THE UNSPOKEN POOR: SINGLE ELDERLY WOMEN SURVIVING IN RURAL AMERICA

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Although a robust economy and generous government assistance programs have decreased the incidence of poverty among elderly Americans, single, nonmetropolitan elderly women have not shared in this good fortune. Widowed or divorced, these women struggle to enter the work force late in life, and remain highly susceptible to lives of poverty and isolation. In this note, M. L. Reig uncovers and explains the reasons for the vast disparities in poverty levels of the elderly, and focuses on the plight of single elderly women living in rural America. The author considers the obstacles that plague this vulnerable population and concludes that increased research and funding, coupled with more access to transportation and social networking, will remedy this sad situation.

I. Introduction

The old country road rose and fell with the golden, rolling farmland. On its way across the Illinois countryside, it passed through harvested corn fields and lonely patches of standing timber. At a bend in the road, a dusty driveway led to a century-old farm house that still stood strong in the November wind. The house was white and had black shutters. It was flanked by a rusted field

tractor and a caved-in red barn whose roof and walls had bowed and then collapsed under the weight of years. On the second-story ledge of the house, a silver barn owl hid between the shudder and the paint-peeled wall. It held its wings close to its body and quietly shook in the cold. This was its favorite spot.

Inside, Ethel listened to the wind as she gently rocked in her chair. Her tired and worn hands trembled as she rocked. She wondered if it was as cold outside as it was inside. She thought about turning the heat on, but it wasn’t that cold, not yet. December, she told herself, she could afford to turn the heat on in December.

Janice would be coming soon. She came every Tuesday afternoon, bringing canned food from the Methodist Church. Sometimes she would tell Ethel stories, and sometimes she would carry the laundry basket up the stairs that creaked in winter. Ethel liked hearing her stories, she liked hearing someone’s voice, and she liked not having to worry about where to get food. The grocery store was too far away. The food there cost too much, and the canned food was just as good anyway. Ethel watched down the driveway as the brown crackly leaves danced across the gravel. Janice was late, but Ethel knew that she would come, because she always came.

Every morning, scattered across the broad American countryside, countless numbers of single elderly women wake to face the cold reality of a life lived in poverty. In the final stages of their lives, they live alone and must make do on inadequate fixed-incomes. They are women who have found themselves unaccompanied and impoverished by the cycle of life, and must now struggle to survive.

Life was not always so cold for this group of women, but it never came without toil or sacrifice. These women have been a part of what has been called “The Greatest Generation.” They overcame the Great Depression and sent their husbands and sons to fight Germany, Japan, and the Iron Curtain. They are women who have withstood economic hardship in the harsh environments of rural America, who have worked to see their country rise to prosperity, and who have bat-

2. See id. at 207.
3. See id.
5. See id. at 9.
tled for an equal place among men.6 Yet, despite all of their accomplishments, they could not find a way to keep from growing old. The river of time rolled by them and left their hands worn and frail with age. Today, they are left to endure solitary lives, hidden from view and forgotten by a fast-paced digital society.7 They subsist on lean government paychecks and are invisible to the policy makers who do not include them in their calculus of government aid and welfare.8 Despite the unprecedented economic expansion of the 1990s, single elderly rural women face a daily struggle for survival trying to stretch their nominal incomes far enough to cover property taxes, while still finding enough money to pay for food and prescriptions.9

In his 1999 State of the Union Address, President Clinton promised to “reduce poverty among elderly single women, who are nearly twice as likely to be poor as other seniors.”10 However, the 1999 Congressional Session came and went without producing legislation that would modify Social Security and alleviate the burdens carried by America’s single elderly poor.11 This note will advocate the adaptation of Social Security and Supplemental Security Income to better care for single elderly impoverished women, living in rural areas. Section I of this note will consider the history of the rural elderly poor and government assistance programs designed to help the poor. Section II will analyze the causes of poverty among single elderly women in rural areas. Section III will suggest changes to the current legal framework that could greatly reduce the economic challenges faced by single, rural elderly women.

6. See id. at 11. “The enduring contributions of this generation transcend gender. The world we know today was shaped not just on the front lines of combat.” Id. “From the Great Depression forward, through the war and into the years of rebuilding and unparalleled progress on almost every front, women were essential to and leaders in the greatest national mobilization of resources and spirit the country had ever known.” Id. at 11–12. “They were also distinctive in that they raised the place of their gender to new heights; they changed forever the perception and the reality of women in all the disciplines of American life.” Id. at 12.


8. See id.; see also Butler Flora, supra note 1, at 207.

9. See Butler Flora, supra note 1, at 207.


11. See id.
II. Background

A. Government Programs Designed to Provide Income to the Elder Poor

1. SOCIAL SECURITY

Social Security, or Old-Age, Survivors and Disability Insurance (OASDI) as it is officially known, was enacted in 1935 as a means to provide benefits to elders who had spent their lives working. When it was created, Social Security was not intended to be the primary source of retirement income for the elderly. Rather, it was seen as part of a triad of income sources to support the retired that included Social Security, personal investments, and private pension plans. Yet, despite the intent of the original three-pronged approach, elders have come to rely on Social Security more heavily than other sources of retirement income. Of the current elder population, nearly ninety-two percent collect monthly Social Security benefits and three out of five rely on Social Security for more than half of their monthly income. As a result, Social Security has attained a paramount position in the retirement landscape that it was never intended to possess.

