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Honor Thy Father and Mother: Old Age in a New America, 1945-1965

Dissertation Abstract:
Honor Thy Father and Mother explores the ethical debates triggered by the demographic transition that extended the average American lifespan from 48 to 78 years of age in the 20th century. Accompanying the rise of old age, in itself a remarkable achievement of public health innovations, were new challenges and questions. How should old age be defined? Who would care for the nation's elders? What should older Americans give back to their families and what should they expect from their government? Where will the infirm elderly live? Where will they die? This project returns to the first moment when religious institutions, foundations, and the federal government took on these questions and sought lasting solutions to the mounting problem of old age.

More specifically, my dissertation investigates how "old age" came to be defined as a social problem worthy of federal attention in the 1950s and how that federal attention influenced models of care. In a ten-year period, from 1950-1960, the debates on ethical care for the elderly shifted from ones centered on pastoral solutions to one centered on biomedical ones. This project offers a needed history of this transition and the attendant moral assumptions that continue to frame, and limit, public discussions on care for the elderly.

Dissertation Chapter Outline:
Chapter I: The Aging Body: Chronic Disease and the Science of Senescence, 1945-1949
Chapter II: From Pastoral Care to Health Care: Defining and Solving the Problem of Old Age, 1949
Chapter III: The First National Conference on Aging, 1950
Chapter IV: Federal Dollars and Senior Citizens, 1951-1960
Chapter V: The White House Conference on Aging and the Medicare Coalition, 1961-1965

From Pastoral Care to Health Care: Defining and Solving the Problem of Old Age
Excerpt from Chapter 2 (30 out of 60 pages)

I: Introduction

In 1949, old age became a social problem worthy of federal attention. Fourteen

years after the Social Security Act established a chronological mark for the aged, 65 and

over, Oscar Ewing, the director of the Federal Security Agency, invited a group of

experts on aging, the few his staff could actually locate, to Washington, D.C., to

determine how the federal government should best approach "the problems which arise

with the aged population."[1] In an amorphous field, sparse with data, experts, and working

options, two luminaries stood out: the self-trained social worker Ollie Randall and the

University of Chicago-trained sociologist Clark Tibbitts. The two arrived in D.C. with

careful articulations of the proper definition of the elderly, the afflictions that beset them,

and the appropriate solutions.

At that time, experts cast the elderly as a frightening statistic, a compilation of

degenerating cells, and the privileged beneficiaries of federal funds. The numbers

exposed trends. Americans were living longer and reproducing less. In 1900, 3.1 million

Americans, just 4.14% of the total population were over 65. By 1950 the number would

jump to12.3 million, 8.1 % of the population. Dips in birthrates, despite the baby boom

generation, exacerbated this upward shift. Two rather than five children homes had

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[1] "Proceedings Committee on Aging, United States Public Health Service," April 22, 1949, folder 051.2, box 129, Record Group, Federal Security Agency (235), (National Archives at College Park, MD).

become the norm and augured a dependency crisis, as familial, financial, and social responsibilities fell solely to the middle aged.[2]

As demographers described the problem of old age in terms of scale and dependency, a new class of doctors described the health afflictions of old age through research into degenerating or deformed cells. For them, the problem of old age was the affliction of chronic disease, the next frontier for a medical profession emboldened by sharp reductions in infant mortality.

Randall and Tibbitts incorporated, responded to, and challenged both of these models in their comprehensive visions of proper eldercare. The aged could not be fully described or treated as a set of data points nor could physical disease be isolated from social context. While Randall and Tibbitts agreed on the scope and complexity of the problems, they offered productive differences on how such problems should be solved. Where Randall relied on a highly individualized local model, that I call pastoral care, Tibbitts believed that widespread problems required a centralized, or federal, solution.

In the Spring of 1949, it seemed that the continuum between Randall's pastoral care and Tibbitts' centralized care would set the intellectual parameters for a national discussion on the problems of and solutions to old age. Yet as Randall and Tibbitts stepped into the Federal Security Agency meeting, a third option was brewing. At the exact moment social workers and social scientists recognized the mounting problems of the elderly, the Truman administration, frustrated with thwarted attempts to pass government sponsored health insurance, settled on the aged as the key to a new political strategy—incrementalism. Social security beneficiaries, Ewing and others claimed, could

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[2] "The Study of Adjustment in Old Age," 1944, pg 1, folder 6139, box 499, series 1, subseries, 82, Record Group 1, "Social Science Research Council Archives, 1924-1990," (Rockefeller Archives Center: Sleepy Hollow, New York).

be the first recipients in an incremental approach to bring health insurance to all. For Randall and Tibbitts' the mounting number of elderly was a social problem. For the Truman administration, it was a solution. This divide would eventually limit the content of the Randall-Tibbitts debate and establish a federally-funded medical solution to the problems of old age.

<center>II: Ollie Randall and Pastoral Care</center>

Ollie Randall paid attention to words: *home, time, living, loss, illness* and *independence.* She fixated on them, obsessed over how they were deployed and imagined how they could best be put to use. A philosopher of care, her ideas came from a professional life devoted to the extreme and mundane hardships faced by New York's elders.

Randall, a prolific writer and speech giver, left her own story. Born on September 3, 1890 into a large extended family, she grew up in a household that valued both adventure and duty. By her own admission, her professional interests paid homage to her childhood. Her father came from a long line of Rhode Islanders and in the late 1880s ventured out west to try his hand at ranching where he met her mother, a schoolteacher from Illinois. The family soon returned to Rhode Island. Mr. Randall took up work in the newspaper business and Mrs. Randall stayed home to raise their four girls. The family—great-grandparents, grandparents, parents, and children—lived on the same street.[3]

Responsibility mattered in the Randall household. Every morning, at precisely 10:00 a.m., Ollie brought her great-grandmother her morning blend. She wrote, "I grew

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[3] Ollie Randall, "Reminiscences of Ollie A. Randall Transcript of Oral History Interview 1981," in *Community Service Society project* (Columbia Center for Oral History, Columbia University, New York, NY).

