

ADDITIONAL HOSPITAL, DOMICILIARY, AND OUT-PATIENT DISPENSARY FACILITIES FOR WORLD WAR VETERANS

DECEMBER 13 (calendar day, DECEMBER 18), 1929.—Ordered to be printed

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

REPORT

[To accompany H. R. 234]

The Committee on Finance, to whom was referred the bill (H. R. 234) to authorize an appropriation to provide additional hospital, domiciliary, and out-patient dispensary facilities for persons entitled to hospitalization under the World War veterans' act, 1924, as amended, and for other purposes, having considered the same, report favorably thereon with an amendment and recommends that the bill do pass.

On page 3, line 16, strike out "\$14,000,000" and insert "\$15,950,000."

The additional amount of \$1,950,000 authorized to be appropriated is to be allocated as follows:

Add to special fund of \$1,450,000 carried in the House bill—to be used in the discretion of the director.....	\$400, 000
For the construction of a general hospital at Salt Lake City, Utah.....	400, 000
For the construction of a general hospital in the State of West Virginia...	700, 000
For the construction of additional patient facilities at Camp Custer, Mich.....	450, 000

Following is a copy of the House report:

[House Report No. 38, Seventy-first Congress, second session]

The Committee on World War Veterans' Legislation, to whom was referred the bill (H. R. 234) to authorize an appropriation to provide additional hospital, domiciliary, and out-patient dispensary facilities for persons entitled to hospitalization under the World War veterans' act, 1924, as amended, and for other purposes, having considered the same, report favorably thereon with the recommendation that the bill do pass with the following amendment:

On page 2, line 12, commencing after the semicolon following the word "thereto", insert "sidewalks abutting hospital reservations."

On page 3, section 3, line 16, strike out "\$11,500,000" and insert "\$14,000,000."

2 ADDITIONAL HOSPITAL FACILITIES FOR WORLD WAR VETERANS

According to the records of the United States Veterans' Bureau on November 30, 1929, the bureau was operating 47 hospitals, using a part of the facilities of 50 other Government hospitals, and 180 civilian hospitals. The patient load in these hospitals was as follows:

Tuberculosis:	
United States veterans' hospitals.....	5, 177
Public Health Service hospitals.....	32
Army hospitals.....	521
Navy hospitals.....	99
Soldiers' homes.....	524
Contract hospitals.....	418
Total, tuberculosis patients.....	6, 771
General medical and surgical:	
United States Veterans' hospitals.....	3, 390
Public Health Service hospitals.....	507
Army hospitals.....	1, 337
Navy hospitals.....	2, 121
Soldiers' homes.....	461
Contract hospitals.....	237
Total, general medical and surgical cases.....	8, 053
Neuropsychiatric:	
United States veterans' hospitals.....	11, 200
Army hospitals.....	166
Navy hospitals.....	410
Soldiers' homes.....	661
St. Elizabeths.....	347
Contract hospitals.....	1, 293
Public Health.....	2
Total, neuropsychiatric patients.....	14, 079

SUMMARY

The grand total for the above three classes of patients is:

United States veterans' hospitals.....	19, 767
Public Health Service hospitals.....	541
Army hospitals.....	2, 024
Navy hospitals.....	2, 630
Soldiers' homes.....	1, 646
St. Elizabeths.....	347
Contract hospitals.....	1, 948

Making a total patient load of..... 28, 903

These figures, as above stated, show the patient load of the United States Veterans' Bureau as of November 30, 1929. As of this same date the total capacity of the United States Veterans' hospitals was 22,127, with additional facilities in process of building of 3,796. The average number of beds occupied in United States Veterans' Bureau hospitals during the month of November, 1929, was 19,752.

The records of the United States Veterans' Bureau further show the following to be the number of available hospital beds as of December 7, 1929, divided into three groups, tuberculosis cases, neuropsychiatric cases, and general medical and surgical cases. This summary is based upon reports received by the medical director of the bureau from the commanding officers of the different Government hospitals used by the bureau.

