

Of Grandmothers and Crossroads: An Introduction

When she was 99 years old, Mary Atkinson Monie Betts was still as alert as most folks half her age. She received visitors in much the same way as a queen held court—she picked their minds for nuggets of useful information. That summer of 1975, when I came back from Washington to visit her after covering Watergate for two years, she wanted to know precisely what it was that had led to Richard Nixon's downfall.

"Was it," she asked, her eyes gleaming, "the laws they said he broke, or was it the lies he told?" A perceptive question, I thought, but then my grandmother had always been sharp.

Her age seemed to have impaired her not at all. Only when she turned 102 did she really begin to get old, and today perhaps I still judge the so-called elderly in terms of her. My father, 40 years my senior, is still a young man to me, vigorous now as ever, refusing to bow to the usual constraints of age.

For many of us in our middle years, deciding who is "elderly" or "old"—or to use the current euphemism, a "senior citizen"—has become increasingly difficult. We struggle with the ambiguity of language. Words cast about in print (like "the elderly") seem incongruous next to our vigorous parents. But what about the older person who has turned frail?

Does sensitivity propel us in our choice of terms, just as we proceeded from "crippled" to "handicapped" to "physically impaired"? Are we searching for the right term to describe a class of people without insult? Yes, certainly pejorative connotations are to be avoided, but there is more.

The dilemma of language reflects the dilemma of policy. The elderly—the sweeping term for *all* persons 65 or over—are as diverse as the country in which they live. Yet policies, and the words to describe these policies, insist for the most part on lumping all older persons together. Consequently, we feel compelled to find the correct word to call our oldest citizens.

Ironically, all these terms—old, elder, elderly, senior—have the same basic meanings and stem from several common roots. The terms elder, elderly, and old, for example, evolved from the Old English word "eldra"—itself a derivative of the Old Teutonic word, "eald." But the grandfather of labels for the 65

plus crowd is the Latin word "senex." From senex came the Romans' word "senatus" and eventually our word "senate"—meaning a council of elders. Senex also, by the way, serves as the root of the words "senior" and "senile." But don't bandy that about lightly down at the N.C. General Assembly.

In 19th century Japan, retired statesmen who had served their country well were accorded a special status. Because of their long experience, sound judgment, and proven ability, they were especially sought by the imperial court as a class of senior advisers. Their status led to coining of the term "elder statesmen."

Many of us have fond attachments for the honored elderly like my grandmother. But we have also seen the pain and suffering of older persons who have turned dependent. Many have paid an enormous financial and emotional toll in trying to provide for those who lack the means, and the mental and physical capacity, to care for themselves.

For 50 years, the government has gradually poured more resources into caring and providing for the elderly population. Today, one of every nine persons in the U.S. qualifies as "elderly." By the year 2000, the number of elderly in North Carolina alone will swell to nearly a million persons. Can government programs for elders continue to expand in the face of such numbers? A crossroads is fast approaching when federal and state policymakers may have to say "no."

This issue of *North Carolina Insight* attempts to chart the crossroads that lies ahead. The first four articles are designed to serve as a primer—on demographics, on the array of state programs that exist, on the new director of the N.C. Division of Aging and her priorities, and on the political dynamics among the elderly. The next section highlights three policy debates among policymakers, analysts, and older persons themselves. Is there conflict or consensus on encouraging work versus retirement? On using age or financial need to determine government benefits? On using tax breaks to attract retirees to a state? Finally, we tackle perhaps the most difficult of all issues—long-term health needs and the system of care that is supposed to be meeting those needs.

Few of us can expect to become centenarians like my grandmother, nor can we expect to remain as alert for as long as she did. But as life expectancies continue to lengthen, we can all reasonably expect to become old. Perhaps it's high time, then, that we found out what we're getting into.

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