Aid to the Permanently and Totally Disabled: The Young Recipients

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Young disabled persons, those under age 35, were the most seriously handicapped of all recipients of aid to the permanently and totally disabled in mid-1951. Many suffered from mental deficiency and other disabilities of congenital or birth origin. Relatively more of them than of the older recipients were confined to their homes and required services from other persons in daily activities and their disabilities were also of longer duration.

THE young recipients of aid to the permanently and totally disabled have certain important characteristics that distinguish them from the others receiving this type of aid. These recipients presumably have more years yet to live than do those in the older age groups, and their greater life expectancy means that any successful efforts in helping them adjust to their handicaps or become fully or partially self-supporting are particularly worthwhile. Certain types of disabilities were much more prevalent among the younger group than among older recipients, and their living arrangements and employment histories also differed from those of the other recipients.

The findings presented in this article were obtained from a sample study of the social and medical characteristics of recipients of aid to the permanently and totally disabled conducted in mid-1951 by the Bureau of Public Assistance with the cooperation of 30 State agencies administering this category of assistance.[1] The sample represented 9,285 recipients who, at the time of the study, had reached their eighteenth, but not their thirty-fifth birthday; 33,971 recipients aged 35–54; and 50,103 recipients aged 55 or over.

Major Types of Impairments

Disabilities were classified in 52 categories, with three types—mental deficiency, cerebral spastic infantile paralysis, and epilepsy—the most common, affecting almost 40 percent of the young recipients of aid to the permanently and totally disabled. The impairment disabling the greatest number was mental deficiency. The proportion (about 20 percent) is more than twice as large as the proportion of mental defectives in the age group 35–54 and more than seven times that in the group of recipients aged 55 and over. The decline of mental deficiency in terms of the percentages of older recipients with such impairment is not paralleled, however, by a decline in the number of recipients involved. In absolute numbers, there are more recipients with mental deficiency as their major impairment in the middle and older age brackets than in the younger group. The prominence of mental deficiency among the conditions disabling the young is attributable to the fact that, unlike chronic illnesses, such as heart disease or arthritis, its prevalence does not increase with advancing age. The number of cases of mental deficiency in the general population is known to decline with advancing age; the impairment dates from birth, and the death rates are known to have been higher in the past for mental defectives than for the total population.[2] The higher death rates were true particularly of the lower-grade defectives who, if they are not institutionalized, are most likely to need assistance. Even if their death rate is lower today because of advances in medicine, normal mortality rates would produce a decreasing population of mental defectives in the upper age brackets.

The smaller absolute numbers of mental defectives among the youngest recipient group accordingly suggest that, despite the prevalence of the handicap in this group, the proportion of young mental defectives in the general population who receive aid is considerably smaller than the proportion of older ones. The fact that many young defectives receive care in the homes of parents or other relatives, as long as the relatives live and can provide care, would seem the most probable reason that they need public assistance less frequently.

The impairment affecting the second highest proportion of the young disabled persons was cerebral spastic infantile paralysis. This disability affected 1 out of 10 of the group, and, like mental deficiency, lower proportions in the older age groups. The absolute numbers represented also were lower in each older age group. A decreasing proportion of recipients of aid to the permanently and totally disabled with this impairment may result in the future from the expansion during recent years of services under the public programs for crippled children

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[1] For a description of the study, see "Aid to the Permanently and Totally Disabled: Recipients With Heart Disease," *Social Security Bulletin*, July 1953. See also *Characteristics of Recipients of Aid to the Permanently and Totally Disabled, Mid-1951* (Public Assistance Report No. 22), April 1953.

[2] See Paul Lemkau, Christopher Tietze, and Marcia Cooper, "Mental-Hygiene Problems in an Urban District," *Mental Hygiene*, April 1942, No. 2. The authors recognize the higher death rate but attribute greater importance to conditions of case finding and definition, which do not seem to apply to recipients of aid to the permanently and totally disabled.

