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IOWA LEGISLATIVE RESEARCH CENTER

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GOVERNOR'S COMMISSION ON ECONOMIC AND SOCIAL TRENDS IN IOWA

("Committee of One Hundred")

Final Report of the Sub-Committee on

HUMAN RESOURCES

Members of the Sub-Committee:

Mrs. Patricia Duckworth, Council
Bluffs (Chairman)
Mrs. Mabel I. Edwards, Iowa City,
(Secretary)
Frielie E. Conaway, Des Moines
William H. Dreier, Hubbard
Mrs. Ralph L. Finkbine, Atlantic
Donald H. Koontz, Indianola
L. G. Ligutti, Des Moines
Raymond Lott, Churdan
Ray E. Wakeley, Ames

The state of Iowa has been gifted by the Creator with an abundant variety of material resources -- its fertile soil, its springs, rivers and lakes, and adequate rainfall, its minerals, hills, dales and rolling prairies. The most precious resources, however, are its human beings as individual persons, family groups and communities. We are proud of our heritage rooted in the tradition of our sturdy pioneers, firmly established by later settlers, developed and furnished by newcomers. All have contributed to the building up of an Iowa we may well be proud of -- economically, physically, intellectually, spiritually healthy and strong.

In whatsoever field the Governor's Commission on Economic and Social Trends in Iowa will make suggestions or seek for solution to problems, Iowa's human resources must be considered as the basic starting point and terminal purpose. Our action aim cannot be mere quantitative or qualitative production in competition with others, sheer material improvement and gain, or a more ef-

ficient use of resources. The value of all material accomplishments will have to be measured keeping in mind man's dignity, family welfare, and wholesome community life. No change can be reckoned as progressive unless it benefits directly man, family, and community. As the poet well said, riches are not worth much, "where wealth accumulates and men, families or communities decay."

We need a deeper sense of appreciation for these values and for the institutions which are directly interested in their development. There is no contradiction, no inconsistency or incompatibility between real material achievement and man's intellectual, moral and spiritual growth.

With these principles in mind we submit the following report and recommendations.

SIGNIFICANCE OF POPULATION TRENDS FOR IOWA DEVELOPMENT

Important population trends were reported by Professor Ray Wakeley of Iowa State College in an earlier publication by this commission. 1/ Recapping briefly:

Population growth is a mighty social and economic force. Population growth increases the demand for goods and services. Population growth adds to the potential labor force which is a potent factor in the production of goods and services. Population is not produced free. It costs \$10,000 or more to raise a child to 18 years of age. Population increases rapidly in Iowa but Iowa population increases but slowly, more slowly than adjoining states. While farm population decreases generally, small-town population remains about the same. Cities grow and rural population living in the open country but not on farms grows still more rapidly than the cities. Populations in Eastern Iowa grow more rapidly than Western Iowa because of the greater opportunities for industrial employment in the Eastern half of the state.

The trend for continued heavy out-migration from Iowa is a stubborn

1/ The Governor's Commission on Economic and Social Trends in Iowa. Conference Papers, pp. 48-55. March, 1958.

fact which influences much of our thought about Iowa development. Shall we continue to move people out of Iowa or shall we move in and develop industrial resources in Iowa to employ her people? On this question there is no general agreement. Economically speaking, labor should move freely to those areas and into those sources of employment which are most rewarding to the laborer. When this is done, the entire economy prospers, including the Iowa economy. That this is true is evidenced by the fact that the index of level of living for farm operator families has risen steadily since 1940. On the other hand, the costs of producing a laborer are not inconsequential. Using the farm situation as an example, it can be conservatively estimated that the cost of rearing the young people who migrate from Iowa farms is between 50 million and 100 million dollars annually. This is no small contribution to the development of the total economy.

The predominantly heavy migration from rural areas markedly affects the characteristics of the population. It increases dependency in rural counties and decreases it in city counties. Decreasing employment of older persons may further increase the problems of dependency in both rural and urban areas. The continued increase in the number of employed women indicates increased opportunity for business and, especially, for industrial firms that employ women. In the meantime multiple job holding is increasing. At present, the number of farm operators who do off-the-farm jobs for pay is increasing rapidly. Present evidence indicates that multiple job holding and gainful employment of women are increasing more rapidly among farm families than among others. It will be important in the future to note the extent to which increased opportunity for off-the-farm work by members of farm families serves as a substitute for migration from farms.

