VOLUNTEERS: A CREATIVE FORCE IN AMERICA

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In recent years we have witnessed in the United States a remarkable transformation in social awareness and social thought. The American conscience has been reawakened. There is growing concern and new awareness of the importance of the individual. New attitudes toward the importance of the quality of the individual's life are emerging. Determined efforts are being made to strengthen and enhance the quality of life by reducing poverty, raising educational levels, improving health and general welfare.

This social transformation has been reflected in a series of innovative Federal legislation. Under the leadership of President Lyndon B. Johnson and President John F. Kennedy, the Congress enacted the most significant array of laws to deal with modern human social problems. Medicare, The Economic Opportunity Act, The Model Cities Act, The Civil Rights Act, The Elementary and Secondary Education Act, The Vocational Rehabilitation Amendments, and the Community Mental Health Centers Act are just a few of the monumental legislative landmarks of the past few years.

We have seen already some of the results of the new programs.

- -- The extent of poverty has been reduced by about 2 million people in the past two years.
- -- In the first year of Medicare 4 million persons age 65 and over had hospital bills totalling \$2.4 billion paid by Medicare.
- -- 900,000 needy college students benefited from federally financed and insured loans, educational opportunity grants, and workstudy programs in the last school year.
- -- An estimated 9 million disadvantaged children were helped by special educational projects under the Elementary and Secondary Act of 1965 during the 1966-67 school year.
- -- More than half-a-million disabled persons have been rehabilitated into productive lives during the past 4 years.

Encouraged by the progress that has been made and recognizing that there are still many unmet needs and critical problems facing this nation, President Johnson recommended to the Congress this year that some existing programs be expanded and strengthened, that bold, new

- 1 -

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programs be developed, and that all resources, public and private be brought to bear on the persistent problems of poverty, ignorance, and disease. The forward thrust begun in this decade to improve the quality of every American's life--rich or poor--continues. In fact, the momentum has accelerated. The President recommended, and the Congress is now considering proposals to:

- -- Substantially increase social security benefits.
- -- Expand child health and welfare services.
- Strengthen Head Start and strengthen its opportunities in a Follow Through Education program.
- -- Establish more neighborhood health and welfare centers.
- -- Improve employment programs, using all available public and private resources.

These and a number of other proposals the President recommended are designed to bring us closer to a better society.

The Congress has already enacted this year the President's proposals to improve mental health, vocational rehabilitation, and college work-study programs.

PRIVATE EFFORTS

The great desire to improve our society has also been reflected in the efforts of many groups and individuals. One of the encouraging signs of the times is that citizen concern and involvement in social issues is growing. Individual, State, and community responsibility has grown. The growth of Federal programs has not diminished these other efforts, it has encouraged them.

For example, most of the Department of Health, Education, and Welfare programs are carried out at the State and Local level. The Department deals with a wide range of human needs through a variety of organizations in numerous ways. It works with States, local communities, and universities and private and voluntary organizations.

The end result of HEW programs depends on the performance of these other groups. The Federal Government provides resources and support. But it's the teacher in your school district and your family physician that determine the success or failure of a program.

The Department encourages activities that will invite volunteer participation. In every sector of the health, education, and welfare fields there are critical personnel shortages. One of the biggest

- 2 -

bottlenecks to the success of many of the social programs is the lack of manpower and womanpower. We face serious shortages of doctors, nurses, teachers, social workers--practically every kind of professional and skilled worker you can think of.

To help solve this problem we must train more professional workers-which takes time. We must also use all the human resources available more efficiently and effectively.

One of my favorite subjects is womanpower. Womanpower is one of the Nation's important assets and great potentials. In the coming decade it will become even more important. For as we advance with new health, education, and welfare programs we shall find, as we already have today, that their success depends on competent people to implement them. In the health field, for example, the need for womanpower is critical. Similarly the shortages of teachers and social workers are approaching crises proportions.

There is a tremendous job to be done and more of our people must be willing to help if we are to do the job.

There is another reason why the Department of Health, Education, and Welfare encourages volunteer activities. A new tide is running in our modern world. More people today than ever before are seeking a meaningful involvement in the great social issues of our time. Health, education and welfare programs are a place where both the problems and the programs converge, a place where in the language of our youth, "the action is."

