It gives me particular pleasure to talk to your Social Action Workshop today for at least two reasons. First, I know favorably the presentations and communications that the Washington office of your Association has made to the Sub-Committee on Appropriations of which I am Chairman. Second, and perhaps of greater importance, your organization, as the professional group in the field of social work perhaps knows better than anyone the problems that face many of our people and has the know-how to propose solutions. Many of the things for which you stand are things which I have advocated or sponsored.

I cannot tell you, I don't think anyone else can, how to be effective in securing social legislation. I can point out to you some of the things in your field which in my judgment need to be done and can perhaps suggest techniques that afford some chances of effective results. Much of what I can say you know already. There is certainly no secret about the forces that operate which affect the legislative process. In order to secure legislation, the legislators must appreciate the issues involved and be aware of the needs that exist. They must have the conviction that what is proposed is necessary and right.

At the present time, programs that cost money, and most programs that benefit people do cost substantial sums of money, must compete with all the other demands on the Federal budget. This competition at the moment is particularly keen. During the last session of this Congress, most of us received hundreds and thousands of communications from our constituents demanding economy and strongly suggesting that it was an overriding consideration. In such a climate your problems are even greater than usual, but the real needs of people must be met; and where we need improvements, we must fight for them with all the skill we can command.

In the present session of the Congress, I have introduced a number of bills in what might be called the field of social welfare or that are closely related to it. One of these is concerned with the expansion of teaching and research in the education of mentally retarded children. Another would establish a program for the rehabilitation of handicapped persons who may not be able to return to employment but who now require the services of an attendant or institutional care. Another would authorize grants for medical and dental schools. Still another would reduce to age 60 the point at which those persons who retire, from necessity or choice, may qualify for old-age and survivors insurance benefits. I think that all of these are worthy and important pieces of social legislation.

I have been interested for some time in helping mentally retarded children. I think we have made some progress in this field with the earmarking of funds for maternal and child health appropriations and certain other steps. Clearly more needs to be done.

Another field that is of ever increasing importance is that of the aging. In my own State of Rhode Island in a relatively short period of 25 years, the number of aged has about doubled, increasing from 40,000 in 1930 to over 80,000 today. This represents almost one person in 10 in the State's population, and the economic position of many of these persons, and of the group as a whole, has been declining in recent years.
Old-age and survivors insurance payments have helped to provide income. Today, more than half of the aged in the country (about 8,000,000 persons) receive monthly old-age and survivors insurance payments. Private pensions, railroad retirement pensions, civil service and State and local retirement pensions are also gradually providing income to increasing numbers of our older citizens. Yet, the Census Bureau reported recently that fully two-thirds of our older persons are having to get along on less than $1,000 a year. A study made by the University of California reached the conclusion that almost half of our older individuals do not have enough income to maintain a minimum standard of health and decency.

Another major problem for the aged is medical care. Three-fifths or more of them are suffering from chronic illnesses and are in desperate need of medical care. It is difficult to see how people with the incomes I have described can pay for medical care.

It would appear that the situation of aged persons, in relation to medical care, has improved somewhat in recent years. Last year, with the support of your organization and many others, the public assistance programs were modified to provide a separate basis for Federal participation in medical care costs, which is apparently having beneficial effect at least in most states where little was being done previously. Expenditures for medical care for public assistance recipients have been rising rapidly, and a major part of these expenditures is for the aged. The gains in the last several years have probably been greater than the increases in costs that have taken place.

We have stepped up funds for research for the construction of medical facilities. We have placed more emphasis on rehabilitation, but we still have a long way to go. There is every reason to believe that much of the current disablity and deterioration among our older people is unnecessary. We have increased life expectancy in a vastly increased number of persons in the older age brackets. It is tragic that we have not found new ways in which they can be useful and enjoy the satisfaction of belonging and self-sufficiency. The longer years of living must not be longer years of misery to be spent in sickness and in progressive decline in mental hospitals and similar establishments.

The problem of employment for older citizens is one about which we have talked much but achieved relatively little. I understand that the proportion of our aged population that is now employed is smaller than at any time since the Depression of the 1930's. We may find reasons for this in increased urbanization and less agricultural employment, where retirement is slower and more gradual, but the result is not satisfactory.

These are not problems that can be solved by Federal action alone. Unless there is both recognition and action in localities and in the states, many Federal provisions will have little effect. On the other hand, we must recognize a leading and a helping role on the part of the Federal government if the citizens of the nation are to enjoy living consistent with decency and health.

In 1951, we set up in Rhode Island, a commission to study the problems of the aged. One of the tragic conclusions reached by the commission was that one in three of our aged live in homes without central heating and that more than one-fourth are forced to live in housing that is grossly substandard in other respects. Among the aged who were trying to live on public assistance, the situation was twice as bad and more than half live in dilapidated housing or lack basic sanitary facilities.
We must recognize that we, as a society, are fostering this kind of living. Every time a public assistance payment is made to cover the rent of an older person living in a dilapidated or unsanitary dwelling, we are subsidizing the continued existence of that dwelling. Surely, we must do better than this for our older people.

I am glad to say that in Rhode Island a beginning has been made in correcting this situation. Living units for older people have been incorporated in two of our public housing projects in the City of Providence. These are proving to be a boon to the few older people fortunate enough to find places in them, but we need to know much more about housing and its relationship to other facilities and services in the community.

