

ful as other children. The authors state that Onlies are not as likely to marry, and if they marry they do so later and produce fewer children than non-Onlies. They are not quite as likely to be happy in marriage, particularly if they marry other Onlies, but they seem to make good parents and the majority are well adjusted citizens.

Readers of the Milbank Fund *Quarterly* may be interested in knowing that the authors are sufficiently acquainted with the Indianapolis Study to cite its findings on the incidence of unwanted Onlies and the reasons why parents of Onlies stopped with only one child.

REUBEN HILL

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OUR NEEDY AGED¹

ONE of the interesting social phenomena of our times is the widespread concern with the plight of the aged. Legislative commissions, professional conferences, study and survey projects are everywhere in evidence. Noteworthy among these activities is the report of a recent study of California's efforts over the past several years to deal with the problem of financial dependency among its aged population. The fact that one-third of the persons in the State 65 years of age and over are in receipt of public aid at an annual cost of \$218,000,000 seems reason enough for such a study.

The report *OUR NEEDY AGED* is based upon two years of intensive investigation. It was financed by a foundation grant and conducted under the auspices of the Social Science Research Center of Pomona College. It is a single report presented as an "experiment in cooperative research" by the six social scientists listed as authors. The research team included specialists in population and migration, social psychology and the family, public administration, politics and legislation, taxation and public regulation, and income distribution. The variety of the specialties involved gives some indication of the breadth

¹ Bond, F. A. ; Baber, R. E. ; Vieg, J. A. ; Perry, L. B. ; Scaff, A. H. ; and Lee, L. J., Jr. : *OUR NEEDY AGED*. New York; Henry Holt and Co., 1954, 401 pp. \$6.00.

of the report as well as of the complexity of the issues involved.

Concern for the aged is nothing new in our society, but the problem in recent times has taken on new dimensions. The simple fact that more people than in the past survive the hazards of being born, of growing up, and of living through the vicissitudes of adult life, accounts for the size of the problem. Then added to this is the further fact that there is a gradual increase in the life expectancy after sixty, which alone presents new problems in the areas of medical care, housing, recreation, and family relationships. The report sheds valuable light on these and similar issues. It was found that the proportion of aged in the population is about the same for California as for the rest of the nation—one out of twelve. This may come as a surprise to those who look upon California as a haven for the retired. Actually, the aged comprise a relatively small part of the stream of migrants to this fast growing State. Other findings of interest are that 60 per cent of the aged are over 70 years of age and 30 per cent are over seventy-five. The study also confirmed the well known fact that women on the average enjoy longer life than men and that wives are usually several years younger than their husbands. In California there is even a greater preponderance of women among the aged than for the nation as a whole, the ratio being 83 men to every 100 women.

The report also has some interesting observations on the question of retirement. It was found that as many breadwinners stopped work before age 65 as in the five-year period beginning with the traditional retirement age. Illness and disability account for retirement in more than half of all the cases. Only one person in nine retired because he had enough to live on.

Against such a background of factual information, the report examines in great detail the actual operation of the State's old age assistance program. The California program is unique in many respects. The impetus for an old age pension system had already made considerable headway in California prior to the enactment of the federal Social Security Law in 1935. With the availability of federal grants subject to specific conditions of Title I of this law, the State of California undertook to fashion a security program which retained the "pension" philos-

ophy of a fixed grant (as distinguished from "assistance based on need") and still come within the federal requirements. This resulted in the adoption of liberal policies so far as property and income limitations were concerned and restrictive policies in relation to residence and citizenship. This attempt to reconcile conflicting philosophies has led to much of the State's difficulty in satisfying various elements of public opinion, including the aged themselves. The authors conclude that the present program does not constitute either a *bona fide* old age assistance plan or a sound pension system, because it blurs the distinction between benefits based on contributions and payments based on ascertained need. The report states that Old Age and Survivors Insurance should be recognized as the chief bulwark against economic insecurity in old age and that old age assistance is an essential secondary line of defense and should be "kept such."