Rural-to-urban migration has a differential impact on communities which send population and those which receive migrants. Areas characterized by high out-migration must adjust their institutions, organizations and ser-

vice agencies to a stationary or declining situation. Areas characterized by in-migration must expand their organizations and services accordingly. Areas with severe shrinkage and reorganization problems include both rural communities and those central cities from which people are moving to the suburbs. In Iowa, most rural areas will shrink while most urban areas expand.

Increasing urban and industrial development in Eastern Iowa will lead to a further concentration of population in the Eastern half of the state. Whether Eastern Iowa will increase in population in the future depends mostly on the further expansion of industry in that part of the state. Whether or not such development will absorb any considerable number of in-migrants depends in large measure on the birthrates in the area. If urban birthrates remain high as at present, they will account for most, if not all, of the urban population increase. Therefore, it may become more difficult for rural migrants to cities to find jobs there.

CHURCHES OF IOWA

Across the hills and the prairies of Iowa are scattered hundreds of churches. They are in a real sense the hope of our state and the world. "Without them or when they are weak life grows coarse, family love suffers and decays, education becomes a device for personal aggrandizement, farming is merely a gambler's game. When they are strong, men are strong in the elemental qualities of honesty, fairness, tolerance, and pity."¹ As men tend them, they fulfill the quest for a fundamental integration of their lives, not simply within the family or within the community, but within the universe -- the totality of things.

Iowa has 4647 churches, (places of worship), or one church for each 564 persons living in the state.²

1. Smith, Rockwell C., Church in our Town, Abingdon-Cokesbury, Nashville, 1955. Page 180.

2. Figure based on the 1958 statistics of Catholic Church and 1956 Protestant Churches. This figures includes only the recognized religious bodies and does not include the very small non-cooperative protestant groups.

A recently stated "Ideal Ratio" of churches to people is one church for each 1000 population or one church for each 350 families. By this standard Iowa is over churched in some areas, in other areas there are not enough churches available for the population. Much needs to be done relative to locating and relocating churches so as to make churches available where needed and remove churches where they have become an unnecessary burden to the people. A typical example of the over churched situation is a small hamlet of 90 population and seven churches of different denominations. In each case cited none of the churches have full time resident pastors.

During the past three decades membership in the churches of Iowa has increased by approximately 28% while the population increased approximately 9%¹. At the present time reported church membership of all faiths in Iowa represents 53.6% of the total population.

Declining population in the rural communities has left the churches with insufficient members, leadership and financial support. Other influences effecting church programing are improved transportation, communications, school organization and etc.

Methods of meeting the problem related to the influences mentioned above are being studied by the denominations and interdenominational groups. Methods showing some promise are the practice of Comity, the Larger Parish, the Group Ministry, the consolidation and relocation of churches.

Leadership is another problem related to the problems arising out of population shifts. One denomination reports 32.2% of its charges in Southern Iowa are served by supply pastors (pastors not fully qualified to serve a church according to standards set up by that denomination). Most of these charges are found in small towns, villages and open country.

Another basic problem of Iowa Protestantism is division (denominat-

1. Based on the 1926--56 church figures compared with 1920-1950 population figures.

ional disunity). Many problems of church programing and church location could be worked out if the denominations would work together. As it is each denomination adds staff members to help solve problems for its own group. This piles up overhead expense which could be shared co-operatively by all the denominations and at the same time provide a more effective approach to the religious problems of the people.

TRENDS TOWARD RELIGIOUS CO-OPERATION

Iowa has a rather unique program of co-operative religion in the form of the Iowa Christian Rural Fellowship. This fellowship working with Iowa State College provides a Rural Church Institute each year for the purpose of bringing ministers and laymen of all faiths together for fellowship and instruction. The Fellowship has been most helpful in promoting understanding among religious groups and keeping the leadership of the churches abreast with the changing conditions in Iowa.

The Iowa Council of Churches* consisting of all denominations who wish to work together has received increasing support since 1945. The council provides paid and volunteer leadership that none of the denominations could provide. Its program covers areas of evangelism, social action, planning and adjustment, radio and T.V. ministry, town and country programs, Christian education, church world service, Christian Rural Overseas Program and Chapliancy.

In a general way it provides through its staff counseling and guidance for any church group desiring its service. The council also provides a full time chaplain at the state hospital in Iowa City.

