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Of Disability Advocacy
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**"Unfit" for NPR -- Let's Get the Facts Straight on Disability
Social Security Disability Programs Are a Vital Lifeline for People with Severe Disabilities
Updated April 15, 2013**

The undersigned members of the Consortium for Citizens with Disabilities and the SSI Coalition for Children and Families, joined by the Coalition on Human Needs, the Children's Leadership Council, and other organizations, are concerned that a series recently aired on National Public Radio ("Unfit for Work: The Startling Rise of Disability in America" and accompanying *This American Life* episode "Trends With Benefits", both reported by Chana Joffe-Walt) paints a misleading and inaccurate picture of the Social Security programs that serve as a vital lifeline for millions of Americans with severe disabilities. We applaud the goal of putting a face on programs that are often discussed only in terms of statistics and numbers. Unfortunately Ms. Joffe-Walt's reporting fails to tell the whole story and perpetuates dangerous myths about the Social Security disability programs and the people they help.

Social Security Disability Programs Provide Modest but Vital Support

About 57 million, or 1 in 5 Americans, live with disabilities. One in 10 has a severe disability. No matter what Ms. Joffe-Walt may think, having a disability is not a "deal" that anyone "has chosen for themselves." Our nation's Social Security system provides vital support to about 14 million children and working-age people with disabilities. Social Security Disability Insurance, or SSDI, is funded through payroll tax contributions. It provides benefits to workers who have contributed enough via payroll taxes to be "covered" and who become disabled before reaching full retirement age. Supplemental Security Income, or SSI, provides support to low-income children and adults with severe disabilities, as well as low-income seniors. Benefits keep millions of people with disabilities from deep poverty and homelessness. For most adult disability beneficiaries, SSI and SSDI make up all or most of their income.¹

The Social Security Disability Standard is Strict and Most Applications Are Denied

Missing from Ms. Joffe-Walt's story is the fact that most applicants for Social Security disability benefits are denied. About 40 percent of adult applicants are approved under the strict disability standard.² Many are terminally ill: 1 in 5 male SSDI beneficiaries and 1 in 7 female SSDI beneficiaries die within 5 years of receiving benefits. Despite their impairments, many report eagerness to do some work, and some do work part-time. But research indicates that the average earning potential of beneficiaries with "work capacity" is a few thousand dollars per year—hardly enough to support oneself.³

As with adults, most children who apply are denied SSI, and only the most severely impaired qualify for benefits. Just 1.6 percent of U.S. children receive SSI—fewer than 1 in 4 U.S. children with disabilities.⁴ Contrary to what Ms. Joffe-Walt suggests, doing poorly in school is not a basis for SSI eligibility. A child must have a medically documented impairment that results in "marked and severe functional limitations" in order to qualify. Poor performance in school may be an indicator of a learning disorder or other mental impairment, but on its own is not sufficient to qualify a child for SSI. Likewise, doing well in

school doesn't mean a child will lose benefits. Academic performance is just one evidentiary factor among many considered in evaluating a child's eligibility for SSI.

SSI Enables Many Families to Care for Children with Disabilities at Home, and Encourages Education for Youth with Disabilities

Also missing from Ms. Joffe-Walt's story is how expensive it is to raise a child with a disability in the U.S. Many parents of children with significant disabilities are unable to work full-time due to caregiving responsibilities. The added expense of caring for a child with a disability can be crushing. Together with Medicaid, the income support from SSI makes it possible for many children to remain at home with their families instead of needing to be in an institution to receive their care.

Furthermore, Ms. Joffe-Walt's suggestion that the SSI program "stands in opposition" to goals such as a child's educational success is misinformed and without basis. The truth is, SSI plays an important role in helping families access services and supports for children with significant disabilities, including services that support children's education. Additionally, SSI program rules encourage youth and young adults to complete high school, to enroll in vocational and technical training and college, and to get early work experiences if they are able. SSI program rules also encourage parents of children receiving benefits to work, and research has found that child SSI receipt does not discourage parental work.⁵

Social Security Disability Programs Reflect Broader Disability Trends

According to the World Health Organization, in rich nations like the U.S. people are living longer—but with more disability. Today the leading causes of disability both in the U.S. and abroad are largely invisible: mental illness and musculoskeletal disorders.⁶

Yet denial of such "invisible" disabilities remains sadly common—and Ms. Joffe-Walt's reporting on disability benefits epitomizes this denial. She questions whether individuals who "look healthy" ought to be receiving disability benefits, and declares that disabilities visible to the naked eye (e.g., injuries suffered in a car crash) are "unambiguous", whereas impairments less readily observable to an onlooker are "squishy." Is someone with cancer or a Traumatic Brain Injury (TBI) less deserving of disability benefits than someone with a visible disability? This logic also dismisses the millions of Americans with intellectual disability, Autism, and serious mental illness like Post-Traumatic Stress Disorder (PTSD) and schizophrenia (among many others), just because their impairments exist beneath the skin.

