MINIMUM RATINGS FOR ARRESTED TUBERCULOSIS

HEARING

BEFORE THE

COMMITTEE ON FINANCE

UNITED STATES SENATE

EIGHTIETH CONGRESS

SECOND SESSION

ON

S. 2259

A BILL TO PROVIDE MINIMUM RATINGS FOR SERVICE-CONNECTED ARRESTED TUBERCULOSIS

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CONTENTS

MINIMUM RATINGS FOR ARRESTED TUBERCULOSIS

TUESDAY, MAY 25, 1948

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

The committee met, pursuant to call, at 11:30 a. m., in room 312, Senate Office Building, Senator Eugene D. Millikin (chairman) presiding.

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

The CHAIRMAN. The next bill is S. 2259, which is to provide minimum ratings for service-connected arrested tuberculosis.

(S. 2259 is as follows:)

[S. 2259, 80th Cong., 2d sess.]

A BILL To provide minimum ratings for service-connected arrested tuberculosis

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Veterans Regulation Numbered 3 (a), as amended, is hereby amended by adding thereto a new paragraph to read as follows:

"II. Any ex-service person shown to have active tuberculosis which is compensable under Public Law Numbered 2 and the Veterans Regulations promulgated pursuant thereto, who in the judgment of the Administrator of Veterans' Affairs has reached a condition of complete arrest, shall be rated as totally disabled for a period of two years following such date of arrest and as 50 per centum disabled for an additional period of five years. At the end of such seven-year period, such person shall be rated for the remainder of his life as 40 per centum disabled if his tubercular condition has been diagnosed as far advanced, or as 30 per centum disabled if his tubercular condition has been diagnosed as moderately advanced or less: *Provided*, That this Act shall not be construed as requiring a reduction of compensation authorized under any other law or regulation: *Provided further*, That no compensation shall be payable under this Act for any period prior to its enactment: *Provided further*, That the total disability rating herein provided for the two years following a complete arrest may be reduced to 50 per centum for failure to follow prescribed treatment or to submit to examination when requested."

The CHAIRMAN. Our first witness will be Mr. Kraabel.

STATEMENT OF T. O. KRAABEL, THE AMERICAN LEGION, WASHINGTON, D. C.

Mr. KRAABEL. Mr. Chairman and gentlemen of the committee, we are again in a field of combined medicine and rating procedure, two features of VA activity which this committee well knows have always predominated in discussions before you relating to veterans' bills. This has to do with a statutory rating for service-connected arrested

tuberculosis. Its companion bill, 4243, is now in the House calendar.

The CHAIRMAN. Proceed.

Mr. KRAABEL. On July 2, 1926, Congress amended the World War Veterans Act of 1924 to provide for a statutory award for arrested tuberculosis in the cases of veterans of World War I whose service connected active tuberculous disease had attained complete arrest.

There is no statutory rating or award for those veterans of World War I, and for all veterans of World War II or of peacetime service, whose entitlement to disability compensation is predicated upon a service connection of tuberculosis accorded under the provisions of Public Law 2, Seventy-third Congress.

This bill, S. 2259, does not propose a statutory award. Instead, a statutory graduated rating is provided so that there shall be adequate minimum compensation ratings for arrested tuberculosis, according to the extent of residual disability. When these are partial disability percentage ratings, they may be combined with the percentage evaluations for other disabilities of service origin.

The American Legion believes that the minimum statutory ratings provided by this bill should apply only to those cases of proven active tuberculosis in which arrest has been attained. It will not apply to individuals who have had a diagnosis of tuberculosis without actually demonstrating they have had an active tuberculous disease.

Careful study has shown that these disabled veterans experience real difficulty in competing, under ordinary conditions of life, with persons who have had no such active disease process. In attempting to earn a livelihood they find they cannot keep up the pace set by fellow wage earners not so handicapped. Either they are obliged to find less remunerative employment in an occupation in which they lack skill, but in which less stress is endured; or they reactivate the disease process by the struggle in competitive effort and then become unemployable and decrease their life expectancy.

The American Legion adheres to its fixed policy that there must be a substantial basis and need for any legislation which the organization sponsors or supports. In agreement with the other four veterans organizations' representatives who testified when hearings on the companion bill H. R. 4243 were held on the House side, the American Legion supported enactment of this measure.

However, we do feel that there should be disability present as a basis for any award of compensation, and for this reason suggest the committee might well consider striking the word "less" on page 2, line 7, of S. 2259, substituting therefor the words "where disabling residuals are present." This will eliminate from entitlement those cases in which, perhaps, only a minimal lesion existed.

We respectfully urge favorable and prompt consideration of this measure.

Again, may I say that the medical and claims experts of our staff are available, as well as our colleagues of the other veterans' organizations, on this measure.

The CHAIRMAN. I wish someone would make an analysis of the present provisions of law or regulations and this bill.

Mr. KRAABEL. On the matter of adjudication, I will ask Mr. Stevens of our staff to testify.

The CHAIRMAN. What does this bill do that is not done by present law?

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

Mr. STEVENS. Service connection is established in these cases under Public Law 2, Seventy-third Congress, and the paragraph 1 (c), part I, Veterans' Regulation 1 (a), which we were discussing in the chronic disease cases.

Veterans' Administration Regulation R. and P. R. 1086 provides this:

For the purpose of determining the existence of a 10-percent degree of active tuberculosis within 1 year of discharge, or the date prior to which a disability must have been incurred as provided in Veterans' Regulation 1 (a), whichever is the earlier, active pulmonary tuberculosis diagnosticated by approved methods during the second year will be held to have preexisted the diagnosis 6 months in minimal (incipient) cases; 9 months in moderately advanced cases; and 12 months in far advanced cases.

There is no change in the basis for the service connection. This bill has the purpose of establishing a minimum rating for tuberculosis when arrest is attained, and the awards would be allowed only in the cases where service connection is based on cases of proven active tuberculous disease.

The Schedule for Rating Disability, 1945 edition, of the Veterans' Administration provides a basis for rating of active cases of tuberculosis and for arrested cases of tuberculosis. In the cases of arrested tuberculosis experience undoubtedly caused the Veterans' Administration to issue an extension to the schedule of rating disabilities. This extension 1 provides similarly as contained in this bill for an award of total disability following discharge from hospitals for a period up to 2 years.

I think, sir, that a copy of that extension might be placed in the record. I will do that.

(The document is as follows:)

INSTRUCTION NO. 4

VETERANS' ADMINISTRATION,
Washington 25, D. C., July 14, 1947.

(Public Law 458, 79th Cong.)

Extension No. 1, Schedule for Rating Disabilities, 1945 edition; Ratings for pulmonary tuberculosis following hospitalization

1. The 100-percent rating "for 6 months following hospitalization on account of active pulmonary tuberculosis" is applicable on the attainment of "arrest" as a result of hospitalization, in military service or following discharge, and will extend for 6 months following attainment of arrest. This rating may precede the 60-percent rating printed immediately above it. The "rib-resection" rating referred to is ribs, removal of (5297), page 44.

2. This 100 percent rating may be continued, for successive periods of 6 months, up to a maximum of 2 years, provided there is received before the expiration of each 6-month period a certificate from a tuberculosis specialist employed by the Veterans' Administration establishing that the veteran is suffering from inactive pulmonary tuberculosis in a convalescent stage which precludes employment and requires continued special medical rehabilitation under a suitable program of limited activity, in a sheltered workshop or his home, under frequent medical supervision, and other than rehabilitation or education under Public Law 16 or 346, Seventy-eighth Congress, and that the specialist's personal examination confirms the necessity for continuing the program of limited activity.

3. The medical authorities of the regional office having jurisdiction of the case folder are responsible for insuring that this certificate is forwarded to the Adjudication Division, in conjunction with copy of report of medical follow-up examination under Veterans' Administration Circular 2, 1946, "Post hospital follow-up of tuberculous patients." Arrangements should be made at each regional office for timely interchange of information between the medical authorities and the Adjudication Division.

4. The above paragraphs will not be taken as authority to amend ratings heretofore made under other interpretations, but will be given prospective application from date of promulgation.

OMAR N. BRADLEY,
General, United States Army,
Administrator of Veterans' Affairs.

The CHAIRMAN. Let me ask you a few questions for clarification. Take a case of arrested tuberculosis under the present regulation; is it correct to say that for 6 months after arrest, those 6-month periods may be continued up to 2 years, there is 100 percent disability rating?

Mr. STEVENS. Following hospitalization; yes, sir, for active TB.

The CHAIRMAN. For the balance of 5 years there is 50 percent?

Mr. STEVENS. That is so provided on page 76 of the schedule which should also be considered.

The CHAIRMAN. I am trying to get the crux of this thing without confusing it with a lot of terminology. The balance of 5 years, 50 percent; is that right?

