



1953

A Study on Problems of Old Age Based upon Articles Appearing in Public Aid in Illinois from October, 1944 to April, 1952

William Joseph Thometz
Loyola University Chicago

Recommended Citation

Thometz, William Joseph, "A Study on Problems of Old Age Based upon Articles Appearing in Public Aid in Illinois from October, 1944 to April, 1952" (1953). *Master's Theses*. Paper 1303.
http://ecommons.luc.edu/luc_theses/1303

This Thesis is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Master's Theses by an authorized administrator of Loyola eCommons. For more information, please contact ecommons@luc.edu.



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License](https://creativecommons.org/licenses/by-nc-nd/3.0/).
Copyright © 1953 William Joseph Thometz

A STUDY ON PROBLEMS OF OLD AGE BASED UPON ARTICLES
APPEARING IN PUBLIC AID IN ILLINOIS FROM
OCTOBER, 1944 to APRIL, 1952

by

William Joseph Thometz

A Thesis Submitted to the Faculty of the School of Social
Work of Loyola University in Partial Fulfillment
of the Requirements for the Degree of
Master of Social Work

June

1953

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
<p>Purpose--Scope--Method and difficulties in writing--History of Illinois Public Aid Commission--History of <u>Public Aid in Illinois</u>--Function of <u>Public Aid in Illinois</u>--Contents-- Related literature.</p>	
II. STATEMENT OF THE OLD AGE PROBLEM AND ITS DEVELOPMENT	6
<p>Magnitude of problem--Various aspects of problem--Historical development of problem--Figures on our aging population--Causes of our aging population--Philosophy about the aged--Emotional needs of the aged--Research and education concerning the problem.</p>	
III. LIVING FACILITIES FOR THE AGED	17
<p>Where the aged live--Living conditions--Homes for the aged--Community Project for the aged--Improving standards for homes for the aged--Public housing--"Village for Elderly People"--Other housing developments.</p>	
IV. MEDICAL CARE OF THE AGED	26
<p>Chronic disease problem--The aged chronically ill--Treatment--Action taken--Statistics--State research--Chicago activity--Licensing of Nursing Homes--History of medical assistance--Medical casework with the aged.</p>	
V. EMPLOYMENT AND RETIREMENT.	41
<p>Workers sixty-five and older--Workers forty-five to sixty-four--Merits of compulsory retirement--Retirement preparation programs--Recreation.</p>	

VI. FEDERAL RETIREMENT PLANS: OLD AGE AND SURVIVORS INSURANCE
AND RAILROAD RETIREMENT PLAN 50

Coverage--Benefits and eligibility--Disability Assistance--
Taxes and administration--Relationship of OASI to OAP-- Mer-
its of OASI--History of railroad security laws--Administra-
tion--Scope of system--Beneficiaries in Illinois-- Retire-
ment benefits and eligibility--Taxes.

VII. OLD AGE PENSION IN ILLINOIS. 66

Start of OAP program--Eligibility and the Miller Law--Financ-
ing OAP--Amount of paygents and appropriations--Adequacy of
payments and appropriations--Proposals--Facts concerning as-
sistance recipients.

VIII. CONCLUSIONS. 76

LIST OF TABLES

Table	Page
I. EXPECTED POPULATION CHANGE GIVEN IN MILLIONS	9
II. RATES FOR OASI TAXES	57
III. OAP APPROPRIATIONS FOR PERIOD FROM 1945 to 1951.	69

CHAPTER I

INTRODUCTION

PURPOSE

The number of older people in this country has been mounting steadily and the problem of caring for them has increased accordingly and will probably continue to increase. It is the purpose of this thesis to determine the extent and nature of this problem and to consider what has been done for the aged, what their circumstances are, and what action should or might be taken for them in the future.

SCOPE

The thesis is based only on the articles referring to old age which appear in the magazine, Public Aid in Illinois, from October, 1944 to April, 1952. The thesis will correspond to the pattern set by Public Aid in Illinois in its coverage of welfare developments. This means its focus will be mainly upon Illinois; it will include discussion of federal action and laws since they affect Illinois directly and it will also take into consideration development in other states which might have value to Illinois lawmakers and welfare people.

METHOD AND DIFFICULTIES IN WRITING

The articles were analyzed, their contents rearranged according to plan, and formed into a compendium, a unified picture of the current old

age situation. Since only one source was used and since the subject is so broad, the result will have certain limitations. The chief limitation is that it may not have detailed information on all phases of the subject. However, it is hoped that the perspective that the thesis gives will compensate for any incompleteness in the topics discussed.

HISTORY OF ILLINOIS PUBLIC AID COMMISSION

A brief history of the commission and its publication, Public Aid in Illinois, will help give some background for the thesis and to indicate why Public Aid in Illinois was chosen as the sole source of information. In 1932 the Illinois Emergency Relief Commission was created to cope with the dire circumstances in which the state found itself during the depression years. The local agencies did not have the resources to care for the additional indigent people and county relief committees were appointed to administer needs. After things subsided somewhat again, the Illinois Public Aid Commission was created in 1941 to take the place of the Illinois Emergency Relief Commission.¹ The Illinois Public Aid Commission already had responsibility for the disbursement of state general assistance funds and for supervising the local administration of the agencies when on July 1, 1943, the General Assembly of Illinois also assigned it responsibility for the categorical assistance programs. Thus the commission now administers

¹ Wayland Lessing, "Welfare Service Committees-The Story of Partnership in Public Aid," Public Aid in Illinois, XIX, March, 1952, 1.

all public aid programs in Illinois and "public aid is the largest single function of the state."²

The commission has continued to work through the use of committees. Each county has fifteen committee members, who are representative of the population. One of the functions of these county committees, which is important at least from the standpoint of this thesis, is to give information about local conditions to the central office of the Illinois Public Aid Commission. Here the commission analyzes the data and is in turn able to keep the counties informed.³

HISTORY OF PUBLIC AID IN ILLINOIS

The official publication of the early Illinois Emergency Relief Commission was the Monthly Bulletin of Relief Statistics and the first issue appeared in January, 1934. In February, 1942, the new Illinois Public Aid Commission changed the name of the magazine to Public Aid in Illinois. The commission began to expand and develop the magazine a little. In April of 1942, they started giving brief notes on program developments. In October of 1943, a brief but somewhat analytical outline of the program was given⁴ and in 1945 they began incorporating articles which were written by a wide range of authors. Since the magazine has access to practically all infor-

² "Report of the Illinois Public Aid Commission," Springfield, July 1, 1943 through December 31, 1944, 5.

³ Lessing, "Welfare Service Committees-The Story of Partnership in Public Aid," Public Aid in Illinois, XIX, 1.

⁴ This information was received from the Chicago office of the Illinois Public Aid Commission.

mation of social import in the counties, it is probably in the best position to cover all important developments in Illinois.

FUNCTION OF PUBLIC AID IN ILLINOIS

Public Aid in Illinois recently issued a comprehensive statement of the purpose of its magazine which contained four points. Two points, which help show that the source matter of the thesis is rather comprehensive and unbiassed on most matters are these: 1) "To provide information on the laws, policies, operational methods, volume and costs of the public aid programs for which the Illinois Public Aid Commission is directly responsible, and on related public and private welfare functions or activities within the state, in other states and in the federal government," and 2) "to stimulate creative contribution to the theory and practice of welfare administration by serving as a forum, available for variant views within and without the staff, for examining public aid and welfare problems and making critical evaluation of current principles and methods for meeting these problems." Its other purposes are to improve its relationship with the other governmental units, private agencies, welfare organizations, etc. and to develop the capacities of the staff of the commission.⁵

CONTENTS

Chapter II will explain some of the phases of the problem and give a brief history of its development, and its causes; it will also discuss

⁵ "Statement of Purpose," Public Aid in Illinois, XIX, June, 1952, inside of front cover.

the modern day philosophy about the aged as contrasted with their actual needs. Finally, a few of the more notable research activities will be cited.

Succeeding chapters will go into more detail in treating some of the phases of the problem mentioned in Chapter II, such as housing, medical and institutional care, recreation, employment, and retirement. Considerable attention will be given to studying developments in the Old Age and Survivor's Insurance and to the Old Age Pension programs and their effects upon and interrelationships with Illinois' legislation and activities in public welfare.

RELATED LITERATURE

The following books and pamphlets were used in gaining better insight into the subject: 1) Community Services for Older People, published in 1952 by the Welfare Council gives excellent information on most phases of the topic. 2) The pamphlet, "Variables in Planning Long Term Care" which was published by the Central Service of the Chronically Ill, was helpful in considering the medical situation of the aged. 3) Two useful books pertaining to the Social Security laws are Social Security in the United States and Compilation of Social Security Laws.

CHAPTER II

STATEMENT OF THE OLD AGE PROBLEM AND ITS DEVELOPMENT

MAGNITUDE OF PROBLEM

"Old age as a social and economic problem has been creeping slowly upon the American people for the last half century, but we are still in the early stages of its development. It will take another half century to bring the problem to the full peak of its intensity, but its manifestations will become painfully apparent within the next ten years."¹

This descriptive statement by the United States Commissioner of Labor Statistics serves to indicate the increasing importance of recognizing and meeting the complex situations resulting from the growing number of older people.

VARIOUS ASPECTS OF PROBLEM

The manifestations of the problem are already apparent in many phases of our social and economic structure. With regard to employment, there is the question of whether we can "keep our older workers usefully, happily, and gainfully employed...or look forward to forced early retirement."²

1 Ewan Clague, "Economics of Old Age," Public Aid in Illinois Chicago, XVI, December, 1949, 1. n.b. Since all the material of this thesis is taken from the same source, the name of the source, vis, Public Aid in Illinois, will be eliminated from all future references.

2 Ibid., 21.

Retirement itself is another broad area which demands more constructive action. There is need for expanding and improving the federal Old Age and Survivors Insurance Program. Very noticeable also has been the "mounting expenditure over the last decade for the maintenance of older people, for their custodial care, and for their care in mental hospitals."³ This question has a great many ramifications including the need for study and advancement of medical science for the aged and the development of chronic care and nursing home facilities. There is also the need for more general information about the aged and more provision for suitable interests and activities in which they can participate. In the last decade, social agencies of various kinds have found their programs complicated by the increasing number of old people. It has been noted by caseworkers, by recreational workers, and by the various hospitals and public health establishments.⁴

HISTORICAL DEVELOPMENT OF PROBLEM

The problem of the aged first became apparent about 1900. The depression of the thirties gave added impetus to the problem but at the same time it partially concealed it through the mass unemployment of the period. The Social Security Act of 1935 was by this time a necessity and it seems significant that the first two titles of the act pertained to Old Age Assistance and Old Age and Survivors Insurance. World War II again concealed

³ Elizabeth Breckinridge, "The States and Their Older Citizens," XVIII, 1951, 1.

⁴ Elizabeth Breckinridge, "The Community Project for the Aged," XV, February, 1948, 1.

the problem by absorbing many of the aged into the labor force and by directing the nation's energies towards war. It has been predicted, though, that during the 1950's, the problem will steadily get bigger.⁵

FIGURES ON OUR AGING POPULATION

The apparent cause of these old age problems is the steady increase in the number of older people. "Older people constitute the most rapidly growing portion of our population."⁶ The following statistics will help give some idea of what changes have occurred and what may be expected during the twentieth century. Since 1900 the total population of the United States has doubled, but the number of people sixty-five and older has almost quadrupled.⁷ Another statement showing almost the same thing, but in a different manner is that in 1900, four per cent of the population was sixty-five or older and in 1949, eight per cent of the population was sixty-five or older; it is further estimated that in the year 2000, more than twelve per cent of the population will be sixty-five or older.⁸ The following table published by the National Resources Planning Board gives a better picture of how our aged population will probably increase:⁹

5 Ewan Clague, "Economics of Old Age," XVI, December, 1949, 1.

6 "Facts on our Aging Population," XVIII, June, 1951, 21.

7 Ibid.

8 Ewan Clague, "Economics of Old Age," XVI, December, 1949, 1.

9 Robert Beasley, "Federal OASI in Illinois," XIV, December, 1947, 2.

TABLE I
 EXPECTED POPULATION CHANGE
 GIVEN IN MILLIONS

Year	People 65 or more	Year	People 65 or more
1940	9.0	1965	14.7
1945	9.9	1970	15.9
1950	11.0	1980	18.5
1955	12.2	1990	21.1
1960	13.6	2000	21.0

It is noteworthy that the group of people between the ages of forty-five and sixty-four has been increasing also. The number in this group has increased from fourteen percent of the total population to twenty per cent in 1949; it is expected to make up twenty-five per cent of the population in 1980. Adding these two groups together, we find that these people, forty-five and older "will form by 1960 almost thirty-three per cent of the entire population and by the year 2000 almost forty per cent."¹⁰

It was very noticeable that so many authors stated that our aging population will continue to increase; but there was one author who

¹⁰ Ewan Clague, "Economics of Old Age," XVI, December, 1949, 1.

took exception. He was A. D. Marshall, assistant secretary for General Electric, who maintained that these predictions are of doubtful validity.¹¹

CAUSES OF OUR AGING POPULATION

Three of the principal causes for the aging of our population are these: 1) the birth rate has dropped; 2) the number of immigrants has lessened and 3) advances in medical science and its application have preserved many more lives. From 1900 to 1930 the birthrate dropped. In the 1930's, it was very low because of the depression.¹² However, "there has been a flurry of higher birth rates during the war and postwar period in the 1940's, but the downward trend has been resumed, and barring either a war or other extreme circumstances will continue downward in the near future."

