

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 effective-

ness. 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

*Director, Bureau of Public Assistance.

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

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.*

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-

tally deficient persons, as well as the indigent aged and sick, and began State supervision of their administration. Early in the twentieth century, pension laws were passed in some States for the blind and the aged and for certain needy children. Many of these laws were not very effective, however, since State and local appropriations for their support were small or sometimes lacking and eligibility conditions were relatively restrictive.

As the Nation became industrialized, the large farm family was replaced by the smaller city family, dependent on wages from employment and subject to rapid social changes and other strains that lessened family cohesion. Individuals became increasingly subject to the impersonal forces of a money economy. The growing number of dependent aged persons and young children in the population also contributed to the development of economic and social problems. Until the depression of the 1930's, however, most needy persons were dependent on the inadequate provisions of an archaic poor relief system and limited State pension programs, although some, especially in the larger cities, benefited from the aid and services provided by an increasing number of private charitable organizations.

With the depression, destitution grew beyond the capacity of public and private agencies in the localities and States to handle. Beginning in 1932 the Federal Government devised various measures to aid millions of unemployed persons, including a temporary public works program for the employable; and, built on the growing but limited State and local relief programs, a temporary system of Federal grants to States to aid the unemployable. Planning for a more permanent system to prevent destitution culminated in the passage of the Social Security Act in 1935. Titles I, IV, and X of the act provide public assistance grants to the States for the needy aged, the blind, and dependent children. In 1950, title XIV was added to provide aid to the permanently and totally disabled. Responsibility for aiding other needy persons was left to the States and localities.

1935 and After

The public assistance titles of the act reflect the increasingly widespread recognition of the dignity of the individual and respect for his rights and responsibilities. Economics, law, social work, medicine, and public administration also made their contribution to the principles embodied in those titles. Most of the act's provisions are common to the four assistance programs. They retain the traditional responsibility of the States and localities for the administration of public assistance but ensure an equitable administration throughout the State. They give States wide discretion in determining how the programs are to be organized and administered, who is to be eligible for aid, and how much aid eligible persons shall get, but they set certain minimum standards reflecting the national interest. They define the groups of needy persons for whom the programs are intended, ensure that certain basic individual rights will be safeguarded, and provide for proper and efficient administration to enable the purposes of the program to be achieved as far as possible in each State.

The first plan for old-age assistance, in Michigan, was approved on December 20, 1935, and the first plans for aid to the blind and aid to dependent children, in Wisconsin, on December 23, 1935. The first Federal grants to States were made in February 1936. Within the year, 42 States were administering federally aided old-age assistance; 27 States, aid to dependent children; and 25 States, aid to the blind. In the following year, eight additional States established old-age assistance programs under the Federal act; 13, aid to dependent children; and 12, aid to the blind. Approval of the first plans for aid to the permanently and totally disabled was effective October 1950.

The availability of Federal funds to the States and the placement of responsibility for the programs with a single State agency served as an impetus to developing new or strengthening existing State departments of public welfare throughout the country. Great strides have been

made by the States in raising public assistance far beyond poor relief practices, now regarded as niggardly, demeaning, and frequently punitive.

The Social Security Act defines assistance, for example, as money payments to, or medical care payments on behalf of, needy persons. This provision has been interpreted as preventing any restrictions on the recipient's use of his money payment. The person receiving aid is given responsibility for deciding how best to use his income, as others do in the community. This provision enables a needy individual to have in his possession the money necessary to purchase the essentials of living and to continue to live in his own home without interruption of family life because of economic need alone. In contrast, under poor relief, congregate care was usual; the "poorhouse" sheltered the aged, the unemployed, the disabled, the abandoned child, the deserted mother and her children, the unmarried mother and her infant, as well as the senile person and the feebleminded. Food, clothing, and medical care and other services were usually inadequate. Aid given to the poor in their own homes was meager and usually in the form of vouchers for groceries, clothing, or fuel, which not only limited the aid to certain items at a specified store but also identified the needy person as a "pauper."

