Old-Age and Survivors Insurance After Twenty Years

by Victor Christgau*

THE purpose of the old-age and survivors insurance program is to provide protection against economic insecurity for the worker and his family when the earnings upon which they have depended for support are cut off by his retirement or death. This basic purpose was reaffirmed by President Eisenhower in his social security message of January 1954. The President pointed out that the old-age and survivors insurance system had been developed in response to the need "arising from the complexities of our modern society. . . . The system is not intended as a substitute for private savings, pension plans, and insurance protection. It is, rather, intended as the foundation upon which these other forms of protection can be soundly built. Thus, the individual's own work, his planning and his thrift will bring him a higher standard of living upon his retirement, or his family a higher standard of living in the event of his death, than would otherwise be the case. Hence the system both encourages thrift and self-reliance, and helps to prevent destitution in our national life."

That the old-age and survivors insurance system, established by Congress in 1935, has moved toward its goal by relatively rapid stages is clear when the program's accomplishments are viewed against the backdrop of the years.

The old-age insurance program was designed as an expression of the Nation's conviction that older retired persons should have a continuing income, to which their rights would be established by law on the basis of their earnings and contributions and which would be available without a means test. The proportion of aged men and women in the Nation's population had been increasing. In the 1930's their plight had become particularly difficult. These were depression years, when even young persons found it increasingly hard to get or keep jobs and family savings evaporated.

Later, in 1939, survivor insurance provisions were added to the Social Security Act in recognition of the problem encountered by families when the breadwinner died. The resulting legislation was basically the old-age and survivors insurance program as it is today, although it has been expanded by the comprehensive amendments of 1950 and 1954.

The test of whether the new program was constitutional came early. This issue was resolved in 1937 by the U. S. Supreme Court in an 8-to-1 decision, in which Justice Cardozo wrote:

> Needs that were narrow or parochial a century ago may be interwoven in our day with the well-being of the Nation. What is critical or urgent changes with the times. . . . Congress did not improvise a judgment when it found that the award of old-age benefits would be conducive to the general welfare. . . . The number of persons in the United States 65 years of age and over is increasing proportionately as well as absolutely. What is even more important the number of such persons unable to take care of themselves is growing at a threatening pace. . . . The problem is plainly national in area and dimensions.

Ten years after the program's adoption, some 46 million workers were in jobs covered by the system and 1.3 million beneficiaries were receiving about $24 million in monthly benefits.

In 1952 the Director of the Bureau of Old-Age and Survivors Insurance pointed out that the 15 years of the program's operations "have demonstrated that social insurance can be successfully applied to meet American needs for protection against the economic risks of death and old-age retirement in modern life." By then, 60 million persons were working in covered jobs and some 4.3 million men, women, and children were getting benefits amounting to $152 million monthly.

Today, on the twentieth anniversary of the adoption of the Social Security Act, the Bureau of Old-Age and Survivors Insurance again looks back at the record of administrative and program accomplishment. An estimated 69 million workers will be in covered jobs this year and about 7.5 million beneficiaries are receiving checks totaling about $385 million each month.

Nearly 60 percent of the 14 million men and women in the United States now aged 65 and over either are getting old-age and survivors insurance benefits or are working and have acquired or are acquiring protection. About 70½ million have worked long enough in covered employment to be insured under the program, and nearly 30 million of them are permanently insured; whether or not they continue to work in covered employment, they will be eligible for benefits when they reach age 65 and retire, and their families have survivor protection. Nine out of 10 of the young mothers and children in the country have survivorship protection that will enable them to draw monthly benefits today if the breadwinner dies.

In 1953, at the invitation of Mrs. Oveta Culp Hobby, Secretary of Health, Education, and Welfare, a group of men and women from business, labor, agriculture, education, and professional organizations took a look at the question of extending the program's coverage. They recommended that coverage be made as universal as possible. Congressional committees later held public hearings at which representatives of organizations reflecting a cross section of American life presented their views on what changes should be made in the program.

The 1954 amendments, strengthen-

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ing the principle of a contributory system with benefits varying according to past earnings and paid without a test of financial need, grew out of these deliberations. The revisions were in many respects the most significant since the 1939 amendments. They provided almost universal coverage, increased benefits, and provided for protecting the benefit rights of individuals out of work for extended periods because of physical or mental disability.