up in a family with a lot of older people in it. I counted on them and they counted on me…."[4] Each of the girls went to Baptist church on Sundays and took jobs to pay for college. At the time, multi-generational households were an American norm. As late as 1948 only 4.5% of elderly men and 3.3% of elderly women lived in institutions, while the vast majority moved in with their children.[5]

In the first decade of the twentieth century older people had yet to be recognized as a distinct category of the needy.[6] Tossed in with other needy groups in local poorhouses, they were the nonspecific wards of religious societies and new scientific charities. Neither social workers, policy makers, health care professionals, nor charity workers knew how to deal with their particular plights. In her 60-year career, Randall would change that. "When I started," she recalled, and "wanted to work with the old people they thought I was nuts. Nobody was working with old people."[7]

After graduating from Pembroke College, Randall secured a position at one of the few agencies in the country with a program for the elderly: the Association for Improving the Condition of the Poor (AICP).[8] Within a few months she ran all of the organization's programs dedicated to elders. She loved the job and quickly took to her boss, who, in her estimation, "was not held down by … habits and all the rest of it."[9] At the agency, she

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[4] Ibid.

[5] Otto Heathers and Glen Pollak, *Social Adjustment in Old Age; a Research Planning Report*, Social Science Research Council (U.S.) Bulletin; 59; Variation: Social Science Research Council (U.S.).; Bulletin; 59. (New York: Social Science Research Council, 1948), 25.

[6] *See* Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, 1986), Robert H. Bremmer, *American Philanthropy*, (Chicago: University of Chicago Press, 1988), Kathleen D. McCarthy, *Lady Bountiful Revisited: Women, Philanthropy, and Power* (New Brunswick: Rutgers University Press, 1990), ———, *Women, Philanthropy, and Civil Society* (Bloomington: Indiana University Press, 2001).

[7] Randall, "Reminiscences of Ollie A. Randall Transcript of Oral History Interview 1981."

[8] *The longer chapter contains a history of the AICP and its relationship to the rise of scientific charity in New York.* For more on the AICP see Lilian Brandt, *Growth and Development of AICP and COS (a Preliminary and Exploratory Review)* (New York: Community Service Society of New York, 1942).

[9] Randall, "Reminiscences of Ollie A. Randall Transcript of Oral History Interview 1981."

tried to figure out which programs did and did not effectively serve their population, ensuring that the services responded to actual rather than a perceived need.[10] She described her position as follows: "… if you're in social work working with people, your job is to know what those needs are. What the people need, not what you need."[11]

The employees of the AICP recognized, before the federal government did, that the contracted labor market of the 1930s would disproportionately affect the aged (at the time defined as anyone over 40) and consequently set up two programs, a sheltered workshop and a summer camp. At the Old Men's Toy Shop, AICP ensured "that individuals who were not able to compete in the labor market because they cannot cope with the demands of time or production" remained employed.[12] For three weeks every summer, the elderly cared for by the AICP became "part of a large community of camps for girls, small children, and family groups" at Sunset Lodge.[13] The important idea, Randall pronounced, was that the elders "do as others do."[14] They lived with people of all ages and celebrated the summer the way other Americans wished to celebrate the summer at the time, outdoors.[15] While Randall enjoyed assisting in these programs, the two institutions she spearheaded, Ward Manor and Tompkins Square House, both defined her career and arguably transformed eldercare in the country.

In 1926, William B. Ward of the Ward Baking Company donated an estate in Dutchess County, New York, to the AICP for a permanent home for the elderly.[16] From

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[10] Ibid.

[11] Ibid.

[12] "A few facts about the aged in the Community Service Society, letter to Mrs. Margaret Lighty," June 11, 1947, folder 10, box 1, Ollie Randall, "Ollie Randall Papers, 1914-1975," (Social Welfare History Archives, University of Minnesota Libraries: Minneapolis, Minnesota).

[13] "Care of old folks now and in the future," November 9, 1938, p. 10, folder 401, box 34, Ibid.

[14] Ibid.

[15] Ibid.

[16] Randall, "Reminiscences of Ollie A. Randall Transcript of Oral History Interview 1981."

its founding until 1945, Randall managed Ward Manor, which became a physical articulation of the values of its inhabitants rather than its founder or manager.

Randall recognized that her residents came to the Manor because they had nowhere else to go. In addition to creating a physically adequate space, she wanted to restore in her residents the feelings of dignity and self-worth. To do so, she believed the Manor had to be self-governing. "What we tried to do," she related, "was to get self-government in the home for the old people…. But I mean they would take responsibility and be taking over. Because it was where they were living. And that hadn't been done in any home for the aged up to that time."[17] Participation, in this model, was not a choice but a requirement. Randall observed that residents suffered when they weren't truly needed. Hobbies and activities did not carry enough weight to give meaning and purpose to a resident's day. For this reason the Manor required that every well person "share in some of the work of the home to the extent of his physical ability."[18]

With the infrastructure for Ward Manor taken care of, Randall began her next project: "a housing unit for semi-dependent living."[19] Responding to a dearth of housing, rising unemployment, and extended life years without a pension, Randall set out to create low-cost apartments that would suit the aging body. For the site the team chose Tompkins Square Park—an area that even Randall agreed could be construed as questionable. She saw beyond the park's shady reputation to its given amenities. The park, she wrote, "has Wanamakers within walking distance; Christordora House, which opens all its doors to our family of tenants; churches of all denominations; library; bus which goes by the door;

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[17] Ibid.
[18] "A few facts about the aged in the Community Service Society, letter to Mrs. Margaret Lighty," June 11, 1947, folder 10, box 1, ———, "Ollie Randall Papers, 1914-1975."
[19] Ibid.

and it is a place which is real in the hearts of our local political leaders for every tenant is a potential voter."[20] The aged would be integrated rather than set apart from the social, spiritual, and political life of the neighborhood. Randall believed in this project to such a degree, that she actually moved in upstairs.