Weekly available bed report, December, 7 1929

	Available beds for tuberculosis patients								Available beds for patients with neuro-psychiatric disease								Available beds for patients with general medical and surgical diseases								Total		Grand total		
	Infirm-ary		Semiin-firm-ary		Ambu-latory		Total		Closed ward		Open ward		T. B. psychotic		Total		Medical		Surgical		Others		Total		Total				
	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored		White	Colored
Castle Point, N. Y.	9		2		12		23																			23	0	23	
Fort Bayard, N. Mex. ¹	24	46			9		33	46																		33	46	79	
Fort Lyons, Colo.	6		17		22		45																			33	0	33	
Legion, Tex.					53		53																			53	0	53	
Livermore, Calif. ²	3				12		15																			15	12	17	
Oteen, N. C.		8			25		25	8																		25	8	33	
Outwood, Ky.	14				22		36																			36	0	36	
Rutland Heights	2		1		1		4																			4	0	4	
San Fernando ¹					2		2																			2	0	2	
Tucson, Ariz.	5				5		5																			5	0	5	
Walla Walla, Wash.	15		12		19		46																			46	0	46	
Whipple, Ariz.	8		59		34		101																			87	0	87	
Total	86	54	91		211		388	54									49		32		33				114		502	56	558
American Lake									4					4												4	0	4	
Augusta, Ga.												11		11												11	0	11	
Camp Custer												2		2												2	0	2	
Chillicothe, Ohio												1		1												5	0	5	
Gulfport, Miss.									13					13					4							13	0	13	
North Chicago, Ill.												3		3												14	0	14	
North Little Rock, Ark.									10		11			14												12	0	12	
Northampton, Mass.									2					5												12	0	12	
Palo Alto, Calif.																										5	0	5	
Perry Point, Md.									14					17			14		32							46	0	46	
Philadelphia, Pa.														1												17	0	17	
Sheridan, Wyo.									1					2												1	0	1	
St. Cloud, Minn.														2												2	0	2	
Total									83		10			93			14		36						50		225	0	225

(See footnotes at end of table)

Weekly available bed report, December 7, 1929—Continued

	Available beds for tuberculosis patients								Available beds for patients with neuro-psychiatric disease								Available beds for patients with general medical and surgical diseases								Total		Grand total			
	Infirmary		Semi-infirmatory		Ambulatory		Total		Closed ward		Open ward		T. B. psychotic		Total		Medical		Surgical		Others		Total							
	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored				
Boise, Idaho.....							14									12									31	47	47			
Dwight, Ill.....																									48	48	0	48		
Fargo, N. Dak.....	1						1																		23	24	0	24		
Fort Harrison, Mont.....	7						7																		102	109	(9)	109		
Fort Snelling, Minn.....							14									2									16	12	0	12		
Hines, Ill.....		1	1	1	2	2	3	4								22									9	58	9	77		
Jefferson Barracks.....	1						1				1	1				1	1								2	34	2	39		
Kansas City, Mo.....	1						1				1					29	2	3							9	17		19		
Lake City, Fla.....											1					1									1	33		34		
Memphis, Tenn.....																24		8							7	7	0	13		
Muskogee, Okla.....																2	3								5	7	0	13		
Portland, Oreg.....																5									6	35	9	40		
Portland, Oreg.....	2		2				4									13	5	16	4						6	39	55	0	55	
Tuskegee, Ala.....		20		11			5									12										0	24	0	60	
Washington, D. C. *.....							17																			17	24	19	33	
Waukesha, Wis.....																										13	13	0	13	
Total.....	12	21	3	12	2	7	32	40	14		42	1			56	1	160	24	129	22	51				448	46	536	96	632	
Total, Veterans' Bureau hospitals.....	98	75	94	12	213	7	420	94	141	0	63	1	27	0	231	1	223	24	197	22	84	0			612	461	263	152	1,415	
<i>U. S. Army hospitals</i>																														
Denver, Colo.....	22					91	113																							
El Paso, Tex.....							22	15									6									14	20	133	133	
Hot Springs, Ark.....																	2									7	31	7	38	
San Antonio, Tex.....	2	2					2	2																						0
San Francisco, Calif.....	8						8										1											2	4	
Washington, D. C.....	4				4		8			2																		23	23	
Total.....	36	2			95		153	7	2		5	2			7	2	9		29		21				59	219	9	228		

