VETERANS' HOSPITALIZATION

HEARING

BEFORE THE

COMMITTEE ON FINANCE
UNITED STATES SENATE

SEVENTY-FIRST CONGRESS

THIRD SESSION

ON

VETERANS' HOSPITALIZATION

FEBRUARY 5, 1931

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VETERANS' HOSPITALIZATION

THURSDAY, FEBRUARY 5, 1931

UNITED STATES SENATE,
COMMITTEE ON FINANCE,
Washington, D. C.

The committee met, pursuant to call of the chairman, in the committee room, Senate Office Building, at 10 o'clock, a. m., Senator Reed Smoot (chairman) presiding.

Present: Senators Smoot (chairman), Watson, Reed, Couzens, Bingham, La Follette, Thomas of Idaho, Harrison, George, Walsh of Massachusetts, Barkley, and Connally.

The CHAIRMAN. The committee will come to order. General Hines, will you take the stand?

General Hines is here this morning for the purpose of presenting to the committee the hospitalization of veterans of the World War as it exists to-day, together with his recommendations for future action on the part of Congress to take care of the situation.

STATEMENT OF BRIG. GEN. FRANK T. HINES, ADMINISTRATOR OF VETERANS AFFAIRS, WASHINGTON, D. C.

General HINES. Mr. Chairman and gentlemen of the committee, before taking up this very important subject, I would like to call the committee's attention to a chart I have here which shows the combined activities of the Veterans' Administration as they exist to-day. These legends will show you the type of facilities, that is, the character of hospitals, both in the Veterans' Bureau and the soldiers homes, as well as the Public Health Service, the Army and the Navy; also the location of the various regional offices. It may be of value to the committee in following the statement I am going to make and it will give you some idea of the distribution that exists at the present time of facilities of this character.

I know of no problem of veterans' relief that is of greater importance than the one I am called before you this morning to discuss, and I have prepared, in order that it may appear in the record in logical order, a statement, together with certain tables. I think it would be of value to the committee if it could go in without much interruption, in order to keep the continuity of it and put it in proper form. After that, I will be glad to take it up in detail.

The question has been raised as to what additional hospital construction is necessary to meet the demand under the World War veterans' act, first, if construction is to be based essentially upon the service-connected load and second, if permanent facilities are to be authorized for veterans with disabilities not determined to be of service origin.

I should say right there that the World War veterans' act makes it mandatory for the Veterans' Bureau to hospitalize men whose disabilities are due to service, either in Government facilities or contract hospitals. Those veterans whose disabilities are not due to service can be furnished hospitalization in any Government facility, but we can not hire contract beds for them, with the exception of women veterans, in which case the Congress has authorized the hospitalization of women veterans with either service-connected disabilities or nonservice-connected disabilities, either in Government facilities or contract institutions.

To the first question there can be but one answer—that no additional hospital construction is warranted at this time on the basis of the needs of the service-connected load. The second question has been answered through estimates made by the Medical Council of the Veterans' Bureau and studies made by the Veterans' Bureau itself, both of which indicate a future obligation in the matter of additional hospital facilities that far over-shadows our whole experience to date.

With regard to the present and future need of hospital accommodations for service-connected cases, it develops that on June 30, 1930, the authorized load for all classes totaled 30,311 patients of which number, 16,219 or 53.51 per cent were receiving treatment for disabilities determined to be of service origin. On June 30, 1925, one year after the passage of the amendment to the World War veterans' act which authorized the general hospitalization of the veterans of all wars without regard to the origin of their disabilities, the total hospital load of the bureau was 26,610, of which 22,771 or 85.87 per cent were service connected. In other words, the total service-connected load over the above-mentioned period decreased 6,552 and the percentage of such patients of the total load 32.06 per cent. An analysis of the trend of the service-connected hospital load by type of disease discloses that on June 30, 1925, there were 8,416 such cases under treatment for tuberculosis; 10,750 for neuropsychiatric diseases; and 3,605 for general medical and surgical conditions, as compared with 3,055 tuberculosis; 11,099 neuropsychiatric; and 2,065 general on June 30, 1930. It will be noted that over this 5-year period the service-connected load of tuberculous and general medical and surgical cases decreased 5,361 and 1,540, respectively, while that for neuropsychiatric cases increased but 349, notwithstanding that the total active disability awards during the same time increased 67,895, and for each type of disease as follows; tuberculosis 9,759; neuropsychiatric 15,002; and general medical and surgical 43,134.

The CHAIRMAN. General Hines, have you compared the percentages—of course, not the numbers—of such cases with the Civil War and the Spanish War?

General HINES. Of course, Mr. Chairman, you can not make a comparison with the Civil War. We did not provide hospital treatment, except as incidental to domiciliary care in soldiers homes, for the Civil War or the Spanish War veterans.

The CHAIRMAN. And no record has been kept?

General HINES. Yes. I have a table which I will read, showing the number of men that went into the homes, by years, compared with the prospective load. But the general hospitalization of veterans is the outgrowth of the World War, except the hospitalization incident to domiciliary care in the soldiers homes.

On January 1, 1931, the beds available in all Government hospitals to beneficiaries of the Veterans' Bureau totaled 32,993, of which 23,990 were in veterans' hospitals. That is the largest load we have ever had in veterans' hospitals.

It is estimated that additions to veterans' hospitals authorized by the construction acts of May 23, 1928, and December 23, 1929, all of which work should be completed within the next two years, will increase the total beds available to the Veterans' Bureau to approximately 40,000, of which 31,000 will be in veterans' hospitals. It must therefore be concluded that with a present service-connected hospital load of less than 17,000 cases, which from all indications is unlikely to increase materially within the next five years, and with existing Government beds of about 33,000, which will be increased by some 7,000 within the next two years, that additional facilities for this class can not be justified at this time. There were according to reports submitted by field offices of the Veterans' Bureau but 367 service-connected cases awaiting hospitalization in Government facilities on January 1, 1931, of which 284 were awaiting transfer from civil and State institutions.

The preceding paragraph stated that no additional construction could be justified at present for service-connected cases. On the other hand, there are certain veterans hospitals where new construction to replace existing frame or semifireproof patient buildings is indicated. For example, the central wing of the main hospital building at Rutland, Mass., is decidedly of nonfireproof construction, while all or part of the patient buildings at Fort Lyon, Colo.; Boise, Idaho; Helena, Mont.; and Fort Bayard, N. Mex., are frame or semifireproof, and by reason of age lack modern facilities. Further, there are a number of veterans' hospitals which do not have adequate personnel quarters, recreational facilities, and so forth, and which should be provided if the hospital is to function as a complete unit. Then too, the Veterans' Bureau has in recent years combined certain of its regional offices with hospitals. This centralization of activities has apparently been successful, and in the opinion of the bureau, should be extended further. If other similar combinations are effected, new construction to accomplish such purpose will undoubtedly be necessary.

One of the real problems confronting the Veterans' Bureau in handling the hospitalization phase of veterans' relief is presented by the growing tendency to consider state lines in determining the need for additional hospital facilities. Upon completion of present approved programs, there will be but six States without hospital facilities under the control of the Veterans' Administration, namely, Vermont, New Hampshire, Rhode Island, Delaware, South Carolina, and Nevada; and but three States, Vermont, Delaware and Nevada, in which there will be no government hospital facilities of any kind. Further, if contemplated plans under approved construction programs materialize, 36 of the bureau's 54 regional offices, at least one of which is located in every state except Delaware, will have government hospital facilities of the general medical and surgical type within 1 to 15 miles of the regional office.

The CHAIRMAN. Have you a list of the 36?

General HINES. Yes. I have that in a table.

The CHAIRMAN. Will that be put in the record?

General HINES. Yes.

Statement showing by districts the distance each regional office will be from the nearest Government hospital with general medical and surgical facilities when authorized programs are completed

District No.	Regional office	Location of hospital	1 to 15 miles	16 to 50 miles	51 to 100 miles	101 to 200 miles	Over 200 miles
1	Portland, Me.	Portland (marine)	X				
	Boston	Chelsea (Navy)	X				
	Manchester	Portsmouth (Navy)		X			
	Providence	Newport (Navy)		X			
	Burlington	Portsmouth (Navy)					X
2	New York City	New York City (Veterans' Bureau.)	X				
	Buffalo	Buffalo (marine)	X				
	Hartford	Hartford (Veterans' Bureau)	X				
	Newark	New York City (Veterans' Bureau.)		X			
3	Philadelphia	League Island (Navy)	X				
	Pittsburgh	Aspinwall (Veterans' Bureau)	X				
4	Washington	Washington (Veterans' Bureau.)	X				
	Baltimore	Baltimore (marine)	X				
	Charleston [1]	Huntington (Veterans' Bureau.)	X				
	Richmond	Hampton (soldiers' home)			X		
5	Atlanta	Atlanta (Veterans' Bureau)	X				
	Jacksonville	Lake City (Veterans' Bureau)			X		
	Columbia	Savannah (marine)				X	
	Charlotte	Atlanta (Veterans' Bureau)					X
	Nashville	Memphis (Veterans' Bureau)					X
6	New Orleans	New Orleans (marine)	X				
	Birmingham [1]	Tuscaloosa (Veterans' Bureau.)	X				
	Jackson	New Orleans (marine)				X	
7	Cincinnati [1]	Dayton (soldiers' home)	X				
	Cleveland	Cleveland (marine)	X				
	Indianapolis	Indianapolis (Veterans' Bureau.)	X				
	Louisville [1]	Lexington (Veterans' Bureau)	X				
8	Chicago	Hines (Veterans' Bureau)	X				
	Detroit	Detroit (marine)	X				
	Milwaukee	Milwaukee (soldiers' home)	X				
9	St. Louis	Jefferson Barracks (Veterans' Bureau).	X				
	Kansas City	Kansas City (Veterans' Bureau).	X				
	Omaha [1]	Lincoln (Veterans' Bureau)	X				
	Des Moines	do				X	
	Wichita	Kansas (Veterans Bureau)	X				
10	Minneapolis	Fort Snelling (Veterans' Bureau.)	X				
	Helena	Fort Harrison (Veterans' Bureau).	X				
	Fargo	Fargo (Veterans' Bureau)	X				
	Sioux Falls	Fort Snelling (Veterans' Bureau).					X
11	Denver	Denver (Army)	X				
	Albuquerque	Albuquerque (Veterans' Bureau).	X				
	Salt Lake City	Salt Lake City (Veterans' Bureau).	X				
	Casper	Hot Springs (Soldiers Home)					X
12	San Francisco	San Francisco (Veterans Bureau).	X				
	Los Angeles	Los Angeles (Soldiers Home)	X				
	Phoenix	Whipple (Veterans' Bureau)				X	
	Reno	San Francisco (Veterans' Bureau).					X
13	Seattle	Puget Sound (Navy)	X				
	Boise	Boise (Veterans' Bureau)	X				
	Portland, Oreg	Portland (Veterans' Bureau)	X				
14	San Antonio	San Antonio (Army)	X				
	Little Rock	Hot Springs (Army)			X		
	Oklahoma City	Muskogee (Veterans' Bureau)				X	
	Dallas	do					X

[1] Distance shown is based upon assumption that regional and hospital activities will be combined.

Of the remaining 18 regional offices, 3 will have Government hospital facilities of the above type within 16 to 50 miles; 3 within 51 to 100 miles; 5 within 101 to 200 miles, and but 7 over 200 miles. Since

the hospitalization of World War veterans was authorized it has been the policy of those charged with the responsibility of locating hospitals to ignore State lines and place the facility where it would best serve the greatest number of veterans. This is particularly true of hospitals established for the treatment of tuberculosis and neuropsychiatric diseases, many of which have been added to from time to time to meet the needs of as many as three or four States. Adherence to this policy has resulted in most veterans' hospitals of the types above mentioned having more beds than are needed for the requirements of the State in which the facility is located. For example, approximately one-half of the patients receiving treatment in the veterans' hospital at Perry Point, Md., have a reported home address in Pennsylvania, while but one-fifth of the cases there give Maryland as their home State. The State of Pennsylvania has recently requested a large number of additional beds and has based its request principally upon the fact that in relation to its military population it does not have its proper share of Government hospital facilities as compared with Illinois and New York. As a matter of fact, Perry Point is as convenient to certain parts of Pennsylvania as is the new hospital recently opened at Coatesville, Pa. The Federal Board of Hospitalization has consistently taken the position that it is not good business to depopulate existing satisfactory hospitals in one State by providing new facilities in adjoining States in order that veterans may be returned to the State of their reported home address. Of course, when a hospital is established in a State, it is the policy to provide utilities of sufficient size to permit of increasing the capacity to meet the future requirements of that State.

With regard to the need for additional hospital construction if the right to treatment under section 202 (10) of the World War veterans' act is made mandatory—that section is the one which authorizes the hospitalization of all veterans regardless of the origin of their disabilities—it develops that on June 30, 1930, the load of nonservice-connected cases was 14,092 or 46.49 per cent of the total. On June 30, 1925, one year after the passage of the legislation authorizing the hospital care of veterans with nonservice-connected disabilities, the load for this class was 3,839 or 14.43 per cent of the total. It will thus be seen that within five years this load has increased by 10,253, or approximately 2,000 per annum, and the percentage it forms of the total, 32.06. It further develops that on June 30, 1930, 51.31 per cent of the total tuberculous hospital cases were under treatment for nonservice-connected conditions; 25.71 per cent of the neuropsychiatric; and 77.3 per cent of the general medical and surgical. The trend upward of the nonservice-connected load is further reflected in an analysis of the admissions to all hospitals during the fiscal year 1930, which discloses that 71 per cent of the total were of this class.

Senator REED. You would rather not be interrupted as you go along, would you?

General HINES. I suggested that. I thought probably it would make for a better record if there was no interruption.

Still another example of the constantly increasing pressure exerted by this class for hospital accommodations is found in the patients awaiting Government hospitalization. On January 1, 1931, the regional field offices of the Veterans' Bureau reported a total of 7,669 cases awaiting admittance to Government hospitals, of which number

7,302 or 95 per cent required treatment for disabilities not determined to be of service origin.

In studying the probable future hospital requirements of the Federal Government, if non-service-connected cases are given a mandatory right to treatment, the conclusion has been reached that it will not be possible to estimate with any degree of accuracy the number of beds necessary to meet the demand for hospital care of all disabilities which may occur among veterans. The chief reason is that there is no experience upon which to base a good estimate. The situation existing in the general population can not serve as a guide because economic conditions prevent the full utilization of pay beds, and the number of free beds throughout the country is grossly inadequate. Under the provisions of the World War veterans' act this economic factor is removed. However, two estimates on this subject have been prepared—one by the medical council of the Veterans' Bureau, composed of outstanding physicians not in the employ of the Government; and the other by the Veterans' Bureau itself. The study made by the medical council was an attempt to discover the total amount of sickness and injury of all kinds involving inability to work which may be expected to occur among the four and one-half million veterans during each of the next 20 years.

