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ASSURING HOSPITALIZATION AND OUT-PATIENT TREATMENT BY  
THE VETERANS' ADMINISTRATION OF WORLD WAR II VETERANS  
WHO DEVELOP AN ACTIVE PSYCHOSIS WITHIN 2 YEARS FROM  
THE DATE OF SEPARATION FROM ACTIVE SERVICE

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SEPTEMBER 14 (legislative day, SEPTEMBER 13), 1951.—Ordered to be printed

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Mr. GEORGE, from the Committee on Finance, submitted the following

## REPORT

[To accompany H. R. 320]

The Committee on Finance, to whom was referred the bill (H. R. 320) to amend Veterans Regulations to establish for persons who served in the Armed Forces during World War II a further presumption of service connection for psychoses developing to a compensable degree of disability within 3 years from the date of separation from active service, having considered the same, report favorably thereon with amendments, and recommend that the bill do pass.

The amendments are as follows:

Amend the title of the bill to read:

A bill to assure hospitalization and out-patient treatment by the Veterans' Administration of World War II veterans who develop an active psychosis within two years from the date of separation from active service.

Strike out all after the enacting clause and insert:

That for the purpose of hospital and medical treatment, including out-patient treatment, authorized under laws administered by the Veterans' Administration, a veteran of World War II (as defined in Veterans Regulation Numbered 10, as amended) developing an active psychosis within two years from the date of separation from active service in such war shall be deemed to have incurred such disability in such active service.

### EXPLANATION OF THE BILL

The bill, as reported, amends Veterans Regulations to provide, for the purpose of hospitalization and out-patient treatment, a rebuttable presumption of service connection for World War II veterans who develop an active psychosis within 2 years from the date of separation from active service. By virtue of the provisions of Public Law 28 Eighty-second Congress, this presumption, for the same purposes, will also be applicable to persons who serve on or after June 27, 1950,

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and prior to such date as shall thereafter be determined by Presidential proclamation or concurrent resolution of the Congress.

Present law on this subject provides a presumption of service connection with respect to chronic diseases generally if such disease is found to exist within 1 year of the date of discharge. Under regulations of the Veterans' Administration, psychoses are included in the list of chronic diseases for this purpose. Notwithstanding the present presumption, the Veterans' Administration advises that there are roughly over 9,000 World War II veterans who are awaiting hospitalization because of non-service-connected psychoses. Some of this group are in State institutions but many are unable to secure hospitalization from any source.

It is generally recognized that the disease of psychoses is not only an individual problem but involves broad social aspects as well. It is urgent that those who suffer from this unfortunate malady should receive prompt and complete institutional care and treatment. Although war veterans are now entitled to hospitalization by the Veterans' Administration for non-service-connected psychosis their admission is subject to availability of beds and their inability to defray the expenses. H. R. 320, as amended, will give the majority of such cases absolute priority for immediate hospitalization, medical, and out-patient treatment and will thus accomplish what is believed by the committee to be the primary need of this group.

No additional monetary benefits will flow from the enactment of the bill, as amended. With respect to making beds available immediately for the psychotic cases concerned, the Veterans' Administration will be required to give them precedence in VA hospitals over non-service-connected cases generally. In addition, the Veterans' Administration will have authority to contract with other public and private institutions for the proper hospitalization of these cases.

The report of the Veterans' Administration on the bill, as passed by the House, follows:

JUNE 22, 1951.

Hon. WALTER F. GEORGE,  
*Chairman, Committee on Finance,  
United States Senate, Washington 25, D. C.*

DEAR SENATOR GEORGE: This is in further reply to your letter dated May 8, 1951, requesting a report on H. R. 320, Eighty-second Congress, an act to amend Veterans Regulations to establish for persons who served in the Armed Forces during World War II a further presumption of service connection for psychoses developing to a compensable degree of disability within 3 years from the date of separation from active service.

The purpose of the bill is to amend subparagraph (c), paragraph I, part I, Veterans Regulation No. 1 (a), as amended, by adding "psychoses" (i. e., mental disorders frequently referred to as insanity) to the list of chronic diseases enumerated therein, and to provide that a disease of psychosis developing a 10 percent degree of disability or more within 3 years from the date of separation from active service shall, in the absence of affirmative evidence to the contrary, be deemed to have been incurred in or aggravated by active service.

With respect to line 5, page 1, of the bill, it is noted that the word "epilepsies" should be followed by a semicolon rather than a colon.