There is a downward trend in the activities of County Sunday School Associations in Iowa. However, several counties have organized county councils of churches and others are in the process of organizing.¹ There is a total of 21 local councils of churches now organized. Ministerial associations are in-

1. 1958 report of Iowa Council of Churches.

* Applies to Protestant Churches only.

creasing in numbers. These are all signs that the church is awakening to the need for more co-operation if they are to meet the problems of adjustment.

THE CHURCH AND HIGHER EDUCATION

There is a total of SIX CHURCH SPONSORED THEOLOGICAL SEMINARIES in Iowa. The purpose of these schools is to provide a better qualified ministry for the people of Iowa. Besides these there are many seminaries in the surrounding states at which many of Iowa's ministers have received their training. Iowa now has the best trained ministerial leadership it has ever experienced.

The churches presently are providing Iowa's young people with twenty-three four year Christian Liberal Arts Colleges and seven junior colleges from which to choose when pursuing an education. The four year colleges serve 44.9% of the four year college youth of the state while church related junior colleges serve 46.2% of the two year college youth.¹ The state of Iowa has three state colleges and only one of which is ^{exclusively} a teacher's training college. This has therefore thrown a great responsibility for training Iowa's teachers on the church related college. With the increased population of the college age group we may expect the church colleges to have to assume a greater responsibility for teacher training in the future.

The church college depends upon volunteer gifts for its support. Therefore people of Iowa will need to become more and more conscious of the needs of these schools and come to their assistance with more financial aid.

Utilization of college teaching resources, providing buildings, facilities, etc. continue to be the basic problems of our church colleges.

OTHER CHURCH RELATED AGENCIES

The churches of Iowa are expanding their facilities to serve special needs of mankind. The churches of Iowa are sponsoring 41 hospitals; 31 Catho-

1. Based on figures compiled for Iowa College Presidents, by Ted McCarrell, State University of Iowa. Fall 1956.

lic; 3 Methodist; 1 Episcopal; 5 Lutheran; 1 Evangelical.Reform. Many of these are at the present time expanding their facilities to meet the needs of a growing population.

A total of thirteen agenices have been established to provide care and assistance for unmarried mothers, nine of these agencies provide an adoption service, serving both unmarried mothers and childless parents. Fifteen church related Foster Care Services have been licensed in the state of Iowa.

Six church related preschool nurseries are licensed in the state of Iowa.¹

As a service for its youth and adults, fifteen of the denominations of Iowa have developed camp grounds and many are planning to develop more. Some of these have been winterized for year around use.

A few churches have organized programs to meet the needs of its older folks (65 years of age and over). Other churches have established homes for elderly people. It is estimated that 60% of all persons over 65 years of age (180,000) belong to Iowa churches, with 2,400 being added each year.²

RECOMMENDATIONS

It is recommended that:

1. each local church be encouraged to make a self study of its program to see how it is related to its community. Thereby making it possible for more intelligent adjustment to our changing society.
2. the churches relate themselves to one another in such a way as to assure all the citizens of having well trained and qualified leadership.
3. the citizens of Iowa be encouraged to support the church of their

1. Iowa Department of Social Welfare, Iowa Public Welfare in Action. Summer 1958.

2. Jacobs, H. Lee, Church & Their Senior Citizens, Revised Edition, Gerontological Society, Inc., and Research Associate in Gerontology, State University of Iowa, Iowa City, Iowa.

choice increasingly with their attendance, prayers, gifts, and their service.

4. our church members be challenged to assist in providing homes for the homeless and unwanted, (orphans, delinquents, mentally retarded and others).
5. our churches be encouraged to develop and experiment with new methods to better human relations.
6. each church review its purpose for existence and discover whether or not it is fulfilling that purpose to the highest degree.

MENTAL HEALTH

Great strides have been made in the treatment of the mentally ill in

Iowa in the past few years. This Committee's report does not purport to cover the entire field of Mental Health since there is already functioning in the state a Committee in Mental Health, and since a comprehensive study and detailed report of this subject was made in 1956 by a Governor's Committee on Mental Health together with the American Psychiatric Association.

In the interests of brevity and to avoid duplication of effort, this Committee bases its report on only those mental institutions under the State Board of Control. We have set out herein some of the graphic changes that have taken place since the 1956 report, and our report takes into consideration the rather new concept of the problems of mental health arising from the new drugs and therapy now in use, from which we are seeing such radical results.