The maximum requirements of the Federal Government under this study are given as 129,859 beds in the year 1950. The study made by the Veterans' Bureau was based upon the relationship between probable future deaths and the probable requirements for hospitalization, taking into account the relationship thus far observed in our experience and projecting it in the future on the basis of the American Experience Table of Mortality. The requirements under this study are listed as 81,459 beds in the year 1965 and 59,661 beds in 1950. This estimate covered hospital care only, and took no cognizance of those veterans who by reason of disability would be domiciled in Soldiers' homes. In this same connection, the National Home for Disabled Volunteer Soldiers has estimated that in 1950 it will have a domiciliary load of 61,018, based upon its experience with the veterans of the Spanish-American War. It is significant to note at this point that the estimate of the Veterans' Bureau for the year 1950 (59,661), plus that of the Soldiers' home for the same year (61,018), is but approximately 9,000 below that of the estimate made by the Medical Council (129,859) for the year in question, which latter as previously pointed out is based upon the maximum amount of sickness involving inability to work. In view of the foregoing, it would appear that the study made by the Veterans' Bureau represents a fair estimate of the hospital requirements of the Federal Government if nonservice-connected cases are given a mandatory right to hospitalization. The Veterans' Bureau has estimated the hospital load to be 45,628 cases in 1935, distributed by type of disease as follows: Tuberculosis, 6,106; neuropsychiatric, 21,125; and general medical and surgical, 18,397.

It has previously been stated that upon completion of authorized programs, there will be available in Government hospitals within the next two years approximately 40,000 beds, distributed by type of disease as follows: Tuberculosis, 7,500; neuropsychiatric, 18,100; and general medical and surgical, 14,400. It will thus be seen that a total of but approximately 6,000 additional beds would be required to meet the estimated load by 1935, divided about equally between neuropsychiatric and general medical and surgical facilities. If

these 6,000 beds were to be distributed throughout the United States on the basis of the present patient load with a reported home address in each State, there would result the following additional facilities, divided equally between neuropsychiatric and general medical and surgical, for each of the groups of States indicated:

	Beds
Maine, New Hampshire, Vermont, Massachusetts, and Rhode Island	360
New York, New Jersey, and Connecticut	840
Pennsylvania and Delaware	400
Washington, D. C., Maryland, Virginia, and West Virginia	870
North Carolina, South Carolina, Georgia, Florida, and Tennessee	505
Louisiana, Alabama, and Mississippi	300
Ohio, Indiana, and Kentucky	410
Illinois, Michigan, and Wisconsin	780
Missouri, Kansas, Iowa, and Nebraska	570
Minnesota, North Dakota, South Dakota, and Montana	305
Colorado, Wyoming, New Mexico, and Utah	185
California, Arizona, and Nevada	500
Washington, Oregon, and Idaho	240
Texas, Oklahoma, and Arkansas	430

Upon considering the location of existing hospital facilities from the standpoint of accessibility to the populous centers of the general areas they are required to serve, and the possibility of providing additional patient accommodations at a minimum of cost, it is believed that the following distribution of the above beds within each of these groups of States would best meet the needs of the Government:

Senator HARRISON. This is your recommendation?

General HINES. No. This is the distribution of the 6,000 beds. I have a definite recommendation which will follow.

Location	Project	Beds	
		Neuropsychiatric	General
Bedford, Mass	Additional facilities	180	
Vermont	New hospital with facilities for regional office		75
Canandaigua, N. Y	Additional facilities	420	
Western New York	New hospital in vicinity of Buffalo		300
Coatesville, Pa	Additional facilities	400	
Aspinwall, Pa	do		150
Huntington, W. Va	do		50
Washington, D. C	Additional facilities (Mount Alto)		100
Augusta, Ga	Additional facilities	200	
South Carolina	New hospital		150
Atlanta, Ga	Additional facilities		100
Tuskegee, Ala	do	200	
Mississippi	New hospital with facilities for regional office		150
Chillicothe, Ohio	Additional facilities	200	
Indiana	do		100
Dayton, Ohio	do		100
North Chicago, Ill	do	150	
Camp Custer, Mich	do	100	
St. Cloud, Minn	do	200	
Knoxville, Iowa	do	150	
Fort Snelling, Minn	do		200
Eastern South Dakota	New hospital with facilities for regional office		75
Iowa	do		300
Hines, Ill	Additional facilities		150
Fort Lyon, Colo	do	200	
Wyoming	New hospital with facilities for regional office		75
San Francisco, Calif	Additional facilities		200
Nevada	New hospital with facilities for regional office		57
Palo Alto, Calif	Additional facilities	200	
American Lake, Wash	do	125	
Portland, Oreg	do		100
Waco, Tex	do	220	
Arkansas	New hospital with facilities for regional office		200
Northern Texas	New hospital		300
Total		2,945	2,932

That is the distribution of the 6,000 beds that I referred to, if we are to take care of the load up to 1935, of noncompensable cases.

The program outlined above involves now construction at 34 locations scattered throughout 25 States and the District of Columbia, and would cost roughly $17,500,000; about $3,000 per bed.

Senator REED. That is less than you have been paying per bed.

General HINES. Yes. There are a great many additions to existing facilities. It contemplates nine new hospitals (all of the general medical and surgical type) in as many States, and additions to 25 existing institutions. Further, its adoption would leave but three States, New Hampshire, Rhode Island, and Delaware, without hospital facilities of one type or another controlled by the Veterans' Administration, and would make Delaware the only State in the Union without a Federal hospital. In addition, it would provide hospital facilities of the general medical and surgical type within 1 to 15 miles of 45 of the 54 regional offices maintained by the Veterans' Bureau—a desirable arrangement and one that should insure the expeditious treatment of emergency cases developing in the populous centers of practically every State in the Union. It will be noted, that while the above program provides neuropsychiatric facilities at 14 locations it does not contain a single new hospital of that type. This is in accordance with the established policy of developing specialized facilities to meet the needs of a number of States, rather than limiting the size of such an institution to the requirements of the State in which it is located. That the 20 existing or authorized neuropsychiatric hospitals under the control of the Veterans' Administration have been located with due regard to the requirements of all sections of the country is evidenced by the fact that the average distance (air-line) from the center of population of each State to the nearest Government hospital of the type mentioned is but 164 miles.

I would like permission, Mr. Chairman, to insert following that statement a tabulation by districts, giving the States—for example, district 1, Massachusetts, Rhode Island, Maine, New Hampshire and Vermont—and giving the existing facilities and patients for the three major groups of disabilities. For example, I will take the first district and read it. The other 13 I need not read unless you desire the detailed information.

District 1 consists of the States of Massachusetts, Rhode Island, Maine, New Hampshire, and Vermont. On January 1, 1931, we had, for tuberculous patients, the following facilities: Veterans' Bureau Hospital, Rutland Heights, Mass., 412 beds, with a patient load of 398; 187 of that load were service-connected cases and 211 were nonservice.

The Public Health Service hospital at Portland,Me., had three patients; the naval hospital at Chelsea, Mass., 10 patients; and the Soldiers' Home at Togus, Me., 2 patients. The total beds available for tuberculosis were 427, with 424 patients, 218 nonservice, and 206 service connected. The percentage of 202 (10) cases at present is 51.41; the excess of beds over patients is 3. On December 1, 1928, the percentage of 202 (10) cases was 57.8.

Senator WALSH of Massachusetts. Have you applications from patients to enter these hospitals in that district?

General HINES. Yes.

Senator WALSH of Massachusetts. So, there is a waiting list.

General HINES. Yes.

Senator WALSH of Massachusetts. How many?

General HINES. I gave the total.

Senator WALSH of Massachusetts. Never mind. It is in the record.

General HINES. I have a table that will give it by districts, too.

We have the following general medical and surgical facailties in that district: The Public Health Service hospital, Portland, Me., with 41 beds; the naval hospital, Chelsea, with 245 beds; naval hospital, Newport, R. I., 125 beds; naval hospital, Portsmouth, N. H., 75 beds; Soldiers Home at Togus, Me., 25 beds. We had only nine general patients in contract institutions in that section. Out of a total of 511 beds, we had a load of 458 patients, of which 394 were nonservice-connected cases, and 64 service-connected cases.

In the neuropsychiatric group, facilities exist at Bedford to the extent of 482 beds; Northampton, Mass., 552 beds; and Togus, Me., 3, or a total number of beds for psychotic patients of 1,037. In addition there were 110 psychoneurotic beds, or a total number of neuropsychiatric beds available of 1,147, with a patient load of 204 nonservice-connected cases and 902 service-connected cases. The percentage of 202 (10) cases at present in that group of hospitals is 18.44; on December 1, 1928, it was 3.4, showing a material increase in nonservice-connected, even in that group.

The American Legion, at the last convention, recommended an addition of 100 beds at Northampton and 50 additional beds at Bedford.

Each district is analyzed in that way, and I would like to insert that in the record if the committee desires it.

The CHAIRMAN. You may insert that in the record at this point.

DISTRICT NO. 1.—*Massachusetts, Rhode Island, Maine, New Hampshire, and Vermont, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Rutland Heights, Mass	412	398	211	187
Public Health Service, Portland, Me	3	3	2	1
Navy, Chelsea, Mass	10	10	4	6
Soldiers' home, Togus, Me	2	2	1	1
Contract hospitals		11		11
Total	427	424	218	206

Percentage of 202 (10) cases at present 51.41; Dec. 1, 1928, 57.8.
Excess of beds over patients, 3.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Public Health Service, Portland, Me	41	33	28	5
Navy, Chelsea, Mass	245	245	222	23
Navy, Newport, R. I	125	79	68	11
Navy, Portsmouth, N. H	75	67	57	10
Soldiers' home, Togus, Me	25	25	19	6
Contract hospitals		9		9
Total	511	458	394	64

Percentage of 202 (10) cases at present 86.02; Dec. 1, 1928, 73.7.
Excess of beds over patients, 53.

DISTRICT NO. 1.—*Massachusetts, Rhode Island, Maine, New Hampshire, and Vermont, January 1, 1931*—Continued

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Bedford, Mass.	492	11	503	492	11	503	96	397
Veterans' Bureau, Northampton, Mass.	552	.....	552	550	.....	550	77	473
Public Health Service, Portland, Me.	.....	1	1	.....	1	1	1	.....
Navy, Chelsea, Mass.	.....	95	95	.....	30	30	26	4
Soldiers' Home, Togus, Me.	3	3	6	3	3	6	4	2
Contract hospitals	.....	.....	.....	24	2	26	.....	26
Total	1,027	110	1,167	1,069	47	1,116	204	902

Percentage of 202 (10) cases at present 18.44; Dec. 1, 1928, 3.4.
Excess of psychotic patients over beds at present, 22; upon completion of additional facilities authorized at Bedford, Mass., there will be an excess of 130 beds over patients Jan. 8, 1931.
American Legion at last convention recommended 100 additional beds at Northampton, and 50 additional beds at Bedford, Mass.

DISTRICT NO. 2.—*New York, New Jersey, and Connecticut, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Castle Point, N. Y.	395	393	259	134
Veterans' Bureau, Sunmount, N. Y.	373	352	251	101
Navy, Brooklyn, N. Y.	2	2	1	1
Contract hospitals	.....	[1] 138	.....	138
Total	770	885	511	374

[1] Includes 61 patients at hospitalization center at Saranac Lake, and 38 at Liberty, N. Y.

Percentage of 202 (10) cases at present, 57.74; Dec. 1, 1928, 47.1.
Excess of beds over patients upon eliminating cases at hospitalization centers, 23.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Public Health Service, Buffalo, N. Y.	45	26	25	1
Public Health Service, Ellis Island, N. Y.	2	2	2	.....
Public Health Service, Stapleton, N. Y.	3	2	2	.....
Navy, Brooklyn, N. Y.	497	497	427	70
Soldiers' Home, Bath, N. Y.	112	84	76	8
Contract hospitals	.....	5	.....	5
Total	659	616	532	84

Percentage of 202 (10) cases at present, 86.36; Dec. 1, 1928, 75.3.
Excess of beds over patients at present, 43; upon completion of authorized program (135 beds at Hartford, Conn., Feb. 11, 1931, and 200 beds in New York City), 378.

DISTRICT NO. 2.—*New York, New Jersey, and Connecticut, January 1, 1931*—Con.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Bronx, N. Y.	946	.....	946	924	.....	924	261	663
Veterans' Bureau, Northport, Long Island, N. Y.	936	6	942	860	6	866	104	762
Veterans' Bureau, Somerset Hills, N. J.	248	.....	248	194	.....	194	18	176
Navy, Brooklyn, N. Y.	.....	167	167	.....	167	167	107	60
Soldiers' Home, Bath, N. Y.	.....	13	13	.....	13	13	10	3
Contract hospitals	.....	.....	.....	398	3	401	.....	401
Total	2,130	186	2,316	2,376	189	2,565	500	2,065

Percentage of 202 (10) cases at present 19.49; Dec. 1, 1928, 72.
Excess of psychotic patients over beds at present, 246.
Excess of psychotic beds over patients upon completion of authorized program (Somerset Hills, 647 additional beds—182 by Feb. 1, 1931, and 465 by Aug. 26, 1931; Northport, 448 by Sept. 16, 1931; Canandaigua, 446 by Apr. 1, 1932; and Hartford 97, by Feb. 11, 1931); 1,392.

DISTRICT NO. 3—*Pennsylvania and Delaware, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Aspinwall, Pa.	225	207	126	81
Navy, League Island, Pa.	13	13	10	3
Contract hospitals	.....	7	.....	7
Total	238	227	136	91

Percentage of 202 (10) cases at present 59.91; Dec. 1, 1928, 55.1.
Excess of beds over patients, 11.
American Legion at last convention recommended a new 500 bed hospital for north central Pennsylvania also 200 additional beds at Aspinwall, Pa.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Public Health Service, Pittsburgh, Pa.	65	68	50	8
Navy, League Island, Pa.	384	384	328	56
Contract hospitals	.....	10	.....	10
Total	449	452	378	74

Percentage of 202 (10) cases at present 83.63; Dec. 1, 1928, 82.7.
Excess of patients over beds at present, 3.
Excess of beds over patients upon completion of facilities for 47 beds at Aspinwall, Jan. 5, 1931, 44.
American Legion at last convention recommended the conversion of the hospital for psychotic patients at Philadelphia, into a diagnostic center with facilities for 200 beds.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Coatesville, Pa.	451	.....	451	343	.....	343	52	291
Veterans' Bureau, Philadelphia, Pa.	404	.....	404	205	.....	205	52	153
Navy, League Island, Pa.	.....	3	3	.....	3	3	3	.....
Contract hospitals	.....	.....	.....	11	1	12	.....	12
Total	855	3	858	559	4	563	107	456

Percentage of 202 (10) cases at present 19; Dec. 1, 1928, 26.1.
Excess of psychotic beds over patients at present 296; upon full utilization of new hospital at Coatesville, 326.
American Legion at last convention recommended 769 additional beds at Coatesville.