An individual qualifies for Social Security benefits by earning a requisite amount of money over a specified period of time. In exchange for payroll taxes collected from employees and their employers, Social Security provides a lifetime series of monthly payments that are based in rough measure upon an employee’s earnings history. Social Security also provides benefits beyond the scope of monthly benefits to retirees. “Social Security provides benefits to a worker’s surviving spouse and children under age eighteen, plus disability coverage if a worker is unable to work until his or her expected...
In addition, individuals who collect from Social Security are eligible to receive medical insurance through the Medicare Program when they reach sixty-five years of age. In combination, these programs are intended to "enable older persons to obtain a basic level of retirement income and coverage [for] their most pressing medical needs." The spouse of a Social Security recipient is eligible to receive an amount equal to up to one-half of what the recipient spouse is eligible to receive. Thus, if George is eligible to receive a total of $800 per month, his wife Barb can collect up to $400 per month for a total household income from Social Security of $1200. If the worker dies first, the individual "receiving a spousal benefit that is based upon that worker's account succeeds to that worker's actual benefits." For example, if George were to precede Barb in death, Barb would be able to succeed to George's actual benefit and collect $800 per month. However, Barb no longer would be able to collect the additional $400 per month. Her aggregate household income from Social Security would decline from $1200 per month to $800 per month. As this scenario demonstrates, following the worker's death, the surviving spouse can collect only sixty-six percent of what the couple was able to collect when the worker spouse was still living. It should also be noted that "if the deceased worker spouse had elected to receive reduced Social Security benefits because of 'early' retirement, or augmented benefits because of 'delayed' retirement, the surviving spouse would receive the deceased spouse's reduced, or augmented, benefit."
In the event of a divorce, the former spouse can collect up to one-half of what the worker is eligible to receive only if the marriage lasted at least ten years.\(^{30}\) If an individual had more than one marriage that lasted at least ten years, Social Security automatically selects the ex-spouse’s earnings record that yields the largest benefit. The divorced spouse’s own earnings record will also be considered if it produces a higher benefit [and] . . . to receive a divorced spouse benefit, the recipient must be unmarried.\(^{31}\)

An individual will not be disqualified from receiving a divorced spouse benefit if the marriage comes after the individual becomes sixty years old.\(^{32}\)

2. SUPPLEMENTAL SECURITY INCOME

The Supplemental Security Income (SSI) program was enacted by the federal government in 1974 as a means of providing for the poorest of the elderly.\(^{33}\) Under this program, qualifying elderly individuals receive monthly cash benefits.\(^{34}\) To be eligible for SSI, an individual must be sixty-five or older, and meet resource and income tests.\(^{35}\) In 1998, an individual had to have a net annual countable income of equal to or less than $5928 in order to receive SSI.\(^{36}\) Spouses had to have a combined income of equal to or less than $8892.\(^{37}\) “If the individual’s annual income is below the annual eligibility limit, the individual will be eligible for SSI in every month that his or her income is below the SSI benefit amount.”\(^{38}\) In 1998, a single person could receive a maximum of $494 per month, and a married couple could receive a maximum SSI monthly benefit of $741.\(^{39}\) “An individual is ineligible for SSI for any month that his or her countable income exceeds the maximum benefit . . . [e]ligible individuals with countable

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\(^{30}\) Id. at 297 (citing 42 U.S.C. § 416(d)(1), (4) (1990)).

\(^{31}\) Id. at 299.

\(^{32}\) Id.

\(^{33}\) See id. at 316.

\(^{34}\) Id.


\(^{36}\) Frolik & Kaplan, supra note 12, at 318.

\(^{37}\) Id.

\(^{38}\) Id.

\(^{39}\) Id.
B. Government Programs Have Reduced Elder Poverty and Have Been the Impetus of a Shift in Elderly Living Arrangements

Since the 1960s, poverty rates among the elderly have been slowly declining. Social Security and SSI have helped the elderly to augment other forms of income and have kept many elders out of poverty. "Improvements in the economic well-being of the elderly population are attributable to increased Social Security benefits, increased private pension coverage, and younger entering cohorts of elderly with stronger financial histories and thus higher incomes, savings, and assets than earlier cohorts of elderly." The implementation of the Social Security Program, and later SSI, have in conjunction with increases in other forms of income allowed the elderly to achieve a greater degree of financial independence.

The increased level of economic security that the elderly have attained has been a significant factor in the shift in living arrangements among the elderly over the past six decades. Living arrangements

40. Id.
42. See Nina Glasgow, Poverty Among Rural Elders: Trends, Context, and Directions for Policy, 12 J. APPLIED GERONTOLOGY 302, 302 (1993). “[T]he federal government’s role in elderly income maintenance cannot be minimized . . . even non-poor elderly persons depend on public (mostly federal) programs for over 40% of their income.” Id. at 316; see also Leora Friedberg, The Effect of Old Age Assistance on Retirement, 71 J. PUB. ECON. 213, 214 (1999). Friedberg states that:

Social Security benefits and private pensions are the main source of income for the elderly today, another public transfer program dwarfed Social Security before 1950. Old Age Assistance (OAA) was a means-tested program for people 65 and older established by the same 1935 legislation that created Social Security. By 1940, 22% of the aged population was receiving OAA—an extremely high recipiency rate by the standards of today’s welfare programs. Social Security payouts began to exceed those from OAA only during the 1950’s. Thus, the heyday of OAA coincides with the early stages of the modern decline in elderly labor force participation and may have played a significant role.

Id.
43. Glasgow, supra note 42, at 302–03.
44. See id.
among the elderly in the first half of the twentieth century were vastly different from what they are now. Fifty years ago “[r]oughly 10% [of the elderly] lived alone, 70% lived with adult children, and the remainder lived in group quarters or in other arrangements.” 46 Beginning around 1940, the elderly began to live on their own at increasingly higher rates. 47 Prior to 1940, only eighteen percent of widows above the age of sixty-four lived alone, 48 but by 1990 nearly seventy percent were living on their own. 49 Studies have suggested that “increases in Social Security coverage and benefits, and perhaps more general increases in economic status, were the main force governing the increase in the propensity to live alone.” 50

However, additional studies have indicated that other factors have also contributed to the shift in living arrangements among the elderly over the last sixty years. 51 Some studies have advanced that the shift has been partly caused by decreases in the fertility rate. 52 It has been argued that declines in the fertility rate have limited the number of children with whom a single elderly person could choose to live. 53 It has also been suggested that as “younger women’s rate of labor force participation [have] risen sharply . . . [e]mployment outside the home may have made it more difficult for daughters to care for their elderly parents, thus causing a decline in coresidency.” 54

Government programs designed to increase the income of the elderly have been successful in lowering the incidence of poverty

“...”

