CHRONIC AND TROPICAL DISEASES

HEARING

BEFORE THE

COMMITTEE ON FINANCE
UNITED STATES SENATE

EIGHTIETH CONGRESS

SECOND SESSION

ON

H. R. 3889

AN ACT TO AMEND VETERANS REGULATION NUMBERED 1(a), PARTS I AND II, AS AMENDED, TO ESTABLISH A PRESUMPTION OF SERVICE CONNECTION FOR CHRONIC AND TROPICAL DISEASES

MAY 25, 1948

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CHRONIC AND TROPICAL DISEASES

TUESDAY, MAY 25, 1948

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

The committee met, pursuant to call, at 10 a. m., in room 312, Senate Office Building, Senator Eugene D. Millikin (chairman) presiding.

Present: Senators Millikin, Butler, Martin, George, Barkley, and Johnson of Colorado.

The CHAIRMAN. The hearing will come to order.

We will take up at this time H. R. 3889.

(H. R. 3889 is as follows:)

[H. R. 3889, 80th Cong., 1st sess.]

AN ACT To amend Veterans Regulation Numbered 1 (a), parts I and II, as amended, to establish a presumption of service connection for chronic and tropical diseases

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That subparagraph (c) of paragraph I, part I, Veterans Regulation Numbered 1 (a), as amended, is hereby amended by substituting a colon for the period at the end thereof and adding the following: "*Provided further*, That the term 'chronic disease' as used in this paragraph shall include anemia, primary; arteriosclerosis; arthritis, bronchiectasis; calculi of the kidney, bladder, or gall bladder; cardiovascular-renal disease, including hypertension, Buerger's disease and Raynaud's disease; cirrhosis of the liver; coccidiomycosis; endocarditis; diabetes, mellitus; endocrinopathies; epilepsies; Hodgkin's disease; leukemia, nephritis; osteitis, deformans; osteomalacia; organic diseases of the nervous system, including tumors of the brain, cord, or peripheral nerves; functional disorders of the nervous system; scleroderma; tuberculosis, active; tumors, malignant; ulcers, peptic (gastric or duodenal) and such other chronic diseases as the Administrator of Veterans' Affairs may add to this list: *And provided further*, That, subject to the limitations of this subparagraph, tropical diseases, such as cholera; dysentery, amebic or bacillary; filariasis; fungus diseases; liesbmaniasis; leprosy; loiasis; malaria; black water fever; onchocerciasis; oroya fever; oracontiasis (or dracontiasis); pinta; plague; relapsing fever; schistosomiasis; yaws; yellow fever and others and the resultant disorders or diseases originating because of therapy, administered in connection with such diseases, or as a preventative thereof, shall be accorded service connection when shown to exist within one year after separation from active service or at a time when standard and accepted treatises indicate that the incubation period thereof commenced during active service. Nothing in this paragraph shall be construed to prevent service connection for any disease or disorder otherwise shown by sound judgment to have been incurred in or aggravated by active service."

SEC. 2. Veterans Regulation Numbered 1 (a), part II, paragraph I, as amended, is hereby amended by adding subparagraph (d) thereto, said paragraph to read as follows: "That for the purpose of paragraph 1 (a) hereof, any person who served in the military or naval service for six months or more and was honorably discharged therefrom and contracts a tropical disease such as cholera; dysentery, amebic or bacillary; filariasis; fungus diseases; leishmaniasis; leprosy; loiasis; malaria; black water fever; onchocerciasis; oroya fever; oracontiasis (or dracontiasis); pinta; plague; relapsing fever; schistosomiasis; yaws; yellow

fever and others and the resultant disorders or diseases originating because of therapy administered in connection with such diseases, or as a preventative thereof, unless shown by clear and unmistakable evidence to have had its inception prior or subsequent to active service, shall be deemed to have incurred such disability in active service when it is shown to exist within one year after separation from active service, or at a time when standard and accepted treatises indicate that the incubation period thereof commenced during active service. Nothing in this paragraph shall be construed to prevent service connection for any disease or disorder otherwise shown by sound judgment to have been incurred in or aggravated by active service."

Passed the House of Representatives July 21, 1947.

Attest:

JOHN ANDREWS, *Clerk.*

The CHAIRMAN. General Taylor.

STATEMENT OF JOHN THOMAS TAYLOR, DIRECTOR, NATIONAL LEGISLATIVE COMMITTEE, THE AMERICAN LEGION, WASHINGTON, D. C.

Mr. TAYLOR. Mr. Chairman, I want to say so far as the American Legion is concerned, we appreciate this opportunity of coming before you on the bills which have been introduced in the Senate, and which have passed the House or been favorably reported, dealing with the question of rehabilitation and readjustment.

The major veterans' organizations, as you know, have gotten together on these bills and are in thorough accord with the provisions of seven of them, and for the purpose of expediting these hearings, we hope to be very brief, and through the good services of the clerk of your committee, we have divided them off into categories, the veterans' organizations, so that we can submit to you our testimony very quickly and right to the point.

The CHAIRMAN. We congratulate you on making that arrangement.

Mr. TAYLOR. Yes, sir. In order to carry out that policy, I wish now to present to you, Mr. Chairman, T. O. Kraabel, the director of the national rehabilitation committee of the American Legion, who will discuss briefly, I hope, 3889, that is the House bill, and 2259 now before your committee.

The CHAIRMAN. Mr. Kraabel, will you be seated and identify yourself to the reporter, please?

STATEMENT OF T. O. KRAABEL, DIRECTOR, NATIONAL REHABILITATION COMMISSION, THE AMERICAN LEGION, WASHINGTON, D. C.

Mr. KRAABEL. Mr. Chairman and gentlemen, the American Legion sincerely appreciates the opportunity to briefly present its views in support of a number of bills relating to veterans now under consideration by this committee.

In the interest of facilitating this presentation, and in conformity with an understanding which we have with the clerk of this committee, we will present brief statements on each measure. Moreover, this will be done in keeping with a schedule mutually agreed upon by representatives of five veterans' organizations with the committee clerk.

In addition to these statements the American Legion will have available to answer questions and to elaborate further upon technical points, if so desired by the committee, the senior medical consultant, Dr. H. D.

Shapiro, and the assistant director in charge of claims, Charles W. Stevens, of the staff of the national rehabilitation commission.

With these preliminary remarks we shall move on to the initial statements on:

H. R. 3889, a bill to amend Veterans' Regulation No. 1 (a), parts I and II, as amended, to establish a presumption of service connection for chronic and tropical diseases; and S. 2259, a bill to provide minimum ratings for service-connected arrested tuberculosis.

(Record of hearing on S. 2259 is printed separately.)

It is understood that we also have statements and testimony if necessary to give the committee on the other measures concerning which agreement has been reached by the five veterans' organizations.

H. R. 3889: This bill passed the House of Representatives July 21, 1947.

The purpose of this bill is to enlarge upon the list of chronic diseases established by the Veterans' Administration, and to clarify the procedure, based upon medical knowledge, by which these and certain tropical diseases, to which veterans of World War II and other veterans were subjected, might be evaluated in relationship to their service. As we all know, the recent war took our men to many theaters of operation. There they were exposed to numerous and varied diseases which the medical profession, both military and civilian, has been studying and endeavoring to manage. The impact of the war on this effort has been felt by all of us.

A somewhat similar situation and remedy existed after World War I. The then Director of the Veterans' Bureau on November 12, 1921, issued regulation 11, which established a basis for service connection of certain chronic diseases. He established and added to an original list of them on page 75 of the 1925 Schedule of Disability Ratings. It should also be mentioned that Congress itself, following hearings at which medical experts on the subject testified, named certain diseases in which service incurrence would be recognized if they showed up to a disabling degree before a certain date (sec. 200, World War Veterans Act of 1924, as amended; this pertains to World War I veterans only).

An Executive order (Veterans Regulation 1 (a), pt. I, par. 1 (c), pursuant to Public, 2, 73d Cong.), reaffirmed and broadened the scope of establishing service connection of chronic diseases in wartime cases. These diseases may be service connected upon initial manifestation following the discharge of the veteran from active service. The reason a service connection is granted for a disability shown after discharge in these cases is that the chronic nature and extent of the disease affirmatively establishes a conclusion of service origin. It is under this law (Public, 2, 73d Cong., as amended) that disability compensation claims of World War II veterans are adjudicated.

However, the Administrator of Veterans' Affairs by regulation (R. and P. R. 1086) stated that service connection for chronic diseases, under this law, is to be restricted to a specified list, and that no condition other than those listed would be considered chronic diseases except upon his approval. Although the American Legion and other veterans' organizations have been successful in persuading the Administrator to add to this list from time to time, we are keenly aware of the fact that too many chronic diseases are still excluded from the list. Therefore, it has become necessary to ask Congress to establish

a more comprehensive list by statute. The bill also contemplates that the Administrator of Veterans' Affairs shall add to the list from time to time.

There was most careful study on the part of the American Legion and the other veterans organizations in agreement upon this measure before the final draft was presented. In our organization we had recourse to the medical knowledge and experience of doctors on our staff, as well as a national medical advisory board composed of 11 distinguished men of medicine and surgery, all of whom were in active service in World War I or II. There will be no attempt in this statement to go into the detailed analysis, but we do have available here, for further explanatory comments and such technical information as may be involved, medical and claims experts on our rehabilitation staff.

We sincerely urge early enactment of this greatly needed legislation.

That is the statement, Mr. Chairman.

The CHAIRMAN. Any questions, Senator?

Senator GEORGE. No, I believe not.

The CHAIRMAN. I believe it would be well to have some medical testimony on the subject.

Mr. KRAABEL. Dr. Shapiro. May I present Dr. H. D. Shapiro, the senior medical consultant of the national rehabilitation commission of the American Legion.

The CHAIRMAN. Will you identify yourself.

STATEMENT OF DR. H. D. SHAPIRO SENIOR MEDICAL CONSULTANT, NATIONAL REHABILITATION COMMISSION, THE AMERICAN LEGION, WASHINGTON, D. C.

Dr. SHAPIRO. Dr. Hyman D. Shapiro, senior medical consultant of the national rehabilitation commission of the American Legion.

The CHAIRMAN. Proceed, please.

Dr. SHAPIRO. In the bill pending before this committee now, H. R. 3889, which passed the House, certain diseases are included as chronic diseases because at the present time they are excluded from the Veterans' Administration Regulation R. and P. R. 1080 and 1086.

As has been mentioned by Mr. Kraabel, Congress in enacting Public, No. 2, Seventy-third Congress, specified that a chronic disease which becomes manifest to a 10 percent degree or more within 1 year from date of discharge would be concluded to have been incurred in service.

The Administrator of Veterans' Affairs in Regulations R. and P. R. 1086 has set forth certain diseases which they state shall be considered as chronic diseases, and no other diseases other than those listed.