Notwithstanding the report's positive acceptance of old age assistance as a program designed to meet the specific needs of older people not otherwise provided for, there appears to be a reluctance to go all the way toward such a goal. The general position as stated appears to be broader than the detailed recommendations. While a so-called "budget" approach is proposed as essential to a program based on need, the study group recommends the retention of a ceiling, now fixed at \$80.00 per month and which should not be changed "under present economic conditions." It is difficult to reconcile the notion of a statutory ceiling with a plan based on quality-quantity standards comprising all elements of legitimate need from food to medical care. It has been pretty well demonstrated that in a needs program the best assurance of adequacy and equity rests upon the application of standards geared to an accepted content of living at prevailing prices. With the amount of the grant thus computed, the recipient, of course, should still be free to use the money payment without restrictions. Thus society's obligation to care for the needy is reconciled with the individual's right to manage his own affairs. Other specific recommendations which seem inconsistent with the general recommendation relate to the retention of the present citizenship and residence requirements. One might inquire how a program

based on equity and need can in humanity or logic arbitrarily disqualify thousands of needy individuals because of such arbitrary restrictions?

Throughout the report, there is considerable reference to the problem of unmet health needs and the inadequate provisions for medical care. It was found, for instance, that 14 per cent of the aged on assistance reported "medical care and drugs" as the most important of the unmet needs. The report, however, does not face up to this problem beyond recommending that the present practice of allowing recipients to use outside income, such as OASI payments, for this purpose without reducing the amount of the basic grant. Thus the report leaves unanswered what to do about people who have no outside resources and who do have special needs beyond those covered by the basic assistance payment.

While it is recognized that the scope of the study was not framed to come to grips with all of the social and health problems affecting an aging population, for any student of these problems the study provides a wealth of significant data which any one is at liberty to evaluate according to his own special interest. The shortcomings of the study, if such they are, result from its focus on one segment of a social problem which is much larger than the "care of the needy." The current tendency to equate old age with dependency may subtly undermine the very strength which all social and health programs should seek to preserve.

In using the "age" factor exclusively as a basis for classifying social problems, more fundamental causative factors are overlooked or their importance minimized. Many of the disabilities and handicaps popularly associated with old age are common, in some degree, to all ages. This is not to deny that there is a "slowing-up" process as people advance in years but there is no magic year when people become different from what they were. Every stage in the growth process produces its casualties and much of what we see in the breakdown or helplessness of people in their later years is traceable to the neglect, the tensions and the inadequacies of the earlier years. It is a mistake therefore to assume that dependency or inadequacy are the inevitable penalties of growing old. Such an

assumption leads to an unrealistic isolation of these problems from the total stream of community life and encourages a tendency to play to the weakness rather than to the strength inherent in human personality.

It may already be too late to shift social thinking in this new direction. The concept of retirement at a fixed age has wide acceptance in principle and practice. Besides there is a great sentimental appeal in promoting schemes and programs focused on the apparent needs of older people without too much regard for the social consequences of such activities. The comfortable rocking chair in a charming old folks' home or square dancing at golden age clubs are hardly ideal symbols of effective participation in the business of living. It would seem possible nevertheless to so arrange our social economy that most old people would continue to function as responsible and active members of the community without denying them opportunities for more relaxed living and diversions suited to individual tastes. A study of some of these larger issues seems indicated.

PETER KASIUŠ

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CULTURAL DIFFERENCE AND MEDICAL CARE¹

THERE has been increasing recognition in recent years of the contributions which the social sciences can make to medical science. The Russell Sage Foundation has taken an active part in introducing the social scientist into a medical setting, and the value of such inter-disciplinary collaboration is demonstrated by this volume in which a sociologist on a medical faculty discusses the influence of cultural differences upon the utilization of medical services by the Spanish-speaking population of the Southwestern United States.

After an opening chapter in which fictitious case histories illustrate the various medical and social problems existing among the Spanish-speaking group, the author turns to a de-

¹ Saunders, Lyle: CULTURAL DIFFERENCE AND MEDICAL CARE. Russell Sage Foundation, 505 Park Avenue, New York 22, New York, 1954, 317 pp. \$4.50.