Table 1.—*Number of recipients aged 18–34 and percent with specified impairment, by sex and race, 30 States, mid-1951*

Major impairment	Total	Sex		Race	
		Male	Female	White	Nonwhite
Total number	9,285	5,158	4,127	6,290	2,995
Total percent	100.0	100.0	100.0	100.0	100.0
Major impairments (10 most frequent)	68.6	69.0	68.0	69.1	67.2
Mental deficiency	20.3	18.0	23.2	22.3	16.1
Cerebral spastic infantile paralysis	9.8	13.0	5.9	10.8	7.6
Epilepsy	8.5	9.6	7.2	8.2	9.1
Tuberculosis of respiratory system	7.2	4.8	10.1	5.2	11.3
Late effects of poliomyelitis	4.6	4.9	4.3	5.4	2.9
Arthritis	4.4	4.6	4.2	5.1	3.0
Chronic rheumatic heart disease	4.1	4.2	3.9	5.2	1.8
Cerebral paralysis	3.7	3.8	3.5	2.3	6.7
Osteomyelitis and other diseases of the musculoskeletal system	3.3	4.0	2.3	3.3	3.2
Arrested tuberculosis	2.7	2.1	3.4	1.3	5.5
All other impairments	31.4	31.0	32.0	30.9	32.8

and under privately sponsored programs, but the effects may not be noticed for several years.

Epilepsy was the third major impairment, accounting for the disability of 1 out of every 12 young recipients.

The 10 major types of impairment, listed by order of frequency for this group, are shown in table 1. It will be noted that these 10 impairments accounted for the disability of almost 70 percent of the group.

Of the 9,285 recipients under age 35, 5,805 had only one impairment and 3,480 had more than one. Cases with two or more impairments were classified under the one considered as the major cause of disability. The ranking of the proportions of the young disabled suffering from the 10 most common types of impairments was, with minor exceptions, about the same both for recipients suffering from a single impairment and for those suffering from multiple impairments. The proportion affected by mental deficiency was highest in both single- and multiple-diagnoses groups. For those having a single impairment the proportions affected by cerebral spastic infantile paralysis and by tuberculosis of the respiratory system ranked second and third, respectively. For those having multiple diagnoses, however, epilepsy ranked second and cerebral spastic infantile paralysis ranked third as major impairments.

Of the 10 impairments most frequent among the youngest age group only three — mental deficiency, arthritis, and cerebral paralysis (other than the spastic infantile type) — were common to the top 10 in each age group. As already indicated, the proportion of recipients with mental deficiency was progressively smaller in each successive age group. The proportion with arthritis was larger in each successive age group; for cerebral paralysis, the proportion for recipients aged 35 and over was about twice as large as that for persons under age 35. Diseases of the heart, with one exception, were much more prevalent in the older groups. Chronic rheumatic heart disease, however, ranked seventh in the youngest group, with 4.1 percent of those recipients affected. A progressively smaller proportion in each of the older age groups was affected.

While the percentage in each age group affected by a particular type of impairment does not in itself conclusively demonstrate that some impairments, more than others, are characteristic of any one age group, this information, with what is known about the nature of particular impairments, indicates that some are age-related. In addition to those mentioned above, cerebral spastic paralysis, epilepsy, tuberculosis, and the late effects of poliomyelitis, for one reason or another, seem to be more prevalent among the young than among the older recipients.

A higher proportion of the youngest age group than of the older groups had been disabled for a long period of time. Almost 65 percent of the recipients aged 18–34 had had the major impairment 10 years or more, but the proportion was smaller in the other two age groups; for all recipients it was 40.5 percent. Disabilities originating within the 2 years preceding the study affected 6.8 percent of the youngest group.

Origin of the major impairment was not reported for all cases; of those reported, impairments of congenital or birth origin affected at least three times as great a proportion in the youngest age group as in either of the two older groups. Impairments of this type accounted for 40.0 percent of the total for the young disabled, in comparison with only 8.1 percent for the other two groups combined. This high ratio for the younger group reflects the high proportions affected by mental deficiency and cerebral spastic infantile paralysis, which are usually of congenital or birth origin.