The cry of youth today is to be heard, to be recognized, and to help solve some of our grave social problems. They are expressing their need for a meaningful involvement in life. Contrary to rumors that youth today is apathetic and indifferent, I think more of them are more enthusiastic, more willing to be involved in social issues and to work for a better world for all people. The tremendous response to the Peace Corps, the Teacher Corps and the Poverty Program is proof that many young people today are ready for the challenge of a job to be done.

IMPORTANCE OF VOLUNTEERS

Voluntary activities make possible many of the services that most communities need but might not have for various reasons. Pilot projects initiated by citizens organizations or voluntary associations are developing widely adaptable model programs in many fields;

- 3 -

for example, after-school centers for cultural enrichment and occupation of teenagers; community centers for health education and information; counseling and employment opportunities for older persons; aids to homemekers and older persons; parent education programs; day care services for children of working mothers. Once the value of these pilot projects is demonstrated they are quite frequently adopted on a wider basis by public agencies.

Today, voluntary organizations are getting their members from many new sources. In the past, minority groups and low-income persons have been pretty much left out of volunteer work, but they too are now being encouraged to actively participate. It has been found that volunteer activity can be carried on at all levels, depending on the qualifications of the interested individual and the job to be done. In many cases, volunteer service can upgrade a person's skill if it is accompanied by training. It's particularly valuable for young persons in preparation for responsible citizenship, as well as a testing ground for a subsequent career. Volunteer services can also reach out to the retired professional who can contribute highly trained skills.

Some fields of work, social work and health for example, call for high levels of volunteer performance. It would seem to me that there could be some way of giving credit for this valuable work experience if the volunteer seeks paid employment.

Volunteer services could be made even more effective through coordinated and imaginative planning among agencies and organizations for recruitment, training, and placement. The number of volunteers could also be augmented by tapping the large reservoir of additional potential among youth, retired people, members of minority groups, and women not now in volunteer activities.

I think we are going to see a great expansion of volunteer activities. The American people's demands and aspirations for health, educational, or social services are rising more rapidly than the usual channels can possibly accommodate. There are so many unmet needs. Just take a look around your own community. What are some of the problems and unmet needs? Every community has some. What can you do to solve them? What priorities should be assigned? Although the answers will depend on your own community, your own interests and the time you can devote, there are some problems that are common to most communities and actions that can be taken.

POVERTY

In the midst of the most affluent nation in the world's history,

- 4 -

there are still about 30 million Americans who are poor. About 43% of the poor are children, many living in city and rural slums. They do not have adequate housing or recreational activities. Of the $14\frac{1}{2}$ million children living in families too poor to feed or house them adequately, only 4 million received Federal financial help last year. Millions of these children live in families where the father has a full time year around job but still earns too little to escape poverty. The mothers of many of these children would be willing and able to work if there were adequate day care facilities available. There are nearly 3 million children who need the care and protection that day care offers because they are in one parent families or because both parents work and the family has a marginal income.

Under one of the provisions of the 1967 Amendemnts to the Social Security Act being considered by Congress, the Federal Government would pay 75% of the cost of providing day care for youngsters presently receiving Aid to Families with Dependent Children, when the mother is receiving training, or is already employed as the breadwinner of the family.

Meanwhile it is an appropriate time for everyone to take a good hard look at the facilities for day care that exist in your community today. Does your community need to establish more day care centers under the guidance of trained personnel who can give children opportunities to learn and develop their full potential?

Does your community provide day care services in private homes for the child who is not yet ready to participate in group activities?

Do you know whether all the day care services in your community are required by law to meet optimum standards for well rounded programs?

While you are drawing up a checklist of community services, it would be worthwhile to investigate the availability of homemakers services.

Many children live in families where the mother is ill--physically or mentally disabled and is not able to carry out her household responsibilities. A homemaker service could help to hold this family together.

Today we have about 10,000 full time homemakers in the 700 voluntary agencies and public health and welfare agencies in the United States that have set up homemaker programs. But if every community is to

- 5 -

have homemaker services--and every community needs them--we must have a task force estimated at 200,000 homemakers.

ADOPTIONS AND FOSTER CARE

Increasing numbers of children are being placed for adoption each day but there continues to be many more children needing adoptive homes than there are couples wanting to adopt children. Similarly there are more children needing foster family care than there are foster parents available. The need is especially great in many parts of the country for homes for children age 2 years and over, children of minority groups, handicapped children, children with behavior problems, and groups of brothers and sisters who need to be kept together.