46. McGarry & Schoeni, supra note 45, at 233.
47. Id.
48. Id.
50. McGarry & Schoeni, supra note 45, at 233. “[T]he great change in the propensity to live alone has occurred along with a substantial expansion of the Social Security program, changes in income transfer programs targeting poor elderly persons, and significant economic growth.” Id. at 221. “These improvements in the economic condition of the elderly may have made independent living a feasible option.” Id.
51. Id.
52. Id.
53. See Kramarow, supra note 49, at 336.
54. McGarry & Schoeni, supra note 45, at 221.
among America’s older generations.\textsuperscript{55} This success is evidenced by the shift in living arrangements among the elderly that has occurred over the last six decades.\textsuperscript{56} However, despite the increase in financial independence that the elderly have attained over the last sixty years, single elderly women in rural/nonmetropolitan areas have not benefited nearly as much as other segments of the elderly population.\textsuperscript{57}

Single elderly women in rural America have been left behind. They “continue to face economic hardship and a high risk of poverty during old age.”\textsuperscript{58} Their income levels fall well short of those of the rest of the elderly population.\textsuperscript{59} They receive Social Security benefits of lesser value than do most elderly people and often do not receive income from private pensions or personal investments.\textsuperscript{60} As a result, these women fall through the cracks of America’s social policy and have remained in poverty at a much higher rate than the rest of the elderly population despite tremendous economic growth in the general economy during the 1990s.\textsuperscript{61}

III. Analysis

A. The Extent of Poverty Among Single Nonmetropolitan Elderly Women

Large numbers of single elderly women live in nonmetropolitan areas of the United States.\textsuperscript{62} In 1990, thirty-one million Americans

\textsuperscript{55} See id.

\textsuperscript{56} See Costa, supra note 45, at 39–40.

\textsuperscript{57} See Glasgow, supra note 42, at 302-03; see also Leif Jensen & Diane K. McLaughlin, The Escape from Poverty Among Rural and Urban Elders, 37 GERONTOLOGIST 462, 462–64 (1997). “[R]esearch has shown that nonmetro elders experience a higher prevalence of poverty than metro elders . . . and that they are more likely to become poor in a given year than metro elders . . . .” Id. at 462. “Compared to metro elders, nonmetro elders have . . . a greater risk of falling into poverty over time.” Id. at 464.

\textsuperscript{58} See id.

\textsuperscript{59} See id.

\textsuperscript{60} Lois Grau, Illness-Engendered Poverty Among the Elderly, 12 WOMEN & HEALTH 103, 105 (1987); see also Glasgow, supra note 42, at 307. “The high poverty rates of older elderly nonmetropolitan residents are due to the lower likelihood of coverage by employer-provided pensions . . . and to their lower average Social Security benefits . . . .” Id. “The historically poorer employment available in nonmetropolitan areas and the greater likelihood of working in agriculture or other industries with historically low pension coverage levels result in such differences . . . .” Id.

\textsuperscript{61} See id.

were aged sixty-five and over, and of this group, eight million lived in nonmetropolitan areas.\textsuperscript{63} In addition, nearly five million of the eight million elders aged sixty-five and over in nonmetropolitan areas were women.\textsuperscript{64} While only a small percentage of nonmetropolitan elders were divorced in 1990,\textsuperscript{65} more elderly women were widowed than were married.\textsuperscript{66} Approximately 48.5\% of nonmetropolitan women aged sixty-five and over were widowed and 3.8\% were divorced.\textsuperscript{67}

Among the elderly rural women who are either widowed or divorced are the most susceptible to poverty.\textsuperscript{68} Unlike younger individuals who are able to quickly escape periods of financial hardship, elderly women suffer from long-term spells of poverty.\textsuperscript{69} They are unable to generate the same amount of income as other members of the elder population and, as a result, cannot keep themselves from falling into poverty.\textsuperscript{70} For this reason, widowed elderly women are four times more likely to be impoverished than men who are married.\textsuperscript{71} In 1990, the poverty rate for nonmetropolitan elders was approximately fifty percent higher than for the metropolitan elderly.\textsuperscript{72} In addition, while nearly twenty percent of rural elderly women live in poverty,

\textsuperscript{63} Id. Defining nonmetropolitan, [a]s a way of complementing the conventional rural-urban distinction, which is based on population density and size of place, the U.S. Bureau of the Census uses the designation of Metropolitan Statistical Area (MSA). MSAs consist of counties (or townships in New England) that have either a city with a population of at least 50,000 or a Bureau of the Census urbanized area of at least 50,000 and a total metropolitan statistical area population of at least 100,000. People living in MSAs are the “metropolitan” population; those living outside an MSA constitute the “nonmetropolitan” population. Both metropolitan and nonmetropolitan areas contain rural and urban populations, indicating substantial heterogeneity within each category. Nevertheless, this distinction probably reflects differences in settlement more accurately than the rural-urban dichotomy. Id. at 3–4.

\textsuperscript{64} Id. at 5.

\textsuperscript{65} Id. at 9.

\textsuperscript{66} Id. at 8–9.

\textsuperscript{67} Sandra S. Butler & Elizabeth DePoy, Rural Elderly Women’s Attitudes Toward Professional and Governmental Assistance, 11 AFFLILIA 76, 78 (1996).

\textsuperscript{68} See How Elderly Women Become Poor: Findings from the New Beneficiary Data System, SOC. SECURITY BULL., 1997, at 46, 47.

\textsuperscript{69} See Grau, supra note 60, at 105.


\textsuperscript{71} See Clifford & Lilley, supra note 62, at 12.
only fourteen percent of elderly women living in metropolitan areas are poor.  

B. The Causes of Poverty Among Single Nonmetropolitan Elderly Women

Several factors have caused single, nonmetropolitan elderly women to suffer from high rates of poverty. First, income insufficiency has prevented many elderly women from escaping indigence. Second, the isolation and lack of access to essential goods and services that are created by the rural environment have been a significant factor contributing to nonmetropolitan elder poverty. Finally, many elders have refused to leave the rugged rural environment because they are unable to overcome their emotional attachment to the area.