U. S. Navy hospitals																				
Brooklyn, N. Y.																				24
Chelsea, Mass.																				24
Great Lakes, Ill.																				194
League Island, Pa.	4																			114
Mare Island, Calif.																				18
Newport, R. I.																				43
Puget Sound, Wash.																				15
San Diego, Calif.																				9
Washington, D. C.																				12
Charleston, S. C.																				0
Total	4																			343
<i>Soldiers' homes</i>																				
Danville, Ill.																				5
Dayton, Ohio		2	5			2	5	4												24
Hampton, Va.								72	1	88	16			160	17	18		13	2	195
Hot Springs, S. Dak.	23																			33
Marion, Ind.											16	2	16	2						16
Milwaukee, Wis.	2	6	11			8	21	6												44
Total	25	8	16			8	2	49	10	72	1	88	16	2	176	19	44	12	23	349
<i>U. S. Public Health Service (U. S. Marine), Evansville, Ind.</i>																				
Louisville, Ky.	1																			2
New Orleans, La.																				8
Pittsburgh, Pa.																				15
Portland, Me.	2																			8
Total	3																			42
Total other Government hospitals	68	10	16			103	2	212	17	74	1	93	18	16	2	187	21	175	19	142
Grand total	166	85	110	12	316	9	632	111	215	1	156	19	43	2	418	22	398	43	339	29

¹ Available beds unclassified.
² Available beds for female patients: Fort Bayard, N. Mex., 6 infirmary; Livermore, Calif., 7 unclassified; San Fernando, Calif., 1 medical; Washington, D. C., 9 unclassified (not psychotic).
³ Beds available for either white or colored patients.

6 ADDITIONAL HOSPITAL FACILITIES FOR WORLD WAR VETERANS

The hospital construction program submitted by the United States Veterans' Bureau when H. R. 15921, introduced in the second session of the Seventieth Congress, was under consideration, is as follows:

Hospital construction program submitted by United States Veterans' Bureau

Location	Type	Beds	Cost	Purpose
Bedford, Mass.....	Neuropsychiatric...	150	\$360,000	Continued-treatment building; additional staff and attendants' quarters.
New York, N. Y.....	.....do.....	1,000	1,900,000	Additional facilities at Northport, Long Island; and the new hospital authorized at Somerset Hills, N. J., to replace the Bronx.
New York City.....	General ¹	200	1,000,000	New hospital and facilities for regional office.
Western New York State.	Neuropsychiatric...	400	1,700,000	New hospital with facilities for a limited number of general cases to supplement the general beds contemplated at Aspinwall, Pa., and facilities for regional office.
Augusta, Ga.....	.....do.....	138	300,000	Acute building.
Alabama.....	General.....	250	1,100,000	New hospital and facilities for regional office.
Gulfport, Miss.....	Neuropsychiatric.....	138	340,000	Acute building, additional quarters.
Indiana.....	General ¹	150	500,000	New hospital (exclusive of personnel quarters) and facilities for regional office.
North Chicago.....	Neuropsychiatric.....	150	280,000	Additional beds and quarters for personnel.
Knoxville, Iowa ¹.....	.....do.....	150	270,000	Continued-treatment building.
Albuquerque, N. Mex.....	General ¹	250	1,250,000	New hospital and facilities for regional office.
San Francisco, Calif.....	.....do. ¹	200	1,000,000	New hospital with facilities for diagnostic center and regional office.
Tucson, Ariz.....	Tuberculosis.....	100	280,000	Additional beds and quarters.
Texas.....	Neuropsychiatric.....	300	1,200,000	New hospital and facilities for regional office.
Total.....	.....	3,578	\$11,480,000	

¹ Facilities will be provided for all three types of cases with beds for general condition predominant.

