

Equality of Rights to Social Security

The following article is based on a statement prepared in reply to a request from the President's Committee on Civil Rights for information on the steps the Social Security Administration has taken to have its services "impartially reach all qualified recipients, despite local and regional differences." A similar inquiry was submitted to other Federal agencies. The replies were used by the President's Committee in preparing the report released at the end of October.¹

ELIGIBILITY FOR BENEFITS, assistance, or services in programs conducted by the Social Security Administration or by State agencies under plans approved by the Administration is conditioned upon elements that are related in each instance to the objective of the program. In the insurance programs the objective is the partial replacement of wages lost because of unemployment, retirement for age, or death. The purpose of the assistance programs is to provide income to persons with no income or with income insufficient for their needs. The maternal and child health and welfare programs provide health services and child welfare services to mothers and children in need of them.

In none of these programs can it be said that these objectives have been fully attained. Because of coverage limitations, not all persons who experience unemployment, old age, or death are protected by our social insurance programs. Substantial numbers of needy persons fail to receive assistance, or to receive adequate assistance, and in many parts of the country maternal and child health and welfare services are either nonexistent or inadequate in volume. The resulting inequities in the treatment of individuals are due in part to deficiencies in our legislation, Federal and State, and in part to lack of funds or of trained personnel to implement programs for which authorization exists in law. Except as noted below, they are not due to discrimination based on differences of residence, race, religion, sex, country of birth, or ancestry. Protection against most such types of discrimination is inherent in the eligibility elements, which em-

phasize wage loss, in the insurance programs, and need, in the assistance programs, and is reinforced by the provisions for fair hearings in both the insurance and the assistance programs. The Administration has recommended the adoption of a fair-hearing procedure in the maternal and child health and welfare programs as well.

Social Insurance

Benefit eligibility in the two insurance programs, old-age and survivors insurance and unemployment insurance, is determined by factors that are entirely or largely objective. In the case of an aged worker applying for a retirement benefit, for instance, the test of eligibility consists principally of proof of age and evidence of having worked a specified number of quarters in covered employment. Considerations of race, religion, sex, country of birth, or national origin do not enter into this determination. In unemployment insurance, eligibility for benefits depends on proof of previous employment or earnings in covered work and the genuineness of the individual's unemployment. Proof of previous earnings or employment is based on wage records. The test of availability for work and tests designed to assure that unemployment is involuntary introduce a more subjective judgment into the determination, but factors of race, religion, and so on, are not involved, although some States maintain separate facilities for white and Negro claimants for benefits and applicants for work.

It is appropriate at this point to call attention to a type of discrimination in the insurance programs that affects some groups in the population more than others, namely, limitations

in protection due to restricted coverage. Under the provisions as enacted by Congress in 1935 and as amended since, the benefits of old-age and survivors insurance and of unemployment insurance are not available to the self-employed, workers in agriculture, domestic service workers, employees in nonprofit organizations, and government workers. The result of the coverage restrictions in the old-age and survivors insurance program is that the predominantly agricultural States have relatively fewer workers with insured status and relatively fewer persons drawing retirement or survivor benefits.

In Mississippi, for example, which has the largest proportion of its population living in rural areas, only 2 in every 10 workers in 1940 were in covered employment; among persons with wage credits in 1944 only 5 in 10 were insured on January 1, 1945; only 3 in every 1,000 aged persons in the State in June 1946 were entitled to old-age and survivors insurance. Highly industrialized Rhode Island, by contrast, had 7 out of 10 workers in 1940 in covered employment; 8 out of every 10 workers with wage credits in 1944 were insured on January 1, 1945; and among its aged in June 1946, 200 out of every 1,000 were entitled to insurance benefits.

Relatively fewer workers in rural States, again, are protected against unemployment; as a result a smaller proportion of the unemployed receive unemployment benefits.

Since Negroes are heavily represented in agriculture and in domestic service, the limitations in the coverage of the insurance program bear on them with special severity. Relatively fewer Negro workers are insured against the risks of old age, death of the family earner, and unemployment; relatively fewer aged and unemployed Negroes or survivor families of Negroes are in receipt of benefits. One in every 10 Americans is a Negro, but Negroes constitute only 6 in every 100 workers who are fully insured under old-age and survivors insurance and only 6 in every 100 beneficiaries. The remedy, in the opinion of the Social Security Administration, is congressional action to extend coverage to the occupational groups now outside both

¹The President's Committee on Civil Rights, *To Secure These Rights*, U. S. Government Printing Office, 1947.

the insurance programs. The Social Security Administration and its predecessor, the Social Security Board, have so recommended in annual reports to Congress and at hearings before committees of the House and the Senate.