1. Income Insufficiency is the Primary Cause of Poverty Among Nonmetropolitan Women

As a group, elderly women have lower average incomes than elderly men. This disparity causes women to be disproportionately represented among the elder poor. Women receive lower average monthly Social Security benefits than men and are less likely to receive a private pension. “Only 20 percent of aged women receive pension benefits as compared to 43 percent of aged men. Women who do qualify for benefits receive only one-half the pension income

74. See Glasgow, supra note 42, at 303.
75. See id. “Income security is lower among rural than urban elderly because their lifetime experiences in all institutional domains provide less benefit and because their current residences are less capable of providing access to goods and services.” Id.
77. Grau, supra note 60, at 105.
78. See id. at 105–06. “Although older women are economically better off in absolute terms than their counterparts of earlier decades, one out of five lives in poverty today. Women comprise 60 percent of the elderly but make up 72 percent of the aged poor.” Id. The fact that women live longer lives makes them more vulnerable to poverty, “[o]lder women are three times as likely as older men to be unmarried and thus rely on a single income. This is the result of men’s propensity to marry younger women and the greater longevity of women.” Id.
79. Id. at 105; see also Jensen & McLaughlin, supra note 57, at 463.
of men.”

Furthermore, “single women generally receive lower Social Security payments because of lower preretirement incomes and their tendency to engage in work not recognized by the Social Security system, such as child care and the care of aged family members.”

a. The Rural Environment The life experiences of rural women, in particular, have made them especially susceptible to income insufficiency during the later stages of life. Nonmetropolitan elderly women are less likely to be covered by employer-provided pension plans and on average receive lower Social Security benefits than metropolitan women. “The historically poorer employment available in nonmetropolitan areas and the greater likelihood of working in agriculture or other industries with historically low pension coverage levels result in such differences.”

The prevalence of traditional gender roles in rural America has been a cause of income insufficiency for rural women. Women in

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81. Grau, supra note 60, at 106; see also McLaughlin & Holden, supra note 73, at 325. “Protection against economic vulnerability in later years is closely linked to the characteristics of women and conditions that existed prior to old age.” Id. “Women may secure their economic futures though their employment, but different employment conditions in metro and nonmetro areas will affect differences between these geographic areas in the percentage of women who are able to maintain incomes above the poverty level through their own work and savings.” Id.
82. See Wayne Flynt, Rural Poverty: Who, Where, and Why, Phi Kappa Phi J., Summer 1996, at 32–34; Glasgow, supra note 42, at 306. Flynt reports that over ten million rural Americans are poor, “[r]ural poverty is amazingly resistant to economic cycles and government programs.” Flynt, supra, at 32. He further asserts that while fifteen percent of the general population lives in poverty, over twenty percent of Americans in rural regions are poor. Id.
83. See Glasgow, supra note 42, at 307.
84. Id.; see also McLaughlin & Holden, supra note 73, at 330. Differences between metro and nonmetro areas in the mean levels of Social Security and pension income reported support the assertion that lower lifetime earnings of women and men in nonmetro areas persist into their later years though the workings of the retirement-security system and owing to their lower earning when work continues.
85. See Iris Calton-LaNey, Elderly Black Farm Women: A Population at Risk, 37 Soc. Work 517, 518 (1992); Glasgow, supra note 42, at 308. “More traditional gender roles in nonmetropolitan areas are evidenced by women’s historically lower labor force participation than among their metropolitan counterparts.” Id. “Whereas almost half of nonmetropolitan women currently participate in the workforce, less than one third did so in 1960.” Id.
nonmetropolitan areas have historically entered the labor force at lower participation levels than metropolitan women.\textsuperscript{86} \textquotedblleft Whereas almost half of nonmetropolitan women currently participate in the workforce, less than one third did so in 1960.\textsuperscript{87}\textquotedblright  As Cornelia Butler Flora argues, elderly rural women often pursued economic endeavors during their working years that did not lead to income later in life:

Because their productive years were spent in activities outside the formal sector (as workers on farms or in family businesses), they are eligible for Social Security benefits only as spouses at the minimum payment level. Their primary economic contribution was to lower expenditures outside the household through gardens, home canning, home sewing, raising chickens, milking cows for milk and cream, and so forth, and thus there was never any special provision for their future economic security. In most cases their husbands assumed that they were providing for them by re-investing every cent in the family business.\textsuperscript{88}

One elderly woman described her life’s work on the farm by saying:

\textit{We grew most of our food . . . canned everything, peaches, beans, string beans, okra, and cabbage . . . We’d kill 10 or 11 hogs in December. We had to salt it [the pork] down and then wash it and hang it up in the smokehouse. I canned sausage in lard. We also had a hundred head of chickens, and we sold the eggs for groceries.} \textsuperscript{89}

For women, the totality of the rural experience culminates in life lived at a lower quality than the one lived by men. On average, women experience greater longevity than men.\textsuperscript{90} The life experiences of women in rural areas,\textsuperscript{91} along with the prevalence of traditional gender roles in rural America,\textsuperscript{92} leads to rural women making less money than men over their lifetimes.\textsuperscript{93} As a result, rural women “tend to be poorer than men, and thus experience a lower quality of life during their longer period of aging than do men.”\textsuperscript{94}

\textbf{b. The Effect of Widowhood and Divorce on Income} \hspace{1em} Divorce or entry into widowhood can severely affect a rural elderly woman’s yearly

\begin{itemize}
  \item \textsuperscript{86} Glasgow, supra note 42, at 308.
  \item \textsuperscript{87} Id.
  \item \textsuperscript{88} Butler Flora, supra note 1, at 207.
  \item \textsuperscript{89} Calton-LaNey, supra note 85, at 518.
  \item \textsuperscript{90} See Butler & DePoy, supra note 68, at 77.
  \item \textsuperscript{91} See Glasgow, supra note 42, at 306.
  \item \textsuperscript{92} See Calton-LaNey, supra note 85, at 518.
  \item \textsuperscript{93} See Grau, supra note 60, at 105.
  \item \textsuperscript{94} Butler & DePoy, supra note 68, at 77.
\end{itemize}
For many rural elderly women, marriage accords economic security. 