Sex and Race

The percentages of young male and female recipients differed somewhat for certain types of impairments. Mental deficiency was the major infirmity for 23.2 percent of the women but for only 18.0 percent of the men. One factor affecting these proportions is the number of mentally defective men and women in institutions for the mentally ill. More men than women are in such institutions, and there are relatively more women than men with this handicap in the general population who may be eligible for aid to the permanently and totally disabled.

Tuberculosis of the respiratory system was the major impairment of 10.1 percent of the younger women but only 4.8 percent of the men. For recipients of all ages the proportion was higher for men than for women, which is in accord with the total number of deaths from this cause[3] and the rates for newly reported cases.[4] The number of deaths from tuberculosis and new case rates for men and women, however, vary somewhat with different age groups. For example, the number of males dying of this cause in 1949 who were either under age 10 or over age 30 at time of death was higher than the number of females in the corresponding

[3] National Office of Vital Statistics, Public Health Service, *Vital Statistics of the United States, 1949, Part 1,* table 9.

[4] Robert J. Anderson and Herbert I. Sauer, *Public Health Reports,* November 1952, p. 1104.

age groups. Between the ages of 10 and 30 the circumstances were reversed. For the age group 30–35 the numbers for men and women were almost the same. It appears, therefore, that in the young disabled the sex differential under this impairment is directly related to age.

The finding that relatively more men than women have cerebral spastic infantile paralysis as a major impairment (13.0 percent and 5.9 percent, respectively) seems to be supported by the data on death rates and on the number of children through age 20 receiving services under the crippled children's programs. Apparently, therefore, spastic paralysis is more common among men than women. One possible explanation for this sex differential is that male infants ordinarily are heavier than female infants and that the birth of large babies is frequently associated with prolonged labor, resulting in injuries to the child that may cause spastic paralysis.[5] Some medical authorities, however, hold that spastic impairments are seldom the result of birth injuries but are congenital.

For all types of impairments of congenital or birth origin there was little difference in proportion between sexes, although the proportion of men having such impairments was only slightly higher than that of women. On the other hand, substantially more men than women had impairments originating in employment injury or disease or in other injuries not work-connected. Impairments originating in injuries, however, were not found among many recipients, male or female.

Differences were found also between the white and nonwhite races in the proportions of recipients with certain types of major impairments. Tuberculosis of the respiratory system accounted for 5.2 percent of white recipients and for 11.3 percent of nonwhite recipients; the rate for arrested tuberculosis cases also was lower for white than for nonwhite recipients (1.3 percent and 5.5 percent, respectively). These proportions follow known racial patterns in the incidence of this disease.

Mental deficiency was the highest single major impairment in nonwhite as well as in white recipients, but the proportions were 16.1 percent for the former and 22.3 percent for the latter. The rate for cerebral spastic infantile paralysis was also higher for white recipients than for nonwhite recipients (10.8 percent and 7.6 percent), but fewer cases of paralysis resulted from such cerebral accidents as hemorrhage or embolism among white recipients. The incidence of spastic paralysis is higher in the white than in the nonwhite race. While medical authorities are not in complete agreement as to the reasons for this racial difference, some contend that it results from the fact that Negro infants frequently are smaller than white infants, and that there is a lower incidence of the Rh factor problem among Negroes.[6]

Impairments resulting from acute poliomyelitis were approximately twice as frequent among white as nonwhite recipients—5.4 percent and 2.9 percent, respectively. Similar differences have been found before,[7] and there seems to be substantial agreement among medical authorities that there is a racial differential in the incidence of this disease.

Various theories have been advanced as to the reasons for the differences, but there is no consensus. One theory suggests that there is a direct relationship between the incidence of acute poliomyelitis and general sanitation improvements. Under this theory the poorer sanitary facilities resulting from the generally lower economic level of living of nonwhite persons produce a lower incidence of poliomyelitis. Some medical experts agree that a resistance is built up in early childhood providing immunity to the disease in a higher proportion of nonwhite than white persons, but they do not hold to the sanitation theory. Another assumption is that the difference in severity of attacks in the United States and countries where sanitation standards are much lower is due to the strain of virus rather than to sanitation methods.

