women had to face their retirements without the additional financial support of a spouse, and women were still more likely than men to have faced employment gaps and to lack such benefits as private pensions.²⁰

¹⁸ Natasha Singer, "In a Graying Population, Business Opportunity," *The New York Times*, 5 February 2011.

¹⁹ Peter Uhlenberg, "Does Population Aging Produce Increasing Gerontocracy," *Sociological Forum* 3, no. 3 (Summer 1988): 457-461.

²⁰ Phyllis Moen, Jungmeen E. Kim, and Heather Hofmeister, "Couples' Work/Retirement Transitions, Gender, and Marital Quality," *Social Psychology Quarterly* 64, no. 1 (March 2001): 66-69. See also: Laurie Russell Hatch, "Gender Differences in Orientation toward Retirement from Paid Labor," *Gender and Society* 6, no. 1 (March 1992): 66-85.

Women who were married but had not pursued careers also had to adjust to their husbands' retirements. When a spouse suddenly stopped going to work, it altered daily habits and the nature of personal relationships. The couple usually would not have childrearing or other daily social responsibilities to provide structured time. Many couples reported positive aspects to these transitions and ultimately enjoyed retirement, but some had more trouble adjusting to their new roles.²¹ One marital partner retiring before the other, whether that partner was male or female, presented another challenge for many couples as a dual-income household had to adjust to one partner having more free time without the company of the other partner.²²

Even for middle-class individuals who benefit from all the advantages described in this project, it seems clear that the lengthy, leisurely retirement will be increasingly difficult to attain. Today's work environment is characterized by increased global competition, shrinking or stagnant wages for workers outside of executive circles, career instability that features layoffs and multiple relocations to new companies or cities, growing health care costs, and employee investment plans in place of traditional pensions.²³ Coupled with low personal savings rates and an increasing strain placed on entitlement programs by aging members of the baby boom generation, these factors compromise financial preparedness for retirement and threaten to redefine "retirement" as a period of life characterized by deprivation rather than leisure and relative affluence.

Reformers are attempting to counter these trends by proposing policy modifications or developing technologies to cope with what is projected to be an unprecedented number of

²¹ Elizabeth A. Hill and Lorraine T. Dorfman, "Reaction of Housewives to the Retirement of Their Husbands," *Family Relations* 31, no. 2 (April 1982): 195-200.

²² Moen, Kim, and Hofmeister, "Couples' Work/Retirement Transitions, Gender, and Marital Quality," 66.

²³ Phyllis Moen, "Beyond the Career Mystique: 'Time In,' 'Time Out,' and 'Second Acts,'" *Sociological Forum* 20, no. 2 (June 2005): 189-208. For an additional examination of problems in saving for retirement, see Ekerdt, "Born to Retire: The Foreshortened Life Course."

retirees over the next several decades. Some of the most popular proposals involve finding new ways to keep retirees in their own homes and out of expensive nursing homes or assisted living facilities. Increased subsidies for home health care and preventive care through the Medicare program could theoretically bring down the high costs that result from Medicare's traditional focus on treating acute illnesses. Additionally, Medicare patients suffering from chronic illnesses are often admitted, released, and serially readmitted to hospitals due to a failure to manage those conditions properly. When sent home without sufficient preventive measures taken to manage chronic conditions, such patients place an outsized and perhaps unnecessary cost burden on the system. Coverage for a number of preventive services has been added to the Medicare program over the last twenty-five years, including various cancer screenings, diabetes management therapy, diagnostic procedures such as colonoscopies, and some vaccines. Nonetheless, many of these services have been added in piecemeal fashion according to political or emotional whim rather than utilizing evidence and expert advice. Consequently, significant gaps remain in preventive care both in Medicare and throughout America's health care system.²⁴

The most costly Medicare beneficiaries also are more likely to have lacked health insurance in the decade prior to obtaining Medicare coverage. Numerous studies have come to the conclusion that ensuring health insurance coverage for individuals when they are in their forties and fifties would ultimately reduce public expenditures when they become beneficiaries of Medicare at the age of sixty-five.²⁵ It is no coincidence that the racial and ethnic groups with the best health account for lower amounts of Medicare expenditures. Among white Americans of

²⁴ Susan Bartlett Foote and Lynn A. Blewett, "Politics of Prevention: Expanding Prevention Benefits in the Medicare Program," *Journal of Public Health Policy* 24, no. 1 (January 2003): 29-40. For additional discussion about assumptions that policymakers and medical providers have made to the detriment of Medicare beneficiaries, see Halper, "The Double-Edged Sword: Paternalism as a Policy in the Problems of Aging," 484-487.