Mr. STEVENS. Yes, sir.

The CHAIRMAN. And the next 5 years, 30 percent; is that correct?

Mr. STEVENS. For a further 5 years, 30 percent.

The CHAIRMAN. After 5 years, if the veteran had far advanced lesions, for life, 30 percent.

Mr. STEVENS. A permanent 30-percent rating, sir.

The CHAIRMAN. If the veteran had moderately advanced lesions and residuals to show certain evidence of disability for life or otherwise, what does he get?

Mr. STEVENS. Twenty percent, sir, as a permanent rating, but permant ratings are not necessarily assigned for life.

The CHAIRMAN. Does this bill do the following, as contrasted with what I have just stated: Two years after arrest, the 100 percent disability, but this may be reduced to 50 percent for failure to follow prescribed treatment or to submit to examination when requested?

Mr. STEVENS. Yes, sir.

The CHAIRMAN. Is that the guts of it?

Mr. STEVENS. Yes, sir.

The CHAIRMAN. The next 5 years 50 percent.

Mr. STEVENS. Yes, sir, that is correct.

The CHAIRMAN. After 7 years, for life, if tubercular conditions diagnosed as far advanced, 40 percent.

Mr. STEVENS. That is correct, sir, so that it will be about 7 years before the partial ratings provided in the bill become official in most World War II cases.

The CHAIRMAN. If tubercular condition is diagnosed as moderately advanced or less, 30 percent.

Mr. STEVENS. That is correct as to moderately advanced.

Mr. KRAABEL. Moderately advanced.

Mr. STEVENS. Or where disabling residuals are present. We do not want cases paid any disability compensation unless there is disability present.

The CHAIRMAN. What are the present rates, 100 percent disability pays what?

Mr. STEVENS. $138, sir.

The CHAIRMAN. Fifty percent would pay $69?

Mr. STEVENS. Yes, sir.

The CHAIRMAN. 45, $55.20; 30 percent, $41.40, and $27.60 for the balance.

Mr. STEVENS. Right.

The CHAIRMAN. Under the new bill what would happen?

Mr. STEVENS. Under this bill, instead of a 30-percent-permanent rating for far advanced lesions in arrested TB cases, 40 percent would be established.

The CHAIRMAN. You would apply the percentage to the existing benefits?

Mr. STEVENS. Yes, sir, and then as concerns the moderately advanced cases or those where continued disability is present, a 30-percent instead of a 20-percent rating would be required, and incidentally, this provision is in the rating schedule of the Veterans' Administration that there be continued disability impairment of health, and so forth. We are thinking in the same terms.

The CHAIRMAN. Does this bill draw any distinction between wartime service and peacetime service?

Mr. STEVENS. It does not, sir, except that there is a compensation award differential.

Senator GEORGE. No.

Mr. STEVENS. The bill applies to any ex-service person shown to have had service-connected active tuberculosis.

The CHAIRMAN. What is the experience that has led to this bill?

Mr. STEVENS. It is for the primary purpose of assisting these men in their rehabilitation and assuring them that at least they have a minimum rating when disabled upon which they may rely so they do not need to compete to the same extent that they might otherwise be required in attempting to earn their livelihood.

The CHAIRMAN. What will this bill cost?

Mr. STEVENS. I have no estimate of that, sir, but this World War II TB group is, we are informed, much less than was actually anticipated.

The CHAIRMAN. Is this applicable to all veterans of all wars?

Mr. STEVENS. Yes, sir; to all. However, sir, the World War I veteran is well provided for presently with a statutory award. We are not asking a minimum statutory award of $60 a month. We are asking for minimum statutory ratings and these may be combined with gunshot wound ratings and other ratings which are the result of service.

The CHAIRMAN. Has anyone here any estimated of cost?

I have been informed that the Veterans' Administration is unable to give an estimate. Do they say it is a large amount or small amount or do they have any idea at all, Colonel Miller?

Mr. MILLER. They are unable to give an estimate as to the cost.

Senator GEORGE. No recommendation?

Mr. MILLER. No recommendation.

The CHAIRMAN. I think it would be a good thing to put their report in the record.

The Veterans' Administration report says, "It is apparent, however, that the cost would be great." We will include the Veterans' Administration report in the record at this point.

(The report is as follows:)

APRIL 2, 1948.

Hon. RICHARD B. RUSSELL,
Chairman, Committee on Finance,
United States Senate, Washington 25, D. C.

DEAR SENATOR RUSSELL: Further reference is made to your letter of March 5, 1948, requesting a report on S. 2259, Eightieth Congress, a bill to provide minimum ratings for service-connected arrested tuberculosis.

This bill is identical with H. R. 4243, Eightieth Congress, which was favorably reported by the Committee on Veterans' Affairs, House of Representatives, on July 19, 1947 (H. Rept. 1012).

The purpose of the bill is to amend Veterans Regulation 3 (a), as amended, by adding thereto a new paragraph II to provide that any ex-service person shown to have active tuberculosis which is compensable under Public, No. 2, and the Veterans Regulations promulgated pursuant thereto, who in the judgment of the Administrator of Veterans' Affairs has reached a condition of complete arrest, shall be rated as totally disabled for a period of 2 years following the date of such arrest; as 50 percent disabled for an additional period of 5 years; and thereafter rated for the remainder of his life as 40 percent disabled if his tubercular condition has been diagnosed as far advanced, or as 30 percent disabled if his tubercular condition has been diagnosed as moderately advanced or less. It is provided that the act shall not be construed as requiring the reduction of compensation authorized under any other law or regulation and that no compensation shall be payable under the act for any period prior to its enactment. It is also provided that the total disability rating for 2 years following complete arrest may be reduced to 50 percent for failure to follow prescribed treatment or to submit to examination when requested.

The statutory ratings proposed by the bill would be applicable to veterans who served either in peace or in war and who are eligible to benefits provided under Public, No. 2, Seventy-third Congress, and the Veterans Regulations promulgated pursuant thereto. Such veterans who have arrested tuberculosis incurred in wartime service would be entitled to the rates provided under part I of Veterans Regulation 1 (a), as amended, which presently provides for compensation at the rate of $138 per month for 100 percent or total disability, $80 per month for 50 percent disability, $55.20 per month for 40 percent disability, and $41.40 per month for 30 percent disability. Such veterans who have arrested tuberculosis incurred in peacetime service would be entitled to compensation under part II of Veterans Regulation 1 (a), as amended, which presently provides compensation at the rate of $103.50 per month for 100 percent or total disability, $51.75 per month for 50 percent disability, $41.40 for 40 percent disability and $31.05 for 30 percent disability.

Under the rating schedule now in effect, ratings of 100 percent are provided for service-connected active pulmonary tuberculosis unless the veteran is employed without apparent detriment to his health. Ratings of 100 percent are continued for 6 months after attainment of arrest or inactivity following hospitalization for active tuberculosis. At the end of the 6-month period, a 50-percent rating is provided for 4½ years and a 30 percent rating is provided for 5 years thereafter. In the case of far-advanced lesions, the 30-percent rating is continued for life, and in the case of moderately advanced lesions after 10 years a 20-percent rating is continued for life, if reexamination discloses continued disability such as dyspnea on exertion or scattered rales, otherwise the rating is zero percent. The 100-percent rating may be continued for successive periods of 6 months, up to a maximum of 2 years, in any case in which a certificate from a tuberculosis specialist employed by the Veterans' Administration is received before the expiration of each 6-month period following arrest, establishing that a veteran is suffering from inactive pulmonary tuberculosis in a convalescent stage which precludes employment and requires continued special medical rehabilitation under a suitable program of limited activity, in a sheltered workshop or his home, under frequent medical supervision, and the specialist's personal examination confirms the necessity for continuing the program of certain limited activity. This increased rating would be in lieu of the 50-percent rating following 6 months after arrest.

The residuals of arrested tuberculosis in certain cases cause little or no disability. Residuals from other diseases or injuries, such as general medical or surgical disorders and neuropsychiatric conditions, often cause an equal or greater degree of disability. The bill, if enacted, would provide a special benefit to veterans who have no residual disability after an arrest of a tubercular disease, which special benefit would not be provided for veterans suffering from other diseases.

Under the Schedule for Rating Disabilities, 1945, ratings for disabilities from tuberculosis, like any other disease, are based upon the actual disability found to exist. Extensive advances have been made during the past 20 years as a result of studies in the field of tuberculosis. Liberalized administrative amendments in the rating schedules have followed such advances and the current rates have been fixed in proportion to the degrees of disablement resulting from the residuals of tuberculosis.

Statutory awards and special allowances providing specific amounts of money for certain types of disability, without reference to the degree of disability, create inequalities in a system designed to provide benefits in proportion to the degree of disability. Such provisions frequently result in payment of greater benefits to persons having the lesser disability.