I. CHEROKEE MENTAL HEALTH INSTITUTE.

1956 report showed 59.2% overcrowding; social service department with director with one year's experience in journalism and one year of special work, with 5 other social workers with no other previous experience in that line; no out-patient department.

1958 overcrowding not quite so acute; a new director of social service department, former director still employed, 4 new social workers have been added, all of whom have Masters degree in social work.

II. CLARINDA MENTAL HEALTH INSTITUTE.

1956 report showed 42.1% overcrowding; 7 registered nurses; nursing staff 8.3% of APA* quota; qualified director and 3 untrained social workers; no out-patient department.

1958 15-20% overcrowding; nursing staff of 10 registered nurses; no change in social service department; no out-patient director.

III. MOUNT PLEASANT MENTAL HEALTH INSTITUTE.

1956 report 34.5% overcrowded; 9 physicians ($\frac{1}{2}$ of APA quota); no

* American Psychiatric Association

assistant superintendent, pathologist, director of extra-mural psychiatry or clinical director; 1 psychologist (APA quota 6); 4 registered nurses (4% of APA quota); 1 qualified director and 2 untrained social workers in social service department; no out-patient or family care department.

1958 6 psychiatrists; overcrowding not quite so acute; 11 registered nurses; 8 employees in social service department; have out-patient department functioning on limited scale; no assistant superintendent, pathologist or director extra-mural psychiatry or clinical director.

IV. INDEPENDENCE MENTAL HEALTH INSTITUTE.

1956 report 22.3% overcrowded; occupational therapy department consisted of 1 high school graduate who had worked under a qualified therapist for one year; no organized out-patient department; 4 employees in social service department.

1958 added 2 trained and registered occupational therapists and now have 4 experienced workers in department; overcrowding not so acute; out-patient department has 1 psychiatrist as director and 2 social workers and 1 psychologist; 13 social workers.

V. GLENWOOD STATE SCHOOL.

1956 report 2 social workers; 2 full-time unlicensed European physicians and 2 local practitioners made regular calls and responded to emergency calls; teacher staff inadequate and personnel thereof inadequately trained.

1958 1 licensed physician; 1 trained director of special education at Masters level; director of nurses with Masters in Psychiatric nursing; 4 social workers now employed and plans are for total of 15.

VI. WOODWARD STATE HOSPITAL AND SCHOOL.

1956 report 35-40% overcrowding; no registered nurses in patient buildings; vacancies; assistant superintendent; psychologist and in-

terne; 1 social worker; 8 attendants; 6 registered nurses; 6 practical nurses; recreational director.

1958 have assistant superintendent who acts as clinical director; still overcrowded; 4 psychologists; no internes; qualified director of social welfare with Masters degree; have supervisor of social work and 4 other social workers; 12 registered nurses; assistant superintendent is acting as physician also and there are 3 displaced doctors working under his direction; summer of 1958 had recreation director separate from their Director of Education, who has resigned.

GENERAL RECOMMENDATIONS

Qualified and numerically adequate personnel is the most urgent need. The Glenwood School needs better qualified teachers; Woodward needs Pediatricians; and all the Mental Health Institutes need larger social service departments, occupational therapy departments and improved out-patient departments. The need for more registered nurses is general. It is to be hoped that the recent accreditation of Cherokee for a three year program of training psychiatrists, a fine honor for the institution and for Iowa, will be helpful in relieving the acute shortage of psychiatrists.

SUMMARY

Modern drugs and therapy are enabling ever-increasing numbers of patients to be released from Institutions and Schools, and thus we are able to make use of this heretofore untapped reservoir of Human Resources. There must be increasing emphasis placed on occupational therapy social work and out-patient departments, with an attendant increase in personnel, if these patients who are returned to their home communities are to be properly trained to live independently, happy, well-adjusted lives. The consequent increase in the productivity of these individuals, important as that is, is of small consequence compared to the resultant reuniting of families, strengthening of family ties

and restoration of Human Dignity.

MEDICAL AND HOSPITAL FACILITIES

HEALTH EDUCATION:

The general Iowa public is kept informed on health and medical matters by newspaper articles and radio-TV programs through the cooperation of the press, broadcasting stations, hospital, medical and nursing associations. Health articles of importance for rural families are regularly carried by Wallace's Farmer. Popular programs on health and guidance are sponsored in local communities, like the Public Health Forums in Des Moines. And service clubs, PTA groups, Farm Bureau and churches feature meetings on health when doctors and nurses are invited to speak.⁽¹⁾

HEALTH FACILITIES:

Many small communities sensing their need of local medical and clinical facilities have rented or purchased buildings for clinics and offices and have offered them to physicians and dentists. Through the State Department of Health and the State Medical Society they have often found physicians and dentists who would locate in their towns. There seems to be a quite equitable distribution of physicians and dentists throughout the state, although the natural tendency is for them to group where hospital facilities are available. However the increase in the number of county and community hospitals in the state has helped to keep doctors in the small towns nearby.

