A Comprehensive Social Security Program: Recommendations From the Annual Report

In its thirteenth annual report to the Congress the Social Security Administration reaffirms its conviction that favorable economic conditions, such as those prevailing today, offer an exceptional opportunity to develop a comprehensive program that will provide the basic essentials of social security for all persons in all parts of the Nation. A Nation with an annual income in excess of $200 billion cannot afford, the Administration holds, not to strengthen all the economic and social defenses of free citizens in a democracy.

To millions of wage earners and their families the social security programs were an invaluable protection during the fiscal year 1948.

About 42½ million persons were insured under Federal old-age and survivors insurance on January 1, 1948. By the end of the following June, nearly 2.2 million beneficiaries, representing 1½ million families, were receiving benefit payments at a monthly rate of $42.4 million.

About 37 million individuals earned sufficient wage credits in 1947 to qualify for benefits under the State-Federal system of unemployment insurance. In relation to the number covered by the system, however, the number of eligible workers who filed claims remained low throughout the year. Though in general the benefit rights of the unemployed workers were substantially greater than in previous years, such rights did not keep them from taking jobs when suitable work was available. Of the 4.8 million who filed claims and had sufficient wage credits to qualify for benefits, about 3.8 million drew some benefits during the year. On the average, they drew benefits for 11 weeks, but they would have been entitled to 9 more weeks on the basis of their wage credits for that benefit year.

Other groups in the population—such as dependent children, the aged, and the blind—for whom favorable employment opportunities could mean little or nothing and who could not qualify for insurance benefits, were able to turn to public assistance when individual or family need outran economic resources. In June 1948, 3.6 million persons were receiving public assistance under the Social Security Act. This number does not include parents in cases receiving aid to dependent children or some wives of recipients of old-age assistance and aid to the blind who benefited from the assistance payment. Expenditures for these programs in the fiscal year amounted to $1.4 billion, of which $680 million came from Federal funds and $714 million from State and local funds.

Substantial gains were made in extending State maternal and child health and child welfare services, for which Federal grants are available under the Social Security Act. The services not only safeguarded the health of some of the nearly 4 million babies who were born in 1947 and of their mothers before and after childbirth, but they helped physically handicapped children as well as those with emotional or social handicaps that could easily, and sometimes did, get them into trouble. The gains achieved would have been considerably greater, however, if the dollars expended for medical care and for welfare services had bought as much in goods and services as in previous years.

High prices had an even more marked effect on the insurance and assistance programs. Congress recognized the pressures of higher living costs by raising during the fiscal year, for the second time in 2 years, the Federal share in public assistance payments. The monthly benefit in old-age and survivors insurance, on the other hand, remained geared to the levels fixed in 1939, despite the rise of some 70 to 75 percent in living costs since that year.

**Beneficiaries and recipients under the Social Security Act, February 1936–June 1948**

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Not only was there inequity between the benefits under old-age and survivors insurance, based on contributions, and public assistance payments, which are based on need, but also the limited coverage of the insurance provisions barred many workers whose need for protection might be even greater than that of many of the covered workers. In June 1948, out of an employed civilian labor force of 61 million, 25 million were in civilian jobs that provided no credits for benefits under old-age and survivors insurance and 28 million were in jobs not covered by State-Federal unemployment insurance. For workers with wage credits toward benefits, moreover, shifts between covered and noncovered jobs may prevent their acquiring insurance protection and will certainly serve to reduce the benefit amounts for which they qualify.

A Comprehensive System

As in the development of measures to promote educational opportunities and further the general health and welfare of the population, the programs now included under the broad term of social security were adopted at different times to meet an emergent situation or the specific need of a group whose insecurity had gained public recognition. The legislation grew out of a positive need for action and fitted into a developing pattern of governmental responsibility. The inevitable result was a patchwork system, with major gaps in the protection afforded and certain undesirable overlappings among the separate programs. The variations in the types of risks for which workers are insured—which depend largely on the occupation they follow—as well as in the extent of the protection they receive are clearly not due to any fundamental differences in the need for basic protection.