Maturity for the old-age and survivors insurance program is by no means an accomplished fact. No worker has yet been under the system for a full working lifetime, and beneficiary rolls are smaller than they will be in the future, when practically everyone who works will have had the opportunity to gain protection under the program.

Coverage

Questions of coverage were particularly troublesome for the architects of old-age insurance 20 years ago. Was it possible from an administrative standpoint to include in the program every type of employment? Could self-employment be covered? Could a workable system of tax collection and a sound method of reporting earnings be devised for all sorts of employment? Progress was destined to come gradually. At first, coverage was limited to employment in commerce and industry in the continental United States, Alaska, and Hawaii, where accurate and relatively simple wage reporting could be adapted to employers' regular bookkeeping practices.

In the 1950 amendments the barrier against coverage of other workers was removed for the first time. Categories of work for which coverage of old-age and survivors insurance had appeared too difficult in the beginning were included under the system.

Until then all coverage had been on a compulsory basis. Under a system permitting individual voluntary coverage, those who choose to participate are likely to be primarily those in the older age groups who can expect a large return for their contributions and those who can most easily spare the money. Persons with low incomes, although concerned about the loss of earnings upon retirement and the effect on their families in case of death, are likely to delay getting the protection they need because of the problem of meeting the day-by-day costs of the basic essentials of living.

The 1950 amendments continued in general to apply the principle of compulsory coverage, but elective coverage on a group basis was provided for employees of State and local government units and of nonprofit organizations. Constitutional barriers generally preclude the Federal Government from imposing an old-age and survivors insurance employer contribution tax upon State and local governments, and, traditionally, certain nonprofit institutions have been tax-exempt. These groups were therefore brought into coverage on elective bases.

Coverage on a compulsory basis was extended at the same time to nonfarm self-employed persons, many of the Federal employees not covered by the civil-service retirement system, and regularly employed farm and domestic workers. The 1950 law also extended coverage to Puerto Rico and the Virgin Islands and to Americans working abroad for American employers.

Congress extended coverage in 1954 to still more groups, including farm owners and some of the professional self-employed formerly excluded, additional farm workers and domestic employees and, on a voluntary basis, clergymen. It is significant that, although proposals for coverage on an individual election basis were made in connection with several other groups—such as farm operators and self-employed professional persons—clergymen were the only group for which this basis for coverage was acceptable to Congress.

In its report, the Committee on Finance in the Senate stated:

> A provision for coverage on an individual election basis, while not generally desirable, is considered by your committee to be justified in this area because of the special circumstances. Many churches have expressed the fear that their participation in the old-age and survivors insurance program as employers of ministers might interfere with the well-established principle of separation of church and state. Many church representatives also believe that individual ministers who do not wish to be covered on grounds of conscience should not be required to participate in the program.

The 1954 amendments also removed the restriction against coverage of most State and local government groups with retirement systems of their own. Congress was careful, however, to express the policy that this extension of coverage was not intended to impair the protection such groups might already have under their own programs.

Thus today most of the gaps in coverage have been closed. About 90 percent of all paid jobs are covered by old-age and survivors insurance. As a result of amendments to the Railroad Retirement Act in 1946 and 1951, the railroad retirement and old-age and survivors insurance programs are so closely coordinated that railroad employment can be considered to be covered by old-age and survivors insurance.

The bulk of those still not included are Federal employees covered by Federal employee retirement systems, both civilian and military. Others not covered by the program are self-employed physicians, lawyers, dentists, naturopaths, osteopaths, chiropractors, veterinarians, and optometrists, as well as domestic and farm workers earning less than a specified amount and self-employed persons with net earnings of less than $400 a year.

Benefits

During the 1940's, when the Nation's attention was focused on the war, old-age and survivors insurance benefits failed to keep pace with prices and earnings levels, which had increased dramatically. The industrial employee who in 1939 earned $100 a month was earning an average of $249 in 1950. The cost of living had risen 73 percent. Benefits, however, continued to be determined by the formula established under the 1939 amendments and within the $3,000 annual wage ceiling in effect since the program's start. As a result, maximum monthly benefits in 1950 were $45.60 for the retired worker and $68.40 for an aged couple. During the 1940's many States had higher average old-age assistance grants than the maximum benefit that could be paid to a retired worker under old-age and survivors insurance, and more of the aged population were drawing old-age assistance payments than insurance benefits.