"Marriage provides elderly women who had limited or no labor force activity access to the Social Security and retirement benefits accrued by the work activity of their spouses." However, when elderly women become divorced or enter widowhood, their income is likely to be drastically reduced. 

"Income from the husband’s pension will change according to provisions made for the surviving spouse [and] Social Security income from survivor or retirement benefits may begin or change depending on the couple’s ages and prior work histories." In addition, "[i]ncome from assets—dividends, rent, interest, or business—may change if, for example, those assets were used up paying for expenses associated with the husband’s death."

Elderly women who are divorced or widowed are “almost totally dependent on pensions and Social Security benefits associated with their husband’s employment histories." These types of benefits are the most consequential source of income for elderly women and are entirely dependent on prior work history. Because Social Security benefits are determined by the amount of money that an individual earns and then pays into the system during his or her working years, nonmetropolitan elderly women are at a significant disadvantage. This is true because, during the twentieth century, many rural women either did not work for pay or held jobs that rewarded only minimal compensation. As a result, these women, who are now elders in the twenty-first century, have not earned Social Security

95. See Bound et al., supra note 71, at S118.
96. McLaughlin & Holden, supra note 73, at 326.
97. Id.
98. See Bound et al., supra note 71, at S118.
99. See id.
100. Id.; see also How Elderly Women Become Poor: Findings from the New Beneficiary Data System, supra note 69, at 47–48. “[N]early all recent widows who became poor had experienced a decrease in income from Social Security, because the remaining benefit covered only the widow.” Id. "Nearly all recent widows who became poor also had at least one other kind of income loss of $50 per month or more, most frequently from loss of earnings, other pension income, or assets.” Id.
101. Bound et al., supra note 71, at S118.
102. Glasgow, supra note 42, at 308.
103. McLaughlin & Holden, supra note 73, at 325.
104. See FROLIK & KAPLAN, supra note 12, at 271.
105. See Butler Flora, supra note 1, at 207.
benefits and must rely on the benefits and pension plans of their husbands.

Rural elderly women who are widowed or divorced are often left in a difficult financial position. Many rural elderly women are unable to collect their husbands' pension and must accept Social Security at the rate of survivorship. The type of pension plan the husband received can be critical. A recently divorced or widowed woman might not be able to collect anything from her husband’s pension in some circumstances. "Under a joint and survivor benefit, payments equal to at least 50% of the worker’s benefit will continue to the survivor. Selection of a single-life pension (or a lump sum payment) ends all payments to the survivor when the worker dies."

As a result of these differences “[w]omen whose spouses selected a single-life pension are much more likely to face poverty after the death of their spouses.”

Those rural elderly women, who seek to generate income by entering or re-entering the work force following widowhood or divorce, encounter substantial obstacles. Initially, they must overcome the fact that few employment opportunities exist in rural areas. Secondly, of those jobs that do exist, few provide more than minimal compensation to the inexperienced and unskilled. Finally, elderly job seekers

106. See McLaughlin & Holden, supra note 73, at 328.
107. See FROLIK & KAPLAN, supra note 12, at 270.
108. McLaughlin & Holden, supra note 73, at 328.
109. Id.
110. Id.
111. See Jensen & McLaughlin, supra note 57, at 464; DAVIDSON ET AL., supra note 41, at 44.
112. See Jensen & McLaughlin, supra note 57, at 463.
must surmount the problems and expenses brought on by old age. “[A]ging is associated with certain economic disadvantages and deficits such as fixed incomes in an inflationary economy, age-related job discrimination for those who wish to work, and the high cost of health care not covered by Medicare.” Thus, rural elderly women who become single, either through divorce or widowhood, must survive on lower income levels with little prospect of being able to generate more income through their own endeavors.

2. ISOLATION AND LACK OF ACCESS TO ESSENTIAL GOODS AND SERVICES

Geographically, the United States is a large nation. It is a country blessed with millions of acres of pasture and farmland that stretch to an unending horizon. Yet, advances in communication and rapid transportation have beguiled many Americans into underestimating and failing to comprehend the true extent of America’s voluminous character. Lost within the expansiveness of the countryside, single elderly women often live far from population centers and are disconnected from the rest of the world. They face hardships wrought by isolation and inadequate government service.

The context of the rural environment contributes to the state of poverty in which many elderly women live. Nina Glasgow argues that

[r]he quality of life and the social and economic security of all rural residents is reduced by limited access to and availability of services, but low-income elderly are especially vulnerable. Those who cannot afford an automobile or to travel elsewhere to acquire goods and services may pay a premium for those purchased locally, or they simply may go without. Frailties associated with old age complicate low economic status, and it would seem that the lives of low-income rural elders can become quite constricted.

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workers are less likely to be unionized or to be covered by a pension plan.

Id. “Incomes and benefits associated with agriculture, other extractive industries, and nondurable manufacturing jobs held by current cohorts of rural elder during their working lives were typically lower than those available to workers in urban areas.” Glasgow, supra note 42, at 310

113. Grau, supra note 60, at 107.

114. See Glasgow, supra note 42, at 312.

115. See id.

116. See id.

117. Id.
Glasgow goes on to comment that “where one lives affects life-long economic opportunities that influence economic security in old age, limit[s] or enhance[s] public and private sector services available, and facilitate[s] or constrain[s] the development of effective social networks that contribute to enhanced social integration, community participation, and independent living.”118 The source of poverty in nonmetropolitan areas can “be found in the characteristics that define rural communities in a developed society—small size, dispersed population, geographic isolation, limited public sector capacity, and economic concentration in a relatively small number of industrial sectors.”119 Thus, low population densities and geographic isolation impede the rural elderly from obtaining access to goods and services.120

a. Transportation To overcome the obstacles created by distance and be able to acquire necessary goods and services, rural elderly women must have access to reliable forms of transportation.121 If they do not have reliable transportation at their disposal, rural elderly women face “increased risks for social and economic disadvantage.”122 Without access to transportation, rural elderly women also have more difficulty maintaining independent households.123 Furthermore, transportation problems become more complex as the individual grows older.124 “Transportation disadvantage increases over the life course as individuals age, experience illness and disability, and lose members of their social networks who provided them with transportation.”125