I may state that some of the original diseases as listed on page 75 of their 1925 schedule of disability ratings have been excluded in the list as that exists today. For example, chronic gallstones, if shown within a few months after discharge from service, which previously were susceptible of service connection under the regulations and schedule of the Veterans' Administration, now no longer enjoy that protection.

Therefore, we have picked out certain diseases with a latent period before they become manifest so that they are recognizable, feeling that if it was the intent of Congress, if these diseases are shown to be 10

percent disabling, and easily recognized within a year after discharge, that they have been in existence for many, many months, and perhaps even more than a year.

This bill proposes that these diseases as listed shall be considered to be a chronic disease as contemplated by Public, No. 2, which did not set forth any limiting diseases. It merely states a chronic disease. This bill, while mentioning certain diseases, also provides that the Administrator of Veterans' Affairs may add to this list from time to time such other diseases as he sees fit.

At the present time these particular diseases have been mentioned because the veterans' organizations have had considerable difficulty in obtaining service connections for many of them, if shown shortly after discharge.

The CHAIRMAN. Is there reasonable presumption that the occurrence of these diseases are attributable to war service?

Dr. SHAPIRO. Yes, sir. I may state personally as a physician when I appear before a rating board or an appeal board and submit a medical argument, that frequently I am able to get these diseases service connected, but it is a question of individual rating boards considering these cases without the veteran having the benefit of a medical presentation on his case.

The CHAIRMAN. Are these diseases, which you are adding, roughly speaking, diseases which usually occur in young people or diseases usually associated with more elderly people?

Dr. SHAPIRO. They can occur in both.

The CHAIRMAN. In terms of frequency?

Dr. SHAPIRO. They are very frequently in younger individuals, as well as older. In these diseases here, we have listed both the ones that are now in R. & P. R. 1086 as well as those we propose to add, for example, primary anemia, arteriosclerosis, and arthritis are already now recognized. However, the next one, bronchiectasis, which is actually a disease manifested by multiple lung lesions, if manifest within a few months after discharge is not now held due to service, and yet the veteran may have served for 5 years, and show up with it, although it is a chronic disease, he is unable to get service connection.

The CHAIRMAN. How does that differ from tuberculosis?

Dr. SHAPIRO. It is not caused by a specific germ like tuberculosis, and it attacks frequently the terminal part of the bronchial tree, starting there rather than in the apices of the lung.

The CHAIRMAN. Does it have the same general effect?

Dr. SHAPIRO. It has a very disabling effect. It can have many similar symptoms.

The CHAIRMAN. Does it have the same general effect as tuberculosis?

Dr. SHAPIRO. Yes, sir.

The CHAIRMAN. What is calculi of the kidney, bladder, or gall bladder?

Dr. SHAPIRO. That means stones of the kidney, bladder, or gall bladder. Incidentally, calculi of the kidney and of the blader and gall bladder, especially of the kidney and gall bladder, were in the original list of diseases recognized as having a 1-year presumption by the VA, but in writing up the new list in R. & P. R. 1086, they have been eliminated.

The CHAIRMAN. A stone is something that does not accumulate overnight.

Dr. SHAPIRO. No, sir; it takes many months; or it may have been present for 1, 2, or 3 years before it becomes symptomatic.

The CHAIRMAN. It would be a reasonable presumption.

Dr. SHAPIRO. Yes, and may I add that in this bill we do provide for the right of rebuttal. For example, if one of these conditions medically is so apparent with a short period of service on the part of the veteran that it reasonably existed before service or was due to some intercurrent disease, then the Veterans' Administration should have the full right of rebuttal of this presumption.

The CHAIRMAN. What is Raynaud's disease?

Dr. SHAPIRO. That is a disease of the blood vessels, which is characterized by intermittent spasms and is usually considered to have an organic nervous basis. That can be in existence for a long time and not recognized. We find many of these men, for example, diagnosed as having flat feet, and other orthopedic conditions, and then when the Raynaud's disease manifests itself, they no longer diagnose the previous disease.

The CHAIRMAN. What are the symptoms of the disease?

Dr. SHAPIRO. Well, what we call intermittent claudication, especially on exercise. The individual will walk a short distance and he will be seized with severe cramps in his legs and has to stop.

The CHAIRMAN. Is it a disease that persists? Is there a cure for it?

Dr. SHAPIRO. It is practically incurable, sir. There are some operative procedures for it that can help it, but in many instances it is incurable.

The CHAIRMAN. What is coccidioidomycosis?

Dr. SHAPIRO. Coccidioidomycosis, I happen to be familiar with it. It is a disease due to a certain organism which is found present in certain parts of the Mojave Desert. I happened to serve in the Mojave Desert in this last war, and I saw a good many cases who were admitted to our hospital with a diagnosis of tuberculosis because they had a pulmonary hemorrhage. You would find a cavity formation on X-ray. This is frequently found amongst troops who served in the desert area, especially in California and Texas, some parts of Colorado and I may state that we have had this matter up with the Veterans' Administration who are now, I understand, preparing an amendment to their present rating schedule to take care of this type of case, and we have been successful in taking care of a good many of them. But a large number of men who never lived, say, in the San Joaquin Valley, where this disease is present, who served there during the war, picked up this disease not recognized until after discharge, that we would like to get service connected.

The CHAIRMAN. What is the cause of this?

Dr. SHAPIRO. The cause of the disease is a certain organism which is found in the dust.

The CHAIRMAN. Different from the organism which is connected with tuberculosis?

Dr. SHAPIRO. Yes, sir.

The CHAIRMAN. Does it occur in many cases?

Dr. SHAPIRO. There have been quite a few cases. I do not know the exact number, but it is a disease of military importance, because it brought men into this desert country where they have never been in contact with the disease, never had an immunity for it, if you can

acquire an immunity, and came down with it as the result of serving in that area.

The CHAIRMAN. Is it curable?

Dr. SHAPIRO. Over a long period of time, many of these cases recover; yes, sir.

The CHAIRMAN. What is the therapy?

Dr. SHAPIRO. Usually rest.

The CHAIRMAN. What is scleroderma?

Dr. SHAPIRO. Scleroderma is a disease of certain layers of the skin with hardening, which is a chronic disease and probably has a glandular origin as its basis. They are quite rare. There are just a very, very few cases, but they are sticking out like a sore thumb. When a man shows up with it a few weeks or a few months after discharge, he is told that it is not service connected, and it is a chronic disease.

The CHAIRMAN. Is the cause known?

Dr. SHAPIRO. No, sir.

The CHAIRMAN. What is the cure?

Dr. SHAPIRO. I do not know of any cure, sir.

The CHAIRMAN. One of those things that linger on.

Dr. SHAPIRO. Yes; it usually does.

The CHAIRMAN. Is it fatal?

Dr. SHAPIRO. Rarely so.

The CHAIRMAN. Does it disable a man from performance of normal life?

Dr. SHAPIRO. Yes, sir.

The CHAIRMAN. Is it infectious?

Dr. SHAPIRO. No, sir.

The CHAIRMAN. Osteomalacia.

Dr. SHAPIRO. Osteomalacia is a disease, a softening of the bone, which is thought to be due to certain vitamin deficiencies. Some papers have been published recently showing that troops who were on various types of rations during the last war did actually develop this condition. It is a disease associated with vitamin deficiencies which could have been brought about by these various ration diets that the men had under combat.

The CHAIRMAN. What is the prognosis of that disease?

Dr. SHAPIRO. I think it is good with treatment, with the supplying of the necessary vitamins, unless there has been so much damage that cannot be repaired. But usually it is good with treatment.

The CHAIRMAN. What are the symptoms?

Dr. SHAPIRO. The symptoms are very similar to those of arthritis, and other bone diseases, except that the X-ray does show some rather characteristic changes.

The CHAIRMAN. I notice that you omitted from the list encephalitis residuals and myocarditis. Why?

Dr. SHAPIRO. We do include chronic myocarditis here in cardiovascular-renal diseases. I think it would come under the heading of cardiovascular diseases. Organic diseases of the nervous system, including tumors of the brain, cord, or peripheral nerves include encephalitis, lethargic, which is an organic disease of the central nervous system, but it is subject to rebuttal, for example, if the man comes down with an acute encephalitis or during an epidemic after discharge.

The CHAIRMAN. You have omitted that from your list?

Dr. SHAPIRO. No, sir; we have not. It is included under the heading of organic diseases of the nervous system.

The CHAIRMAN. So that is not significant.

Dr. SHAPIRO. That is correct. That can be due to an epidemic occurring a few weeks or months after discharge, and the Government should have the right of rebuttal.

The CHAIRMAN. What is the myocarditis?

Dr. SHAPIRO. That literally means inflammation of the heart muscle. It denotes a chronic degenerative process in the heart muscle, and is included under the cardiovascular diseases.

The CHAIRMAN. Obviously it could be disabling.

Dr. SHAPIRO. Very much so, and if shown within a year it should be service connected, and it is under present regulation, sir. That does not require a change.

The CHAIRMAN. It can kill?

Dr. SHAPIRO. Yes, sir.

The CHAIRMAN. Let us discuss the functional disorders of the nervous system to test the fairness of the presumption.

Dr. SHAPIRO. Of the functional diseases of the nervous system, some are already recognized as having a 1-year presumption by the Veterans' Administration, and that is the psychoses or the insanities, when they are functional types. That is the dementia praecox cases, the manic depressive cases, and so forth. However, the psychoneuroses, that is your anxiety states, your hysterias, your obsessive compulsive neuroses, at the present time do not have any presumption whatsoever. In many cases dislocating the man from his usual environment, subjecting him to the stresses and strains of military service frequently at great distances, and over long periods of time from his family, the man is apt to develop a functional nervous disorder, such as a psychoneuroses, this frequently is not recognized by the medical officer, who is not trained in neuropsychiatry, and then the veteran comes out of service, and although he may persist with similar complaints that he had in service, he is often not diagnosed as having a functional nervous disorder within a few months after discharge.

Many of these cases are service connected on the basis of their service if there are adequate records and affidavits. I think that in those cases where the history does not show any intervening cause after discharge, between date of discharge and a year after his discharge from service, the Government should now service-connect these cases, and in this bill they would have the clear right of rebuttal; at the present time we find many cases of rather disabling psychoneuroses showing up a few weeks after discharge where the man had rather strenuous and lengthy military service with no previous history. We find this individual is often not service connected. I realize it is pretty difficult to blanket in all of these cases.

The CHAIRMAN. What is the size of this, how many?

Dr. SHAPIRO. It is a large group. I think had there been a more liberal attitude of the Veterans' Administration in considering each individual case, and the type of service he had, one would not have to ask for this type of legislation. But as it is, we not only find that this is not being applied, but some months ago a certain regulation or extension to the rating schedule came out asking for review of the cases that were already on the rolls, and in many places in this country there was a wholesale removal of these cases that were already put on.

We have been able to restore many of them either administratively or by further development.