[5] Peggy Derse, "The Emotional Problems of Behavior in the Spastic, Atheoid and Ataxic Type of Cerebral Palsy Child," *The American Journal of Occupational Therapy*, November–December 1950.

[6] Ibid.

[7] Selwyn D. Collins, "The Incidence of Poliomyelitis and Its Crippling Effects, as Recorded in Family Surveys," *Public Health Reports*, Reprint No. 2696, p. 18.

Table 2.—*Percentage distribution of recipients aged 18–34, by living arrangement and family status and by sex, 30 States, mid-1951*

Living arrangement and family status	Total	Male	Female
Living arrangement	100.0	100.0	100.0
In own establishment	21.0	22.7	18.9
Alone	5.8	2.6	9.7
With one or more related persons:			
Spouse present	9.9	15.8	2.5
Spouse not present	3.9	2.6	5.5
With nonrelated persons only	1.4	1.6	1.2
In home of parent	50.0	49.6	50.5
In other relative's home	16.7	16.4	17.1
In nonrelative's home	5.2	3.7	7.1
In hotel, rooming house, or boarding house	4.2	5.4	2.8
In institution	2.9	2.3	3.7
Family status	100.0	100.0	100.0
No spouse or children under age 18	80.4	79.1	82.0
Spouse only	5.0	4.5	5.6
One or more children under age 18, no spouse	4.2	1.3	7.9
Spouse and one or more children under age 18	10.3	15.1	4.2
Not reported	.1	-------	.3

Living Arrangements

Half the young recipients of aid to the permanently and totally disabled lived with their parents, and some lived with other relatives; in all, about two-thirds of them lived with relatives. The proportions living with relatives were lower in the older age groups.

Fewer of the young recipients than of the older ones had their own establishments, and fewer were living alone. One reason for the type of living arrangement was the recipient's age. Many of the group were rather young to establish their own homes and, at that age, were more likely to have living parents. Another reason was the relatively large proportion of the recipients aged 18–34 who were confined to their homes and needed personal services in the essential activities of daily living.

There were marked differences between the living arrangements of men and women in the young disabled group. More men than women lived in their own establishment with the spouse present, but more women than men lived alone in their own establishment. The proportion living in the homes of persons other than relatives was about twice as high for wo-

men as for men, but the proportion living in hotels or rooming houses was about twice as high for men as for women. Recipients with children under age 18 were relatively one-third more numerous among the men than among the women—16.4 percent and 12.1 percent, respectively. While data on marital status were not collected, this indirect approach through family status and living arrangements (table 2) indicates that more men than women were married.

Mobility Status and Personal Services Needed

The mobility status of the young recipients was reported in two broad groups—those confined to their homes and those capable of activity outside the home. These two groups were further subdivided, as shown below, to reflect limitation of movement.

Mobility status	*Percent*
Total	100.0
Confined to home	25.7
Bedridden	7.5
Chairfast	8.9
Other	9.3
Capable of activity outside home or usual residence	74.3
With help of another person	13.0
With help of device	5.7
By self	55.6

The percentages of recipients confined to their homes were highest in the young disabled, but the differences among the age groups were not large (25.7, 21.4, and 19.3, respectively). Almost half of all recipients who were housebound had as a major impairment one of the 10 most common impairments of the young disabled. This finding suggests that many of the impairments suffered by the young are extremely disabling and account for the confinement to their homes of a somewhat larger proportion of this age group than of the older groups.

For the same reason the proportion of the youngest age group that needed personal services in the essential activities of daily living—such as aid in eating, dressing, and other daily activities—was larger than for the two older groups of recipients (44.4 percent, compared with 30.0 percent and 24.0 percent). The proportions of the group aged 18-34 varied according to the type of service needed, as shown below.