²⁵ J. Michael McWilliams et al., "Use of Health Services by Previously Uninsured Medicare Beneficiaries," *New England Journal of Medicine* 357, no. 2 (July 2007): 143-153.

all ages, only 11.7 percent were uninsured in 2010, whereas 20.8 percent of blacks and 30.7 percent of Hispanics were uninsured.²⁶ Those groups reach old age in poorer health and with less financial stability; therefore, they require more medical care under Medicare and Medicaid. Medicare has been able to provide substantial amounts of care for acute illnesses across demographic groups, but it cannot erase the inequalities of health status that individuals amass in the first sixty-four years of life.

New technologies and social systems being created to cope with the problem of dependency might help resolve some of the problems presented by the aging baby boom generation, but they could also cause even greater anxiety about the loss of social status, human companionship, and independence. An example of this is that today engineers and scholars are teaming up to create 2.5-foot-tall robots designed to keep individuals living "independently" in their own homes. The robots, expected to cost approximately \$25,000 (notably cheaper than a \$50,000 annual nursing home fee), are shaped like miniature human beings, have human facial features, and are even designed to interact with humans both visually and orally. They are able to monitor an individual's behavior, return human gazes, and follow basic directions when, for example, a person points to an object or looks in a certain direction. Most importantly, the robot tracks the individuals' daily living patterns, and any divergence from those patterns, such as spending an abnormally long time in the restroom, will prompt the robot to ask if the person is okay and then call emergency responders if he or she does not respond.²⁷

It remains unknown how disabled senior citizens will respond to around-the-clock technological surveillance, or if such systems will further decrease intergenerational contact as

²⁶ DeNavas-Walt, Proctor, and Smith, "Income, Poverty, and Health Insurance Coverage in the United States: 2010," 24.

²⁷ Foote and Blewett, "Politics of Prevention: Expanding Prevention Benefits in the Medicare Program.," "KU Researcher Customizes Robot to Serve the Elderly in their Own Homes," <http://www.news.ku.edu/2010/november/2/robots.shtml>. Accessed 17 February, 2012.

technology replaces some of the services currently provided by human caregivers. For many individuals, the peace and mind offered by these systems may not be worth the social tradeoffs. For other seniors, such expensive technology will prove to be unattainable at any rate, particularly if public programs are not expanded to provide coverage for the new innovations. Barring a sudden shift in political priorities, it appears that some subsets of the aged population will continue to miss out on the financial stability and social status seemingly promised by senior entitlement ideology.

Entitlement Politics and Policy in the 21st Century

The first decade of the twenty-first century has sent a mixed message about the current status and future of senior entitlement policies and ideology. Growing public concern and political outrage over the long-term sustainability of entitlements juxtaposes recent expansions of senior entitlement, especially the adoption of prescription drug coverage in Medicare. With over seventy million baby boomers reaching traditional retirement age, senior citizens' lobbying influence is intact and possibly growing. Nonetheless, it is unclear how the United States can afford to sustain or expand its entitlement programs as the population ages and public debt accumulates.