² To offset the expenditure called for by the above program the bureau proposes to secure legislation authorizing the sale of the hospital properties at the Bronx, N. Y., Dwight, Ill., and Waukesha, Wis., which it is conservatively estimated will result in the return of not less than \$3,760,000 to the credit of miscellaneous receipts, Treasury Department. In addition, it is estimated that the sum of \$2,000,000 will be saved to the Federal Government through the return of the hospital property at Fort Bayard, N. Mex., to the War Department for the purpose of housing a regiment of troops. Savings of approximately \$143,000 annually will also be effected through the proposed evacuation of the space now reserved in leased buildings for the regional offices at New York, N. Y., San Francisco, Calif., Albuquerque, N. Mex., Indianapolis, Ind., and possibly Dallas, Tex. The regional offices at Buffalo, N. Y., and Birmingham, Ala., are occupying space in Government-owned buildings.

The Director of the United States Veterans' Bureau is now studying the question of additional hospital needs over and above those provided for in this bill and as soon as it is possible will make a further report to this committee at which time consideration can be given to such additional projects as are shown to be needed.

It will be noted that the program of the Director of the United States Veterans' Bureau is largely to provide additional facilities for neuropsychiatric cases and that while four of the projects mentioned are designated as hospitals of the general type, these facilities will provide for all three types of cases with beds for general medical and

surgical cases predominating. The director of the bureau when appearing before the committee stated that the bureau's experience has shown that it is desirable to provide in each general hospital a certain number of beds for neuropsychiatric cases and a certain number of beds for tubercular cases. The wards might be termed as clearing houses. It is to such hospitals that suspected neuropsychiatric or tubercular cases will be sent. Their condition will be carefully studied and, if possible, a recovery made. If, after intensive treatment, it is determined that the disease will be of long duration, or that recovery within a reasonable time may not be had, the plan is to then send the patient to an institution for the care of such cases alone.

It will be noted that tubercular facilities are provided for at Tucson, Ariz. As is well known, there is already existing a large tubercular hospital at that point and the additional beds and quarters provided for herein are necessary to take care of the present load.

It is the plan of the bureau to offset the expenditures authorized by this bill upon the completion of the program by securing legislation authorizing the sale of the hospital properties at the Bronx, N. Y.; Dwight, Ill.; and Waukesha, Wis.; which, it is conservatively estimated by the director of the bureau, will result in the return of not less than \$3,750,000 to the credit of miscellaneous receipts, Treasury Department. In addition, it is estimated that upon the completion of the program the hospital property at Fort Bayard, N. Mex., may be returned to the War Department for the purpose of housing troops, which would result in a probable saving to the Federal Government of \$2,000,000. Savings of approximately \$143,000 annually will also be effected through the proposed evacuation of the space now reserved in leased buildings for the regional offices at New York, N. Y.; San Francisco, Calif.; Albuquerque, N. Mex.; Indianapolis, Ind.; and possibly Dallas, Tex. The regional offices at Buffalo, N. Y., and Birmingham, Ala., are occupying space in Government-owned buildings.

The savings, in so far as the regional offices are concerned, will be immediate upon the completion of this program, as it has been recommended by the bureau, and in adopting the program your committee agrees that sufficient space in the administration buildings of such hospitals should be allotted to house the activities of the regional offices. In so far as the sale of the properties mentioned is concerned, your committee did not feel it proper to include in the present bill any authority, as experience may show upon the completion of this program, as has been the case with others, that the patient load of the Veterans' Bureau will not permit the immediate disposal of such plants.