Personal service needed	*Percent*
Total	100.0
Need for service [1]	44.4
In eating	12.5
In dressing	27.4
In toilet functions	16.3
In other bodily hygiene functions	16.3
In ambulating	15.1
In activities affecting personal safety	28.9
No need for service	55.6

[1] Some recipients needed more than one type of service.

More than half (52.5 percent) of all the recipients who needed one or more of these services had one of the 10 impairments found most frequently among the young disabled.

Medical Care Recommended and Received

On the basis of the most recent physical examination, the proportion of recipients under age 35 having medical or remedial care recommended (61.6 percent) was lower than for other age groups. The type of service most often recommended for the younger group was physician's services. Hospitalization ranked second, but the proportion needing this type of service was small compared with the number needing physician's services. Prosthetic appliances were recommended for 4.3 percent and physical therapy for 3.8 percent. Occupational therapy was recommended for 4.4 percent, a proportion that, even though relatively low, was considerably higher than for any other age group. Nursing care in the home was recommended for 3.6 percent and care in a nursing or convalescent home for 3.3 percent.

The proportion having medical or other remedial care provided, arranged for, or paid for by the agency during the 6 months preceding the study was 46.2 percent, somewhat less than for other age groups. Only services from this source were included in the study. Physician's services and hospitalization ranked first and second in services received, as in services recommended. Recipients fitted for prosthetic appliances and those receiving nursing care, either in the home or elsewhere, represented a relatively high proportion of those recommended for these two types of care. Such services were recommended, however, for a relatively small proportion of the young disabled.

Not all recipients for whom medical care was recommended had received such care. As indicated above, services provided from any sources other than the agency were not included in the study. Had it been feasible to collect data on this type, it might have been found that a greater proportion of those needing medical care received such services. The actual number and types of services from other sources depend, at least in part, upon other public and private facilities for providing services supplementing those of the assistance agencies. These facilities vary from State to State.

Employment History and Rehabilitation Status

As would be expected, a higher proportion of the young recipients of aid to the permanently and totally disabled than of the older age groups had never worked in regular paid employment. This difference reflects the high proportion of the young disabled having disabilities of congenital or birth origin and the age of these recipients. Although the proportions with impairments due to employment injury or disease were relatively low for all groups, the proportion was lowest for those under age 35. Of all recipients who had worked in regular paid employment, the young group had, in general, the most recent work histories. Almost one-third had worked within the 2 years preceding the study. The proportions having worked at any time in regular paid employment and having worked within the past 2 years were higher for men than for women.

Work histories of regular paid employment were less common for white recipients than for nonwhite recipients in all age groups. Among the young disabled, slightly more than one-third of the white recipients and about half the nonwhite recipients had employment histories. The preponderance of nonwhite recipients

with work histories does not seem to be explained by types of impairments alone; the reason may have been that economic necessity was so great these persons felt compelled to work in spite of their impairments.

The work history of recipients is not only taken into account in determining eligibility for aid, but it furnishes some clue as to prospects for rehabilitation. In general, "permanently and totally disabled" means that the individual has some permanent impairment that precludes his engaging in a useful occupation within his competence. The impairment must be of major importance and verifiable by medical findings. It must also be a condition likely to continue through the recipient's lifetime or one that is not likely to improve. Factors such as age, training, skills, and work experience must be considered in determining whether a disability is "total." A person suffering a major permanent disability may be totally disabled so that he is unable to perform his usual job, but training for another occupation may later enable him to become self-supporting. With advances in medical science and methods of rehabilitation, some individuals, who in the past were totally and permanently disabled, can become self-supporting.

