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Byrd's Eye View -7
A Public Service Column by -13
Senator Robert C. Byrd -11

SOCIAL SECURITY

For two decades, the question of providing medical care for the American people, under the aegis of the Federal government, has received attention by Congress. Many bills have been introduced, embodying various approaches to medical assistance programs, with some advocacy of compulsory health insurance as a logical progression of the social security program, enacted into law in 1935.

Under that program (the Social Security Act) approximately 20 million men, women, and children (1 out of 10 Americans) are now receiving social security benefits every month. During 1964, about 77 million earners paid social security contributions. Over 85 percent of the people past 65 are either getting benefits or will be entitled to benefits when they or their husbands retire. About 53 million workers have worked long enough in covered employment so that they and their families have disability insurance protection.

The original Social Security Act set up a system of contributory social security, affording protection against loss of earnings in old age because of retirement, with the program restricted in coverage to industrial and commercial employees. It provided for contributions by both employers and employees during the earning years of the eligible workers, so that a portion of income would be insured when work earnings ceased. The Act also enabled the States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws.

The Act has since been broadened so that today practically all kinds of employment and self-employed are covered, and benefits are provided for wives and children of retired workers and survivors of deceased workers. Totally disabled workers and dependents are also covered, the law having been so amended in 1950.

In 1956, a public assistance program was incorporated in the Social Security Act, to serve needy people by providing income to supplement inadequate resources. In 1960, the Act was further amended to add medical assistance for the aged as part of the public assistance program, through Federal grants to States of from 50-80 percent of program costs. The Medical Assistance Program for the Aged, however, is a voluntary arrangement which the States may accept or reject, and there are still 15 States which do not participate.

Yet it is an established fact that the need for medical care generally increases with age, and that many more dollars are used to pay for health and medical care for the aged than for people under 65. Retirees with incomes normally adequate for their needs often cannot meet rising costs of illness.

As the First Annual Report of the Social Security Board, in 1936, pointed out: "The quest of security is a task for the whole of the people. It must be worked out within a system which is distinctly American...We cannot achieve security for a nation without promoting the security of the groups which make it up..."

It is against this background that the Congress continues its attempts to legislate wisely in the areas of increased monthly social security benefits for eligible persons, more realistic retirement age eligibility, and medical care for America's older folk.