RURAL HEALTH:

For the past two years Rural Health Conferences have been held at Iowa State College, Ames, sponsored by farm groups, the college and by medical societies to discuss the health situation in rural Iowa. It has been recognized by these gatherings that cardiac diseases take a heavy toll of farmer life and efficiency; that despite new and improved vaccines rural areas are still

⁽¹⁾ cf. INFORMATION BOOKLET, Iowa State Medical Society, p.10

plagued by outbreaks of disease preventable by immunization; and that farm workers are susceptible to new toxic hazards from increased use of weed sprays and insecticides. The farm accident rate is on the rise with the constant increase in the use of power machinery. There is need for more widespread information at the county and local level about poison hazards and their prevention and cure, and better safety education of farmers in the use of mechanized farm implements. The State Department of Health has just recently established a Poison Control Center at Raymond Blank Hospital in Des Moines, where 24-hour information and help is available to all communities in the state.⁽²⁾

INDUSTRIAL HEALTH:

A state-wide study of occupational health has just been completed by the Iowa Medical Society and Iowa industries.⁽³⁾ It reveals that approximately 70% of all non-farm workers in Iowa are employed in small firms of less than 500 employees, many in firms of less than 150 workers. 29% of these employees are women. Only about 50% of the workers were found to have family physicians, indicating that approximately one-half of the families of industrial workers in Iowa have no medical supervision. 46% of the plants reporting have less than the so-called "cigar-box first-aid kit," and only 51% use any kind of safety and first-aid instruction. Plant hygiene, sanitation and safety measures were found to be best organized in the Iowa branches of large corporations which have planned medical programs and experienced, qualified directors. The health and physical fitness of new employees is not sufficiently considered, in view of the fact that only 45% of the companies reported any kind of pre-employment physical examination. It is worthy to note that 60% of the employers were concerned to make room for employment of the physically handicapped. The general health of the employee and his family receive considerable attention

(2) See Journal of Iowa Medical Society, July 1958, p. 396.

(3) Ibid. p. 410.

from the company or employer, since non-occupational health insurance is carried in 70% of the plants, with the costs being jointly borne by employer and worker in a variety of percentages.

MENTAL HEALTH:

The Iowa Mental Health Authority states that mental health poses one of Iowa's major problems, because not only are State mental hospitals overcrowded and understaffed, but large numbers of "mild" type mental patients have been transferred to County Homes, or in many cases have been returned to their own homes, in either instance without any psychiatric care.⁽⁴⁾ The study of local and county needs in this area has not even reached the planning stage in many counties. But a significant survey has just been completed in 1958 of mental health needs in Mahaska County by the Blue Cross with the aid of the Mahaska County Medical Association.

IOWA'S HOSPITAL PROGRAM:

The Iowa State Legislature in 1947 enacted legislation to implement the administration of the Federal Hill-Burton Hospital Program in Iowa. As a result the Division of Hospitals made a thorough survey of existing hospital facilities in the state, determined the needs for developing other hospitals, outlined hospital service areas, and coordinated a hospital system.⁽⁵⁾

From this survey developed the IOWA HOSPITAL PLAN on the basis of which new hospital construction began in 1948. The Plan is kept current each year through an annual inventory of facilities, showing new construction, alterations in existing facilities, and the losses through closing or fire. A priority listing is prepared on the basis of the annual survey of the communities where additional facilities are most sorely needed, indicating their eligibility for Federal assistance. Assistance is given on the basis of 1/3 the

(4) See A MENTAL HEALTH PROGRAM FOR IOWA, Chap. 2, Dec. 1956 .

See also IOWA HOSPITAL PLAN, July 1957, p. 60.

(5) See IOWA HOSPITAL PLAN, July 1957, p. 13.

cost of construction from Federal funds, with the remainder being provided by the community or political unit, charitable or non-profit organization which is sponsoring the hospital. The original Federal plan was significantly amended in 1954 to include related health facilities, principally chronic illness hospitals, convalescent nursing homes, and diagnostic facilities and rehabilitation centers.