Information was obtained on the vocational rehabilitation status of recipients only during the 2 years preceding the study. Consequently, the data do not reveal the total number or proportion of recipients ever referred for vocational rehabilitation services. During the 2 years, however, 22.7 percent of the youngest group had been known by or referred to a vocational rehabilitation agency. Almost twice as many men as women had been referred—28.5 percent and 15.4 percent—and the proportion for each was much higher than in the older age groups. The number and percent of young recipients referred for vocational rehabilitation services may have been influenced by the fact that rehabilitation possibilities usually are considered better for younger persons, other things being equal. In all, relatively few recipients had been referred for services—the result in part, probably, of the newness of the disability program.

Until the past few years, public vocational rehabilitation covered only training to fit the disabled person for work he could do. Physical restoration has been a part of the rehabilitation process only during the past decade. Recent discoveries and advances in medical science make possible physical restoration that would not have been dreamed of a few years ago. Today it is reported, for example, that with proper medical care at least 80 percent of epileptics would be able to lead normal lives.[8] The team approach, bringing in all applicable skills of the physician, the psychologist or psychiatrist, the social worker, and the vocational counselor may bring about the rehabilitation of a severely disabled person where the skills of only one or two professions would not. For almost all types of impairments the possibility of success is greater if rehabilitation efforts are begun early. Thus, if the best results are to be achieved, there should be maximum cooperation and coordination among assistance, rehabilitation, school, and crippled children's programs.

In spite of advances in rehabilitation methods, all recipients cannot be rehabilitated to full economic independence. Physical restoration, however, to the point that he is no longer dependent on the family or relatives in the essential activities of daily living would mean much to any bedfast or housebound recipient. To be able to dress, undress, and bathe unaided would be real achievements to any recipient who has been dependent for months or years on another's help.

Another area affecting rehabilitation efforts is one that can be overcome only through the education of society. A stigma is often placed upon individuals with certain types of impairments. The epileptic, for example, frequently cannot obtain employment if the employer knows he has epilepsy, even though in some instances the epileptic may be able to perform the required duties as well as another person. Despite the success of medical treatment, as mentioned above, some economic handicap still exists for the epileptic.

Our society must be educated to accept the fact that many severely handicapped persons are employable. The experience of one manufacturing concern shows that many handicapped persons can become self-supporting if given an opportunity in the right setting. This company, launched and managed wholly by wheel-chair cases, was also partially financed by them. Most of the employees are double or single amputees, deaf mutes, blind persons, spastics, or persons with advanced heart disease or arrested tuberculosis. Workers receive standard rates of pay, and the company operates at a profit.

Individual and social gains stemming from successful rehabilitation cannot be fully measured. From the standpoint of the tax dollar, however, it is relatively easy to see the advantages. In June 1951 the average monthly payment to recipients of aid to the permanently and totally disabled was $47.68;[9] an annual payment at this rate would be about $570.00. During the fiscal year 1951–52 the average cost per person rehabilitated under the Federal-State vocational rehabilitation program was $514.00. Because of the types and severity of impairments of recipients of aid to the permanently and totally disabled, the cost of their rehabilitation probably was higher than this average. The financial advantage of their rehabilitation can be seen, however, when the short-term aspect of the rehabilitation expenditure is considered.

State Differences

The primary purpose of the mid-1951 study was to obtain a national picture. Data were collected on a sample basis and when combined they give reliable results for the Nation. Because of the relatively small number of cases studied in most States, however, a cross tabulation of recipient characteristics by State would not give reliable results. Each State tabulation, therefore, was limited to data

[8] Herbert Yahraes, *Epilepsy—The Ghost Is Out of the Closet* (Public Affairs Pamphlet No. 98), 1944, p. 3.

[9] The average monthly payment for July 1953 was $53.42.

relating to only one particular characteristic; one State tabulation was made, for example, showing the number of recipients by age groups. Another showed the number with specified living arrangements, but none was made showing living arrangement by age and by State. As a result, State comparisons for the young disabled must be limited to differences in the proportions that the young constitute of the total group.

The young disabled represented from about 1 percent to 25 percent of all recipients of aid to the permanently and totally disabled in the States with such programs. The five States with the lowest proportions were Delaware, Wyoming, Montana, Colorado, and the District of Columbia. The five with the highest proportions were Mississippi, North Dakota, Wisconsin, Michigan, and Vermont. No particular geographic pattern seems to be involved.