Of the major entitlement programs, Medicare has undergone the most transformation in recent years. The 1997 Balanced Budget Act created Medicare+Choice plans, or Medicare "Part C," which allowed beneficiaries to choose to receive benefits through subsidized purchase of private insurance plans rather than through traditional Medicare.²⁸ The 2003 Medicare Prescription Drug, Improvement, and Modernization Act (MMA) added prescription drug

²⁸ Steven D. Pizer, Austin B. Frakt, and Roger Feldman, "Payment Policy and Inefficient Benefits in the Medicare+Choice Program," *International Journal of Health Care Finance and Economics* 3, no. 2 (June 2003): 79-93.

coverage, or Medicare "Part D," and reformed and renamed Medicare+Choice plans to "Medicare Advantage" plans. Conservatives hoped that the Medicare Advantage plans would draw on market forces by placing private insurers in competition with one another to bring down costs. In 2009, though, the government spent 14 percent more for each Medicare Advantage beneficiary than for each traditional Medicare beneficiary, due to more extensive health coverage and the administrative costs involved in multiple companies providing dozens of individualized plans in each state.²⁹

Beneficiaries may choose this benefit to provide expanded coverage compared with traditional Medicare in addition to or instead of purchasing a private Medigap plan privately. They then have to select one plan from up to eighty-five offered, depending on the state. They also must be conscious of the need to coordinate their Advantage Plan with the coverage offered by Part D (which also utilizes private insurers and provides dozens of plans for beneficiaries to select). Additionally, they can purchase a Medigap plan to provide more coverage. Unsurprisingly, beneficiaries complain that the system is difficult to understand, and it takes a fairly advanced level of education and knowledge to effectively navigate the system. Signing up for Medicare Advantage could also require more money to pay for expert advice or in many cases to pay additional premiums for the expanded coverage.³⁰

Along with Medicare Advantage, the continued expansion of so-called Medigap plans has highlighted growing class divisions between those who have the education, wealth, and good fortune to take advantage of the complicated new programs and those who do not. By 2001 over 60 percent of Medicare beneficiaries had purchased these plans through private insurers to

²⁹ "Fact Sheet: Medicare Advantage," (The Henry J. Kaiser Family Foundation, 2009). <http://www.kff.org/medicare/upload/2052-12.pdf>. Accessed 18 February 2012.

³⁰ Yaniv Hanoch and Thomas Rice, "Can Limiting Choice Increase Social Welfare? The Elderly and Health Insurance," *The Milbank Quarterly* 84, no. 1 (January 2006): 58-67.

provide coverage for services that are not covered by Medicare or to cover additional prescription drug expenses and co-pays. Senior citizens' ability and willingness to purchase supplemental coverage depends largely on their income levels. Medicare beneficiaries with supplemental coverage are significantly more likely to receive preventive services, especially those that required co-payments under traditional Medicare. As Medigap plans become more necessary to deal with the shock of increasing medical costs, a larger share of the financial burden for health care is being shifted back onto older patients, many of whom cannot afford it.³¹

Oddly, at the same time that Republicans were attempting to privatize and individualize Medicare benefits, the party's own MMA enacted the nation's largest expansion of entitlement policies since the Social Security reforms of 1972. Created by a Republican Congress and signed by President George W. Bush in 2003, the MMA added Medicare Part D for prescription drug coverage. Initial estimates placed the ten-year cost of Part D coverage at \$400 billion. One year after Bush signed the legislation, these estimates had already climbed to \$724 billion. Furthermore, the MMA made no provisions whatsoever for additional revenue. The costs are paid out of general operating funds, which themselves were already being depleted to an larger degree by tax cuts enacted between 2001 and 2003 as well as by defense spending on the "War on Terrorism" and wars in Afghanistan and Iraq.³²

The creation of Medicare Part D reflected the success of AARP's lobbying arm and sharply contrasted the failed Medicare Catastrophic Coverage Act (MCCA) of 1988, discussed in chapter three. The MCCA had relied on funds derived from the current recipients of the program, whereas Medicare Part D relies on taxpayers of all ages. Medicare Part D is also unlike the other

³¹ Olveen Carrasquillo, Rafael A. Lantigua, and Steven Shea, "Preventive Services among Medicare Beneficiaries with Supplemental Coverage versus HMO Enrollees, Medicaid Recipients, and Elders with No Additional Coverage," *Medical Care* 39, no. 6 (June 2001): 622-624.