To remain effective, the old-age and survivors insurance program must keep pace with the social and economic changes that take place in a dynamic society like that of the United States. In 1950, benefits were increased in recognition of the rise in living costs and the increase in wage levels. The 1950 benefit formula resulted in maximum monthly benefits of $80 for the retired worker and $120 for the aged retired couple. These amounts represented substantial percentage increases from the maximums possible under the 1939 law. In 1952 the maximums were raised to $85 and $127.50 through adoption of a formula providing 55 percent of the first $100 of average monthly earnings and 15 percent of the next $200.

In her testimony before congressional committees during their consideration of the 1954 amendments, the Secretary of Health, Education, and Welfare said:

> Old-age and survivors insurance benefit levels were originally fixed in the mid-1930's, during a depression economy. Benefit increases enacted by Congress since then have done little more than keep pace with the inflationary trend our Nation has heretofore experienced. In my opinion, a readjustment of benefits to take into account the improved standard of the basic elements of living for the American worker is necessary. . . .
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> These old-age and survivors insurance benefits are too low, under today's conditions, for old-age and survivors insurance to fulfill its purpose of providing basic retirement and survivorship protection and reducing the need for public assistance to the lowest possible level.

The new 1954 benefit formula kept the percentage of the first step at 55 but increased to $110 the amount of average monthly earnings to which it applied. At the same time, the second step of the formula was raised from 15 percent to 20 percent. Since annual earnings to be considered under old-age and survivors insurance were increased to $4,200 beginning with 1955, this new percentage applied to the next $240 of average monthly earnings.

The top benefit for a retired worker under the 1954 revisions ($108.50) is equal to 31 percent of $350, the maximum monthly earnings that can be counted. The first step of the benefit formula, however, calls for 55 percent of the first $110 of earnings. The program has thus continued to recognize that the lower-paid worker needs a higher percentage replacement of his previous earnings than do men and women with higher earnings.

When in 1951 coverage was extended by the 1950 amendments to about 10 million additional workers, these workers faced at retirement the prospect of having 14 years (1937 through 1950) during which they had no covered earnings included in computing their average monthly earnings for benefit purposes. To avoid this result, provision was made for a new "starting date" that put the newly covered workers in the same position as those first covered in 1937. The amendments specified that if a worker has 1 quarter of coverage (whenever earned) for each 2 calendar quarters elapsing after 1950 up to the time he reaches age 65 or dies, he is insured, provided he has worked at least 6 calendar quarters in covered employment. Any worker who has 6 quarters of coverage after 1950 can have his average wage figured by using only years after 1950. While this action was taken primarily for the newly covered workers, it also was advantageous for workers who had entered coverage in 1937 and continued to work after 1950. For them, the provision meant that their benefits could be based on relatively current earnings and did not have to include earnings in the years preceding the rapid rise in wages during the war.

When another 10 million persons were brought into the system by the 1954 changes, provision was made to eliminate, in calculating their benefits, the 4 or 5 years of lowest or no earnings. This provision was of particular help to the newly covered, who could drop out the 4 years (1951–54) when the opportunity for coverage was not open to them. For those workers who are already covered short periods of unemployment, sickness, or absence from work for other reasons will not reduce the average.

One of the principal causes of low average monthly earnings is long periods out of work because of extended disability. A section of the 1952 amendments would have preserved the old-age and survivors insurance rights of those who became totally and permanently disabled before reaching retirement age. That provision expired before it could become effective, and in 1954 the present "disability freeze" provision was adopted. Under it, periods of time during which a worker or self-employed person is out of work because of extended disability may be eliminated in computing benefits. This provision will also bring to the attention of State vocational rehabilitation agencies disabled men and women who might be restored to gainful work.

As an outgrowth of these changes, low benefit payments in the future will generally reflect the earnings of men and women who are part-time or intermittent workers—only marginally a part of the Nation's working population and not primarily dependent on their earnings for their support.

Retirement Test

Since 1940, when benefits first were paid on a monthly basis, the Social Security Act has prescribed the test to be used in determining when an individual is retired—that is, substantially out of gainful employment. The test has been revised with the changing times through which the program has passed since 1935. From 1940 through August 1950, benefits were intended to be paid only when the beneficiary was for all practical purposes completely retired from covered employment, and the law therefore provided that earnings of $15 or more in a month in covered employment would result in benefit suspension for that month.