The act provides for a fair hearing when a needy person has been denied aid or is dissatisfied with the amount of his assistance payment, or when his application has not been acted upon with reasonable promptness. Under poor relief, the final judgment of eligibility for assistance and the amount of assistance was subject to the influence of personal bias of the local worker. The fair hearing before the State agency is an administrative rather than a court process, designed to protect needy persons against arbitrary or erroneous decisions of an individual staff member. It also strengthens State responsibility by providing for State review of a local decision.

In addition, the Social Security Act provides a safeguard against the disclosure of information about assistance recipients for purposes other

than the administration of the program. Although modified in 1951 by an amendment that permits public inspection of the lists of recipients, the law still affirms the principle that dependency should not subject assistance recipients to indignities or embarrassment. This concept is in sharp contrast to earlier local relief practices, such as those that obliged a needy person to enter an institution to receive aid, or to lose his right to vote if he received assistance, or to have his name posted on a "pauper" list.

The Federal act tended to remove certain other restrictions on eligibility common to poor relief—for example, those requiring lengthy State residence and local settlement. At the beginning of 1935, two-thirds of the States making old-age pension payments required, as a condition of eligibility, 15 or more years of State residence and many required also a specified period of local settlement. The act reduced to 5 years the permissible State residence requirement in the old-age assistance and aid to the blind programs and prohibited local residence requirements entirely. With Federal financial aid and the development of programs in most States, bars were lowered against persons from other areas, and many States now require a shorter period of residence than the maximum permitted in the act.

To help ensure efficient and responsible organization and administration and equitable treatment of needy persons, the act also requires (1) that a single State agency administer the plan or supervise its administration by local agencies upon which State rules, regulations, and standards are mandatory; (2) that the State participate in financing; and (3) that the program be in effect in all subdivisions of the State. Under poor relief the local government generally bore the entire cost. Most of the early State programs of categorical assistance were based on permissive legislation. As a result, many counties had no programs, and in those that did the eligibility conditions varied. To ensure that the new federally aided program would be available to all persons within the State and that no person would be

denied aid because certain localities were unwilling to participate, the act required the program to be in operation in all parts of the State. The "single State agency" charged with final administrative responsibility for the program is accountable for all expenditure of Federal funds even though disbursed by the localities. This agency is also responsible for adopting and using the administrative measures necessary to ensure that local operations conform with the provisions of the State plan.

The requirement for a merit system in 1940 as the basis for selecting personnel for the public assistance programs represented great progress from the methods of appointment used under earlier poor relief and State pension programs, which were based less on technical qualification than on political affiliation. The merit system provided the framework and machinery for recruiting and selecting staff fitted for the particular job.

Conditions of eligibility in the early State plans were generally more liberal than those in previous State or local laws. As the programs developed, States liberalized their requirements even further. More recently, however, there is evidence of more restrictive provisions, such as those tightening up on support of needy aged persons by their children, and the requirement that, before a family may receive assistance, the mother must initiate legal action against the father who has deserted.

The trend in general, however, has been toward provisions that reflect greater concern for people. An amendment to the Federal act in 1950, for example, was designed to assure adequate standards of care and protection against hazards that threaten the health and safety of needy persons in institutions. Many States long ago had established safeguards for hospitals and for institutions caring for children, but comparable protection had not been given to aged and infirm adults in institutions. Many needy persons require institutional care, and a number of them, because of their limited economic resources, have had to live in substandard institutions; some have been subjected to inhumane treat-

ment. The 1950 amendment, requiring a State that makes federally aided assistance payments available to needy aged, blind, and disabled persons in institutions to designate an authority to establish and maintain standards in such institutions, provided an impetus for a nationwide movement to raise the standards of institutional care. Voluntary and public welfare agencies in all parts of the Nation have been working cooperatively in achieving this goal.