118. Id. at 310. “The economic and social well-being of elderly persons is influenced by the viability of their area of residence. Persistently poor areas and/or areas currently experiencing economic or demographic decline are less able to provide opportunities and support services to older persons.” Id. at 313.
119. Id. at 309–10.
120. See id. at 312.
121. See id.
122. Id.; see also Hila Richardson, The Health Plight of Rural Women, 12 WOMEN & HEALTH 41, 48–49 (1988). “Lack of public transportation in rural areas creates a particularly difficult barrier to care of poor woman. A private car is often the only option available for traveling to health services. Yet, in a survey of low-income rural communities, only 20 percent of the population owned their own car.” Id.
123. See Glasgow, supra note 42, at 312.
124. Id.
125. Id.
b. Lack of Access to Health Care

The health problems that single elderly rural women suffer are exacerbated by a lack of access to medical care.126 “The combination of less available services and large expanses of land in rural areas make rural people more likely to travel longer distances often over dangerous road conditions.”127 Frequently, people living in rural areas have to travel great distances to be able to reach a doctor.128 “[I]n [small] towns, health care providers and small hospitals are at least as far away as the county seat, and travel there often depends on the older person’s own ability to drive or the availability of family or friends.”129

Rural areas suffer from a shortage of physicians and board-certified specialists.130 They also suffer from a shortage of “registered nurses and specialists in ancillary areas such as physical therapy, respiratory therapy, radiology, and laboratory services.”131 Rural hospitals and clinics have difficulty attracting health care professionals to these areas where they often receive salaries that are less than what they would be paid in urban areas.132

Only limited amounts of data exist that represent the health status of poor rural women.133 However, it is known that individuals living in rural areas have “higher rates of many chronic conditions, with the greatest differences in the incidents of arthritis, back disorder, bursitis, hearing and visual impairments, ulcers, and hernias.”134

127. Richardson, supra note 122, at 51.
128. See id. at 51.
130. See Richardson, supra note 122, at 49. “For both the poor and nonpoor in rural areas, there are fewer health services available. Although the federal programs of the 1960’s and 1970’s stimulated growth in health-related services to rural areas, there remains a wide gap in the availability of health resources, particularly for health personnel.” Id.
131. Id. at 50.
132. See id. at 49–50.
133. Id. at 45.
134. Id.
c. Isolated Rural Elders Are Less Likely to Receive Outside Help

As rural elderly women become more isolated from society, they become less likely to receive outside assistance.135 Traditionally, when an elderly rural woman has needed assistance it has been her “daughter or daughter-in-law who assumes responsibility for caregiving.”136 A study of “the relationships among health, social support, and depression in rural elderly people indicated that close-knit social support in rural areas mediates against the negative health effects created by limited services and poverty.”137 However, the changing rural economy has forced many younger women to leave rural areas in order to attain employment.138 This trend has meant that many rural elderly women have lost their primary social support system and now must rely on outside means for social interaction.

During the twentieth century, the rural job base decreased as the economy mechanized and rural industrial jobs shifted to urban centers.139 “As the job base decreases, young and middle-aged adults move from rural areas in search of employment, reducing community resources not only in the form of tax dollars but also in the form of potential community leadership.”140 Moreover, the entire community suffers from the loss of young and energetic community leaders, “the sense of town ownership, characteristic of small communities in the past, may be lost as fewer and fewer residents are available to participate in and provide leadership for community organizations and local government.”141 As a result, “[o]lder residents, in response to these

135. Butler & DePoy, supra note 68, at 79.
136. Faulkner & Michelli, supra note 7, at 7.
137. Butler & DePoy, supra note 68, at 78.
138. See Glasgow, supra note 42, at 314. “Out migration and population loss may disrupt the elderly’s informal helper networks.” Id. “When key individuals leave (or die), the composition and effectiveness of networks may contribute to social isolation, reduce community participation, constrain use of medical care, generally limit access to goods and services, and reduce the ability to maintain independent households.” Id.
140. Id. “Increasing proportions of older residents, in tandem with the out-migration of the younger work force in rural areas, heightens the probability that communities will experience the loss of financial resources necessary for the delivery of services.” Id. at 391.
141. Id. at 391; see also Glasgow, supra note 42, at 316. “A strong local public sector is essential to elderly well-being. Local government and other community institutions need effective leadership, administrative and managerial capacity, and technical know-how to plan for, produce, and deliver the community services that are essential to elderly individual’s well-being.” Id.
negative community changes, often withdraw from activities that have provided them with social interaction over their lifetimes, increasing their social isolation as well as undermining attachment to place.\footnote{142}

d. Government Assistance and the Rural Code of Self-Reliance  Many rural women do not receive outside assistance from the government because they either are reluctant to accept outside support\footnote{143} or, as in many cases, are unaware of the types of governmental assistance that are available to them.\footnote{144} Rural attitudes toward governmental assistance programs are often negative.\footnote{145} Many rural inhabitants are best described as “self-reliant people . . . [who] are wary of outside help.”\footnote{146} One study found that “the majority of the rural respondents considered welfare to be a disincentive to work and were less likely to support an institutional response to social programs.”\footnote{147} A similar study determined that “people in rural areas are less supportive of specific welfare programs and less inclined to have an institutional perspective on social welfare concerns than are their urban counterparts.”\footnote{148} However, older individuals have a tendency to view social programs more positively than do middle-aged people.\footnote{149} “Women and persons in lower income groups tend to look more favorably on social welfare expenditures than do men and those with higher income, and . . . persons with more education tend to have less favorable attitudes toward welfare than do those with less education.”\footnote{150} Therefore, although many rural people disfavor welfare programs, as rural women grow older, they become more open to the idea of receiving assistance from the government.\footnote{151}

Many single elderly rural women who report low incomes are eligible for government support programs, but do not receive assis-