In our early history, the large number of immigrants made us a youthful and vigorous nation, but World War I shut off the flow of immigrants to this country which has not since been resumed; immigration is now a negligible factor in our population growth.¹³

Medical science in the United States has been a primary factor in increasing the average life span a full twenty years since 1900.¹⁴

11 A. D. Marshall, "The Pros and Cons of Compulsory Retirement," XIX, April, 1952, 1.

12 Edmund Novotry, "Twelve Years to Live," XVII, August, 1950, 12, quoting Paul Hatt, professor at Northwestern University.

13 Ewan Clague, "Economics of Old Age," XVI, December, 1949, 1.

14 Albert Kuhle, "Social and Economic Aspects of Social Security," XVIII, November, 1951, 1.

The average life expectancy for white males is estimated by various sources to be anywhere from sixty-three to sixty-five years, while that of white females is estimated between sixty-seven and seventy-two years. the 800,000 people who reach sixty-five each year can expect an average of twelve more years of life.¹⁵ Here it is necessary to make a distinction. It is not true that the average person of today has longer capacity for life than the average person of previous years would have had under similar circumstances. Our capacity for longer or shorter life seems to be of a hereditary nature, and heredity is the only acceptable reason given for the fact that women live longer than men.¹⁶ The most important single factor in the increased average life span has been the control of infectious diseases like pneumonia which formerly killed or shortened the lives of so many children.¹⁷

PHILOSOPHY ABOUT THE AGED

The growing interest in this ever-expanding problem has brought to light the fact that modern day thinking about the aged and their needs is both inadequate and fallacious. As a nation we tend to ignore the aged; it is partially because of the great importance which we place on youth. The aged feel out of place because our society no longer provides them with

15 Edmund Novotny, "Twelve Years to Live," XVII, August, 1950, 11.

16 A. J. Carlson, "The Physiological Aspects of Aging," XIII, February, 1946, 1,2.

17 "Life Expectancy Advances," XIX, February, 1952, 17.

enough satisfying roles to play. They are not expected to act like other people. "Most Americans like to be active and busy and to have a feeling of accomplishment, but the old are not expected to act this way." One important function of the aged used to be the performance of household chores, but modern inventions now perform a great many of these chores.¹⁸ Three of the more prevalent fallacious ideas are these: 1) A good many people seem to think that when a person reaches a certain age, he isn't good for anything anymore and should be automatically "shelved."¹⁹ This opinion is negated by the fact that chronological age is no measure of physiologic age; some people's abilities decline much faster than others. 2) Another popular misconception is that "life without work is heaven;" thus some people are looking forward to a life of ease rather than adopting the idea that they should contribute something to society.²⁰ 3) The third idea, somewhat contradictory to the preceding theory, is that a man isn't worth much unless he works; he isn't considered a useful part of society. This makes it difficult for the older person who is unable to work.²¹

18 Ethel Shanas and Robert Havighurst, "Challenge of the Aged," XVIII, July, 1951, 15.

19 Ibid., 12.

20 A. J. Carlson, "The Physiological Aspects of Aging," XIII, February, 1946, 2.

21 Ethel Shanas and Robert Havighurst, "Challenge of the Aged," XVIII, July, 1951, 15.

This statement by a prominent educator helps illustrate typical thinking of those acquainted with the problem: "I think our social, economic, and if you please, religious philosophy regarding old age today is thoroughly unbiological both for the individual and for society."²²

EMOTIONAL NEEDS OF THE AGED

As is evident from the foregoing, the emotional needs of the aged are greatly neglected. Analysis of the writings of various authors would seem to reveal that their greatest need is to be and to feel like other people. This need includes the following other major needs: 1) They must be recognized as individuals who have dignity and self-respect. They should not be categorized; this also means that we should not go to the other extreme of removing from them all responsibilities to society.²³ 2) They must be provided with some useful function proportionate to their capabilities which makes them be and feel of some importance. 3) They need freedom to live their lives as they want to lead them. 4) They need a sense of security and belonging.

RESEARCH AND EDUCATION CONCERNING THE PROBLEM

The necessity for meeting these large scale problems of the aged has stimulated a considerable amount of research and educational activities, but apparently much more is needed. There is a special need, for instance,

²² A. J. Carlson, "The Physiological Aspects of Aging," XIII, February, 1946, 2.

²³ Edward Novotny, "Twelve Years to Live," XVIII, August, 1950, 11.

of investigating employment possibilities of older people²⁴ and for finding²⁵ adequate criteria for determining when the older worker should retire.

Some of the most outstanding work of attacking the old age problem in Illinois was performed by the Community Project for the Aged conducted by the Welfare Council of Metropolitan Chicago from 1947 to 1950. The aim of its research program was to attempt to define all needs of all older people in Chicago. Besides making their own studies of almost all aspects of old age, they also analyzed other agencies' studies. The research²⁶ part of the Community Project's activities was completed in 1948. The director of the Community Project was Elizabeth Breckinridge, whose activities distinguish her as one of the most capable and energetic leaders in the field today.

Universities in the Chicago Area have taken action in bringing about a better understanding of the old age situation. Some of their educational endeavors are as follows: In 1949, the University of Chicago²⁷ offered a course for workers with the aged and an institute during the

²⁴ Ewan Clague, "Economics of Old Age," XVI, December, 1949, 5.

²⁵ A. D. Marshall, "The Pros and Cons of Compulsory Retirement," XIX, April, 1952, 2.

²⁶ Elizabeth Breckinridge, "Community Project for the Aged," IV, February, 1948, 5.

²⁷ "University of Chicago Offers Course for Workers with Aged," XVI, January, 1949, 3.

28 summer. The institute was such a success that they offered another series of lectures shortly after. 29 In 1950, Northwestern University sponsored a very successful institute and was planning to add a series of classes on old age to its high school curriculum. The movement had the support of its community, Evanston, which was planning extensive local research. 30 Loyola University had institutes during the summers of 1950, 1951, and 1952. The first two institutes focused on the medical aspects of old age; 31 the third institute entitled "Aging Persons and their Families" was rather broad in scope and it entailed discussion of the principal needs of today's aged people. Loyola also added to its curriculum a course for workers with the aged.

Some attempts were made at studying the problem on a state-wide basis. "In June, 1950, Governor Stevenson appointed the Illinois State Committee on Problems of the Aged, following local studies which had indicated the importance of additional coordination and improvement of services..." 32

28 "University of Chicago Sponsoring Institute on Problems of Aging," XVI, June, 1949, 15.

29 "Planning for Later Life," XVI, December, 1949, 16.

30 Edmund Novotny, "Twelve Years to Live," XVIII, August, 1950, 11.

31 "Institutes on Nursing Home Care at Loyola University," XVII, June, 1950, 21.

32 Elizabeth Breckinridge, "The States and Their Older Citizens," XVIII, October, 1951, 1.

In August of 1950, the Federal Security Agency in Washington sponsored the National Conference on Aging which stimulated considerable interest among the states in regard to the problem of the aged.³³

Some other research activities of a more specific nature will be mentioned later in succeeding chapters.

SUMMARY

The rapid increase in our aged population since 1900 has multiplied the needs of the aged, and has necessitated a great many changes in our social and economic structure. These include: 1) keeping the men forty-five to sixty-four employed, 2) providing suitable retirement plans, 3) adapting our Old Age Pension program to the individual's needs, 4) providing adequate institutional and medical care, 5) expanding other services for the aged such as casework and recreational facilities and 6) promoting a better understanding of the aged.

The increased average age of our population is attributable in large part to these three factors: 1) declining birth rate, 2) the prevention of large-scale immigration to this country after World War II, and 3) the increased life span.

Much more research is needed in the field. Some of the best research has been done by the Community Project.

CHAPTER III

LIVING FACILITIES FOR THE AGED

LIMITATION OF CHAPTER AND DEFINITION OF TERMS

This chapter is meant to pertain only to living arrangements for the aged and not to medical care, even though it is true that nowadays, there are many chronically ill or bedridden aged people who are living in boarding homes and homes for the aged. In this thesis, the term, home for the aged, shall mean an institution whose primary purpose is to provide suitable living accommodations rather than medical care; the broader term, institution, shall refer to any establishment which shelters the aged, whether its main purpose is to provide a home or to give medical care or to do both.

WHERE THE AGED LIVE

There is insufficient information as to just where our older people live. It is reasonably certain, though, that there are not nearly so many aged people living with their children as there were in previous years. The shift of large numbers of people from rural homes to cramped city dwellings has created inter-familial tensions which no longer make it possible for two or three generations to live together. Since "few persons

¹ Edward Novotny, "Twelve Years to Live," XVII, August, 1950, 21, quoting Robert Havighurst, professor at University of Chicago.

sixty-five years and older live in institutions,"² it is evident that the majority of our older married couples and single people are living alone. A survey of 50,000 Old Age Pension recipients in Cook County helps bear out these facts somewhat. Of this number, forty-six per cent lived in their own establishments, mostly rented; twenty-six per cent lived in children's or relatives' homes; twenty-three per cent were either rooming or both rooming and boarding and five per cent lived in institutions and hospitals.³ This survey of the Old Age Pension recipients is partially indicative of how the rest of the aged live as housing problems are not limited to the poor.

LIVING CONDITIONS

Of those single or older people who are living alone, there is a goodly number who have a rather lonely and miserable existence. They are insecure and anxious about what will happen to them next. This is particularly true in large industrial centers.⁴

HOMES FOR THE AGED

The demand for living quarters in homes for the aged far exceeds the facilities available. "Our institutions and convalescent homes for the

2 "Facts on Our Aging Population," XVII, June, 1951, 21.

3 Edward Novotny, "Twelve Years to Live," XVII, August, 1950, 14, quoting Joseph Moss, Director of Cook County Department of Welfare.

4 "Chicago's Oldsters Arrange Camp Vacations," XVI, August, 1949, 11.

aged are filled to overcrowding with five year waiting lists,"⁵ Even the Jewish people, who ordinarily provide so well for the social and economic needs of their people were only able to admit thirty per cent of the applicants to the Orthodox Jewish Home for the Aged in 1945. However, they have since built a new addition to their home⁶ and a great number of other homes are expanding or planning expansion in the near future.⁷

It should not be assumed that because there is such a large waiting list for homes for the aged, that the aged really want to enter these homes,⁸ but it is their only means of gaining protection and security for the future.⁹ What the aged really want is a place of their own or a place which is most like home, where they have privacy, security, and satisfactory interpersonal relationships; it is difficult but essential to combine these three things properly.

COMMUNITY PROJECT FOR THE AGED

The Community Project, referred to in Chapter II, has done good work in analyzing and meeting the situation. Their research included a visiting program to all institutional and boarding homes which serve the

⁵ Edward Novotny, "Twelve Years to Live," XVII, August, 1950, 11.

⁶ Julius Savit, "Orthodox Jewish Home for the Aged," XIII, September-October, 1946, 10.

⁷ Elizabeth Breckinridge, "Community Project for the Aged," XV, February, 1948, 3.

⁸ Ollie Randall, "Somewhere to Live in One's Later Years," XVI, May, 1949, 13.

⁹ Estelle Crombarger, "Village for Elderly People," XVII, February, 1950, 2.

aged; from these they collected various information and statistical data. They made a study of all existing community resources for the aged and of developments in other cities, counties, and even countries, which might be of use to Chicago.

When so many home directors were concerned about the number of people they had to turn away, the Community Project drew up a list of referral and counseling services and issued them to each of the homes. ¹⁰ The Community Project is advising those homes which are expanding or planning to. An institutional seminar for directors and board members of homes for the aged was begun in 1947 and being rather successful, it continued in operation through 1951. At these meetings which were held every few months, the members had reports and discussions on common problems of the group and methods of providing better community services for the aged in Chicago. ¹¹

IMPROVING STANDARDS FOR HOMES FOR THE AGED

In June, 1946, Jane Hoey, director of the federal Bureau of Public Assistance, held a national conference on sheltered care of the aged. ¹² The discussion of representatives from the various private and public agencies throughout the nation was summarized by Jane Hoey into a sixteen point program for developing a better understanding of the aged and of coordinating activities directed toward the welfare of the aged. A second conference in 1948 resulted in the establishing by the Social Welfare Assembly of a

10 "Institutional Problems of the Aged," XVIII, May, 1951, 10.

11 Elisabeth Breckinridge, "Community Project for the Aged," XV, February, 1948, 2,3.

12 "Bureau of Public Assistance Holds Conference on Sheltered Care of the Aged," XIII, August, 1946, 14.

national committee on aging which began working on standards for shelter
 13 care. In 1950 the federal government passed an important amendment to the Social Security Act which states that, "Effective July 1, 1953, the state plan must provide for the "establishment or designation of a state authority or authorities which shall be responsible for establishing and maintaining standards" for private and public institutions which give care to individuals receiving Old Age Pension." Illinois, however, has no provisions for licensing "private or commercial homes of a non-medical nature." These must be licensed by July 1, 1953 if Illinois is to continue receiving federal Old Age Pension
 14 appropriations. In view of this new federal amendment, Jane Hoey called another national meeting of heads of state and federal agencies in June, 1951. The meeting continued the planning of the previous conferences in developing standards for institutions. It stressed coordination of public and private programs, minimum standards of welfare services, and minimum standards of service and protection any institution should offer.
 15

PUBLIC HOUSING

In April, 1947 the Federal Public Housing Authority was considering providing special housing for aged couples and individuals. At that time
 16 most public housing was for people who would otherwise live in slum areas.