Who Have Benefited

The benefits of the public assistance titles of the act have been extended to needy aged, blind, and disabled persons and dependent children in almost all the approximately 3,100 counties in the United States and in Alaska, Hawaii, and the District of Columbia and, since 1950, Puerto Rico and the Virgin Islands. In contrast, at the end of 1934, aid for the aged and blind was available in less than a third of the counties, and aid for widows and their children in about half.

Until the beginning of World War II, the number of recipients of old-age assistance increased fairly rapidly, from 1.1 million in December 1936 to about 2.2 million in December 1942. In the same period, the number of children receiving aid to dependent children rose from 404,000 to more than 900,000, and the number of persons receiving aid to the blind, from 45,000 to nearly 80,000. As the result of transfers to these programs and of improved economic conditions, the caseloads in the State and/or locally financed general assistance programs declined from more than 1.5 million cases in 1936 to fewer than half a million by the end of 1942.

During the war the number of persons receiving old-age assistance declined by nearly 10 percent—though the total number of aged persons was continuing to increase—largely because aged persons left the rolls to take work or because relatives became able to support them. Moreover, many aged persons remained in employment from which they would have separated, by choice or otherwise, if the need for manpower had been less urgent. The number of

persons receiving aid to the blind declined at about the same rate as that of the aged, while the number of children receiving aid to dependent children dropped by nearly one-third.

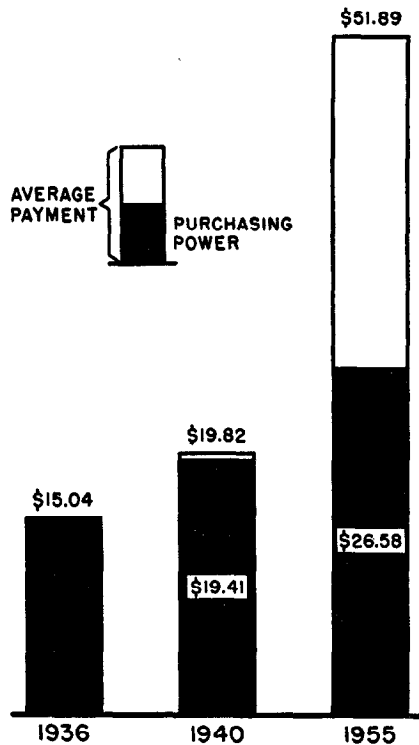
From the end of World War II until late 1950, the number of recipients of old-age assistance rose almost steadily to an all-time high of about 2.8 million, and the number receiving aid to dependent children and aid to the blind also grew beyond prewar highs. In 1951 the number of recipients under each of the three assistance programs declined due to increased demands for labor following the outbreak of the Korean conflict and liberalizations, enacted in 1950, in the old-age and survivors insurance program.

The decline in the number of old-age assistance recipients has continued, mainly because of the liberalized old-age and survivors insurance provisions; the present level is somewhat less than 2.6 million, about 9 percent below the peak reached in September 1950. The number on the aid to dependent children rolls, however, began to grow at the end of 1953, when there was some slackening in the demand for labor, and it has since risen to almost 2.3 million. Aid to the blind declined somewhat in 1951, but it has since risen gradually, and there are now 103,000 recipients. The caseload for aid to the permanently and totally disabled has grown steadily to 232,000 as additional State programs have been inaugurated and recipients added. Its growth now shows some signs of leveling off.

Amount of Aid Provided

The act stipulates that assistance payments may be made only to the "needy" and that consideration must be given to income and resources in determining an individual's need. The act also contains a formula limiting the amount of Federal financial participation available in individual assistance payments. It leaves to each State, however, the responsibility for determining how much assistance each program will provide. In establishing the amount to be paid to a needy person, States have been strongly influenced by limits on Fed-

PURCHASING POWER* OF OAA PAYMENTS APRIL 1936, 1940, 1955



*Dollar amounts adjusted for changes in BLS consumer price index.

eral financial participation in individual monthly payments. Initially, most States adopted the maximum limiting the amount of Federal participation as the maximum amount of assistance a recipient could receive. Although some States have not been able to meet the full amount of the need as established, others have liberalized their maximums. Today, many States have either removed the maximum or have set its amount above the Federal limit for matching purposes. In addition, some States that have maximums provide for medical care outside the maximums or through other programs.