The greatest factor leading to the present situation requiring additional hospital facilities are the actions by previous Congresses in enacting the following laws:

1. Congress, under Public No. 194, Sixty-seventh Congress, approved April 20, 1922 (42 Stat. 496), directed that all hospital facilities under the control and jurisdiction of the United States Veterans' Bureau should be available for veterans of the Spanish-American War, the Philippine insurrection, and the Boxer rebellion suffering from neuropsychiatric and tubercular ailments and diseases.

2. Under date of June 7, 1924, Congress, under the World War veterans' act, 1924, in section 202, provided that all hospital facilities under the control and jurisdiction of the bureau should be available for every honorably discharged veteran of the Spanish-American War, the Philippine insurrection, the Boxer rebellion, or the World War suffering from neuropsychiatric or tubercular ailments and diseases, paralysis agitans, encephalitis lethargica, or amœbic dysentery, or the loss of sight of both eyes, regardless of whether such ailments or diseases are due to military service or otherwise, including traveling expenses as granted to those receiving compensation and hospitalization under this act.

Section 202, paragraph (10), of the World War veterans' act, provides as follows:

(10) That all hospital facilities under the control and jurisdiction of the bureau shall be available for every honorably discharged veteran of the Spanish-American War, the Philippine insurrection, the Boxer rebellion, or the World War suffering from neuropsychiatric or tubercular ailments and diseases, paralysis agitans, encephalitis lethargica, or amœbic dysentery, or the loss of sight of both eyes, regardless of whether such ailments or diseases are due to military service or otherwise, including traveling expenses as granted to those receiving compensation and hospitalization under this act. The director is further authorized, so far as he shall find that existing Government facilities permit, to furnish hospitalization and necessary traveling expenses incident to hospitalization to veterans of any war, military occupation, or military expedition, including those women who served as Army nurses under contracts between April 21, 1898, and February 2, 1901, not dishonorably discharged, without regard to the nature or origin of their disabilities: *Provided*, That any and all laws applicable to women who belonged to the Nurse Corps of the Army after February 2, 1901, shall apply equally to members of the Army Nurse Corps who served under contract between April 21, 1898, and February 2, 1901, including all women who served honorably as nurses, chief nurses, or superintendent of said corps in said period.

In approving the program offered by the director and submitting this report, there is no intention on the part of the committee to designate a particular location for hospitals. It is expected to place the structures in the areas set out therein at such places as the director may select, but if conditions should be so altered as to require changes in location or allocation, it is expected that the director, with the approval of the Federal Board for Hospitalization and the President, will make such changes.

There has been included in this bill, in addition to the projects outlined in the program submitted by the United States Veterans' Bureau when H. R. 15921, second session, Seventieth Congress, was under consideration, \$1,450,000 to be used by the director for altering, extending, and remodeling of existing plants where, in his discretion, such altering, extending, and remodeling are most needed. This amount has been found by the director to be desirable and necessary in order that certain existing plants may be remodeled, altered, etc., so as to obtain the maximum bed capacity, such as adding a building for attendants' quarters where now they are quartered in a part of the main hospital building, thus making available additional beds for patients.

There has also been added \$1,050,000 for additional beds at the United States Army Hospital, Hot Springs, Ark., this amount being 70 per cent of the total amount to be expended at that institution. Your committee felt, in view of the excellent results which have been obtained by treatment offered at this institution, that these additional

ADDITIONAL HOSPITAL FACILITIES FOR WORLD WAR VETERANS 9

facilities should be made available, particularly for World War veterans, and that 70 per cent of the cost of the additional facilities should be provided for specifically under a Veterans' Bureau authorization bill.

It is believed that pending decision by the Congress as to the consolidation of the National Home for Disabled Volunteer Soldiers and Veterans' Bureau and a further study of the hospital load and future expected hospital load, this bill represents the maximum hospital construction which should be authorized at this time.