By 1950 a new philosophy was emerging: that it would be better if the older worker were able to retire more gradually and that therefore he should be able to receive his monthly benefits while engaging in some intermittent or part-time work. The 1950 amendments took cognizance of this philosophy. The revisions increased the permitted earnings amount to $50 monthly for beneficiaries under age 75 who worked in covered jobs and allowed earnings of $600 annually for those who had covered self-employment. In 1952, these amounts were raised to $75 and $900 respectively.

Today, under the 1954 amendments, beneficiaries are subject to a test based on earnings over the period of a year. Effective January 1955, they may earn $1,200 annually without loss of benefits. One month's benefit is suspended for each $80 above that amount, except that no benefit is suspended for any month in which the beneficiary does not do substantial work in self-employment or earn wages that exceed $80. With almost universal coverage, it became administratively feasible as well as logical to apply the earnings test to noncovered as well as covered employment.

In recognition of the fact that some persons covered by the system might work throughout their lifetime, never retiring to a degree sufficient to make possible receipt of monthly benefits toward which they had contributed, payments were authorized in 1950 to beneficiaries aged 75 or older regardless of the extent of their current employment. The 1954 amendments reduced the age to 72.

Payment of benefits as annuities at age 65 regardless of earnings has been consistently rejected as too expensive for the program to support. The purpose of old-age and survivors insurance benefits is to help prevent dependency by providing a regular income to breadwinners and their families when wages or self-employment income stops at retirement or death. If there were no retirement test, benefits would be payable not only to those who had retired but also to those older workers who are still employed and have substantial earnings. The additional benefits that would be paid out to employed workers and their dependents would add substantially to the cost of the system and would not increase the security of the beneficiaries unable to work or unable to find employment.

Financing the Program

Money to pay benefits comes from taxes paid by employees, their employers, and the self-employed men and women covered by the program. Congress has made clear its intent that the old-age and survivors insurance program be self-supporting and actuarially sound. The tax schedule for the program is designed to accomplish this purpose.

From 1937 through 1949 the tax for employees and employers was 1 percent each on taxable earnings. In 1950 the rate went up to 1½ percent. The rate for the self-employed, who were first covered in 1951, was set at one and one-half times the employee rate. The rates increased in 1954 to 2 percent for employees and employers and 3 percent for the self-employed. Tax rates are scheduled to increase gradually until 1975, when they will be 4 percent each for employees and employers and 6 percent for the self-employed.

All taxes collected under the program go into the Federal old-age and survivors insurance trust fund, a special fund in the U. S. Treasury. Money in the fund can be used only to pay benefits and the costs of administering the program. Amounts not required for current expenditures are invested in interest-bearing U. S. Government bonds.

Relationship to Old-Age Assistance

Program growth during the past 2 decades is reflected in the relationship of old-age and survivors insurance to old-age assistance. From the beginning, old-age and survivors insurance was intended to maintain a basic income for retired workers and thereby reduce the need for public assistance. During the early years of program operation, more aged persons received old-age assistance than insurance. By January 1955, however, more than twice as many aged persons were receiving insurance—5.5 million—as were receiving assistance—2.5 million. The turning point was reached when the requirements for insured status were liberalized and benefits increased by the 1950 amendments.

Bureau Administration

After every legislative change in the old-age and survivors insurance program comes the administrative challenge of making it work in daily operation. The rapid handling of applications for benefits and their prompt payment each month are major responsibilities of the Bureau of Old-Age and Survivors Insurance. So, too, is the accurate maintenance of the earnings records that are the basis for figuring the amount of each benefit.

Since the start of the program the Bureau has balanced the need for huge mechanized operations in keeping records and paying benefits against the necessity for serving people—treating each account-number holder and beneficiary as an individual.

The Bureau has the world's largest centralized unit of business machines. It is expected that in each 3-month period during 1955 the Division of Accounting Operations will record the opening of about 1 million new social security accounts, credit to individual records 53 million wage items received from 4 million employers and 1.2 million earnings reports from the self-employed, and compute 525,000 benefits on the basis of the earnings records of covered workers. During the same period, Bureau representatives in district offices will probably be seeing more people in the course of business than are seen by employees of any other Government agency except the Post Office Department and the Internal Revenue Service.