13 "Institution Standards Discussed at Washington Meeting," XVIII, July, 1951, 21.

14 "Federal Social Security Act Amendments of 1950," XVII, September, 1950, 3.

15 "Institution Standards Discussed at Washington Meeting," XVIII, July, 1951, 21.

16 "Federal Plan to Subsidize Housing for the Aged Reported," XIV, May, 1947, 121.

Since then, some public housing for the aged has been constructed in various parts of the country.¹⁷ However, "in our State Housing Act there is no provision for low rent housing for the aged"¹⁸ and there has been a great need for it according to Mary Aiken, executive secretary of the Old Age Assistance Union of Illinois.¹⁹ One obvious reason why the housing need of the aged in Chicago is so great is because all Chicago has had a housing problem for some time.²⁰

The original federal planners of public housing for the aged categorized a number of different types of problems dealing with illness and privacy that they recognized would have to be met by joint cooperation between welfare agencies and housing authorities.

That housing which does exist for the aged has been designed to meet some of their needs. These apartments are small units which are always on the first floor; they are built as part of larger projects "so that the aged will not be segregated and will continue to live as an integral part of the community;"²¹ also, they are established in the more quiet sections of the community.

17 Edward Novotny, "Twelve Years to Live," XVII, August, 1950, 14, quoting Joseph Moss, director of Cook County Department of Welfare.

18 Estelle Crombarger, "Village for Elderly People," XVII, December, 1950, 1.

19 "Federal Plan to Subsidize Housing for the Aged Reported," XIV, May 1947, 20.

20 Elisabeth Breckinridge, "Community Project for the Aged," XV, February, 1948, 2.

21 Edward Novotny, "Twelve Years to Live," XVII, August, 1950, 14, quoting Joseph Moss, director of Cook County Department of Welfare.

VILLAGE FOR ELDERLY PEOPLE

In 1950, some rather remarkable living arrangements for the aged were being planned by Estelle Crombarger, a prominent citizen of Carterville, Illinois. She intended to purchase some federal property from the government in the Crab Orchard Lake area in Southern Illinois. This land contained a factory and a number of one-story buildings, all of which had been vacated at the close of World War II. These vacant buildings would be moved together and modernized into one hundred, low rent apartments; they would be known as "The Village for Elderly People of Illinois." Only people over sixty-five would live in and maintain the village. All the people who were able and willing to work would earn their living in the nearby "industry." Mrs. Crombarger painted an idealistic picture of how the village would be fully equipped with a cafeteria, garden, library, nursing home, recreational facilities, etc.

The full details of this venture had not been worked out at the time the article was written. Mrs. Crombarger has foreseen the objection that such a village will isolate the elderly people, but she maintains that the advantages of the village will outweigh this disadvantage. The most serious objection was the fact that the Illinois State Housing Board has no provision for low rent housing exclusively for the aged, but she hopes to get the state law amended. She has received encouragement and suggestions from important public officials and from Ex-Senator Lucas.

OTHER HOUSING DEVELOPMENTS

In conjunction with the article about the village for elderly

people, the editor of Public Aid in Illinois names these other similar and notable plans and developments in housing for the aged: 1) "Groups of small homes for elderly people---have been a part of the housing projects of Amsterdam since 1926." 2) "Plans for cottage homes in Central Illinois are being considered by a national private agency." 3) The noteworthy Tompkins Square House in New York City was also mentioned. Tompkins Square is viewed by the editor and probably by most home administrators as a model home for the aged. Besides having modern facilities, the home has led the way in meeting the individualized and personal needs of its residents.

SUMMARY

There are no precise figures as to where most of our aged population lives. These facts are known, though: 1) More of the aged live in the city than formerly. 2) Fewer live with their children. 3) Few live in institutions. 4) Large numbers are living alone and of those who are living alone, there are many who lead an unsatisfactory existence.

Chicago's homes for the aged are overcrowded, but they are expanding or planning expansions. The aged don't really want to live in homes for the aged, but these homes do provide them with some of the needed protection and security.

22 Estelle Crombarger, "Village for Elderly People," XVII, December, 1950, 1,2,3,4.

23 Ollie Randall, "Somewhere to Live in One's Later Years," XVI, May, 1949, 14.

24 Ibid., 15.

The Community Project has been of considerable aid to directors of homes for the aged in their work and planning.

There were three national conferences held on standards for institutions which care for the aged. It will be necessary that all institutions which have residents receiving Old Age Pensions, be licensed as of July 1, 1953. Illinois has no provisions for licensing them as of yet.

The "Village for Elderly People" presents one of the more unique ideas for providing suitable housing and other needs.

CHAPTER IV

MEDICAL CARE OF THE AGED

INTRODUCTION

This chapter is primarily a consideration of the various aspects of chronic disease, which is the biggest medical problem of the aged. It discusses the problem as seen in Illinois; it considers how the chronically ill are treated, what the major needs were in 1945 and 1947, and how these needs were partially met. It discusses the development of new institutions, the licensing of institutions, and research activities. A few points concerning medical casework with the aged are also cited.

The development of the medical assistance program is also presented since medical indigence might be classed as the number two medical problem of the aged and since the amount of financial support given by the state and by the federal government has had a great effect upon the care of the chronically ill, especially in institutions.

CHRONIC DISEASE PROBLEM

Chronic disease has been considered one of the foremost welfare problems in the State. In 1945 the "First Interim Report on Chronic Illness in Illinois" stated that there were 90,000 people reduced to invalidism by chronic disease and 270,000 people were seriously impaired by it; 25,000

to 30,000 of these were in need of financial aid. Chronic disease also accounts for one of every two deaths.

THE AGED CHRONICALLY ILL

Thirty-three per cent of the chronic invalids were sixty-five or older and this group required more care and entailed more expense than all the rest; the number of aged who are chronically ill has continued to increase.¹ The most prevalent chronic diseases are arthritis, cancer, heart disease, and tuberculosis;² but there are "no certain diseases which normally occur in connection with the aging process,"³ as is often thought.

TREATMENT

Chronically ill people are treated in hospitals, nursing homes or related institutions, and in their own homes. Home care is best if it can be arranged and institutionalization should be looked upon as a last resort. There is often a need for nursing care or part-time housekeeping for home patients.⁴ Nursing home care is necessary for people who can not or should

1 "Illinois Legislative Committee Releases Comprehensive Report on Chronic Illness," XII, August, 1945, 1.

2 "Commission on the Care of Chronically Ill Persons Submits Ten Point Program for Next Biennium," XIV, May, 1947, 1.

3 "More Chronic Care Facilities Needed in Northern Illinois," XIV, April, 1947, 9, quoting Doctor Bryan, Rockford Municipal Tuberculosis Sanitarium.

4 "National Groups Summarize Considerations in Planning for the Chronically Ill," XIV, December, 1947, 19.

not stay at home, but who do not need the intensive treatment of a hospital. Chronic care institutions include private and public nursing homes, "private homes for the aged with infirmary sections, and voluntary institutions for the chronically ill."⁵ Those patients who do not need the intensive treatment of a hospital should be removed to an institution as soon as possible in order to make room for other patients and to lower the cost of care for themselves or the community.⁶

In 1946 it was estimated that there were fifty thousand chronic invalids in Chicago; of these, 35,000 were cared for in their own homes; 5,000 were in charitable and tax supported institutions; 5000 were living in nursing homes; 5,000 were living in rooming house or other quarters inadequate for their care.⁷

NEEDS

At least as early as 1945 it was recognized that the social and economic problems of chronic illness in Illinois were tremendous. A study by a committee of the General Assembly showed that there was great need for more facilities of every type, including 1) hospital beds, 2) county infirmaries, 3) tuberculosis sanitarium, 4) infirmary facilities in private institutions, 5) private nursing homes, and 6) additional housekeeping and home-

⁵ "Medical Supervision and Care in Institutions for the Chronically Ill," XIV, September, 1947, 8.

⁶ "National Groups Summarize Considerations in Planning for the Chronically Ill," XIV, December, 1947, 19.

⁷ "Role of Private Philanthropy in Caring for the Chronically Ill," XII, September-October, 1946, 13.

8
nursing facilities.

ACTION TAKEN

There resulted from these studies the passage of a most important series of bills, known as the Rennick-Laughlin bills. They were passed by the Illinois General Assembly and signed into law in July, 1945 by Governor Green. These laws, whose purpose was to furnish additional services for the chronically ill, provided for the conversion of the outmoded county "poor houses" into "modern county homes for persons who are destitute, infirm, or chronically ill." These poor houses had only been about sixty per cent full. The new laws provided for the admission of these groups of people: 1) Blind Aid and Old Age Pension Recipients, 2) people who were able to pay for their own care, and 3) people from other counties which had no home.⁹

The Rennick-Laughlin Bills were responsible for stimulating a state wide remodeling and improvement program. Only about half of the 102 counties in Illinois have county homes. Of these, there were twenty-nine homes with a total of 4,662 additional beds which had been converted and approved by the Illinois Public Aid Commission as of May, 1949.¹⁰ Oak Forest was among them.¹¹

8 "Illinois Legislative Committee Releases Comprehensive Interim Report on Chronic Illness," XII, August, 1945, 3.

9 "Contributions of the Rennick-Laughlin Bills to Improved Care of the Chronically Ill in Illinois," XII, August, 1945, 4.

10 Marvin Johannes, "Tazwell County Community Nursing Home," XVII, March, 1950, 1.

11 Norman Paulson, "Oak Forest Infirmary Approved for Chronic Care," XV, May, 1948, 1.

This activity not only provided additional facilities, but it also improved standards somewhat. The plans for all these county homes had to meet prescribed standards which related to staff, medical and nursing care, physical arrangements, financial arrangements, etc. ¹² Monroe County was stimulated to build a new county home because the old one was inadequate. ¹³ This law had the additional advantage that it not only provided more facilities but it provided them in the area of the patient's home. Hence his friends and family ¹⁴ had more opportunity to come and give him necessary moral support.

STATISTICS

Some of the more significant facts about the type of residents in these homes as of April 1, 1947 were these: 1) Ninety-five per cent of them were over fifty-five years of age. 2) Eighty-two per cent of the total required nursing care. 3) Seventeen per cent of the total were private pay ¹⁵ patients.

OTHER STATE ACTION

About October, 1945, the Commission on the Care of Chronically Ill Persons was created by the General Assembly. Its purpose was to study existing hospital and treatment facilities and to determine what the needs

12 "Illinois County Home Program," XIV, June, 1947, 15.

13 "Monroe County Dedicates Its New Nursing Home," XVIII, July, 1951, 12.

14 "Contributions of the Rennie-Laughlin Bills to Improved Care of the Chronically Ill," XII, August, 1945, 4.

15 "Illinois County Home Program," XIV, June, 1947, 15.

were in the state. The commission studied developments in our federal govern-
ment, in the other states, and in England. It held hearings throughout the
various counties to determine what the needs were; it investigated many
existing laws on chronic illness and made numerous other studies on various
technical aspects of chronic illness. Finally in 1947 the commission presented
to the General Assembly the extremely comprehensive "Second Interim Report on
Chronic Illness in Illinois." The report which increased national interest in
the Illinois program cited the following figures and needs. There were
118,000 people afflicted so as to need help from others. There were deficien-
cies of 14,937 beds for persons with nervous and medical ailments, 3,313 beds
for tubercular patients and about 28,000 beds for arthritic, cancer, and heart
patients combined. The commission stated that more facilities and much more
research into the causes of chronic disease were needed and that the long
range problem was to be ultimately solved by the latter method of discovering
how to prevent chronic disease. This, however, creates a dilemma. It is
expected that those institutions and facilities which are so sorely needed,
and yet so costly, will no longer be needed when chronic disease is reduced
or eliminated.

There were ten lengthy legislative proposals made in the report,
the most important of which was the establishment of a research institute

16 "Commission on the Care of the Chronically Ill Persons Submits
Ten Point Program for Next Biennium," XIV, May, 1947, 1.

17 "More Chronic Care Facilities Needed in Northern Illinois," XIV,
April, 1947, 9.

18

for the study of chronic disease and geriatrics. The plan for a research institute was the idea of the University of Illinois which had been advising the Illinois Public Aid Commission concerning medical problems. If the proposal had been approved, most of the research would have been done in Chicago, because all of the state's medical schools are located here. However, the bill appropriating funds was not acted upon by the sixty-fifth General Assembly, and little else was accomplished; since 1947, there has apparently been little state action for the chronically ill. It is notable that from 1945 to 1947, Public Aid in Illinois published very many articles concerning chronic care development, but since then the magazine has published scarcely any information on the subject.

CHICAGO ACTIVITY

The Central Service for the Chronically Ill has assumed a position of leadership in caring for the long-term patient in Chicago. It was founded in December, 1943 by the distinguished Edna Nicholson and is sponsored by the Institute of Medicine.

The new addition to the Jewish old people's home contains and infirmary for the chronically ill and a special research project was under-

18 "Commission on the Care of Chronically Ill Persons Submits Ten Point Program for Next Biennium," XIV, May, 1947, 1.

19 "Medical Care and Research in County Homes," XIII, April, 1946, 18.

20 "National Groups Summarize Planning for the Chronically Ill," XIV, December, 1947, 19.