After creating two old-age homes, Randall came to be haunted by the word *home*. Institutional living, for most, is a final resort. It is the culmination of financial, physical, and familial loss, a desperate conclusion to a series of living arrangement mishaps. For this reason, Randall understood that there was something almost cruel in the title "home for the aged." "Home," she lectured in 1940, "is not merely a residence or a dwelling place to us—it is a place around which most of the precious memories of our life cluster, and one which we have shared at one time or another with loved ones of our families."[21] "Even at best," she continued, "a home… is an impersonal substitution for a very personal place—no matter how poor or how good it was, or how good our substitute may be."[22] The article before the noun mattered. Professionals working in the field had a mandate to make "a home" or "the home" work, to do so they needed to focus their attention on making their residents feel "at home."

To start, Randall advocated that caretakers learn as much as they could about their residents to help parse the idea of home. What qualities do they associate with home? What do they need in order to feel a sense of belonging and community? Once physical needs were met, institutions had to think carefully about emotional ones. The question of independence was crucial in this respect. Elders "are not children," Randall reminded

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[20] "A few facts about the aged in the Community Service Society, letter to Mrs. Margaret Lighty," June 11, 1947, folder 10, box 1, Ibid.
[21] "OAR talks to Department of Welfare Agencies," April 3, 1940, folder 402, box 34, Ibid.
[22] Ibid.

audiences across the country. One cannot ignore the challenges of transition or impose a set of rules that infantilize men and women who have made independent decisions for their entire lives.[23]

Independence, Randall astutely realized, was always an illusion. "None of us is genuinely 'independent' of others," she claimed. For Randall, this was an empowering and not a limiting discovery. Once one realized that independence was a helpful feeling rather than an empirical reality, then it was possible to "achieve for the old person a <u>sense</u> of independence in any setting…."[24]

Equally important to a sense of independence was a sense of meaningful association and usefulness. For this reason, she often said: "The household and not the house is the most important factor in an institution…."[25] Randall's professional experience as a caretaker to New York's elderly within but especially outside their own homes informed how she defined old age.

While the passing of days, weeks, months, and years could externally mark numerical age, old age, Randall recognized, is something far more relative—experienced, despite federal demarcations, in the ephemera of subjective judgments. Aging, she pronounced, is a natural part of a process called living. What do "we really think," she asked, "when we let ourselves think of 'growing old?' Most of us instinctively avoid thinking of it at all, at least for ourselves, either consciously or unconsciously. Many shudder emotionally away from the bogey it presents." "We forget then," she continued, "that aging, or growing older, is happening to every human being each moment, each hour, and each day he is privileged to go on breathing….Growing old is a natural process,

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[23] Ibid.

[24] "Importance of Living Arrangements," May 26, 1947, folder 403, box 34, Ibid.

[25] "Diversional Interests for Our Aged Guests," April 25, 1938, folder 401, box, 34, Ibid.

as natural as growing into adolescence and into adult life."[26] No one has a problem with the *growing* part of this equation. The word *growing*, she noted, "implies constant change, and usually change for the better…"The problem is the second part of the phrase, *old*. "So, growing old is generally conceived of as a process of growth up to the period of old age, the beginnings of which occur at different times in growth for every human being, but which, when it is reached, is considered to be a kind of 'dead end.'"[27] Old age, it seemed to Randall, was too often conceived as something outside of the flow of time, the static end of a life marked by change.

For Randall, the final stage of life was defined not by a lack of development, but by a different set of developments. If adulthood could be defined as a period of attainment—such as money, spouses, and children—old age could be defined as the opposite: it was the stage of life marked by departure. "Old age," Randall writes, "is a period of losses—loss of family, of friends, of job, of health, of income, and most important of all, of personal status."[28] It doesn't begin at the same time for everyone. It begins when the losses trigger unexpected needs. Despite her better intentions, Randall often relied on an operative definition of old age that assumed a kind of emotional or physical disability. Rather than easily placing people inside or outside the category of the aged, Randall's definition pushed caretakers to see the final stage of life as a trajectory marked by profound individualism.

Randall's understanding of the nature of old age led to her to advance a model of care that I classify under the heading *pastoral*. I do so not to empty the term of its particular religious history within Christianity, but to demonstrate how Randall's vision

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[26] "The Psychological Aspects of Aging," May 28, 1947, folder 403, box 34, Ibid., 1.
[27] Ibid.
[28] Ibid.

of care mirrors the strategies developed by American chaplains in the first half of the twentieth century.[29]

In *A History of Pastoral Care in America,* church historian Brooks Holifield offers a timeless definition of pastoral care: It is the "relationship between a pastor and a person in need."[30] Despite radical fluctuations in what constituted the purpose of such a relationship through space and time, this concrete definition persisted and highlighted the value of listening as the first step to proper care. With the coming of industrialization and Sigmund Freud, the nature of what a pastor should reach for began to change. The goal of self-realization replaced that of salvation, as pastors attempted to work with individuals to help them make peace with the world. In tandem with this shift in approach came a shift in the space of care. The rise of institutions pushed pastors to develop techniques that worked outside of the church and the home. In the 1920s, the physicians Richard Cabbot and Russell Dicks launched the Clinical Pastoral Education (CPE) movement to train pastors to counsel in hospitals, prisons, and social agencies. Holifield summarizes the values of CPE as follows: "learn to listen" and "counseling should begin where persons already were."[31]

Randall falls squarely within this tradition. The pain of old age, she believed, was highly personal. To ameliorate the problem a provider had to listen carefully to the full story of someone's life and provide the kind of help they actually asked for. Moreover, the individual, for Randall, like for many of the CPE pastors, could only be fully realized within community.

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[29] *The longer chapter connects pastoral care to AICP and the Social Work movement in New York.*
[30] E. Brooks Holifield, *A History of Pastoral Care in America : From Salvation to Self-Realization* (Eugene, OR: Wipf & Stock, 2003), 12.
[31] Ibid., 237.

Holifield argues that the CPE movement adopted the philosopher John Dewey's claim that personal growth cannot be detached from community. "What one is as a person," Dewey argued, "is what one is associated with others…."[32] Theologians in the movement agreed that the "desire to perfect some 'inner' personality was a sign of social pathology" and that an individual is only truly healed in concert with their community. Randall's model closely paralleled this tradition as she advanced a philosophy of care that listened carefully to the individual yet sought healing through community.