There has been some progress in making payments more nearly commensurate with need. A family on the aid to dependent children rolls, for example, received an average monthly payment of \$24 per person in April 1955, compared with about \$11 a month per child in December

1936; an aged person received, on the average, \$52 in April 1955 and less than \$19 in December 1936. Much of the increase in dollar amounts, however, reflects the rise in living costs rather than in the aid actually provided. Although the average monthly old-age assistance payment increased from \$15.04 in April 1936 to \$51.89 in April 1955, the actual purchasing power of the 1955 payment, as indicated in the preceding chart, was only \$26.58.

These national averages are still far from amounts that many consider necessary to secure the essentials of living, but they represent considerable gain from the \$5 every 3 months allotted to a needy family, regardless of size, under poor relief in a Pennsylvania county as late as 1934, and from the \$8-a-month average old-age pension in Colorado in December 1933.

The national averages do not reflect the wide differences that exist between States; neither does a State average reflect the full amount on which all individuals in the group must live. To receive poor relief, the needy person had to be actually destitute, without food, shelter, or other basic essentials. Today, need is ordinarily defined in relative terms; a needy person is one whose own resources are too small to provide what the State has set as the minimum required for basic maintenance needs, and aid is given to supplement any resources the applicant possesses, to bring them up to this standard. In general, assistance recipients are allowed to retain a modest home, a small amount of cash assets for such purposes as illness and burial, and their household and personal effects.

Recent Significant Trends

Since 1950, old-age and survivors insurance has increasingly assumed the major role in providing basic economic security to aged persons and to survivors of deceased wage earners. More than twice as many aged persons now receive its benefits as are dependent on public assistance. This trend will continue.

The costs of old-age assistance, however, have not declined appreciably. Some insurance benefits are not sufficient to meet the minimum

needs of persons who have no other resources or of those who incur unusual expenses, such as costly medical care. Assistance is going to about a fifth (488,800) of the recipients to supplement their insurance benefits. Many persons receiving minimum or near minimum benefits need additional help. Early in 1953, for example, about 40 percent of those receiving both insurance and assistance received insurance benefits of \$25 a month or less; half received less than \$30. (The minimum insurance benefit is now \$30 for a retired worker or aged widow and \$15 for an aged wife.)

It can be expected that the proportion of aged persons totally dependent on public assistance will decline steadily, and that, in the long run, the volume of old-age assistance will be reduced. The insurance program, however, cannot be expected to have much effect on the present old-age assistance caseload, which consists mostly of individuals who never had and are not likely to have an opportunity to obtain coverage. Some had retired before the Social Security Act was passed; others could not earn

sufficient wage credits for one reason or another. About three-fifths are women, most of whom have never been employed; many are the wives or widows of uninsured workers. Most of the present aged recipients will continue to need assistance for the remainder of their lives.

Major factors contributing to dependency today are different from the causes of dependency when the Federal Government first entered the welfare picture. As shown in the chart below, it is estimated that public assistance programs are aiding nearly 1 1/3 million persons whose need is attributed primarily to disability, chronic illness, or severe infirmities of old age. This number includes some 460,000 old-age assistance recipients who are bedridden or require a substantial amount of care from others because of some physical or mental impairment; 232,000 persons receiving aid to the permanently and totally disabled; about 100,000 persons receiving aid to the blind; and 450,000 persons in 125,000 families receiving aid to dependent children because of need due to the incapacity of a parent. In addition, a

high proportion of the 2 million recipients of old-age assistance who are able to care for their own daily needs have health and other problems related to aging; their average age is 75 years.