21 Editor's Note, XIII, July, 1946, 15

taken in 1950 to study the problems of geriatrics.

LICENSING

Since 1945 it has been required that all nursing homes in the State be licensed. The majority of private nursing homes are licensed by the Illinois State Department of Public Health, but the local municipality may license the homes instead, if its standards are substantially the same as the State's.²³ County nursing homes must meet standards prescribed by the Illinois Public Aid Commission, since these homes admit so many assistance recipients. On December 8, the Illinois Public Aid Commission adopted the new Public Assistance Code which again revised the standards stated in the Remnick-Laughlin Bills.²⁴ In 1947 the General Assembly rejected a bill for uniform licensing of hospitals and related institutions.²⁵ In 1950, a new social security licensing amendment was approved. The new law and its effect upon Illinois are as follows:

"Effective July 1, 1953 the State plan must provide for the establishment or designation of a state authority or authorities which shall be responsible for establishing and maintaining standards for private and public institutions which give care to individuals receiving Old Age Pension.—Presumably these present operations of the Department of Public Health and the Committee will meet the federal requirements—with the possible

22 "Aged Home for Jews Dedicates New Building," XVII, March, 1950, 20.

23 Henrietta Herbolsheimer, "Licensing of Nursing Homes," XVI, August, 1949, 4.

24 "Rules and Regulations Governing Standards for County Homes for Infirm and Chronically Ill," XVII, December, 1950, 16. UNIVERSITY

25 "Illinois Legislation of 1947—Some Implications for Welfare Administration," XIV, July, 1947, 1.

exception that municipal licensing of private nursing homes, permissive under Illinois State Law—may not be construed as meeting the requirements for supervision by 'a state authority or authorities.'—Attempts in recent sessions of the Illinois General Assembly to place in the State Department of Public Health responsibility for licensing all medical and related institutions, both public and private, have failed because of dispute on an anti-racial discrimination clause. If this issue continues to block Illinois legislation providing for state licensing and supervision, Illinois after July 1, 1953, will stand in jeopardy of the entire federal contribution—. Since this stipulation is made as one of the federal mandatory requirements with respect to the State plan, the federal requirement cannot be avoided by the simple device of not claiming matching for payments made to persons receiving care in public or private institutions not coming under the jurisdiction of a state authority or authorities with respect to standards."²⁶

The Illinois State Department of Public Health recognized that licensing does not increase the number of nursing homes, but it improves the quality of service. Licensing has made the community more aware of existing needs and removed some of the stigma previously attached to nursing homes. "With better nursing homes, the number of the custodial and domiciliary cases now residing in general hospitals and state mental institutions can be reduced and the limited hospital space made available to patients in acute need—."²⁷

HISTORY OF MEDICAL ASSISTANCE

Illinois has been a progressive State in the development of its

3. 26 "Social Security Act Amendment of 1950," XVII, September, 1950,

27 Henrietta Herbolsheimer, "Licensing of Nursing Homes," XVI, August, 1949, 5.

medical assistance program. When the Illinois Emergency Relief Commission was created in 1932, no provisions were made for caring for the medically indigent. Later the Federal Emergency Relief Administration provided for emergency medical assistance for those on the unemployment relief program. In 1936 the State health department allowed the first Old Age Pension grant in Illinois to include medical care. In 1941 the newly created Illinois Public Aid Commission required the local governments to submit plans for care of the medically indigent and to issue rules and regulations. At the same time the federal government agreed to match Old Age Pension grants up to forty dollars which might include medical care. In July, 1943 the Commission ruled to provide grants to Old Age Pension recipients in excess of forty dollars regardless of the fact that there would be no federal matching. The excess was paid directly to the physician or hospital. In 1945 the excess which could be paid for medical care was raised to make the maximum grant seventy-five dollars. In the next year, the commission authorized direct payment for all hospital expenses. ²⁸ "Formerly the recipient payed the money to take advantage of the increased federal grant but the state loss of money makes somewhat easier bookkeeping and the client is saved the bother of paying²⁹---." It also authorized direct payment for physicians' services and other medical expenses which

²⁸ "Medical Assistance for Public Aid Recipients in Illinois," 1932-1947," XIV, March, 1947, 3-4.

²⁹ "Hospital Expense Being Met by the Direct Payment System," XIII, November, 1946, 17.

could not be met by the previous seventy-five dollar maximum grant. The maximum Old Age Pension grant was raised to forty-five dollars in 1945; it was again raised to fifty dollars in 1946 with additional provisions for medical assistance.³⁰ In 1950 the Social Security amendments provided for matching to cover payments within the fifty dollar ceiling, made directly to doctors, hospitals, etc.³¹

Until 1945, provisions of Illinois forbade giving Old Age Pension to people in institutions unless the institutions were only providing temporary medical, surgical, or convalescent care." Then the Rennick-Laughlin bill provided for grants to people in county homes but the cost had to be met by Illinois alone.³² Finally, in 1950 federal matching was extended to cover payments for people in public or private institutions with the exception of tubercular and mental patients.³³

In 1949 two federal bills were proposed which would have authorized equal federal matching for all medical payments.³⁴

30 Della Barnett, "Reminiscences," XIII, June, 1946, 13.

31 "Federal Social Security Act Amendments of 1950," XVII, September, 1950, 2.

32 "Care in Institutions," XI, September, 1944, 2.

33 "Federal Social Security Act Amendments of 1950," XVIII, September, 1950, 2.

34 "Effect of Federal Social Security Revisions on Public Aid and Welfare Services in Illinois," XVI, March, 1949, 6.

The number of Old Age Pension recipients receiving medical care averages about twenty per cent of the total.³⁴

MEDICAL CASEWORK WITH THE AGED

Besides having a basic knowledge of human nature the caseworkers should understand the characteristics, problems, and needs peculiar to the aged people who are chronically ill. One important consideration is that the home is the best place for meeting anyone's needs. The older people experience a feeling of loss and insecurity as a result of the deaths of close relatives and friends, and from the marriage of their children. When chronic illness isolates such people further from their remaining ties, they frequently undergo deep feelings of anxiety and depression. Such feelings combined with inactivity and a sense of uselessness easily lead to mental illness. On the other hand good chronic care facilities sometimes give a feeling of security that the patient would not have elsewhere. A person's ability to adjust to these difficulties depends much upon his emotional maturity. If, in his fifties or sixties, the person has developed outside interests and has satisfactorily met his emotional needs, the difficulty will not be so great; there is increasing evidence "of the relationship between anxiety, defeat and conflict and many of the chronic illnesses of later life."

The process of aging does not change personalities, but it does

35 "Economic Characteristics of Recipients of Old Age Pensions," XI, January, 1945, 4.

accentuate certain traits.³⁶ One important conclusion derived partially from this fact is that old age and physical disabilities do not lessen the need for recognition and individualization, but rather increase it.³⁷

In medical casework with the aged, it is necessary to apply the same basic casework skills through the use of a professional relationship. An individualized approach is essential; too often the doctors and clinicians regard the patients only as a group. Those in the charge of the aged should not try to impose their wills upon the patients because of their helpless condition. The patient frequently has more capacity for planning within limits than is recognized and caseworkers can easily project too many of their own feelings into the case. Similarly the client should be encouraged to develop his limited capacities rather than to want everything done for him because of his incapacity.

It is unfortunate that some caseworkers, themselves, have tended to yield to the feelings of hopelessness associated with the aged ill.³⁸

SUMMARY

Chronic disease is one of Illinois' foremost problems. There has been great need for more treatment facilities and more medical research.

³⁶ Dora Goldstine, "Medical Social Casework in Planning for the Aged Sick," XIV, June, 1945, 4.

³⁷ Edna Nicholson, "Living Arrangements for Elderly People in Nursing Homes," XIII, July, 1946, 15.

³⁸ Dora Goldstine, "Medical Social Casework in Planning for the Aged Sick," XIV, June, 1947, 4.

These diseases affect older people more than any other group.

Illinois has been one of the more forward states in providing for the chronically ill. The passage of the Rennick-Laughlin bills resulted in an increase of chronic care facilities, and it raised the standards and stimulated interest both within and without the state. Very extensive research was carried out by a state committee, but the General Assembly failed to act on its recommendations in 1947.

The Central Service for the Chronically Ill has taken a leading role in caring for the chronically ill in Chicago.

Since 1945 it has been required that all private nursing homes be licensed by the state health department and that all county homes be licensed by the Illinois Public Aid Commission. In 1950 the new federal law made mandatory, as of July 1, 1953, the establishment of a standard setting agency which would license all institutions and hospitals in each of the states.

Illinois has been rather generous in providing medical care for its Old Age Pension recipients even though the federal government has consistently matched only a small part of the payment. In 1946 the state made direct payments to hospitals thereby losing federal matching; the state had born the total cost of Old Age Pension for recipients in institutions until the new Federal law of 1950 provided for matching up to fifty dollars for people in institutions or elsewhere.

A medical caseworker with the aged should be aware of the peculiar feelings of depression which this group of clients are subject to. He should

avoid the mistake of making the client more dependent or subservient than is actually necessary.

CHAPTER V

EMPLOYMENT AND RETIREMENT

INTRODUCTION

This chapter is mainly a general discussion concerning various developments in the national employment and retirement situation. It does not refer specifically to Illinois. The first two parts of the chapter give some idea of what the basic situation is for the people in the age groups, sixty-five or older and forty-five to sixty-four. These topics, some of which are speculative in nature or treat new developments, pertain to compulsory retirement, preparation for retirement, and recreational activities after retirement.

WORKERS SIXTY-FIVE AND OLDER

Formerly, most of those people who lived to be sixty-five continued working if they were able, but recently the number has been steadily falling. In 1890 seventy per cent of them were employed but by 1950 only forty-three per cent were employed. Many were retired during World War II, but most of them have since been laid off.¹ Farmers and self-employed have always constituted a large portion of those employed.² Two primary reasons for the declining

1 Ewan Clague, "Economics of Old Age," XVI, December, 1949, 1.

2 "Facts About Our Aging Population," XVIII, June, 1951, 21.

percentage of older workers are the decline of agricultural opportunities and the increased life span of our people.

This group of people, sixty-five and older, "constitutes mainly a retirement problem"³ and federal officials seem to agree that the Old Age and Survivors' Insurance program is the solution.⁴ The following statements of the Commissioner of Labor Statistics gives some understanding of the situation:

"The basic foundation of any program involving these age groups must be adequate retirement annuities, benefits or pensions provided as a right for the remainder of their lives. This is a problem of entirely manageable proportions. It need give us as a nation no great concern if it is boldly tackled. The old age insurance program under Social Security should constitute the base on which the whole edifice should be erected. I do not mean to imply that there are not important political, social, and financial problems involved in working out a solution, but from an economic point of view, we can take it in our stride."⁵

WORKERS FORTY-FIVE TO SIXTY-FOUR

As was shown in chapter two, the numbers of people in this age group have been steadily increasing and they are going to present an unemployment problem for years to come.⁶ The abilities of workers in this age bracket

3 Ewan Clague, "Economics of Old Age," XVI, December, 1949, 2.

4 Edmund Novotny, "Twelve Years to Live," XVII, August, 1950, 12, quoting Lou Buckley of the Department of Labor.

5 Ewan Clague, "Economics of Old Age," XVI, December, 1949, 2.

6 Ewan Clague, "Economics of Old Age," XVI, December, 1949, 2.

begin to decline in varying degrees and our economic and industrial system is not yet well-gearred for taking these declining years into account. Such workers seldom receive new job offers which permit them to shift to more suitable work. Generally employers will not entrust new responsibilities to them and they may be looked upon as liabilities to the company. The workers, in turn, may be disturbed by this, and their productivity is sometimes affected.

But in spite of these things, the employers' and employees' adaptation to declining years is generally good. Most of the employers have at least accepted responsibility for the older worker even though they haven't utilized his full capacities. They have helped provide suitable retirement plans which aid in making up for the loss of wages at retirement. The unions have forced management to recognize the seniority of older workers when lay-offs are necessary and in a few companies they have arranged for the transfer of older workers to jobs of lesser responsibility and lesser earnings.

The big problem is the older man who loses his job because he has such difficulty in finding new employment. Part of the reason is that employers actually underrate the capacities of older workers. On the other hand, some workers have exaggerated ideas of their own worth on a new job; their work may also be affected if they are bitter about losing their last job or accepting a reduction in earnings on the new one. It is expected that there are going to be more and more older men and women looking for work, and the longer they are away from jobs the more difficult it becomes to find employment. Both labor and management have shown strong tendencies to solve this increasing problem by lowering the retirement age. However, this is a very

doubtful solution to the problem for these reasons: 1) It would add tremendous financial burdens to the rest of the country. The expense of retirement plans for our retired workers is constantly increasing now. 2) It would limit the nation's production unnecessarily while able bodied men were idle.⁷

3) It would be unsatisfactory to the worker who would be deprived of the added income.⁸ It appears that the better solution to the problem would be to find ways and means of utilizing more fully the older workers' capacities. Some of the major possibilities are as follows: 1) More recourse to social and medical services could be had in helping older workers meet their needs. 2) Public employment agencies are in a position to provide a special counseling service for such workers; they could analyze the types of jobs which they could fill, and could make special effort towards placement. 3) Programs should be started for the retraining of certain older workers for new occupations. 4) Unions could make more effort to enhance the employability of their older workers. 5) There is great need for research to determine what success employers have had in adapting older workers to the various new jobs and to set up criteria for determining the rate of decline of individual workers on the various jobs.⁹ Some of these steps will have to be taken if we

7 Ibid., 4.

8 Albert Kuhle, "Social and Economic Aspects of Social Security," XVIII, November, 1951, 2.

9 Ewan Clague, "Economics of Old Age," XVI, December, 1949, 5.

as a nation are to avoid forced early retirement of our future older workers.