DISTRICT No. 4.—*District of Columbia, Maryland, Virginia, and West Virginia, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Washington, D. C	27	26	15	11
Army, Washington, D. C	36	32	26	6
Navy, Washington, D. C	46	40	34	6
Navy, Norfolk, Va	2	2	2	.....
Soldiers' home, Hampton, Va	1	1	1	.....
Contract hospitals	.....	9	.....	9
Total	112	110	78	32

Percentage of 202 (10) cases at present, 70.90; Dec. 1, 1928, 41.6.
Excess of beds over patients at present, 2.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Washington, D. C	133	85	56	29
Public Health Service, Norfolk, Va	60	45	40	5
Public Health Service, Baltimore, Md	7	7	6	1
Army, Washington, D. C	363	290	215	75
Navy, Norfolk, Va	198	125	119	6
Navy, Washington, D. C	229	229	220	9
Soldiers' Home, Hampton, Va	27	17	12	5
Interior, Freedmen's, Washington, D. C	3	3	3	.....
Contract hospitals	.....	25	.....	25
Total	1,020	826	671	155

Percentage of 202 (10) cases at present 81.23; Dec. 1, 1928, 69.5.
Excess of beds over patients at present, 194; upon completion of new hospital in West Virginia (150 beds Apr. 1, 1932) and additional facilities at Mount Alto (65 beds, July 29, 1931), 409.
American Legion at last convention recommended a new 400-bed hospital for Virginia and 235 additional beds in West Virginia.
The Public Health Service is erecting a new 325-bed hospital in Baltimore which is twice the size of the existing hospital at that location; expected date of completion December, 1932, Veterans' Bureau allotment, 100 beds.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Washington, D. C	.....	42	42	.....	42	42	14	28
Veterans' Bureau, Perry Point, Md	987	27	1,014	904	27	931	371	560
Army, Washington, D. C	14	37	51	14	32	46	30	16
Soldiers Home, Hampton, Va	61	41	102	61	41	102	81	21
Interior, St. Elizabeths, Washington, D. C	347	.....	347	347	.....	347	12	335
Contract hospitals	.....	.....	.....	[1] 148	.....	148	.....	148
Total	1,409	147	1,556	1,474	142	1,616	508	1,108

[1] 100 of these cases are in the Davis clinic, Marion, Va.

Percentage of 202 (10) cases at present 31.43; Dec. 1, 1928, 18.7.
Excess of psychotic patients over beds, 65.
Bids are to be opened Feb. 3, 1931, for the erection of a new building of 146 beds at Perry Point, which is to replace the last of the facilities of temporary construction at that location.
American Legion at last convention recommended 1,000 additional beds at Perry Point.

DISTRICT NO. 5.—*North Carolina, South Carolina, Georgia, Florida, and Tennessee, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans Bureau, Otsen, N. C.	606	573	380	193
Public Health Service, Key West, Fla.	4	4	3	1
Public Health Service, Savannah, Ga.	1	1	.....	1
Soldiers Home, Johnson City, Tenn.	103	103	34	69
Contract hospitals	.....	1	.....	1
Total	713	682	417	265

Percentage of 202 (10) cases at present, 61.14; Dec. 1, 1928, 51.
Excess of beds over patients, 31.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Atlanta, Ga.	200	198	143	55
Veterans' Bureau, Lake City, Fla.	277	254	182	72
Veterans' Bureau, Memphis, Tenn.	350	232	193	39
Public Health Service, Key West, Fla.	48	48	38	10
Public Health Service, Savannah, Ga.	57	37	28	9
Navy, Pensacola, Fla.	100	53	52	1
Soldiers' Home, Johnson City, Tenn.	30	18	9	9
Contract hospitals	.....	9	.....	9
Total	1,062	849	645	204

Percentage of 202 (10) cases at present, 75.97; Dec. 1, 1928, 68.4.
Excess of beds over patients at present, 213; upon completion of facilities for 145 additional beds at Memphis, Oct. 12, 1931, 358.
Public No. 492, Seventy-first Congress, althorized to be appropriated $650,000 for the erection of 100 additional beds at Johnson City.
American Legion at last convention recommended a general hospital for South Carolina.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Augusta, Ga.	617	.....	617	594	.....	594	161	433
Veterans' Bureau, Lake City, Fla.	15	8	23	15	8	23	7	16
Veterans' Bureau, Memphis, Tenn.	.....	10	10	.....	5	5	4	1
Public Health Service, Key West, Fla.	.....	1	1	.....	1	1	.....	1
Contract hospitals	.....	.....	.....	29	4	43	.....	43
Total	632	19	651	648	18	666	172	494

Percentage of 202 (10) cases at present 25.82; Dec. 1, 1928, 16.6.
Excess of psychotic patients over beds, 16.
Excess of psychotic beds over patients upon completion of 138 additional beds at Augusta, Ga., July 29, 1931, 122.

DISTRICT NO. 6.—*Louisiana, Alabama, and Mississippi, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Alexandria, La	142	109	68	41
Veterans' Bureau, Tuskegee, Ala	138	117	92	25
Public Health Service, New Orleans, La	18	18	13	5
Total	298	244	173	71

Percentage of 202 (10) cases at present 70.90; Dec. 1, 1928, 53.8.
Excess of beds over patients, 54.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Alexandria, La	185	171	133	38
Veterans' Bureau, Gulfport, Miss	15	15	11	4
Veterans' Bureau, Tuskegee, Ala	162	132	112	20
Public Health Service, Mobile, Ala	19	12	10	2
Public Health Service, New Orleans, La	180	159	129	30
Contract hospitals	.....	1	.....	1
Total	561	490	395	95

Percentage of 202 (10) cases at present 80.61; Dec. 1, 1928, 63.7.
Excess of beds over patients at present, 71; upon completion of new 250-bed hospital at Tuscaloosa, Mar. 1, 1932, 321.
The Public Health Service has funds to erect a new 560-bed hospital at New Orleans which is more than twice the size of the present hospital at that location (250 beds); expected date of completion, Apr. 12, 1932.
American Legion at last convention recommended 200 additional beds at Alexandria and a new 250-bed hospital for colored in the South or an extension of facilities at Tuskegee; also 150 additional beds at Gulfport.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Alexandria, La	85	9	94	85	9	94	69	25
Veterans' Bureau, Gulfport, Miss	374	41	415	374	41	415	189	226
Veterans' Bureau, Tuskegee, Ala	271	48	319	271	48	319	126	193
Contract hospitals	.....	.....	.....	10	.....	10	.....	10
Total	730	98	828	740	98	838	384	454

Percentage of 202 (10) cases at present, 45.82; Dec. 1, 1928, 39.7.
Excess of psychotic patients over beds, 10.
Excess of psychotic beds over patients upon completion of 138 additional beds at Gulfport, Sept. 21, 1931, 128.

DISTRICT NO. 7.—*Ohio, Kentucky, and Indiana, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Outwood, Ky	373	350	196	154
Public Health Service, Cleveland, Ohio	14	14	7	7
Public Health Service, Evansville, Ind	6	6	4	2
Soldiers' Home, Dayton, Ohio	84	84	36	48
Contract hospitals	.....	3	.....	3
Total	477	457	243	214

Percentage of 202 (10) cases at present, 53.17; Dec. 1, 1928, 44.8.
Excess of beds over patients, 20.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans Bureau, Chillicothe, Ohio	22	22	20	2
Public Health Service, Cleveland, Ohio	136	83	63	20
Public Health Service, Evansville, Ind	40	40	37	3
Public Health Service, Louisville, Ky	60	56	48	8
Soldiers' Home, Dayton, Ohio	150	122	91	31
Contract hospitals	.....	9	.....	9
Total	408	332	259	73

Percentage of 202 (10) cases at present, 78.01; Dec. 1, 1928, 62.7.
Excess of beds over patients at present, 76; upon completion of new hospitals at Lexington, Ky. (249 beds, Feb. 28, 1931), and Indianapolis, Ind. (152 beds, Dec. 1, 1931), 477.
Public, No. 78, approved Mar. 26, 1930, appropriated $1,475,000 for the construction of a new 660-bed hospital at the Soldiers' Home, Dayton, Ohio, which it is expected will be completed by September, 1931.
American Legion at last convention recommended 160 additional beds for Indiana.

NEUROSPYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau Chillicothe, Ohio	544	59	603	544	59	603	111	492
Veterans' Bureau Marion, Ind	718	65	783	623	56	679	140	539
Public Health Service, Cleveland, Ohio	.....	3	3	.....	3	3	3	.....
Contract hospitals	.....	.....	.....	11	7	18	.....	18
Total	1,262	127	1,389	1,178	125	1,303	254	1,049

Percentage of 202 (10) cases at present 19.49; Dec. 1, 1928, 3.8.
Excess of psychotic beds over patients at present, 94; upon completion of 75-bed addition at Marion, 169.
American Legion at last convention recommended 150 additional beds at Chillicothe and 300 additional beds at Marion, Ind.

DISTRICT NO. 8.—*Illinois, Wisconsin, and Michigan, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Dwight, Ill.	2	2	2	.....
Veterans' Bureau, Hines, Ill.	231	230	172	58
Public Health Service, Detroit, Mich.	6	6	4	2
Navy, Great Lakes, Ill.	23	23	11	12
Soldiers' home, Milwaukee, Wis.	205	153	127	26
Contract hospitals.	.....	63	.....	63
Total.	467	477	316	161

Percentage of 202 (10) cases at present 66.24; Dec. 1, 1928, 46.4.
Excess of patients over beds at present, 10.
Excess of beds over patients upon complete utilization of new facilities at Hines, 27.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Dwight, Ill.	200	170	137	33
Veterans' Bureau, Hines, Ill.	776	706	552	154
Veterans' Bureau, Waukesha, Wis.	250	214	141	73
Public Health Service, Detroit, Mich.	38	38	31	7
Navy, Great Lakes, Ill.	406	406	330	76
Soldiers' Home, Milwaukee, Wis.	144	105	78	27
Soldiers' Home, Danville, Ill.	33	33	12	21
Contract hospitals.	.....	1	.....	1
Total.	1,849	1,675	1,281	394

Percentage of 202 (10) cases at present, 76.30; Dec. 1, 1928, 73.
Excess of beds over patients at present, 173; upon complete utilization of additional facilities recently provided at Hines (128), 302.
American Legion at last convention recommended 500 additional beds at Milwaukee, 500 additional beds at Ed. Hines Junior Hospital, and the erection of personnel quarters at Dwight, 150 beds.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Dwight, Ill.	.....	21	21	.....	21	21	20	1
Veterans' Bureau, Hines, Ill.	26	233	259	21	197	218	167	51
Veterans' Bureau, Camp Custer, Mich.	593	5	598	571	4	575	161	414
Veterans' Bureau, North Chicago, Ill.	971	.....	971	841	.....	841	217	624
Navy, Great Lakes, Ill.	.....	169	169	.....	169	169	95	74
Soldiers' Home, Milwaukee, Wis.	2	2	4	2	2	4	2	2
Contract hospitals.	.....	.....	.....	445	1	446	.....	446
Total.	1,592	430	2,022	1,880	394	2,274	662	1,612

Percentage of 202 (10) cases at present, 29.11; Dec. 1, 1928, 16.3.
Excess of psychotic patients over beds at present, 288.
Excess of psychotic beds over patients upon completion of new construction providing 164 additional beds at north Chicago (May 20, 1931) and 138 additional beds at Camp Custer (Sept. 2, 1931) and complete utilization of additional facilities recently provided at Hines, Ill. (244 beds) 258.
American Legion at last convention recommended 500 additional beds at north Chicago and 500 additional beds at Camp Custer.

DISTRICT NO. 9.—*Missouri, Kansas, Iowa, and Nebraska, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Lincoln, Nebr	10			
Veterans' Bureau, Jefferson Barracks, Mo	41	41	29	12
Veterans' Bureau, Kansas City, Mo	30	30	27	3
Public Health Service, St. Louis, Mo	2	2	1	1
Soldiers' home, Leavenworth, Kans	20	20	13	7
Total	103	93	70	23

Percentage of 202 (10) cases at present, 75.24; Dec. 1, 1928, 58.9.
Excess of beds over patients at present, 10; upon completion and reopening of Excelsior Springs (Jan. 5, 1931), 31.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Lincoln, Nebr	16	16	14	2
Veterans' Bureau, Jefferson Barracks, Mo	266	239	199	40
Veterans' Bureau, Kansas City, Mo	141	123	101	22
Public Health Service, St. Louis, Mo	28	22	17	5
Soldiers' home, Leavenworth, Kans	4	4	3	1
Contract hospitals		6		6
Total	455	410	334	76

Percentage of 202 (10) cases at present, 81.46; Dec. 1, 1928, 73.4.
Excess of beds over patients at present, 45; upon complete utilization of Lincoln (171 additional beds), the reopening of Excelsior Springs (262 beds), and completion of new hospital in Kansas (125 beds), 603.
American Legion at last convention recommended a 300-bed general hospital for Iowa, and a 250-bed hospital in Kansas City.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Jefferson Barracks, Mo	55	39	94	53	37	90	60	30
Veterans' Bureau, Kansas City, Mo	12	17	29	12	17	29	20	9
Veterans' Bureau, Knoxville, Iowa	691	14	705	691	14	705	168	537
Contract hospitals				6		6		6
Total	758	70	828	762	68	830	248	582

Percentage of 202 (10) cases at present, 29.87; Dec. 1, 1928, 19.
Excess of psychotic patients over beds at present, 4.
Excess of psychotic beds over patients upon completion of additional facilities at Knoxville (147 beds, July 27, 1931) and reopening of Excelsior Springs (18 beds), 161.
American Legion at last convention recommended 150 additional beds at Knoxville.

DISTRICT NO. 10.—*Minnesota, Montana, North Dakota, and South Dakota, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Fort Harrison, Mont	43	36	25	11
Veterans' Bureau, Minneapolis, Minn	219	219	124	95
Veterans' Bureau, Fargo, N. Dak	6	6	5	1
Soldiers' home, Hot Springs, S. Dak	48	36	24	12
Contract hospitals	.....	2	.....	2
Total	316	299	178	121

Percentage of 202 (10) cases at present, 59.53; Dec. 1, 1928, 40.7.
Excess of beds over patients, 17.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Fort Harrison, Mont	246	205	155	50
Veterans' Bureau, Minneapolis, Minn	263	263	218	45
Veterans' Bureau, Fargo, N. Dak	44	39	34	5
Soldiers' home, Hot Springs, S. Dak	53	31	23	8
Contract hospitals	.....	6	.....	6
Total	606	544	430	114

Percentage of 202 (10) cases at present, 79.04; Dec. 1, 1928, 67.4.
Excess of beds over patients, 62.
American Legion at last convention recommended 150 additional beds at Fort Snelling, 400 additional beds at Fort Harrison, 150 additional beds at Hot Springs, the use of the Mayo Clinic at Rochester, as a diagnostic center, and a 200-bed convalescent home or hospital at Fort Snelling.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Minneapolis, Minn	33	72	105	33	72	105	77	28
Veterans' Bureau, St. Cloud, Minn	515	.....	515	515	.....	515	146	369
Veterans' Bureau, Fort Harrison, Mont	.....	16	16	.....	16	16	10	6
Veterans' Bureau, Fargo, S. Dak	.....	7	7	.....	7	7	6	1
Contract hospitals	.....	.....	.....	2	.....	2	.....	2
Total	548	95	643	550	96	645	239	406

Percentage of 202 (10) cases at present, 37.05; Dec. 1, 1928, 18.4.
Excess of psychotic patients over beds at present, 2.
American Legion at last convention recommended 200 additional beds at St. Cloud.