Demographics Explain Nearly All Growth in Social Security Disability Programs

The Social Security disability programs have grown significantly since they were signed into law, as well as in recent years. While Ms. Joffe-Walt points to a rise in applications during the recent economic recession, she fails to mention that during the same period the percentage of applicants awarded benefits has actually *declined* during the recent economic recession, as individuals who did not meet Social Security's strict disability standard were screened out.⁷ So what explains the rise in people receiving disability benefits?

According to Social Security's Chief Actuary Steve Goss, the growth in SSDI was expected and is mostly the result of two factors: baby boomers entering their high-disability years, and women entering the

workforce in large numbers in the 1970s and 1980s so that more are now "insured" for SSDI based on their own prior contributions.⁸

The increase in the number of children receiving SSI benefits in the past decade is similarly explained by larger economic factors, namely the increase in the number of poor and low-income children. From 2000 to 2011, the number of poor children skyrocketed from about 11 million to over 16 million, and more than 1 in 5 U.S. children live in poverty today. Forty-four percent of U.S. children now live in low-income households. Since SSI is a means-tested program, more poor and low-income children mean more children with disabilities are financially eligible for benefits. Importantly, the share of low-income children who receive SSI benefits has remained constant at about 3 to 4 percent.⁹

Meanwhile, there is no evidence of a large-scale shift from Temporary Assistance for Needy Families (TANF)—the block grant cash assistance program that replaced Aid for Families with Dependent Children (AFDC) in 1996—to the Social Security disability programs. The decline in TANF enrollment from 1996 to 2011 is more than *20 times* the magnitude of the increase in SSI child enrollment during that period.¹⁰ And the share of SSDI disabled worker beneficiaries with dependent children has actually fallen since 1996, from nearly one-third to about 20% in 2011.¹¹ While loss of TANF might lead a person to apply for SSI or SSDI, being poor is not enough to qualify—an applicant must also meet the strict Social Security disability standard.

The Future of the Social Security Disability Programs

Another significant point that Ms. Joffe-Walt leaves out entirely is that as the baby boomers age into retirement, growth in SSDI has already begun to level off and is projected to decline further in the coming years.¹² Similarly, the number of children receiving SSI has decreased from 2011-2013, and federal expenditures on SSI for children are projected to decline as a share of GDP over the coming decade.¹³

Instead, Ms. Joffe-Walt mischaracterizes the SSDI trust fund's projected shortfall. History tells a less dramatic story. Since Social Security was enacted, Congress has "reallocated" payroll tax revenues across the OASI and DI trust funds – about equally in both directions – some 11 times to account for demographic shifts. In 1994, the last time such reallocation occurred, SSA actuaries projected that similar action would next be required in 2016. They were right on target. As it has in the past, Congress could enact a modest reallocation of the 6.2% tax rate between OASI and DI. Under one such plan, both funds would be fully solvent until 2033, and new revenue after that would cover about 75% of Social Security benefits due thereafter.¹⁴ Experts at the Center on Budget and Policy Priorities and SSA's Chief Actuary have urged Congress to take action to ensure long-term solvency of both trust funds.¹⁵

Rather than waste time rehashing myths and sensationalizing understandable program trends, the priority should be on strengthening these vital programs to more effectively serve their missions: increasing economic security for people with severe disabilities, and enabling them to live independently and with dignity.

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Signers as of April 15, 2013

Members of the Consortium for Citizens with Disabilities:

ACCSES
Access Living of Metropolitan Chicago
Ambulatory Behavioral Healthcare
American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association on Health and Disability
American Counseling Association
The Arc of the United States
Association of Assistive Technology Act Programs (ATAP)
Autism National Committee (AutCom)
Autistic Self-Advocacy Network
Bazelon Center for Mental Health Law
Brain Injury Association of America
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Community Legal Services, Inc. – Philadelphia
Disability Rights Education & Defense Fund
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Easter Seals
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Health & Disability Advocates
Learning Disabilities Association of America
Mental Health America
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Councils on Developmental Disabilities
National Association of County Behavioral Health & Developmental Disabilities Directors (NACBHDD)
National Association of Disability Representatives
National Association of School Psychologists
National Association of State Directors of Special Education
National Association of State Head Injury Administrators
National Committee to Preserve Social Security and Medicare
National Disability Rights Network
National Down Syndrome Congress
National Down Syndrome Society
National Federation of Families for Children's Mental Health
National Multiple Sclerosis Society
National Organization of Social Security Claimants Representatives
National Respite Coalition
NISH
School Social Work Association of America
TASH
Paralyzed Veterans of America
United Spinal Association