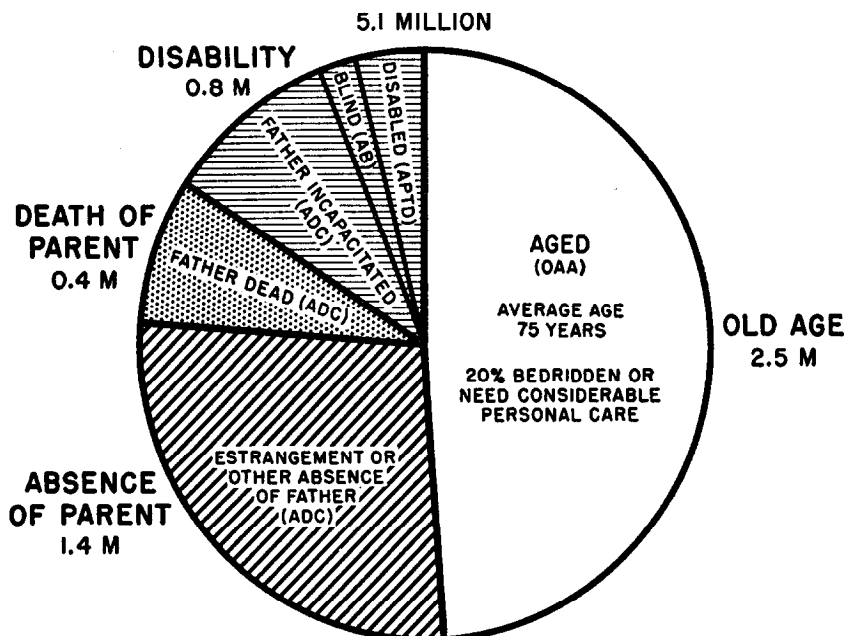
Absence of a parent because of marital estrangement accounts for need in more than half the families now receiving aid to dependent children. The number of paternal orphans in the total population has dropped nearly 30 percent since 1930, as a result of improvement in medical knowledge and health conditions. This decline and the increasing availability of insurance benefits for surviving children have reduced from 37 percent in 1942 to 17 percent in 1954 the number of children receiving aid to dependent children because of the father's death. The social problems of families receiving aid because the father has deserted or is absent for other cause has sharply pointed up the need for planning additional ways to help these families.

Hasty wartime and postwar marriages have resulted in an increase in the number of families broken by marital estrangement. Even though families that are needy because of the absence of the father represent only a small proportion of all these broken families, this evidence of social maladjustment has given rise to criticism of the program for aid to dependent children.² It has also had a positive effect in providing a focus for concerted effort by Federal, State, and local public welfare agencies in planning to meet the needs of these families in a way that will strengthen family ties and ultimately lessen dependency.

The aging, the largest group receiving public assistance, need many types of services. In addition to having a high incidence of chronic illness, the aging suffer from the loss of family ties and of friends and from frequent exclusion from employment opportunities regardless of their skills or vigor. Many need help in getting the medical care they

² This culminated in an amendment effective in 1952 requiring that law enforcement officials be notified when children who have been deserted or abandoned by a parent are receiving aid to dependent children.

MAJOR CAUSES OF DEPENDENCY, PUBLIC ASSISTANCE RECIPIENTS* 1955



* Excludes general assistance recipients under State and local programs.

need, in devising arrangements to maintain their own homes as long as their health permits, and in obtaining suitable institutional care when needed. Others would benefit from skilled help with personal and family problems. Undoubtedly, more older persons can be enabled to make greater use of their individual capacities and thus participate in and contribute more effectively to family and community life.

Some recipients of public assistance who now require considerable care because of age or disability can be helped to learn how to take care of themselves and thus release the time of others in the family for more productive pursuits. Vocational rehabilitation and other services may help some recipients to engage, as many would like to, in gainful work.