³² Douglas Jaenicke and Alex Waddan, "President Bush and Social Policy: The Strange Case of the Medicare Prescription Drug Benefit," *Political Science Quarterly* 121, no. 2 (Summer 2006): 221-222.

major entitlements in that there is no dedicated trust fund, so even future recipients cannot claim to have paid for and "earned" their benefits during their working years in the same way that they can with traditional Medicare and Social Security. In other words, today's workers are paying for today's Part D beneficiaries through general taxation, but not accumulating funds for their own generation to draw upon in the future.³³

Even as Medicare Part D was criticized for being expensive and unfunded, critics accused it of being inadequate as a health policy. The policy emerged with a gap in coverage for individuals' annual expenditures on drugs between the ranges of \$2,400 and \$5,451. This so-called "donut hole" in coverage affected 26 percent of Medicare beneficiaries in 2007, and 15 percent of those patients stopped taking their medications altogether once reaching the donut hole.³⁴ The Patient Protection and Affordable Care Act of 2010 made provisions to gradually close this coverage gap, but it is notable that, like the Medicare Advantage plans, the original legislation contained provisions that would obviously limit its utility for lower-income beneficiaries.

The politics of entitlement at the turn of the twenty-first century have overwhelming concentrated on the projected insolvency of Social Security and Medicare. As a relatively simple pension plan, the imbalance of the Social Security trust fund could be fixed by relatively minor tweaks to the existing system, such as a modest increase in tax revenues or increasing the early retirement age above sixty-two or the full-benefits retirement age above sixty-five.³⁵ According to current projections, the Social Security trust fund, which is technically "invested" in U.S. Treasury Bonds and thereby funding other parts of the budget, will not be able to pay 100

³³ Ibid., 218, 222.

³⁴ Jack Hoadley et al., "The Medicare Part D Coverage Gap: Costs and Consequences in 2007," (The Henry J. Kaiser Foundation, 2008), i, iii. <http://www.kff.org/medicare/7811.cfm>. Accessed 01 March 2012.

³⁵ Peter Diamond, "Social Security," *The American Economic Review* 94, no. 1 (March 2004): 1-2.

percent of promised benefits after 2036.³⁶ With the aforementioned adjustments, Social Security could be solvent for decades beyond 2036.³⁷

The political willpower to compromise on politically moderate reforms has not yet emerged. Conservative reformers have taken a different approach to reform, with proposals to privatize the program by having workers invest their program contributions into private savings plans, including an emphasis on the stock market. These proposals, including President Bush's failed privatization efforts following his reelection in 2004, have so far been roundly rejected by senior citizens and the American public at large. The opponents of privatization generally cite the proven inability of average American citizens to manage investments, particularly investments that are made in a volatile stock market. In its current form as a guaranteed entitlement oriented toward the middle class, Social Security remains popular, albeit still periodically under siege from outspoken political opponents.³⁸ Even before the 2008 economic recession, nearly 60 percent of Americans above the age of fifty-five had total savings of less than \$100,000. Without senior entitlement programs, these individuals would find it impossible to live an independent retirement that has become the norm.³⁹

Medicare's insolvency presents a similar political controversy, but a far more complicated policy conundrum. At its current rate of growth, Medicare and national spending on health care are indeed unsustainable. Making the Medicare program sustainable without cutting benefits will require either continuing to shift an increasing share of the cost burden onto younger citizens by decreasing payments to providers (a trend started with Medicare's

³⁶ Tim Fernholz, "Report: Social Security, Medicare Funds Running Out Sooner than Expected," *National Journal*, 13 May 2011.

³⁷ Diamond, "Social Security," 1-2.

³⁸ Nancy J. Altman, *The Battle For Social Security: From FDR's Vision to Bush's Gamble* (Hoboken, NJ: John Wiley & Sons, 2005), 264-265; Lynch, *One Nation Under AARP: The Fight Over Medicare, Social Security, and America's Future* (Berkeley: University of California Press, 2011), 71-72.