\footnote{142. McCulloch & Lynch, supra note 139, at 391. “Because poverty is increasing in rural America, the community context may be deteriorating for the nation’s older rural people, whether or not they themselves are poor.” Id.}
\footnote{143. Butler & DePoy, supra note 68, at 79.}
\footnote{144. See id.}
\footnote{145. See id.}
\footnote{146. Id.}
\footnote{147. Id.}
\footnote{148. Id.}
\footnote{149. See id.}
\footnote{150. Id.}
\footnote{151. See id.}
tance from programs such as Supplemental Security Income or Medicaid. A study of the attitudes of rural elderly women toward government assistance programs concluded that although many rural elderly women would prefer to take care of themselves or rely upon family members for care-giving, they would be willing to receive government assistance if it was necessary. However, the same study indicated that many single elderly rural women who were eligible for government assistance were unaware that government programs were open to them.

e. Isolation and Loneliness Isolation often leads to loneliness. Healthy rural elderly women have “emphasized the importance of staying busy and helping others in their descriptions of how they maintained their health and well-being.” Isolation and loneliness compound the health problems of the rural elderly. “Those who are poor and old are also more likely to suffer from ill health. Women and minorities with low incomes . . . have a higher incidence of disease than their economically more affluent counterparts.” As would be expected, “[d]isease affects an individual’s ability to carry

152. Id. at 89.
153. See id. at 89–90.
154. Id. at 89.

Isolation is often used interchangeably with . . . loneliness . . . . Social and emotional isolation are sometimes distinguished, with the former considered the objective state of few social contacts or attachments and the latter viewed as the subjective response to this condition. . . . Vincenzi and Grabosky (1987) defined emotional isolation as a “deficiency in intimacy and attachments” and social isolation as a deficiency in social integration. Loneliness, social and emotional, is the “felt deprivation” in response to the isolation . . . . Isolation . . . implies the lack of relationships or deficiency in social integration.

Id.
156. Butler & DePoy, supra note 68, at 77.
157. Grau, supra note 60, at 106; see also Richardson, supra note 122, at 45. Data on the health status of all rural women are almost nonexistent and even more scarce for poor, rural women. Information must be extrapolated largely from data on general rural and poverty populations. The health status of the general rural population compares favorably with the urban population with respect to death rates and the incidence of acute conditions . . . . Residents in rural areas, however, have higher rates of many chronic conditions, with the greatest differences in incidences of arthritis, back disorders, bursitis, hearing and visual impairments, ulcers, and hernias.

Id.
out the routine activities of daily living, behaviors that are most important in terms of physical, social, and psychological well-being."

158 Lack of access to health care in rural areas multiplies the sufferings of the rural elderly. Thus, single rural elderly women are left in a situation in which they are more likely to have health problems because they are poor, more likely to be isolated from quality health care because they live in rural areas, and more likely to be poor because they have health problems and cannot generate their own income.

3. ATTACHMENT TO PLACE

Many rural elders refuse to move to more affordable housing because they are emotionally attached to their homes. For many rural elders, the house in which they live is more than just a wooden structure that provides shelter and comfort from the wind, it is their home and the sanctuary of memories. The walls inside of their houses stand as an archive of the experiences that form their lives and of cherished moments that have passed them by. When health concerns and financial problems force rural elders to seriously consider moving to a nearby town where health care is more readily available and housing is cheaper, many are unwilling to move. They find it difficult to let go of the home where they lived the best years of their lives, raised their children, and in many cases, were born.

One eighty-year-old woman with a heart condition lived in an old house in rural Kansas that needed a new furnace and repairs to the roof and foundation. She admitted that she "ought to move to..."

158. Grau, supra note 60, at 106.
159. See McCulloch & Lynch, supra note 139, at 392; see also Richardson, supra note 122, at 46–47. "Although financial barriers to health services are not unique to poor rural women, the proportion of low-income people without any type of health insurance, public or private, is higher in nonmetropolitan areas." Id. "The main obstacle to private health insurance coverage for rural residents is the limited availability of employee plans through small retail operations, locally owned mills, and self-employed farmers, which generally offer little or no health insurance coverage." Id.
160. Grau, supra note 60, at 106.
162. See Grau, supra note 60, at 107.
164. See id.
165. See id.
166. See id.
167. Id.
168. Id.
one of those low-rent apartments’ over in the county seat.” Yet, she was unable to leave her home because it meant so much to her. To some it is difficult to imagine why anyone would want to live in a house that is old, isolated, and in need of repair. The woman’s neighbor said: “She won’t let them tear it down . . . cause her kids was all born there. The kids want her to tear it down. And there’s weeds and it’s a mess . . . . It’s falling to pieces. Why not let them take it down now?”

The houses in which many rural elderly women live have declined in property value as younger workers have moved away to pursue employment in urban centers. At the same time, many of these houses incur high maintenance costs and are in poor physical shape. Elders who wish to move to more populated areas to seek higher quality health care and better living accommodations have difficulty doing so financially. “Low property values in rural areas, coupled with high replacement costs for housing anywhere else, keep the elderly women in place.” Those elders who are either forced to stay due to financial considerations or chose to stay of their own free will are required to commit a significant portion of their fixed incomes to costs associated with the upkeep of their homes.

Thus, many elderly women are compelled to stay in their rural homes and live in a state of poverty. They are either unwilling to overcome their emotional attachment to the home or are unable to leave because of economic constraints. Consequently, these women are required to devote much of their income to their homes and must subsist on their remaining resources.
IV. Recommendations

A. Increased Public Awareness of Impoverished Single Nonmetropolitan Elderly Women

Despite President Clinton’s remarks in the State of the Union Address of 1999, very little has been written about single elderly women who are poor, and even less academic attention has been given to impoverished single elderly women in rural areas. Therefore, it is essential that policy makers and researchers in the academic community devote more attention to this problem. It is imperative that more research be conducted to determine the true scope of poverty among single elderly women throughout rural America. More studies must be performed to discover the most effective methods of providing food and health care to the elderly in isolated areas. Most of all, more time must be imparted to the enterprise of developing new ways to responsibly increase the income of single nonmetropolitan elderly women.

