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SPEECH BY GEORGE YEO, MINISTER FOR TRADE & INDUSTRY, AT THE OFFICIAL OPENING OF THE NEW HOME OF THE SOCIETY FOR THE AGED WAS OF Singapore SICK ON 13 NOV 99 AT 3.00 PM

1 I am delighted to be here this afternoon to join all of you for the opening of this new home for the aged sick.

2 It has taken some time since the original home at Jalan Payoh Lai was acquired by the Government in 1986. But it has been worth the effort and the wait. In the meantime, the home was temporarily housed at the Kwong Wai Shiu Hospital. The Society for the Aged Sick has quite a long history going back to 1968 when a small group of civic-minded individuals established it for the purpose of looking

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after the aged, infirm and destitute.

3 Our population will begin to age rapidly in about 10 years' time. After the end of the Second World War in 1945, there was a baby boom which lasted till the late 1960s. In 1966, KK Hospital entered the Guinness Book of Records as the world's busiest baby factory. From then on, Singapore's population growth fell sharply. Those of us who worked in Mindef remember how many combat units had to be re-sized smaller because of fewer males entering National Service from the late 80's onwards.

The baby boomers are about 35 years to 55 years in age now. They represent a big bulge in our population profile. From about 2010 onwards, our population will age dramatically as the baby boomers enter their autumn and winter years. By the year 2030, about 1 in 4 will be over 60 years old and 1 in 5 over 65 years old. We will have to bring in younger migrants to reduce our average age at that time. But whatever we do, the character and the needs of society will change.

5 Many of the elderly then will have substantial savings. They will also be better educated compared to the elderly today. A whole industry will grow to look after their particular needs. Some organisations catering to these needs will be for-profit while others will remain non-profit.

6 What we must do is to prepare our population step-by-step for a very different situation 10-20 years from now. We need both general knowledge and specialist knowledge about the needs of the elderly. We cannot depend primarily on specialists as we are inclined to today. Many hands make light work. If everyone can do his part, the care of the elderly will be spread out and easier to undertake.

7 Provisions made early can be very helpful. For example, when HDB built flats 20 years ago, the lifts did not stop at every floor. It was a way to save money at that time. It did not seem to matter then because there were very few old people. Today, as a Member of Parliament, I receive frequent requests for lifts to be modified to stop at every floor. Otherwise, when a wheel chair-bound grandparent has to visit the hospital, 3 or 4 working adults may have to apply for leave. In China today, they build apartment blocks 6-storey high without lifts. I shudder at the thought of the problem they will face.

8 In recent years, we have become much more sensitive to the needs of the elderly. Our newer public and private buildings are friendlier to those who are handicapped in different ways. We have to do more. Little things can make a huge difference. Non-slip floors and better-marked changes of level, for example, can reduce the incidence of falls and fractures among our senior citizens.

9 We also need a whole range of specialists and in increasing numbers. Not only are they needed in specific areas like geriatric nursing and psychology, they will also help to educate the rest of us. One area about which there is still little general knowledge is the psychological management of elderly people. The human brain degenerates in different ways for different individuals as they grow old. Sometimes we do not understand why our elderly parents or grandparents are

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difficult. For lack of understanding and knowledge, a lot of unnecessary stress and unhappiness can result between family members and neighbours. It is always easier for younger people to change than older people. Singaporeans are very sensitive to the needs of children and generous with their time and money for paediatric causes. Fewer would do the same for geriatric causes. We must gradually change this mentality. This is why the work of the Society for the Aged Sick is so precious and deserving of our fullest support.

10 I am pleased to announce the launch of the Bob Booker Scholarship in Geriatrics Studies today. It is established under the auspices of the Society for the Aged Sick. The memorial fund is in honour of the late President of the Society, Robert K Booker. The scholarship will support training and education in geriatric nursing, therapy and social work at diploma and graduate levels. The Society for the Aged Sick is also embarking on community-based services such as day care, respite care and case management services for the elderly. I hope other organisations in Singapore will be inspired by the Society to make similar efforts. Much more needs to be done to prepare our society for the future. It is wonderful that there are so many of you here contributing your time, money and love to this most important cause.

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