The Veterans' Administration has no information on which to estimate the cost of the bill, if enacted. It is apparent, however, that the cost would be great.

Advice has been received from the Bureau of the Budget that the enactment of the proposed legislation would not be in accord with the President's program.

Sincerely yours,

CARL R. GRAY, JR., *Administrator.*

Mr. STEVENS. My thought is that no one is granted a service connection by virtue of this bill. Certainly there are no additional persons to be added to the roll. It will care for those persons who might under the schedule be rated as not disabled, when in fact we contend that they are disabled.

The CHAIRMAN. You have increased the ratings in some of the brackets, and you have maintained the 30 percent for life, if the diagnosis is moderate arrest or rather a moderate advance or less.

Mr. STEVENS. May I say, Mr. Chairman, we did not increase the ratings. This bill was reported similarly by the House Committee on Veterans' Affairs, and they are the people, after careful study of testimony, that established those rates, being of the opinion that those should be the minimum rates in completely arrested tuberculosis cases.

The CHAIRMAN. Then more accurately it is a counterpart bill in the House. The inspiration for this bill and the counterpart bill in the House contained the increased rates.

Mr. STEVENS. Yes, sir. They were fixed by the Veterans' Affairs Committee of the House. We did not fix them.

The CHAIRMAN. Who is the next witness on this bill?

Mr. KRAABEL. I just wanted to say, Mr. Chairman, unless you wanted the medical side, that will be our part of it.

The CHAIRMAN. We want it before we finish. Mr. Ketchum.

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

Mr. KETCHUM. Mr. Chairman and gentlemen of the committee, again as in the case of the previous bill, and in accordance with an agreement reached between the organizations and the clerk of the committee, I am merely submitting for my organization supporting testimony, which the American Legion has already presented to the committee.

I do want to agree with the American Legion that the recommended amendment may be made to this bill, that is, the amendment on page 2, line 7, strike out the word "less" and substitute in lieu thereof "where disabling residuals are present." We believe that that is a vital and essential amendment, and we think it is in the interest of protecting the Government and the taxpayers and making certain that only those who have residuals will be in receipt of compensation.

Just briefly speaking, this merely sets up a procedure for rating World War II veterans for tuberculosis and changes the existing procedure which has applied for a long time to World War I veterans in eliminating the statutory award, and setting up this new procedure.

I would like at this moment, Mr. Chairman, if there is no objection, to include in the record a prepared statement which we would like to have as our statement on this bill.

The CHAIRMAN. That may be done.

Mr. KETCHUM. The bill, S. 2259, is based on a resolution adopted by our 1947 and 1948 national encampments and the text of the particular provisions of the bill represent the joint sponsorship of the four major veterans organizations.

We have for many years been greatly concerned with the substantial defects in existing law as they relate to service-connected arrested tuberculosis. Under existing law the World War I veteran with arrested tuberculosis service-connected receives a statutory award in the amount of $60 per month. On the other hand there is no provision under existing law to award the statutory amount to World War II veterans with arrested tuberculosis.

Although we are concerned at first blush with equalizing the treatment of these veterans as between World War II and World War I veterans, we feel that in approaching the problem we ought to reconsider the soundness of the law as it pertains to the World War I veterans. Little would be gained by giving the World War II veterans the same treatment as the World War I veterans if the regulation as it pertains to the latter is of questionable soundness.

Under the present bill, S. 2259, a veteran whose tubercular condition had been completely arrested would be rated as totally disabled for a period of 2 years following such date of arrest and as 50 percent disabled for additional period of 5 years. At the end of the 7-year period the veteran would be rated as 40 percent disability for the remainder of his life if his condition would have been diagnosed as far advanced or as 30 percent disabled if his condition would have been diagnosed as moderately advanced or less. A savings clause is provided which would prevent a loss to a World War I veteran now receiving the $60 per month statutory award.

Under existing regulations the Veterans' Administration has authority to provide disability ratings for arrested tuberculosis to a great extent similar to that provided for in the bill. However, the essential difference is that under this bill some disability rating would be continued throughout the life of the veteran. The medical experts who have testified previously on this legislation are all of the opinion that active tuberculosis leaves residuals which continue throughout life; and in the opinion of the Veterans of Foreign Wars the Congress should favorably consider legislation such as this which would provide some compensation for this disability.

We urge one amendment: On page 2, line 7, strike out the word "less" and add "where disabling residuals are present." We urge this amendment because we feel that we ought not to ask for any benefit where there is not a disability actually present.

It is our earnest hope that the committee will favorably report the bill as amended to the Senate.

We strongly urge and recommend that the committee report this bill.

The CHAIRMAN. It would be helpful to the record if someone would tell us something of the background experience that has led to the new bill.

Mr. KETCHUM. I am sure, Mr. Chairman, that if you care for that type of testimony that the American Legion through their medical consultant and their specialist on claims probably is prepared to explain. Again I say as in the case of the first bill, had we been detailing it, we would be available here with our medical consultant and our claims expert, who could tell you why it is essential and important, that this type of legislation be enacted.

The CHAIRMAN. The committee understands the order of presentation here, and the reasons for it. We are very grateful to the organizations for saving time.

Mr. KETCHUM. You can appreciate, Mr. Chairman, that we could go into lengthy details on this, the same as the other organizations; in other words, you would have five presentations.

The CHAIRMAN. That is right.

Mr. KETCHUM. They would be of equal length, all saying approximately the same thing, which would clutter up the records of the committee and take up the time of the committee.

The CHAIRMAN. I thoroughly appreciate it.

Mr. KETCHUM. If there are no questions, that concludes my testimony on this particular bill.

The CHAIRMAN. Thank you.

Are there any questions?

Senator GEORGE. No questions.

The CHAIRMAN. Thank you very much.

Senator GEORGE. Mr. 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 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 S. 2259. This particular bill not only has our wholehearted approval, but meets with the full approval of the American Legion, Veterans of Foreign Wars, AMVETS, Disabled American Veterans—with one exception. On page 2, line 7, we request that the word "less" be eliminated and "where disabling residuals are present" be inserted.

The cooperation of your committee will be greatly appreciated in this matter.

The CHAIRMAN. Mr. McLaughlin?

Mr. MCLAUGHLIN. I likewise have a short statement for Mr. Adamy which I would like to submit.

STATEMENT OF CLARENCE G. ADAMY, NATIONAL SERVICE DIRECTOR, AMVETS (AMERICAN VETERANS OF WORLD WAR II)

Mr. ADAMY. AMVETS appreciates the opportunity of appearing before this committee to endorse S. 2259. This bill, if passed, would give a measure of security to veterans who have service-connected tuberculosis; at present, these vets have no security as they attempt to readjust themselves to the life they must lead after they have contracted this disease. Now these veterans immediately after their discharge from the hospital have to go out and obtain any kind of a job in any way that they can.

Because of this urgent need for immediate financial protection, they have in a great many instances failed to effectively guard their health in the manner in which it should be guarded. They have had to take jobs which are detrimental to their health simply because they have to have finances to meet their everyday cost of living.

It is a matter of record in the Veterans' Administration today that people who have just recently been discharged from hospitals with arrested tuberculosis are within a relatively short period of time again readmitted to the hospitals for the condition diagnosed as active tuberculosis simply because of the fact that they have had to go out and undertake strenuous activity in order to make a living to meet their everyday normal household expenses.

If the Congress were to pass this bill, it would give the veteran a total of $138 a month with which he could meet most of the necessities of life. This money would go a long way toward providing him the things necessary to carry on a normal everyday life. Although the 100-percent disability which he gets while he has active tuberculosis is not an enormous sum, it is true that it would keep the veteran from taking unnecessary risks with his health.

This bill provides for 50-percent compensation to be paid for an additional period of 5 years after the first 2 years of the arrested condition. It further provides that at the end of this 7-year period they shall be rated for the remainder of their life at either 40 percent or 30 percent depending on the degree of disability. This section would in a great many instances provide the veteran with the background of economic security whereby he would not have to resort to all forms of manual labor which would in a great many instances have the direct result of reactivity of the previous tuberculosis which he had while he was in the service, necessitating rehospitalization and additional cost to the Government. We, therefore, are in complete accord with the provisions of S. 2259 and strongly endorse its approval by this body.

The CHAIRMAN. Mr. Tate?

STATEMENT OF WILLIAM E. TATE, NATIONAL DIRECTOR OF CLAIMS, DISABLED AMERICAN VETERANS

Mr. TATE. Mr. Chairman, the Disabled American Veterans desire to concur in the position taken by the other veterans' organizations and would like permission to submit a statement for the record.

The CHAIRMAN. It will go into the record.

Mr. TATE. Incidentally, I would like to point out to you Senators that this statement shows what the present system of payment is and what this bill would provide.