Government at all levels must play the primary role in alleviating the burdens of poor elderly women in rural areas. Nevertheless, nongovernmental organizations (NGOs) can greatly assist these women. Churches, charity organizations, and community groups can all contribute to the effort. Although many of these organizations already have programs to assist elderly women in rural areas, most are unaware of the full extent of the levels of poverty among elderly women in rural America. These organizations are capable of providing tremendous assistance, but in order to help, they must be made aware of the problem. Thus, government actors and academic writers must make a greater effort to inform the public of the problems faced by single elderly women in nonmetropolitan parts of the country.

Legislatures must give more attention to the plight of poor single rural women. The most direct and effective method to reduce poverty among single elderly women in rural America is to increase their income by boosting Supplemental Security Income benefits and raising Survivor Benefits under Social Security. These measures would reduce poverty rates among single elderly women in nonmetropolitan areas by increasing income and giving older women more financial security. In addition, such legislation would help all elderly women living at or near poverty, regardless of whether they live in non-

metropolitan areas. In order for such legislation to come to fruition, the legislatures themselves must be both aware of the problem and willing to create legislation designed to alleviate the plight of single elderly women who struggle economically in rural areas. This group of Americans is not represented by large and powerful political action committees in either Washington, D.C., or state capitals across the country. Yet, there are no deep philosophical or political reasons for why both sides of the aisle would not be willing to work together on this issue. All political parties can agree that the most vulnerable members of the nation’s elderly should be assisted by government when they are unable to properly support themselves.

B. Increasing the Incomes of Single Nonmetropolitan Elderly Women

1. Increasing Supplemental Security Income

Increasing net annual countable income levels would qualify more poor elderly women in rural areas to receive SSI benefits. In 1998, an individual had to have net annual countable income of equal to or less than $5928 in order to receive SSI. If this number was increased, more women who are poor or near poverty would be able to benefit from the SSI program.

Additionally, the monthly SSI benefit level should be increased. In 1998, a single person could receive a maximum of $494 per month. Any increase in this monthly benefit level would have the effect of increasing monthly income for single elderly women in rural America.

The federal government administers the SSI program, therefore, in order for these changes to occur an act of Congress is required. Although these changes would result in increased government spending, even the most generous increase would represent only a minute portion of the total federal budget.

2. Adjustment of Social Security Survivor Benefits

As detailed above, the spouse of a Social Security recipient is eligible to receive an amount equal to up to half of what the recipient

182. Frolik & Kaplan, supra note 12, at 318.
183. Id.
spouse is eligible to receive. However, if the worker dies first, the surviving spouse can continue to collect the worker’s benefit, but cannot simultaneously collect her own benefit. Thus, the surviving spouse is only able to collect sixty-six percent of the former household income. As a result, many women are forced into poverty following the deaths of their husbands. If the surviving spouse was able to continue to collect the predeath household monthly benefit, many women would be able to support themselves economically. This would require the Social Security system to continue to pay out after the original recipient’s death, but it would help to ensure that the original recipient’s spouse does not fall into poverty after the recipient has passed away. Such an adjustment would increase the overall cost of the Social Security system and would increase the burden placed on the younger workers who pay into the system. Yet, this change would provide greater financial security to many elders who are among the most economically vulnerable individuals in the country.

C. Increasing Social Contact and Transportation

1. INCREASING SOCIAL CONTACT

NGOs such as churches, charity organizations, and community groups can provide essential avenues for social contact to elderly rural women. By offering events that are designed to socially engage single elderly rural women, NGOs can help to alleviate the stress and loneliness that is associated with living alone in poverty. NGOs can offer events such as card clubs, dinners, coffee hours, Bible studies, support groups, and quilt clubs. The idea is to create opportunities for single elderly rural women to come in contact with other people in a positive social context. Organizations such as churches, which already have established networks in rural communities, are in the best position to provide these types of services to the elderly. In addition, it should be noted that these types of programs can and should be extended to include all members of the elderly rural community, and not be limited to only single elderly women living in rural areas.

184. Id. at 291.
185. Id. at 293.
186. See id.
187. See Jensen & McLaughlin, supra note 57, at 463.
188. See Geissinger et al., supra note 155, at 278.
Although many NGOs already conduct social events in rural areas, it is imperative that they make a strong effort to include single elderly women. To accomplish this, they must first identify and locate single elderly women in their area of operation. Next, they must make contact with these women and make them feel invited and welcome. Finally, NGOs must provide means for transportation to ensure that the women will be able to attend the social functions.

Besides providing opportunities for social functions, NGOs should also create more programs that provide direct assistance to poor, single elderly rural women. Many single elderly women could benefit greatly from programs that provide them with food and living assistance. For example, volunteers could come to the homes of single elderly rural women and assist them with difficult physical chores such as carrying the laundry or cleaning the gutters. These types of programs can provide assistance to elderly women who need the help, and at the same time can give volunteers the opportunity to serve their community. These programs can be a unique chance for the youth of rural communities to actively participate and provide an essential service to the area.

2. PROVIDING TRANSPORTATION

NGOs seeking to ameliorate the plight of poor, single elderly women, can do so by providing them with transportation. As they grow older, many of these women become either too poor or physically incapable of providing themselves with transportation. Therefore, NGOs can capitalize on an opportunity to assist the elderly by providing them with more programs that offer transportation when the elderly need it the most. For example, a volunteer could provide a poor, single elderly woman with a ride into town to see the doctor. In this way, single elderly women would not have to rely on far away family members or aging friends to provide transportation.

V. Conclusion

Large numbers of single elderly women live in poverty throughout the rural areas of the United States. They become poor from a lack of income following divorce or entrance into widowhood. They remain poor because they are unable to generate income themselves and

must overcome living in an isolated and under served region. Measures must be taken to increase the awareness of this problem among both policy makers and the general public. Social Security and SSI should be adjusted to increase the income of these impoverished elderly women. Minor adjustments in the nation's social welfare programs can ensure that single rural elderly women do not continue to silently suffer in poverty. The elderly women who live across America's countryside are proud and fiercely independent. They are not the type to complain, even when enduring great suffering, which is why it is imperative that appropriate steps be taken to assist the unspoken poor.