Public Assistance

The inequalities in treatment that arise in public assistance are of a somewhat different character. They relate largely to differences among the States and counties in tax resources, in willingness to finance specific programs, and in the elements that are considered in the determination of eligibility. Some differences in these respects are inherent in any program which, like public assistance, is State-administered. Not all the differences are inevitable, however, and the magnitude of some is difficult at times to justify.

Variations among the States in tax resources and in willingness to spend money for public assistance mean that whether a person qualifies for assistance often depends on the State in which he lives, and that the size of the assistance payment to a recipient will be relatively small in a poor State and relatively large in a wealthy State. Other differences in the size of the average payment reflect variations in treatment of the requirements and the resources of the assistance recipient.

Some State laws are more liberal than others in their eligibility conditions relating to residence and citizenship. For instance, the Social Security Act forbids Federal grants to a State that imposes a residence requirement for old-age assistance of more than 5 years in the last 9, including 1 year of continuous residence. At the present time, 15 States require only 1 year of residence, and 3 have abolished the residence requirement entirely. A citizenship requirement that makes any citizen ineligible for old-age assistance makes a State ineligible for Federal grants-in-aid, but States are not prohibited by the Federal act from excluding noncitizens, and 19 do exclude them from the benefits of old-age assistance.

The net effect of such geographic differences in treatment is reflected in the wide range among the States in the proportion of aged and blind persons and of children on the assistance

rolls—a range too large to be accounted for entirely by State differences in the relative number of needy persons—and the very marked differences from State to State in the average payment per case. These differences, by and large, affect most unfavorably the people in the poorer States. Since the States with low per capita income tend to be rural States and to be concentrated in the South, the differentials in treatment operate to the disadvantage of the rural population, particularly in the South. Negroes, because of their greater representation in Southern States, are perhaps more directly affected than are other groups in the population.

Federal funds for public assistance would not be available to States whose plans provided for discrimination on the basis of race, color, or creed. In order to guard against the utilization of subjective judgment in decisions relating to eligibility, including need, States must adopt well-defined policies and issue clear instructions to staff. Whether Negroes and other minority groups suffer from any type of discrimination in addition to that related to location is difficult to establish. Fifteen of 21 States reporting in a special study of old-age assistance in 1944 gave comparable data on the number of white and Negro recipients; 17 of the 21 on average payments. A larger proportion of the nonwhite population than of the white population was on the old-age assistance rolls in all but 2 of the 15 States; average assistance payments, on the other hand, were lower for nonwhite recipients in 11 of the 17 States reporting that information.² The Social Security Administration has worked with individual State agencies, on a State-by-State basis, to eliminate any administrative practices that may tend to discriminate against minority groups.

The Social Security Administration has consistently made various recommendations designed to eliminate inequalities in the treatment of public assistance applicants and recipients.

² Bureau of Public Assistance, *Preliminary Tables on Incomes and Living Arrangements of Recipients of Old-Age Assistance in 21 States, 1944*, December 1945, tables 4 and 25.

To reduce differences from State to State in the treatment of individuals because of differences in ability to finance an adequate public assistance program, the Social Security Administration has recommended that the Federal share of the assistance dollar be varied inversely with the per capita income of the State.

To reduce the differences in the treatment of individuals within a State that result from differences among counties in the measurement of requirements and resources, it has recommended that the States distribute available Federal and State funds to localities in accordance with their needs. Recommendations³ for improving State public assistance legislation, released to the States in November 1946, reaffirmed the position that "the principle of equal protection of the laws for all persons, wherever they may live in the State," holds in public assistance as it does in other areas of governmental activity.

To eliminate inequities based on citizenship in the treatment of needy persons, the Administrator has recommended the abolition of citizenship requirements as a condition of eligibility for assistance under approved State plans.

To eliminate inequities based on residence in the treatment of needy persons, the abolition of residence requirements as a condition for assistance under approved State plans has been recommended.

To safeguard the interests of the applicant and recipient of public assistance, the Social Security Act makes it mandatory on the State agency administering an approved plan to grant opportunity for a fair hearing to any individual whose claim for assistance is denied. Recommended standards for the implementation of this requirement, issued to State agencies, set out the Administration's interpretation of the basic principles of the law, the objective to be realized under it, and desirable procedures for the hearing of appeals.