The CHAIRMAN. As a practical matter, how would it work? Give us some case illustration of how the bureau could make good its right of rebuttal in a disease of that kind.

Dr. SHAPIRO. Well, I would state that an individual who had no previous history of a psychoneuroses and serves and comes back, and within 6 or 8 or 10 months after discharge from service has a death in the family, a business reversal, a disappointed love affair, or his wife leaves him, then we have something concrete to show that his psychoneuroses was a reaction to a definite situation, not necessarily due to service. Obviously we do not want these cases service connected but in those cases where the social-service report or other investigation, the Veterans' Administration shows no intervening cause between date of discharge and the onset of the condition, and no neurotic traits or symptoms prior to service, I think it is perhaps good equity, especially where a man had a fairly long period of service, to consider that the service did in fact contribute in some manner or altogether in the production of the neuroses.

The CHAIRMAN. What effort do they make at the time of induction to determine these nervous disabilities?

Dr. SHAPIRO. Well, the Veterans' Administration in their basic law always is allowed to exercise sound medical judgment.

The CHAIRMAN. I mean when a man goes in the service, what tests is he subjected to, to determine whether he is a nervous case?

Dr. SHAPIRO. Well, that is a rather sore subject with me. I have always felt that frequently adequate examinations were not given, but toward the latter part, we will say the latter half of the war, there was phychiatric screening done at induction centers, and then when the men did get transferred to their replacement or training centers, they had further psychiatric study, and many were eliminated within a few weeks after their entrance into the service.

Obviously, these cases would not come under this provision. But personally I feel that more adequate screening of psychiatric cases should take place.

The CHAIRMAN. Are there any durable statistics that show the normal incidence of this trouble according to age groups, aside from war service?

Dr. SHAPIRO. No, sir. Most of these cases are not hospital cases, and go to private doctors' offices, and the general practitioners handle the largest percentage of them. Many never reach the psychiatrist. Therefore I think it will be impossible to get accurate statistics as to the incidence of psychoneuroses.

The CHAIRMAN. How wide will this open up this subject matter?

Dr. SHAPIRO. I do not think it will open it up very wide, because it will be limited to the 1 year after discharge with a free right of rebuttal, Senator. As far as the World War I veterans are concerned, they had a period of presumption up to the first of January 1925 for the showing of a functional nervous disorder. We do not ask for such an extension beyond a year, and then only to include those cases where the Government cannot find anything to show that it was due not to service.

The CHAIRMAN. Has anyone estimated how many might get the benefit of this presumption who are being deprived of it at the present time?

Dr. SHAPIRO. Perhaps the VA can estimate it. There is one other factor in this that I think is very important, and I have discussed it with psychiatrists within the VA and without. I discussed it with Dr. Blaine when he was Chief of the Neuro Psychiatric Division of the Va. Many of these cases if treated early, that is, when their disease has been in existence for only a short time, have very good results with adequate treatment. If allowed to go on for a period of time without treatment, many become chronic invalids. At the present time these individuals are unable to get any treatment whatsoever, because they are not hospital cases. They cannot get out-patient treatment because they are nonservice connected, so I think we are building up a large reservoir of individuals who are becoming charges on the community if they do not get treatment.

The CHAIRMAN. Would you mind discussing the tropical disease part of this bill.

Dr. SHAPIRO. Cholera is hardly a problem. Amebic dysentery is a problem. Amebic dysentery is a problem because in many instances we find that the disease is not recognized for a considerable period of time, even when the individual is under the care of the Veterans' Administration.

To cite an example, we had correspondence from New Orleans, La., from a physician who heads up a tropical disease clinic connected with Tulane University, where he reported on fifty-some-odd cases of amebic dysentery of men who served in zones where this condition was endemic, who had had this condition missed by the Veterans' Administration.

Also at our recent meeting of our Rehabilitation Commission in Washington, March 9, Dr. Thomas Mackie of the Bowman Gray School of Medicine, who is an outstanding expert on tropical diseases, came to the conference to see what could be done to take care of many of these men who are not presently service connected by the VA, and he stated that approximately one-third of these cases had passed along unrecognized for a considerable period of time.

The CHAIRMAN. Are these diseases always associated with tropical service, or may they be picked up even though the victim has had no tropical service?

Dr. SHAPIRO. Usually it implies tropical service or an area where the disease is endemic. During the 1933 World's Fair, in Chicago, some orientals came into this country to attend the fair, and stopped at a certain hotel where the plumbing was bad, and the water became infected, and quite a number of individuals come down with amoebic dysentery in that manner. But it was transmitted by people who did live in the oriental or tropical countries.

The CHAIRMAN. So that this presumption would not necessarily apply only to those who have had tropical service.

Dr. SHAPIRO. Unless the individual did live in an area where it is endemic. For example, you take a veteran who did not have tropical service, or who could have had tropical service, who then goes into the merchant marine or travels in an area where the disease is endemic, after discharge. The presumption would then be that he

picked up this condition after discharge in residing or visiting or traveling through these areas. But we think that the individuals who did serve in areas where these tropical diseases were endemic, who showed up with it within a year should be service connected. They are applying that rule in malaria now, for example.

The CHAIRMAN. I will not take the time to ask you to describe each of these tropical diseases. We would appreciate it if you would submit a summary statement giving us something of the nature of the disease, the symptoms, the prognosis for the treatment, and so forth, so that we will have a little information in the record on exactly what these diseases are.

Mr. KRAABEL. Would you want that from the doctor at any given time?

The CHAIRMAN. It ought to come in very promptly, because we are moving rapidly.

Mr. KRAABEL. We will try to get that for you, sir.

The CHAIRMAN. Do not make it technical. Just put it in lay terms, in layman's language, then, short and sweet, so we can, when we are asked what these diseases are, at least make some effort to give something approaching a sensible answer to the question.

(The list referred to follows:)

BRIEF DEFINITIONS OF DISEASES LISTED IN H. R. 3889

Anemia, primary: Disease of the blood or blood-producing organs causing deficiency in quantity or quality of blood.

Arteriosclerosis: Hardening or thickening of the walls of the arteries and branches thereof.

Arthritis: One of the diseases sometimes referred to as "rheumatism." Inflammation of joints with overgrowth of cartilages, bone, and membranes, or destruction thereof.

Bronchiectasis: Dilatation of the walls of the bronchia of the lungs.

Calculi of kidney, bladder, or gall bladder: Stones in the kidney, bladder, or gall bladder.

Cardiovascular-renal disease: Sometimes referred to as the vicious circle involving the heart, blood vessels, and kidneys (this to include myocarditis, an inflammation or degeneration of the heart muscle, i. e., organic cardiac disease).

Hypertension: Commonly referred to as high blood pressure.

Buerger's disease: Inflammation of a blood vessel with abscess, clot formation, and gangrene of extremities.

Raynaud's disease: A clinical picture similar to Buerger's, but due to local spasm of the blood vessels and also followed in some cases by gangrene.

Cirrhosis of the liver: Inflammation and hardening of the liver.

Coccidioidomycosis (note this correct spelling): Disease of the lungs, sometimes called valley fever or desert fever.

Endocarditis: Inflammation of the lining membrane of the heart.

Diabetes mellitus: A disorder in which the ability to oxidize sugars is lost due to faulty activity of the pancreas, and characterized by an increase in the amount of sugar in the blood and urine, and by loss of weight, strength, etc.

Endocrinopathies: Diseases due to disorders of internal glandular secretions.

Epilepsies: Nervous diseases marked by seizures with convulsions and loss of consciousness.

Hodgkin's disease: Progressive and fatal anemia with excessive fullness of lymph glands.

Leukemia: Disease of the blood and blood-making organs in which the white blood corpuscles are permanently increased and the spleen often enlarged, usually fatal.

Nephritis: Inflammation of the kidneys.

Osteitis deformans: Inflammation of the bone, with distortion of the bone affected.

Osteomalacia: Softening of the bones due to lack of proper nutrition (vitamin).

Scleroderma: Disease in which the skin or part of it becomes hard, rigid, and thickened.

Tumors, malignant: Growths of a cancerous nature.

Ulcers, peptic (gastric and duodenal): Ulcers of the stomach or bowel adjacent to the stomach.

Cholera: A serious, acute diarrheal disease due to a specific cholera germ.

Amoebic or bacillary dysentery: A diarrheal disease caused by an amoeba (protozoan organism) or by a germ (bacilli), frequently resulting in chronic debilitating illnesses.

Filariasis: A disease due to a specific worm which leads to an enlargement of the lymphatics and certain tissues, bleeding in the urinary tract, abscess formation, and a deformity of the extremities or genitalia, commonly known as elephantiasis.

Fungus diseases: This is meant to include only those fungus diseases (due to certain plant life, molds, etc.) which are essentially of tropical origin or nature. Specifically, this should read the fungus diseases of tropical origin.

(NOTE.—This does not include all fungus diseases, as was testified to by the VA witness, but is qualified in the bill to be only of tropical origin.)

Leishmaniasis: An infectious disease of tropical origin due to a certain parasite which invades usually the liver and spleen.

(NOTE.—Erroneously misspelled in the bill.)

Leprosy: A disease due to an infection by a specific germ which causes disturbance in the skin, nerve tissue, and bones. The disease is especially present in certain tropical areas.

Loiasis: A specific infection of a certain filarial organism. (See Filariasis.)

Malaria: A disease caused by a specific parasite transmitted usually by a certain species of mosquito and usually found in a tropical area.

Black water fever: A very serious and often fatal infectious disease occurring in tropical zones and characterized by chills and irregular fever, presenting a picture similar to malaria but also causing involvement of the kidneys and bloody urine.

Onchocerciasis: An infectious disease produced by a filarial worm. (See Filariasis above.)

Oroya fever: An endemic specific disease of the skin occurring in South American countries.

Oracontiasis (dracontiasis): An infection caused by a filarial parasite. (See Filariasis.)

Pinta: A parasitic skin disease of the Tropics.

Plague: Any contagious malignant epidemic disease, many forms of which are fatal. This specifically refers to contagious disease endemic in the Orient and the Tropics.

Relapsing fever: An acute infectious disease due to a spirochete, causing chills, fever, pain in the back and limbs, enlargement of the spleen with variable paroxysms of fever.

Schistosomiasis: Frequently found in Asiatic countries, particularly China and Japan, with resultant enlargement of the liver and spleen, diarrhea, and bloody stools.

Yaws: A contagious disease of hot regions, marked by raspberrylike tumors, caused by a spirochete.

Yellow fever: An infectious fever, chiefly of tropical America, with intense pains, jaundice, vomiting of blackened blood, transmitted by the bite of a certain mosquito.