The CHAIRMAN. If that is not going to be covered by subsequent witnesses, I think it would be a good idea to read the statement. We might as well get that here into our understanding at this point.

Mr. TATE. It merely reiterates what Mr. Stevenson said to you, but it is set out in a different form.

The CHAIRMAN. Very well.

Mr. TATE. As I say, the Disabled American Veterans desire to concur in the testimony of previous witnesses as to the desirability of legislation as proposed in S. 2259, to provide minimum ratings for service-connected arrested tuberculosis. This measure is a companion to H. R. 4243, which is now on the House Calendar.

The purpose of this measure is to amend Veterans Regulations to provide that any ex-service person shown to have active tuberculosis which is compensable who, in the judgment of the Administrator of Veterans' Affairs, has reached a condition of complete arrest, shall be rated as totally disabled for a period of 2 years following such date of arrest and as 50 percent disabled for an additional period of 5 years. At the end of such 7-year period such person shall be rated for the remainder of his life as 40 percent disabled if his tubercular condition has been diagnosed as moderately advanced or less.

It is provided that this act shall not be construed as requiring a reduction of compensation authorized under any other law or regulation. This, among other things, will permit payment of the statutory award now in effect in the amount of $60 monthly for veterans of World War I in the event it is greater in amount than the provisions of this act. Further, it is provided that no compensation shall be payable under this act for any period prior to this enactment; and the amendment to the bill prescribes that the total disability rating herein provided for the 2 years following a complete arrest may be reduced to 50 percent for failure to follow prescribed treatment or to submit to examination when requested by the Veterans' Administration.

The provisions as to arrested tuberculosis are incorporated in the bill in a form of an amendment to Veterans Regulation 3 (a). This will authorize payment of compensation at the rates provided in part I of Veterans Regulation 1 (a) for disability incurred in wartime service and at the rates provided in part II of Veterans Regulation 1 (a) for disability incurred in peacetime service. The compensation payable under part I for total disability is $138 monthly; for 50 percent disability, $69 monthly; for 40 percent disability, $55.20 monthly; and 30 percent disability, $41.40 monthly.

The compensation payable under part II for total disability is $103.50 monthly; for 50 percent disability, $51.75 monthly; for 40 percent disability, $41.50 monthly; and for 30 percent disability, $31.05 monthly.

The provisions of Public Law No. 2, Seventy-third Congress, and the Veterans Regulations relating to line of duty, service connection, character of discharge, et cetera, will be applicable to the provisions of the bill. Under the rating schedule of the Veterans' Administra-

tion now in effect, ratings of 100 percent are provided for service-connected active pulmonary tuberculosis unless the veteran is employed without apparent detriment to his health. Ratings of 100 percent are continued for 6 months after attainment of arrest or inactivity following hospitalization for active tuberculosis. If before the end of the 6-month period and succeeding 6-month period up to 2 years from the date of arrest it is shown that the veteran has been found on examination to have certain symptoms indicating the need of further supervision or rest, the total disability rating may be continued for a period not in excess of 2 years. At the termination of total disability rating, the veteran is rated as 50 percent disabled for the balance of 5 years from the date his condition became arrested.

Thereafter, a 30 percent rating is provided for the next 5 years. In case of far advanced lesions, the 30 percent rating is continued for life. In the case of moderately advanced lesion after 10 years, a 20 percent rating is continued for life if reexamination discloses continued disability such as dyspnea or exertion or scattered rales; otherwise the rating is zero percent.

It will be noted that under existing regulations of the Veterans' Administration a total disability rating may be continued for 2 years after a condition of complete arrest is attained. This corresponds with the 2-year provisions contained in the bill. Also, that thereafter under existing regulations a 50-percent disability is continued for 5 years and a 30- and 20-percent rating may be continued for life.

The chief difference between ratings now provided and those which would be provided under the bill is that in all cases the disability rating will be continued throughout the life of the veteran.

We are of the opinion that active tuberculosis leaves residuals which continue throughout life and that compensation should be payable for the disability resulting from such residuals. Moreover, knowledge that minimum ratings are provided for life by statute will relieve veterans from fear that compensation may be terminated at some future date notwithstanding the fact that tubercular disability continues to exist.

The CHAIRMAN. Mr. Lawlor?

Mr. LAWLOR. Mr. Chairman, the report of the Veterans' Administration on S. 2259 has already been inserted in the record. I have with me Mr. Brooks, who will make a brief statement as to service-connected arrested tuberculosis and the Bureau policy in rating arrested tuberculosis; also Dr. Barnwell of the Veterans' Administration's Department of Medicine and Surgery.

The CHAIRMAN. Will you proceed, please?

STATEMENT OF HENRY Q. BROOKS, ASSISTANT DIRECTOR, VETERANS CLAIMS SERVICE, VETERANS' ADMINISTRATION

Mr. BROOKS. Henry Q. Brooks, Assistant Director of Veterans Claims Service, Veterans' Administration.

I think Mr. Stevens of the Legion has pretty well described the differences in the two bills and the technical aspects. Before the suggested amendment to the bill, the principal difference is that under the bill the veteran would receive at least 40 percent or 30 percent for the remainder of his life, while under our rule he would receive 30 percent, 20 percent or nothing.

We believe a veteran may become entirely cured of active tuberculosis without the disease leaving any residual disability.

The CHAIRMAN. Do you differ with the opinions that have been expressed here that a man with a completely arrested case of tuberculosis must handle himself with greater tenderness in the selection of his occupation and the hours of his work, and stress and strain?

Mr. BROOKS. Yes, sir; we disagree with that.

The CHAIRMAN. You believe if a man has an arrested case of tuberculosis he is just as good as though he never has had it?

Mr. BROOKS. Yes, sir.

The CHAIRMAN. Assuming that it is what you would diagnose as a completely arrested case?

Mr. BROOKS. Yes, sir.

The CHAIRMAN. No matter how severe the case was?

Mr. BROOKS. We do make provision, you know, for 30 percent and 20 percent depending upon the advancement of the disease. I think, Mr. Chairman, the doctor could tell you more about the effects of the arrested tuberculosis than I, and the more recent developments in tuberculosis. It is true that tuberculosis after this war is not nearly the problem that it was after World War I.

The CHAIRMAN. I think you run against some common knowledge that all of us more or less possess, at least those of us who come from parts of the country where we have many people suffering from tuberculosis, whether or not they need to, those who have been seriously afflicted with tuberculosis and who presumably are in an arrested condition, do humor themselves in various ways so as to avoid the possibility of getting the disease again. Maybe they do not have to, but there is a lot of human nature involved in doing that.

Mr. BROOKS. Yes, sir. A permanent rating of 20 or 30 percent is provided for moderately advanced or far-advanced cases. If I may say so, I have had one little experience with tuberculosis in the case of my own brother. He had it. He is completely arrested. He has never circumscribed his activities in the least.

The CHAIRMAN. Would he not consider whether to move out of wherever he is into a damp, bad climate favorable to tuberculosis?

Mr. BROOKS. He goes everywhere. He has been to Manila, the Philippines, Honolulu, and all over this country.

Senator MILLIKIN. I have no doubt that that is the case, but I know out of my own experience that it is often not the case.

Thank you very much.

Mr. BROOKS. Thank you, sir.

Mr. LAWLER. Dr. Barnwell?

STATEMENT OF DR. JOHN B. BARNWELL, TUBERCULOSIS DIVISION, VETERANS' ADMINISTRATION

Dr. BARNWELL. My name is John B. Barnwell, Tuberculosis Division of the Veterans' Administration.

I believe you have the statement from the Veterans' Administration, Mr. Chairman.

The CHAIRMAN. Yes, sir.

Dr. BARNWELL. I don't know whether there are any questions I should answer.

The CHAIRMAN. I would be very glad to have you give your perspective to this problem.

Dr. BARNWELL. Our perspective, sir, briefly, that of all the workers in the field now, that we are trying to sell this idea that "You can lick tuberculosis." That involves early diagnosis, proper treatment, and follow-up of the patient, protecting him as long as he needs it, coming to his rescue immediately if the rehabilitation program fails. I don't like the thought, however, of denying this idea that we can restore some of these tuberculosis patients completely to healthy citizenship.

The CHAIRMAN. Is that medical doctrine or is that a view that compliments the campaign that you are running?

Dr. BARNWELL. It is the medical people, sir, who have evolved the campaign with the aid of any and everyone who is willing to help us, sir. It is really a method of trying to persuade the veterans and that he should take treatment and continue it until he is well.

The CHAIRMAN. Let me get back to what we were talking about before. A man comes down to the condition of tuberculosis, and let us say he is sent out to Arizona or Colorado or Mexico or some other place that is believed to be favorable for cure. In the first place, he has the consciousness of having been afflicted with a disease that could be very bad. Maybe it was very bad when he moved. He has had to uproot his whole life and go somewhere else to start a new life. He has been an invalid because of the disease. Is it contended that that would not have any psychological impacts on that man and build up certain fears within him that would allow him then when the doctor says, "Your case is arrested," to feel free to go any place in the world and do anything he pleases? Does that make sense?

