

*This is a partisan tract, but it serves to highlight another drain on the treasury by immigrants. See Representative Santorum's reference to a "third demographic group." His opinion piece appeared in The Washington Times on May 12, 1994 and is reprinted by permission.*

# Do We Know What "SSI" Spells?

By Rick Santorum (R-PA)

House Republicans are today introducing what is potentially the most important piece of social legislation, other than health care, to be considered by Congress this year. Amidst all the sound and fury over welfare reform, with the exception of a few notices on the nation's editorial pages, virtually no one is discussing changes in an obscure welfare program called Supplemental Security Income (SSI).

Some obscurity! SSI is costing taxpayers \$29 billion this year, up more than \$10 billion in constant dollars in just three years. And yet few Americans even know what SSI spells.

Created by Congress in 1972, Supplemental Security Income provides an entitlement benefit for two groups of Americans — poor elderly and disabled individuals. Why these two groups? Because age and physical or mental impairment reduce the ability to work. Beneficiaries receive a monthly check of \$436 if they're single, or \$669 if they're married. In addition, they receive Medicaid, which is worth about \$8,000 for the elderly, \$7,000 for the disabled. So the package of benefits is worth a minimum of \$12,000 per year, much more for couples.

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SSI's spectacular growth has been driven by three primary demographic groups. The first and most shocking group is addicts. SSI law stipulates that people with drug or alcohol addictions that are severe enough to interfere with their ability to work are by definition disabled and therefore eligible for SSI benefits. These addicts may be disabled, but they are not too spaced out to recognize a good deal when they see one. In 1985, there were 4,700 addicts on SSI; by the end of 1993 that number had grown to 79,000. The word is getting around.

Before it gets around much more, Congress must question the very basis of SSI policy on addicts. Giving money and health insurance to people because they have damaged themselves by using drugs is unwise social policy because it taxes productive citizens to reward other people for rotten behavior.

Two changes make sense. First, we should subject people who have drug-related conditions to

periodic blood tests. If they test positive for an illegal substance, they should be dropped from SSI. Second, the SSI benefit should be converted from cash to vouchers for treatment. Providing cash to addicts does not address their major problem, and in fact, enables them to continue and even intensify their drug habit.

The second demographic group causing SSI spending to mushroom is children. Since 1990, the number of children receiving SSI has increased from 287,000 to about 650,000.

Why children are even eligible for SSI is something of a mystery. The underlying concept of SSI is that if people are too old or too disabled to work, SSI provides a substitute for wages. But children are not expected to work; the basic rationale of SSI doesn't fit.

Worse, several congressional Democrats have testified recently that families in their districts are coaching their children to act as if they have a disability — particularly attention and behavioral disorders — so they can qualify for SSI cash and medical care. These abuses of the program have been encouraged by recent changes in the rules under which children's SSI eligibility is determined. Essentially, children can now qualify if they cannot engage effectively in age-appropriate activities.

An additional problem with providing cash to families because they have a disabled child is that there is no assurance that the cash will actually be used to help the disabled child. The concern of Congress is to help disabled children get treatment for their condition at public expense. Thus, we should convert the entitlement for cash into vouchers for treatment, thereby removing the incentive to cheat in order to receive the cash benefit. No one wants to deprive children of needed treatment, but cash subsidies for other family spending is not what Congress intended.

The third demographic group abusing SSI is non-citizens. Immigrants should — and most do — come to America for opportunity, not welfare. We offer immigrants a straightforward deal: Come to America and enjoy immense personal freedom and gain access to the world's most productive economy. However, until you become a citizen, you must support yourself or be supported by a sponsor who signs an affidavit agreeing to meet your basic needs.

And yet, through the typically bizarre legislative process, Congress also allows illegal aliens to qualify for welfare benefits in SSI and several other programs.

The result? In 1982 there were about 128,000 non-citizens on SSI. Last year there were 683,000, 60 percent of whom were elderly. Once on SSI, non-citizens are automatically eligible for Medicaid. Most are also eligible for Food Stamps. It is no surprise that we spend around \$8 billion per year on welfare benefits for immigrants.

The solution to this hemorrhaging of tax dollars is simple: End welfare for non-citizens. Remember, the deal we offer immigrants does not guarantee access to welfare benefits. In fact, deportation for accepting public aid has always been a basic tenet of American immigration policy. The bill Republicans are introducing today will save the federal government \$4 billion per year by ending taxpayers' responsibility for giving SSI payments to noncitizens. Subsequent legislation could go further.

Democrats in the administration and on Capitol Hill seem reluctant to address the SSI travesty. Democrats on the House Ways and Means Committee rejected nearly all these proposals when Republicans offered them last week, thereby killing what might be the last chance for House action on SSI this year. Similarly, the administration has been floating welfare reform proposals for several weeks, but so far not a word about the billions in wasted SSI spending.

Too bad. Taken together, the SSI reforms we are introducing today would cut the budget deficit by a minimum of \$30 billion over the next five years. Equally important, they would prevent the federal government from inflicting additional harm on the very people the SSI program is supposed to help. ■