Organic diseases of nervous system: Demonstrable changes in the brain, spinal cord, or peripheral nerves (those outside the brain and spinal cord), as distinguished from:

Functional disorders of the nervous system: Disease processes involving the nervous system without demonstrable bodily changes in same, but characterized by disorders manifesting themselves in disturbance of emotion, thinking, feeling, and acting. Present VA regulations include only the psychoses (insanities) in the chronic disease list, but do not include the chronic psychoneuroses or neuroses, i. e., those disorders classified as anxiety states, hysteria, neurasthenia, obsessive compulsive neuroses (psychasthenias), hypochondriasis, and neurocirculatory asthenia. These disorders (psychoneuroses or neuroses) are manifested by such symptoms as insomnia, emotional instability, inability to con-

centrate, depression, various fears and anxieties, certain obsessions, compulsions or anxiety reactions, tremors, weakness, sometimes paralyses, and many bodily symptoms unexplained by organic changes in the various organs of the body. A combination of all of these symptoms may be present in the various types of the psychoneuroses. These conditions, while not demonstrating organic changes in the body, can be definitely identified and represent true disease entities, which may impair the purposeful application of the individual's ability to self-control and self-support, and accordingly reduce earning capacity and social adaptability as effectively as the loss of any physical function. They usually represent the individual's reaction to various stresses, strains, fears, etc., i. e., emotional reactions, and often are not recognized or are misdiagnosed in their early stages.

As regards the organic diseases of teh nervous system, the 1945 Schedule for Rating Disabilities (the schedule the VA now uses) limits the designation of organic diseases of the central nervous system to certain diseases listed on pages 110–111 of this schedule. This does not compare with the entire list of chronic organic diseases of the nervous system as was applicable under the 1925 Schedule of Disability Ratings. At present there are some diseases of the central nervous system which are not included on pages 110–111 of the 1945 schedule. VA regulations R. and P. R. 1086 defines an organic disease of the nervous system as applying only to those disorders listed on pages 110–111 of the schedule. Under such an interpretation, the Veterans' Administration has eliminated from consideration as a chronic disease or as an organic disease of the nervous system all of the organic diseases of the cranial nerves (nerves of the brain) and chronic organic diseases of the peripheral nerves (those nerves outside of the brain and spinal cord but which may be associated in a disease process involving those parts).

Mr. KRAABEL. I wanted to bring out again that in this bill the veterans' groups are dealing with a list of chronic diseases. We are not dwelling so much on the presumption because we feel that the medical experience and knowledge of these gentlemen in the VA, and on the outside, in medicine, show that the chronicity of a disease could establish it as due to service, and we are not employing the word "presumption" as it might have been implied during the discussion here.

The CHAIRMAN. Are there any questions? The doctor is discussing the nature of these diseases which are taken in by presumption.

Senator MARTIN. I think it is very important that it be, having had a lot of experience, I understand these things, but I become very confused if you use the technical language. If you will just use plain language in your summary, it will be most helpful in our consideration.

Mr. KRAABEL. May I say, Mr. Chairman, that I tried also to get the meaning of many of these terms, and I found that there are four or five in there that are generated by the invasion of a worm into the human body.

Well, now, those things you could get right away if it was described in that language.

Senator MARTIN. That is correct.

The CHAIRMAN. Do the best you can to give us a description that a layman can understand without too much effort.

Mr. KRAABEL. We will be glad to do that.

Senator BARKLEY. Will you mind furnishing a technical description for me? [Laughter.]

The CHAIRMAN. Are there any further questions on the medical aspects of this matter? We may ask for further remarks later on this subject.

Under the program, who is the next witness? Mr. Ketchum, please.

STATEMENT OF OMAR B. KETCHUM, VETERANS OF FOREIGN WARS, WASHINGTON, D. C.

Mr. KETCHUM. Mr. Chairman and gentlemen of the committee, I am director of the national legislative service for the Veterans of Foreign Wars of the United States.

In accordance with an agreement reached between the representatives of the five veterans' organizations and the clerk of this committee, I shall not presume upon the time of the committee to go into a detailed argument or presentation of our viewpoint on this particular bill, H. R. 3889, which already has had extensive hearings in the House, and has been approved by the House.

I ask permission at this time to present for the record a brief statement which we have prepared and which has been furnished to the members of the committee. I will conclude my statement by saying that we hope this committee will agree with the five veterans' organizations that this is vital and essential legislation, and that the committee will report it favorably to the Senate.

I hope no member of the committee attempts to ask me about some of the medical terms which are applicable to this particular bill.

The CHAIRMAN. You wish to enter your statement of record?

Mr. KETCHUM. Yes.

The CHAIRMAN. It will be so entered at this point.

Mr. KETCHUM. I appreciate this opportunity of presenting the views of the Veterans of Foreign Wars of the United States with respect to the bill H. R. 3889.

For several years now the claims service of the VFW national rehabilitation service has been concerned with the increasing number of veteran claims who have been denied service connection due to existing VA regulations; yet where there existed sound judgment within the realm of reasonable probability that a certain disease or other disabling condition actually existed during the 1-year statutory period. From this experience we have come to the conclusion that the 1-year statutory period during which a disorder must manifest itself in order to establish service connection operates to the disadvantage of many veterans whose disabilities are in fact an incident to their service in the armed forces.

One of the best examples of situations which would be corrected by the enactment of H. R. 3889 is with respect to malaria. A man who develops malaria within 1 year after his departure from the Tropics is entitled to service connection. However, the man who develops it after that 1 year does not obtain service connection. Under what the doctors refer to as suppressive treatment, the disease may not manifest itself for 2 or 3 years.

Going one step further the technical bulletin issued by the VA relating to malaria and chronic diseases, tropical in origin, provides as follows:

> Duration of ratings for malaria based on relapses or recurrences * * * will be for a period of 1 year only. If medical evidence of the persistence of disability based on relapses or recurrences is received, the rating will be amended and extended to a date 1 year after the date of the last recurrence established by the medical evidence * * *.

We believe that this insistence on medical evidence alone is manifestly unfair because many of these diseases manifest symptoms which lend themselves to sound lay opinion. A veteran who suffers a small

attack of malaria is no more likely to run to a doctor than he would if he suffered a cut finger.

In the opinion of the Veterans of Foreign Wars, the bill H. R. 3889 will rectify many injustices brought about through a too rigid adherence to VA regulations which in themselves permit of little elasticity. The national encampments of the Veterans of Foreign Wars for several years past have gone on record as favoring legislation such as this. We therefore commend it to you for your earnest consideration with the hope that it will soon be approved and enacted into law.

The CHAIRMAN. I would like to have someone tell us about the requirements, so far as the type of discharge is concerned, to make the presumption effective. I notice that in the case of tropical diseases, honorable discharge is required. What is the requirement so far as the other types of disease are concerned?

Mr. KETCHUM. I think the general prevailing type of discharge, Mr. Chairman, is a discharge other than dishonorable which qualifies for most of the benefits applicable to veterans. If this bill specifies particularly an honorable discharge, I do not think any effort has been made to make the requirements, that is, the service requirements under this bill in anywise different than other requirements for benefits for existing disabilities.

The CHAIRMAN. Colonel Miller calls my attention to the fact that that relates to the regular service part of this bill.

Mr. KETCHUM. Yes.

Mr. MILLER. Section 2.

Mr. KETCHUM. Yes. I see.

The CHAIRMAN. Who is going to discuss the regular service part of the bill? That is section 2. Is it the opinion of your organization, Mr. Ketchum, that these diseases which have been included, which will carry the presumption with them do have a reasonable relationship?

Mr. KETCHUM. Yes; we believe that, and as I have said, had it not been for the fact that we had a definite agreement that the American Legion would detail this particular bill, we would have had here this morning our own medical consultant who would have been able to supply information to the committees. But we did not wish to presume upon the time of the committee, and realizing that you wanted to get through with these hearings. The American Legion with their medical consultant was here this morning to detail the medical implications of it.

But we agree with the statements made by Dr. Shapiro, and with the presentation made by the American Legion, that these diseases which have been listed here are those types which warrant careful examination, with a strong possibility that if they served in areas where, as the doctor says, those diseases are prevalent, there is implication of service connection.

The CHAIRMAN. You believe that under the right of rebuttal Veterans' Administration will be able to protect the interests of the Government?

Mr. KETCHUM. We have every reason to believe that that is correct.

The CHAIRMAN. Thank you very much, Mr. Ketchum.

Mr. KETCHUM. Thank you.

The CHAIRMAN. Mr. Tate is here now, I understand. Will you come forward? Will you be seated and identify yourself?

STATEMENT OF WILLIAM E. TATE, NATIONAL DIRECTOR FOR CLAIMS, DISABLED AMERICAN VETERANS, WASHINGTON, D. C.

Mr. TATE. William E. Tate, national director for claims, Disabled American Veterans, Washington, D. C.

Mr. Chairman, I wish to apologize first for being late. I just got in on the train, and I will not take up the time of the committee, other than to say that we of the Disabled American Veterans wish to concur in the statements of the other organizations.

I would also like permission to insert into the record a statement with reference to the bill.

The CHAIRMAN. Thank you very much. That will be done. We will enter it in the record.

Mr. TATE. The first proviso of the bill amending Veterans' Regulation No. 1 (a), parts I and II, specifies the diseases that are, in our opinion, to be considered as chronic diseases for the purpose of 1 year presumption of service connection as now authorized by subparagraph (c) of paragraph I, part I, Veterans' Regulation No. 1 (a), as amended. The majority of the diseases mentioned are contained in Veterans' Administration R. and P. R. 1086, but we submit some additional conditions that should be incorporated in the diseases entitled to statutory presumption of service connection. The additional diseases that we feel are medically and legally sound are:

1. Bronchiectasis: A chronic disease marked by dilation of the bronchi or bronchioles and clinically by fetid breath and paroxysmal coughing, with the expectoration of mucopurulent matter. A sufferer from this disease is markedly disabled.

2. Calculi of the kidney, bladder, or gall bladder: Stones or pebbles forming in the organs that cause severe disability. These stones cannot be formed in a short time but require considerable time for formation to reach the disabling stage.

3. Buerger's disease and Raynaud's disease: Both are characterized by their progressive nature, often resulting in amputation of the parts involved.

4. Cirrhosis of the liver: A disease of the liver marked by thickening of the elements of the stroma, afterwards contracts, producing atrophy and degeneration. It was thought for many years that this disease was due to misconduct but it is now known to be from causes other than alcohol.

5. Coccidioidomycosis: It is marked in initial stages by symptoms resembling those of pulmonary tuberculosis—San Joaquin Valley fever. This disease is peculiar to the southwestern portion of the United States and is caused by a spore that is found in the desert. Those who trained in that area are potential sufferers from the disease.

6. Ostemalacia: A disease marked by increasing softness of the bones so they become flexible and brittle, leading to deformities. It is attended with rheumatic pains; the patient becomes weak and may die from exhaustion. It occurs chiefly in adults and is due to vitamin D deficiency. This condition could well develop as result of privation suffered by prisoners of war.