According to Randall, the ailments of old age come in two categories: the external and the internal. Among the former were the problems of financial insecurity, health failure, and a lack of adequate living arrangements. Among the latter were the crises of social isolation, personal status, and self-worth. Aspects of these issues were timeless, afflicting elderly men and women throughout history, but more often they were created and compounded by modern conditions of industrialization and urbanization.

By the late 1940s, life expectancy averaged approximately 68 years. Industrial workers, retired at 40, had to contend with 20-odd years of life without adequate funds for themselves and their dependents. Compounding professional losses came physical ones. Even without the trials of cancer or heart disease, eyesight, hearing, agility, and strength dwindled in old age, complicating the obligations of daily life and commonly tipping the family budget towards increasing health care costs.

The financial burden of professional and physical loss challenged not only aged individuals but also their families. Randall lamented the trials of intergenerational conflict, which tended to spike when working adults had the dual burden of providing for both their parents and their children. Empathizing with the challenges of caretakers,

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[32] Ibid., 224.

Randall wrote: "There is nothing which taxes one's patience more than caring day in, day out, for the needs of the old person whose chances of progress to restoration of health are negligible or nonexistent, but whose daily needs continue on the same, if not on an increasingly demanding level. This is also true in those cases of mild mental affliction— which include loss of memory, lack of orientation, forms of suspiciousness which may develop into what we speak of as a persecution complex, and confusion which often creates intolerable disorder in the household…."[33] For these families, she recognized, there were not enough options. Few places offered adequate and affordable institutional care and even fewer provided appropriate mental health services. Moreover, home care programs could rarely provide enough resources for older persons or their depleted caretakers. Health and proper housing were, therefore, two of the most critical problems facing elders and their families.

Still, Randall argued that the greatest afflictions of old age were not the external ones but the feelings of isolation and the uselessness that accompanied them. She recognized that the loss of community and purpose diminished an aged individual's sense of self. To fully explain this process, she focused on the issue of time.

"Time," Randall mused, "has a very new and different meanings for us as we near the end of the road. It has, strangely enough, a sharply reduced value, in that, as we have more of it to use personally as 'leisure time,' with less skill or practice in so using it, it becomes a kind of drug in the daily market of our lives. Time becomes synonymous with boredom…. The past is now longer than the future can possibly be."[34] "Killing time," she continued, "a common pastime among older people, is a murderous activity in more ways

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[33] "The Psychological Aspects of Aging," May 28, 1947, folder 403, box 34, Randall, "Ollie Randall Papers, 1914-1975."
[34] Ibid., 5.

than one since it kills so much more than time. It kills initiative, interest, and in the end it can kill the personality of the person who indulges in the practice too often and too long."[35] To Randall, there is nothing meaningful, productive, healthy, or even deserved about a life bereft of purpose. When a person stops believing he is useful to others, she wrote, "he ceases to be important to himself."[36]

Weaving together the subjective emotional ailments with the material and physical ones, Randall ranked the problems of old age in the following order: the loss of personal status, financial strain, family friction, housing, illness, social isolation, and unfulfilled spiritual needs.[37]

Randall, never one to indulge in too much talk, had solutions. Old age could not be magically or medically ignored, cured, or perpetually staved off. It had to be dealt with, its inevitable hardships understood, and its unnecessary pains ameliorated. Four groups, according to Randall, had problems and, therefore, responsibilities: middle-aged individuals, the family members of elders, public and private institutions, and finally the federal government.

Randall had an unwavering conviction that old age is "essentially one's own personal business."[38] In tandem with her notion that elders can only be understood and cared for as individuals, she believed that each individual had an obligation to prepare for his or her own old age. Americans must acknowledge that they will age, that they will lose abilities, and that they will die. This is the only way to cultivate good habits that will

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[35] Ibid., 6.
[36] "Old Age and Old People," late 1940s?, folder 313, box 29, Ibid.
[37] Ibid.
[38] "Old Age as Personal Business," March 14, 1944, folder 402, box 34, Ibid.

serve oneself and one's family in the later years. It is not society's job to do this, thought Randall, it is one's own.

It is "our personal business," Randall exclaimed, to "prepare intellectually for changing satisfactions as the years are added one by one." Regarding our own health, she preached,"…[I]t is our personal business to know more than the mere diagnosis….we should focus our attention not on how we are to die of it, but how we may live with it."[39]

The burdens of old age, Randall recognized, were rarely borne solely by the aged individual, but also by their younger family members, who provided financial and emotional assistance. She recognized that while family living arrangements in the twentieth century had changed, religious and political ideals surrounding the family had not. She wrote: "In our Christian communities we have been taught early to 'Honor thy father and thy mother.' There is no finer precept for family life. Perhaps we need to re-examine, not the precept itself, but the manner in which it can find acceptable expression today."[40] The family, she argued, "is the fundamental unit of our society and our democracy," and yet it bears the "brunt of all the aspects of the industrial changes, the geographical shifts, and the general social apathy." [41] We don't need to change our definition of the family, she pressed, "but we may change our ideas of what is a natural living arrangement for members of a family, if the individuals who compose it are to be happy and self-sufficient persons in the community."[42]

Primarily, Randall believed that it was "the personal business" of the family to create a workable living arrangement. Ideally, elders should remain in their home and

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[39] Ibid.
[40] "Old Age and Old People," late 1940s?, folder 313, box 29, Ibid.
[41] "Sociological Aspects of Aging," date unknown, folder 315, box 29, speeches, Ibid., 2, 3.
[42] "Old Folks in the World of Today - In the Family," 1947?, folder 402, box 34, Ibid.

caretakers should have ample support from the community. Circumstances, however, often make this arrangement both physically and emotionally impossible. It is at this point where responsibility shifts from the individual and family to the immediate community and larger government. Randall described the transition. "…[W]e are transferring upon our collective shoulders the burden, hitherto assumed largely by the family and the intimate community, of giving support to retired and destitute old people. We and other nations have, as a collectivity, assumed the responsibility of filial duty."[43] The responsibility thought Randall, once assumed had to be met. She wrote that the "speed with which middle age, if not old age, has overtaken us individually and collectively had caught everyone short. There is unpreparedness in every aspect of economic, social, and personal life for this dividend of years granted to us."[44]