Dr. BARNWELL. Yes, sir; it does. It makes a lot of sense. That is what goes on. We would like to be able to protect that fellow. We feel we can under present procedures. We don't believe, though, that every veteran who ever had a diagnosis of active tuberculosis winds up in that situation.

The CHAIRMAN. I understand that. The previous witness said that his own brother feels free to undertake any kind of job and go any place in the world to do it. You do not say that there is a considerable percentage of people who have a psychological phobia on the subject?

Dr. BARNWELL. Yes, sir. But we don't like to encourage them to retire from life.

The CHAIRMAN. That does not change the fact, Doctor, of your advertising campaign now. I am not qualified to have a debate with you on the subject, except I think that, as I said before, those of us who live in the parts of the country where people come to chase cures have quite an intimate knowledge of their psychology.

Dr. BARNWELL. I know that.

The CHAIRMAN. And their psychology in many, many instances is one of fear. That controls their work habits after the doctor says the case is arrested. They don't want to get it again, and they are going to humor themselves and perhaps properly so. They are not going to go into environments that are favorable to tuberculosis. I do not know what percentage of the arrested cases have that psychology, but I do know that many, many people have it, out of my observation and out of my own experience.

Thank you very much, Doctor.

Dr. BARNWELL. Thank you.

The CHAIRMAN. Dr. Perkins, please.

Will you make yourself comfortable, Doctor, and give us whatever light you can on this problem?

STATEMENT OF DR. JAMES E. PERKINS, MANAGING DIRECTOR, NATIONAL TUBERCULOSIS ASSOCIATION

Mr. PERKINS. I am James E. Perkins, managing director of the National Tuberculosis Association.

I have a very brief statement I would like to present. In that statement, however, I mention the board of directors of the National Tuberculosis Association and perhaps I ought to say just one word about that association first.

The National Tuberculosis Association is one of the oldest and largest voluntary health agencies. It is principally a coordinating and service agency for the State and local tuberculosis associations. Practically every community in the country has its own local tuberculosis association, which in turn are combined into State or Territorial tuberculosis associations. The board of directors of the National Tuberculosis Association consists of a representative from each of these State or Territorial associations, plus some 50 directors at large.

In addition we have a medical section, which is an integral part of the National Tuberculosis Association, the so-called American Trudeaux Society, consisting of several thousand physicians who are particularly interested—tuberculosis officers or members of staffs of tuberculosis hospitals in charge of tuberculosis clinics or in private practice as specialists in the diseases of the chest. So much for the background.

With regard to this particular bill, S. 2259, since this particular bill has not been submitted thus far to the executive committee or the board of directors of the National Tuberculosis Association for expression of an opinion, I cannot present the official stand of that association. However, this bill follows in principal several bills introduced earlier in the first session of the Eightieth Congress, namely, H. R. 1200, H. R. 1696, H. R. 2621, H. R. 3349, and H. R. 3418, and the board of directors of the National Tuberculosis Association voted to express opposition to those bills at its meeting on June 16, 1947.

These earlier bills, as well as the current bill, provided for a statutory rating or award—some of those other bills were actually awards—for life to veterans who have contracted tuberculosis. It is the opinion of the National Tuberculosis Association that an automatic rating which will continue throughout the life of the veteran is not to his benefit. It is believed that an assistance given in accordance with need at the given time through the flexible arrangements which are in effect at present is a fairer and better procedure, and furthermore does not have the tendency to encourage the veteran to continue an attitude of dependency when rehabilitation has proceeded to the point where he should be entirely self-sufficient. For further elaboration of this point I should like to call upon Dr. Esmond R. Long, secretary of the medical section of the National Tuberculosis Association; and Mr. Holland Hudson, director of the division of rehabilitation of the National Tuberculosis Association.

The CHAIRMAN. We will be glad to hear the doctor.

STATEMENT OF DR. ESMOND R. LONG, DIRECTOR OF RESEARCH, NATIONAL TUBERCULOSIS ASSOCIATION

Mr. LONG. Mr. Chairman and members of the committee, my name is Dr. Esmond R. Long. I am director of the Henry Phipps Institute of the University of Pennsylvania. That is an institution for the study, treatment, and prevention of tuberculosis. As Dr. Perkins has said, I am director of research of the National Tuberculosis Association. I think I should add, too, because it will come out in the discussion, that I was chief consultant on tuberculosis in the office of the Surgeon General of the Army during the war and that I have very close relations to both the Veterans' Administration and the American Legion as a medical adviser to them on tuberculosis problems.

I should say, Mr. Chairman, that I have listened with great interest and with great sympathy to the remarks made by the representatives of the rehabilitation commission of the American Legion. I have had very close and very enjoyable relations with this committee. The first thing I would say is that while I am not in complete agreement with the means by which they wish to reach their objective, I am in entire agreement with these people with respect to the objectives. Our objective is to bring the tuberculous veteran back to full working capacity whenever possible. I think we differ somewhat as to the means by which that can be accomplished and that comes out with respect to this particular bill.

In this particular bill, S. 2259, we have certain practices frozen which might perhaps be practical for the present, but we have no assurance that we would be in accord for the future. I for one would be sorry to see them frozen into law for that reason. In our opinion this bill might remove the incentive for getting completely well which is the objective of all of us. I think that will come out in the following way.

In our opinion, it is much better to leave the question of compensation for disability in tuberculosis flexible, as it is at present, within the scope of administrative practice of the Veterans' Administration, because I personally have confidence in those in charge of tuberculosis control in the Veterans' Administration at the present time. I think we have reason to anticipate good, reasonable persons in charge of this in the future. The first objection that I would have to the bill is that the terms that indicate degree of disability are not defined in the law.

Mr. Kraabel in his statement has made a distinction that I was not aware of before. He is very skilled and has had abundant experience in this. He made a distinciton between statutory award and statutory rating. Perhaps we should have another word from him on that. Much of this depends upon the definition of the word "arrest." The word arrest doesn't appear in the law at all, and we are not certain what will be the definition of arrest or complete arrest in the future. The present practice in the Veterans' Administration is to utilize the definition which has been given by the National Tuberculosis Association.

I should say in its volume diagnostic standards. As a matter of fact, the volume, diagnostic standards of the National Tuberculosis

Association is undergoing complete revision at the present time. I do not know whether that definition will change or not, but it could.

The CHAIRMAN. What would be a better word?

Dr. LONG. I am not sure that I have it. I think it is perfectly good for present purposes.

The CHAIRMAN. Immediately would come the question of when you speak of an arrested case of tuberculosis, what do you mean?

Dr. LONG. An arrested case of tuberculosis—do you want the exact definition? It is not too highly technical.

The CHAIRMAN. So that I can understand it.

Dr. LONG. Yes, sir.

He must no longer have constitutional symptoms. His sputum must no longer contain tubercle bacilli that you can find by the usual means, the germs of the disease. Then, it must have certain characteristics by X-ray examination. The lesions must be stationary and apparently healed. That is to say, not changing as you look at one X-ray film and then look at another one later. There must be no evidence of any hole in his lung, any cavity in the lung produced by tuberculosis. These conditions must have existed for a period of 6 months, during the last two of which the patient has been taking 1 hour's walking exercise daily or its equivalent.

In other words, it is a rather arbitrary definition based on the amount of work that the man is able to do. It is that particular item of the definition that probably will be changed. In other words, that definition is pretty flexible, and I would hate to see a law set up that freezes that. Perhaps this law wouldn't do so.

The CHAIRMAN. Is the word synonymous with what the layman would say, that he is cured?

Dr. LONG. No, sir. In the definitions as set up by the National Tuberculosis Association, there is a distinct difference established between arrested and cured. Of course there is no hard and fast line, but all of the things that are present in arrested must be present in the man if he is to be called cured, but in addition to that in the present definition of the National Association, which may change, it states that the cure must fulfill all of the requirements I have indicated, not only for 2, but for 6 years, and certain other minor matters.

In other words, it is the same, but it must have lasted much longer.

We are dealing, Mr. Chairman, in a field where definitions may change somewhat. That is just one point I wanted to make.

The CHAIRMAN. What is the distinction between the physical fact of arrest and the physical fact of cure?

Dr. LONG. If a man is truly cured and acquired tuberculosis after that, I suppose it would be a new disease. It wouldn't be a relapse. But if the disease is considered simply arrested by a physician, I am sure it means that the physician feels that is a temporary affair and could change, that it might have a genuine relapse. Presumably that means the germs in his body are not yet dead.

The CHAIRMAN. They are still lurking possibilities for the disease to reactivate itself.