7. Tumors of the cord or peripheral nerves: The present regulations provide service connection for tumors of the brain but no provision for tumors of the cord or peripheral nerves. As the cord or periph-

eral nerves are a part of the central nervous system, they should be included.

8. Functional disorders of the nervous system: It is a known fact that great numbers of veterans, particularly those who had combat service and were discharged on points alone, did not complain of disabilities of any nature when they were discharged from service but shortly thereafter were found, when examined by competent psychiatrists, to be suffering from functional nervous disorders.

9. Scleroderma: A disease of the skin in which thickened, hard, rigid, and pigmented patches occur, the connective tissue of the corium and subcutaneous structures being increased, a hide-bound condition resulting. The ordinary form begins in middle life and is often incurable.

Mr. Chairman, unless there are some questions by the members of the committee, that is all.

The CHAIRMAN. I would like to have someone tell us, if anyone here is in position to do so, what is the scope—what would be the scope of these nervous cases that would be given the benefit of the presumption, and I suppose at some stage of the hearing someone will tell us what are the costs involved in this bill.

Mr. TATE. The nervous diseases included in this bill are the functional nervous diseases; that is, the diseases like hysteria, psychoneuroses, neurasthenia, and so forth. This bill leaves a good deal of latitude on the important phases of this to the Veterans' Administration in that they can use medical judgment in deciding whether or not they are within the presumptive period, taking into consideration the incubation period of the various diseases.

The CHAIRMAN. That has been explained to us, but we have been trying to get some kind of an estimate of how many people would receive the benefit of the presumption who would not receive it unless the presumption was made into law.

Mr. TATE. Well, that is a difficult thing. This may throw some light on it. There are a number of men who were given direct service connection for such disability who on reviews have recovered and have had that service connection severed. The effect of this war on the nervous system I do not think is too well understood as yet. It is too close to the war. But there is that one indication that the number would not be so large because under new regulations that the VA put out, all of these functional, nervous diseases were reviewed; as the result of that review, many, many of them were taken from the rolls as having been at the point now where they were less than 10 percent disabled. Presumably the VA may have an estimate on that.

The CHAIRMAN. I notice that your prepared statement, Mr. Tate, has some description of these various diseases which would be subjected to the presumption.

May I ask the doctor who just left the stand to look over this statement of Mr. Tate? It may serve a part of the purpose that we would like to have served in giving us a clear description of these diseases. It is not necessary to do anything about it now, but perhaps you will be content with this.

Thank you, very much.

Mr. TATE. Thank you.

The CHAIRMAN. Next is William W. Floyd.

STATEMENT OF WILLIAM W. FLOYD, NATIONAL COMMANDER, REGULAR VETERANS ASSOCIATION, WASHINGTON, D. C.

Mr. FLOYD. Mr. Chairman and members of the committee, my name is William Floyd. I am the national commander of the Regular Veterans Association. We concur with the other four organizations in this piece of legislation, H. R. 3889.

Dr. Shapiro of the American Legion has assured me on section 2 that he will submit a statement in behalf of what you just asked, Mr. Chairman.

(The information will be found on p. 11.)

Not to take up any more time, I think the bill has been discussed thoroughly. I appreciate the opportunity to come before you.

The CHAIRMAN. We are very glad to have you here. Your statement will be made a part of the record.

Mr. FLOYD. Mr. Chairman, members of the committee on Finance, my name is William W. Floyd. I am the national commander of the Regular Veterans Association. Our organization is composed of all members who have honorably served, or who are serving their country today. I might further state that all of the women components are eligible for membership in the Regular Veterans Association.

I am happy to have the privilege and honor to submit herein a statement on H. R. 3889, introduced by Mr. Patterson. We are in full accord with the provisions of this bill, and are further mandated by a joint committee of the American Legion, AMVETS, Disabled American Veterans, and Veterans of Foreign Wars. We consider it a very worthy cause, and sincerely hope that the committee will give this bill favorable action today.

Thank you.

The CHAIRMAN. Thank you.

Next is Mr. Robert McLaughlin. Will you identify yourself to the reporter?

STATEMENT OF ROBERT E. McLAUGHLIN, NATIONAL DIRECTOR, AMVETS (AMERICAN VETERANS OF WORLD WAR II), WASHINGTON, D. C.

Mr. MCLAUGHLIN. Robert E. McLaughlin, national director of AMVETS.

Mr. Chairman, AMVETS at its national convention in 1947 passed a resolution expressly supporting this bill, H. R. 3889, and in accordance therewith we entered into an agreement with the other organizations to support the bill.

I have personally no technical testimony to make, because the medical advisers of the other organizations have provided that information. I would like permission to file a statement, however.

The CHAIRMAN. It will be entered of record at this point.

Mr. MCLAUGHLIN. Thank you. AMVETS appreciates the opportunity of appearing before this committee to offer our endorsement and support of H. R. 3889. This congressional committee has heard exhaustive testimony on the merits of this bill and we in AMVETS at this time do not intend to go into the medical aspects of the case.

We believe it has been fully covered by doctors' testimony of other veterans' organizations and by Veterans' Administration officials themselves.

We are in complete accord with the provisions of this bill because we believe that the veterans who served in tropical climates of the world during the recent war have been more or less left unprotected as far as an actual application of the present law goes. Such conditions as malaria and filariasis and any one of the other great number of tropical diseases which have never been known in this country are at the present time, and will continue in the future to affect greatly the lives and continued existence of a large number of veterans who served in the Pacific and tropical areas. We believe that in a great many instances veterans have contracted certain diseases which cannot be diagnosed by the medical profession. We are in accord with the popular beliefs that these diseases are the direct manifestation of the exposures to which the veterans subjected themselves while members of the armed forces in tropical areas. We believe that the 1-year presumption which is given to certain other diseases should be extended to these tropical diseases in order to administer effectively the true intention of the Veterans' Administration regulation in this regard.

It is a fact that in a great many instances veterans were ordered to take suppressive treatment all during their period of tropical service in order to ward off any manifestation of diseases as are enumerated in this bill. However, as soon as the suppressive activity was terminated, the diseases became manifest and the veteran is today plagued with these diseased conditions. We therefore strongly urge that this committee report out favorably H. R. 3880.

The CHAIRMAN. Next is Mr. Lawrence A. Lawlor, who is here representing Mr. Birdsall. Will you be seated and identify yourself to the reporter?

STATEMENT OF LAWRENCE A. LAWLOR, DIRECTOR OF LEGISLATIVE PROJECTS, VETERANS' ADMINISTRATION, WASHINGTON, D. C.

Mr. LAWLOR. Lawrence A. Lawlor. I am Director of Legislative Projects, and I represent Mr. Birdsall of the Veterans' Administration.

Under date of November 18, 1947, the Veterans' Administration submitted a report on H. R. 3880 to your committee. It is a rather lengthy report, and I ask that it be incorporated, if it suits the committee, rather than be read into the record.

The CHAIRMAN. We will incorporate it in the record.

(The report follows:)

VETERANS' ADMINISTRATION,
OFFICE OF THE ADMINISTRATOR OF VETERANS' AFFAIRS,
Washington 25, D. C., November 18, 1947.

Hon. EUGENE D. MILLIKIN,
Chairman, Committee on Finance,
United States Senate, Washington 25, D. C.

DEAR SENATOR MILLIKIN: Further reference is made to your letter of September 8, 1947, requesting a report on H. R. 3880, Eightieth Congress, an act to amend Veterans' Regulation No. 1 (a), parts I and II, as amended, to establish a presumption of service connection for chronic and tropical diseases.

The purpose of section 1 of the bill is to amend subparagraph (c) of paragraph I, part I, Veterans Regulation No. 1 (a), as amended, so that the existing

rebuttable presumption of service connection for chronic diseases will include certain specified diseases and such other chronic diseases as the Administrator of Veterans' Affairs may add to such list; also to provide that, subject to the limitations of subparagraph (c), tropical diseases such as those named in the bill and others, and the resultant disorders or diseases originating because of therapy administered in connection with such diseases, or as a preventative thereof, shall be accorded service connection when shown to exist to a degree of 10 percent or more, within 1 year after separation from active service or at a time when standard and accepted treatises indicate that the incubation period thereof commenced during active service. Section 1 states that, "Nothing in this paragraph shall be construed to prevent service connection for any disease or disorder otherwise shown by sound judgment to have been incurred in or aggravated by active service."

Section 2 of the bill would amend Veterans Regulation No. 1 (a), part II, paragraph I, as amended, by adding a new subparagraph (d) to provide a rebuttable presumption of incurrence of tropical diseases set out therein for any person who served in the military or naval service for 6 months or more and was honorably discharged, similar to that which would be afforded as to tropical diseases by the proposed amendment to part I for wartime veterans.

Veterans Regulation No. 1 (a), part I, paragraph I, subparagraph (c), presently provides that as to a chronic disease becoming manifest to a degree of 10 percent or more within 1 year from the date of separation from active service, such disease shall be considered to have been incurred in or aggravated by service, notwithstanding there is no record of evidence of such disease during the period of active service, and provided the person suffering from such disease served 90 days or more in the active service, as specified therein, and provided further that where there is affirmative evidence to the contrary, or evidence to establish that an intercurrent injury or disease which is a recognized cause of such chronic disease has been suffered between the date of discharge and the onset of a chronic disease, or the disability is due to the person's own willful misconduct, service connection will not be in order. This presumption is applicable to veterans of the Spanish-American War, including the Boxer Rebellion and the Philippine Insurrection, World War I, and World War II.

Under the authority of subparagraph (c), supra, this presumption is presently restricted to the following chronic diseases: Anemia, primary; arteriosclerosis; arthritis, cardiovascular-renal disease, including hypertension; diabetes mellitus; encephalitis lethargica residuals; endocarditis; endocrinopathies; epilepsies; Hodgkin's disease; leukemia; leprosy; myocarditis; nephritis; psychoses; tuberculosis, active; tumors, malignant, or of the brain; organic diseases of the nervous system; osteitis deformans (Paget's disease); and Buerger's disease. Also, to the following specified tropical diseases: Amebic dysentery; bacillary dysentery; filariasis (Bancroft's type); leishmaniasis, including kalaazar; schistosomiasis trypanosomiasis; yaws; and malaria. The Administrator may by appropriate regulation extend the list to include other diseases.

The diseases which it is proposed to add to the list of chronic diseases are (1) bronchiectasis, (2) calculi of the kidney, bladder, or gall bladder, (3) Raynaud's disease, (4) cirrhosis of the liver, (5) coccidiomycosis (coccidiodomycosis), (6) osteomalacia, (7) functional disorders of the nervous system, and (8) scleroderma.

It is noted that existing instructions include as chronic diseases encephalitis lethargica residuals and myocarditis, which have been omitted from the list in the bill; also it may be noted that the bill transposes leprosy from the list of chronic diseases to the list of tropical diseases.