DISTRICT NO. 11—*Colorado, New Mexico, Wyoming, and Utah, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Fort Lyon, Colo	352	206	101	105
Veteran's Bureau, Fort Bayard, N. Mex	396	321	92	229
Army, Denver, Colo	377	377	218	159
Total	1,125	904	411	493

Percentage of 202 (10) cases at present, 45.46; Dec. 1, 1928, 31.4.
Excess of beds over patients at present, 221; upon completion of new hospital at Albuquerque (100 beds) 321.
American Legion at last convention protested against the return of Fort Bayard to the War Department or the abandonment of these facilities by the Veterans' Bureau.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Fort Lyon, Colo	147	111	75	36
Veterans' Bureau, Fort Bayard, N. Mex	47	47	29	18
Veterans' Bureau, Sheridan, Wyo	4	4	.....	4
Army, Denver, Colo	275	275	248	27
Contract hospitals	.....	1	.....	1
Total	473	438	352	86

Percentage of 202 (10) cases at present, 80.36; Dec. 1, 1928, 62.
Excess of beds over patients at present, 35; upon completion of new hospitals at Albuquerque (150 beds) and Salt Lake City (75 beds), 260.
American Legion at last convention recommended a new general hospital for Wyoming, 250 beds.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Fort Bayard, N. Mex	1	3	4	1	3	4	.....	4
Veterans' Bureau, Sheridan, Wyo	452	.....	452	452	.....	452	136	316
Army, Denver, Colo	30	1	31	30	1	31	23	8
Contract hospitals	.....	.....	.....	9	.....	9	.....	9
Total	483	4	487	492	4	496	159	337

Percentage of 202 (10) cases at present, 32.05; Dec. 1, 1928, 24.2.
Excess of psychotic patients over beds at present, 9.
Excess of psychotic beds over patients upon completion of new facilities at Fort Lyon (Feb. 1, 1931), 129.

DISTRICT NO. 12.—*California, Arizona, and Nevada, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Livermore, Calif.	312	280	200	80
Veterans' Bureau, San Fernando, Calif.	207	197	36	161
Veterans' Bureau, Tucson, Ariz.	213	213	62	151
Veterans' Bureau, Whipple, Ariz.	352	320	99	221
Army, San Francisco, Calif.	15	15	13	2
Navy, Mare Island, Calif.	12	12	10	2
Navy, San Diego, Calif.	2	2	2	.....
Soldiers home, Los Angeles, Calif.	114	114	38	76
Contract hospitals	.....	6	.....	6
Total	1,232	1,159	460	699

Percentage of 202 (10) cases at present, 39.51; Dec. 1, 1928, 35.6.
Excess of beds over patients at present, 73; upon completion of new facilities of 100 beds at Tucson (Jan. 15, 1932), 173.
American Legion at last convention recommended 250 additional beds at San Fernando, 250 additional beds at Livermore, and a 250-bed hospital in the inland region of California.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Polo Alto, Calif.	150	51	26	25
Veterans' Bureau, San Fernando, Calif.	16	16	9	7
Veterans' Bureau, Tucson, Ariz.	26	26	24	2
Veterans' Bureau, Whipple, Ariz.	234	210	176	34
Army, San Francisco, Calif.	335	304	281	23
Navy, Mare Island, Calif.	234	159	148	11
Navy, San Diego, Calif.	198	168	147	21
Soldiers' home, Los Angeles, Calif.	70	70	53	17
Contract hospitals	.....	22	.....	22
Total	1,265	1,026	864	162

Percentage of 202 (10) cases at present, 84.20; Dec. 1, 1928, 35.6.
Excess of beds over patients at present, 239; upon completion of new 200-bed hospital authorized for San Francisco, 439.
The Public Health Service has funds to erect a new 500-bed hospital at San Francisco, which is an increase of 180 beds over the present facility at that location; expected date of completion, Nov. 9, 1931.
American Legion at last convention recommended a new 250-bed hospital for women veterans in California and 500 additional beds at Sawtelle.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Polo Alto, Calif.	834	20	854	796	20	816	222	594
Veterans' Bureau, Whipple, Ariz.	4	4	8	4	4	8	7	1
Army, San Francisco, Calif.	5	45	50	5	41	46	38	8
Navy, Mare Island, Calif.	4	.....	4	4	.....	4	4	.....
Contract hospitals	.....	.....	.....	32	16	48	.....	48
Total	847	69	916	841	81	922	271	651

Percentage of 202 (10) cases at present, 29.39; Dec. 1, 1928, 28.1.
Excess of psychotic patients over beds, 6.
American Legion at last convention recommended a new 500-bed hospital in southern California.

DISTRICT NO. 13.—*Washington, Oregon, and Idaho, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Boise, Idaho	30	22	12	10
Veterans' Bureau, Portland, Oreg	24	19	14	5
Veterans' Bureau, Walla Walla, Wash	192	145	91	54
Total	246	186	117	69

Percentage of 202 (10) cases at present, 62.90; Dec. 1, 1928, 41.
Excess of beds over patients, 60.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Boise, Idaho	164	140	120	20
Veterans' Bureau, Portland, Oreg	236	215	186	29
Veterans' Bureau, Walla Walla, Wash	61	61	49	12
Navy, Puget Sound, Wash	120	95	88	7
Contract hospital	.....	1	.....	1
Total	581	512	443	69

Percentage of 202 (10) cases at present, 86.52; Dec. 1, 1928, 58.9.
Excess of beds over patients, 69.
The Public Health Service has funds to erect a new 250-bed hospital at Seattle; expected date of completion, December, 1932.
American Legion at last convention recommended a new 100-bed clinical building at Boise and a new administration building at Portland, 100 beds.

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, American Lake, Wash	510	.....	510	500	.....	500	203	297
Veterans' Bureau, Boise, Idaho	.....	40	40	.....	26	26	23	3
Veterans' Bureau, Portland, Oreg	27	23	50	24	17	41	30	11
Veterans' Bureau, Walla Walla, Wash	.....	12	12	.....	12	12	10	2
Contract hospitals	.....	.....	.....	1	.....	1	.....	1
Total	537	75	612	525	55	580	266	314

Percentage of 202 (10) cases at present, 45.86; Dec. 1, 1928, 33.2.
Excess of psychotic beds over patients, 12.
American Legion at last convention recommended 125 additional beds at American Lake.

DISTRICT NO. 14.—*Oklahoma, Texas, and Arkansas, January 1, 1931*

TUBERCULOSIS

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans Bureau, Legion, Tex	429	351	173	178
Veterans' Bureau, Muskogee, Okla	28	16	12	3
Army, El Paso, Tex	117	92	76	16
Army, San Antonio, Tex	64	43	25	18
Total	635	501	286	215

Percentage of 202 (10) cases at present, 57.08; Dec. 1, 1928, 39.4.
Excess of beds over patients, 134.

GENERAL MEDICAL AND SURGICAL

Existing facilities	Beds	Patients		
		Total	202 (10)	Service connected
Veterans' Bureau, Muskogee, Okla	343	301	250	51
Veterans' Bureau, North Little Rock, Ark	2	2	.....	2
Army and Navy, Hot Springs, Ark	175	171	84	87
Army, El Paso, Tex	98	75	73	2
Army, San Antonio, Tex	161	158	134	24
Total	779	707	541	166

Percentage of 202 (10) cases at present, 76.52; Dec. 1, 1928, 61.6.
Excess of beds over patients, 72.
The Public Health Service has funds to erect a new 100-bed hospital at Galveston; expected date of completion, Aug. 1, 1931.
American Legion at last convention recommended a 400-bed hospital for Arkansas

NEUROPSYCHIATRIC

Existing facilities	Beds			Patients				
	Psychotic	Psychoneurotic	Total	Psychotic	Psychoneurotic	Total	202 (10)	Service connected
Veterans' Bureau, Muskogee, Okla	2	29	31	2	29	31	25	6
Veterans' Bureau, North Little Rock, Ark	733	15	748	723	15	738	211	527
Army, El Paso, Tex	.....	30	30	.....	17	17	13	4
Army, San Antonio, Tex	5	20	25	5	18	23	17	6
Contract hospitals	.....	.....	.....	57	.....	57	.....	57
Total	740	94	834	787	79	866	266	600

Percentage of 202 (10) cases at present, 30.71; Dec. 1, 1928, 38.5.
Excess of psychotic patients over beds at present, 47.
Excess of psychotic beds over patients upon completion of new 308-bed hospital at Waco (Feb. 15, 1932), 261.

Senator COUZENS. May I ask the general at this point if he has any information as to the ability to pay of these nonservice-connected cases?

General HINES. Yes, sir. I feel quite sure that practically all of those we have taken in have not had the ability to pay.

Senator COUZENS. So, you are quite satisfied that all these nonservice-connected cases are there because of their inability to pay for private treatment?

General HINES. One exception would be at some of our diagnostic centers, where, because of the highly specialized talent available, there is a tendency, I think, of veterans who could pay to take advantage of hospitalization there when they can get it.

Senator REED. A very high tribute is paid to your diagnostic center here in Washington.

General HINES. We have had excellent results, not only in Washington, but also at Cincinnati, Ohio, and Palo Alto, Calif., and even at Hines, Ill., in the short period that it has been in operation. But I feel confident that some veterans, who are financially able to pay, do take advantage of these centers. However, the general run of our patients probably could not pay for private hospitalization.

Senator COUZENS. So that you would say that a very small percentage of those nonservice-connected cases are able to pay for private treatment?

General HINES. That is my judgment.

Senator REED. Are you remembering the disability pension that was given to them last spring?

General HINES. Yes. I am going to come to that, and suggest a remedy, on the question of whether we should double the benefits when they are hospitalized, or are in homes.

The next table, gentlemen, which I would like to insert, is a statement showing by types of disease, the patient load, and the active disability compensation awards by States.

Statement showing by type of disease, the patient load and active disability awards from each State

State	Patient load June 30, 1930				Active disability awards Sept. 30, 1930			
	Tuberculosis	Neuropsychiatric	General	Total	Tuberculosis	Neuropsychiatric	General	Total
Alabama	130	255	227	612	854	1,068	3,291	5,213
Arizona	160	47	138	345	1,782	184	790	2,756
Arkansas	104	218	175	497	962	1,065	3,412	5,439
California	564	720	762	2,046	5,243	3,428	11,026	19,697
Colorado	144	153	258	555	2,725	530	2,160	5,415
Connecticut	99	234	66	399	617	880	2,338	3,835
Delaware	7	27	10	44	61	56	192	309
District of Columbia	78	148	249	475	497	809	1,709	3,015
Florida	83	144	221	448	682	433	1,804	2,919
Georgia	131	329	245	705	1,291	1,399	3,626	6,316
Idaho	21	79	101	201	191	172	653	1,016
Illinois	360	1,165	840	2,365	2,666	3,415	9,239	15,320
Indiana	93	374	187	654	1,762	1,886	5,088	8,736
Iowa	61	252	65	378	441	1,125	2,567	4,133
Kansas	62	144	55	261	552	682	2,485	3,719
Kentucky	90	219	145	454	2,170	1,562	5,653	9,385
Louisiana	123	221	208	552	914	485	1,946	3,345
Maine	23	79	39	141	248	297	998	1,543
Maryland	65	236	106	407	447	1,182	2,204	3,833
Massachusetts	281	772	210	1,263	1,413	3,822	8,225	13,460
Michigan	151	500	244	895	1,413	1,522	5,634	8,569
Minnesota	185	506	257	948	1,424	2,401	5,399	9,224
Mississippi	65	154	85	304	1,033	880	1,995	3,908
Missouri	226	463	313	1,002	1,254	1,750	5,470	8,474
Montana	22	96	137	255	281	375	1,631	2,287
Nebraska	17	109	60	186	238	535	1,688	2,453
Nevada	26	17	20	63	78	47	188	313
New Hampshire	26	70	42	138	176	279	560	1,015
New Jersey	174	398	151	723	884	1,350	3,963	6,197
New Mexico	64	52	57	173	1,218	223	720	2,161

Statement showing by type of disease, the patient load and active disability awards from each State—Continued

State	Patient load June 30, 1930				Active disability awards Sept. 30, 1930			
	Tuberculosis	Neuropsychiatric	General	Total	Tuberculosis	Neuropsychiatric	General	Total
New York	741	1,856	417	3,014	3,830	8,187	1,381	24,398
North Carolina	130	186	195	511	1,618	678	2,781	5,077
North Dakota	24	88	41	153	179	297	875	1,351
Ohio	151	533	242	926	2,491	8,134	9,168	15,293
Oklahoma	83	236	188	507	1,063	1,048	4,031	6,142
Oregon	23	164	175	362	419	657	1,642	2,718
Pennsylvania	280	1,172	478	1,930	2,431	3,975	13,056	19,462
Rhode Island	32	99	54	185	142	427	968	1,537
South Carolina	60	121	143	324	688	475	1,414	2,577
South Dakota	30	83	43	156	276	269	1,224	1,769
Tennessee	124	227	159	510	2,001	1,011	3,414	6,426
Texas	359	505	273	1,137	2,803	1,357	6,661	10,821
Utah	11	45	18	74	153	192	775	1,120
Vermont	8	42	10	60	74	302	512	888
Virginia	107	348	192	647	814	1,017	2,577	4,408
Washington	109	309	197	615	647	893	2,323	3,863
West Virginia	58	156	82	296	446	716	2,195	3,357
Wisconsin	68	326	211	605	975	1,261	3,872	6,108
Wyoming	9	50	52	111	121	282	497	900
Total	6,042	14,727	8,843	29,612	55,138	60,020	167,032	282,190

General HINES. The reason for bringing that into this problem is because the active compensation awards, that is, awards for disabilities due to service, may be taken as our maximum possible service-connected hospital load.

This table shows the patient load, by groups of disabilities, totaling the numbers that I have given, and then the active disability awards covering tuberculosis, neuropsychiatric diseases, and general medical and surgical disabilities, with the total. The total of the active awards shown by this table is 282,190, so that that group, with whatever additions are made to it, must necessarily be the reservoir of the service-connected hospital load. The remaining number of over 4,000,000 men, of course, are the potential load of the nonservice-connected cases.

Senator COUZENS. May I ask another question at this point?

General HINES. Certainly, Senator.

Senator COUZENS. I do not know whether this is a fair question or not, but if it is not, you do not need to answer it. Just how well satisfied are you with the determination of the nonservice or service-connected cases, as the accuracy of it?

General HINES. I think generally that we have accurately determined it, but I am confident that there are some cases of disabilities undoubtedly due to service that have not been so rated up to the present time, because we are still connecting them at a considerable rate. Of course, that condition brought about the very thing we have just discussed, the diagnostic center, in the hope of determing the origin of the disabilities. But during the last year, more than any year since I have been in the bureau, since 1923, we have had more new cases filed for compensation, the percentage allowed being about 25 per cent and the number allowed greater than any year since 1926, indicating quite clearly, to my mind, that we had a group of veterans who made up their minds not to take any relief in the

form of compensation from the Government until they were forced to do it, and the present economic condition evidently has brought about a situation with them which has justified their asking it from the Government, and they have therefore filed claims, and upon consideration we have allowed them.

So that I would say, of those claims now filed, some 28,366 being pending, that it would be fair to say that nearly 25 per cent of them will eventially be allowed.

Senator COUZENS. As service-connected?

General HINES. Yes.

Senator GEORGE. General Hines, the difference between the disability allowance and compensation also accounts for the tendency to increase the hospital demand on the part of the nonservice-connected does it not, in your judgment?

General HINES. I think it does.

Senator GEORGE. Coupled with the fact that, of course, we paid compensation longer, and provided hospitalization longer for the service-connected than we have for the nonservice-connected.

General HINES. That undoubtedly would have a bearing. We have just started our disability allowance. Of course, it is a pension under another name, and our experience with it is so young that it is hard to tell just exactly what the developments might be.

Senator GEORGE. You would not be able to indicate now whether the disability allowance will cut down the hospital demand for the nonservice-connected cases?