The Social Security Administration believes that the present provisions need revision and that a comprehensive Nation-wide program is the most equitable, safest, and most effective method of providing the basic essentials of economic and social security.

A uniform Nation-wide system of contributory social insurance would afford protection against the major risks of income loss for the great ma-

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A Comprehensive Program of Social Security

The Social Security Administration recommends the establishment of:

A comprehensive, basic national system of contributory social insurance. This basic program, covering all major risks to economic independence and all workers and their dependents threatened by such risks, would include insurance against wage loss in periods of disability and against costs of medical care, for which no general provision now exists in the United States, as well as old-age and survivors insurance and unemployment insurance. Cash benefits would be related to past earnings and additional benefits provided for dependents. The program would be designed to eliminate existing gaps in the coverage of both persons and risks, to remove present inequities in the protection of workers and their families and in the financial burdens of employers, and to provide a consistent relationship, not only among the insurance provisions for the various risks covered but also between the provisions of the basic system and those of supplementary special systems now in effect for particular groups. As compared with separate programs to meet particular risks, such a system would reduce administrative costs and reporting burdens and simplify arrangements as they affect workers, employers, and public agencies.

A comprehensive program of public welfare, including public assistance and family and child welfare services. Under this program, on a Federal-State basis, payments and services financed from Federal and State funds would be available to any needy person in the United States, irrespective of the reason for need or the place of residence. The Federal financial contribution to such a program should be designed to remove the great disparities now existing in the treatment of various classes of needy persons and to reduce the disparities in different parts of the country. The Federal Government should participate in payments made directly to individuals or agencies authorized to supply medical services to needy persons.

The role of public welfare agencies should be strengthened by Federal participation on a State-wide, comprehensive basis in welfare services for families and adults and children. Federal grants should be available likewise to assist the States in developing such services to families and individuals—whether recipients of assistance or others not needing or requesting financial assistance—who turn to the agencies for help that will enable them to keep the family together, to become self-supporting, to make use of community resources, or to solve individual problems in family or community adjustment. Research should be conducted on the causes of dependency and other factors affecting family life.

A comprehensive program of health and welfare services for children and research in child life. Such a plan should provide for the progressive development of the full range of health and welfare services essential to the physical, emotional, and social well-being of our children, to be available wherever they live and whatever their income or race. Research and investigation in child life are essential in supporting and guiding the development of these services and enriching our knowledge and understanding of the needs of children. Such research should approach the programs of child life from the point of view of the total child, his growth and development, and his place in society.
Coordinated Administration

The Social Security Administration recommends:

Federal administration of all social insurance programs as a coordinated system.

Advisory committees for all programs, the committees to be composed of representatives of beneficiaries, employers, and the public.

Adequate appropriations and staff for research and program planning.

Adequate appropriations and staff for informational services to inform beneficiaries, employers, and the public of their rights and obligations under the Social Security Act and related laws.

Medical Care Insurance

For most families the consequences of paying for medical care on an individual basis are generally the same—hesitation to seek medical care in the early stages of illness when it can be most useful, inroads into family resources, a strain on family living standards, and a mortgage on future family earnings. In poor areas it means fewer doctors and fewer hospitals, since local funds cannot finance and support hospitals, and doctors are unable or reluctant to practice in areas where remuneration is low and diagnostic and treatment facilities are inadequate.

Voluntary prepayment hospital and medical care plans were devised to avoid just such consequences. They have been useful in demonstrating the feasibility of the insurance approach and have developed administrative experience. Yet they have not met, and do not promise to meet in the foreseeable future, the needs of the American people.

