

While the Jewish hospital is attractive to Jewish clients because of the presence of Jewish workers and doctors, and the fact that it is more possible for them to be understood in Jewish hospitals where many doctors and workers speak Yiddish, those who are more Americanized and are not so dependent on language assistance attend the non-Jewish hospitals much more frequently, and herein lies a very serious point when we consider the future of the Jewish hospital. Since with the stoppage of immigration and the constant increase in the level of Americanization of the foreign born, and the greater increase of the number of American born Jews there may be a greater tendency to steer away from the Jewish hospital on purely Jewish grounds, so that the basis of appeal will be even more

than now that of adequacy of facilities, standards of practice, and the provision of special clinics. A frequently stressed choice is between public and private rather than between Jewish and non-Jewish, and the tendency is to go to the private as against the public on account of the superiority of service.

Another factor in the choice of clinics, particularly when initiated by the social worker, who may be responsible for costs involved, is the furnishing of free medical services and appliances.

Finally, Jewish social workers have the responsibility to resist many clients' tendencies to shop around from clinic to clinic, and particularly from the non-Jewish to the Jewish, unless there are both excellent medical as well as social reasons therefor.

A Community Program for Care of Jewish Aged

Old Age Pensions and Social Insurance

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TRY as I might to search for a Jewish angle in the problem of old age pensions or in the discussion of a general community program for the care of the Jewish aged, I am unable to discover any concrete Jewish aspects of the problem. While aged Jews may for a while be affected more seriously than the native aged through citizenship and residence requirements, these obstacles are, of course, only temporary. For the above reasons I have no other recourse but to discuss the problem from a national rather than parochial viewpoint.

Social workers do not, of course, need any elaborate statistical data showing the extent of old age dependency in the United States. You are well aware of the increasing growth of the problem. Our population is growing older, and every decade sees more old people than before.

It is the sad irony of our civilization that while the period of old age is being lengthened the years of remunerative employment are being steadily curtailed.

The occupational census data for 1930 show strikingly how few are the aged who derive their livelihood from industrial or mechanical pursuits. Among gain-

fully employed farmers, 8.41 percent had passed their sixty-fifth birthday. In the case of lawyers, judges, and justices, 8.85 per cent were 65 or over. Retail dealers also showed a higher than average occupational percentage for old age—6.5 per cent. For bankers, brokers and money lenders the proportion over 65 was 5.91 per cent, while the percentage of aged manufacturers was likewise higher than the general average. But an entirely different tale is told by the statistics of industrial and mechanical pursuits and of transportation; Only 2.34 per cent of miners, 1.32 per cent of cotton mill operatives, 2.61 per cent of machinists, 2.21 per cent of store clerks, and 0.75 per cent of locomotive firemen had passed their sixty-fifth birthday.

It is now an established fact that modern American industry does not want men and women past middle age. These difficulties have naturally become aggravated during the depression. With curtailed operation and a limitless supply of all kinds of labor the chances for an aged person to find a job have almost completely vanished. A Philadelphia survey made in April, 1931, covering 67,150 employable workers, showed that 34.4 percent of those 66 years of age and over were totally unemployed, as contrasted with 22.9 per cent among

workers—26 to 55 years of age. Moreover, while the younger group of workers had on the average been unemployed for 36.2 weeks, the older workers had been out of jobs for nearly twice as long. Studies in other cities showed similar contrasts.

The difficulties of finding a job after the prime of life are not confined to manual workers. Professional and technical men are faced with the same difficulties.

Even the heads of our large industrial corporations are insecure. The diminishing opportunities for "going into business" are too well known to need emphasis here.

Even savings deposited in banks—the reputed paragons of safety and conservatism—no longer offer an effective solution of the problem of insecurity. During the decade 1923 to 1932 there were no less than 9,883 bank suspensions throughout the country, involving deposits of \$4,702,142,000. Between 1928 and the middle of 1932 a total of nearly 9,000,000 savings accounts were wiped out. In 1931 alone over 12,000,000 insurance policies, amounting to over \$3,000,000,000, lapsed, were surrendered, or else were permitted to expire. The fortunes wiped out through investments in stocks and bonds are too vivid in our memories to need statistical elaboration.

The movement for old age pensions, dating back over 25 years in the United States, has made considerable progress only during the last 10 years. Beginning with the pension system inaugurated in Montana in 1923, 28 states and the territories of Alaska and Hawaii—have now placed old age security laws on their statute books. Twelve of the above states and the territory of Hawaii enacted their laws since 1933.