During the eleven years of operation of the Program requests from communities for assistance in enlarging facilities or new buildings have annually exceeded the available funds. In the first years of the program the demands for funds so far exceeded appropriations that many communities were forced to build without Federal aid. Many of the early needs were for large and costly units where there were no existing facilities. However in recent years requests while still numerous are smaller in dollar cost because they are now for additions to the larger existing hospitals. It has been possible to grant assistance for all of the 13 applications which have been made in 1958.

CONTINUING HOSPITAL NEEDS:

With all the increase in the total of acceptable ⁽⁶⁾hospital beds, from 5,952 in 1947 to 10,476 in 1956, it has been found advisable to divide the state into 45 hospital service areas in order to secure maximum use of the enlarged facilities; and 13 regional units have been created in which the specialized facilities in the larger centers are made available to smaller hospitals. The figures above indicate what improvement has been made in ten years in available beds in the so-called "acute general hospitals," but the 1956 Iowa survey indicated that 2,280 more beds were needed to meet the present state need.

The only hospital category where present facilities meet adequately the needs of the state are the tuberculosis hospitals.⁽⁷⁾ The State Hospital

(6) "acceptable" is defined as being fire-resistant facility. cf. IOWA HOSPITAL PLAN, 1957, p.14.

(7) Ibid. p.57.

at Oakdale continues at capacity, largely because counties are reducing their local bed-load and are submitting them to the state hospital. New treatment of tuberculosis has reduced hospital residency to eight months for many patients, making possible a higher patient turn-over rate.

Despite increased hospital facilities, in some communities the demand for services exceeds the resources. This occurs in the large population areas principally along the Missouri and Mississippi Rivers. In these places there is always a large out-of-state patient load in addition to the local needs. Aggressive development programs to attract industry by these and other city areas have increased population density and therefore taxed hospital services.

While increase in mechanized farming has displaced many farm families and has forced them into the ever growing urban centers the incidence of accidents with farm machinery has sky-rocketed emergency hospital needs in rural areas.

HOSPITAL PRIORITIES:

The latest study of Iowa hospital needs, dated July 1957, reveals the following priorities:⁽⁸⁾

- (1) Hospitals for chronically ill and impaired
- (2) Psychiatric Hospitals
- (3) Acute General Hospitals
- (4) Tuberculosis Hospitals

Tuberculosis facilities are adequate for all the needs in the state and therefore make no demand for other facilities. Because of widespread building during the past ten years the general hospitals have expanded until they are now able to serve 82% of the need.

But ranking second in priority is the need of psychiatric hospitals.⁽⁹⁾

(8) Ibid. p. 112
(9) Ibid. p. 60

This is due to several factors. The Iowa public is not sufficiently aware of the situation of many of its mental patients. In addition to those in state institutions, there are 2600 patients forgotten in County homes. Many of these "mild" cases are placed in the County homes to relieve congestion in the state institutions and to provide a usable labor source, although the county homes are lacking in any psychiatric oversight. Authorities state that many of these patients with proper care and treatment could be rehabilitated and rendered capable of caring for themselves or seeking employment.

First in importance and need, however, are hospitals for the chronically ill and those needing continuation care. Treatment of these cases, like the mental patients, is prolonged and costly, requiring special equipment and personnel. But the rehabilitation of many of the chronically disabled could place these citizens back into income-earning vocations, and render them self-supporting and self-confident. Some such units are now in process of construction, like the new unit at Iowa Methodist Hospital in Des Moines.

MEDICAL HEALTH FACILITIES:

While some medical health facilities are being made available in hospitals, in company health services, and in schools and colleges, there is still a vast unmet need among the public for preventive and curative measures. Only one acceptable health center is in operation in Iowa, the center at Burlington.⁽¹⁰⁾ Only 10% of Federal funds are available for use in constructing health facilities, and state tax sources are not available. But here is an area where much more must be done to keep the able-bodied at maximum health, to rehabilitate the injured and chronically ill, and to extend the self-efficiency and productivity of the senior citizen whose numbers are increasing rapidly in the state.