Joined by:

The Advocacy Institute
Advocacy for Peace and Justice Committee of the Sisters of St. Francis of Philadelphia
AIDS Foundation of Chicago
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The Alliance for Children's Rights
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Center for Women Policy Studies
Children's Alliance (Washington State)
The Children's Disability Project at Greater Boston Legal Services, On Behalf of Eligible Clients
The Children's Leadership Council, a coalition of more than 50 child advocacy organizations
Claire Heureuse Community Center
Coalition on Human Needs
Community Justice Project
Connecticut Legal Services
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The Elder, Health & Disability Unit of Greater Boston Legal Services, on behalf of its clients
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Inner City Law Center – Los Angeles
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Kentucky Equal Justice Center
LAF (formerly Legal Assistance Foundation of Metropolitan Chicago)
Lakeshore Legal Aid / Counsel & Advocacy Law Line (CALL)
Law Foundation of Silicon Valley
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Legal Assistance Resource Center of Connecticut
Legal Services of Central New York

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Little People of America
The Lurie Institute on Disability Policy, Brandeis University
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New York Lawyers for the Public Interest
New York State Independent Living Council, Inc. (NYSILC)
Our Lady of Angels Convent
People Organized for Our Rights, Inc. (P.O.O.R.)
Parents Organizing For Welfare and Economic Rights (POWER)
Positive Resource Center
Public Interest Law Center of Philadelphia (PILCOP)
Public Law Center (Santa Ana, CA)
San Diego Volunteer Lawyer Program
The Shriver Center
SSI Coalition for Children and Families
Social Security Works
Statewide Poverty Action Network – Washington
Strengthen Social Security Campaign
Success Against All Odds
Syracuse University Center on Human Policy, Law, and Disability Studies
Urban Justice Center’s Mental Health Project
Virginia Poverty Law Center
Washington Low Income Housing Alliance
The Welfare Law Unit at Greater Boston Legal Services
WestCoast Children's Clinic
Western Center on Law and Poverty
YWCA - Lancaster

¹ Kathy Ruffing, Center on Budget and Policy Priorities, Social Security Disability Insurance Benefits are Vital to Workers with Severe Impairments (Aug. 2012), <http://www.cbpp.org/cms/?fa=view&id=3818>.

² Id.

³ See, e.g., Arif Mamun et al., Employment Among Social Security Disability Program Beneficiaries, 1996-2007, Social Security Bulletin, Vol. 71, No. 3 (2011), <http://www.ssa.gov/policy/docs/ssb/v71n3/v71n3p11.pdf>.

⁴ Shawn Fremstad and Rebecca Vallas, National Academy of Social Insurance, Supplemental Security Income for Children with Disabilities, Social Security Brief No. 40 (Nov. 2012), <http://www.nasi.org/research/2012/supplemental-security-income-children-disabilities>.

⁵ *Id.*

⁶ World Health Organization, Global Burden of Diseases, Injuries, and Risk Factors Study (2010), <http://www.healthmetricsandevaluation.org/gbd/research/project/global-burden-diseases-injuries-and-risk-factors-study-2010>.

⁷ Social Security Advisory Board, Aspects of Disability Decisionmaking: Data and Materials (Feb. 2012), Chart B.7 at 12, http://www.ssab.gov/Publications/Disability/GPO_Chartbook_FINAL_06122012.pdf.

⁸ Testimony of Stephen Goss, Chief Actuary, Social Security Administration, before the House Ways and Means Committee (Mar. 2013), http://waysandmeans.house.gov/uploadedfiles/goss_testimony.pdf.

⁹ Fremstad and Vallas, *supra* note 4.

¹⁰ Shawn Fremstad and Rebecca Vallas, The Children's SSI Program: Recent Research and Trends (August 2011), Slide 20, <http://www.cepr.net/index.php/publications/reports/review-of-research-trends-childrens-ssi>.

¹¹ Social Security Administration, Annual Statistical Report on the Social Security Disability Insurance Program (2011), http://www.ssa.gov/policy/docs/statcomps/di_asr/2011/sect01a.html#table1_

¹² Goss, *supra* note 8.

¹³ Fremstad and Vallas, *supra* note 4.

¹⁴ Virginia Reno and Elisa Walker, National Academy of Social Insurance, Social Security Benefits, Finances and Policy Options: A Primer (April 2012), <http://www.nasi.org/research/2012/social-security-benefits-finances-policy-options-primer>.

¹⁵ See, e.g., Ruffing, *supra* note 1.