The policy of personal contact with each claimant began very early in the Bureau's history, for reasons that remain as forceful today as they were in 1937. When individuals come in to apply for benefits, they are usually facing a critical period in their lives emotionally and economically—for the worker, retirement or disability; for his family, the death of the husband and father. Not unnaturally, their ability to cope with formal, impersonal instructions is at a low ebb. Yet they must understand instructions about responsibility for reporting events that would terminate their benefits or suspend them. The Bureau has found, as well, that beneficiaries get payments faster when there has been face-to-face discussion to obtain the facts necessary to support a claim.

Today, every individual in the continental United States, Alaska, Hawaii, Puerto Rico, and the Virgin Islands can get in touch with an old-age and survivors insurance representative. If he is unable to reach one of the 532 district offices, he may transact his business with Bureau representatives who make regularly scheduled visits to about 3,400 other communities. The Division of Field Operations, one of the Bureau's four operating divisions, today supervises district offices through regional representatives in the nine regional offices of the Department of Health, Education, and Welfare. At first the district offices were little more than information centers and, for a time, registration centers. Since 1940, when payment of monthly benefits as authorized by the 1939 amendments began, claims operations have become the offices' major activity.

For a time, all decisions about eligibility for benefits were made centrally. In September 1942, as soon as procedures and guides were stabilized, this function was decentralized to the district offices.

As benefit rolls grew from 220,000 at the end of 1940 to the present 7.5 million, the local offices undertook the job of answering inquiries and helping beneficiaries report such events as changes of address or their return to work so that necessary action might be taken to deliver or suspend their benefits. District office work in providing this assistance to beneficiaries is now a substantial and growing part of the workload.

From the outset, every attempt was made to inform people about their rights under the program, urging them to get in touch with their local old-age and survivors insurance representative. This function too was largely centralized at the beginning, but today each district office, working from general guides, is responsible for getting information to the residents of the area it serves—a "grass roots" approach. Its success confirms the practicality of this policy.

Recordkeeping.—In contrast to this highly decentralized operation of the district offices, the recordkeeping activity is centralized in Baltimore in the Division of Accounting Operations. Social security account numbers are issued in the district offices. The application form and a duplicate of the social security card are promptly forwarded to the Division of Accounting Operations, where 113 million individual accounts have been established since the program began.

Each calendar quarter, employers covered by the program send to the Internal Revenue Service a tax return containing employee names, social security account numbers, and amounts of wages paid during the 3-month period. After an Internal Revenue audit to verify the amount of tax due, the return reaches the Division of Accounting Operations. Since the nonfarm self-employed were brought under the program in 1951, their reports of earnings, made annually on income-tax returns, follow the same route; the reports of the farm self-employed will also follow this route.

Beneficiaries need the proceeds of their checks to live on; they need to receive them on time and in the right amount. Within the Bureau, the responsibility for getting beneficiaries placed on the rolls and certifying the amount of payment to the Treasury Department disbursing office that writes the checks falls to six area offices.

Area offices are also responsible for keeping the beneficiary rolls up-to-date. With 7.5 million beneficiaries, a lot can happen in the course of a month; the area office therefore certifies each month to the appropriate Treasury Department disbursing office the amount of the payment. This month-by-month action is necessary to remove from the benefit list the name of a beneficiary who dies or whose payment is discontinued for other reasons. He may also return to work and earn more than the retirement test specifies with the result that his benefit is suspended. In any 1 month, thousands of beneficiaries may change their addresses, which means at the least that in such instances corrected addressograph plates must be prepared so that the monthly checks will reach their proper destination.

All checks had been written by the Treasury Department after notification by the Bureau of the benefit amount, but in 1955 the Bureau passed a new administrative milestone when the area office in Birmingham took over the actual check writing from the Treasury Department disbursing office in the same city. Significant savings are anticipated. If they materialize, the process will probably also be used in the other five area offices.

Disability-freeze operations.—Late in 1954, a fourth operating division—the Division of Disability Operations—was created within the Bureau. The disability-freeze operation brought a new element into Bureau administration, involving a Federal-State partnership. Under the terms of the 1954 amendments, a State may designate one of its agencies to make determinations of disability on applications taken by old-age and survivors insurance district offices. Agreements for this purpose are worked out between the State agency and the Department of Health, Education, and Welfare. The Bureau's newest division has four major tasks—laying the groundwork for negotiations with the State agencies, reviewing State agency decisions on disability, making original decisions for those cases not covered by State agreements, and establishing standards and procedures for paying the State agencies, as well as developing medical guides, policies, and training materials for use by Bureau personnel and the State agencies.