Section 2 of the bill, as heretofore noted, would create a presumption of incurrence of tropical diseases for the benefit of peacetime veterans. While there is a presumption of soundness at enlistment provided in subparagraph (b), paragraph 1, part II, Veterans Regulation No. 1 (a), as amended, there is no provision extending a presumption of service incurrence or aggravation to a chronic disease becoming manifest after discharge.

The enactment of an extension of a presumption accorded tropical diseases to other than wartime service would be an innovation. It will be noted that the presumption which would be accorded by the new subparagraph (d), paragraph I, part II, of Veterans Regulation No. 1 (a), as amended, would not be subject to the proviso contained in subparagraph (c), paragraph I, part I of such regulation that where the disability is due to the person's own willful misconduct, service connection will not be in order. Consequently, the presumption as to peacetime veterans would to that extent not be in accord with the provisions of

subparagraph (c), paragraph I, part I. Moreover, the presumption would be applicable only to peacetime veterans who are honorably discharged, whereas a discharge under conditions other than dishonorable is the prerequisite for entitlement to benefits provided under Public, No. 2, Seventy-third Congress, March 20, 1933, and the veterans' regulations issued thereunder.

The basic reason for the presumption now embraced in subparagraph (c), supra, is that during time of war, emergency conditions exist and thorough medical examinations and complete records are not made. However, such conditions do not prevail with reference to persons enlisted in the Regular Establishment, and almost without exception complete medical and clinical records are available as to this group. Not infrequently during war, such records as are made become lost or destroyed. It may be noted also that the presumption proposed by section 2 of the bill will be applicable to all veterans of the Regular Establishment, otherwise eligible, regardless of place or date of service.

The bill would not give wartime service connection to any case of malaria with or without "therapy administered" in connection with tropical diseases "or as a preventive thereof" not allowable under existing law and Veterans' Administration instructions and policies.

In order further to assist your committee in its consideration of the proposed legislation it is believed advisable to incorporate in this report a brief review of the history of rating service connection of chronic constitutional diseases. Beginning in 1920, it was found that determinations of service connection of certain diseases, particularly those which might be deemed "chronic constitutional diseases," were not uniform. Service connection was determined upon the basis of all of the evidence, and by applying medical judgment to reach a conclusion. Service connections had been granted in many cases where the only evidence was a diagnosis a considerable time after discharge and the probability of inception after discharge was clearly apparent from the standpoint of accepted principles of medicine. Under date of November 12, 1921, Veterans' Bureau Regulation No. 11 was promulgated on the subject "Service connection of chronic constitutional diseases." While the regulation was similar to the provision now contained in Veterans Regulation No. 1 (a), as amended, part I, paragraph I (c), it was designed to preclude the granting of service connection where the disease arose more than 1 year after discharge, except where medical evidence in the case affirmatively established that service connection was warranted. In other words, the regulation was for the purpose of outlining the scope of application of medical judgment in determining service connection to a period within which generally accepted medical principles would support a rebuttable presumption. It should be noted that the original and present regulations apply to cases where there is no record evidence of the existence of such disease during the period of active service, and the presumption of service connection is rebuttable by affirmative evidence to the contrary or evidence sufficient to establish that an intercurrent disease or injury which is a recognized cause of such chronic constitutional disorder has been suffered between the date of discharge from active service and the onset of the chronic disease, or the disability is due to the person's own willful misconduct.

Under the 1921 rating schedule, as amended, various diseases were listed as coming within the purview of the regulation. After the enactment of the World War Veterans' Act, June 7, 1924, the schedule of disability ratings, 1925, was promulgated, containing a revised list of such diseases, and augmented to include diseases analogous to chronic constitutional diseases. This list was established more from a medical viewpoint of diagnostic relationship, without reference to whether such disease could reasonably be attributable to active military or naval service. The list included certain conditions which could not be considered generally to be attributable to active service, and particularly in cases of comparatively short periods of service. Following enactment of Public, No. 2, Seventy-third Congress, March 20, 1933, commonly referred to as the Economy Act, Veterans Regulation No. 1 (a) incorporated the presumption but included a requirement of 90 days' service. The schedule of disability ratings, 1933, included a revised list of diseases, eliminating some of the less meritorious conditions. However, experience has shown that service connection has been granted in many instances where it is believed that the condition did not arise in service but it was impracticable or impossible to secure rebuttal evidence. This situation was also intensified by liberal application of presumption of soundness upon entry on active service.

It is believed that extreme care should be exercised in augmenting the list of diseases to be afforded the presumption. It is the view of the Veterans'

Administration that this can best be accomplished by continuing the existing Veterans Regulation No. 1 (a), part I, paragraph I (c), and administrative authority to make the medical and adjudicatory determinations.

Determination governing the selection of diseases to be included under the regulation is essentially one of an involved medical and adjudicatory nature. If a list of diseases is provided by statute it is suggested that the consideration of additions to the present list or subsequent additions to any statutory list would require detailed technical considerations by the Congress which in the opinion of the Veterans' Administration can best be handled administratively. Considering all the facts and circumstances, it is believed that your committee will desire to consider the inadvisability of introducing statutory presumptions of service connection for specific diseases. This statement is made in the light of experience under the War Risk Insurance Act, as amended, and the World War Veterans' Act, 1924, as amended, pertaining to World War I. Section 200 of the World War Veterans' Act, 1924, provided a conclusive presumption of soundness, except for conditions made of record at the time of entry into active service, and in addition, provided presumptive service connection for certain diseases arising to a 10 percent degree or more before January 1, 1925. The latter presumption was made conclusive as to certain diseases. This particular provision was repealed by the Economy Act of March 20, 1933, and restored with limitations by Public, No. 141, Seventy-third Congress, March 28, 1934 as amended. It is believed that any proposals to add any particular diseases to the present list should be for administrative determination, bearing in mind the difficulties heretofore explained, and the large load of World War II cases.

As to cost, it may be stated that insofar as the bill proposes to enact into law, generally, provisions contained in regulations of the Veterans' Administration, no additional cost is anticipated. However, the provision in the bill requiring a finding of service connection for functional disorders of the nervous system becoming manifest within 1 year after separation from active service where a finding of service connection would not be in order under existing law, would result in additional cost which the Veterans' Administration is unable to estimate on available data. Also, there are no available records on which to base an estimate of the cost of the presumption which would be extended by section 2 to veterans of the Regular Establishment for tropical diseases or disorders.

For the foregoing reasons, the Veterans' Administration is unable to recommend favorable consideration by the Senate committee of H. R. 3880, Eightieth Congress.

The Veterans' Administration has been advised by the Bureau of the Budget that there would be no objection to the submission of this report to the committee, as the enactment of the bill could not be considered in accord with the program of the President.

Sincerely yours,

OMAR N. BRADLEY,
General, United States Army, Administrator.

Mr. LAWLOR. I have with me Dr. Most, consultant to the VA on tropical diseases; also Dr. Boswell, assistant chief, general medicine division, department of medicine and surgery, and Mr. Brooks, on questions of service connection which arise under this bill.

If your committee wishes, I will have Dr. Most testify first with reference to tropical diseases.

The CHAIRMAN. I believe that would be well.

Will you be seated and identify yourself for the record.

STATEMENT OF DR. HARRY MOST, NEW YORK, N. Y.

Dr. MOST. Harry Most, New York. I have no specific comment with regard to this bill since the veterans' organizations did not discuss these items specifically. I would be glad to answer any questions which the Chair or the members might like to ask.

With regard to one item on which Dr. Shapiro commented, namely, amebiosis, I think it would be pertinent to point out that tropical service is not important in the acquisition of this infection, since it

has been stated on good grounds that approximately 10 percent of the native population in this country are infected with this parasite, and that it varies tremendously in different parts of the United States. For example, surveys in Tennessee, Georgia, Alabama, even some parts of California, in prewar eras the infection rate in the population might be from 10 to 30 or more percent. In New York, in Boston, in Philadelphia and Chicago, where I carried out surveys, the infection rate normally is very low, possibly 2 to 4 percent, but with dislocation of population groups, immigration, for example, in New York, in Puerto Ricans, the infection rate is probably 25 percent among specified groups.

The CHAIRMAN. Are your statistics sufficiently adequate so that the Veterans' Administration in the use of its rebuttal privilege could draw some conclusions from where a man had served?

Dr. MOST. Yes, I think these statistics have been adequately published by Colonel Craig, Dr. Ernest Carroll Faust, of New Orleans, and other well-known individuals in the field of amebiasis, so that this information could be drawn on in rebuttal.

The CHAIRMAN. How long does it take these diseases to incubate?

Mr. MOST. Specifically amebiasis is notoriously variable in its incubation period, but it does not imply disability. An individual can be infected for a long, long time, and not be disabled, and the diagnosis made only after competent and repeated stool examinations. The incubation period as a matter of fact is the result of human volunteer experiments where individuals took risks of entomebia hystolitica, some develop dysentery in a few days, and some went hundreds of days and never developed dysentery, and some never became infected.

The CHAIRMAN. So that a man could pick it up today after he left the service or any other period after he left the service within the year.

Dr. MOST. Yes.

The CHAIRMAN. Regardless of where he has served.

Dr. MOST. Yes. A native of Georgia could be infected before he went into the service or served in Guam or served in New York where amebiasis is negligently existent, and that would be no reason for service connection, the mere demonstration of infection. Some of the other diseases listed here are purely academic.

The CHAIRMAN. The presumption that would make it service connected, that is the purpose of the presumption, and the question then is does the bill give the Government adequate protection in rebutting the presumption.

Dr. MOST. Well, I think if you take for granted that everybody has, who has amebiasis, to pick the one that is discussed, that it is service connected, then the burden is on the Government to disprove it.

The CHAIRMAN. Exactly. And I am trying to estimate the difficulty of the burden.

Dr. MOST. Well, the burden would include——

The CHAIRMAN. The Government's burden would be to show that it was not service connected. How would the Government proceed to do that?

Dr. MOST. I think the Government would have to take into account the geographic area of residence of the veteran involved, his itinerary in service, and the clinical aspects. I suppose it could be done.

The CHAIRMAN. But since the disease is infectious, a veteran might never have served in one of these regions where the thing is endemic and at the same time have picked it up then in some other region in service or out of service.

Dr. MOST. Yes.

The CHAIRMAN. Am I correct?

Dr. MOST. Yes.

The CHAIRMAN. So I am just wondering how the Government would proceed to sift these cases and try to pin their service-connected aspect.

Dr. MOST. I think it is a difficult problem myself, and I wonder about the wisdom of making it presumptive.

Some other diseases here, I notice the Senator was interested in one of the prior witness' Latin, and some of these items are purely academic. As a matter of fact, cholera, for example, on this list is an acute disease, which manifests itself within a matter of hours after contact, and would have no bearing with regard to subsequent development of the infection.

