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For more than 50 years my life was consumed by creating and making music, advocating for the arts, teaching young artists, and managing the university programs that educate them. Why am I giving testimony this morning? Well, to paraphrase that distinguished philosopher, Albert Alligator of Pogo comic strip fame, I have seen the aging and they is me!

But before I came to this surprising self-awareness my good wife and I shared the experience of aging through her mother, Irene, who, true to the current trend, enjoyed long life – at least she enjoyed most of it.

Let me tell you about Irene. She was born in 1901 in Indiana. We don't know much about her forbears with the exception of her mother. Miemaw was an extraordinary, resourceful person who successfully raised three children even after her husband, Irene's father, could not find work as a suddenly one-armed pharmacist.

Irene married her school sweetheart, and he proved to be an excellent provider – in fact a member of a distinguished Chicago accounting firm. They had four children, whose childhood she managed to spread over more than 25 years by spacing their births more that six years apart.

Aside from loving babies, staging amateur theatricals, and vacationing in the Michigan lake country, she loved gardening better than anything. She was the kind of person who would stay up all Christmas night before her December 26th birthday to do accumulated holiday ironing since she was determined not to have it left over to start her new year of life. (The reason she had to stay up all night was that she didn't start until everyone else had gone to bed so as not to spoil anyone's Christmas.)

And don't you dare lump her birthday on December 26th in with Christmas. If you did you, probably wouldn't get any of the cherry cordials or (later in your life) the Jack Daniels Black Label which traditionally just appeared as if delivered by elves.

Her husband's sight began to fail too soon for his retirement schedule and posed a threat to his long range plans to spend his retirement managing and growing his successful personal investments. Dad had to take early retirement after eye surgery. Irene learned to read the market reports to him and (although Dad never thought so) understood them well. When Dad died Irene was 79. She missed him terribly, which was a little hard to

understand since Dad, although possessed of many virtues, was a prickly and critical sort – so brilliant and personally frugal he had little patience with most mortals. Irene had been no exception.

Dad left her well off but had taught her that investments (which she always felt were only hers in trust) should be grown. She had learned well and was sharp enough to buy Chrysler stock at $4.00 when everyone else was still selling. She went to China, then only recently open to western tourists, on her own at age 85. Hated the Chinese cooking there – no chop suey! Carried her own bags! Complained haughtily that some much younger got someone to schlep theirs! She returned to Michigan and managed the scenic park trails (all either intermediate or difficult) that she had loved in her youth.

About the time we began to worry concerning her maintaining her home in a deteriorating Chicago neighborhood, one which had become virtually unrecognizable to her, she sold her car, found an excellent retirement "village", bought her share, and moved into an independent living apartment.

Sound familiar? Sure it does. Let's sum it all up. Irene is bright, capable, well funded, financially knowledgeable, resourceful, healthy, and "independent". She's made what seemed to be good choices. Two of her children live in Chicago, another within a three hour drive, and only one a long distance from her. Getting older should be a snap!

Well, it was and it wasn't. Her sight began to go, her hearing as well, although she denied it for years. Her knees began to stiffen, and her deteriorating balance became an increasing wonder to behold as she teetered, circling her apartment using the lamp shades and straight chairs as support.

And the retirement "village" (she always called it "the home", not to be confused with "her home", and she referred to herself as "an inmate") was excellent except she resented having all those "old people" living there. It would provide ever more living assistance right up through her final days. But we were frustrated as we could see that her increasing disabilities at seeing and hearing were ever more being perceived as evidence of dementia. The fact that her speech was an increasing problem due to unfixable denture fit didn't help, either.

Mom was at best only an occasional good cook. She had been known more than once to burn the bottom out of pans while boiling water. Well, she did it again, this time while hard boiling an egg. Despite our insistence that she'd "always done things like that" the village took this as evidence that she must move to assisted living. She was also having increasing trouble managing the growing number of complex medications prescribed by the house MD. She had finally resigned herself to using a walker (except when her older son or guests were around – then she predictably would drop 20 years in age).