During the past few years there has been a marked increase in both Federal and State interest in the provision of services for rehabilitation and increased capacity for self-care, and some States have made considerable progress in this area.

The continuance of financial assistance without other types of help to the needy individual can be expensive both in money and in terms of human frustration and unhappiness. Without additional help, some persons who might become self-supporting must remain on the assistance rolls. Others will continue unnecessarily in deteriorating situations that are detrimental and costly to themselves and the community. Appropriate social, medical, and rehabilitative services can often help prevent or delay further physical and mental deterioration and lessen the need for costly types of medical care or institutional living arrangements. Broken families may be helped to deal with their problems constructively, and the aging helped to lead a more useful and satisfying life.

Increasing attention is being focused by Federal and State agencies and other interested groups on the coordination of welfare, medical, vocational, and other services with financial assistance to help needy persons become self-sufficient to the full extent of their capacities. The Bureau of Public Assistance has been working with other units in the De-

partment of Health, Education, and Welfare and with national voluntary social agencies in planning for the utilization and development of community resources, while endeavoring to bring to public assistance recipients the services now available through other programs.

Goals in the Years Ahead

Many problems must be solved to reach the objective of providing social and medical services to enable needy persons to become self-supporting or independent of the care of others to the greatest extent possible. Funds to meet basic maintenance needs, as determined by the States, are far from available to all needy persons. In addition, medical care is not generally available to them, although illness or disability in some form is a major factor in dependency. Most of the medical care that is provided to public assistance recipients is financed largely from State or local funds; the Federal share is limited by existing maximums on individual assistance payments.

The lack of staff with sufficient technical qualifications to assure professional skill also interferes with the achievement of this goal. Initially, because of the dearth of technically trained persons and the general lack

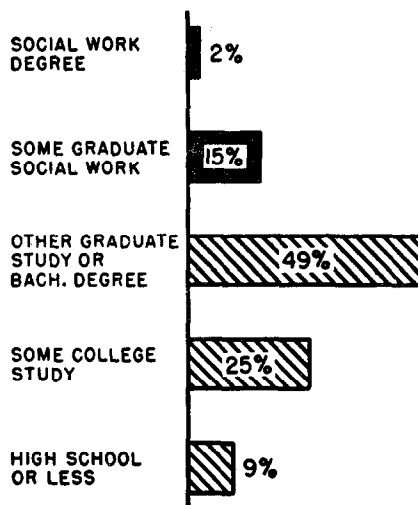
of recognition of the need for social work skills in public assistance, qualifications established for most of the jobs were geared toward attracting the best available personnel at the salary offered. These standards have changed little during the past 15 years.

In 1950, less than 2 percent of public assistance staff in casework (2 years of study in a graduate school of social work), as shown in the chart below. Yet this staff was responsible for dealing with more than 6 million persons dependent on public assistance, many of whom have serious individual and family problems. Although an additional 15 percent of the caseworkers had some social work training, more than two-thirds of these had less than 1 year of training. The largest number, 49 percent, had only undergraduate college training or graduate training in other fields, and about 9 percent had only high school training or less.

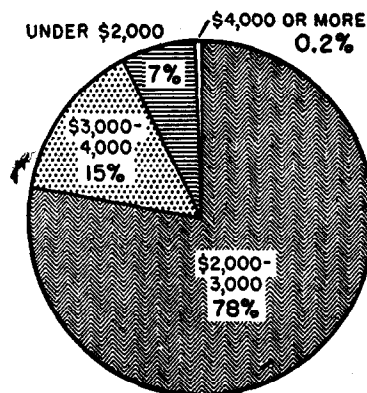
The low salary of these caseworkers, averaging \$2,569 in 1950 (though slightly increased since then), has contributed to both the low qualifications and the high rate of turnover of personnel. In 1954, for example, about a fourth of all persons in public assistance social work positions were

PUBLIC ASSISTANCE CASEWORKERS

EDUCATION



SALARY



Source: *Public Social Welfare Personnel* (1950), Bureau of Public Assistance and Children's Bureau, 1953.

new to their jobs within the year and their educational qualifications were slightly lower than those of the workers who had left. With only 15 percent of the jobs paying as much as \$3,000-\$4,000 in 1950, public assistance agencies have difficulty in competing for the limited supply of trained social workers or in inducing young people to seek such training.