General HINES. I have a feeling that it will increase the demand for hospitalization unless we couple with our hospital policy the proposition of not paying to the single man in a hospital full compensation while he is there.

Senator GEORGE. Full disability allowance, you mean?

General HINES. Both; but in no event should it be reduced to lower than $20 a month. In the case of the married man, I think the man itself, while he is in the hospial or in a soldiers' home—and it should be uniform in both places—should receive not exceeding $20, or 50 per cent of what he is receiving, while outside, but in no event less than $20, and the remaining amount to which he is entitled should go to his wife and children while he is there.

We have an inequality, which I might speak of at this point, that exists at this time. If a veteran of the Civil War goes into a soldiers' home—and we must now, I think, consider homes and hospitals pretty much on the same basis, because a home includes a hospital—his pension is reduced $25 a month. If a Spanish War man goes into the same home, he can not draw more than $50. If he is drawing $72, he is reducdd to $50. If the World War veteran, either drawing compensation or disability allowance, goes into a home, he draws the full amount. All three groups could go into a Veterans' Bureau hospital without deduction, except in the case of the N. P. patients, the mentally disabled patient, where his compensation is reduced to $20 a month, and the remaining amount is left in the Treasury. If he recovers, he can draw the balance. If he does not recover, it goes to the Government.

So, it would seem to me that any policy embarking upon this large future construction program for the noncompensable cases, would materially aid not only in making an increased number of beds avail-

able, but, as a good policy, I think we should adopt some policy of paying, say, half the amount, in no event less than $20, to the single man, and the same to the married man, with the exception that the difference between that and his full compensation should be paid to his wife and dependents. You would then have the incentive in the right direction, not to stay in a hospital or soldiers' home too long. It does seem to me to be rather an early age for the World War men to go into homes. They average about 38 years of age, and we have a large percentage—over 60 per cent of the men in soldiers' homes to-day—of our 28,970 on the rolls, are World War veterans. Unless there is a real disability, I do not think it is a good policy for them to start life in a soldiers' home so young.

Senator HARRISON. What is the average age of the World War veterans now in soldiers' homes?

General HINES. About 38 years. The average age of the Spanish war veterans is 58 years, and, of course, as you know, the average age of the Civil War men is over 83.

We contemplate, as part of the work of the new Veterans' Administration, making a determined effort to find employment for those veterans in soldiers' homes who are able to do work, rather than encourage them to stay there. I am sure that if a policy existed such as I have suggested, the men without the urge—and some of them, of course, have not got it, and we must recognize that—would make an effort to carry on, if they had a slight disability, and were getting, say, $40 disability allowance, and knew that they would receive only $20 while they were there, I think the endeavor would be to try to carry on outside. That would make more beds available for other veterans. It would keep our construction program within more reasonable bounds, and it would be good for the veterans themselves.

Senator CONNALLY. General Hines, may I ask you a question with regard to the soldiers' homes?

General HINES. Certainly, Senator.

Senator CONNALLY. What are the requirements, in the case of the World War veteran, to get into a soldiers' home?

General HINES. He must have an honorable discharge and be either permanently or temporarily disabled from earning a support.

Senator CONNALLY. What degree? Wholly?

General HINES. He must be disabled from earning a support; yes.

Senator CONNALLY. You say he is disabled. Does he have to be totally disabled, or 50 per cent, or 25 per cent?

General HINES. He has to be disabled to the degree that the doctors who examine him say that he is unable to stay outside and earn a support.

Senator CONNALLY. I think it is terrible to have these young fellows 38 years old in soldiers' homes. That means that they are dependent on the Government the rest of their lives.

General HINES. I agree with you, Senator, and our efforts will be to get them out. I started bravely, I might say, last year, to get some of them out, but I found the problem was simply pushing men out onto a community that already could not absorb those out of employment, and I slowed up.

Senator CONNALLY. I am not complaining about the policy. I think that it is a terrible situation to contemplate.

General HINES. I slowed up to the extent of getting those men out who are now able to work, as determined by the doctors, at the rate of about 10 a week from these homes, rather than in large numbers. But our efforts will have to be emphasized in the future to a much greater degree than in the past, or we are going to convert the old soldiers' homes into young soldiers' homes.

There is no argument about the veterans of the Civil War. I would frankly say that any one of them ought to go in if he wants to, without any question. I would be willing to say that veterans of the Spanish War, after they pass 60 years of age, should be admitted without question, because we all know that with the keen competition in employment, a man who has not established himself somewhere by the time he reaches the age of 60 years, finds great difficulty in making a start in competition with younger men. Not only that, but the companies necessarily hesitate to take such men when they are required, in a number of States, to carry compensation insurance, which makes the load that much heavier if they take men of those ages.

So, in my judgment, when a man reaches the age of 60, I would not worry very much about that man going in a home, but up to that point it seems to me that he should be disabled, either physically or mentally, and unable to carry on, before he is admitted.

Senator HARRISON. Have you invoked the same rule in admitting the Spanish-American War veterans into the homes as you do with respect to the World War veterans now?

General HINES. Exactly. The same law applies, except the doctors have assumed that a man 62 years of age is unable to carry on.

Senator HARRISON. Then, you have a different rule as applied to Civil War veterans. They can come in if they make application.

General HINES. The same law applies.

Senator HARRISON. That ought to be changed. In the Confederate Home, I imagine, any man who makes application to get in is admitted, irrespective of anything.

General HINES. I feel confident that any Civil War veteran who makes application gets in without question.

Senator REED. Because, obviously, he is unable to earn his support.

General HINES. Exactly. The doctors have concluded that Spanish-American War men over 62 should be admitted. That is equivalent to a disability which makes them unable to carry on.

Senator WALSH of Massachusetts. In other words, the present law is an inducement for totally disabled men to go into a home, because they can get full compensation, board, and keep.

General HINES. Yes; for World War veterans. Of course, that is not the situation, Senator, that we are so much concerned about. I would not be worried very much about the totally disabled men. I think they should probably be somewhere if they are unable to earn a support; but it is the man who is temporarily out of adjustment in a community, out of work, and probably, with more sympathy than anything else, the doctor says, "Well, this man should be taken into a home." When you get that man into the home, it becomes quite a problem to get him out, because his condition is not materially changed from that which existed at the time he was admitted, and he will tell you so.

The other matter that has a distinct bearing upon the equalization of benefits being paid when men are in hospitals, is this. If a World War veteran is outside, and he is rated, say, 20 per cent, and something comes up and he is required to go into a hospital, either because the same disability is causing his trouble, or another disability, if he gets into a hospital for treatment of his service-connected disability, his compensation is increased from $20, to $80, so that the incentive necessarily is to go into the hospital, and not to be in a hurry to leave the hospital. His compensation is not again reduced until the first day of the third month following his discharge from the hospital. I have every sympathy, and I think we should go to the maximum in dealing with the service-connected disabilities, and I would hesitate to recommend anything that would take anything away from that man that was not for his own good. But now, when we are faced with the payment of disability allowance for disabilities not chargeable to service, I think we should be exceedingly careful and not create an incentive that will cause these men to lose their desire to carry on, which I think is a very important thing, not only to them, but as a national policy of our Government.

The CHAIRMAN. General, we have done that already in the legislation we have passed, have we not?

General HINES. Not intentionally.

The CHAIRMAN. But that is the construction that has been put on it?

General HINES. Our legislation was brought about at a time when we were in a hurry to do something to take care of these men, and the Congress has never had an opportunity to carefully consider some of these problems. I think now is the time to do it. You have passed the point of greatest urgency. Of course, we are in a period that emphasizes the condition of men awaiting hospitalization now, but the real period of the emergency the Congress has very well covered in the awards they have made.

Senator HARRISON. General, how do your views with reference to that coincide with the views of the American Legion representatives? How do they feel about the proposition?

General HINES. Of course, I have no authority to quote them, but I think the American Legion probably would not agree with me, that we should cut any of these men in hospitals, but I am sure they would agree with me on the proposition that it would be highly desirable to find an incentive for a World War veteran not to stay in a soldiers' home for the period of his life, if he is able to carry on outside.

The CHAIRMAN. If we maintain the $80, that incentive is there.

General HINES. I have a feeling that logically they would agree with the arguments which I have presented, but I feel that they could not very well go on record as taking anything back that had once been granted by Congress.

Senator HARRISON. The reason I asked the question was this. It seems to me that in the legislation we passed here now, we ought to take up the questions that are not controversial, so that we can get something through, and not inject controversial questions in here that will bring about a great issue.

General HINES. I am only raising this issue in connection with the hospital-construction program, so that you can get the same picture of where we are starting for in building for the 202 (10) cases. I

quite agree with you that this is probably not the right session of Congress to have any controversial matters come up in connection with veterans' legislation.

Senator COUZENS. May I ask if the bureau has ever made any effort to establish any occupation in any of these homes for these men?

General HINES. Of course, Senator, I have only had the homes in the Veterans' Administration since last August. The act authorizing it was passed July 3. We have started the machine working to do two things. We have started a survey to determine how many of these men in the homes are able to work if we can get the work. As a starter in furnishing employment the Veterans' Bureau hospitals now contact the nearest soldiers home whenever they have vacancies in employment in the hospital, to see if we have a veteran in a home who is able to fill that vacancy. We have been able to take care of quite a number in that way. We now have under consideration farm projects for these homes, for the men who are slightly disabled, and who properly should be there The policy will be that if a man is able to work, either in or out of the home, an effort will be made to find employment for him. The national homes, up until last year, as you know, operated almost independently. They were under the War Department in the matter of appropriations, and under the Inspector General in the matter of inspections of the homes, but the homes were run by a board of managers. They are now all brought into the Veterans' Administration.

Senator COUZENS. I was wondering whether any attempt had been made to find something to do to occupy them—for example, where a man had a bad leg, he might be able to work with his hands.

General HINES. Up to this time, they have not had a general policy of occupational therapy in the homes, but my thought is that for certain veterans in the homes, indoor occupational therapy is good, but generally, during the greater part of the year, when the weather is good, I believe in outdoor occupational therapy, such as farming, chicken raising, dairying, and those things which would keep the men outdoors.

Senator REED. Do you do that in your Veterans' Bureau hospitals?

General HINES. We do that to a large extent in our Veterans' Bureau hospitals. We have had very excellent results with it.

Senator BARKLEY. Let me ask you about another matter. Since the combination of the Pension Bureau and the Veterans' Bureau, what effort has been made to coordinate the examining facilities in the counties close to the residence of the ex-service men?

General HINES. In the examinations for pensions, we have authorized the Veterans' Bureau to examine pensioners either in their hospitals, or regional offices, or by means of fee base doctors, where needed. For the Veterans' Bureau disability allowance, we have used the soldiers' homes, the Veterans' Bureau hospitals, the regional offices, and fee base pension examiners.

Senator BARKLEY. Under the old pension system, of course, they had a board of three doctors in each county.

General HINES. They have only one now.

Senator BARKLEY. They have only one now, and I have received complaints from ex-service men that that one is appointed for political reasons. I happen to know of one case where a doctor admitted that he was appointed because he happened to be a Republican. He was

not an ex-service man. The soldiers were bitter about that, because they felt somebody ought to be appointed regardless of politics, somebody who understood their problems, and who was more sympathetic than somebody else might be.

General HINES. I agree with that.

Senator BARKLEY. I wonder whether that sort of a situation is general.

General HINES. Of course, I am not familiar with the method that was used in appointments heretofore, but the policy at the present time would be first to determine whether the doctor is a qualified medical examiner and stands well in the community. The policy of the Veterans Administration is to give preference to ex-service doctors.

Senator BARKLEY. Of course, the fact that a man happens to belong to one party or another, has nothing to do with his qualifications?

General HINES. It has nothing whatever to do with it.

Senator BARKLEY. It ought not to occur that a flagrant case of political appointment is made where other applicants of the same party are ex-service men, at least in sympathy with some of these ex-soldiers. I wondered how far you had gotten, if anywhere, in combining the facilities so as to bring these examinations closer to home, and eliminate the necessity of the ex-service man in Kentucky, for instance, going from Fulton to Louisville, a distance of 250 miles, to be examined.

General HINES. So far we have taken advantage of the pension examiners to examine for the Veterans' Bureau, under the disability allowance, to avoid just that. Orders have been issued, and they are following that policy. We have not extended the pension fee base examiners to any extent. Only one case has come to my attention along the lines you have indicated, and in that particular case my only inquiry was as to the qualifications of the man, which were examined into by a regional office, not as to his religion, politics, or anything else. I am not interested in anything except his ability, except that the policy will be to give preference to the ex-service doctors. This man happened to be a Democrat. He was in the South, and he was a Democrat.

The CHAIRMAN. We have never had anybody in our State but a Democrat.

Senator BARKLEY. I do not want to leave the impression that there is any objection to appointing a man because he happens to be a member of one party or another, but if he is appointed solely for that reason, when other more satisfactory doctors are willing to serve, it seems to me that it creates the impression among the ex-service men that politics is playing too large a part in it.

General HINES. It will not be the policy of the Veterans' Administration to give that consideration.

Senator REED. Have you paid any attention to politics?

General HINES. Not at all.

Senator REED. Do you know what their politics are in those cases?

General HINES. I have no idea. I have made it a point not to ask the politics or religion of any of my regional managers or my doctors.

Senator COUZENS. May I ask, in that connection, if you are subject to any great Congressional pressure?

General HINES. No, sir. Usually recommendations come in from time to time from Members of the House and Senate, which I think is perfectly proper, and I am glad to get them.

Senator COUZENS. But they are not persistent?

General HINES. They are not persistent, and I have had no one give me instructions that I could not appoint a man if he was a Democrat, or a Republican, or anything else.

Senator WALSH of Massachusetts. I imagine, General, the pressure has diminished. It was much stronger when you first went into office.

General HINES. Very much. I might say that I have been criticized once in a while, but not very severely—not by people I have worried very much about.

Senator WALSH of Massachusetts. Returning to the problem we were discussing a few minutes ago, do I understand that a veteran who wants to obtain the maximum financial benefits of present laws, in addition to his pension, if he is a non-service-connected case, and has disabilities, has an inducement to get into a home?

General HINES. I think that is a large problem.

Senator WALSH of Massachusetts. So that if something is not done to restrict the entrance into homes, more and more veterans who are single, particularly, and who have disabilities, and are obtaining pensions or compensation, are going to try to be taken care of in homes?

General HINES. I feel that they would. A man who can get a good bed and good food and $40 a month or $30 a month, in many cases, would be perfectly satisfied with that, and I think our efforts should be to get them out of that if possible.

Senator WALSH of Massachusetts. In other words, that is the maximum benefit—getting into a home, in addition to a pension or compensation?

General HINES. Yes. Of course, I feel that we can be much more liberal with the men who get into our hospitals and increase their compensation, because of their service-connected disabilities. The real worry of the World War group is going to come from those who are receiving the disability allowance.

I have some other information I would like to insert. I have a table here which I will not read, but I will indicate what it is. This shows the patients awaiting admission to Government hospitals, by States, which the Senator asked me a few minutes ago if I had. This table coincides with the information I have put into the record. It divides it up among types of disability, and degree of urgency—that is, immediate or future. That is based upon the estimate of the regional office where these men have contacted.

