November 5, 2009

Senator Herbert Kohl
Chairman, Special Committee on Aging
U.S. Senate
Washington, D.C. 20510

Senator Patrick J. Leahy
Chairman, Committee on the Judiciary
U.S. Senate
Washington, D.C. 20510

Senator Barbara Mikulski
Chairwoman, Subcommittee on Retirement and Aging
Committee on Health, Education, Labor and Pensions
U.S. Senate
Washington, D.C. 20510

Senator George LeMieux
Member, Special Committee on Aging
U.S. Senate
Washington, D.C. 20510

Dear Senators Kohl, Leahy, Mikulski, and LeMieux:

The American Bar Association applauds your introduction of S. 1821, the Elder Abuse Victims Act (EAVA), on October 21, 2009. We write to express our support for the bill. We also write to urge the Senate to include the EAVA in health reform legislation as an essential third component to the provisions of the Elder Justice Act (S. 795) and the Patient Safety and Abuse Prevention Act (S. 631) that have been incorporated into the Senate Finance Committee’s health reform bill.

No current Federal law adequately and comprehensively addresses issues of elder abuse, neglect, and exploitation, and there are very limited resources available to those in the field directly dealing with these issues. The EAVA, especially if enacted in combination with the Elder Justice Act and the Patient Safety and Abuse Prevention Act, would create an infrastructure and provide resources needed to develop and implement a nationally coordinated strategy in collaboration with the states to make elder justice a reality. As elder justice is
central to any viable notion of the rule of law and social justice, American Bar Association policy “supports efforts to improve the response of the federal, state, territorial and local governments and of the criminal and civil justice systems to elder abuse, neglect and exploitation” through, among other things, the creation of “a nationwide structure for raising public awareness; supporting research, training and technical assistance; funding critical services; and coordinating local, territorial, state, and national resources.” Enactment of the EAVA can make that goal a reality.

Like child abuse and domestic violence, elder abuse is a major public health issue that is rightfully addressed within the context of health reform. It is estimated that one in nine older persons in America are abused, neglected or exploited in their homes and in long-term care facilities. Research clearly demonstrates that elder abuse hastens death. There can be no doubt that physical abuse and neglect lead to health care expenditures, particularly for emergency care. A recent study indicated that older persons lose $2.6 billion to financial exploitation annually. Devastating financial losses may leave elders with insufficient funds to pay caregivers or obtain preventative care, possibly leading to increased health care costs for long-term care or acute care. However, despite the extent and expense of elder abuse, only $154 million is devoted to this problem compared to more than $7 billion dedicated to child abuse and domestic violence.

Strengthening the response of the criminal and civil justice systems and of adult protective services systems to elder abuse can lessen health care expenditures by sending a message that elder abuse will not be condoned or ignored and promoting prevention, enhancing earlier detection, and holding perpetrators accountable and requiring restitution. Through complementary initiatives at the Department of Justice and the Department of Health and Human Services to support services for victims, research, victim advocacy grants, and training and support for prosecutors, courts, and front line responders who handle elder abuse cases, the EAVA and the Elder Justice Act will establish a long-overdue and much needed, multi-pronged, coordinated strategy to address elder abuse, neglect, and exploitation at the federal, state, and local levels. The Patient Safety and Abuse Prevention Act will prevent elder abuse by formal caregivers by providing states with the resources for criminal background checks of those who seek to work with frail elders and individuals with disabilities.

For those reasons, the American Bar Association urges the Senate leadership to include the full trio of elder abuse bills in its final version of health reform legislation and to work to ensure its presence in any final health reform bill that may be negotiated in conference committee. The serious problems faced daily by elder abuse victims and their concomitant health care costs cannot be prevented or stopped unless the justice system is given the resources it needs to effectively address those problems.

Sincerely,

Thomas M. Susman