The most immediate need was housing. Once in-home care ceased to be an option, families were left to navigate a barren landscape of inadequate institutions. Communities, thought Randall, had to fix existing homes, build new ones, but, most importantly, they had to transform the collective vision of these homes. On an exploratory trip to Sweden in the 1930s, Randall pointed out a "particularly lovely building" to her bus driver. She often told of his response: "Why that's the village home for old folks," he told her "When you see the biggest, finest-kept house and garden in the village, you know that is the home for old folks. They deserve the best we have."[45] Randall recognized that on a strictly material level, many American homes rivaled

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[43] "The Aged - Then and There, Here and Now," 1941 or 1949, folder 412, box 36, Ibid., 6.
[44] "Sociological Aspects of Aging," speech given at the annual AMA meeting before 1951, folder 315, box 29, Ibid., 1-2.
[45] "Old People as We know Them," March 21, 1938, folder 401, box 34, Ibid.

Sweden's. Yet, at a certain point, material comfort didn't matter if the residents and the community felt discarded and devalued.

Although Randall spent much of her time refining the purpose of the old age home, she knew that the need for such a home was a response to broader pathologies. For society, the issue was not old age, per se, she noted, but the soaring number of elderly. To cope with this problem of scale, Randall recommended that nonprofits, foundations, and local governments begin a rigorous process of data collection to fully understand the mutual or conflicting needs of individuals as they related to employment, health, housing, and family life. To cope with a systemic problem, Randall believed one had to extend listening skills beyond the aged themselves. For this reason she wanted the data to reflect the holistic needs of the community rather than the particular needs of the elderly. For example, she urged family agencies to "discover what effect the presence or absence of older people in the family has upon the family."[46]

In tandem with data collection, she called for a serious reevaluation of the mental and physical capacity of those deemed aged. She wanted to refocus industries away from the disabilities of aging to the abilities of experience. She wrote: "…I cannot help but feel that what we are essentially saying to our older people is 'Get out of the way. We will see that you don't go hungry; we will treat you with a good deal of quite inexpensive deference, we will, perhaps, dole out a little to add to what we have you save up yourselves but, nevertheless, get out. Cultivate the art of growing old gracefully—

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[46] "Sociological Aspects of Aging," speech given at the annual AMA meeting before 1951, folder 315, box 29, Ibid., 4.

whatever that means—but don't by any chance do anything useful enough to command a wage or a salary.'"[47]

Randall had a nuanced understanding of illness and disability. Patients don't need a diagnosis or straight prognosis, she claimed: what they need is a careful analysis of "the degree of need established by the degree of disability for the several types of services—medical care, physical care, including personal services and attendance as well as nursing care, services to meet social and emotional need…"[48] The goal of care, she contended, must be in "a fuller use of the individual patient himself, in spite of, or because of, his disability."[49] For this reason, Randall was wary of a new institutional entity called the nursing home, where disability became identity and purposeful work came to be replaced by days of waiting.

For Randall, the majority of the responsibility for the problems of old age fell to individuals, their families, and their communities. Still, she believed that the federal government had to continue its involvement and do a better job intervening. She wrote, "We have in the United States today one of the most effective and largest Social Security programs which has ever been developed…. However, if one scrutinizes it and analyzes it as to what it actually provides, you may agree with me that 'social security' is something of a misnomer, for what we have in fact is a program of 'economic security."[50] Randall believed that the federal government had "a moral and real responsibility for seeing that people do not rust out, but wear out gradually as active members of the

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[47] "The Aged - Then and There, Here and Now," 1941 or 1949, folder 412, box 36, Ibid.
[48] "The Chronically Ill Who Live in the Community," 1948?, folder, 404, Box 34, Ibid.
[49] Ibid., 3-4.
[50] "Needs of the Aged," November 15, 1946, folder 402, box 34, Ibid., 4-5.

communities in which they live."[51] If business or industry could not "find ways and means of providing sheltered opportunity for work to older people," then the government should "develop the machinery to profit by the productiveness of older persons who may be denied the chance to function in other settings."[52]

Randall arrived in D.C. optimistic and cautious. She understood the magnitude of the problem, the real possibility of solving aspects of the crisis, and yet remained extremely modest about the kind of care that would work. She distrusted systems that could not accommodate particularities and bureaucratic institutions that lost sight of individual responsibility and agency. She called for a collective rethinking of the aged's position within the family, the local community, and the broader society. "Whatever we develop," she wrote, "will strain our financial and health resources to the utmost; to develop facilities which will take into account their individualities will strain our social resources, but even more, our imaginations. Toward that end we must aim with all the knowledge and skills of which we are or may be possessed."[53]

III: Clark Tibbitts and Centralized Care

Clark Tibbitts excelled in meetings. He knew how to run them, participate in them, and organize them. He even knew how to make them productive. He was a statistics man, educated in the social sciences, and devoted to fixing problems at a macro level. In 1929, he received a Ph.D. in Sociology at the University of Chicago, studying under the luminaries William Ogburn and Ernest Burgess. He went on to a joint career as an academic and policy analyst. His interest in aging came not from his family but from

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[51] "Old Age as Personal Business," March 14, 1944, folder 402, box 34, Ibid., 30.
[52] Ibid.
[53] "Needs of the Aged," November 15, 1946, folder 402, box 34, Ibid., 9.

his academic and professional life. He believed that with the help of good research and

good ideas, the federal government could solve major social issues, such as old age.[54]

Tibbitts did not begin his career interested in the elderly. Like many sociologists

at the time, his early work focused on immigrant politics and urban blight with one

eccentricity, a fascination with organized crime.[55] During the Depression, Tibbitts left his

post as a sociology instructor at the University of Michigan to become the Coordinator of

Urban Research at the Federal Emergency Relief Administration and later the Field

Director of the National Health Survey for the U.S. Public Health Service, where he first

came across the afflictions of the elderly.[56]

The Survey sought "to determine the amount of sickness experienced by the

general population."[57] To begin, Tibbitts had to create an operative definition of sickness.