Your organization could play an important role in spearheading community campaigns to increase public understanding of the need of children for adoptive and foster family homes--and particularly the needs of special groups of children for whom it is difficult to find homes.

NEGLECTED AND ABUSED CHILDREN

Children are among the most tragic victims of the tensions of modern life. Thousands of children are brutally mistreated by parents each year. Thousands of others are being reared in homes where they receive too little care because parents are mentally ill or retarded or in trouble themselves. Sometimes children are deserted by their parents. Sometimes they are sick and their parents don't try to get medical care for them. Some must fend for themselves in the home or on the streets without any help or guidance from the parents. Over one-third of all the children served by public child welfare agencies need help because they are neglected.

Although over one-half million children benefit each year from the services of professional child public welfare workers, there are still more than 1,000 counties in the United States that do not have child welfare services. Other counties have too few workers. In many large cities, abandoned babies remain in hospitals because of the lack of home finding services.

The Federal Government helps the States establish and develop public welfare services for homeless dependent and neglected children.

As every community attempts to provide the protection and help that children really need, volunteers can play an increasingly valuable part--working with either a public child welfare agency or the many

- 6 -

voluntary agencies in this field.

Volunteer programs in public welfare agencies have been growing since 1962 when increased Federal aid became available to help defray the costs of getting them organized and of keeping them operating.

Federal grants to the States can be used to help support volunteer services, either through 100% funding for a demonstration project or through 75% funding as a regular staff activity. Many State public welfare agencies have one or more persons on their staffs who are interested in developing successful volunteer programs and who know how Federal resources can be drawn upon.

Let me give you a few examples of what the volunteer programs in public welfare departments are doing:

- -- The Junior League in San Francisco is funding a volunteers' program through the public welfare department.
- In Springfield, Illinois, a group of women set up a "Train a Maid" project which helped train and find jobs for women on public assistance.
- -- An "Institute for Living" was held in Eugene, Oregon, using the professional skills of a lawyer and physician to assist people who were troubled with legal and medical problems.
- -- A group of speech therapists have set up a speech therapy program in the District of Columbia's home for dependent and neglected children.

With the increasing public welfare emphasis upon social services and the growing recognition of the importance of helping deprived individuals and families enter or continue in the mainstream of American life, more and more public welfare departments must use the valuable resources of volunteers.

CHILD HEALTH

One of the Nation's most glaring problems is child health.

- -- At least 10 other nations have lower infant mortality rates than the United States; last year there were about 90,000 infant deaths.
- -- Each year 125,000 infants are born mentally retarded.
- -- Over a third of the pre-school children who need treatment for eye disorders do not see a doctor. Three million children who need glasses today do not have them.

- 7 -

Among poor children the number of conditions that remain untreated is far greater than among children of middle and upper income families.

- -- In low income areas, 6 out of every 10 children who suffer from one or more chronic conditions are not receiving necessary treatment.
- -- Sixty-five percent of the Nation's poor children between the ages ages of 5 and 14 have never seen a dentist, although tooth decay attacks 97 percent of all children by age 5 or 6.

There are at least 2 million children in the United States who are mentally retarded. Trained personnel and services are grossly inadequate to meet the needs of these children and their families. Only about one out of every 50 pre-school children suspected of being mentally retarded is able to be served through State maternal and child health programs.

With Federal assistance, great strides are being made in increasing the number of clinics providing specialized training for professionals and getting research studies underway to help increase knowledge of, and improve services for the mentally retarded.

But have you looked around your community to see if all the accepted modern techniques which combat childhood diseases and handicaps are being utilized?

Newborn babies, for example, should be screened for phenylketonuria, a form of mental retardation which can be circumvented if it is detected and handled with a proper diet right after birth. And Amblyopia, the condition in which a weak eye gradually surrenders its ability to see, can be controlled if diagnosed in the early years of childhood.

In addition, vaccination is at last available, not only against diphtheria, whooping cough, smallpox, tetanus and polio, but even against measles--the childhood disease we once thought every youngster had to get. As a matter of fact, 1967 has been designated by the Surgeon General as the year in which measles could be totally wiped out in the United States, and many communities are involved in measles eradication campaigns.

