one worker, they had to build a relationship with a new one. Several complained about the attitude of caseworkers assigned to them, alleging that many have rigid middle class standards and treat them with scorn and disdain.

There was testimony that if more welfare recipients could be trained as case aides, it would help establish a closer rapport with the clients served.

Speakers in several communities suggested that educational criteria for caseworkers be reviewed and that the college degree requirement be dropped for many categories where a degree is not essential for the competent performance of the job.

A sharp attack on the provisions of the new federal welfare law which freezes the rolls at their present level was made by several witnesses, who also said they were opposed to forcing welfare recipients to take jobs that are dead-end, manual, poorly paid, and provide no opportunities for advancement.

The role of the government as an employer of last resort was supported by speakers at virtually every conference. Other speakers testified that even though the new federal welfare legislation granted a 13 percent increase in social security benefits to the aged, welfare recipients under the old age and survivors insurance program did not receive any actual cash benefits from that increase because the additional amount was deducted from their welfare checks. Such action condemns the aged welfare recipient to a substandard existence without any hope of raising his level of living, it was testified.

It was obvious that the impact of the Arden House conference was felt in many communities, and that the caliber of its industrial leadership had telling effect among individuals and organizations who would normally be expected to oppose reform.

The changed and more enlightened attitude toward the program was indicated in an editorial in the Rochester, N.Y. *Democrat and Chronicle*, following the Board meeting in that city. After citing some of the testimony, the editorial said:

"These samples help to show that what we glibly brand as 'welfare' worries are really the aches and pains of society itself. A redrafted welfare act, simplifying procedures with a positive accent, would help, but no legal rhetoric can ever relieve a community of involving itself in the problems of the needy any more than an affluent citizen can wash his hands of the matter."

In New York City, where two days were devoted to hearing testimony, City Council President Frank D. O'Connor proposed that a federal-state urban "homestead" program be established to subsidize the purchase of homes and apartments by the poor. Such subsidized home ownership, he said, would:

"Give the poor a secure family base many of them do not now have.

"Make more constructive use of welfare and rent supplement money that now goes 'down rat holes' as rent for substandard apartments.

"Encourage the poor to keep their homes in good repair."

Mr. O'Connor also said:

"The security of the middle class in their homes and environment has much to do with their children's achievement in school and work. And that, after all, is what we all want: to save the dropout and get him on the employed rolls."

He said welfare payments and guaranteed family incomes "are eventually meaningless unless they lead to ownership of a patch of land or a piece of real estate, however small or circumscribed."

The "save people, not money" theme which dominated the Arden House conference, also dominated the Board's regional meetings.

III. Medicaid

One of the oldest welfare programs in the world is the care of the sick. In the United States, ever since colonial times, medical care has been available to individuals who need it but cannot afford to pay for it through voluntary and public institutions. Such care has been made available in New York State through public welfare, probably because sickness is the greatest single cause of public welfare expenditures. In New York State, and elsewhere, the sick, the disabled, the blind, and the aged comprise one-fifth of the public assistance caseload but account for two-fifths of such costs.

Consequently the Medicaid program authorized in New York State on April 30, 1966, gave great promise of providing preventive and treatment services for families and individuals that would check and eventually reverse this tremendous social and financial toll.