In fourteen states the pensionable age is set at 70 years, thirteen pay pensions at the age of 65, while North Dakota sets the age at 68 years. The maximum pensions allowed range from \$150 per year in North Dakota to \$30 a month in the majority of states. The New York and Massachusetts acts set no specific maximum, leaving the matter to the discretion of the administrative officials. In several states one-third of the sums expended on pensions by the local governments is reimbursed by the state; in several others the state and the counties share the cost equally; in a few the state or territory assumes the entire cost; and in 14 the entire cost is borne by the counties. On December 31, 1933 there were about 114,000 persons in receipt of benefits under these laws. The total expenditures in 1933 amounted to about \$25,000,000.

Pension experience has fully borne out the predictions of supporters of these laws that not only do they

offer an economical method of providing for the dependent aged but also that a self-respecting system of care in their own homes would ultimately result in considerably reducing the need for the expensive institutional care of the aged. A recent study of nine states made by the American Association for Social Security disclosed that while during the years of the depression the total almshouse population has increased greatly in every state in the Union, the increase has been very much less in the states with pension laws as compared with those without such laws.

The present old age pension statutes have proved of inestimable benefit to tens of thousands, but they have not as yet fulfilled all the hopes of the proponents of this legislation. Most of the important states still limit the age to 70 years. While the average grants in most states cannot be criticized too harshly since they far exceed the allowances made under unemployment relief, they are of course not altogether adequate to meet the full needs of the aged. The citizenship requirement in all the laws, except in Delaware, works tremendous hardships upon those who, although residents of the United States for most of their lives, have for one reason or another not become formal citizens of the United States. Since this discrimination chiefly affects old women it frequently results in serious hardship, and unfortunately its removal is not yet in prospect.

But while the above restrictions can easily be remedied through amendments, there are a number of difficulties which are inherent in the very nature of these acts. The present American pension laws are of course all based on a means test. Under existing conditions a non-contributory system cannot be expected to pay pensions to all persons merely upon the attainment of a specified age regardless of their economic circumstances. These laws must of necessity set up arbitrary requirements and their application to human beings presents problems which can rarely be solved with absolute justice.

These difficulties can be overcome only through the inauguration of a system of compulsory contributory insurance similar to those now in operation in most countries abroad. Contributions should come from workers, employers, the various state governments, and the Federal Government. Preferably such a plan should be tied up with invalidity and health insurance. A system of compulsory contributory old age insurance either as a separate plan, or, preferably, in combination with a comprehensive system of social insurance offers the most adequate long-range program. The contributions necessary for an actuarially

sound annuity plan can be determined with almost flawless accuracy.

A contributory system of old age insurance may be justified not only on theoretical grounds but will become inevitable as the present deadline of employment continues to be lowered and more and more aged persons become unable to earn their own living.

In helping the expansion and liberalization of the

present laws, and in taking the leadership in the promotion of a constructive plan of social insurance, Jewish social workers can greatly assist in the development of an adequate future program of social security. With few exceptions Jewish social workers, unfortunately, have not been in the lead of this movement. They can no longer afford to ignore this issue if they are to remain true to their historic mission.

Relief and Service to the Aged in their Homes

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TO render real social service to aged people in their homes, a wise selection in the matter of a visitor is necessary. Such a visitor must have a sincere liking for old people and must be interested in helping them; must be able to intelligently plan in each individual case for the client's happiness and best interest, and must realize that any plan must proceed by easy stages and not embody a sudden and drastic change unless health conditions make hospitalization necessary.

A successful visitor should have a knowledge of family welfare work because often the client is a part of a family's life, must have a keen preception in estimating conditions and be able to weigh carefully the influence of environment on the client's living conditions. A visitor must be ever courteous, courageous in behalf of those who lack courage but need justice, and have a sense of humor because old people respond quickly to a sense of humor injected into ordinary conversation. While not a medical visitor or a visiting nurse, a visitor must be able to estimate the physical and mental condition of the client and determine what are the pressing medical needs.

It is evident that medical social service for the aged is coming to the front and needs more attention. If we are to give the best care, a person's health condition must properly be one of our first considerations. There is so little left in life for many old people that a good visitor will appreciate the fact that happiness and health should be paramount, after that the lesser details that lead up to these.