MERITS OF COMPULSORY RETIREMENT

There is a wide range of theories as to whether or not there should be compulsory retirement at any certain age. The following discussion attempts to give the various viewpoints on the subject as seen by a representative of industry. From the standpoint of our total economy it is argued that in hard times it is unjust to keep the old man employed at the expense of the younger and in good times the retired older worker will have no difficulty finding other employment. There is the additional economic question of added costs resulting from employment of older workers. But a few people believe that slowing down the employees is counterbalanced by his careful, conscientious approach to his work. Some propose putting the older employee on a piecework basis; others have suggested government subsidation of the older worker, but the latter solution is contrary to the philosophy of private business.

Many workers feel as though they are being treated as "cogs in a machine" when they are retired at a fixed age. ¹⁰ It is often maintained that workers should be retired on the basis of their physical, mental, and emotional deterioration and not on the basis of chronological age. This would be agreeable to industry, but there exist, at present, no objective criteria for

10 A. D. Marshall, "The Pros and Cons of Compulsory Retirement," XIX, April, 1952, 2.

judging such deterioration. Furthermore it would be difficult to convince most workers that such criteria were fair, and it is not easy for workers to admit to themselves or to others that they are retired because they are no longer fit.

Administratively, it is a little easier for a small company to handle retirement on an individual basis, but serious differences may still arise between worker and employee since there are no objective standards to use. Those large corporations which had no retirement policies could make no room for more qualified younger men; most corporations prefer having a fixed retirement age even though it means losing some capable workers. The majority of employers agree that some type of fixed plan is necessary, whether it be based on chronological age or other criteria. Thus the employee can
11
prepare for retirement.

RETIREMENT PREPARATION PROGRAMS

A number of the large industrial companies are developing programs which help the older employee to plan for his future retirement. The programs are of the "group type" or "individual consultation type." A typical "group type" program is that of the Esso Standard Oil Company. This company gives a series of four lectures to the employees concerning topics related to retirement and then it has a round table discussion at which the men discuss and share their future plans. In the "individual consultation type" the personnel unit reviews all future problems with the employees and resolves as many

11 Ibid., 3.

difficulties as possible. In many cases the psychological problems are greater than financial, although the employees' primary concern is for financial security.

Some planners believe that these programs are inadequate; they think that employees should be helped much sooner to overcome their "concept of a passive retirement existence" and to start making some realistic plans for useful or satisfying activity when they retire.

In a few cases retired workers from the same corporation or from the same occupation have organized to develop their own limited enterprises.

Many employers resist such retirement programs because they feel they are receiving no productive return for the added expense; such things as pensions, sick benefits, vacation benefits, etc. have already multiplied their "fringe" expenses considerably in recent years. Other employers feel, though, that they owe the service to the employee and that there is much public relations value in it.

12

RECREATION

Older people, like other people, have a need to participate in useful activity or at least to be kept occupied. After retirement, recreational activities are one of the best means of meeting this need. The recreational activities "therefore, should be designed so as to substitute for the values of work."

12 Phil Sheid, "Training the Over Age Employees for Retirement," XIX, April, 1952, 4,5.

In Cook County there is need for development of more recreational facilities for the aged, which are convenient and inexpensive. At present the great emphasis is on youth, and the aged are neglected. But there have been a few notable programs for the aged. Foremost among them is the annual "Fun after Sixty Show," at which the aged from all Chicago display their talents. The program was launched in 1946 by the welfare council and is now sponsored by a number of other agencies and city departments. At the 1949 show there were handicraft displays and other entertainments provided by the 420,000 people over sixty years of age, who participated in the show. ¹³ In the early part of 1951 the welfare council, with the assistance of numerous other agencies founded a hobby center. ¹⁴ This center trains deserving older people in various crafts and manual skills. It also gives training to staff members of nursing homes so that they may teach the skills to the ill and the infirm. ¹⁵

SUMMARY

The percentage of workers over sixty-five years of age has been steadily declining. The principal reasons are the increased life span and the lessening of agricultural opportunities. Workers over sixty-five present

13 Helen Laue, "The Aged Get Going in Chicago," XVI, June, 1949, 17.

14 Charles Laue, "Something New for the Old," XVIII, November, 1951, 16.

15 Ibid., 17.

a retirement problem which apparently should be fully met by the Old Age and Survivors Insurance program.

It is going to be increasingly difficult to keep workers employed who are in the approximate age bracket of forty-five to sixty-four. The man who loses his job has especially great difficulty in finding new employment. Rather than lower the retirement age, the nation should learn to utilize more fully the productive capacity of older workers.

There are a great many viewpoints as to the value of compulsory retirement; but it is generally agreed that some type of definite program is necessary, whether the basis be age or other standards.

Some of the large companies are developing retirement preparation programs for their employees, but employers are somewhat reluctant to pay for the added costs.

After retirement older people still have a need to be occupied and recreation is a good way of meeting this need. Recreational facilities in Cook County are limited. But two of the more notable projects for the aged are the annual "Fun after Sixty Show" and the founding of a hobby center.

CHAPTER VI

FEDERAL RETIREMENT PLANS: OLD AGE AND SURVIVORS INSUR- ANCE AND RAILROAD RETIREMENT PLAN

INTRODUCTION

In treating the OASI program the main purpose is to enumerate its legislative provisions. The greater part of the material is centered about the 1950 Social Security Amendments. There is discussion of the laws as they were before 1950, of the 1950 amendments themselves, and of the effects of those amendments. The 1952 amendments are not considered since they were enacted beyond the time period treated in this thesis. Briefly, the major change resulting from the 1952 amendments was a moderate increase in benefits. The merits of the OASI program are also discussed in this chapter; the effect which it had upon the GAP program is explained.

Not much is known about the other federal retirement plan, viz, the railroad plan. Hence the principal purpose is to give a more general understanding of it by stating its history, scope, method, of administration, etc. Some information is given regarding benefits, eligibility, and taxes; but a few of the specific details are omitted because the only article in Public Aid in Illinois which treats the subject was written in 1949 and there have been modifications since then.

COVERAGE

When the Social Security Act was first passed in 1935, it took a ¹ while before the majority of the workers could accrue benefits and the older workers were too old to do so. By 1946 about sixty per cent of the jobs in the country were covered. ² The 1950 amendments extended coverage to quite a few groups. Coverage became compulsory for the following: (1) the non-farm self-employed, (2) agricultural laborers who are not farm operators and (3) domestic employed in private homes. Optional coverage was also granted to these groups:

"employers of religious, charitable, educational, and other non-profit organizations and employees of state and local governments who are not currently covered by existing state or local retirement systems. The amended federal law will also include certain groups of salesmen and other individuals who are covered by virtue of a more liberal definition of 'employed' and citizens working for American employers outside the United States."³

Extension of coverage to a non-profit organization requires a favorable decision of the employer and two thirds of the employees and "coverage of employees of state and local governments "can be accomplished only if the state enacts the necessary enabling legislation."⁴ All these newly covered groups could obtain coverage for retirement or survivors' benefits as soon as they had

1 Robert Beasley, "Federal Old Age and Survivors Insurance in Illinois," XIV, December, 1947, 1.

2 Ibid., 6.

3 "Federal Social Security Act Amendments of 1950," XVII, September, 1950, 7.

4 Albert Kuhlé, "Social and Economic Aspects of Social Security," XVIII, November, 1951, 6.

worked in covered employment for one half of the quarters elapsing from January 1, 1951 to the date of retirement or death and had at least six quarters of coverage.

Those specifically excluded from coverage are as follows: "Farm operators, physicians, lawyers, dentists, osteopaths, chiropractors, optometrists, naturopaths, veterinarians, architects, certified public accountants, Christian Science practitioners, professional engineers, and funeral directors." ⁵ The six million farmers are the largest group not covered.

The new law extended coverage to 10,000,000 more workers in the nation and by August 1951, there were 60,000,000 people paying taxes into the system. It was estimated that Illinois would have an increase of 378,000 workers covered by law and 54,000 political workers were enabled to exercise their option. ⁶

The trend is toward total coverage for all gainfully employed citizens. The Social Security Administration specifically recommended total coverage in 1947. ⁷ Numerous senators have been periodically proposing amendments which would include in the system one or the other of the various groups such as farmers, the self-employed, the maritime workers, etc., ⁸ and it seems very

5 "Federal Social Security Act Amendments of 1950," XVII, 7.

6 Kuhle, "Social and Economic Aspects of Social Security," XVIII, 4,7.

7 Beasely, "Federal Old Age and Survivors Insurance in Illinois," XIV, 10.

8 "Proposed Federal Legislation," XII, April, 1945, 4.

possible that some or all of these proposals will eventually be acted upon.

BENEFITS AND ELIGIBILITY

From 1939 to 1950, benefits for a retired person were computed by taking forty per cent of the first \$50.00 of not more than \$250.00 plus ten per cent of the remainder. Benefits were increased one per cent for each year the earnings were over \$1,000.00.⁹ The maximum benefit was \$44.00; the minimum was \$10.00. The first provision for survivors' benefits was made in 1939. In 1946 the average payment to a widow was \$20.00 and \$34.20 for a widow and one child. The total benefit could not be more than \$85.00 or more than twice¹⁰ the worker's benefit.

To be eligible for benefits before 1950, a worker had to be in covered employment half the time from January 1, 1937 until he reached sixty-five or died. Other eligibility provisions which are still in existence are these: A worker with ten years of coverage is permanently insured. A worker's wife can not receive benefits till she reaches sixty-five. Surviving children under eighteen can receive benefits if the worker was covered for one and one-half¹¹ of the last three years of his life.

The 1946 amendments provided benefits for survivors of World War II veterans who died within three years of their discharge from service,¹² unless the survivors were entitled to benefits from the Veterans Administration.

9 Kuhle, "Social and Economic Aspects of Social Security," XVIII, 6.

10 Beasely, "Federal Old Age and Survivors Insurance in Illinois," XIV, 6.

11 Ibid., 7.

12 Robert Beasely, "Changes in Social Security-1946," XIII, September-October, 1946, 3.

The scale of benefits had become very inadequate before a substantial increase was finally given in 1950. Effective September 1, 1950, benefits were increased on an average of seventy-seven per cent. The primary insurance benefit was computed by taking fifty per cent of the first \$100.00 of his average monthly wage plus fifteen per cent of the next \$200.00.

Under the new law the amount of earnings which a person over sixty-four was allowed, was raised from \$14.99 to \$50.00. A person over seventy-four is allowed to earn any amount without having his benefits affected.

Other provisions were as follows:

"Benefits are made available for the first time to the widower age sixty-five or dependent husband age sixty-five of a wife in covered industry. Benefits for a widower are three-fourths of the primary benefit; for a dependent husband they are one-half of the primary benefit. Benefits for a widow age sixty-five or over are continued at three-fourths of the primary benefit; for a wife age sixty-five, or under that age if she has in her care children under eighteen, benefits are continued at one-half of the primary benefit. The widow and every former wife divorced, who has not remarried, who is under age sixty-five and who has in her care a child entitled to benefits will continue to receive a mother's insurance benefit which is equal to three-fourths of the primary insurance benefit. An unmarried child under eighteen will continue to qualify for one-half of the primary benefit if the parent is living and for three fourths of the primary benefit if the covered parent is dead. If there is more than one child the benefit for each child over one is computed by dividing the total number of children into the sum of one-half of the primary benefit, plus one-fourth the primary benefit. The maximum benefit is \$150 or eighty per cent of the covered person's average wage, whichever is the lesser, but in no case to be less than \$10.00.

Insurance benefits for parents, where applicable, are increased from one-half the primary insurance amount to three-fourths the primary insurance amount.

Lump sum death benefits equal to three times the primary benefit will be paid to a surviving widow or widower or, if there is no widow or widower, to any person or persons paying the burial expenses of the covered worker. Formerly there was no lump sum death benefit if there was a survivor or survivors entitled to survivors' benefit."13

In addition, those who were in the service for three months were granted credit of \$160.00 for each month of service. ¹⁴

In August, 1950 there were 188,000 residents of Illinois who received benefits totaling \$4,147,376. The new benefit rates were expected to raise the monthly total to \$7,479,780. ¹⁵

These amendments help point up the fact that the trend is to make eligibility requirements as broad and all-inclusive as possible. As was mentioned to lower the retirement age to sixty. ¹⁶ The Social Security Administration has proposed lowering the eligibility age of wives only to sixty, ¹⁷ since women are usually several years younger than their husbands.

DISABILITY ASSISTANCE

In 1950 a fourth category was created which provided assistance for the disabled. This apparently lessened the long recognized need of amending the OASI law to provide special benefits for the disabled; but it is questionable as to whether we should provide for the disabled by "assistance" rather than by OASI. ¹⁸

-
6. 14 Kuhle, "Social and Economic Aspects of Social Security," XVIII,
- 15 "Federal Social Security Act Amendments of 1950," XVII, 8.
- 16 "Proposed Federal Legislation," XIII, May, 1946, 18.
- 17 Beasely, "Federal Old Age and Survivors Insurance in Illinois," KIV, 10.
- 18 "Federal Social Security Act Amendments of 1950," XVII, 5.