Services to Mothers and Children

The Federal grant-in-aid programs administered by the Children's Bureau under the Social Security Act are

³ Summarized in the *Bulletin*, December 1946, pp. 8-16.

designed to assist the States in developing and improving their health and welfare services for mothers and children, especially in rural areas and in areas suffering from severe economic distress. The emphasis in the 1935 act on the extension of services to these areas was a recognition of the uneven development of health and welfare programs in the country and the desirability of Federal aid to help equalize opportunities for the use of necessary facilities.

Demonstration of the value of specialized services in some areas has stimulated in other sections a sense of responsibility for providing better services to their mothers and children. As a result the level of health and welfare programs has risen throughout the Nation. In its work with State departments of public welfare and State departments of health the Children's Bureau has therefore stressed the importance of providing the necessary care to mothers and children no matter what their place of residence may be. It has defined child welfare services as the rendering of social case work service "to any child in need of such service."

The objective of child health in the postwar world, according to the program adopted in 1944 by the Bureau's Advisory Committee on Maternal and Child Health and transmitted to State agencies for their guidance, is "to make available to all mothers and children in the United States of America all essential preventive, diagnostic, and curative medical services of high quality which, used in cooperation with the other services for children, will make this country an ideal place for children to grow into responsible citizens."⁴

To emphasize the importance attached to equality of access to services, the Children's Bureau has repeatedly affirmed its belief that differential treatment of minority groups in different parts of the country has no place in a democracy. In November 1944 the regulations governing the administration of the crippled children's program were amended to make it mandatory that an approved plan

⁴ *Recommendations of the Children's Bureau Advisory Committee on Maternal and Child-Health Services, 1935-1944*, p. 17.

"provide that diagnostic services will be made available . . . to crippled children without restrictions as to race, color, creed, economic status, legal residence . . ."

The State health departments in the South have generally been receptive to the principles cited. They recognize by and large that the group most acutely in need of health services is the rural Negro population and have developed their programs to take that fact into account. The principal problem in this respect is rather with the States in the Southwest, where efforts have been directed toward developing a greater concern in the State health departments with the health problems of Indians and Spanish-Americans. One difficulty has been a disposition to consider the health of Indian children as the responsibility of the Office of Indian Affairs, which is not, however, as well equipped as the State health department to furnish the necessary service.

There is a tendency to overlook the needs of another group—the children of migratory workers. Here the problem is not race but the shifting character of the family's residence and the reluctance of State and local health authorities to spend their limited funds on a transient population.

In the field of child welfare services, as distinguished from child health services, the Children's Bureau has found it useful to have on its staff for the past 10 years a special consultant on the welfare problems of Negro chil-

dren. She renders consultation on projects developed around the needs of Negro children, conducts conferences and institutes, assists in interpreting to various groups some of the special problems of Negro children, and helps explore community resources for the better protection of dependent and neglected Negro children and those in danger of becoming delinquent. Frequently the emphasis placed on meeting the needs of Negro children has served to direct greater attention to the needs of all children.

In 1943 the Children's Bureau called a 2-day conference on services for Negro children, attended by white and Negro representatives of national organizations in the fields of health and social work. The conference adopted recommendations for more adequate public services for children of minority groups as a necessary part of the effort to develop essential services for all children in the United States.

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The experience under all the social security programs emphasizes the importance of positive measures directed toward equality of opportunity and equality of access to needed services. The recommendations of the Social Security Administration have looked toward a comprehensive program of social insurance, supplemented by public assistance and welfare services, that would assure to all individuals and families a basic minimum support when earnings cease or are inadequate, and would also assure access to essential welfare services.

Second Session of UN's Social Commission

By Dorothy Lally*

THE SOCIAL COMMISSION of the United Nations met for the second time from August 28 to September 13 at Lake Success, New York. As in the first session,¹ 18 countries were represented on the Commission and the representatives of 4 specialized and 4 nongovernmental organizations were present. The Commission elected two new officers for this session—George Davidson, Deputy Minister for Health and

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¹ See the *Bulletin*, February 1947.

Welfare in Canada, who served as rapporteur in the absence of Henry Hauck, the Commission's regular rapporteur; and Y. C. Yang of China, who served as Vice Chairman since the former Vice Chairman had been replaced by a new appointment from his country.

As the session opened, the feeling was strong that the Social Commission must take positive leadership in developing international social policy and must recommend to the Economic and Social Council the measures re-