Patients awaiting admission to Government hospitals, January 1, 1931

District	State	Tuberculosis				Psychotic				Other neuropsychiatric				General				Total				Degree of urgency			
		Not in civil or State hospitals		In civil or State hospitals		Not in civil or State hospitals		In civil or State State tals		Not in civil or State hospitals		In civil or State hospitals		Not in civil or State hospitals		In civil or State hospitals		Not in civil or State hospitals		In civil or State hospitals		Immediate		Future	
		Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)	Service-connected	Sec. 202 (10)
First	Maine		2			1	4											1	6				2	1	4
	New Hampshire								6							1	7			1	13		3	(b)[1]	10
	Vermont						1	3	4			1							1	4	4		4		1
	Massachusetts						5		52										5		52				57
	Rhode Island		3			1	4	2	3						18			1	25	2	3		3	1	35
	Total		5			2	4	5	65			1			18	1	7	2	37	7	72		12	2	97
Second	New York		78	2	28		23	93	177		2			5	18			5	121	95	205		253	[2] 35	73
	New Jersey	6	2	2			8	28	95		4			3	28			9	40	30	95	9	40	[2] 30	95
	Connecticut	4	5			3		1	20				3	10	51			17	56	1	23	7	5	[2] 11	74
	Total	10	85	4	28	3	31	122	292		6		3	18	95			31	217	126	323	16	298	76	242
Third	Pennsylvania and Delaware				14		38		242		25				672				735		236		167		824
Fourth	District of Columbia		2								36				310				348						348
	Maryland		14				3		6		10				117				144		6		80		70
	West Virginia	1	7				1				16			1	97			2	121			2	23		98
	Total	1	23				4		6		62			1	524			2	613		6	2	103		516
Fifth	North Carolina		13				2	3	8		11				383				409	3	8			[1] 2	417
	South Carolina		1			1	7	2	2		33				179			1	220	2	2		164	[2] 3	58
	Georgia	1	6				12	30	7	3	36		1		65	1		4	119	31	8	2	32	[2] 23	96
	Florida							5				3				2				10				10	
	Tennessee		1				6		16		3				111				121		16		45		92
	Total	1	21			1	27	40	33	3	83	3	1		738	3		5	869	46	34	2	241	49	662
Sixth	Louisiana						13		4		4				13				30		4	1			34
	Alabama		23					10			20				137	1			180	11				[1] 11	180
	Mississippi	1	6		3		2			2	10			1	3			4	21		3			4	24
	Total	1	29		3		15	10	4	2	34			1	153	1		4	231	11	7	1		15	239

Seventh	Ohio	1	20			1	80		11	1	4		1	6	311			9	415		12	9	258		169
	Indiana		3				1		1	1	7				136			1	147		1	1	83		65
	Kentucky		3				11	3	2		19	3			69				102	6	2		68		36
	Total	1	26			1	92	3	14	2	30	3	1	6	516			10	664	6	15	10	409		270
Eighth	Illinois	3	37								20				165			3	222				35	2	187
	Wisconsin		2								6			3	96			3	104				1	3	103
	Michigan	4	29		2		56		44		27		3		308		4	4	420		53	4	421		52
	Total	7	68		2		56		44		53		3	3	569		4	10	746		53	5	457	5	342
Ninth	Missouri		26				63	3	15		73		1		242		9		404	3	25		40	[1] 3	389
	Kansas						2		5		12				87				101		5		14		389
	Iowa		6			6	6	8	9		18			4	81			10	111	8	9		78	[6] 18	42
	Nebraska								8		3		1		18				21		9		21	1	28
	Total		32			6	71	11	37		106		2	4	428		9	10	637	11	48		153	22	838
Tenth	Minnesota			1			1	1								4			1	6			2	[1] 6	
	Montana							2	12											2	12			[1] 2	70
	South Dakota			1					2		2				22	4			24	5	2			[1] 5	28
	Total			2			1	3	14		2				22	8			25	13	14		2	13	105
Eleventh	Colorado						22	5	17		26	3	6		107				155	8	23		22	[1] 8	156
	New Mexico					3	2	1	3									3	2	1	3	1	3	3	2
	Wyoming														26				26				[7]		20
	Utah		1			1	3	1	2		4			2	24			3	32	1	2	3	6	1	28
	Total		1			4	27	7	22		30	3	6	2	157			6	215	10	28	4	38	12	206
Twelfth	California		21				51		46		90				406		2		568		48		44	2	572
	Arizona	2	2							1	1				44			3	47					3	47
	Nevada														1				1						1
	Total	2	23				51		46	1	91				451		2	3	616		48		44	5	620
Thirteenth	Washington		1						5		15				108				124		5				129
	Oregon														5				5						5
	Idaho														62				62				27		35
	Total		1						5		15				175				191		5		27		169
Fourteenth	Texas						43		9		30				50				123		9		44		88
	Oklahoma						4	54			86				375				465	54				[1] 54	465
	Total						47	54	9		116				425				588	54	9		44	54	553
	Grand total	23	314	6	47	17	474	255	833	8	653	10	16	35	4,943	13	22	83	6,394	284	918	[7] 40	1,995	254	5,672

[1] In civil and State hospitals.
[2] 30 in State and civil hospitals.
[3] 1 in civil and State hospitals.
[4] 2 in civil and State hospitals.
[5] 31 in civil and State hospitals.
[6] 8 in civil and State hospitals.
[7] 77 in State and civil hospitals not included.

The total number that are demanding hospitalization immediately is 1,995, of the 202 (10) cases, with only 40 of the service-connected cases, and some of those were in State institutions and wished to transfer from State institutions into the Veterans' Bureau. In connection with future admissions, the service-connected load is 254, with 77 of those in State institutions. Five thousand six hundred and seventy-two of the 202 (10) cases were asking for future hospitalization.

In that group you will find many men who probably are desirous of going into one of our hospitals for a minor operation—tonsillectomy, or some minor operation of that character—and, of course, there is not the same urgency in that case as in the case of a man who has to have something done immediately. We have no difficulty, even with our present facilities, in taking care of the emergency cases. We do that.

One point in connection with this waiting list that we should not lose sight of, is that in the general and surgical group the turnover of those patients is quite large, so that if you had a 50-bed hospital in a community, it would be safe to say that within less than a year's time, about 500 patients would go through that institution; so that we should not attempt to base our program necessarily on the total number of patients waiting in that particular group. However, in the neuropsychiatric group, when those cases break down the chances of their recovery are not so good. The percentage of the number of men who go into our mental and nervous hospitals, who come out again to stay, is not very large; I should say not over 25 per cent, including those cured and those improved. They may come out for a short period, and they may have a period of adjustment, but they come back.

The CHAIRMAN. General Hines, have you made any estimate comparing the percentages of these cases in the Civil War with those in the World War?

General HINES. You mean the numbers in our hospitals?

Senator WALSH of Massachusetts. Neuropsychiatric cases.

The CHAIRMAN. Of neuropsychiatric cases.

General HINES. No.

Senator REED. There is no way of comparing them, because there was no such provision for Civil War veterans.

Senator WALSH of Massachusetts. I am surprised, General, that even 25 per cent of the neuropsychiatric cases appear to recover.

General HINES. That is a very good percentage; it includes improved cases as well.

Senator WALSH of Massachusetts. I am surprised at that.

General HINES. I think that is a fair percentage of the younger men. As these men get older, I feel sure that they will come in and then probably stay for a long time if they have a mental disability. Of course, in this neuropsychiatric group, Senator, we must remember that we are dealing with a large percentage of nervous cases, not necessarily mental cases.

Senator WALSH of Massachusetts. Is not the number of those cases dimishing rather than increasing?

General HINES. No.

Senator WALSH of Massachusetts. Was not the number greater immediately following the war?

General HINES. No; they are really on the increase.

The CHAIRMAN. Twenty-eight years after the close of the Civil War there was the highest number of that class.

Senator BINGHAM. We did not consider neuropsychiatric cases very much after the Civil War. They were just allowed to go out and become tramps, were they not?

General HINES. They were really grouped with all the others. There was not the fine distinction made in the grouping that we have to-day. Doctor White, superintendent of St. Elizabeths Hospital, whom I consider a very great expert on mental and nervous disabilities, tells me that there is a tendency, not only among veterans, but among our civilian population, for the number of such cases to increase. I recall that we had a chart predicting that we would reach the peak of those cases, for compensation and hospitalization, along about 1947. Doctor White at that time indicated to me that he thought it was too early; that the peak would be later, and that it would be higher. So far, I think our experience indicates that his judgment is better than ours.

Senator WALSH of Massachusetts. I had in mind more that the increase was less likely to come from service-connected cases. Immediately after the war, there were many cases that could be clearly connected with service.

General HINES. That is so, and in those cases awarded compensation for such disabilities, we can look for our greatest hospital load.

Senator CONNALLY. You say there is also an increase in that class of cases in civilian life?

General HINES. Yes.

Senator CONNALLY. Is not that partly attributable to the advance of science? We find out that a lot of fellows are crazy that we used to think were just "nuts."

General HINES. I think we recognize more cases now.

Senator CONNALLY. Seriously, is not that true? Science is advancing, so that we classify people now as neuropsychiatric that were formerly classified with the general cases. We used to think, perhaps, that it was just due to a man's belly being out of fix, and that he would be all right in a few days.

General HINES. I think you are right. Years ago it was quite difficult for a psychiatrist to diagnose dementia præcox. It is even now very difficult to diagnose, but they are becoming more expert, and many more men are now classified as having a dementia præcox disability than ever were before.

Senator CONNALLY. That is the point I was trying to make.

General HINES. Many of them carry on in our midst and are not recognized until there is a real blow-up.

Senator REED. Seriously, General Hines, as these men get older and the percentage of dementia præcox increases, you are going to have a very much reduced percentage of cures.

General HINES. I expect so. After they have passed 40 years of age, we will find that that percentage will materially drop.

Senator REED. I am connected with the hospital in western Pennsylvania, and we think that if we get 6 per cent of cures in a year we are very lucky.

General HINES. Those are the straight mental cases.

Senator REED. Yes.

General HINES. I was speaking of both groups, both mental and nervous disabilities, which we group together. I think our percentage in the mental cases probably runs very close to the civilian percentage, but we have in our hospitals a large number of the nervous disabilities.

Senator HARRISON. Have you reached the point where you want to make your recommendations?

General HINES. Just about.

Senator COUZENS. Would you interpret to me just what you mean by this "degree of urgency" in this table of patients awaiting admission?

General HINES. We consider the cases under the heading "immediate" as cases that ought to be taken in promptly. Those under the heading of "future" are those cases, for the most part, which involve minor operations and conditions that could be deferred for a month or so.

Senator COUZENS. Those are not included in the urgent cases you have listed?

General HINES. No.

Senator COUZENS. I want to point out that Michigan is in greater need of facilities for taking care of urgent cases than any other State, by 100 per cent. In other words, you show 421 cases here for Michigan alone, under the immediate degree of urgency, and I understood you to recommend only 100 beds.

General HINES. Out of the 6,000. We are building some more beds in your State, at Camp Custer, now.

Senator HARRISON. This is in addition to the new hospital that was created, is it not?

General HINES. Yes. The regional office at Detroit, I think, has had probably one of the hardest problems during this period of any of our regional offices, both in the demand for hospitalization and disability allowance. There have been a great many men, evidently from other places, who have gone in there and demanded hospitalization and disability allowance.

Senator COUZENS. May I ask you what you are doing in that connection? There are a lot of complaints, and your own table shows that the need is 100 per cent greater in Michigan than in any other State.

General HINES. We have recently been transferring out of Camp Custer men who belonged in the State of Illinois, to facilities at North Chicago, with a view of making more beds available at the Camp Custer Hospital, and we hope to continue that as facilities come in in other States, because in that hospital we had quite a number of men who did not belong in the State of Michigan.

Senator COUZENS. What is the condition of these 421 urgent cases? How urgent are they?

General HINES. They are not emergency cases. They are men whom we feel, if they are in the mental group, would be better off under some supervision. They are not the type of case in which, if the man is not taken in now, he may die, or anything of that kind. Those cases are taken in. These are simply divided between what we thought should be provided for now, and those that could be provided for later.

Senator WALSH of Massachusetts. General, during your discussion have you announced what projects are already authorized, that have not been built?

General HINES. Yes; I have that.

Senator HARRISON. That includes Michigan, does it not?

Senator COUZENS. Yes.

General HINES. One building in Michigan.

Senator WALSH of Massachusetts. I think you ought to put that statement in the record.

General HINES. We are building, at Camp Custer, Mich., now, 138 additional beds.

Senator COUZENS. It will be a long time before you take care of these 421, then, will it not?

General HINES. Those will not all go into that hospital, Senator. Most of your general cases, I think, go to Hines, Ill. In that group there, if you will notice, the patients are divided up, and most of those are general patients, who will go into the Hines hospital.

The last construction act, which was passed in December, 1929, about a year ago, is approximately 40 per cent completed. Under that construction act, as we term it, the sixth construction act, contracts have been awarded for 1,910 beds.

Senator COUZENS. Out of a total of what?

General HINES. Out of a total of approximately 4,000 beds.

Since this report was made up, we have had these projects listed for award.

Senator WALSH of Massachusetts. How many contracts have been actually awarded since December, 1929?

General HINES. Thirteen projects.

Senator WALSH of Massachusetts. What is the total number of beds?

Senator COUZENS. In other words, about 50 per cent.

General HINES. About 50 per cent; 47 per cent was worked out. That takes just about half the money, Senator. These new hospitals that remain are now going out at the rate of one a month. In other words, we will award one the 15th of this month, and so forth. This schedule, which I will put into the record, will give the date of the award, the date of the advertisement, the date we expect to make the award, and the date to be completed. It will show all those projects. It indicates that we are going to get out of that bill some additional beds over and above the number planned for.

Sixth construction act, approved December 23, 1929

CONTRACTS AWARDED

Location	Project	Number of beds	Date of award	Per cent complete Dec. 13, 1930
Knoxville, Iowa	Infirmary building	147	Dec. 15, 1930	.....
Augusta, Ga	Acute building	138	Nov. 15, 1930	.....
Gulfport, Miss	Additional buildings and utilities	138	Dec. 1, 1930	.....
Edward Hines Junior, Illinois	Conversion for cancer ward	.....	Aug. 29, 1930	100
Memphis, Tenn	Additional construction	120	Dec. 31, 1930	.....
Camp Custer, Mich	Acute building	138	Oct. 18, 1930	3
North Chicago, Ill	Utility buildings and chimney	.....	Apr. 30, 1930	99
Do	Additional buildings	164	Aug. 2, 1930	30
Bedford, Mass	Additional buildings and utility	152	Apr. 12, 1930	92
Northport, Long Island, N. Y	Additional buildings	448	July 3, 1930	49
Somerset Hills, N. J	Utility buildings	.....	Mar. 27, 1930	100
Do	Additional buildings and utility	465	Aug. 20, 1930	14
Coatesville, Pa	....do	.....	Mar. 27, 1930	98
Total		1,910		

Sixth construction act, approved December 23, 1929—Continued

CONTRACTS TO BE AWARDED

Location	Project	Number of beds	Approximate date of advertising	Approximate date of completion
Indianapolis, Ind	New hospital	152	Dec. 15, 1930	Dec. 1, 1931
Perryville, Md	Replacement of frame unit		Jan. 3, 1931	Sept. 1, 1931
Waco, Tex	New hospital	308	Jan. 15, 1931	Feb. 15, 1932
Salt Lake City, Utah	do	103	Feb. 16, 1931	Jan. 1, 1932
Western New York	do	446	Mar. 2, 1931	Apr. 1, 1932
Little Rock, Ark	New clinic building		Mar. 16, 1931	Dec. 1, 1931
Tuscaloosa, Ala	New hospital	250	Apr. 1, 1931	May 1, 1932
Tucson, Ariz	Additional construction	100	Apr. 10, 1931	Jan. 15, 1932
Albuquerque, N. Mex	New hospital	250	Apr. 20, 1931	Apr. 15, 1932
West Virginia	do	152	May 11, 1931	Apr. 1, 1932
New York City	do	200		
San Francisco, Calif	do	200		
Total		2,161		

Senator WALSH of Massachusetts. What is the last date, when the last project will be submitted for bids?

