

States of the Union

WHEN YOUTH CREEP SUCCUMBS TO AGE CREEP

BY RICHARD J. MARGOLIS

“ALL WOULD LIVE long,” remarked Benjamin Franklin, “and none would be old.” Americans have had more success realizing the first half of Franklin’s vision than the second.

At the turn of the century, people 75-years-old and older accounted for 29 per cent of all the elderly and 1.2 per cent of the general population. By 1980 the proportions had risen to 39 per cent and 4.4 per cent, respectively, and they were still climbing. Demographers predict that by the year 2005 the 75-and-older group will make up nearly half the elderly contingent and about 6 per cent of the population overall.

The new conspicuousness of the elderly has worked a powerful influence on the rest of us, bringing to the surface long-buried feelings of dread and hope, resentment and compassion. More and more we worry about the consequences of growing old—not simply in terms of our own dimly perceived prospects but also in the light of our immediate responsibilities. “The subject of our lunchtime conversations has shifted,” writes the columnist Ellen Goodman about herself and her middle-generation friends. “Once they leaned heavily toward pediatrics. Now they include geriatrics....

In middle age, most of us are flanked by adolescent children and aging parents. We are the fulcrum of this family seesaw, and expected to keep the balance.”

Sometimes, in considering these matters, we give in to a heavy fatalism that recalls Seneca’s dismissal of old age as “an incurable disease.” At such moments we see only the darker side of longevity: increasing feebleness, helplessness, mindlessness. The evidence, of course, is all around us. At other times we may affect a studied cheerfulness. Then, with the media, we conspire to find good news everywhere. “Age Improves Intellectual Activities, Creativity,” my local newspaper, the *New Haven Register*, informs me. Atop the same page the outlook seems brighter still: “Sex Doesn’t End When Social Security Begins.”

As with our fears, there is evidence at hand to support our hopes. For even among persons in their 80s and beyond—the group some gerontologists have taken to calling the “old old,” as distinguished from the “young old” in their 60s and 70s—the need for assistance varies markedly, from constant to hardly ever.

“People should not be so condescending about the over-85 cohort,” cautions

Dr. Charles F. Longino, director of the Center for Social Research in Aging at the University of Miami. His analysis of 1980 census data indicates that fewer than one-quarter of that age group live in nursing homes, while another 11 per cent live with their children. Nearly all the rest (55 per cent) maintain “independent households.”

Some of the old, even the *very* old, do seem remarkably independent. They lead lives of quiet exhilaration. Beneath a headline that portrays “Oldest Americans” as “Not So Frail,” the *New York Times* features a 99-year-old Californian named Ethel F. Nixon, a former librarian, whose life seems to affirm Sara Teasdale’s definition of an optimist: “one who makes the most of all that comes and the least of all that goes.” Mrs. Nixon “drives regularly to Mexico or north along the coast to visit her two sons, her five grandchildren and her six great-grandchildren.... Rarely ill, she feels the key to longevity is ‘staying active and looking at things in a positive way.... I thank the good Lord every day for the blessings I have.’”

One guesses that Mrs. Nixon’s admirable vigor lends credence to our own secret dream—not of immortality, alas, but the next best thing: a care-free independence in extreme old age. Is it so wild a dream? Are not the aged acting younger all the time? “Youth creep” is the oddly disturbing term Dr. Longino has coined to describe this apparent miracle. “The old group seems younger as the decades pass,” he assures us. “The old old seem like the young old of a few decades earlier.”

Other researchers have been swimming in the same soothing waters. Calling its work “life-span analysis,” a whole new school of behavioral science apparently believes we have reached a moment in history (to quote a *Newsweek* headline) “When Age Doesn’t Matter.”

“The major assumption behind life-span analysis,” says *Newsweek*, “is that after adolescence, age is no longer a reliable factor in how people feel or act.” A leading life-spanner, the University of Chicago gerontologist Bernice L. Neugarten, speaks of an “age-irrelevant society” and argues that it is already

here. "Our society," she claims, "is becoming accustomed to the 28-year-old mayor ... the 50-year-old retiree, the 65-year old father of a preschooler, and the 70-year-old student."