State comparisons indicate a relationship between age distribution and certain other characteristics. Colorado and Virginia, which had relatively few young disabled persons, reported 11.4 percent and 16.9 percent, respectively, of all recipients living in the home of a son, daughter, or parent; in Michigan and Wisconsin, with high proportions of the recipients under age 35, the percentages living with relatives were high, 28.9 and 31.0. In Colorado and Virginia the proportions of all recipients who were confined to their homes were 15.1 percent and 25.2 percent, compared with 93.4 percent and 80.8 percent for Michigan and Wisconsin. Of all recipients in Colorado and Virginia, 20.9 percent and 40.9 percent required personal services, in contrast to 99.4 percent and 92.0 percent in Michigan and Wisconsin. The explanation of the differences is that in Colorado and Virginia the programs operate under a definition of permanent and total disability that is fairly comprehensive, whereas the programs in Michigan and Wisconsin are limited to persons who are completely helpless.

Characteristics of recipients under a program that is limited to aid for the helpless are different from those of recipients under a program with greater coverage. The programs limited to the completely helpless obviously contained more recipients who were confined to their homes than those programs that provided broader coverage. Proportionately more recipients in the programs serving only the completely helpless needed personal services in eating, dressing, and other daily activities. They contained more young recipients, and undoubtedly there were differences in the relative proportions of recipients suffering from the various types of impairments.

Summary

At the time of the mid-1951 study approximately 10 percent of the recipients of aid to the permanently and totally disabled were under 35 years of age. Mental deficiency was the impairment affecting the largest proportion—about 1 out of 5—in this age group. Cerebral spastic infantile paralysis and epilepsy were the second and third impairments in order of frequency. The proportion of housebound recipients as well as those needing personal services in eating, dressing, and other daily activities was higher in the young disabled than in the older age groups. Young disabled persons with work histories were relatively few because of their age, types of impairments, and the high proportion having impairments of congenital or birth origin. Slightly less than one-fourth of the group had been known by or referred to a vocational rehabilitation agency in the past 2 years.

If the disabled of any one age group are singled out for special attention, the younger group seems to be the logical selection. Economic self-support is the desirable goal for all potentially rehabilitable recipients, regardless of age. For the young disabled, however, any successful rehabilitation efforts will presumably mean relief from the effects of an impairing condition for a longer period of time than for older recipients. The severity of impairments of many of these recipients calls for the most advanced techniques in rehabilitative methods, utilizing the combined skills of the various medical services, the psychologist, and the vocational specialist. Success may bring high dividends in reduced amounts for assistance as well as in the relief of human misery.

SOCIAL SECURITY IN REVIEW

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standards were revised to reflect prices as of February 1953. Because of a shortage of funds, however, the agency could meet only 78 percent of need as determined under the revised standards.

The largest decreases in average payments to families receiving aid to dependent children occurred in Oklahoma ($21) and the State of Washington ($15). Oklahoma, which had been meeting need in full, made reductions up to 20 percent, and Washington changed from 10 percent to 20 percent the reduction affecting payments.

During the month, two other States made changes in maximums affecting payments to recipients. The average old-age assistance payment in Florida rose $1.26 when the maximum was raised from $55 to $60. Illinois reduced from $72 to $71 the maximum payment for recipients of old-age assistance and aid to the permanently and totally disabled, when the consumers' price index for Chicago dropped 3 points.

OPERATIONS IN THE STATE unemployment insurance programs in July reflected seasonal influences. The number of initial claims for benefits rose sharply— in large measure as the result of claims filed by workers, ineligible for vacation pay, who were employed in plants that closed for vacation periods. The rise of 22.1 percent brought the total for the month to 980,300. Weeks of unemployment claimed, which represent continuing unemployment, rose slightly (3.5 percent) to 3.9 million. The total was, however, lower than in any other July since the end of the war.

During an average week in July,

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