Dr. LONG. Yes, sir.

The CHAIRMAN. From the same cause?

Dr. LONG. Right; exactly.

The CHAIRMAN. Let us get to the psychology of this thing.

Dr. LONG. All right, sir.

The CHAIRMAN. I take it that the medical profession believes that it is helpful to a man's psychology to get the notion of invalidism out of his head.

Dr. LONG. Yes, sir.

The CHAIRMAN. And to encourage him to get actively into life without hampering himself because of his fear of reassertion of the disease. Is that correct?

Dr. LONG. That is our principal point. Our objective in all this is to get a tuberculous patient who has an arrested disease like anybody else, so he can take his normal place in society.

The CHAIRMAN. Let us assume that at Denver, Colo., a physician examined a former tubercular patient and said, "Now your case is arrested." Will he tell him to go any place in the world and work under any conditions and do anything he wants to do, any place?

Dr. LONG. No, sir; he wouldn't do that at all. I think a person who has arrested tuberculosis must recognize for a time, at least, that he has certain handicaps. What he ought to tell that patient is that there are all kinds of jobs in this world and there is one you can do just as well as anybody else. You look for that kind of job.

The CHAIRMAN. But that in itself, the very statement of that, Doctor, implies a limitation on his full field of normal activity.

Dr. LONG. There is no question about that, sir, for a time.

The CHAIRMAN. Do you not think that the memory of what he has been through, whether it should or should not, or whether it is in his best interest, will tend to cause him to curb himself as long as he lives?

Dr. LONG. Yes, sir; I think it will cause a great many people to curb themselves for as long as they live and I think it will take some others and make them work harder and do a better job because they had something to overcome. We have many cases of that in private life.

The CHAIRMAN. Would you say that that spirit is in a minority or majority of people?

Dr. LONG. I would say definitely at the present time that it is in the minority, but our whole job and our whole objective is to see if we can't inculcate it in the majority.

The CHAIRMAN. Do you have any other observations, Doctor?

Dr. LONG. Just a few. I simply wanted to say I see practice in this respect kept sufficiently flexible so it can keep up with medical progress. There is a good deal of medical progress being made in tuberculosis at the present time. I could conceive, I could conceive of it but I don't think it is likely, of a method of treatment arising which would make a man much safer after he is considered arrested than he is at present. There is a good deal of experiment with drugs and other methods of treatment that would do that. Also, I believe that there are in the offing methods which other gentlemen can talk about for rehabilitation of the tuberculous patient which might make it advisable even to extend the present provisions for the first period of a man's care after he is arrested, in the hope that we could do a better job for training him to go any place and take other positions, as you have indicated, and not make it necessary to carry him along on some very small compensation which to my mind probably doesn't really act as a cushion. I am not sure that a 30- to 40-percent rating, which is granted at pres-

ent in administrative practice, is going to make a man 30 or 50 percent more careful, or anything like that. I would personally rather see a good job done toward rehabilitating this man at the start of his period of arrested condition and then make him like anybody else after that.

The CHAIRMAN. It may be because they have not been properly instructed and trained, but I know out of my own experience several cases, men who are living very useful and constructive lives, arrested cases, but they are very choosy about the kind of jobs they take. They are choosy about their environment. They are choosy about their hours. They are choosy about where they work.

I am just wondering whether that is something that we can overlook and say that it does not exist because it should not exist, which is not medicine, Doctor. That gets off into a field that you doctors do not accept.

Dr. LONG. I get your point perfectly, sir. But I believe that in the long run we are thinking about the long run when a law is set up because I think we can do something better than that.

I must not take too much time because I know there are others to come. All I am trying to indicate, sir, is that I believe that the progress that the Veterans' Administration is making within its own administrative practice toward rehabilitation in tuberculosis, illustrated by this book, a copy of which was just given to you and given to me, is an indication that a great deal can be done to restore the once tuberculous patient to a quite normal position in society.

We think that the administrative practice of the Veterans' Administration can be more effective in these same objectives than have been indicated by our American Legion representatives and others, than a law which freezes these ratings.

The CHAIRMAN. Thank you very much, Doctor. There are other witnesses, I presume?

Dr. PERKINS. May I ask Mr. Hudson to come up, Mr. Chairman?

STATEMENT OF HOLLAND HUDSON, DIRECTOR, DIVISION OF REHABILITATION, NATIONAL TUBERCULOSIS ASSOCIATION

Mr. HUDSON. Mr. Chairman and gentlemen, my name is Holland Hudson. I am employed by the National Tuberculosis Association as director of its rehabilitation service, as a liaison man. I will spend a few seconds qualifying myself.

The CHAIRMAN. May I interrupt you a moment? Is anybody going to give us any factual basis supporting the increase in rate? I assume that is due to the cost of living. I assume it has something to do with the costs to people who are wholly or partially disabled by this disease. But so far all we have is a suggestion for an increase in the rate. Go ahead, please.

Mr. HUDSON. Previous to my employment by the National Tuberculosis Association, I served for 3 years in a tuberculosis hospital in Ohio, studying the recovery and subsequent employment of tuberculosis patients. The nature of my duties with the tuberculosis association are to study recovery, employment, and degrees of disability imposed by tuberculosis. That is my full-time assignment. I am myself a former tuberculosis patient, with arrested moderately ad-

vanced disease, which has not interfered subsequently with the performance of my duties. I travel all over the United States and to some of its possessions. I am in New York at the present time.

I should like to call to the attention of the committee, if I may, the experience of the States and their divisions of vocational rehabilitation attached to their departments of education with the tuberculous. In the last 13 years they placed in employment over 21,000 persons, persons with a history of tuberculosis and gainful employment. Spot studies of those rehabilitations indicate a considerable number, in fact frequently a majority of persons with moderately advanced or with advanced disease. The employment or the degree of disability appears to be very much an individual matter rather than a matter which one can categorize by the diagnostic terms which have been introduced into this bill. The experience of the States has stepped up their service. They have been encouraged to believe that the proportion of patients who can be returned to employment and returned soon is very much larger than was formerly supposed.

Their experience leads them to do very much what the Veterans' Administration is doing in its hospitals, to give service tending to rehabilitation earlier in the treatment of the disease, to make that a part of the treatment, to incorporate it. That is one of the most effective methods that either the States, the counties, or the administration has found to combat the hypochondria to which the chairman referred. I should like also to point out to the committee the experience of industry, notably in two particulars. One is a committee of industrial physicians serving on the cycle of committees operated by the National Tuberculosis Association. The findings of those physicians regarding the former tuberculosis patient is that he is far better off to be employed, particularly if the job to which he has been assigned has been selected with some idea of his physical limitations.

The CHAIRMAN. Right there again, Doctor——

Mr. HUDSON. I am a layman, sir.

The CHAIRMAN. There is a restriction of the normal man's field of choice.

Mr. HUDSON. I think it would be less than frank to deny that restriction, but I think we tend in our thinking to exaggerate that restriction frequently and that is a trend with many patients. Part of the job which patients' organizations themselves—for example, there is a come-back club in Wisconsin. Note the name of it. Part of the job they are working on is to break down fear. We have had to build up a fear of tuberculosis boards to establish the control of the disease. Now we are almost having to reverse our tactics, and while we continue to point out the communicability of the disease, we also have to bring out the fact that it is a disease from which hundreds of thousands of persons have successfully recovered and more can recover. That is a speech.

The Bureau of Labor Statistics has dug into the facts on the employment of recovered patients and what kind of job they do, how they stand up in comparison with other persons. That record is available from the Bureau of Labor Statistics, and it shows a performance in industry quite as satisfactory as that of a person without physical limitation. It shows an absence of absenteeism. It shows a lack of the supposed accident-proneness which has been common talk for many

years. It shows that they stick to their job and quit less frequently than other patients.

The CHAIRMAN. That assumes again that there has been a preliminary selection exercised.

Mr. HUDSON. I would assume so, particularly as this study was made in industries which have industrial physicians present who help the investigating men to determine which persons had arrested tuberculosis and which did not, by which means they established their controls in that study.

I should like also to point out the experience of sanatariums and hospitals with chronic patients, persons whose tuberculosis has not been stabilized, who have not been arrested. They found frequently that the employment of those patients in the hospital since they are positives and cannot leave the grounds, that that leads to a far better existence for the patients, far better cooperation in treatment, and frequently in the long run, to the arrest of the disease. That is a fairly common experience which almost every sanatarium could verify. No one, I think, quarrels with the motive of the veterans' organizations in the present proposal. However, it is experience of almost all social agencies and insurance organizations who have had to deal with persons having an income of this kind, that the fact tended to promote rather than to dispel the tendency to hypochondria. From this background of experience your witness is opposing the proposal on the ground that the present provisions in the Veterans' Administration enable them to do, and they are doing the things proposed with the difference that the present set-up allows the individual decision instead of lumping it into groups and leaving the medical staff and the rating staff of the Veterans' Administration no choice.