TAXES AND ADMINISTRATION

The entire cost of administration and benefit payments is financed through the taxes paid into the system. The taxes are deposited in a trust fund and those portions of the fund "which are not required for current disbursement are invested in interest bearing United States Government securities." ¹⁹
 Much of the money was borrowed to pay for the cost of the war.

The 1950 amendments raised the taxable income of workers from ²⁰ \$3,000.00 to \$3,600.00. The taxes are shared equally by employer and employee. Prior to 1950 the tax rate for each was one per cent of the employee's ²¹ taxable income. At present the tax rate is one and one half per cent for each; self-employed individual who is covered must contribute two and one-fourth per cent. In succeeding years, taxes for employers, employees, and self-employed will be periodically raised to pay for the ever increasing cost of financing the system. The following table shows the plan for increasing the rates.

XVIII, 7. 19 Kuhle, "Social and Economic Aspects of Social Security,"

8. 20 "Federal Social Security Act Amendments of 1950," XVII,

XIV, 1. 21 Beasely, "Federal Old Age and Survivors Insurance in Illinois,"

TABLE II

22
RATES FOR OASI TAXES

Calendar Year	Employer (Per Cent)	Employee (Per Cent)	Self-employed (Per Cent)
1951-53	1-1/2	1-1/2	2-1/4
1954-59	2	2	3
1960-64	2-1/2	2-1/2	3-3/4
1965-69	3	3	4-1/2
1970-	3-1/4	3-1/4	4-7/8

RELATIONSHIP OF OASI TO OAP

When the OASI program was first envisaged it was hoped that it would eventually provide benefits for the great mass of the people who would otherwise have been receiving OAP. Statistics indicate great progress has been made in attaining this objective. In 1940 there were twenty-five OAP recipients for every OASI beneficiary in the nation and in 1946 the ratio was reduced to two to one; ²³ by May, 1951 the OASI beneficiaries slightly outnumbered

22 Reproduced from Kuhle, "Social and Economic Aspects of Social Security," XVIII, 6.

23 Beasely, "Federal Old Age and Survivors Insurance in Illinois," KIV, 2.

the OAP recipients. At that time there were 3,000,000 OASI beneficiaries over sixty-four and 2,800,000 OAP recipients. The number of possible recipients of Aid to Dependent Children was also reduced tremendously by OASI.

It is true that there were other reasons for the reduction of the number of OAP recipients but OASI was the primary reason. When OASI was first introduced, it naturally took a while for benefits to accrue to workers. The benefits that were paid were originally very inadequate and some benefits had to be supplemented with OASI, especially if the beneficiaries had no savings. The increased OASI coverage and added benefits provided by the 1950 amendments have been a principal factor in limiting the number of OAP recipients. However the large number of uncovered farmers makes it unlikely that there will be any notable decrease in future OAP payments. It is very noticeable how the various states differ in the ratios of their payments for OAP and OASI. Industrialized areas are predominantly covered by OASI, whereas the OAP cost in rural areas is very high. In 1947 the Illinois ratio of OAP recipients to OASI beneficiaries was about three to two as compared with the national average of two to one.

24 Kuhle, "Social and Economic Aspects of Social Security," XVIII, 7.

25 Beasely, "Federal Old Age and Survivors Insurance in Illinois," XIV, 4.

26 Kuhle, "Social and Economic Aspects of Social Security," XVIII, 4.

27 Beasely, "Federal Old Age and Survivors Insurance in Illinois," XVIII, 7.

28 Ibid., 10, 3.

MERITS OF OASI

Most comment concerning the OASI system has been favorable. Albert Kuhle of the Chicago Federal Social Security Agency describes it as "the best and most efficient social insurance program in the world,---." It has made tremendous strides in the last seventeen years and is now widely accepted.²⁹ Some of its specific advantages cited by Mr. Kuhle are as follows: 1) it gives great security since the risks are pooled on the widest possible scale. 2) It does not encourage early retirement. Statistics show that ninety per cent of the retired workers were forced to retire for one reason or another. 3) It gives added incentive to workers since the benefits are based upon earnings. 4) Workers can transfer from one job to another without losing benefits. 5) Equal treatment is accorded to all people. 6) Dependency is greatly minimized. 7) The benefits payed out help maintain the mass purchasing power of the nation.

There have been various other plans for meeting the retirement problem. They include 1) "means test" programs, 2) "flat pension plans," and 3) private pension plans. The "means test" program would pay retirement benefits simply on the basis of need. The chief argument in favor of this is that it would be more cheaply administered. However, statistics show it is cheaper to administer insurance than assistance. The administrative cost of OASI is quite low. In 1949 the total administrative cost of OASI for the fiscal year ending June, 30, 1949, was less than three per cent of all

²⁹ Kuhle, "Social and Economic Aspects of Social Security," XVIII, 7.

contributions. In addition, the "means test" program is contrary to our whole philosophy and discourages all ideas of initiative or thrift.

The "flat pension" would provide benefits for all persons of retirement age. But it is argued, (somewhat doubtfully) that the cost would be too great because of the administrative cost involved in investigating individual cases and because of the cost of payments to employed people.³⁰

Private plans are considered inadequate for the nation because "they contain so many economic disadvantages, it is difficult to conceive how they could become universal in nature and provide sufficiently widespread coverage." They can be of use, though, as a means of supplementing OASI benefits.³¹

HISTORY OF RAILROAD SECURITY LAWS

Private railroad pension plans were first introduced about 1874. But these and most succeeding private plans proved quite inadequate. In the 1930's the railroad labor leaders took advantage of the strong feeling in this depression era by campaigning for federal legislation. This resulted in the passage of the Railroad Retirement Act in 1935 and the Railroad Unemployment Insurance Act in 1938.³² Much needed amendments were added in 1946 and 1948, which have made this social insurance system "one of the most liberal and

30 Ibid., 3.

31 Ibid., 7.

32 Walter Matscheck, "Economic Security for Railroad Employees," XVI, June, 1949, 6.

comprehensive plans in the country." ³³ It provides protection for railroad employees and their families against the major economic hazards of old age, disability, unemployment, sickness and death.

ADMINISTRATION

The entire program is under the direction of the Railroad Retirement Board which is headed by a three member board, appointed by the president and approved by the Senate. The central office is located in Chicago, where all claims for annuities and survivors' benefits are filed. There are nine regional offices located in big cities and they handle unemployment and sickness benefits. There are about ninety-five other offices located in strategic railroad towns throughout the country, where assistance is furnished to those filing any type of claim.

SCOPE OF SYSTEM

From the passage of the Railroad Retirement Act until 1949, there were 8,000,000 people who had paid into the plan or received benefits. In 1948 there were 340,000 people who received retirement or survivors' benefits. ³⁴

BENEFICIARIES IN ILLINOIS

The state of Illinois has the second largest railroad population in the country. In 1948, there were 52,000 individuals here, who received cash

33 Ibid., 3.

34 Ibid., 10.

totaling well over \$20,000,000.³⁵

RETIREMENT BENEFITS AND ELIGIBILITY

Any employee who has had ten years of service can get annuity benefits at the age of sixty-five. Those with thirty years of service can receive benefits at the age of sixty, but the amount of the annuity is reduced seven per cent for each year the employee is under sixty-five. Permanent disability benefits are granted 1) to those who have had ten years of service and can do no work whatsoever, and 2) to those who can no longer work at their railroad job and have had twenty years of service.

The formula for figuring benefits is based upon the average monthly earnings and the number of years of service. The amount of the benefit is frequently raised. In 1949 the average annuity was \$84.00 per month and the maximum annuity was \$144.00; eventually the maximum was expected to be over \$200.00.

Survivors' benefits are paid to widows who have reached the age of sixty-five, to children under eighteen years of age, or to dependant parents if the employee has left no widow or children. Railroad survivors' benefits are similar to social security survivors' benefits, but the rates are about one-fourth higher and the lump sum benefit is about two-thirds higher. In 1949 widows' average benefits were \$30.00 per month and children's or parents'

³⁵ Ibid., 10

benefits averaged \$17.00. The employee is guaranteed that the combined benefits he and his family receive will exceed what he paid into the system. The survivors may receive their total benefits all at once upon the employee's death. However, this so-called residual benefit is always less than would be received if the survivors decided to receive monthly payments.

"In general, if an employee's most recent service was for a railroad, the benefits are paid under the railroad plan; otherwise the payments are made under the Social Security Act. In either case his earnings under the two systems are combined."³⁶

TAX RATE

The Railroad Retirement Act provides that taxes shall be shared equally by employer and employee. As of 1952, each contributed six and one-fourth per cent of the employee's earnings up to \$300.00 per month. "Taxes deducted from earnings cannot be refunded if the employee leaves the railroad industry."³⁷

SUMMARY

The 1950 amendments to the Social Security Act extended OASI coverage to about 10,000,000 new workers. Those who are compulsorily covered were (1) the non-farm self-employed, (2) hired agricultural laborers and (3)

36 Ibid., 7,9.

37 Ibid., 10.

domestics. Optional coverage was granted to employees of various non-profit organizations, to government employees, to certain salesmen, and citizens employed outside the United States. Those specifically excluded were the farmers and various professional people. The trend is toward total coverage for all employed people.

Benefits were quite inadequate before the 1950 amendments provided for increases averaging about seventy-seven per cent. Benefits were made available for the first time to either widowers or dependent husbands aged sixty-five. In 1946 and 1950 special provisions were made concerning eligibility for veterans.

The entire OASI program is financed through the taxes paid into the system by the workers. The taxes of hired workers are shared by the worker and his employer, whereas self-employed people pay proportionately more taxes. The rates for all are going to be periodically raised according to plan until 1970.

OASI has been a primary factor in limiting the number of OAP and ADC recipients, especially in industrialized areas. By 1951 the nation had more OASI beneficiaries than OAP recipients.

OASI is considered preferable to other retirement systems primarily because it provides the greatest possible economic security for the individuals and for the nation.

The Railroad Retirement Act, passed in 1935, eventually developed into one of the most comprehensive and liberal social insurance plans in the country. The program is administered by an appointed three-man board and the

office is located in Chicago.

Taxes and benefits of the railroad plan are considerably higher than those of CADI.

CHAPTER VII

OLD AGE PENSION IN ILLINOIS

INTRODUCTION

This chapter begins with a few brief statements of the beginning of the OAP law in Illinois, followed by a discussion of its first major revision in 1945. The remainder of the chapter is mainly a consideration of the facts concerning the financial aspect of OAP in Illinois and of other related materials. It includes discussion of budget appropriations, payments, and facts about the recipients. Those provisions of the OAP law which referred specifically to medical care have already been treated in Chapter IV.

START OF OAP PROGRAM

Illinois was one of the ten states which had no OAP law until after the Social Security Act was passed in 1935. A proposal for an OAP program was first introduced into the General Assembly in 1919, but it and all other future attempts at such legislation were defeated. The first Illinois OAP Act was passed in June, 1935 and in July, 1936 Illinois began receiving equal federal matching funds. The maximum grants were thirty dollars.¹

ELIGIBILITY AND THE MILLER BILL

The Miller Bill, which became effective July 24, 1945 made some

1. Dela Barnett, "Reminiscences," XV, June, 1948, 16, 17.

major changes in the then outmoded OAP law of Illinois; the majority of the changes concerned eligibility requirements. The previous law was very restrictive and it was less liberal than laws for the other categories or for General Assistance. It had higher residence requirements and it penalized persons with small earnings. The new law made administration much simpler and faster and it changed some of the unreasonable provisions which hindered deserving people from receiving assistance. ² Modifications in the provisions relating to eligibility were as follows: 1) If the recipient were unable to manage money, the grant might then be made to some one else in his behalf. 2) The recipient needed only one year of residence in the State instead of five years of the last nine. 3) A person might leave the state for serious reason and still receive his grant. 4) The recipient no longer needed to be a citizen if he could prove twenty-five years of continuous residence in the United States. 5) It was decided that reasonable evidence or testimony as to age would be sufficient. Formerly there were nine types of proofs specified as acceptable. 6) Blind Aid recipients were no longer considered ineligible for OAP. 7) The applicant was no longer obliged to verify his application by oath. In addition to these provisions, the eligibility of institutionalized people for assistance and the responsibility of children to support needy parents, ³ were reaffirmed.

2 "October Grants to Reflect Major Changes in OAP Law," XII, October, 1945, 10, 11.

3 "How the Miller Bill Changed the OAP Law" XII, October, 1945, 12, 13.

In 1947 the new Public Assistance Code deleted requirements as to United States citizenship or residence in the United States.

FINANCING OAP

In 1948 it was stated that about twenty per cent of the Illinois State budget appropriations were used for welfare purposes. These welfare programs included General Assistance, payments to recipients of OAP, ADC, and BA, burial awards, and total administrative costs. In Illinois no local funds are required for any of these programs except General Assistance. Appropriations for OAP payments have consistently constituted more than half of the total welfare budget. The federal government share of this has increased in recent years. This increase resulted mainly from changes in 1946 and 1948 of the federal matching formula. Still the federal percentage of expenditures in Illinois "is less than in many other states which have not attempted to provide the needy aged, the blind, and dependent children with full medical care and other necessities beyond the federal matchable maximums." The following table indicates what the total welfare appropriations have been from 1945 to 1951, what the corresponding OAP appropriations have been, and what the percentages of federal OAP contributions were.