General HINES. We expect the last project here will be May 11.

Senator WALSH of Massachusetts. Of what year?

General HINES. This year. We have two hospitals that were put in at the bureau's own suggestion, to round out our construction program, to replace and to furnish facilities for regional offices in New York and San Francisco, the location of which we have not decided on, so I can not give you the dates, but they are not of such character that they would have a material bearing on these projects.

Senator WALSH of Massachusetts. In this statement you have given us about the immediate needs and the future needs, have you taken into consideration the patients that would be taken care of by the completion of these projects?

General HINES. Yes. In our program, which I am going to recommend to you, we have taken those into account.

Senator COUZENS. What is necessary to speed this up? It will be about a year and a half from the time of the passage of the bill until the last project is under way.

General HINES. There is only one way to speed it up, and I do not recommend doing that, because I am afraid we might speed up for a while, and not speed up ultimately. That is to farm out these projects. We now have a construction division in the Veterans' Bureau that we are expanding as rapidly as we can get personnel of proficiency, and we intend to do everything to speed it up. The only other way would be to award them to outside architects, but in doing that I am afraid we would lose, to a large degree, the experience we have gained by our own force since we have built it up, since 1923.

Senator BARKLEY. In that connection, it seems to me that that affects not only the Veterans' Bureau, but all the Government departments. All the buildings constructed by the Government are more or less standardized. Your hospitals are to some extent standardized. The post-office buildings are standardized, and yet it takes from one to two years to get the plans adopted and the contracts let, after Congress authorizes a building anywhere.

General HINES. That is not the case with us, Senator. We have 47 per cent of them under contract.

Senator BARKLEY. I am not saying that that delay occurs in your department, but there is more delay, it seems to me, than there ought to be in all the departments, in view of the well-known fact that the Government has to some extent standardized its construction. It is not like starting anew and having an architect lay out plans for a fine building, or church, or something like that. You have plans already in existence in your bureau, and in all the other departments, that are adaptable to any new project.

The CHAIRMAN. Senator, the department now has authority to employ local architects to do the work.

Senator HARRISON. And they are practicing it to some extent.

The CHAIRMAN. They are practicing it all over the United States now.

Senator COUZENS. I do not want to unduly criticize the Veterans' Bureau, but it seems to me that if 53 per cent of the contracts authorized in 1929 have not yet been started, there must be some undue delay somewhere, even in the Veterans' Bureau.

General HINES. This was authorized in December, 1929, which was practically 1930, so that in a year, we have been able to put under contract 50 per cent. Our effort has been to increase our force, rather than to farm out any of the projects, or get outside architects.

Senator COUZENS. That might be desirable, but it is not desirable from the veterans' viewpoint, is it?

General HINES. No; I think we should do everything we can. As the Senator said, some of these projects are more or less standardized in plans. I think where we should improve is in trying to narrow down the matter of location and determination of the site, which always takes a lot of time. But it is rather difficult. People demand hearings, and want to be heard before we decide on it.

Senator COUZENS. As a matter of fact, in the case of some of these places, such as Battle Creek, there is unlimited land, and there should be no delay there.

General HINES. Battle Creek was awarded quite promptly, as I recollect.

Senator BARKLEY. General, what per cent of this 47 per cent have been actually completed, with the beds being occupied now?

General HINES. The only major project so far completed is at Hines, Ill., where quarters have been erected to accommodate personnel formerly housed in the main hospital building. The utilization for patients of the space thus evacuated resulted in the acquisition of about 650 beds.

Senator BARKLEY. That was an addition.

General HINES. Yes. None of the new hospitals are completed. Of course, most of the new hospitals involve over a $1,000,000 project, and the time of construction is usually a year from the date of award. It takes about a year.

Senator COUZENS. General, what effort was made to speed up these contractors after they got going?

General HINES. We have a penalty for delay.

Senator COUZENS. And they are required to live up to the schedule?

General HINES. They are required to live up to the schedule. In their proposal they state the number of days before they will start work after the award is made, and the number of days required to

complete the project. We evaluate the time in making the award. If a responsible bidder gives us a shorter number of days, it is evaluated at the rate in the proposal. If they run over the time, we penalize them at the same rate.

Senator COUZENS. Of course, you expect bad weather and conditions of that sort?

General HINES. That is excepted.

Senator COUZENS. The tendency of the contractors is to stabilize their organizations and draw out the work as long as possible, so as to keep their stabilized staff. That often acts to the advantage of the contractor, but to the great disadvantage of the veterans or others who desire the buildings.

General HINES. We insist upon the penalty, and by having it as an incentive in making the award, we usually get a short time, and these projects have usually been completed on time. We have had some penalties, but we always stick to the penalties, and if they get any exception it is made by the Comptroller, not by us.

The CHAIRMAN. Is there anything else?

General HINES. I have a table here showing the actual and estimated average annual load of the National Homes for Disabled Volunteer Soldiers, by major wars, from 1867 to 1953, giving the rate at which the Civil War men went in, when the last one will go out, when the Spanish War men started to go in; when they will go out, and when the World War men started to go in, which was in 1919, when 130 of them went in; also, our expected load up to 1953.

Actual and estimated average annual load of the National Home for Disabled Volunteer Soldiers, by major wars and total, from 1867 to 1953

Year	Civil War	Spanish-American War	World War	Total
1867	479			479
1868	889			889
1869	1,300			1,300
1870	1,685			1,685
1871	2,091			2,091
1872	2,336			2,336
1873	2,574			2,574
1874	3,286			3,286
1875	3,685			3,685
1876	4,170			4,170
1877	4,751			4,751
1878	5,322			5,322
1879	5,677			5,677
1880	5,603			5,603
1811	5,822			5,822
1882	6,081			6,081
1883	6,738			6,738
1884	7,494			7,494
1885	8,118			8,118
1886	8,758			8,758
1887	9,718			9,718
1888	10,681			10,681
1889	11,727			11,727
1890	12,935			12,935
1891	13,931			13,931
1892	14,196			14,196
1893	14,661			14,661
1894	15,601			15,601
1895	16,480			16,480
1896	17,454			17,454
1897	18,173			18,173
1898	18,556			18,556
1899	18,814			18,814
1900	19,230			19,230
1901	20,016			20,016
1902	20,505			20,505

Actual and estimated average annual load of the National Home for Disabled Volunteer Soldiers, by major wars and total, from 1867 to 1953—Continued

Year	Civil War	Spanish-American War	World War	Total
1903	20,142	411	.....	20,553
1904	20,240	497	.....	20,737
1905	20,465	632	.....	21,097
1906	20,367	738	.....	21,105
1907	19,949	766	.....	20,715
1908	18,924	995	.....	19,919
1909	18,859	1,417	.....	20,276
1910	17,867	1,702	.....	19,569
1911	17,026	1,849	.....	18,875
1912	16,796	2,075	.....	18,871
1913	15,296	2,165	.....	17,461
1914	14,115	2,490	.....	16,605
1915	13,514	3,378	.....	16,892
1916	12,949	3,867	.....	16,816
1917	12,300	4,099	.....	16,399
1918	11,878	3,547	.....	15,425
1919	9,888	2,992	130	13,010
1920	7,986	3,194	1,105	12,285
1921	7,534	2,511	1,913	11,958
1922	6,133	3,392	3,522	13,047
1923	5,127	3,751	3,626	12,504
1924	4,725	4,408	4,642	13,775
1925	4,023	4,452	5,888	14,363
1926	3,180	4,699	5,943	13,822
1927	2,360	4,995	6,521	13,876
1928	1,823	5,297	8,074	15,194
1929	1,506	5,614	10,108	17,228
1930	1,219	5,950	10,918	18,087
1931	964	6,297	13,843	21,104
1932	737	6,674	15,454	22,865
1933	542	7,074	17,065	24,681
1934	378	7,498	18,676	26,552
1935	247	7,947	20,287	28,481
1936	150	8,423	21,898	30,471
1937	82	8,928	23,509	32,519
1938	39	8,570	25,120	33,729
1939	15	8,195	26,731	34,941
1940	4	7,804	30,262	38,070
1941	1	7,398	38,146	45,545
1942	0	6,798	38,542	45,520
1943	.....	6,546	40,765	47,311
1944	.....	6,104	43,429	49,533
1945	.....	5,654	46,147	51,801
1946	.....	5,200	49,000	54,200
1947	.....	4,748	52,021	56,772
1948	.....	4,300	53,878	58,178
1949	.....	3,860	55,732	59,592
1950	.....	3,432	57,586	61,018
1951	.....	3,018	59,440	62,458
1952	.....	2,621	61,294	63,915
1953	.....	2,343	63,148	65,491

Senator COUZENS. Now, are you going to give us your recommendations?

General HINES. Yes, sir. I submit for your consideration a program involving the expenditure of approximately $10,000,000 in providing 2,797 beds. This program is made up, wherever it is possible, to follow the policy of making additions to existing facilities, and to provide new facilities at those points where distances are great and where there is a demand for facilities.

These are the projects:

Bedford, Mass., an infirmary building for N. P. patients, 146 beds, $280,000.

Canandaigua, N. Y., an infirmary building for N. P. patients, 146 beds, $280,000.

Coatesville, Pa., infirmary, 146 beds and a continued-treatment building, making a total there of 310 N. P. beds, $560,000.

Augusta, Ga., an infirmary building, N. P., 146 beds, $220,000.

Tuskegee, Ala., an infirmary building for N. P. patients, 146 beds, $280,000.

Since this program was made up the Federal board has decided to build at Tuskegee, Ala., a domiciliary barracks for colored patients, and it will be taken out of an authorization of $2,000,000 for a southern home. So, I would suggest, in lieu of Tuskegee, Ala., that we include an addition of 146 beds at Camp Custer, Mich., for that item.

Senator HARRISON. In other words, you would strike out the recommendation for Tuskegee, and put it at this place in Michigan?

General HINES. Yes; Camp Custer, Mich.

Chillicothe, Ohio, an acute building, 138 beds, $370,000.

St. Cloud, Minn., N. P., 138 beds, $340,000; also an item for additional land at St. Cloud, of $20,000.

Knoxville, Iowa, a continued-treatment building, N. P., 164 beds, $300,000; additional facilities for general patients 100 beds, $320,000.

Waco, Tex., an acute building, N. P., 138 beds, $300,000; additional facilities, general beds, 200 beds, $460,000.

Senator CONNALLY. General, you mean that is in addition to the present facilities?

General HINES. In addition to the present facilities.

Senator CONNALLY. In addition to the program you have on at that point at this time?

General HINES. Yes.

Aspinwall, additional facilities, general, 200 beds, $600,000.

San Francisco, Calif., additional facilities, general beds, 100, $250,000.

South Carolina: New hospital and regional office, general hospital 300 beds, $1,300,000.

Buffalo, N. Y., new hospital and regional office, 200 beds, $1,100,000.

Nevada: A small clearing unit of 75 general beds and the facilities for a regional office, $625,000.

Wyoming: New hospital and regional office, general beds, 150, $750,000.

Rutland, Mass. This is a replacement of a clinical and infirmary building—$410,000.

Boise, Idaho, replacement of an infirmary building, $250,000.

Helena, Mont., infirmary building, $330,000.

Then I request an item of $655,000 to be provided, to be expended on projects of this character which we consider to be urgent, and other small ones—for instance, at Sunmount, N. Y., nurses' quarters, $90,000. In connection with the new hospital at Lincoln, Nebr., a recreational building, $90,000, and duplex officers' quarters, $30,000.

Hartford, Conn., recreational building, $90,000; duplex quarters, $30,000.

Lexington, Ky., recreational building, $90,000; and duplex officers quarters——

Senator COUZENS. Will you define what you mean by "duplex"?

General HINES. Those are quarters that will make provision for two medical officers. It is a double house.

Senator BINGHAM. A 2-family house?

General HINES. A 2-family house.

Senator HARRISON. How does that correspond with the recommendations of the American Legion? They have written to various

Senators to increase the facilities of the hospital at Gulfport, for example. I was just wondering how that corresponds with the program of the American Legion.

General HINES. I have the American Legion program here.

Senator WALSH of Massachusetts. Has the American Legion tried to be specific in its recommendations, or are they general?

General HINES. The American Legion recommended approximately 13,800 beds.

Senator WALSH. Yours is how much?

General HINES. I am recommending for this year approximately 2,800 beds.

Senator REED. Their program goes further into the future.

General HINES. Their program, of course, anticipates. This program I am recommending contemplates provision up to 1933; it is just half of the program of 6,000 beds, or approximately half of the 6,000 beds that would carry us to 1935.

Senator CONNALLY. Are you taking into consideration, I presume you are, of course, the fact that you have to spread this over a long period because of the fact that after a while conditions are going to be different? In other words, you reach the peak after a while, and then you begin a decline, do you not?

General HINES. Yes; but I think the Congress should decide whether they are going to build to the peak of the total requirements that the soldiers' homes will need, at their peak, or the requirement for continuing the homes as one unit and the hospitals as another. My suggestion would be that in no case should we build beyond what the requirements of the soldiers' homes would be at the peak, and to meet that we should add the Veterans' Bureau hospital beds plus the soldiers' home beds.

Senator LA FOLLETTE. How many beds does that amount to, General, according to your estimate?

General HINES. The estimate of the soldiers' home board indicated that they would require, at that peak, in 1953, 65,491.

Senator LA FOLLETTE. Do you believe that estimate is large enough?

General HINES. No, sir. I feel that that is an underestimate.

Senator LA FOLLETTE. How much do you think it is underestimated?

General HINES. I should say that the estimate of the Veterans' Bureau, in the neighborhood of 80,000 beds, would be approximately correct at the peak, so that we are in this situation now. We will have, with the construction already authorized, 40,000 Veterans' Bureau beds, and 22,000 soldiers' home beds, making the total of the two 62,000, and with this 3,000, it would bring us up to 65,000. In addition to that, there are certain projects pending before the Military Affairs Committee of the House, having to do with the enlargement of soldiers homes, which should be given consideration in this total problem. For instance, there is one project at the Northwestern Branch, at Milwaukee, calling for the addition of 360 beds at an expenditure of $300,000; at the Western Branch, at Fort Leavenworth, Kans., a new hospital unit of 660 beds. That is to replace, however, a 200-bed old hospital, and to give increased capacity. That is to cost $1,500,000. At the Pacific Branch, in California, there is a new 300-patient hospital addition, and a new kitchen, involving an

expenditure of $650,000. At the Danville Branch, there is an increase of 100 beds, and in the Southern States we have an authorization of $2,000,000, which the Federal board has recommended be expended by providing one barracks at a cost of approximately $200,000 at Tuskegee, for colored domiciliary cases, and then the balance of $1,800,000, to be divided, $900,000 apiece, to be spent in the States of Mississippi and Florida, for the commencement of the nucleus of a larger home in both those places, or by the addition to existing domiciliary facilities.