The provision in the bill to add after the word "epilepsies" the word "psychoses" is unnecessary and might be misleading, because epilepsies and all other chronic diseases listed in the third proviso of subparagraph (c), as amended, are subject to a 1-year presumptive period. In this connection, attention is invited to the manner in which the presumptive period for active pulmonary tuberculosis was increased from 1 to 3 years by Public Law 573, Eighty-first Congress, June 23, 1950.

Veterans Regulation No. 1 (a), part I, paragraph I, subparagraph (c), as amended, provides that a chronic disease (other than pulmonary tuberculosis) becoming manifest to a degree of 10 percent or more within 1 year from the date of separation from active service as defined in subparagraph (a) of said regulation, shall be considered to have been incurred in, or aggravated by such service, notwithstanding there is no record of evidence of such disease during the period of active service, if the person suffering from such disease served 90 days or more in the active service, except 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 willful misconduct. The presumptions in this paragraph are applicable to veterans of wars specified in part I of the mentioned regulation and, because of the provisions of Public Law 28, Eighty-second Congress, May 11, 1951, to persons who shall have served in the active service on and after June 27, 1950, and prior to such date as shall thereafter be determined by Presidential proclamation or concurrent resolution of the Congress.

The list of chronic diseases set forth in Public Law 748, Eightieth Congress, as amended, does not specifically include "psychoses," but such mental disorders have long been recognized by the Veterans' Administration as chronic diseases and included as such by regulation. The present regulatory 1-year presumptive period does not preclude the granting of direct service connection for a psychotic condition when first diagnosed more than 1 year after discharge from service when the evidence of record is deemed adequate to warrant a finding of service connection. In such cases, the provisions of Public Law 361, Seventy-seventh Congress, December 20, 1941, authorizing consideration of places, types, and circumstances of service as factors in the matter of granting service connection are liberally applied.

Psychoses may result from any one of a number of factors such as an inherent or hereditary defect. There is nothing in the circumstances of military service in time of war which creates a presumption of fact that a delayed manifestation of a psychosis some time after discharge is in any way related to the fact or circumstances of service. If circumstances of service so conflated with the mental make-up of the individual as to cause a psychosis, they would have done so at that time and not many months or years after service. However, because of the difficulty of determining the exact cause of a psychosis, it would rarely be possible to secure affirmative evidence to rebut the presumption of service connection proposed by the bill.

Singling out psychosis as a disease which should be accorded a presumptive period of service connection of 3 years, as proposed by the bill, would be discriminatory and could be urged as a precedent for extending the presumptive period for many other chronic diseases. The matter of causation of any disease, or etiology, should be determined on the basis of sound medical principles and judgment. There is definite medical substantiation that the time of onset of a psychiatric disorder, whether a psychosis or a psychoneurosis, is not only the criterion of the cause or causes. The determination of etiology of a psychosis in an individual is to be gained by an over-all psychiatric evaluation of that particular person. A statutory directive which may require a finding of service connection contrary to fact results in placing cases without merit on a par with cases of veterans having medically proven service-connected conditions.

In addition to granting service connection for compensation purposes in a very large number of cases, the bill, if enacted, would confer the same priority right in such cases to hospitalization by the Veterans' Administration which is now afforded by law to veterans having service-connected conditions. Under existing law, the Veterans' Administration is required to furnish hospital care to eligible veterans needing such care for service-connected conditions, and this may be provided in hospitals under the direct control of the Veterans' Administration, through bed allocations in other Government hospitals, or in appropriate cases by contract with State, municipal, or private institutions. By contrast, veterans suffering from non-service-connected disabilities may be furnished hospital care by the Veterans' Administration only if beds are available in Veterans' Administration or other Federal Government hospitals. Further, admission of non-service-connected cases is generally conditioned on the inability of the applicant to defray the cost of hospitalization as established by an affidavit procedure. The bill would also have the effect of providing out-patient treatment for the group affected because of the service-connected status which would be granted to them under the bill. Existing law and regulations generally limit out-patient treatment to those requiring such treatment for service-connected disabilities.

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In connection with any substantial immediate increase in the psychotic patient load, which may arise from large numbers having priority status, consideration must also be given to the very important problem of adequate staffing. This problem is particularly real with respect to neuropsychiatric hospitals and with the mounting needs of the Armed Forces in the present emergency for medical personnel the problem is becoming acute. For example, between June 1950 and May 10, 1951, the Veterans' Administration lost the services of 101 psychiatrists by reason of their entry into military service. The shortage of skilled psychiatric personnel is not limited to those available for Veterans' Administration hospitals but is a problem in the country at large. Merely to house psychotic patients in an institution, without providing the skilled personnel to direct their treatment, is not in accord with modern concepts of psychiatric care.