Yet something in all this seems gravely amiss. For neither the wonders of youth creep nor the nostrums of lifespan analysis can explain away the inexorable aches and confinements of old age. Indeed, to study the condition of the elderly in America today is to be less impressed with youth creep than with its opposite, "age creep," and with the fact that the home care revolution age creep plainly demands has so far failed to develop.

"Every morning I wake up in pain. I wiggle my toes. Good. They still obey. I open my eyes. Good. I can see. Everything hurts but I get dressed. I walk down to the ocean. Good. It's still there. Now my day can start. About tomorrow I never know. After all, I'm 89. I can't live forever."

Thus begins *Number Our Days*, Barbara Myerhoff's remarkable portrait of the elderly Jewish community in Venice, California. The woman speaking is Basha, and "Basha wants to remain independent above all." But independence is never a permanent asset. Each day it must be pursued and captured anew. Basha devotes her every waking hour to the struggle. She is one of 7 million older Americans who need home services. Too frail to take proper care of herself, and too poor to buy the services she needs, Basha resorts to a variety of survival stratagems:

"Her arthritic hands have a difficult time with the buttons of her dress.... Her hands shake as she puts in her eyedrops for glaucoma. Fortunately, she no longer has to give herself injections for her diabetes. Now it is controlled by pills.... In the neighborhood there are no large markets within walking distance. She must take the bus to shop. The bus steps are very high and sometimes the driver objects when she tries to bring her little wheeled cart aboard.... Her feet, thank God, give her less trouble since she figured out how to cut and sew a pair of cloth shoes so as to leave room for her callouses and bunions."

A community committed to long-term caring could make life easier for Basha. Transportation would probably head her wish-list—not those lumbering metropolitan buses with cranky drivers and unnegotiable steps, but vans or minibuses with easy access, convenient schedules and patient personnel. Regular home visits by a nurse practitioner might be next on Basha's agenda, someone to help her with the eyedrops and to remind her about the medicine. In addition, occasional foot care would surely not be amiss, nor would a modest exercise program aimed at keeping the arthritic swelling in check.



These are not extraordinary measures. Many older Americans receive just such timely aid. But many more miss out. It is not that they are beyond help, only that they seem beyond the reach of our one-armed home care system. As with Basha, their solitude and their poverty have been thrust upon them.

TO SPEAK OF poverty in this context, however, is to beg the question; for home care imperatives mock affluence, too. Hardly any of us can afford for very long to buy essential services that cost as much as \$700 a week. With home care now as with el-

derly health care prior to 1965, need and neediness go hand in hand. That is because nearly all home care, even the medical kind, remains an uninsured benefit. Only about 2 per cent of Medicare's \$36 billion expenditure in 1980 went for home care services. Medicaid contributed even less—1.2 per cent of the \$23 billion it spent that year.

Medical assistance, in any case, constitutes merely one corner of a complex mosaic of home care services. The truth is that the elderly's at-home requirements are legion. They include personal hygiene, laundry, cooking, shopping—whatever it takes to preserve independence and fend off institutionalization.

As these needs have gradually become apparent, and as their status has evolved from one of private distress to one of public concern, several new actors have entered the arena. State and local governments, senior centers, churches and volunteer organizations all have added their strength to that of the original home care corps—the wives, daughters and neighbors whose unseen labors remain paramount. The new money and the new energy have helped, but not nearly enough. No one has yet figured out a way to organize so vast and customized an endeavor, or to get the job done without bankrupting the elderly and their children.

More than most aspects of elderly politics, the home care dilemma challenges our basic values and therefore demands the most imaginative social response we can summon. For if we genuinely believe in individualism, we have our work cut out for us. Here, after all, are millions of aged co-believers, the most determined individualists among us, for whom each day is a fresh struggle to stay afloat. It is one of the many ironies of the aged that in order to sustain their independence they must depend on others. With one hand they cling to autonomy; with the other they beckon for assistance. What we are lacking, at bottom, is a worthy communal response to the legitimate claims of elderly individualism.

As E.M. Forster remarked when confronting a similar riddle, "May Love be equal to the task!"