4 "Public Assistance Code Introduced in Sixty-Fifth General Assembly," XIV, April, 1947, 3.

5 J. W. Huston, "Financing Public Assistance," XV, April, 1948, 2.

6 "Congress Increases Federal Aid for ADC, OAP, BA," XV, August, 1948, 1.

7 "State and Federal Shares of Funds Appropriated for Illinois Public Aid Programs since 1945," XIV, July, 1947, 6.

TABLE III

8

APPROPRIATIONS FOR PERIOD FROM 1945 to 1951

Biennium	Total Welfare Appropriations	OAP Payment Appropriations	Federal Share of OAP
1945-47	\$192,000,000	\$117,500,000	46%
1947-49	\$213,000,000	\$124,500,000	52%
1949-51	\$265,500,000	\$145,000,000	54%

Formerly the federal government's share in the administrative cost of OAP was five per cent of the total OAP payments. In 1946 the federal share was changed to fifty per cent of total administrative costs and this has not been changed since then.

The increasing number of older people would have eventually caused OAP appropriations to soar tremendously if it were not for the fact that OASI payments limited the need for OAP. It was estimated that OAP savings in 1950 totaled \$194,000 because of the New OASI amendments.

8 Robert Beasley, "Changes in Social Security-1946," XIII, September-October, 1946, 4.

9 Kuhl, "Social and Economic Aspects of Social Security," XVIII, 4,5.

10 "Increased OAP Costs Will Follow Elimination of Responsible Children's Policy," XII, April, 1945, 4.

A survey taken in 1944 revealed that the OAP costs would probably be doubled if children were relieved of responsibility for supporting their needy ¹¹ parents.

AMOUNT OF PAYMENTS

Before 1945 the maximum OAP grant in Illinois was forty dollars and it was shared equally by the federal government. The passage of the Miller Bill resulted in having the maximum grant raised to forty-five dollars and it was also stipulated that the maximum would be raised to fifty dollars if the federal government increased its matching. The new law also changed the provision requiring deduction of all income so that a person's total income and grant might then be fifty dollars, rather than forty-five dollars, if it were ¹² necessary to meet needs. The increased maximum grant was not matched by federal funds until the next year when the seventy-ninth Congress increased its matching to pay for two-thirds of the first fifteen dollars of the grant plus one half of the remainder up to forty-five dollars. After this action by Congress, Illinois raised its maximum grant to stipulated fifty dollars. This became effective in October, 1946. ¹³ Since 1941 the average grant had increased from about twenty-two dollars to thirty-seven dollars. ¹⁴ In 1948 the

11 "How the Miller Bill (SB 409) Changed the OAP Law," XII, October, 1945, 13.

12 Beasely, "Changes in Social Security-1946," XIII, 4.

13 "Illinois State Program of Public Aid and Social Security," XIII, September-October, 1946, 1.

14 "Congress Increases Federal Aid for ADC, OAP, and BA," XV, August, 1948, 1.

eightieth Congress raised the federal contribution to three-fourths of the first twenty dollars plus one half of the remainder up to fifty dollars.¹⁵ This formula wasn't raised again until 1952. In 1949 the General Assembly of Illinois passed bills which raised the payments for OAP and BA recipients from fifty dollars to sixty-five dollars. An escalator clause included provisions "for adjusting the amount of the maximums each January and July beginning January, 1950 within a range between forty-five and eighty-five dollars."¹⁶ In 1949 the burial awards also were raised from \$100.00 to \$150.00.¹⁷

ADEQUACY OF PAYMENTS AND APPROPRIATIONS

Since the inception of the OAP program in Illinois, the grants have generally been considered inadequate, but they have gradually been made a little more liberal. Certain facts concerning the budget appropriations show why grants might have been insufficient. For each biennium from 1937 to 1943, State appropriations were expended ahead of time and there was a law which stated that, if necessary, the size of the grants should be reduced so no more appropriations would be needed. Fortunately the law was ignored and additional appropriations were provided, but the law and the philosophy behind it probably made agency administrators rather strict in interpreting policies

15 Ibid, 2.

16 "Ceilings Increased on Aid for the Aged and Blind," XVI, April, 1949, 1.

17 "Public Assistance Code of Illinois," XVI, July, 1949, 1.

18

with regard to the size of the grants. When the consolidation of all public welfare programs under the Illinois Public Aid Commission resulted for the first time in appropriations savings, the saving in OAP awards was proportionately much smaller than for any of the other assistance programs. Moreover, in recent years, the appropriations granted by the General Assembly have always been less than the Illinois Public Aid Commission requested.

It might be said that the Miller Bill of 1945 marked a turning point in legislators' thinking concerning OAP payments. It provided that periodic surveys should be taken to determine whether the grants were adequate. While this was actually being done already, it was still a good sign that legislators were becoming a little more aware of the individuals' needs.

In 1946 ex-Governor Green stated that the average OAP grant was still insufficient even though it had increased sixty-eight per cent since he took office in 1941. The Illinois Public Aid Commission believes, though, that the large increases given in 1949 made it possible to meet the basic needs of all but 1,400 OAP and BA recipients in this state, and that the needs of those 1,400 would naturally be lessened.

18 "October Grants to Reflect Major Changes in OAP Law," XII, October, 1945, 11.

19 "Commission Saves Over \$29,000,000 During Last Two Years of Public Administration," XII, July, 1945, 3.

20 "October Grants to Reflect Major Changes in OAP Law," XII, 10.

21 "Illinois State Program of Public Aid and Social Security," XIII, September-October, 1946, 1.

22 "Ceilings Increased on Aid for the Aged and Blind," XVI, April, 1949, 1.

PROPOSALS

The various new ideas concerning OAP payments and the proposals in the state and federal legislatures would seem to indicate that there is an increasing trend toward adapting more liberal payment policies and providing larger appropriations. It has been recognized that we are still not meeting needs fully. The Forand Bill, proposed to Congress in 1949, would have eliminated ceilings on federal contributions for OAP, and would have provided federal matchings for full OAP expenditures in the states.²³ In the same year, ex-Governor Stevenson stated that payments in Illinois should be made solely on the basis of need without regard to an arbitrary maximum.²⁴

Other federal proposals have consistently advocated higher federal matching. One senator even suggested that the federal government match on a four to one ratio.²⁵

There have been a few scattered proposals for lowering the eligibility age to sixty,²⁶ but it seems improbable that this will take place.

FACTS CONCERNING ASSISTANCE RECIPIENTS

As of 1951, the average age of OAP recipients in the United States was seventy-five,²⁷ and about twenty-one per cent of the people in Illinois

23 "Effect of Federal Social Security Revision on Public Aid and Welfare Services in Illinois," XVI, March, 1949, 4.

24 "Governor Stevenson's Program for Public Welfare and Assistance," XVI, February, 1949, 2.

25 "Proposed Federal Legislation," XII, January, 1945, 5.

26 "Proposed Federal Legislation," XIII, February, 1945, 9.

27 Fable, "Social and Economic Aspects of Social Security," XVIII, 5.

who were sixty-five or older were receiving assistance. A survey taken in 1944 revealed these three things concerning OAP recipients: 1) Seventy-one per cent of them depended upon OAP as their sole means of support and had no other income or savings. 2) Approximately twenty per cent of the recipients needed medical care. 3) Recipients in rural areas needed less aid because the cost of shelter is lower for them.

SUMMARY

Illinois could not succeed in passing an OAP law until after the Social Security Act was passed.

In 1945 the passage of the Miller Bill made the antiquated OAP law more liberal, especially with regard to eligibility requirements.

Appropriations for OAP in Illinois have regularly been more than half of the total welfare budget. The OAP program is supported only by State and federal funds in the State of Illinois. In recent years the federal share of funds has been higher. The OASI program has reduced the OAP expense considerably.

Both the federal government and Illinois have been periodically raising the amount of their payments to help meet the cost of living. OAP payments in Illinois have generally been inadequate, but they have gradually been made a little more liberal. Legislative proposals seem to indicate a trend toward more liberal payment policies and increased federal matching.

28 "Number of Persons Benefitting from the Major Public Aid Programs and Amount of Assistance by County," XVIII, June, 1951, at end.

29 "Economic Characteristics of Recipients of OAP," XII, January, 1945, 4.

In 1951, approximately twenty-one per cent of the people sixty-five and older were receiving OAP in Illinois.

CHAPTER VIII

CONCLUSIONS

RESTATEMENT OF PURPOSE

The purpose of this thesis has been to make a compendium of the articles in Public Aid In Illinois which pertain to old age and its problems. In doing this the intent was to consider the various aspects of old age and to ascertain what has been done for the aged, what their circumstances are, and what should or might be done for them in the future.

CAUSE AND DEVELOPMENT OF PROBLEM

The problems and needs of the aged have multiplied considerably since the start of the century and it is predicted that they will reach huge proportions by the end of the century. Apparently the main cause is the increased number of older people. In 1900 four per cent of the population was sixty-five or older; by 1949 their numbers had increased to eight per cent and it is predicted that by the year 2000, more than twelve per cent will be sixty-five or older. This increase is due principally to these three factors: 1) the declining birth rate 2) the prevention of large scale immigration to this country after World War II and 3) the increased life span.

VARIOUS ASPECTS OF PROBLEM

It was shown that the manifestations of the problem are already apparent in many phases of our social and economic structure. There is a growing need to provide more housing facilities and better institutional and

medical care for the aged. There is a necessity for finding ways and means of keeping our older workers employed and of providing more adequately for their economic and social welfare after retirement. In providing for their economic well-being the OASI retirement plan should be strengthened and the OAP program should be geared to meet individual needs as fully as possible. In providing for their emotional well-being it is necessary to promote a better understanding of the aged. There are, at present, too many popular misconceptions about old age and the aged in America have been neglected. But their basic emotional needs are similar to those of other people. They must have a feeling of dignity and self-respect and a sense of security, or usefulness, and of freedom.

EDUCATIONAL AND RESEARCH ENDEAVORS

Universities in the Chicago area have given recognition to the problems of the aged by providing special courses and institutes for workers with the aged.

In 1950 ex-Governor Stevenson appointed a committee to study the problems of the aged in Illinois. Some excellent research has been done by the Community Project of Chicago. However there is great need for more research on all phases of old age.

LIVING FACILITIES FOR THE AGED

This topic was the first major aspect of the situation which was considered and the information on it was rather fragmentary. One of the main things which can be said is that there has been need for more and better living facilities for the aged, and this need has been partially caused by

the over-all housing shortage. In recent years fewer older people have been able to live with their children because of the shift of large numbers of rural people to more crowded city quarters. Of those older people who do live alone, there are too many who lead a rather desolate and insecure existence.

The percentage of older people living in institutions is quite small. In Chicago there has been great demand for more homes for the aged, and only because the aged want some type of security and protection. Many homes in Chicago are expanding or intending to expand and the Community Project, which was sponsored by the Welfare Council of Chicago, has been a great aid to them in their planning.

The federal Bureau of Public Assistance has been active in trying to improve standards in institutions for the aged. One of the Social Security Amendments which was passed in 1950 required that all institutions for the aged be licensed as of July 1, 1953. Illinois had no provisions for licensing homes for the aged in 1950.

In various states there is some public housing for the aged which is designed to meet their needs, but Illinois has no provisions for such housing.

MEDICAL CARE OF THE AGED

This chapter was principally a discussion of chronic disease, which might be classed as the major medical problem of the aged. Some consideration was also given to the history of the medical assistance program in Illinois.

In 1945 the First Interim Report on Chronic Illness in Illinois revealed that there were 270,000 people seriously impaired by chronic disease

in Illinois and over 25,000 were in need of financial help. Thirty three per cent of the chronic invalids were sixty-five or older and this group required more care than all the rest of the chronically ill.

The chronically ill may be treated in hospitals, in nursing homes, or in their own homes. It depends upon the seriousness of their condition. Most of the chronically ill are able to live in their homes, but there has always been great need for more institutional facilities. The passage of the Rennick-Laughlin Bills in 1945 was the most important step in providing more of the much needed nursing home facilities for the chronically ill. The bills provided for the conversion of outmoded county "poor houses" into county homes for the chronically ill.

Extensive research was carried on by the Commission on the Care of Chronically Ill Persons from 1945 to 1947. In 1947 the Commission made a number of proposals to the General Assembly, chief of which was the establishment of a research institute for the study of geriatrics and chronic illness. However, the proposals were not acted upon and there has apparently been little State action for the chronically ill since then. At any rate, Public Aid in Illinois makes little mention of any.

The Central Service for the Chronically Ill, which was founded in 1943, has played a leading role in caring for the long term patient in Chicago.

Since 1945 it has been required that all private nursing homes be licensed by the Department of Public Health and that all county homes be licensed by the Illinois Public Aid Commission. Attempts to have hospitals and related institutions licensed have failed. But an amendment to the Social

Security Act provides that as of July 1, 1953, all institutions which care for OAP residents must be licensed by a standard setting authority or authorities of the state.

Illinois has been rather generous in providing medical care for its OAP recipients even though the federal government has consistently matched only a small part of the payment. From 1946 until 1950 the State made direct payments for medical care to physicians and hospitals even though they lost the benefit of federal matching. In 1950 the federal government agreed to match direct payments up to \$50.00. They also began matching payments for the first time to OAP recipients in institutions.