Senator REED. Now that the Veterans Administration has been enlarged to include the soldiers' homes, it does not seem to me that it is wise to have different committees considering those soldiers' home authorizations. I think they all ought to come to this committee.

Senator HARRISON. It should be considered by one committee.

General HINES. It would be very helpful, of course, if one committee would consider our problems legislatively, as we have one administrative unit.

Senator REED. When the bill comes to the Senate, I think it ought to come to the Finance Committee instead of the Military Affairs Committee.

Senator HARRISON. Have you given any thought to the formulation of a rule with reference to these additions to soldiers' homes, or do you think we should just authorize a lump sum to be appropriated under the estimates, and leave it to the board to make the allocations?

General HINES. Heretofore Congress has appropriated a lump sum but back of it we have always had a program similar to this, which I have felt impelled to adhere to as closely as we could. That has been the policy ever since I have been there, and I think it is a very wise one.

Senator REED. That is just the trouble with this bill before the Military Affairs Committee, because every Congress undertakes to prescribe the particular amounts in particular places, and it leads to a lot of logrolling.

General HINES. We have had an example of that. At Togus, Me., they authorized the expenditure of $650,000 for a new hospital unit. It would be a great mistake to put that new hospital unit back where the old home is. It could very well be located at a good point in the State of Maine and be the beginning of a new home in that vicinity, but the legislation does not permit me to do that, so I have asked the committee to grant that authority so that this new hospital will be built, not very far from the old home, but at a point that will be convenient to the veterans, and enable us to make a combination of Veterans' Bureau activities and soldiers' home activities in that State. If that had been appropriated in a lump sum, we would have had no difficulty. We could have put it in the right place.

Likewise, in this soldiers' home bill, there is $2,000,000 for a home in the South. Manifestly it would be a mistake to spend that money at one place in the South. In view of the existing facilities, the board has recommended, as I stated, that it be divided among these three places. It will give a better distribution of facilities, greater convenience to the veterans, and it will enable us to work out a better distribution of all facilities, the soldiers' home and the Veterans' Bureau combined,

Senator BINGHAM. I notice in your recommendations that you provide for increased beds at at least two hospitals in northern New England, and none in southern New England. The American Legion in Connecticut, through their committee interested in disabled veterans and hospitalization, have been very urgent in calling attention to the fact that southern New England has not been as well provided for as northern New England. We are not finding any fault at all. We are glad to see Massachusetts get 7 or 8 hospitals and 400 or 500 additional beds, and we would not want to do anything to prevent that growth, because it is obviously needed. At the same time, at the present moment there are no hospitals functioning in southern New England.

General HINES. One will be opened very shortly.

Senator BINGHAM. One will be finished about the first of May, I believe?

General HINES. Yes.

Senator BINGHAM. The information which the Legion has given me is that the Veterans' Bureau agrees that it will be filled within two weeks of its opening, with a waiting list beyond.

General HINES. I have not any doubt, Senator, that it will be filled, and it is just a question of how far we desire to go at this time. If you are going to take care of all the 202 (10) cases, I am frank to admit that you can make additions to almost any of the existing facilities, or those contemplated.

Senator BINGHAM. They are urging the increase from the present capacity of 232 beds to a capacity of 500 beds, which can be done, of course, at very much less expense than building a new hospital. They have pointed out that the hospital is within reach of a very large veteran population. There are some 100,000 veterans in that immediate vicinity.

General HINES. In that whole community there, I think the State of Massachusetts has about 198,000 of two hundred and fifty thousand and odd military population.

Senator WALSH of Massachusetts. In that area?

General HINES. In that area.

Senator WALSH of Massachusetts. Connecticut is not in the New England area.

General HINES. It is in the New York area.

Senator WALSH of Massachusetts. New Jersey, New York and Connecticut are together.

General HINES. Yes.

Senator BINGHAM. That is an arbitrary classification. We decline to be thrown out of New England by any such precedent.

Senator WALSH of Massachusetts. We do not want you thrown out, either.

Senator HARRISON. Would there be any objection, if the committee should want to increase the facilities, by providing more beds than you ask there, and think wise? Would you leave it to the discretion of the committee to make those additions?

General HINES. Not at all. That is clearly within the jurisdiction of the committee.

The CHAIRMAN. I was going to bring up the one at Salt Lake City. You remember, we gave you all that land. It did not cost the Government a dollar. They have a beautiful site up there. Do you think the number of beds contemplated is sufficient?

General HINES. I feel, at this time, that the number is sufficient, with Boise Barracks and Helena taking part of the load.

Senator BARKLEY. General, it is perfectly plain to everybody, I suppose, that even the recommendations you are making are not sufficient to take care of the future. Why do we pursue a policy of biting off this thing once every session, and coming in with a new hospital, instead of trying to visualize a program that will take care of the situation for four or five years without any additions?

General HINES. To answer that, Senator, I will simply say that up to this moment Congress has never decided the question of whether they would construct for this group of patients. We have always proceeded on the theory that we would build only for the service-connected cases, and take in the nonservice-connected cases whenever facilities are available. We have now reached the point where we can not justify building for the service-connected cases any longer, and it does seem to me that if you take even the program that I have indicated as a start for this year, we are committing ourselves to the program of building for all veterans, regardless of disability.

Senator BARKLEY. We come here every sesson, and especially every short session, we come trooping in at the tail end of the session to do something that ought to have been done long before, and then we are put up against the proposition of doing what we can get by with at the end of the session, and next session we are sure to be faced with another program.

Senator REED. Senator, that is not altogether our fault. It has been the custom of the House to fling a bill at us in the last week of the session, and then pressure is put on us from every direction to take immediate action.

Senator BARKLEY. I do not care who is at fault. The Government somewhere is at fault, either in the legislative or executive branch.

Senator REED. The whole trouble comes out of the provision that we put in section 202 (10), in writing the World War veterans' act. We knew then that we were going to have some vacant beds. There were sick veterans who had to be taken care of by some public institution, and we thought we might as well take them in here, although their sickness had nothing to do with the war. From being an optional privilege on the part of the director, that has come to be asserted as an absolute right by any veteran who has any ailment from any cause, and that leads to the demand for the building of these hospitals.

Senator HARRISON. Is there any other recommendation besides this, that you make to the committee?

General HINES. I was going to say this. For three years I have endeavored, before the House committee, to try to get them to decide the policy, that is, whether they would undertake to build for this group of veterans, feeling that if we are to do it, rather than be in the situation we are in now, of having a waiting list, we should anticipate our need and build in advance. But in saying that I certainly wish to emphasize, as strongly as I can, that while your construction program now has amounted to some $92,450,000, this other would be just about three times that before we got through with it. I am sure of that. On top of that, while we are spending now $15,000,000 a year in the care of these men, after the hospital is completed, that would undoubtedly jump up to about $25,000,000 or $30,000,000 a year. Probably $30,000,000 would be nearer, and it would continue over a period of approximately 20 years.

As a recommendation to the committee, if you feel that these men must be cared for—and I doubt whether you can escape it, because the communities themselves are not prepared to take care of the men. Some States have made provision for veterans by special appropriations, and by special facilities, but only a few States, so that you are faced with the proposition of the demand for the care of the veteran on the part of the public. It is safe to say that the public makes no distinction between a service-connected disability and a nonservice-connected disability, so far as the veteran is concerned. They are not familiar with the law, and when they see a man in need of hospitalization, and not being cared for, they are bound to blame either the Veterans' Administration or the Congress. There is no question of it.

If you are to take the 202 (10) cases, and say, "We are going to build for them," I then urge that you put into the law at the beginning, when we are starting, some provision that will not permit the doubling up of benefits when a man is in a home or in a hospital, because if you do not the cost is going to be so terriffic that it will react later and we will wonder why we did it. This is the starting point if you are going to do anything at this time. Then, if you do adopt it, I am frank to say that you might just as well take the 6,000-bed program, which is our estimate to 1935. I suggested this amount of money ($10,000,000) because I felt that the present conditions and the demands upon the Treasury were such that even without this program they will be over and above what they have estimated will be expended for next year. The administration probably hoped that we would not have any legislation for veterans this year.

Senator BARKLEY. Assuming that this program should be authorized at this session, how long would it be before any of the beds would be available for the men?

General HINES. Some of the beds would become available within a year, but the whole program certainly could not be carried out under three years.

Senator LA FOLLETTE. If we are going to decide on this policy, this would certainly be a good time to inaugurate it, in view of the unemployment situation.

General HINES. I know of no better time. I think the best way to handle any of these problems is to settle them, and settle them promptly. It will be with you every Congress until you do settle it.

Senator GEORGE. Have you made these recommendations to the House committee?

General HINES. Yes; I have.

Senator REED. I am told by members of the House committee that they expect to have a bill over to us by Wednesday of next week.

General HINES. I suggested this same program, with the exception of Tuskegee. It did not occur to me at the time that I put it in that Tuskegee was taken care of by the other, and I will see that they get the same program as you have here.

Senator CONNALLY. As a matter of broad policy, since we have adopted the disability allowance for nonservice-connected cases, is not hospital treatment even a better contribution to the soldier than a disability allowance, if you can get him back in shape so that he can carry on?

General HINES. I think it is the greatest benefit that has ever been voted by Congress.

Senator CONNALLY. It is sounder, even, than a pension, in my view.

General HINES. It means more to the veteran and to his family, and means a greater benefit coming from the Government than any other benefit.

Senator REED. Furthermore, from a broad view, the community is going to have to take care of these people through some of its institutions, and it might as well do it in this way.

Senator WALSH of Massachusetts. Mr. Chairman, do you not think the General ought to draft a bill authorizing the appropriation for these projects, that will take care of the situation up to 1935, and also embodying what he recommends in the way of curtailment of compensation or disability allowance while in these homes? One blanket bill would cover it all.

The CHAIRMAN. I understand the bill will be over from the House Wednesday.

Senator WALSH of Massachusetts. Have you drafted that kind of a bill?

General HINES. I have not yet. They have not requested it.

Senator WALSH of Massachusetts. Can we not proceed independently to present such a bill?

The CHAIRMAN. We will take the House bill, and whatever we decide to do, we can put in the House bill.

Senator WALSH of Massachusetts. Our action might have an influence on the House bill, if we had a blanket bill covering all these recommendations.

The CHAIRMAN. We ought to take the House bill as a basis.

Senator REED. General, will you prepare for us suggested legislation which will take care of this business of allowances to men in hospitals?

General HINES. Yes. I might say, Senator, that that is not going to be popular.

Senator REED. We have to do a lot of things that are not popular.

Senator LA FOLLETTE. I think it would be helpful, even in the consideration of the House bill, to have an outline of this program from the Veterans' Administration on two propositions: First, the smaller building program which he has just finished discussing; and secondly, a program looking to the care of these nonservice-connected disabilities in case the committee decides that that is the policy it wishes to adopt.

General HINES. You mean the 6,000, as against 2,700?

Senator LA FOLLETTE. Yes.

Senator BINGHAM. I thought you said, General, that even the 2,700 were not needed for service-connected cases?

General HINES. None of them are needed for service-connected cases.

Senator BINGHAM. But you have hospital facilities now, including the construction authorized and in process, to care for all service-connected cases.

General HINES. If we only had the service-connected problem, Senator, we could close 15 hospitals.

Senator THOMAS of Idaho. The demands of the country are going to require you to take care of them all.

Senator LA FOLLETTE. Certainly.

General HINES. I am sure of that.

Senator LA FOLLETTE. We might as well face it now. This is an excellent time to do the building.

General HINES. Mr. Chairman, may I include another table here?

The CHAIRMAN. Yes. I want you to put them all in.

Statement showing by years and type of disease, the future hospital load under the World War veterans' act, assuming that veterans of all wars are given a mandatory right to hospitalization as estimated by both the Veterans' Bureau and the medical council thereof, together with the estimated future domiciliary load of the national homes

Year	Veterans' Bureau [1]				Medical council [2]				Domiciliary load of soldiers' home [3]
	Tuberculosis	Neuropsychiatric	General	Total	Tuberculosis	Neuropsychiatric	General	Total	
1930					24,657	24,261	72,641	121,559	18,087
1931					25,658	26,743	63,358	115,759	21,104
1932					26,059	29,056	50,449	105,564	22,865
1933	6,536	20,641	18,037	45,214	26,660	31,168	43,779	101,307	24,681
1934	6,261	20,650	18,121	45,032	26,860	33,064	36,260	96,184	26,552
1935	6,106	21,125	18,397	45,628	26,660	34,744	30,957	92,361	28,481
1936	5,914	21,412	18,590	45,916	25,858	36,217	28,470	90,545	30,471
1937	5,737	21,731	18,797	46,265	25,258	37,494	26,512	89,264	32,519
1938	5,578	22,107	19,035	46,720	25,058	38,584	30,971	94,613	33,729
1939	5,416	22,465	19,241	47,122	24,657	39,499	30,518	94,674	34,941
1940	5,282	22,917	19,511	47,710	24,256	40,259	30,488	95,003	38,070
1941	5,182	23,422	19,803	48,387	24,256	40,866	40,660	105,782	45,545
1942	5,059	23,855	20,291	49,205	24,056	41,317	41,958	107,331	45,520
1943	4,978	24,366	20,845	50,189	23,855	41,637	42,227	107,719	47,311
1944	4,903	24,911	21,428	51,242	23,454	41,831	42,805	108,090	49,533
1945	4,850	25,552	22,089	52,491	23,454	41,907	45,024	110,385	51,801
1946	4,801	26,226	22,778	53,805	23,055	41,869	53,459	118,383	54,200
1947	4,758	26,908	23,476	55,142	23,055	41,718	57,300	122,073	56,772
1948	4,725	27,655	24,227	56,607	22,854	41,461	63,319	127,634	58,178
1949	4,690	28,393	24,976	58,059	22,650	41,100	63,250	127,000	59,592
1950	4,668	29,207	25,786	59,661	21,848	40,640	67,371	129,859	61,018
1951	4,647	30,035	26,623	61,305					62,458
1952	4,625	30,884	27,470	62,979					63,915
1953	4,611	31,978	28,369	64,778					65,491
1954	4,559	32,704	29,310	66,573					
1955	4,509	33,673	30,311	68,493					
1956	4,452	34,592	31,269	70,313					
1957	4,385	35,453	32,178	72,016					
1958	4,320	36,367	33,189	73,876					
1959	4,245	37,168	34,081	75,494					
1960	4,164	37,958	34,960	77,082					
1961	4,070	38,631	35,732	78,433					
1962	3,971	39,262	36,458	79,691					
1963	3,852	39,693	37,002	80,547					
1964	3,716	39,942	37,370	81,028					
1965	3,521	40,160	37,718	81,459					
1966	3,418	39,943	37,603	80,964					
1967	3,236	39,525	37,407	80,168					
1968	3,043	38,847	36,968	78,858					
1969	2,833	37,809	36,189	76,831					
1970	2,613	36,444	35,097	74,154					

[1] Based upon the relationship between probable future deaths and the probable requirement for hospitalization, taking into account the relationship thus far observed in our experience and projecting it in the future in accordance with the American Experience Table of Mortality.

[2] Figures shown represent the maximum amount of sickness and injury of all kinds, involving inability to work.

[3] Based upon experience of Spanish-American War.

(Whereupon, at 11.50 o'clock a. m., the committee adjourned.)