He wrote: "Sickness itself is difficult to define. When is one sick and when not?" For the

purpose of the study they settled on a subjective definition: "those who were disabled or

unable to perform their normal duties…."[58] The ability or inability to "perform one's

usual work is not an objective item," acknowledged Tibbitts."[59] Still, the canvassing

pressed on and the staff managed to determine two categories of disease: the acute and

the chronic. The acute diseases, such as scarlet fever and smallpox, "last only a short

period and can be cured without much cost."[60] Not only could families economically

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[54] "Biography 2-1-51," box 4, Papers, Speeches, and Reprints 1929-1982, Clark Tibbitts, "Clark Tibbitts Papers, 1936-1985," (Bentley Historical Library University of Michigan: Ann Arbor, Michigan).
[55] *The longer chapter contains a brief history of sociology and the rise of the social sciences.*   Scott Gordon, *The History and Philosophy of Social Science* (London: New York: Routledge, 1991), Donald K. Sharpes, *The Evolution of the Social Sciences* (Lanham, MD: Lexington Books, 2009).
[56] Tibbitts, "Clark Tibbitts Papers, 1936-1985."
[57] "The Field Activities and Sampling Procedure of the United States Public Health Service National Health Survey," enclosed in Letter to Professor R.D. McKenzie, November 1, 1937, box 4, Ibid.
[58] Ibid.
[59] Ibid.
[60] Ibid.

carry the cost of care, but medical advancements had widely reduced the number of acute disease cases.

Chronic disease was another matter. The "long" and "disabling experience" of cancer, heart disease, arthritis, diabetes, and crippling conditions required expensive treatment. Moreover, it threw the "breadwinners out of work" and demanded "constant attention." The whole family, Tibbitts lamented, "may have to organize around the sick person—young people who wish to get married…have to stay home to care for the parent."[61] Tibbitts observed that while medicine had eliminated many acute diseases, chronic diseases would continue to rise and grow in importance. There were, he wrote, "more old people" and "city life doesn't provide care."[62]

Tibbitts also observed the correlation between poverty and poor health. He wrote: "Disabling illnesses of all kinds increase as income drops. There is 57 percent more disabling sickness among persons who are on relief than among persons in families having annual incomes of $3,000 or more. Chronic disease is 87 percent more frequent at the bottom than at the top of the income scale."[63] Not only did poverty reduce access to health care, but such reduced access launched families deeper into poverty. The plights of the parents, he knew, determined the financial and then physical opportunities of the children. When, in 1938, the University of Michigan asked him to return to run the recently created Institute of Human Adjustment, Tibbitts had come to the conclusion that the problems of soaring numbers of elderly afflicted with chronic disease would pose a great burden to the United States.

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[61] Ibid.
[62] Ibid.
[63] Ibid.

In 1937, the estate of Horace and Mary Rackham made a six million dollar bequest to the University of Michigan to found an institute dedicated to "applying the findings of science to those problems of human imbalance." The Institute would help foster social adjustment through social service centers with active research arms. It began operations with a Speech Clinic, a Psychological Clinic, a vocational guidance demonstration center, and a Community Center.[64]

The term *social adjustment* had purchase in 1937. By 1942 its overuse prompted Verne Wright in his broad literature review of the topic to lament, "[M]any authors use the term 'adjustment' or 'social adjustment' but they rarely define it."[65] Ernest Burgess, Tibbitts' mentor at Chicago and later chairman of the committee on social adjustment at the Social Science Research Council had an operative definition based on Josiah Stamp's *The Science of Social Adjustment* (1937). Burgess summarized that Stamp used the term to mean "societal adjustment," which has two components: the first is the "adjustment of society and its institutions to the changing situation…. The other half is the adjustment of individuals to the changes which are taking place and to the social situation.[66] From the outset Tibbitts and Burgess believed that aging in the United States was a problem of societal adjustment.

For eleven years, from 1938 to 1949, Tibbitts directed the Institute and worked to establish the societal adjustment problems of the elderly as equal to the ones of children and adolescents. By 1943 Burgess, through his position at the SSRC, joined Tibbitts on

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[64] Graduate school announcement," April, 1944, Institute for Human Adjustment Annual Reports 1939-1948, box 1, Ibid.

[65] Verne Wright, "Summary of Literature on Social Adjustment," *American Sociological Review* 7, no. 3 (1942): 408.

[66] "Council Minutes September, 10-12, 1940," folder 1250, box 208, series I Committee Projects, Record Group I Committee on Social Adjustment"Social Science Research Council Archives, 1924-1990 ".

his quest and his Committee on Social Adjustment focused its attention and funds on this question of "old people."[67] Their argument went as follows: Since the creation of Social Security, old age had become "recognized as a national responsibility," and yet there had been few if any "systematic studies" on older people outside of their need for economic assistance. [68] In short, older people had been studied as a category of the worthy poor but not as a comprehensive minority group. The Committee decided to put together a subcommittee on adjustment in later maturity and invited Clark Tibbitts to participate and to assist in designing a research conference on the topic.

In 1948, the SSRC finally published a record of its early forays into maladjusted elders in *Social Adjustment in Old Age: A Research Planning Report*. The text opens with a defense of the project that places the problems of old age in line with the afflictions of other minority groups—such as African Americans, adolescents, or criminals—and goes on to relay the particular predicament of demographic realignment. This new social crisis, the report asserts, would benefit from a social scientific approach based on accurate descriptions rather than aspirations.

For this reason, SSRC scholars recommended accepting the definition of old age imposed by the Social Security Act. The reality of age typing had to override the dream of its disappearance. Otto Pollak, the report's editor, writes: "Hardly ever before has a culture permitted such a degree of chronologically exact age typing for all people. In our present-day culture…with its birth registration and frequent use of birth certificates, mathematical awareness of chronological age has led to a situation where age typing is

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[67] "The Study of Adjustment in Old Age," 1944, pg 1, folder 6139, box 499, series 1, subseries 82, Record Group 1, Ibid.
[68] Ibid.

based not so much on manifestations as on expectations of changes with age."[69] Although possibly detrimental, age typing was the current social reality, and researchers had to assume its existence. The report does not mention whether or not academics would contribute to age typing by solidifying its presence with such studies.