The State of Massachusetts has now enrolled under Old Age Assistance over 19,000 cases. Most of these cases are found in the larger cities and usually in certain well-defined areas in these cities. Remembering that the initial investigation and allotment is done

by the local board the work of the state visitor after the first check-up can, to a great extent, be devoted to social service. An estimate is always made of:

1. HOUSING CONDITIONS—is the client comfortably housed? If a member of the household, is the client getting a square deal for the board paid? Is the client happily housed?

2. CLIENT'S NEEDS—Does the allotment cover the needs? Is it too generous? Too niggardly?

3. GENERAL HEALTH — Optical needs. Should there be blindness or vision decidedly impaired contact is made with the Division of the Blind and a visitor from there, versed in the needs of the sightless, assists in taking up the work—perhaps Braille or some instruction in work fitted to the client's needs. Dental needs; needs for special appliances, such as trusses or artificial limbs or wheelchair. Is health normal? Should a physician make regular visits? If client lives alone, does it seem dangerous to have this continue? Can some one be secured to care for the client in own home at a reasonable rate? Or has the time come to place the client in a nursing home? Mental condition?

4. RELATIVES AND FRIENDS—Do the former assist as their means allow? Is there a feeling that certain relatives benefit by the client's allotment? Are religious or fraternal societies interested?

5. If client is naturally industrious, can small employment be obtained?

6. Who in the neighborhood is really interested in the lonely client? Is it an unselfish and friendly interest?

I have been asked to explain our system of Boarding

Homes for Aged People as licensed by the State. Several years ago one of the homes for old people—a charitable corporation but a private enterprise—was forced to close because of lack of funds. The patients, both men and women, all aged and some twenty in number, faced ending their lives as public charges. These people had contracted with the proprietor for various sums from \$1,000 to \$3,000 for life care.

The State Department stepped in and through the generosity of one of the settlement houses and other kindly souls provided for these old people outside of an almshouse.

A law was immediately drawn up and passed authorizing the State Department to license boarding homes for aged people and providing for inspection

and supervision by the State in all cases where three or more people over the age of sixty were cared for. In addition, the law provided that no person not a relative and no organization not a private charitable corporation could contract for life care unless a suitable bond, approved by the Department, was given. In consequence of this last proviso, and because bonds as required by the State are so expensive, not a single case of this kind has been considered. We have actually put a stop to a questionable custom used to exploit and rob the aged. In our work with those aged who need nursing care, these licensed homes have been indispensable in keeping our people out of public infirmaries and almshouses.

Care of the Aged in the Home for the Aged

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FOR many years the Home for the Aged has been a haven for old people who had no family or who required care which their families could not give. The Home with which I am connected was organized 64 years ago and has the distinction, I believe, of being the oldest Jewish Home in this country; one of the Cincinnati Homes came next, and since then others have been established in many cities, until at present there are 52 Jewish Homes in the United States, and 3 in Canada. Few if any cities outside of New York have more than two homes. In Greater New York there are twelve—seven in Manhattan, two in the Bronx, three in Brooklyn—and close by, in Westchester County, there are two.

Let us for a moment consider what are the problems of old age to which we have referred—I should say that they are much the same as those which we meet in the general family field—problems of health, economic distress, personality and housing. But when the old are afflicted with illness, or loss of savings, or a job, or both, they are less likely than the young to regain either health or financial independence.

When personality difficulties cause disruption in the family, it is not always the fault of the oldest members of the household: We all know that there are problem children, and problem parents, incompatible brother and sister, and parent and child, as well as problem grandparents. Small and even smaller apartments which have replaced the old family home call for readjustment for younger as well as the older members of the family.

Under present conditions, however, it is the grandparent who must seek shelter elsewhere and he applies to the Home, to the family agency or for public relief. If the old person is single, or married and childless, he is frequently in need of special consideration. However, in many cities, the family agency has in recent years accepted for care only those people who are married—or single persons who form part of a family group.

Many persons are therefore admitted to the Homes because other plans for them have not been developed in the community. This is due partly to the fact that applications have not been investigated on a case by case basis, and partly because many social workers feel that nothing interesting or constructive can be done for old people. We who have worked with them know differently.

In investigating applications, the majority of the Homes do not carefully analyze the situation, either as regards the health of the applicant or other problems. Investigation should include an examination by the physician of the Home. His findings should be supplemented by reports of previous medical treatment, and the social investigation should consider the applicant's background and the family situation in the case of his children and other relatives insofar as they may involve or affect the old person, and every effort should be made to have them accept responsibility for their aged relatives.

It is not my purpose to belittle the very important