Contribution to Family Life

The public assistance programs contribute greatly to the stability of

the American family. Public assistance makes it possible for the needy aged, blind, or disabled person to be maintained in his own home without interruption of his family life. Aid to dependent children helps keep together parent and child and provides the opportunity for children to grow up in the setting of their own family relationships. Efforts toward rehabilitation of the needy disabled will help some of them to return to self-sufficiency; some will be able to resume responsibility for the care and

for the support of their families.

Perhaps most important of all is the contribution of public assistance to the morale of the family. The basic economic underpinning has enabled the family to preserve, in the face of adversity, the continuity of cherished social values and ideals. Preservation of the family, under the strains of modern life, presents an important challenge to the knowledge and skill of the many men and women who are working to realize the purposes of public assistance.

Twenty Years of Progress for Children

by MARTHA M. ELIOT*

The Starting Point

THE dark, grim days of the depression were taking their toll in the well-being of children. Many children were not getting the health services or medical care they needed because of financial distress of the family or community. Many children were undernourished. State and local maternal and child health services and medical and hospital care and services for crippled children were being curtailed. Adolescents, unable to meet the problems arising from unemployment and depleted family resources, roamed the country. Destitute and neglected children were going without needed care and protection as a result of the reduction in State and local appropriations and voluntary contributions for child care services. In some communities, agencies had lists of children living in their own homes under conditions of serious neglect for whom foster care was not available.

Obviously, planning for the well-being of the Nation's people had to take into account the protection of the health and welfare of children. The Committee on Economic Security, established by Executive order of the President on June 29, 1934, asked the Children's Bureau to act in a consultative capacity with regard to parts of the proposed program relat-

ing to child health and child welfare. The Committee's advisory committee on child welfare worked with the Children's Bureau in developing the recommendations that the Committee submitted to the President and that he, in turn, submitted to Congress on January 17, 1935. The Committee said:

Local services for the protection and care of dependent and physically and mentally handicapped children are generally available in large urban centers, but in less populous areas they are extremely limited or even nonexistent. One-fourth of the States only made provisions on a Statewide basis for county child-welfare boards or similar agencies, and in many of these States the services are still inadequate. With the further depletion of resources during the depression there has been much suffering among many children because the services they need have been curtailed or even stopped. . . .

The fact that the maternal mortality rate in this country is much higher than that of nearly all other progressive countries suggests the great need for Federal participation in a Nationwide maternal and child-health program. From 1922 to 1929 all but three States participated in the successful operation of such a program. Federal funds were then withdrawn, and as a consequence State appropriations were materially reduced. Twenty-

three States now either have no special funds for maternal and child health or appropriate for this purpose \$10,000 or less. In the meantime the need has become increasingly acute.

Crippled children and those suffering from chronic disease such as heart disease and tuberculosis constitute a regiment of whose needs the country became acutely conscious only after the now abandoned child- and maternal-health program was inaugurated. In more than half the States some State and local funds are now being devoted to the care of crippled children. This care includes diagnostic clinics, hospitalization, and convalescent treatment. But in nearly half the States nothing at all is now being done for these children, and in many the appropriations are so small as to take care of a negligible number of children. Since hundreds of thousands of children need this care the situation is not only tragic but dangerous.

The recommendations of the Committee for legislation relating to children were in the main incorporated in the Social Security Act, approved by the President on August 14, 1935. The act provides a dual approach to the needs of children. Title IV provides grants to States for financial aid to children deprived of parental support or care to enable them to remain with their family in their own homes. (The program is dis-

*Chief, Children's Bureau.