A Nation-wide prepaid medical care plan would bring comprehensive medical care within the reach of every American—and at less over-all cost than any purely voluntary efforts will entail; encourage increases in medical personnel and facilities and their availability in areas now inadequately

Disability and Medical Care Insurance

The Social Security Administration recommends:

Provision under Federal law for cash benefits to insured workers and their dependents during both temporary disability (less than 6 months) and extended disability (6 months and over). Insurance against costs of medical care, including payments to physicians, dentists, nurses, hospitals, and laboratories, with provision for free choice of doctor and patient, decentralization of administration, and utilization of State administration.
served; and provide continuity of insurance protection to persons moving from job to job or from one part of the country to another. The proposed plan makes use of the existing system of private competitive practice. The patient remains free to select the doctor of his choice. The doctor is free to accept or reject patients and to choose the method by which payments are made to him from the insurance fund. Hospitals remain under their customary control and management.

Such a program need not increase the Nation's present medical bill, currently running about 4 to 5 percent of the national income. It would promote the more effective use of this expenditure, distribute each year's cost over the whole population instead of permitting it to fall only on those who suffer illness, and encourage a more adequate supply and a better distribution of medical personnel and facilities.

**Old-Age and Survivors Insurance**

Not only do individuals and their families suffer but society as a whole is also affected by the failure of old-age and survivors insurance to furnish for all gainfully employed persons a floor of protection against the economic hazards of old age and premature death. Though benefit expenditures and administrative costs would be heavier under full coverage, the contributions received would also be greater. When costs are expressed as a percentage of the total amount of wages on which contributions are collected, full coverage is clearly less costly than limited coverage. A program of full coverage would also assume a greater proportion of the costs that would otherwise have to be borne by public assistance out of funds derived from general taxation. It would be particularly valuable to agricultural States, whose public assistance burdens, under limited coverage, are comparatively heavy.

Plans for covering each of the occupational groups now excluded have been developed over the past years of operating the program, and there is every reason for confidence that an expanded program can now be undertaken successfully.

Even for persons with sufficient covered employment to be eligible for benefits, the present benefit level is wholly inadequate to assure them of basic security. The average benefit being paid at the end of June 1948 to a retired elderly man was $25.60; for a retired woman it was $20. For a retired worker and his wife, the average was $39.90.

When the present benefit formula was established in 1939, these amounts would scarcely have represented basic security, even with allowance for the average amount of savings in one form or another that a worker might have been expected to have. With the cost of living now some 70 to 75 percent higher than in 1939, the insurance benefits cannot prevent dependency even to the extent originally intended or expected. In terms of replacement of wage loss, moreover, benefits are now quite out of line.

In view of the upward trend of wages, the maximum amount of taxable earnings should be increased from the present $3,000 to $4,800. Benefits could then be based on the total wages of approximately the same proportion of workers today that $3,000 covered in 1939. Similarly, an increase in the amount of earnings permitted a beneficiary without loss of benefits, and other proposed modifications, would bring the program closer to its recognized objectives.

**Unemployment Insurance**

If unemployment insurance is made part of a Federal system of social insurance, coverage can be extended more broadly than under State systems. In any case, the Federal Un-
Unemployment Insurance

The Social Security Administration recommends:

Extension of the Federal Unemployment Insurance Act to all employers of one or more workers in covered industries and to many excepted groups.

Repeal of the legislation eliminating certain salesmen and adult news vendors from coverage.

Provision of unemployment benefits for employees of the Federal Government.

Provision for a weekly benefit that approximates 50 percent of the weekly wage for a claimant without dependents, and provision for supplementary amounts for claimants with dependents.

Provision of a maximum weekly benefit amount that will be not less than $30 for a claimant without dependents and $45 for a claimant with three or more dependents.

Provision of 26 weeks' potential duration of benefits for all claimants who meet the qualifying-wage requirement and whose unemployment extends over so long a period.

Provision that disqualifications for voluntary leaving without good cause, discharge for misconduct, or refusal of suitable work should entail only postponement of benefits for not more than 4 weeks rather than cancellation of benefit rights or reduction of benefits.

Definition of good cause for voluntary leaving or for refusing suitable work to include good personal reasons, not merely causes attributable to the job or the employer.