Fungus diseases here are entirely too broadly listed, and I am sure that possibly 60 percent of the people in this room could be demonstrated to have fungi on their skin in some part of the body. Here again the question of presumption is too broad. I think the burden should be in the other direction, that the veteran should be the one to demonstrate that he has a service-connected fungus infection, rather than to demonstrate merely any fungus infection. Two items are misspelled. Leishmaniasis, in the bill, and oracontiasis, is a nonexistent term. Somebody left the upstroke off the "o" which should have been a "d."

The CHAIRMAN. Would you mind giving us a statement for the record, say before the day is over, pointing to misspellings?

Dr. MOST. Yes.

(The following was later submitted for the record:)

Delete oracontiasis, proper term is dracontiasis. Note correct spelling of leishmaniasis.

The CHAIRMAN. And make special note of the nonexistence of disease. We have enough trouble with existing disease.

Dr. MOST. That is why I mentioned it, because I thought you would be academically interested.

With regard to some of these other things I think they are adequately covered in the bill, because the incubation period is sufficiently long in some of them to make it presumptive, because these diseases are not endemic in this country. I will not mention their names. But they are acquired somewhere in Africa or other parts of the world, where one could presume that service in those areas was directly related.

The CHAIRMAN. Which are the diseases covered by the bill, if any, would you say, which should not carry the presumption?

Dr. MOST. Well, I do not think that amebic or bacillary dysentery should carry the presumption. In areas like New Mexico, Arizona, mental institutions, and other areas in the United States, bacillary dysentery or other infections are common enough so that one should not make it presumptive.

Fungus diseases I think should not be presumption.

Relapsing fever, which is endemic in Texas and in other parts of the United States should not carry presumption.

These other diseases are so rare, as a matter of fact, even in the military services, that an individual case could carry presumption and give the Government ample opportunity to rebut it with that if it were rebuttable.

The CHAIRMAN. Are you qualified to discuss nervous functional disorders?

Dr. MOST. No; my special field of interest is tropical medicine and parasitic diseases.

The CHAIRMAN. Are there any further diseases that you think should not carry presumption?

Dr. MOST. No, sir.

The CHAIRMAN. How many of these cases of these tropical diseases do we have to deal with?

Dr. MOST. I have some figures. These represent United States Army diagnoses from 1942 to 1945, and these diseases are listed here, and in some instances I do know these figures are not adequate.

Filariasis, 4,036; during that period. Leishmaniasis, 346, but this figure is probably low, because there were a fair number of such infections, notably of the skin, in Iran and the Middle East, particularly in Iran, where these cutaneous ulcers developed and healed spontaneously, or were cured. Schistosomiasis, 1,636, but this does not include the number which may have occurred in American prisoners of war of the Japanese and in Davau, the penal colony of Mindanao.

Coccidioidomycosis, 2,894; malaria, 462,060; diarrhea and dysentery, 523,211, and amebiosis, 7,303 for 1944 and for 1945, 26,998.

The major significant number of infections you can see are malaria and the diarrheal diseases. The others represent a relatively insignificant number, if you consider the large number of men exposed.

The CHAIRMAN. Do these tropical diseases mask themselves for any considerable period of time?

Dr. MOST. Some may be inapparent for several years. Schistosomiasis, for example, which is a worm infection acquired in the Philippines, an organism getting in through the skin, and then developing in the blood vessels, may be inapparent for a considerable number of years, and then manifests itself by enlargement of the liver or some lesion in the brain.

In all of the men I had an opportunity of studying, almost 1,500 of the 1,600 cases in the whole service, there were less than 1 percent with disability. At this late date the Veterans' Administration in conjunction with the National Research Council is carrying out a follow-up study. I submitted the names of these men to the Adjutant General and the National Research Council have been able to locate 95 percent of these men. We set up a pilot experiment in New York where they were invited to come in, at no cost to them, and have a thorough examination by a team of experts. And we are not discovering disability in these men at this time.

You may recall that the invasion of Leyte was D-day, the 20th of October 1944, and it is almost 4 years. So of these 1,500 men presenting disabling effects are negligible. It is probable that an equal number of men were infected and were never diagnosed, and only time will make these apparent.

The CHAIRMAN. Would not a brain lesion become disabling?

Dr. MOST. Yes; but these brain lesions were mostly acute during the first year, although they may occur at any time, and they simulate a

brain tumor, and be operated upon. To my knowledge there were no deaths from these simulated lesions, and we collected approximately 30 in the entire military service. There are an occasional one or two being published in the literature now and then, but we collected about 30 of them and published them.

The CHAIRMAN. Would you give us some rough estimate of what this presumption, what will the presumption include in terms of numbers of persons who would not be included before the presumption?

Dr. MOST. Sir, I would have no idea.

The CHAIRMAN. Is it an enormous figure?

Dr. MOST. I think if you include all of these other things, the other chronic diseases, I listened to as I sat back there were, particularly psychoneuroses, I think it would be an enormous number. I think that psychoneuroses in the population, and I am speaking out of my field, so these remarks should be taken with reservation, are such, the numbers are such that if you established presumption in a field like nervous disorders, you let the bars down to a tremendous number of individuals.

Senator BARKLEY. Does this bill make malaria presumedly service-connected?

Dr. MOST. I think it is already covered, but malaria is in the prior list. Malaria here is covered by presumption. Of course, one can acquire malaria in Georgia, Mississippi, Florida, within a year after discharge, but that could be taken care of administratively. The question of malaria, I do not think is a difficult one now, because certainly by far the majority of infections were acquired overseas, and if it occurs within a year, I would grant presumption.

The CHAIRMAN. Are there any further questions?

Thank you very much.

The description of the diseases includes the tropical diseases.

Mr. KRAABEL. May I ask if Dr. Shapiro could cite briefly some of the facts from the Veterans' Administration's own manual, as to where the terminology was employed and gotten from for this bill?

The CHAIRMAN. Yes, sir.

Dr. SHAPIRO. This terminology was taken from the VA's own rating schedule on page 64, which mentions tropical diseases:

> The following tropical diseases, amongst others, may require attention.

It mentions cholera; it mentions relapsing fever and mentions the other terms that were stated to no longer exist or cause a problem. So that illustrates the difficulty we are up against. O-n-c-h-o-c-e-r-i-a-s-i-s, it was said that is an obsolete term or does not exist?

Dr. MOST. I did not say that. That is a disease that exists. The one I mentioned was dracontiasis.

Dr. SHAPIRO. I would like to illustrate what the service organizations are up against when they are listed in the VA's own rating schedule. That is our difficulty.

Dr. MOST. I did not write that. That exists.

Dr. SHAPIRO. They do state that cholera and these other diseases require attention. The VA medical people and rating people should get together.

The CHAIRMAN. Thank you, Doctors.

Mr. LAWLOR. I wish to call Dr. Boswell on questions of general medicine and chronic diseases.

STATEMENT OF DR. J. R. BOSWELL, MEDICAL DIVISION, VETERANS' ADMINISTRATION, WASHINGTON, D. C.

The CHAIRMAN. Identify yourself for the record.

Dr. BOSWELL. Dr. J. R. Boswell, Medical Division, VA, Washington, D. C.

Mr. Chairman, I have no particular comments to make as far as this bill is concerned. If there are any questions, I will try to answer them.

The CHAIRMAN. Our problem is to determine whether these diseases should come under the presumption and get some idea of what is involved in the terms of numbers and expense and humanities which should be considered. Any light which you can give us will be appreciated.

Dr. BOSWELL. We have no data that we can give you so far as the cost, and as far as the numbers which would be involved if you include all of these groups of so-called chronic diseases that are listed in the bill.

The CHAIRMAN. Have you any thoughts on the nervous diseases?

Dr. BOSWELL. No, sir, I have not, except my opinion; that would be a rather large number.

The CHAIRMAN. Do you think that it would be practical to remove from the presumption cases which did not deserve to belong there?

Dr. BOSWELL. Well, I think that those that really do not belong there should be removed. We are in the position, of course, that whatever the Congress decides about these, we will try to carry it out. But rather large numbers that we have run up against, so far as we are concerned, was the malaria problem, which is pretty well under control at the present time, so far as I know. I have no idea how many of the functional nervous disorders would come within the view of this presumption.

The CHAIRMAN. Does the VA have any view on this bill?

Dr. BOSWELL. I understand that the Veterans' Administration submitted a report on this bill.

The CHAIRMAN. Any questions?

Senator GEORGE. Did I understand there was a report here from the Veterans' Administration?

Mr. LAWLOR. Yes, sir.

Senator GEORGE. That is already entered in the record?

Mr. LAWLOR. Yes.

(The report will be found on p. 19.)

Senator BARKLEY. Is that the report made to the House or to this committee?

Mr. LAWLOR. To this committee.

Senator GEORGE. That report was submitted here first. It was not submitted to the House?

Mr. LAWLOR. Yes; the report was submitted to the House also.

The CHAIRMAN. The report states:

> For the foregoing reasons the Veterans' Administration is unable to recommend favorable consideration to Senate committee H. R. 3889, Eightieth Congress.

Preceding that is a paragraph as to costs:

> As to costs, it must be stated that insofar as the bill proposes to enact into law generally provisions contained in regulations of the Veterans' Administration, no

additional cost is anticipated. However, the provision of the bill requiring a finding of service connection for functional disorders of the nervous system, becoming manifest within 1 year after separation from active service, where a finding of service connection would not be in order under existing law, would result in additional cost to which the Veterans' Administration is unable to estimate on available data. Also, there are no available records on which to base an estimate of the cost of the presumption which would be extended by section 2 to veterans of the Regular Establishment for tropical diseases or disorders.

Are there any further questions? Thank you very much.

Mr. LAWLOR. Mr. Brooks is next.

The CHAIRMAN. Will you identify yourself for the record?

STATEMENT OF HENRY QUEEN BROOKS, ASSISTANT DIRECTOR, VETERANS' CLAIMS SERVICE, VETERANS' ADMINISTRATION, WASHINGTON, D. C.

Mr. BROOKS. Henry Queen Brooks, Assistant Director, Veterans' Claims Service, Veterans' Administration, Washington, D. C.

If I may, I will just read a short statement relating to the bill.

Under the present regulation, certain chronic diseases are accorded a presumption of service connection if appearing to a 10-percent disabling degree within 1 year from the date of the veteran's discharge from the service, and if they are not shown to have been incurred subsequent to the veteran's discharge.

Section 1 of the bill adds several diseases to the present list.

A like presumption of service connection is accorded certain tropical diseases. Section 1 of the bill adds several tropical diseases and the resultant discorders or diseases originating because of therapy administered in connection with such diseases or as a preventive thereof to the present list entitled to presumptive service connection if appearing to a 10 percent degree within 1 year after discharge, or at a time when standard and accepted treatises indicate that the incubation period commenced during active service.

The present regulatory presumption for tropical diseases is predicated upon service in the tropics or in an area where the disease is prevalent. The bill does not specifically require such service. We believe it should.