³⁹ Mark L. Haas, "A Geriatric Peace? The Future of U.S. Power in a World of Aging Populations," *International Security* 32, no. 1 (Summer 2007): 122.

progressive payment system in 1983 and most recently continued with the 2010 Affordable Care Act) or otherwise reforming the system of health care delivery to lower costs. At present levels, Medicare's trust fund will not be able to pay full benefits starting in 2024.⁴⁰ As previously mentioned, extending health insurance across much of the younger population, as the Affordable Care Act proposes to do for thirty million Americans, could also lower some Medicare expenses. This will not, however, be enough to contain the overall growth of medical spending. Today the Medicare program amounts to 3.6 percent of the nation's GDP – by 2050 this one program is expected to be 8.8 percent of the nation's GDP and eventually exceed Social Security in size.⁴¹ Under a projection drafted by the Congressional Budget Office prior to the passage of the Affordable Care Act, Medicare and Medicaid combined would account for 38 percent of the nation's GDP by 2082.⁴² Any predictions that range so far into the future are tenuous, but if such trends of growing expenditures continue, the situation is clearly unsustainable. It is equally impossible to predict whether this growth will be slowed by improved efficiencies in the delivery of medical care, cuts in benefits, or some combination thereof.

Amid this climate of uncertainty, a stage is set for a clash between the advocates of senior entitlement and fiscally conservative reformers, as well as between the generations. Recent events suggest that even in a political climate of recession and vitriolic rhetoric, the political willpower to sustain senior entitlement remains alive and well. During the 2009 debates over health care reform, the fear of government "death panels" and "pulling the plug on granny" resonated in some public circles. In that instance the protesters opposed the growth of government programs, but even these small-government, conservative "Tea Party" members

⁴⁰ Fernholz, "Report: Social Security, Medicare Funds Running Out Sooner than Expected."

⁴¹ "Health Care Spending and the Medicare Program: A Data Book," 8.

⁴² "The Long-Term Outlook for Health Care Spending," ed. Congressional Budget Office (2007). Proquest Statistical Insight.

presented an unmistakable defense of older persons' right to access health care.⁴³ The potential for intergenerational conflict is also dampened by the financial benefits of senior entitlement for younger generations. From the 1980s through the early twenty-first century, only 3 percent of Americans provided financial assistance to their parents. In 1990, only 5 percent of senior citizens lived in their grown children's homes, down from 22 percent in 1940. Relative to the past, these public programs have relieved financial burdens on younger family members as well as seniors.⁴⁴

Another encouraging sign for the survival of senior entitlement is the projection that the population of the United States will not age as rapidly as the populations of other economic powers. Continued immigration should continue to bring waves of young workers into the United States, making up for the nation's falling fertility rates. Today, senior citizens account for just over 12 percent of the U.S. population. By 2050, this number is expected to be 20.6 percent. By then senior citizens will make up 23.6 percent, 27.1 percent, 28.4 percent, and 35.9 percent of the populations of China, France, Germany, and Japan, respectively. Senior citizens will make up only 14.8 percent of India's population, but even that number is higher than the current burden in the United States, and India's per capita GDP will still be lower than the United States today. In sum, while the baby boom generation will place a significant burden on entitlement programs in the United States, the United States will have more workers and more resources relative to its economic competitors to support its elderly population.⁴⁵ Deciding how to allocate this resource advantage, or whether the current model of retirement around the age of sixty-five is sustainable, will of course be difficult and politically contentious.

⁴³ Binstock, "From Compassionate Ageism to Intergenerational Conflict?," 581.

⁴⁴ Campbell, *How Policies Make Citizens*, 97.

⁴⁵ Haas, "A Geriatric Peace? The Future of U.S. Power in a World of Aging Populations," 117, 144-146.

Gaps in entitlement coverage and the recent recession have increased demands on families to care for their elders, even causing a slight increase in the number of intergenerational households. But overall there appears to be little willpower to pull the plug of public support from America's senior citizens, which renders tenuous any proposal to cut benefits associated with Social Security and Medicare. Finally, the next generation of older Americans, the baby boomers, remains highly supportive of senior entitlement ideology. In a 2005 survey, 90 percent of baby boomers reported feeling entitled to the full promised benefits of Social Security and Medicare, and even 80 percent felt entitled to the then-recently added prescription drug benefits.⁴⁶ Given the sheer quantity of more than seventy million members of the baby boom generation and the long-established influence of AARP with its forty million current members, the survival of America's senior entitlement programs and ideology seems favorable for the foreseeable future.