Staff services.—In Baltimore there are, in addition to the operating divisions, the central headquarters staff. There about 500 employees provide personnel and administrative management services for the entire Bureau, train new employees and conduct refresher courses for older employees, prepare informational material, and develop policy to assure uniformity in the decisions made in applying program provisions to specific situations. There, too, the Bureau's research program is conducted to see how well the program is serving the people.

Systematic planning.—Careful and precise planning is a keystone of Bureau administration. A Bureau-wide system of work planning is one tool that is used.

The budget process is another planning tool. By 1942 the Bureau had moved into performance budgeting—where estimated costs and the activities planned for are brought together.

Administrative costs have been kept to a minimum by constant attention to improving ways of doing business, in small procedural details and in large-scale changes alike. Since 1941 the volume of the Bureau's work has increased about four times; the staff required to handle it has increased less than one-fourth as much as the workload. The administrative cost of about $112 million for this fiscal year will be about 1.8 percent of the income during the year to the old-age and survivors insurance trust fund. This percentage can be taken as a crude index of operational effectiveness. When the program was established, it was estimated that administrative costs would run to about 10 percent of trust fund income in the early years of the program and then drop to about 5 percent. Costs actually have never exceeded 3.6 percent since passage of the 1939 amendments.

Summary

Old-age and survivors insurance over the years has provided an increasing measure of protection for the individual and his family against destitution and want resulting from loss of income when the breadwinner retires or dies. To the extent that the individual has been protected, society and the Nation's economy as a whole have been strengthened. The program has become identified with the economic welfare of the country within the framework outlined in 1948 by the Advisory Council in its report to the Senate Committee on Finance:

> In the last analysis the security of the individual depends on the success of industry and agriculture in producing an increasing flow of goods and services. However, the very success of the economy in making progress, while creating opportunities, also increases risks. Hence, the more progressive the economy, the greater is the need for protection against economic hazards. This protection should be made available on terms which reinforce the interest of the individual in helping himself. A properly designed social-security system will reinforce the drive of the individual toward greater production and greater efficiency, and will make for an environment conducive to the maximum of economic progress.

Old-age and survivors insurance is not a static program. Having met many of the challenges of the past, it must constantly turn its attention to the future. For, as President Eisenhower has said, "To help individuals provide for . . . security—to reduce both the fear and the incidence of destitution to the minimum—to promote the confidence of every individual in the future—these are proper aims of all levels of government, including the Federal Government."

Twenty Years of Public Assistance

by Jay L. Roney*

THE original planners of the Social Security Act recognized that an effective social security program for this country must include both social insurance and public assistance: social insurance to provide a measure of economic security against insurable risks, such as loss of income due to unemployment, retirement, or death of the wage earner; and public assistance, the supplementary program to deal with individual want that cannot be met adequately through social insurance or other programs. The President's Committee on Economic Security, appointed in 1934, specifically suggested this dual approach in meeting the hazards of old age. It said:

> An old-age insurance program could be expected in time to carry the major, but never the entire, load. Administrative problems stand in the way of covering in an insurance program all employed persons who need old-age protection. Moreover, it may always be expected that some persons whose income has been derived from other sources than wages will come to financial grief and dependency in old age. Assistance programs have a definite place, even in the long-time planning for old-age security.[1]

Today, all States are administering Federal funds under the Social Security Act in public assistance programs for dependent children, the needy aged, and the needy blind, and 42 States have programs for the needy disabled. As a consequence, greater progress in helping needy persons throughout the country has been made within the past 20 years than had previously been made since the Nation's founding.

Before 1935

The public welfare program of the colonial period, with its heritage from the seventeenth century English poor law, remained practically unchanged until the first quarter of the twentieth century. Local financing and administering of a limited amount of outdoor relief plus the care provided in local "almshouses" or "poorhouses" comprised the larger part of public relief activities. After 1860 some States developed institutions for specialized care of insane and men-

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1 *Social Security in America, The Factual Background of the Social Security Act as Summarized from Staff Reports to the Committee on Economic Security*, Social Security Board, 1937, page 190.