With regard to these tropical diseases, the present list is thought to be adequate. Tropical diseases in general, with the exception of malaria, have produced no major problem as yet, and it is thought that malaria has been adequately taken care of.

Service connection is granted for any condition manifested within the known incubation period following the veteran's discharge from the service.

It may be stated that the Administration may by regulation accomplish the purposes of this section and, upon the advise of our medical authorities, would add to the present lists any conditions recommended for inclusion.

It is believed that it would be better to leave the matter a subject for administrative regulation.

Section 2 adds a similar 1-year presumption for tropical diseases for any veteran who served 6 months or more in peacetime. This is a new element in the legislation. We, of course, could not accomplish this by regulation. It would require legislation.

No such presumption has ever been accorded peacetime veterans heretofore, and, as you know, it is impossible to estimate the cost of the bill.

The CHAIRMAN. Would it be astronomical? Can we get some sort of an idea of the cost of the bill?

Mr. BROOKS. I do not know, sir. We do not have available data which would permit us to make an estimate. With regard to the functional diseases, I think it is pretty well known they are one of the largest groups with which we have to deal.

The CHAIRMAN. That would be the cost of this item, would it not?

Mr. BROOKS. I believe it would.

The CHAIRMAN. Is anyone here representing the veterans' organizations who is prepared to give us the reasons for section 2?

Mr. FLOYD. Section 2 was prepared in there because we are trying to get an adequate peacetime armed force. I am very much surprised at the VA saying that they cannot furnish you with a report of this, because they have 205,000 members of their staff, and I think they could get the report out in a very short time if they would work on it, sir.

The CHAIRMAN. The point has been raised that this establishes a new precedent in veterans' legislation. May we have your comment on that please?

Mr. FLOYD. The American Legion, Veterans of Foreign Wars, AMVETS, all thought that this was a very, very worthy cause to put No. 2 in this regulation.

The CHAIRMAN. I notice that it limits it to persons with honorable discharge. Why do you change it from the usual rule?

Mr. FLOYD. This was drawn up by the American Legion, when they drew up this bill with the Veterans of Foreign Wars and the other organizations, and I was not present at that time, sir.

The CHAIRMAN. In this business, as you should well know, you have to watch your precedents. You do one thing and then by analogy you are called upon to do 25 other things in 25 other directions.

Will section 2 establish a precedent for extending to peacetime veterans the whole list of benefits which we have as thought appropriate for wartime veterans?

Mr. FLOYD. This will, sir, because we are trying to make the service attractive, and the only way you will make it attractive and recognize those boys who are serving and will serve hereafter, so that they might have some benefit along with the war veterans.

The CHAIRMAN. I assume the significance of that has been thoroughly weighed by the service organizations. You can carry these benefits to a point where you necessarily have to dilute the benefits of war veterans.

Mr. FLOYD. Mr. Chairman, our organization is trying to take care of peacetime veterans as well as war veterans, and we think they should be on a parity basis because those boys serving in times of peace are making our planes and tanks and other things safe for our war veteran in case of war. They do 365 days out of the year serving our country, and we feel that they should be on a parity basis with the war veteran.

The CHAIRMAN. Do the other service organizations have the same viewpoint? I would like to hear from each one on that.

Mr. KRAABEL. May I ask our chief of claims of the American Legion be heard on that point, Mr. Charles W. Stevens, assistant director.

STATEMENT OF CHARLES W. STEVENS, ASSISTANT DIRECTOR FOR CLAIMS, NATIONAL REHABILITATION COMMISSION, THE AMERICAN LEGION, WASHINGTON, D. C.

Mr. STEVENS. Mr. Chairman and gentlemen, it is not my intent to prolong this hearing. However, I may mention this, that presently a great many veterans, addressing myself to section 2 of the bill, who are in the peacetime establishment, are serving in Japan, Korea, and the Philippine Islands, where tropical diseases are rampant. They are in a postion where they can incur these diseases. They may not show on the service record. They may not have a record of medical treatment during the period of the enlistment in which they are serving, but they may come back and a few months later have the disease manifestation, and if there is no basis for their grant of service connection, even though it was incurred in service, such service connection would be denied.

As to the statement Commander Floyd made, sir, concerning honorable discharge requirement, the American Legion did not draft this bill. This bill was worked up in collaboration over in the House side in the Committee on Veterans' Affairs. Congressman Patterson introduced a bill pertaining to the service connection of tropical diseases. The chairman of the subcommittee for compensation and pensions, Judge Mathews, Member of Congress, asked that we get together and work with Mr. Patterson in trying to develop a bill which would grant benefits to those who are entitled to them.

The CHAIRMAN. Am I correct in this, that the usual rule is that where the presumption applies where the disease is not due to a man's own misconduct; is that the usual rule?

Mr. STEVENS. Yes, sir.

The CHAIRMAN. And aside from that, any kind of a discharge is acceptable.

Mr. STEVENS. May I say not any kind of a discharge is acceptable. For veterans of any war or of service in the peacetime establishment, section 1503 of Public Law 346 of the Seventy-eighth Congress, the Servicemen's Readjustment Act of 1944, applies, and section 1503 is brief. I will state it.

> A discharge or release from active service under conditions other than dishonorable shall be a prerequisite to entitlement to veterans' benefits, as amended, provided by this act or Public Law No. 2, Seventy-third Congress, as amended.

It certainly would appear in view of the fact that a great many discharges are being given under honorable conditions. That veterans receiving honorable discharges and discharges under honorable conditions should be given the same right to benefits. The service of each category was honorable.

The CHAIRMAN. There is a clear distinction between an honorable and less than honorable discharge.

Mr. STEVENS. Yes, sir; as concerns bad conduct and dishonorable discharges.

The CHAIRMAN. There is a vast range between dishonorable and honorable discharge.

Mr. STEVENS. Yes, sir; but there are men who were discharged other than dishonorably who still had honorable service, and they have what is known as a discharge under honorable conditions, both in the Army and Navy.

The CHAIRMAN. Are all of you gentlemen content with limiting this to those who have honorable discharge?

Mr. STEVENS. I think the committee would want to apply the provisions of section 1503 of Public, 346, Seventy-eighth Congress, which was carefully studied.

The CHAIRMAN. I should think so.

Mr. STEVENS. Because there is no apparent reason for starting a new basis for determination as concerns the entitlement based upon separation from service.

May I say something, Mr. Chairman, while I am here, about presumption of service connection?

The CHAIRMAN. Yes.

Mr. STEVENS. All I have heard this morning is talk about the presumption of service connection. We do not think this is a presumptive service connection. We believe that the Congress intended and that the President who signed the Executive order setting up the basis for the service connection of chronic disease in Public No. 2 cases intended, that the service connection would be as it is, a direct service connection. We are not talking about presumptions like such presumptions as were given under the World War Veterans Act of 1924 in section 200, where perhaps some diseases which were acute in nature were, because of some pressure considered as being service-connected on the basis of a showing before January 1, 1925.

What we are doing here is only asking that the Congress extend a list of chronic diseases on which presently there is a basis for a direct service connection by an executive order of the President of June 6, 1933, based upon the so-called Economy Act, Public, 2, Seventy-third Congress, of March 23, 1933, Veterans Regulation 1 (a), that is the Executive order, paragraph 1, part I, paragraph 1 (c), and this applies to veterans of any war, grants a service connection upon showing of a chronic disease becoming manifest to a degree of 10 percent or more within 1 year of date of separation from active service.

But there are stipulations here which are protective for the Government. First, the man or woman must have had 90 days of service; also, where there is affirmative evidence to the contrary or evidence to establish that an intercurrent injury or disease which is a recognized cause of such chronic disease has been suffered between the date of discharge and the onset of the chronic disease or the disability is due to the person's own misconduct, service-connection will not be in order.

We are coming to the Congress because we are having so much difficulty in getting the Veterans' Administration to add to that chronic disease list those diseases which medical experience shows impel a conclusion of service connection upon their manifestation after discharge.

We have to recall, sir, that these are men who served in wartime under the stress of war; records were not adequately maintained. As one of the medical officers of the Veterans' Administration who

appeared as a witness testified, some of these have long incubation periods. He said that they have not had any great difficulty in the service connection of them. We have had difficulty in securing recognition of service origin of many chronic and tropical diseases that we feel are the direct result of war service.

Page 64 of the 1945 Veterans' Administration rating schedule concedes that there must be considered the incubation period of tropical diseases. I will use the common names. Calabar swelling is 3 years. Guinea worm disease, 14 months. Leprosy is 5 years or more. Amebic dysentery may extend to several months.

We are only asking, sir, that the same basis be continued for grant of direct service connection. No presumptive service connection is asked. We ask that direct service connection of the added diseases be granted on the basis that the showing after discharge is such that the chronicity of the disease, and the extent to which it exists at the time it is found, impels the conclusion that it was of direct service origin. That is what we are requesting. And we think that this bill has a great deal of merit.

The CHAIRMAN. Thank you very much.

Mr. KETCHUM. You asked a question that was generally applicable to veterans' organizations a few moments ago, and I think the American Legion has attempted to answer it from their standpoint. I would like to comment from the standpoint of the Veterans of Foreign Wars.

We favored section 2 of this bill, which deals with peacetime service because of the unusual circumstances involving our armed services today—that is, our occupational commitments—the fact that we have not a definitely established peace, the fact that there has been in existence a cold war which might erupt into a shooting war, and for that reason we have recognized peacetime service as being somewhat different than the normal term of peacetime service.

Insofar as the question of the term "honorably discharged" is concerned, we are willing to let it ride as it stands. Generally speaking, in relating war service to peacetime service, we have always felt that there should be some type of distinction between the two periods or types of services. That will be discussed later on in these hearings when a bill that specifically applies to that question comes before the committee. But we are supporting this section, as I state, because of the unusual circumstances involving what is now termed peacetime service.

The CHAIRMAN. I think personally your distinction is a very wise one, because if you did not make the distinction, you might be opening up a Pandora's box of other legislation that might have a very direct and important impact on wartime service and benefits.

Mr. Tate, what is your viewpoint on section 2?

Mr. TATE. Mr. Chairman a representative of our organization collaborated with the representatives of the other organizations in the preparation of this section, and we concur in the position taken by the organizations as a whole.

The CHAIRMAN. Mr. McLaughlin?

Mr. MCLAUGHLIN. AMVETS concurs, also, Mr. Chairman. As I testified a moment ago, this bill was specifically endorsed by our na-

tional convention, upon the approval of our service committee of the national convention, so I believe all that Mr. Ketchum said is valid, and that certainly is the position of AMVETS.

The CHAIRMAN. Is there anyone here representing a service organization that does not accept the distinction drawn by Mr. Ketchum?

Let the record show that there were no exceptions.

Any further witnesses on this bill?

Colonel Miller, are there any features of this matter that you think should be explored?

Mr. MILLER. No; I think you have covered the whole field, Senator.

(Thereupon, at 11:30 a. m., the committee proceeded to other business.)

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