

population will be over the age of 65 and one-third of our entire population will be over 50 years of age. With the struggle which younger wage earners are having to support their own growing families, we cannot expect the entire burden of old age to fall upon sons and daughters. A large portion of support of aged persons for some time to come will continue to rest upon relatives, but eventually an even larger group will be provided for in their old age by insurance payments.

Another serious contributing factor to the continuing need for assistance is the increasing difficulty which persons over 45 find in keeping their jobs or securing new jobs in industry. While every effort should be made to encourage industry in its efforts to absorb this group, we cannot close our eyes to the modern mechanizing of industry, the raising of standards of health and competence which give the advantage to the younger wage earner.

One of the still uncovered areas of government provisions for the welfare of our citizens is that which has to do with medical and hospital care. A recent nationwide survey of health, conducted by the United States Public Health Service, which tabulated its results from 800,000 house-to-house interviews, showed that disability illnesses occurred among families on relief at a rate 57% higher than among families with annual incomes of \$3,000, and over. Much of our present incidence of dependency in aid to dependent children is due to incapacitation of the wage earner.

This can have but one meaning for an intelligent nation: that moneys spent in preventing disease before it occurs and in providing medical care before health has been permanently destroyed is but the essence of good national economy. I realize that there are many differing points of view with respect to the manner in which this increase of medical care can be provided for the low income groups. It would seem, however, that a solution can be found to the problem of preserving the relation between physician and patient, and at the same time make it possible to preserve the health of our community by the fullest use of the great advances in medical knowledge.

In testing the adequacy and effectiveness of the Social Security program, we must, of course, recognize the fact that large groups of workers are not as yet covered by the provisions of the Unemployment Compensation laws. Groups omitted from this coverage are agricultural workers, domestic servants and employees of non-profit organizations. Furthermore, no plan has as yet been devised for the coverage of self-employees and certain other groups. If Unemployment Compensation is a desirable undertaking of government, as I firmly believe it to be, then it must follow that employees who have just as much right to protection against enforced idleness ought not to be discriminated against simply because of their types of employment. Personally, I am of the belief that our social security program will not be adequate and completely effective until it covers the entire range of those employees not now covered whose interests demand that they be given the protection afforded others.

This Country came a long way when it moved from the period of emergency relief to a more permanent plan of public welfare. Now we have before us the continuing task of assuring a decent administration of assistance, with the least possible damage to the self-respect and initiative of the beneficiary. To maintain this self-respect, those in charge of the administration of assistance, as well as the general public must free themselves of the now-outmoded idea that the need for assistance is a fault of the individual and move on to an