While we are discussing child health, let's find out if your city is interested in the preventive aspects of dental care. All your communities children--rich or poor--should be seeing a dentist regularly. Does your city fluoridate its water supply and, if not, is information getting out to the public on the scientific basis for

- 8 -

fluoridation? Research confirms the fact that tooth decay can be reduced by approximately 65% among children who begin to drink fluoridated water early in life. To fluoridate a community water supply is relatively inexpensive, costing about 10c per person per year. The overall impact of fluoridation on dental care costs is dramatically illustrated by the costs per child for dental care provided in the summer 1966 Head Start program in a number of California communities. The costs of providing dental care services for Head Start children in San Francisco and Vallejo, both fluoridated communities, were almost two-thirds lower than the same basic dental care services in non-fluoridated California communities.

Could your organization join with the American Dental Association and with many other scientific and professional organizations in the campaign to provide the benefits of fluoridation to every American community?

In health, as in education, the early years are often critical ones. Ill health often is the result of poverty and deprivation, contracted in childhood, crippling for life, adding to poverty and despair and passed on to the next generation.

The whole society pays the toll for the child who goes without medical care; the toll of suffering; unemployment resulting from disablement and expenditures for special programs for the handicapped. Ill health ranks only below education as a cause of subemployment.

Despite unprecedented wealth and abundance of resources, striking advances in medical science and technology, there are still many people who are not getting the medical care they should get. Who are most of these people? The poor and their children. In some parts of the country, in some neighborhoods, among some groups of people, effective health services just do not exist. Millions of people are still barred access to high quality medical care. They are denied basic services in preventing early detection and treatment of disease. Poverty is sharply reflected in maternal and infant mortality. Infant mortality in some slum areas is two to three times that of the suburbs in the same cities. High infant mortality for the poor is related to the absence of adequate medical care, lower educational levels, poor housing, and low income. Tuberculosis, heart disease and a number of other diseases also take a higher toll of the poor than the non-poor population.

Education is without a doubt related to health. Housing and nutrition, too are closely associated. Another related factor is health

- 9 -

manpower and facilities. A good example of the unevenness of health facilities distribution and its effects was highlighted in a study by Professor Milton Roemer which showed a far lower ratio of physicians, dentists, public health nurses and hospitals to the population in the Watts area as compared to other sections of the city and State.¹

The level of health status in Watts, as could be expected, is low. This pattern applies specifically in mental health, for example: While the rate of admissions of psychotic patients to State mental hospitals from Los Angeles county as a whole was 92 per 100,000 population in 1964, it was 163 in the south district and 145 in the southeast district of Watts.

I might also add that in Watts it required three bus transfers and a wait of three to four hours before a patient could receive treatment in a clinic. It is encouraging, though, that neighborhood health centers are being established which will help to solve some of these problems.

I don't think there is any doubt that expanded health services for the poor will result in better health and other benefits to the individual and society.

The Social Security bill passed by the House of Representatives would extend and strengthen child health programs by increasing funds for maternal and child health programs, particularly for screening and treating children with disabling conditions, and for expanding family planning services, and for improving the methods of delivering health care through new types of health workers. But the Administration would like to see the program extended even further.

As I mentioned earlier, the scarcity of trained health manpower looms as a real barrier to the improvement of health care. One of the major aims of the Congress in establishing the Medicaid program was to improve the health care of children living in poverty. However, projections of the number of pediatricians and general practitioners show that we must significantly improve our methods of delivering health care. Unless we make better use of professional time our children will never have comprehensive health care. We must explore the use of physician's assistants and other health personnel in ways that will improve the quality and multiply and expand the scope of the physicians' services in order to bring good care to large numbers of patients, particularly in areas that lack adequate maternal and child

Roemer, Milton I.: "Health Resources and Services in the Watts Area of Los Angeles." CALIFORNIA'S HEALTH, pp. 123-143. February-March 1966.

health care. Volunteers can play a significant role in the development and training of new types of health personnel.

EDUCATION

Now let us take a look at what volunteers can do in the schools.

In the past 4 years at least 19 major pieces of Federal education legislation have been enacted. And again the programs established by these laws are carried out primarily at the State and local level. They are not Federal programs but rather partnerships with the States, school districts, universities and professional associations. There has never been a time in history when the effort to improve education has been so widely shared.