So it was off to assisted living. She was going to hate it, she said, since there "the inmates" could do nothing for themselves – and they had to eat in their own dining room. But the care was excellent, her new apartment lovely, and she could still play bridge. She

played until she had to read the spots on the cards with her fingertips to keep up the family reputation for winning at cards. She won more than she lost. Even at the last she could not tolerate a bad player.

As her abilities increasingly failed, and despite the help of caring staff and family, Irene found her way to the hospital a number of times for short stays. At least some of these times we were fairly convinced she had decided that if she didn't take care of herself with the proper medication and nutrition she would die. Of course, when she discovered that this strategy only made her very sick she decided to persist with life. She was beginning to really regret her longevity. This started when she was about 97. Although now still less than pleased with longevity, she carefully and pridefully enumerated to herself and others the decreasing number of residents who were older than she was.

Well, the next hospital trip sent her to the village "health care" for an extended stay. She had been there briefly before and hated it. The health care unit was well staffed but operated on a medical model. From then on she was treated as old, sick, and in final transition. Her experience of the world came down to the short times a staff person could spend trying to understand the needs of a patient who couldn't see, couldn't hear, couldn't speak clearly, couldn't walk alone, more than likely needed to be fed, and (according to the ever-changing staff) was clearly demented.

Well, you know the story. Irene survived the health care center and a trip to a different high care unit closer to her oldest son. With this final change her environment seemed totally strange. Even her family visits were somehow less familiar and less satisfying – although she could still drop a few years of age when her oldest visited. She died in the public dining area for "patients" who could not eat independently just a few days short of her 101st birthday. The good news was that there was no accumulated ironing left to do.

What did I learn from this to share with you? Irene was capable, in general good health, resourceful, financially comfortable, and made good choices for herself in retirement. People in the aging network would say "self-actualizing". And yet we find the years were increasingly dehumanizing, demoralizing, and – yes, dreadful. Her residential choices were as good as any could be. Staff members were present, concerned, capable, and willing (although frequently changing). She had supportive family. Some of us were even skilled and experienced in dealing with institutions, systems, and bureaucracy – and were not afraid to advocate for her.

During Irene's sojourn into elderhood my wife and I, also making this life journey, talked many times about what would have happened to Mom if all these things had not been true. How many of the 77,000,000 boomers are going to face life without the support system and resources Irene had? Will they have assistance? The answer is – of course! The real question is the level, quality, time, availability, and societal and financial cost. Will they know how to ask for help? You see, the help question for the elderly is like the question of falling off the motorcycle – it's not a question of <u>if</u> but a question of <u>when</u>!

After mulling over the facts and increasingly wondering what needed to be done, I eagerly accepted the chance to join the Area Agency on Aging board. There I found out about the aging network that seeks out the needs of aging and creates, evaluates, and provides solutions. I found out that we already had many systems in place.

One example is our medication management program, a service provided by the Macon County Health Department with grant assistance from the ECIAAA and Older Americans Act Title III D. This service can substitute a $1300-1500 annual med management cost for a likely $30,000 nursing home ticket. I found that the $28,700 saved would provide med management for 20+ more of us. That the 21 times $28,700, or $602,700, would – well, you get the notion. But many more folk than we have money for need this service. Other equally effective strategies will result from critical analysis, futures preparation, and experience. Med management is only one of the possible strategies which are both efficient and lead to happier senior lives.

The booming of the boomer "long-livers", all 77,000,000 of them, will present community challenges in education, transportation, facilities, life style, health and wellness, finance, justice, freedom, and, yes, compassion. – No shortage of needs to be met! To meet these challenges we must reauthorize, revitalize, reinvigorate, and re-VISION the Older Americans Act. N4a's recommendations envision a new Title VIII that is designed to actualize exceedingly broad based community futures preparedness with a non-formula based 25% match and a formula based subsidy for heavily populated areas. It would establish a vital tool in a National Resource Center for Aging in Place. It would also mandate appropriate funding for futures preparedness in all service areas.

In any case, the reauthorized Act must provide the legislative mandates, processes, and funding our communities need to envision, propose, create, maintain, and promote a world where everyone becomes not only very old but through good choices both happier and wiser. Title VIII, as envisioned, will be a good start since it focuses on the requirements and resources needed to reach excellence in community life through 2015. Let's get it done!