

ency. The objective should be to use the device of income maintenance as a foundation on which to build a system of social services designed to eliminate the existence of any group of persons relying upon public assistance, under whatever label.

The board has not reached the point, in its own deliberations, of agreeing on any particular program of income maintenance that would replace the present system.

At this point, Madam Chairman, I would like to add a few words to describe my own personal views on the problems of coping with rising public dependency.

To reverse the upward welfare trend, reduce the great number of families living in poverty, and make certain that every physically and mentally able person can find a productive role in the economy, I advocate turning over to private enterprise all work-training and literacy programs and reorienting public health, education, and welfare programs so that they function as employability insurance, their services focused on making and keeping people employable and employed.

Such employability insurance would begin in school, where every child would be taught, above all else, how to earn a living, and would be required to complete sufficient academic and vocational training to equip him or her to hold a job. All work-oriented instruction would be given in actual work settings by management-labor teams at Government expense. Every school in America would provide periodic health examinations for its children and see that they get whatever medical care they require. Health personnel in Government, private practice, medical schools, and elsewhere would be drafted to teach both children and adults how to take care of their health, especially in areas without adequate medical personnel and facilities.

In the welfare and antipoverty field, employability insurance would mean establishing a new income maintenance program—or recasting the present welfare system—to provide grants to individuals and families who cannot earn a living because of illiteracy, lack of work skills, uncorrectable unemployability, or health disabilities. The first two groups would be given literacy and work training by private industry. The third group would receive maintenance grants and whatever social and other services they require, while the fourth group would be given necessary medical care and other help. Finally, all aged, disabled, and blind recipients of public assistance—who comprise two-thirds of the Nation's welfare cases—would be transferred to the social security rolls “as the soundest, most practical, and most indicated start for an income maintenance or guaranteed annual income plan.”

Employability insurance in the health field would involve establishing a universal health insurance plan—and again this echoes Commissioner Ginsberg's recommendations—to be sure every person able to pay for medical care would assume that priority responsibility for himself and his dependents; to cut down the present burden of sickness, a major cause of poverty—certainly the major cost of poverty; and to reduce it further in the future by providing needed preventive and other health care for America's 50 million schoolchildren.

We are now spending some \$70 billion annually for health, education, and welfare programs that cannot do what needs to be done in the United States in 1968 and the years ahead—prepare millions of