With a chronological definition of old age in hand, the report goes on to describe the problems that elders face: "Problems of old age arise therefore chiefly in two ways: (1) as the result of declining physical or mental capacities which make it difficult or impossible to satisfy one's needs in ways previously employed, and (2) the individual reaches the chronological age which places him in the old age group as defined by society."[70] The first part of this equation focuses on loss that occurs naturally due to the biological process of aging. The second part refers to the pressures imposed by or correlated with societal attitudes.

Tibbitts contributed to this formulation by focusing on how changes in societal attitudes could actually deter physical and mental deterioration. He wrote: "The generalized popular notion about older people appears to be that they are physically and mentally deteriorated; eager to withdraw from responsibility and from social participation at an arbitrary age." However, he continued, "[t]he growing knowledge about older people has revealed…that mental decline may be greatly retarded through the exercise of mental capacities; that most people do not wish to withdraw from work or from their fellows; and that they wish to retain a large share of responsibility for their own management."[71] To keep older people mentally alert, in better health, and thus out of

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[69] Pollak, *Social Adjustment in Old Age; a Research Planning Report*.
[70] Ibid., 40.
[71] "Meeting the Needs of Older People: memorandum to Mr. John L. Thurston, Assistant Administrator for Programs, Federal Security Agency," June 21, 1949, box 4, Tibbitts, "Clark Tibbitts Papers, 1936-1985."

poverty, Tibbitts believed the federal government had to be involved in combating

stereotypes and putting the elderly back to work. For this reason, adult education became

the cornerstone of the Tibbitts' answer to the problems of old age.

Tibbitts came to this solution through two professional endeavors at the institute:

a survey of elders and the first adult-learning courses in the country. In tandem, these

projects offered precision to his overall theory and led him to advance a particular ideal

of government involvement in the problems of old age.

Following the conference, the SSRC and the Institute partnered to launch a pilot

study of the "Socio-Psychological Problems of Aging." This project, the first of its kind

to have "older people identify the problems of aging in a free-interviewing situation,"

concluded that the elderly want, in the following order, financial security, physical health

and comfort, living arrangements (ideally in their own homes), affection, activity, and

religion.[72]

Financial and physical health, affection, and activity—four out of a list of six—

could all be tackled, to some degree, by keeping elders intellectually and professionally

engaged. As early as 1944 he partnered with Wilma Donahue, head of the Psychology

Clinic at the Institute, to launch the first university courses that would be "given to older

people themselves on the topic of problems, adjustments, and activities in later maturity

and old age."[73] Tibbitts was immensely proud of these courses as they proved that old age

could be planned for and that the aged wanted to remain intellectually active.

By 1949, Tibbitts believed that the problem of social adjustment in old age could

be alleviated through a federal reeducation campaign that would reach every sector of

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[72] Ibid.
[73] "Annual Report," Institute for Human Adjustment," box 1, Ibid., 6.

society. He hoped that the government would set policies that would mandate particular behavior from individuals, communal groups, and industries.

In 1949, Randall and Tibbitts had arrived at similar ends through different means. The social worker and the sociologist would describe the problems of old age with the same words: housing, employment, intergenerational tension, and self-worth. Yet, beneath this surface, productive cleavages existed. While Randall saw the value of a single clearinghouse for data, best practices, and a coherent American reeducation campaign, she remained extremely wary of monolithic models of care that did not envision the aged as capable of self-governance. Tibbitts had a more optimistic vision of government involvement. For him, statistics accurately described a problem of such magnitude that federal intervention was necessary. Most importantly, the two ascribed responsibility in opposing directions. For Randall the chain of responsibility began with the individual. For Tibbitts it began with the State.

At the exact moment the SSRC and the Institute for Human Adjustment called for federal attention to the problems of old age, the Truman administration sought a political solution to the stalemate around universal health care. Thus, while Randall and Tibbitts arrived at the FSA meeting hoping to alleviate the ailments of America's elders, the Truman administration was about to devise a plan to use the potential political clout of the elderly to push universal health care through Congress.[74]

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IV: A Federal Solution to the Problem of Universal Health Care:

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[74] See Monte M. Poen, *Harry S. Truman Versus the Medical Lobby: The Genesis of Medicare*, Give 'Em Hell Harry Series; (Columbia, Miss.: University of Missouri Press, 1996).

In 1942, *Fortune* magazine announced the American public's support for National Health Insurance at a whopping 74%.[75] It seemed just a matter of time until the United States offered every citizen the right of healthcare. In 1944, President Roosevelt called for an 'Economic Bill of Rights' proclaiming that every American had the "right to adequate medical care..."[76] With Roosevelt's untimely death, Harry Truman took up the mantle and tried unsuccessfully to push national health insurance through the clenched jaws of the Republican Congress.[77]

The President's tepid approval ratings, the postwar Congress' conservative bent, and the powerful alliance of anti-national-health-insurance special interest groups combined to thwart health insurance legislation from 1945 to 1947. In 1948, the President resigned himself to the fact that national health insurance would have to be an "ultimate aim" rather than a proximate one.[78] A new tactic was required. The President asked Oscar Ewing, his new head of the Federal Security Administration (the implementation arm of the Social Security Act), to convene a National Health Conference and complete a 10-year health plan.[79] The medical community and the advocates of national health insurance would have to work together.

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[75] *See* Peter Corning, *Social Security History*, http://www.ssa.gov/history/corningchap3.html.

[76] Franklin D. Rosenman and Samuel I. Roosevelt, Hassett William D., and owner former, *The Public Papers and Addresses of Franklin D. Roosevelt*, 13 vols. (New York: Random House, New York : Harper, 1938), 40-42.

[77] *See* Poen, *Harry S. Truman Versus the Medical Lobby: The Genesis of Medicare*.