CONVALESCENT NURSING HOMES:

⁽¹⁰⁾ Ibid. p.72

Little has yet been done in Iowa with the new provisions of the last Legislature authorizing the supervision and licensing of convalescent nursing homes. Here is a complicated problem which the Division of Hospitals is studying but for which a plan has not yet been developed. For too long the philosophy has been "to keep" the ill and disabled, whereas the patient or resident who is doomed to inactivity and uselessness could often be restored to community activity and employment, rendering him an asset instead of a liability to himself and the community. Iowans should realize that their Department of Health is ready to assist each locality with its hospital and health problems. But the preeminent need is for local citizens to study their personal and community needs and to avail themselves of the excellent health services which are now widespread throughout the state.

HUMAN RESOURCES IN THE RETIREMENT-AGE GROUP:

Iowa is extremely rich in human resources in the retirement-age group. No state has a larger percentage of its population in this age group. Few states are more sluggish in cashing in on their unused potential.

At the present time Iowa sends these human resources to the sidelines at age 65. Shuffled to the sidelines to vegetate, deteriorate and stagnate. They are dealt with as so much rubbish to be somehow disposed of or thrown on the trash pile. It is important that we provide for the physical and mental needs of our older citizens. But it is equally important that we provide for the EMOTIONAL needs of these people, and thereby we, as Iowans, can reap the magnificent harvest of a contented older citizenry that enjoys the happiness that comes only from contributing to the common good.

Let us consider but two of the resources possessed in a high degree by these citizens that are at the present time badly managed and often unwisely used.

- 1) In Iowa perhaps 50 per cent of the wealth of the state is in the

hands of citizens of retirement age.

2) There can be no doubt but that this group possesses better than 50 per cent of the mental know how of the citizens of the state.

1) Material Wealth; Let us sight only a few headlines recently taken from the Des Moines Register. Headlines that should cause us to ask ourselves, "Can we do a better job of informing folks as to a better use of their wealth?"

RELATIVES TO CONTEST WILL: LEFT \$40,000 TO HIS 18 DOGS

POOR OLD BACHELOR OF 70 HAS HIDDEN FUNDS

75-YEAR-OLD CITIZEN TO START GIVING AWAY 42 FARMS

80-YEAR-OLD BACHELOR ASTOUNDS COMMUNITY WITH HIDDEN WEALTH

FIND \$55,000 RECLUSE LEFT

SMALL FORTUNE FOUND IN HOME OF NATIVE OF DENMARK

IOWAN WITH NO RELATIVES, WILLS \$220,000 TO HIS HOUSEKEEPER

Yes, 50 per cent of Iowa's wealth is under the give-away rights of retired citizens. How can this group be advised to give some of their wealth to some challenging community need?

2) Mental Resources. The Governor's Commission has been asked to explore the various valuable resources in our great state. The Commission would be making an unfortunate blunder if it failed to investigate intellectual resources now pretty much going to waste.

And it is enough to make angels weep to see what is being done with this priceless commodity. Citizens with brilliant mental capacities are being shunted aside as so much waste material. Thrown on the junk pile as so much worn out machinery. They have behind them 65 years in the university of hard knocks. Can we continue to shunt them aside when they well might still have the two most promising decades of life before them!

Yes, continue to retire them from business but begin now in earnest to use them. After 65 they have the wisdom and philosophy desperately needed for community tasks. Let us sight only a few instances where this is taking place.

One gentleman, after a few years of retirement, saw the futility of merely sitting on the sidelines marking time while unchallenged tasks cried for assistance. He sold his new and modern comfortable \$14,000 home and put the money into a fund to build a home for retired citizens. That happened five years ago, today, the third unit of that Home is going up, his faith and toil causing the fund to expand from a mere \$14,000 to \$300,000. And recently this gentleman remarked, "I believe this is going to be my greatest work."

Another citizen of 72 is planning to give the next "15 to 20 years of my life" to raise some \$5 million dollars for a cultural center for his city. He is leaving his estate of a quarter of a million dollars for that purpose. He is having "the happiest time of my life" working at this task. Can more retired citizens be challenged to use mental resources that have been developing through the years?

Another citizen of retirement age, when asked what he was doing in retirement, replied, "My retirement hobby is politics. I am not at all interested in running for a public office but giving my time to my party helping collect needed funds, helping to make my party stronger and trying to interest able citizens to run for public office."

Yes, we have tremendous unused human resources in this age group of Iowa citizens. Some 300,000 of them. As has been stated, they perhaps own 50 per cent of the material wealth of the state and no doubt possess better than 50 per cent of the mental know-how gained from 65 years of living.

Has the time come when we should challenge this group to dedicate the last two decades of their lives to community tasks?