⁴⁶ Lynch, *One Nation Under AARP*, 74.

Appendix – Timeline of Major Events Relating to Senior Entitlement

- 1933 – The Townsend Plan proposes federal pensions for the aged and helps prompt demands for Social Security pensions
- 1935 – President Franklin Roosevelt signs Social Security into law, but it is initially limited in the scale of pensions and the scope of recipients covered
- 1946 – Disability Assistance added to Social Security
- 1947 – Dr. Ethel Percy Andrus founds the National Retired Teachers Association (NRTA)
- 1948 – President Truman unsuccessfully promotes a national health insurance plan. His failure leads subsequent reformers to concentrate on a more limited plan for the elderly
- 1950 – The National Conference on Aging is held (the precursor to the White House Conferences on Aging)
- 1958 – Dr. Ethel Percy Andrus and Leonard Davis found the American Association of Retired Persons (AARP)
- 1960 – The National Council on the Aging (NCOA) is founded
- 1960 – Senior Citizens for Kennedy claims to have tipped the presidential election in favor of Senator John F. Kennedy, boosting a myth of exceptional senior involvement and voting patterns.
- 1961 – Aime Forand, the AFL-CIO, and Senior Citizens for Kennedy found the National Council of Senior Citizens (NCSC)
- 1961 – The first White House Conference on Aging is held
- 1961 – Elaine Cumming and William E. Henry outline "Disengagement Theory"
- 1964 – Provisions against age-based discrimination are left out of the Civil Rights Act of 1964
- 1965 – President Lyndon Johnson signs Medicare Parts A and B and Medicaid into law
- 1965 – The Older Americans Act creates the Administration on Aging (AOA)
- 1965 – Provisions for age-based discrimination are left out of amendments to the Fair Labor Standards Act
- 1967 – The Age Discrimination in Employment Act (ADEA) bans age discrimination in hiring, but it is weakly enforced and only applies to persons between forty and sixty-five
- 1969 – Robert N. Butler coins the term "ageism"
- 1970 – Maggie Kuhn founds the Gray Panthers organization
- 1971 – The second White House Conference on Aging is held
- 1972 – Social Security pensions are raised by 20% and automatic, annual inflation-correlated Cost of Living Adjustments (COLAs) are adopted
- 1974 – Employee Retirement Income Security Act (ERISA) enacted to regulate and sometimes insure private pensions
- 1978 – Amendments to the ADEA extend the minimum allowable mandatory retirement age to seventy
- 1981 – The third White House Conference on Aging is held
- 1983 – Medicare adopts the prospective payment system (PPS), which utilizes Diagnostic

Related Groups (DRGs) in an attempt to lower health care expenditures without adversely affecting health outcomes

- 1985 – Due to Medicare reforms enacted during the Reagan administration, senior citizens pay 49 percent higher out-of-pocket medical costs than they paid in 1980
- 1986 – Congress abolishes mandatory retirement for all American workers, excluding a few professions, such as police work, airline piloting, and firefighting
- 1988 – The Medicare Catastrophic Coverage Act (MCCA) is signed into law after intense lobbying by AARP
- 1989 – The MCCA is repealed after a grassroots revolt by senior citizens
- 1990 – The Americans with Disabilities Act (ADA) is adopted and applies to disabled persons of all ages
- 1995-1996 – The federal government shuts down twice after a budget debate that included possible spending cuts to Medicare and other social services. Benefits to senior citizens are upheld
- 1995 – The fourth White House Conference on Aging is held
- 1997 – The Balanced Budget Act creates Medicare+Choice plans, or Medicare "Part C," which gave beneficiaries the choice to receive their benefits through private insurance plans.
- 2003 – The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) creates Medicare "Part D" for prescription drug coverage. The MMA also reforms and changes the name of Medicare+Choice plans to Medicare Advantage plans.
- 2005 – President George W. Bush's proposal to privatize Social Security is rejected
- 2005 – The fifth White House Conference on Aging is held

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