We want to improve the distressingly poor education provided in most low-income areas. We want to overcome early educational handicaps of deprived children. We want to upgrade teaching staff. We want to prepare young people for a world of work which will be considerably different than the one today. We want to provide lifelong learning opportunities. And these are tasks that cannot be left to the educators alone. Parents, school board members, and local officials have to help in this difficult and exacting job of redesigning the educational system. The great hope for the future of America lies in the school system. But it is going to take a vast expenditure of imagination, energy, and money. The new Federal legislation has given schools the leverage to work on vital national challenges to education. The Federal Government does not assume day-today financial support of schools. This is the job of the States and localities. And it is up to the citizens of their communities to institute the changes they want made in the schools. Working through PTA organizations or other groups, or through your own organization you can influence the decisions that are made about the educational aystem.

Many of our cities' schools are in trouble in numerous ways--economically, socially, and culturally. Their problems will be solved only through a coordinated, intensive effort, and effective use of all available resources. The need for new ideas from every available source is critical. A wide range of groups and organizations, public and private, must work together. The Junior League, the Urban League, the local Community Action Agency, the PTA and local Boys Clubs working together might be able, for example, to devise a better program for dropouts than the school could do alone.

You might start by surveying the school system.

- 11 -

- -- Does it have adequate facilities?
- -- Are there a sufficient number of highly specialized teachers for special needs?
- -- Are services in health, recreation, counseling, job placement and education of the handicapped provided?
- -- Are parents involved in the educational process?
- -- Does the school keep its door open after 3:30 in the afternoon so that it can serve as a cultural and family center?
- -- Does the school provide adequate instruction in training for responsible parenthood? Does your school provide adequate instruction in the health hazards of smoking, alcoholism or drug addiction?

Perhaps your organization might have new ideas that could be adopted in your community.

Why not develop consortiums, such as are developing at the college level, for elementary and high schools? All schools could have open enrollment, and a student could attend the school that best suited his needs for the course he is interested in.

Why not establish a pupil-teacher ratio at a level of 20 to 1 by letting a group of 20 attend class half a day--instead of 35 all day. The group notattending class could be provided opportunities to use language labs or computer instruction or to go on field trips chaperoned by volunteers or teacher aides.

Why not consider making space available in ghetto schools for such commercial establishments as grocery stores or beauty shops? This would be an excellent way to provide new services to the community, part-time job opportunities for students and extra revenue for the school system.

Why not offer students more alternatives for part-time enrollment in school? Why not explore the possibilities of work-study programs?

Why not provide rent-free space in the schools for local craftsmenartists, potters, silversmiths with the provision that they devote some of their time to teaching interested students?

Why not develop new approaches to involving the parent in his child's life as a student and in the school itself? We must give parents a larger role in school planning, school decisions, and school operations. This may mean more than just PTA activities. It means a permanently established program in which parents become a part of the formal school structure, perhaps as aides and as participants in the

- 12 -

decision making process.

It could also mean introducing new courses that parents and children could participate in together. For example, a course in family life instruction. Some schools sponsor an evening class in which daughters attend with their mothers and another class for sons and fathers on the subject.

The Office of Education of the Department of Health, Education and Welfare supports the training of health and guidance personnel, as well as teachers in family life education. In an attempt to introduce new and creative methods of instruction, the Office of Education also supports research and demonstration projects which would help parents either carry out their tasks of preparing young sons and daughters for their future roles in marriage.

Your organization could also sponsor a campaign to assure that adequate instruction is being given on the health hazards of smoking. Every day about 4,500 school children start smoking. In the face of the rising incidence of lung cancer--the number has more than tripled since 1945--we must launch an all out war on one of the greatest health menaces the world has known.

So far educational efforts have been modest. There have been significant gains but not enough. Our latest surveys indicate that we have reached a stalemate. Health conscious adults are giving up smeking at a rate of 1,000,000 a year but this is compensated for by the taking up of smoking by young people at approximately the same rate. The proportion of men who smoke continues to decrease yet the number of women who smoke continues to increase.

Education remains our greatest weapon in the overall effort to reduce the hazards of smoking.

CONCLUSION

From community health centers to the neighborhood school, the need for volunteers is tremendous. Practically every city has programs established but they need more people to run them. And in every community new programs are also needed. They may be programs to meet a basic welfare need, such as organization of self help community programs in poor neighborhoods, or they may be programs such as cultural activities designed to enrich the life of the community. But whatever they are, they need the support of groups like yours.

Citizens' participation is essential if community problems are to

- 13 -

be resolved. Only through a vast cooperative partnership of public and private interests can the quality of life for all citizens be raised. And as we all come together to assess and extend our resources to increasing numbers of people, our own daily lives become more meaningful....and the future will glow a bit more brightly.