If unemployment insurance is made a part of a coordinated Federal social insurance system, reduction of the contribution for unemployment insurance to a level that will reflect cost experience and permit the proper utilization of reserves; if the present State-by-State reserve system is continued, a somewhat smaller reduction in contribution, with provision for a minimum employer contribution to State funds necessary to secure full credit against the Federal tax, with the States left free to modify their rates above the minimum contribution through experience rating, State-wide uniform tax rates, or some other way, and with a Federal solvency-guarantee fund. If tax-offset features are abolished, establishment of a grant-in-aid system for both benefits and administrative costs.

Earmarking the Federal share of the Federal tax for administrative expenses, with provision for a contingency appropriation and for advances to the States if their reserve funds run low.

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funds become inadequate during a fiscal year. Funds not used for administration should be available for advances to States if their reserve funds run low.

In the light of more than 10 years' experience, however, the Administration remains convinced that it would be simpler, cheaper, and safer to cope with wage loss from unemployment through a uniform, Nation-wide unemployment insurance system. However, if a Federal system is not adopted, a system of Federal grants to the States for both benefit and administrative costs, as an alternative to the present tax-offset Federal-State system, would solve many of the present problems of financing.

Public Assistance and Welfare Services

While the increase in Federal participation resulting from the 1948 amendments is of great value in assisting the States to aid larger numbers of needy persons, increase payments, and strengthen program administration, additional changes are needed to enable States to develop more nearly balanced and comprehensive systems of public welfare, properly integrated with social insurance.

Measures that would strengthen the financing of assistance include special Federal aid to low-income States, the requirement that a State apportion Federal and State funds among localities in relation to their need for funds, and removal or modification of the maximum limit of Federal participation in monthly payments for aid to dependent children, which have never been realistic in terms of what families with dependent children need to live on.

The Social Security Administration believes that the Federal Government should participate in assistance to any needy person, not just certain groups. Federal financial participation should be extended, moreover, to all welfare services supplied to families and adults by the staff of the public welfare agency. Such services should be available to persons requesting them, whether or not they receive or are in need of public assistance.

The scope of the assistance programs should be broadened to permit

Public Assistance and Welfare Services

The Social Security Administration recommends:

Change in the basis of Federal financial participation to relate the Federal share more nearly to the financial resources of each State.

Increase in the maximum for aid to dependent children to conform substantially to the maximum in old-age assistance and aid to the blind.

Specific requirement that a State, as a condition of plan approval, shall apportion Federal and State funds among localities in accordance with their need for funds.

Grants-in-aid to States for general assistance to any needy person, as well as for the special types of public assistance.

In aid to dependent children, authorization for Federal financial participation in assistance to parents or other relatives who assume responsibility for parental care or support of any needy child and who maintain a family home for the child; such payment to be made without regard to the cause of the child's need.

As a condition of plan approval, no person to be denied aid to the blind because of age.

Correction of the State plan to be conditioned on the absence of any residence or citizenship requirement.

As a condition of plan approval, no State plan to require transfer of title or control of applicant's or recipient's property to the State or locality. The State would not be precluded from making a recovery from the estate of a deceased recipient for assistance that he had received, or from imposing a lien to secure this claim provided the applicant or recipient retained title and control of the property.

Authorization of Federal financial participation in payments made directly to individuals or agencies supplying medical services to needy persons.

Federal financial participation in assistance payments made to or in behalf of needy persons living in public medical institutions, except tuberculosis or mental hospitals. States to be required to establish and maintain suitable standards for all institutions of the types specified in the State plans as institutions in which recipients of assistance may reside.

Explicit provision, as a condition of plan approval, that a State shall define a standard of living to be achieved through the individual's own resources and assistance, and shall develop standards for evaluating income and resources, including only such income and resources as are actually available to the individual; such standards to be objective and State-wide in application.

Federal financial participation in all types of welfare services administered by the staff of the public welfare agency designed to help families and individuals become self-supporting, to keep families together in their own homes, and to reduce the need for institutional care; such services to be available, when requested, both to recipients of assistance and to others without regard to their economic status.

Extension to Puerto Rico and the Virgin Islands of Federal grants-in-aid for all assistance and welfare programs in which the Federal Government participates.