Several points which were made concerning medical casework with the aged were that the caseworker should be aware of the peculiar feelings of depression which such clients are subject to and that the client should not be made more subservient or dependent than is actually necessary.

EMPLOYMENT AND RETIREMENT

This chapter was limited in that it contained scarcely any information relating specifically to Illinois. The first two parts of the chapter gave some idea of what the basic situation in the nation was with regard to employment and retirement for people in the two age groups of forty-five to sixty-four and sixty-five or older. The group of people sixty-five and older are considered primarily as a retirement problem which can and should be met mainly by the OASI program. Formerly the great majority of men sixty-five and older were employed but their increased population and the decline in agricultural opportunities have considerably lowered the percentage of men sixty-five

and older who are employed.

The growing number of workers in the approximate age range of forty-five to sixty-four is beginning to present an unemployment problem which will steadily get worse. The abilities of people this age are usually declining and it is ordinarily quite difficult for older workers to find new employment when necessary. This problem should not be met by lowering the retirement age but rather by finding ways and means of enhancing the employability of the older worker.

Several points have been made concerning miscellaneous topics related to retirement. With regard to compulsory retirement it may be said that while there are a great many viewpoints on the matter, it is agreed that there should be some type of definite retirement plan, whether the conditions for retirement be based upon chronological age, criteria for determining decline in abilities, or other factors.

A few of the large corporations have undertaken retirement preparation programs which help the employee think through some of his problems or future plans. These programs are still somewhat in the experimental stage and some people feel they could be improved considerably. Many employers dislike the added expense involved although there is some public relations value in the programs.

One final point in the chapter was that recreation has value as a work-substitute for the retired people.

FEDERAL RETIREMENT PLANS; OLD AGE AND SURVIVORS INSURANCE AND RAILROAD RETIREMENT PLAN

The greater part of the material on the OASI program was centered

about the legislative provisions of the 1950 amendments. There was discussion of the laws as they were before 1950, of the 1950 amendments themselves, and of the effect of those amendments. The 1952 amendments were not considered. The merits of OASI and its effect upon the OAP program were explained. In treating the Railroad Retirement Plan the attempt was made to give a general understanding of the over all system and to cite a few provisions concerning, benefits, eligibility, and taxes.

The 1950 amendments to the Social Security Act extended coverage to about 10,000,000 new workers and by August, 1951, there were 60,000,000 people paying taxes into the system. Those who were compulsorily covered were (1) the non-farm self-employed, (2) hired agricultural laborers, and (3) domestics. Optional coverage was granted to employees of various nonprofit organizations, to government employees, to certain salesmen, and to citizens working outside the United States for American employers. Those specifically excluded were farm owners and various professional people.

Benefits were quite inadequate before the 1950 amendments provided for increases averaging about seventy-seven per cent. The maximum benefit per family was raised from \$85.00 to \$150.00. The amount that workers sixty-five or older were allowed to earn without losing benefits was raised. To be eligible for benefits before 1950 a worker had to work in covered employment half the time from 1937 until he died or retired. Requirements for newly covered workers were lessened. Widowers and dependant husbands were made eligible for benefits for the first time. There is an apparent trend to make eligibility requirements as broad and all-inclusive as possible.

The entire OASI program is financed through taxes paid into the

system. In 1950 the amount of taxable income per person was raised from \$3,000 to \$3,600. The taxes of hired workers are shared equally by employer and employee; the present rate one and one half per cent for each. Self-employed have a tax rate of two and one-fourth per cent. The rates for all are going to be periodically raised according to plan until 1950.

OASI has been a primary factor in limiting the number of OAP and ADC recipients especially in industrialized areas. By 1951 the nation had more OASI beneficiaries than OAP recipients.

Federal officials consider OASI the best possible retirement system because it provides the greatest possible economic security for workers and for the nation and it gives incentive to work. Other systems proposed include 1) the "means test" program which would provide payments strictly on the basis of need, 2) "flat pension plans," which would provide benefits for all persons of retirement age, and 3) private pension plans; but all these plans are considered impractical or inadequate.

The Railroad Retirement Act, passed in 1935, eventually developed into one of the most comprehensive and liberal social insurance plans in the country.

This large program is administered by an appointed three-man board and the central office is located in Chicago. Illinois has the second largest railroad population in the country and in 1948 there were 52,000 people in Illinois who received benefits.

The minimum eligibility requirement is ten years of service, but Social Security and Railroad Retirement benefits can be combined. There are provisions for disability payments. Survivor's benefits are similar to OASI

payments, but all Railroad Retirement payments are considerably higher than OASI payments.

The taxes are shared equally by employer and employee. As of 1952 the rate was six and one-fourth per cent for each.

OAP IN ILLINOIS

This chapter first considered the beginning of the Illinois OAP law in 1936. There was little information given concerning the early history of OAP. The next topic considered was a major revision of the law in 1945. The remainder of the chapter treated the financial aspect of OAP and it included discussion of appropriations, payments, and facts about the recipients.

All attempts at passing an OAP law in Illinois failed until the Social Security Act of 1935 resulted in the passage of an Illinois OAP law during the following year. In 1945 the Miller Bill simplified the Illinois OAP law considerably and made the eligibility requirements more liberal.

In 1948 about twenty per cent of the Illinois budget appropriations were used for welfare purposes. Appropriations for OAP in Illinois have regularly been more than half of the total welfare budget. The OAP program is supported only by State and federal funds in the State of Illinois. In recent years, the federal share of funds for OAP payments have been increasing and by 1949 it was fifty-four per cent. Since 1946 the federal government has been sharing the administrative cost of OAP equally with the State. The OASI program has limited OAP expense considerably.

Both the federal government and Illinois have been periodically raising their share of the payments to help meet the cost of living. OAP payments in Illinois have generally been inadequate, but they have gradually been

made more liberal. Legislative proposals seem to indicate a trend toward more liberal payment policies and increased federal matching.

In 1951 the average age of OAP recipients throughout the nation was seventy-five. In the same year twenty-one per cent of Illinois people, sixty-five or older, were receiving OAP.

BIBLIOGRAPHY

I. PRIMARY SOURCES

A. BOOKS

United States Social Security Administration, "Social Security in the United States, Washington, 1948.

United States Social Security Administration, "Compilation of the Social Security Laws Including the Social Security Act as Amended and Related Enactments through December 31, 1951", Washington, 1952.

Welfare Council of Metropolitan Chicago, "Community Project for the Aged", New York, 1952.

B. ARTICLES¹

Barnett, Dela, "Reminiscences," XIII, June, 1946.

Beasely, Robert, "Changes in Social Security-1946" XIII, September-October, 1946.

Beasely, Robert, "Federal Old Age and Survivors Insurance in Illinois," XIV, December, 1947.

Breckinridge, Elizabeth, "The Community Project for the Aged," XV, February, 1948,

Breckinridge, Elizabeth, "The States and Their Older Citizens," XVIII, October, 1951,

Carlson, A. J., "The Physiological Aspects of Aging," XIII, February, 1946.

1 All the articles were taken from Public Aid in Illinois, Chicago.

- Clague, Ewan, "Economics of Old Age," XVI, December, 1949.
- Crombarger, Estelle, "Village for Elderly People," XVIII, February, 1950.
- Goldstine, Dora, "Medical Social Casework in Planning for the Aged Sick," XIV, June, 1945.
- Herbolsheimer, Henrietta, "Licensing of Nursing Homes," XVI, August, 1949.
- Huston, J. W. "Financing Public Assistance," XV, April, 1948.
- Johannes, Marvin, "Tazwell County Community Nursing Home," XVII, March, 1950.
- Kuhle, Albert, "Social and Economic Aspects of Social Security," XVIII, November, 1951.
- Laue, Charles, "Something New for the Old," XVIII, November, 1951.
- Laue, Helen, "The Aged Get Going in Chicago," XVI, June, 1949.
- Lessing, Wayland, "Welfare Service Committees-The Story of Partnership in Public Aid," XIX, March, 1952.
- Marshall, A. D., "The Pros and Cons of Compulsory Retirement," XIV, April, 1952.
- Matscheck, Walter, "Economic Security for Railroad Employees," XVI, June, 1949.
- Nicholson, Edna, "Living Arrangements for Elderly People in Nursing Homes," XIII, July, 1946.
- Novotny, Edmund, "Twelve Years to Live," XVII, August, 1950.
- Paulson, Norman, "Oak Forest Infirmary Approved for Cook County," XV, May, 1948.
- Randall, Ollie, "Somewhere to Live in One's Later Years," XVI, May, 1948.
- Savit, Julius, "Orthodox Jewish Home for the Aged," XVII, August, 1950.
- Shanas, Ethel and Robert Havighurst, "Challenge of the Aged," July, 1951.
- Sheid, Phil, "Training the Over Age Employee for Retirement," XIX, April 1952.
- "Aged Home for Jews Dedicates New Building," XVII, March, 1952.

"Appropriations for Public Assistance and Administration in Illinois," XVI, July, 1946.

"Bureau of Public Assistance Holds Conference on Sheltered Care of the Aging," XIII, August, 1946.

"Care in Institutions," XI, September, 1944.

"Ceilings Increased on Aid for the Aged and Blind," XVI, April, 1949.

"Commission on Care of the Chronically Ill Submits Ten Point Program for Next Biennium," XIV, May, 1947.

"Commission Saves Over \$29,000,000 During Last Two Years of Public Administration," XII, July, 1945.

"Congress Increases Federal Aid for Aid to Dependent Children, Old Age Pension, And Blind Assistance," XV, August, 1948.

"Contributions of Rennick-Laughlin Bills to Improved Care of the Chronically Ill in Illinois," XII, August, 1945.

"Economic Characteristics of Recipients of Old Age Pension," XI, January, 1945.

"Effect of Federal Social Security Revisions on Public Aid and Welfare Services in Illinois," XVI, March, 1949.

"Facts about Our Aging Population," XVIII, June, 1951.

"Federal Plan to Subsidize Housing for the Aged Reported," XIV, May, 1947.

"Federal Social Security Act Amendments of 1950," XVII, September, 1950.

"Governor Stevenson's Program for Public Welfare and Assistance," XVI, February, 1949.

"Hospital Expense Being Met by Direct Payment System," XIII, November, 1946.

"How the Miller Bill Changed the Old Age Pension Law," XII, October, 1945.

"Illinois County Home Program," XIV, June, 1947.

"Illinois Legislative Committee Releases Comprehensive Report on Chronic Illness," XII, August, 1945.

- "Illinois Legislation of 1947-Some Implications for Welfare Administration," XIV, July, 1947.
- "Illinois State Program of Public Aid and Social Security," XIII, September-October, 1946.
- "Increased Old Age Pension Costs Will Follow Elimination of Responsible Children's Policy," XII, April, 1945.
- "Institutes on Nursing Home Care at Loyola University," XVII, June, 1950.
- "Institutional Problems of the Aged," XVIII, May, 1951.
- "Institution Standards Discussed at Washington Meeting," XVIII, July, 1951.
- "Life Expectancy Advances," XIX, February, 1952.
- "Medical Assistance for Public Aid Recipients in Illinois, 1932-1947," XIV, March, 1947.
- "Medical Care and Research in County Homes," XIII, April, 1946.
- "Medical Supervision and Care in Institutions for the Chronically Ill," XIV, September, 1947.
- "Monroe County Dedicates Its New Nursing Home," XVIII, July, 1951.
- "More Chronic Care Facilities Needed in Northern Illinois," XIV, April, 1947.
- "National Groups Summarize Considerations in Planning for the Chronically Ill," XIV, December, 1947.
- "Number of Persons Benefitting from the Major Public Aid Programs and Amount of Assistance by County," XVIII, June, 1951.
- "October Grants to Reflect Major Changes in Old Age Pension Law," XII, October, 1945.
- "Planning for Later Life," XVI, December, 1949.
- "Proposed Federal Legislation," XII, January, 1945.
- "Proposed Federal Legislation," XII, February, 1945.

- "Proposed Federal Legislation," XII, April, 1945.
- "Proposed Federal Legislation," XIII, May, 1946.
- "Public Assistance Code of Illinois," XVI, July, 1949.
- "Public Assistance Code Introduced in Sixty-fifth General Assembly," XIV, April, 1947.
- "Role of Private Philanthropy in Caring for the Chronically Ill," XII, September-October, 1946.
- "Rules and Regulations Governing Standards for County Homes for Infirm and Chronically Ill," XVII, December, 1950.
- "State and Federal Shares of Funds Appropriated for Illinois Public Aid Programs since 1945," XVI, July, 1947.
- "Statement of Purpose," XIX, June, 1952.
- "University of Chicago Offers Course for Workers with the Aged," XVI, January, 1949.
- "University of Chicago Sponsoring Institute on Problems of Aging," XVI, June, 1949.

C. UNPUBLISHED MATERIAL

- Scott, William G., The Social and Economic Status of the Older Worker, Unpublished Master's Thesis, Loyola University, Chicago, Illinois, 1952.

D. PAMPHLETS

- Nicholson, Edna, "Variables in Planning Long-Time Care," Chicago, 1947.
- "Report of the Illinois Public Aid Commission," Springfield.

II. SECONDARY SOURCES

A. ARTICLES

Novotny, Edmund, "Twelve Years to Live," Public Aid in Illinois, XVII, August, 1950.

"More Chronic Care Facilities Needed in Northern Illinois," Public Aid in Illinois, XIV, April, 1947.