The Veterans' Administration has no available data upon which to base an estimate of the number of veterans of World War II who incurred a disease of psychosis developing a 10 percent degree of disability or more within 3 years from date of discharge from World War II service, nor would it be possible to forecast the number of persons having service after June 27, 1950, who might be eligible to benefits in the future. However, there are now over 8,000 veterans of World War II in receipt of disability pension because of non-service-connected psychosis, permanently and totally disabling, most of whom would probably be eligible for the benefits of the bill. An unknown number of psychotic cases having a disability less than total in degree, and therefore not pensionable under existing legislation, would also qualify for service connection under H. R. 320. Payments of disability compensation range from \$15 to \$150 monthly under percentage gradations of disability from 10 to 100 percent with additional allowances for dependents in those cases where the disability is rated 50 percent or greater. Furthermore, enactment of H. R. 320 would entitle an unknown number of dependents of deceased veterans to monthly payments of death compensation from \$75 upward to widows and children, and payments to dependent parents. Monthly death pension from \$42 upward, depending upon the number of children, would be payable in certain cases to widows and children in cases of deaths not due to service. In addition to the foregoing, vocational rehabilitation under Public Law 16, Seventy-eighth Congress, as amended, would be available in certain cases as the result of establishment of service connection. It is not possible to furnish an estimate of the cost of the bill, if enacted, in view of the many unknown and variable factors. However, it is apparent that the cost would be very great.

Advice has been received from the Bureau of the Budget that there would be no objection to the presentation of this report to your committee and that for the reasons set forth in their letter of June 8, 1951, to the chairman of the Senate Committee on Labor and Public Welfare (copy enclosed) with respect to S. 1284, a substantially similar bill, enactment of the legislation would not be in accord with the program of the President.

Sincerely yours,

O. W. CLARK

(For Carl R. Gray, Jr., Administrator).

JUNE 8, 1951.

HON. JAMES E. MURRAY,  
*Chairman, Committee on Labor and Public Welfare,  
United States Senate, Washington, D. C.*

MY DEAR SENATOR MURRAY: This will acknowledge your letter of April 10, 1951, inviting the Bureau of the Budget to comment on S. 1284, to amend the act entitled "An act to amend Veterans Regulations to establish for persons who served in the Armed Forces during World War II a further presumption of service connection for psychoses developing to a compensable degree of disability within 3 years from the date of separation from active service."

The purpose of this bill is to amend Veterans Regulation No. 1 (a) so as to include psychoses in the chronic diseases listed therein, and to provide that as to active service between December 7, 1941, and December 31, 1946, a disease of psychosis developing a 10 percent degree of disability or more prior to January 1, 1950, shall, in the absence of affirmative evidence to the contrary, be deemed to have been incurred in or aggravated by such service.

While the list of chronic diseases set out in the regulations does not specifically include psychoses, it is understood that such mental disorders have long been recognized by the Veterans' Administration as chronic diseases. In this con-

nection, it is pertinent that the present regulatory 1-year presumptive period does not preclude the granting of direct service connection for a psychotic condition, when first diagnosed more than 1 year after discharge from the service, when the evidence of record is deemed adequate to warrant a finding of service connection.

In a report on this proposal, the Veterans' Administration indicates that singling out psychosis as a disease which should be accorded a presumptive period of service connection of almost 8 years would be discriminatory and could be urged as a precedent for extending the presumptive period for many other chronic diseases; that the matter of causation of any disease should be determined on the basis of sound medical principles and judgments; that there is positive medical evidence to indicate that the time of onset of a psychiatric disorder is not the only criterion of the cause or causes of the mental upset; and that a statutory directive which may require a finding of service connection contrary to fact could result in placing cases without merit on a par with cases having medically proven service-connected conditions.

The Veterans' Administration further advises that while it has no available data upon which to base an estimate of the number of veterans of World War II who incurred psychoses developing a 10-percent degree of disability or more prior to January 1, 1950, there are now more than 7,000 veterans of World War II in receipt of disability pension because of non-service-connected psychoses and that most of these veterans would probably be eligible for the benefits which this bill would provide. The apparent cost, therefore, would be very considerable.

In the light of these observations by the Veterans' Administration, you are advised that enactment of this proposal would not be in accord with the program of the President.

Sincerely yours,

F. J. LAWTON, *Director.*

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