The CHAIRMAN. Thank you very much.

Dr. PERKINS. Unless there are some questions, that completes the testimony from the National Tuberculosis Asociation.

The CHAIRMAN. Mr. Hochhauser, please.

STATEMENT OF EDWARD HOCHHAUSER, EXECUTIVE DIRECTOR, COMMITTEE FOR THE CARE OF THE JEWISH TUBERCULOUS

Mr. HOCHHAUSER. Mr. Chairman, my name is Edward Hochhauser. I am the executive director of the Committee for the Care of the Jewish Tuberculous. I was last year the chairman of the New York State Conference on Social Work. I am a member of the advisory committee on Sheltered Workshops to the Wages and Hours Administration of the United States Department of Labor.

Since 1911 I have been working for and with tuberculous patients. Like Mr. Hudson, I am interested in the individual and the objective of all that we are trying to do. I find myself very much in sympathy with the philosophy or psychology that you have propounded here. I would like to have permission first to show how in these almost 40 years I have been working toward getting better care, more effective care, for tuberculous patients, both in institutions and after they leave the institutions and why I believe very strongly out of this experience that a scheme of pensions that is not tied up with rehabilitation is a danger for the individual patient himself.

Let us take the psychology that you have propounded, which is not only true of the patient but of the employer. Back in 1930 I made

a study and wrote a paper on industries' attitude toward the employment of the tuberculous. I have a copy here. As you know, one of the great difficulties outside of an area like Colorado or Saranac Lake, is this exaggerated fear, and I believe very, very strongly that the philosophy of the proposal here tends to strengthen that and in the end means no matter what you give them in the pay of pension, you don't have a job, you don't have an opportunity at a useful life as a member of the community.

I remember that shortly after World War I in France there was a very effective organization of tuberculous veterans. They demonstrated how pensions may be totally inadequate and may be a boomerang. They succeeded in getting an allowance for all the tuberculous veterans, regardless of their status, an arrested or apparently cured. Of course the active ones got more effective care. The depression came and one of the representatives of the organization made a very effective plea before an employer's organization for preferential jobs. When one of the members of industry asked, "Wasn't this the group who had gotten this preferential pension from the Government," and he said "Yes." It was said, "Then I think we should give preference to people who have no income of any kind."

The committee that I have been connected with started as a result of a study which showed the tremendous percentage of relapses among patients after so-called successful treatment. For 33 years we have had operating a sheltered workshop as part of our service, the dramatic part of the service. We believe not only that everything should be done to enable the patient to get adequate treatment, but to take care of his family, because the family neglected means a disturbed and frustrated individual. I can tell you of many instances where care of the family enabled the patient to get well and take his place again in the community.

We have said, particularly with regard to veterans, we must take care of their families so the patient will get the benefit of adequate cure. You can't build a rehabilitation program on a person who has not been properly prepared. We also believe that there should be for him a period of adjustment. At this workshop 33 years, where we have treated well over a thousand patients, most of them moderately and far advanced cases, we have demonstrated that through a scheme of carefully graduated work with care of the family, with adequate financial assistance, if it is $30 a week and that is inadequate, you are not helping the man get well. We have been able to demonstrate to these parties in a very, very substantial percentage of cases of not only a prevention of relapse, but they have led useful lives where they have been entirely self-sustaining.

So we feel very, very strongly that the whole philosophy, the whole theory in this bill that a person who has reached an arrested stage in the disease, who then may be helped to a period of adjustment, is always only part of a plan. I think that is wrong. That tends to justify the attitude of too many employers who won't give a job if you admit that you ever had the disease.

We have been taking veterans into this workshop of ours, and we found something that was terribly disturbing, and that was that at the end of 6 months the veterans who get a notification that his pension was then being cut to 50 percent. We believe that during that period

of readjustment because we have had to subsidize the pensions of some of these veterans, they should get whatever is necessary to enable them to go through this course of treatment and become well. We went to the Veterans' Administration about 2 years ago, a little over 2 years ago, and presented this problem, and they agreed, and the order which has been referred to was then issued, which says that a tuberculous patient who has reached arrest of the disease, under an approved scheme of rehabilitation at a sheltered workshop, may receive 100 percent disability up to 2 years. We in our experience have sometimes taken 3 years to get that patient to the point where he could go out into industry. We believe during that period, whether it is treatment or readjustment, that we should take care of him adequately, but don't consider him a permanently disabled person. Surely, you have to overcome that psychology. That is why we had this movie made which we send now all over the United States and all over the world, not based on what we would like to do, but on what has been done now for over 30-odd years.

I have not only been godfather to some of the children of these tuberculous women and girls, but of their grandchildren. This is not a theory. That is why we believe that pensions without a scheme of reenablement or rehabilitation is bad for the individual. It creates the psychology that you have been speaking about, and I think in the long run it hurts the civilians and hurts the veterans.

The CHAIRMAN. Would you extend the same principle to help which the Government gives to other forms of disability? A man for example, who has lost a leg may very well adjust himself in certain fields, carefully selected fields, so that he is just as competent as a man who has not lost a leg. Should we stop his disability benefit?

Mr. HOCHHAUSER. You mean at the time when he has been rehabilitated or readjusted?

The CHAIRMAN. When he has finished his readjustment.

Mr. HOCHHAUSER. I would say if you continue a pension scheme, particularly with a disease like tuberculosis or heart disease where there always is this fear, and where there is fear on the part of the employer, you are then creating an area, atmosphere, psychological and sometimes physical, where the person himself has that feeling of dependency. I think therefore you tend to promote actual relapse of the disease.

I would say with regard to the physically handicapped, the orthopedically handicapped man, we should spend everything that is necessary to enable that man to become self-sustaining. Then after that, as we say to our own patients when they are ready to leave, it doesn't make much difference whether you say thank you or go to hell, because you are in a position to be independent. I think we should help every disabled man and certainly the veteran to the point where we have established the fact that he is able to take care of himself.

The CHAIRMAN. Our theory has been to try to figure out how much has this man been disqualified in the race of life, and make some sort of compensation or adjustment for that. Your theory does not completely ignore that, but you put the emphasis on getting him to believe that his opportunities in life have not been constricted and to help him get into that frame of mind you do not give him the benefits which we traditionally have thought him entitled to.

Mr. HOCHHAUSER. I would do more than that. I would enable him physically and psychologically to get to that point where he is able to demonstrate to himself as well as to the doctor that he can carry on. We also follow up patients at one large city institution. We have done that on the theory that the first 5 years present a hazard with a decreasing hazard after the second, third, and fourth year.

I attended an international conference on after-care of the tuberculous in England, and I was very much interested to find that in Lancastershire County, where they had the same theory, follow-up of the patient for the first 5 years after he leaves, providing medical supervision if that is necessary, social care, economic aid, whatever is necessary, psychiatric aid, if the man maintains the arrest of his disease for 5 years you can forget about him. They went back and tried to find out what had happened to a little over 4,000 of these tuberculous patients who had maintained their arrest and then were taken off the rolls. They found that about 3.8 percent had reactivated.

They did the same sort of study in London, the London County Council, and they found 3.9 percent had reactivated. In other words, for us to take the position that most of these patients are going to be invalided, only part of a man for the rest of their lives, I think is wrong for the individual, is wrong if it is being done in the atmosphere that you create, both on the part of the employer and on the part of individual patient. I believe in adequate care, I would emphasize that. I think we haven't given enough care for the family so the man wants to stay long enough. All the incentive, all the motivation, should be on helping that man to be self-sustaining. We are not talking about the man who doesn't make the grade. Yet we have demonstrated that with quiescent patients you can help those patients to enjoy 15, 20, 25 years of useful life. We have some patients taken in toward the end of World War I, so-called far advanced, chronic patients, quiescent at the time. In other words, they still occasionally had tubercle bacilli, who are working today and who under most schemes would not have been given a chance to live with dignity.

That is what I am pleading for. To have an atmosphere that these people can live successfully and can live with dignity and not have this exaggerated fear that exists outside of Colorado and outside of the upper part of the Adirondack States. That is what I am pleading for. I think that is the danger of this kind of thing which says the only problem is to compensate.

The CHAIRMAN. You pose a fundamental readjustment of our views on benefits?

Mr. HOCHHAUSER. I can give you examples, Senator, of patients that we have had. I think of two specifically. One young fellow who had a disability clause in his policy, a $15,000 policy. Under its terms, as you know, he was entitled to 10 percent of that face value for the rest of his life. After 3 years he came to us and said, "I am tired of being a bum. I would like to go up to the workshop. May I go?"

We said, "Yes. We will have to have a statement from your doctor."