This experiment in Rhode Island has accomplished several purposes. The direct results include some improvements in the situation of at least some aging persons. We have a substantial amount of factual knowledge about the living situation of older people in the State on the basis of which plans can be made, but we also have a body of participants in this project who know these things now at first hand, and who are therefore better qualified than they could possibly have been before to interpret the needs that exist in the State.

It seems to me that an analogous situation exists in relation to welfare and public assistance programs. In addition to the many thousands of trained staff and paid personnel that operate these programs in every county in the United States, most counties have a lay board or commission, usually unpaid, whose duties are usually advisory in character. Members of these boards are normally chosen in the first place because of the prestige or respect that they command in the community and are usually representative of different groups within the community. As members of such boards, they observe much more closely than other lay persons the operation of programs and community problems that are involved. As unpaid workers, their motives are not suspect. They are accordingly, as individuals, in a unique position to interpret existing needs to their local officials, members of their State legislatures, and their Representatives in the National Congress.

A similar situation exists in private social agencies. In addition to the professional staff of these agencies, there are almost always advisory or executive boards made up of influential and interested people who can be very effective in encouraging support for humanitarian legislation. While the private agency is not directly engaged in the administration of public programs, it does see, to a far greater extent than the community in general, the needs and gaps in these programs. These agencies are in a unique position to work continuously for social improvement.

The program of old age, survivors and disability insurance, as you know, is Federally operated. In the seventeen years I have been in Congress, I have supported the many improvements that have been made in this system. We have seen benefits progressively raised since 1950. We have seen the amount of wages upon which tax is paid increased twice, although, in my judgement, it has not been increased nearly as far as it should be. We have seen provisions made for disability freeze, and last year, after much controversy, the establishment of benefits for very severely disabled people, aged 50 or over.

I have made my own position clear on further improvements that I believe should be undertaken. I believe that people who become permanently and totally disabled should be entitled to receive benefits regardless of their age at that time. The young working man or woman, aged 30 or 40, needs such protection just as much as
the man or woman aged 50 or 60. I shall continue to work to see that the disabled person gets a fair break under the social security laws.

I believe that the age for all men and women, to whom benefits are payable upon retirement, should be reduced to 60 years. I introduced a bill to this effect in the last Congress, and I have introduced one in this Congress. This would not require an individual to retire at age 60. If he did retire, from choice or necessity, and even below age 65 I know that it is frequently necessity, he would be permitted to draw his full benefits. I am convinced that this would be a great boon to many thousands of older persons who are not yet 65 but who are approaching that age and are unable to find employment today.

I believe that it would be desirable for those persons who defer retirement beyond age 65 to receive higher benefits. This is only fair to them and would offer some incentive to stay in the labor force as long as possible. I believe the social security benefits should be increased, particularly in the case of widows. Today, an aged widow receives only three-fourths as much as a retired wage earner. If the husband was entitled to $100, the couple may have been getting $150. Upon his death, his widow receives only $75. If he was entitled to $50, she gets only $37.50. I do not believe that our benefits are sufficiently generous that we should make this type of discrimination between the needs of aged persons, and I think the proportion for the widow should be increased to 100 percent.

I would recommend that the maximum wage which can be credited under the program be increased from $350 a month to $600 a month. This would raise the maximum for a couple to $237.75. I would also increase the maximum family benefits from $200 a month to $300 a month, which would be of particular benefit to widows with several young children.

In the field of public assistance, much emphasis has been placed on helping people to self-sufficiency. As I have indicated, I am wholly in accord with this objective. I believe that it is not only good but vital, if our older people are to have a reasonably satisfying life in their declining years. In last year's amendments a provision was made for research and for the training of public welfare personnel. Your Association supported the appropriations for both of these programs this year, and I take some satisfaction in the fact that they were reported favorably by my subcommittee, even though they did not remain in the Appropriation Bill. Unique as the opportunity for this type of service is in public assistance programs, I am concerned that we recognize that many of these people are going to have to have money on which to live for the years to come and that we not lose sight of the need for decent payments to them.

There is another field in which I have a strong interest. I would like to see much more done by both public and private agencies to strengthen family life. The family is the basic unit in our society; it is the mainstay of our culture. Yet it has been left in an exposed position to withstand the buffeting and demands of an ever changing economy. I would like to see more research in this field. And I would like to see more support given by government at all levels to the family in its fight to overcome present tendencies toward the loosening of family ties and to avoid the social problems that accompany family breakdown.

I have told you some of the things I stand for in the social welfare field and have suggested some of the reasons for my interest in these programs and in their
improvement. If a sufficient number of Congressmen were similarly inclined, you would have less of a problem than you do in securing improvements in line with the real needs of people.

I am sure that most of them do not know as well as I how some of the things we have talked about in generalities affect their neighbors. Your job is cut out for you.

December 13, 1957
Congressman John E. Fogarty today made a statement in strong praise of the research fellowship named in honor of Major John T. Godfrey. Major Godfrey, a prominent citizen of Rhode Island, is a victim of amyotrophic lateral sclerosis, a disease for which no cure is known.

The National Neurological Research Foundation, 3255 N Street, Washington, D.C. is conducting a drive locally, and on a national scale, to raise funds for the Major John T. Godfrey Fellowship. Congressman Fogarty strongly urged all citizens of Rhode Island to contribute if possible and in any case to support the campaign. He pointed out that only through research can cures be found for the neurological diseases, most of which are incurable.