[78] For more on the incremental approach see Theodore R. Marmor, *The Politics of Medicare*, 2nd ed., Social Institutions and Social Change; (New York: A. de Gruyter, 2000), Jaap Kooijman, *--and the Pursuit of National Health : The Incremental Strategy toward National Health Insurance in the United States of America*, Amsterdam Monographs in American Studies (Amsterdam: Rodopi, 1999).

[79] Oscar Ross Corning Peter A. Ewing, *Social Security Project*, Variation: Columbia University Oral History Collection (1967), Oscar Ross Ewing, "Social Security Administration Project," in *Variation: Columbia University oral history collection; pt. 3, no. 155*. (New York, NY, 1977).

Oscar Ewing had the right amount of ambition. Born in Greensburg, Indiana in 1889, he took up political posts as a point of duty. The valedictorian of Indiana University came from a long line of ardent Democrats and began running for office in high school. But more than political power, Ewing craved an interesting life filled with diverse people, ideas, and responsibilities. In his career as a lawyer, Ewing managed to move smoothly between the private and public sectors, representing railroads, pharmaceutical companies, and the aluminum industry, while prosecuting high-profile criminals for such crimes as sedition and treason.[80]

In the early 1940s, Ewing's political astuteness and social adroitness propelled him into the position of consigliere to the Democratic Party. President Roosevelt appointed him assistant vice chairman of the Democratic National Committee, where, in the 1944 convention, he supported Senator Harry S. Truman as vice president. When Truman became president, he wanted Ewing in the government.[81]

Ewing took the post as head of the Federal Security Administration with little social policy experience and no agenda. It was clear that Truman didn't appoint him to the FSA for his professional experience as a social service administrator. Rather, he appointed him because he knew politics. Ewing recalled: "The Federal Security Agency was politically a very sensitive position. Its activities affected every man, woman and child in the United States, and the President wanted someone heading the Agency who would be alive to the political consequences of what might be done."[82] At the outset,

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[80] Ewing, "Social Security Administration Project."
[81] Ibid.
[82] Ibid.

Ewing had two goals: to help enact the administration's agenda and to "create a better image of President Truman."[83]

Ewing's fight for national health insurance came at the President's behest. The spar with Congress, Ewing observed, "took place before I was Federal Security Administrator, before I even got interested in national health insurance." "After I became Administrator," he continued, "I realized that President Truman was strongly in favor of national health insurance…. Accordingly, at the request of the President, I called a conference to consider the health problems of the country, not merely national health insurance but every phase of health problems that faced this country."[84] Ewing recognized that he had to turn the conversation away from health insurance to health care if he wanted to cultivate a productive conversation between organized opposed interests. His health conference was such a success that even the vitriolic head of the American Medical Association, Dr. Morris Fishbein—one of greatest opponents of national health insurance—told Ewing that "it was the best conference that had ever been held in this country on health problems."[85] The conference presented Ewing and the Truman administration with a glimmer of hope. National health insurance as previously conceived might be off the table, but perhaps some kind of compromise, under the guise of health care, could be reached.

Improbably, the famed publisher William Randolph Hearst, Jr., put Ewing on the path toward developing national health insurance for the aged. At some point in 1949,

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[83] Ibid.
[84] Ibid.
[85] Ibid.

Ewing recalls, Hearst "invited me over for cocktails."[86] "He and I were talking and he said, '…I'm very much in favor of your idea for national health insurance. But the thing that worries me about it is that if anything went wrong, if it didn't work, the upheaval that would result would be catastrophic because we would have a completely different system of medicine.' Then he added, 'Isn't there some small segment of the problem that you could pick out, apply your health insurance program to it, use it as a pilot plan operation.' This suggestion made a great deal of sense and it started me on my search for a limited program."[87]

Ewing left the party and immediately called the three Social Security big wigs—Arthur Altmeyer, Wilbur Cohen, and Isadore Falk—"to ask them if there was some part of our program for national health insurance that we could put out, get it going and use as a pilot plant operation."[88] They trio came back empty handed—"they couldn't think of any."[89] Louis Pink, a dear friend and former client, handed Ewing the idea of the elderly. Pink, an insurance expert with New York Blue Cross/Blue Shield, suggested "that the Government try to do something for the over sixty-five group so that the health insurance companies would have some actuarial data that would enable them to insure the over sixty-five group. He said that without such actuarial data an insurance company wouldn't know what premiums to charge or what risks the insurance should cover." [90] When Ewing came back to Altmeyer with this idea, it seemed to him that the trio had already

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[86] Ewing dates this meeting to the fall of 1951. However, Kooijman discovered a letter from I.S. Falk to Ewing dating the meeting to 1949. While it is unclear whether Ewing and Hearst met before or after the 1949 FSA meeting with Tibbitts and Randall, it is clear that Ewing settled on this approach before the group began planning the National Conference on Aging. I.S. Falk to Oscar Ewing, 22 November 1949, Falk Papers, box 69, folder 710, Yale Library (New Haven, CT); Kooijman, *--and the Pursuit of National Health: The Incremental Strategy toward National Health Insurance in the United States of America.*
[87] Ewing, "Social Security Administration Project."
[88] Ibid.
[89] Ibid.
[90] Ibid.

imagined this option. At the close of the 1940s, a new strategy for national health began to emerge; health insurance would mirror the history of voting, enfranchisement would be incremental, offered to one group at a time.

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When Randall and Tibbitts arrived in room 5051 of the Federal Security Building on April 22, 1949, FSA Assistant Administrator John L. Thurston announced his desire that today be a "cross between a seminar and a Quaker meeting."[91] The goal of this spirited and erratic discussion would be a "blueprint" for federal involvement into the problems of the aged. What began as a conversation soon turned into the first National Conference on Aging. Designed by Randall and Tibbitts to foster a productive national dialogue on the problems of, and solutions to, old age, the Conference would, inadvertently, establish the elderly as a visible voting bloc with attendant lobbying groups, increase federal funding for chronic diseases, and build a vibrant political coalition designed to advance the Truman administration's novel policy plan, nicknamed Medicare. For a decade to come health care would trump pastoral care as a solution to the problem of old age.

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[91] "Proceedings Committee on Aging, United States Public Health Service," April 22, 1949, folder 051.2, box 129, record group, Federal Security Agency (235).