He understood the whole theory—carefully graduated work. We mix work and rest. Starting an hour and a half morning and an hour and a half in the afternoon. We are demonstrating to the man that he can. We are demonstrating to the doctor that it is safe.

The CHAIRMAN. I think your philosophy rests somewhat on the assumption of perfectionism which does not exist in the great majority

of people. This legislation business is a very practical thing. You have to accommodate your laws to fit the great majority of cases. I have no doubt that there are many men with a leg lost or an arm lost or an eye lost, who readjust themselves through some inner quality that they have and take their place in life without any handicap so far as economic competition is concerned. But what is the case with most people?

Mr. HOCHHAUSER. They can and do. In other words, the whole motivation has been wrong. In other words, we have been emphasizing the fact that we can take care of a patient for $4, $5, or $6 a day at the hospital, and that is adequate. We have not been thinking in terms of what are the kinds of things that mentally and physically are going to prepare that man to live in the community. That is where he has to live. Otherwise, you ostracize him for the rest of his life. I think the great difficulty is that the motivation and the incentive needs to be there. Human nature being what it is, it is weak. If you have to add to that the fear of a break, if you add long-time illness, and the average patient has a year and a half to 30 years' treatment, then you have set up an entire area in which, unless you are very, very careful as to your incentive and your motivation, the normal tendency is to sit back: "I have had moderately advanced tuberculosis. I can't take advantage."

Yes, Denver is full of people and they have children of these people who pioneered there and built up the industries, just as they have up at Saranac Lake and in other parts of the world.

Senator GEORGE. Doctor, your statement is based upon the theory that tuberculosis is completely curable. At least in many cases?

Mr. HOCHHAUSER. It is based on the theory that the patient who goes on to arrest of his disease. We are ignoring the others. Who then is helped so he can demonstrate the fact that he can work, can and does live a useful productive life in an overwhelming percentage of the cases. I told you about the study that led to the formation of our committee. We found that 15 percent of the cases who had been discharged had relapsed or died within 18 months. We have demonstrated what happened to people who have gone through a carefully worked out scheme, and they are the people of the lower-income class. What happens to them? We find that of the patients who have graduated, who have gone through with consent, at the end of 10 years 95 percent of them are alive and about 90 percent are working. They are about forty-odd percent moderately advanced cases, about forty-odd percent far advanced cases, and the balance so-called early cases.

In other words, what I am arguing for is complete and adequate care. I am not arguing about the cost. I think it is cheaper if you pay for good care, if you pay for a change of philosophy. I am opposed to this wholly, this idea which scares people to death, which doesn't discriminate between you who are careful and conscientious and I, who am careless, and puts us both in the same bag and lets us rattle together. I say do that job adequately and not say that a pension is your way out. That is what I am concerned about. Because as this gets out as an accepted philosophy of the Government, all these employees in New York who are refusing to accept anyone with tuberculosis will say, "Look, see what the Government says. 100 percent for 2 years, 50 percent for 5 years, and for the rest of their lives. Why should I accept their liability?"

I think that is a dangerous philosophy.

Senator GEORGE. You do think that tuberculosis is completely curable? Is that the accepted medical view now?

Mr. HOCHHAUSER. The accepted medical view is that patients with tuberculosis can be fully restored to economic usefulness. Yes, they may have to live within limitations. I am not talking about all. We have demonstrated that over a period of 33 years. I am saying that many of them can be restored to useful, productive life.

Senator GEORGE. I understand that, Doctor. I can understand in a case where there is a possibility of a complete arrest or a complete cure, your observations are very pertinent, and the present system of course might make against that in the case of a tubercular patient. I can see that fully. I can see some distinction between the orthopedic case where there has been a complete loss of arms.

Mr. HOCHHAUSER. That is in a different category. I am talking about the person with a relapsing disease. I am not trying to save the Government money. That is not my argument. I am not arguing on the basis of savings.

Senator GEORGE. I understand that.

Mr. HOCHHAUSER. Thank you very much.

The CHAIRMAN. Are there any other witnesses on this bill?

Mr. KRAABEL. Mr. Chairman, just briefly, if you please, I would like to put in the record that our National Medical Advisory Board on the very point raised by the previous witness had this to say, and it was put in the record over at the other hearing: No. 1, improved compensation practice, particularly for single veterans, eliminating certain restrictions which previously tended to discourage continuation by veterans of hospital care until arrest of their disease was reached.

No. 2, provision of a considerably increased number of beds for the treatment of tuberculosis and the addition to the tuberculosis service of hospitals a large number of well-qualified specialists in tuberculosis.

No. 3, promotion of a program for after-care and rehabilitation of arrested cases based on extension of full-disability rating in cases participating in a prescribed program of limited activity.

Moreover, I would like to mention that the psychological end of this could well be treated by our Dr. Shapiro.

On the matter of the increase in rating, I might point out that extension 1 to the 1945 schedule is about contemporary with these hearings a year ago, and that the extension which did allow for 2 years' total rating on a check up every 6 months and then 40 percent and 30 percent, came about at the time either just before or just after these hearings. So that part of the reasoning for this came about both at the Veterans' Administration and in our promotion of this bill over at the House.

Secondly, on the matter of the rates themselves, we deferred to the committee and suggested that they could best work that out in their revamping of the bill, if they so chose.

On the psychological end, I would like to have a word from Dr. Shapiro, Mr. Chairman, if that is permissible.

Dr. SHAPIRO. I do want to clear up one thing before proceeding. Mr. Brooks testified about these cases of tuberculosis becoming cured.

I looked up the hearings before the World War Veterans Committee when the original presumptions were put into law and also the ratings for arrested tuberculosis, and on page 173 of the hearings the late Dr. Leroy Dunn, one of the most outstanding tuberculosis specialists in America, testified for the American Legion, and here is what he said on the subject of cure:

> After a man has recovered from tuberculosis he cannot be compared to a new motor, capable of big overloads. I say "recovered." I never use the word "cured." When I say "recovered" I do not mean cured.

We have heard a lot of testimony about cure of tuberculosis. There was one of the outstanding tuberculosis specialists of America indicating there is no such thing as cure.

The CHAIRMAN. I think all of the physicians here have shied away from cure.

Dr. SHAPIRO. I noticed they did, and that is my purpose in rising at this time.

As far as the psychological aspects are concerned, I happen to be a neuropsychiatrist; that happens to be my specialty, and that is why I have quoted other authorities on tuberculosis. I know there is a big psychological element associated with the tuberculosis cases, and irrespective of any ideals that may be had or campaigns, it is pretty hard to eradicate the fear from an individual. We do know, as the Senator no doubt knows, living in Colorado, how difficult it is for men to engage in work without any limitations. The psychology goes further than that. Your life insurance companies, even Uncle Sam in his recruitment program, the Government in employing, do put a penalty on the individual who has had tubefculosis. Frequently, it does not insure people unless they get a rated policy. I am very much in accord with the previous speakers as to their ideals in this educational plan and I believe the educational plan can go hand in hand with this grant of these benefits. I do not see how that should destroy the worthy goal in their educational program. There is such a thing as an educational program being overloaded.

I worked in a tuberculosis community in 1921 in Asheville, N. C., where I got to know Dr. Dunn. At that time I worked among active tubercular cases and I was told, you need not have any fear in working among these people. "Adults rarely contract tuberculosis." I noticed, however, within the last year the Veterans' Administration has introduced the aseptic technique in their hospitals where you handle the tubercular case in the wards the same as you do in an operating room, with a gown and mask, and so forth. So I am very much in favor of these educational campaigns. We do know that these individuals can overcome their handicaps. They can work, some with limitations as to the type of job.

Something has been mentioned about the good work records, the lack of accidents and absenteeism in these tuberculosis cases. We find the same things in our amputees. That doesn't mean they do not have residual disability. So I do want to leave with the committee the testimony that was previously given that these individuals are not cured.

The CHAIRMAN. Go ahead, Doctor.

Dr. LONG. I would like 1 minute. I agree with the objectives of the American Legion, but I would like to add a word and just read you the next paragraph after the one Mr. Kraabel read, passed by the Ad-

visory Medical Board of the American Legion. The paragraph after the one Mr. Kraabel read, reads as follows:

> It is the opinion of the Board that in promoting the objectives of a medically sound program, the rehabilitation program now recommended by the tuberculosis service of the Veterans' Administration should be favored and promoted rather than legislation for a statutory award.

I think that should be on the record.

Mr. KRAABEL. This is not an award. It is a rating. That is what the VA put in the schedule, an extension on total rating for 2 years, and graduated partial ratings thereafter.

Dr. LONG. I think we are in agreement.

The CHAIRMAN. We will recess until 2:30 this afternoon.

(Thereupon, at 1 p. m., the committee recessed, to reconvene at 2:30 p. m., the same day.)

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