Study of the causes of dependency and other factors affecting family welfare, with a view to the development of suitable programs by public and private agencies for the advancement of family welfare.
Federal sharing in payments directly to doctors, hospitals, and others supplying medical services to needy persons. This extension would afford State agencies greater flexibility in providing adequate medical services to persons who are in need. Until a system of insurance to meet the costs of medical care for workers and their families is established, in which public assistance recipients could be included through payment of contributions on their behalf, the lack of provisions for medical assistance will remain a serious gap in the assistance program.

Children's Bureau

While children in the United States are, in many ways, much more fortunate than the children of other lands, there remains much to be done to assure to all our children the opportunity for development that every child should have. There are great gaps between the number needing care and the number receiving it.

A count made during the war showed that two out of five counties in the United States did not have the service of a full-time public health unit. One out of three had no public health nurse. Two out of three had no regular monthly maternity clinic. Two out of three had no well-child clinic or conference. Approximately five-sixths of all counties had no full-time child welfare worker paid from public funds. Shortages today are only slightly less serious. No State has a well-rounded, well-developed, and comprehensive program that will provide all the health, medical, and welfare services needed by all children.

These gaps will not disappear until there is full public acceptance of the responsibility for seeing that facilities exist for continuous study and investigation of the causes and the extent of need, and that services known to be necessary to guard and maintain the health and well-being of mothers and children are within reach of all children and of all mothers during pregnancy.

Any expansion of services by local health and welfare units means better health and welfare for children. Programs for increasing the numbers, improving the qualifications, and ensuring better distribution of trained personnel for the general population also help toward better opportunities for children. The diagnostic centers, health clinics, and hospitals planned for the Nation as a whole can be a valuable channel for services to mothers and children. All these general health and welfare services and facilities are needed, but there must also be specialized services for mothers and children.

Though much is still to be learned about the causes and cures of physical, emotional, and social illnesses in childhood, we have right now the technical knowledge and skills to give many more children than are getting it a good start in life. The major obstacles to putting the knowledge and skills to work are a great shortage of workers, a lack of facilities, and inadequate funds.

To achieve our goals, adequate funds should be made available for expanded research in all areas of child life; for health and welfare services that will be fully available to all children in need of them; and for expanded training programs to overcome the shortages of trained personnel.

Children's Services and Research in Child Life

The Social Security Administration recommends:

Adequate funds to be made available to strengthen and broaden the work of the Children's Bureau as a center of information related to child life; to assist in financing specific research projects in child growth and development and in child life by universities, schools, child research centers, agencies, and individuals; and to undertake original research and investigations that require Nation-wide study or that have Nation-wide significance to State and community programs for mothers and children.

To replace the present limitations in annual appropriations for child health and welfare services by an authorization for appropriations in amounts which are sufficient to provide for expansion of such services for children as rapidly as States can use additional funds effectively. State planning to proceed at a rate consistent with the availability of personnel and facilities that meet standards. Progress to be made year by year toward the goal of child health and child welfare services available in every local subdivision of the country.

Priority to be given by the States in developing their programs to groups of children in most urgent need—for example, children needing prolonged and expensive medical care; prematurely born infants; children with vision and hearing defects; children in need of health services and medical care in families receiving public assistance or social insurance; school children in need of health services and medical care; children in need of foster-home care; children in need of temporary or emergency care away from their own homes; children in need of day care; and children of migratory workers.

Legislation to provide that a definite percentage of the funds available for maternal and child health, crippled children, and child welfare services can be used by the Children's Bureau to promote effective measures on a national basis for carrying out the purposes of the programs, by demonstrations and evaluations of the means of carrying programs forward and by paying the salaries and expenses of personnel requested for temporary assignment by the State or local agencies, and for the administration of the programs.

Substantial Federal funds to be made available to the Children's Bureau to increase the number of professional and technical personnel through grants to such educational institutions as medical, dental, nursing, social work, and public health schools, and through a system of fellowships and scholarships to individuals who will specialize in services to children.

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