In the light of the above, your committee recommends the passage of H. R. 234, which authorizes the appropriation of a lump sum of \$14,000,000.

In closing, there is given the total amount expended to date by the bureau for capital construction; that is, new construction, improvements, major alterations and remodeling, together with the cost of this bill and the sum total of the two:

Capital construction.....	\$90,435,942.11
Amount of this bill.....	14,000,000.00
Total.....	104,435,942.00

DECEMBER 13, 1929.

HON. ROYAL C. JOHNSON,
House of Representatives, Washington, D. C.

MY DEAR MR. JOHNSON: The attached table is submitted in connection with your proposed study of the hospital construction program. The table referred to above shows the number of veterans awaiting hospitalization as of December 1, 1929, subdivided as to type of beneficiary and class of disability.

It will be noted from the attached chart¹ that 194 and 1,505 were awaiting hospitalization for service and nonservice connected disabilities, respectively. However, in analyzing the total of 1,699 veterans awaiting hospitalization, consideration must be given to the fact that the length of time the veterans have been on the waiting list is not given, and also consideration has not been given to a distribution as to whether the condition would warrant emergency treatment.

The following table shows the number of veterans awaiting hospitalization by class of diseases and type of patient:

Class of disability	Service connected	Nonservice connected	Total
Tuberculosis.....	18	68	86
Psychotic.....	83	439	522
Other neuropsychiatric.....	47	240	287
General.....	36	768	804
Total.....	184	1,515	1,699

It will be noted from the table given above that approximately 85 per cent of the number awaiting hospitalization are nonservice-connected cases. It will also be noted that 47.3 per cent of the total cases pending fall under the caption of general medical cases.

A detailed analysis was made of 407 cases awaiting hospitalization as of November 1, 1929, and it was found that in only 6 cases was immediate treatment indicated. It was also noted from the analysis mentioned above 43 per cent of the service-connected cases were admitted to the hospitals within approximately 10 days after the report was submitted and 50 per cent had refused hospitalization within the same time.

The study of 407 cases indicated above shows that all service-connected cases, with the exception of 2, were admitted to or had been offered hospitalization within a comparatively short time subsequent to the date of the report.

¹ Not printed.

10 ADDITIONAL HOSPITAL FACILITIES FOR WORLD WAR VETERANS

The attached chart ¹ also shows that 284 service-connected cases were awaiting hospitalization as of December 1, 1929. However, of this number 100 had refused hospitalization for personal reasons. In view of the analysis of the 407 cases referred to above, it is reasonable to assume that approximately all the service-connected veterans indicated on the chart as requiring treatment have been offered hospitalization as of this date, and further that the majority of non-service-connected cases actually in need of immediate treatment have been cared for.

Very truly yours,

FRANK T. HINES, *Director.*

Further, there is set forth a résumé of the United States Veterans' Bureau reports showing the number of veterans awaiting hospitalization as of December 1, 1929, subdivided as to type of beneficiary and class of disability, and a letter from the Director of the United States Veterans' Bureau explaining the various figures as given therein.

¹Not printed.

Patients awaiting hospitalization in Government hospitals, December 1, 1929

Regional office	Tuberculosis			Psychotic			Other neuropsychiatric			General			Total		
	Not in civil and State hospitals	In civil and State hospitals awaiting transfer	Hospitalization refused for personal reasons	Not in civil and State hospitals	In civil and State hospitals awaiting transfer	Hospitalization refused for personal reasons	Not in civil and State hospitals	In civil and State hospitals awaiting transfer	Hospitalization refused for personal reasons	Not in civil and State hospitals	In civil and State hospitals awaiting transfer	Hospitalization refused for personal reasons	Not in civil and State hospitals	In civil and State hospitals awaiting transfer	Hospitalization refused for personal reasons
Albuquerque, N. Mex.						1									
Atlanta, Ga.				5	26	21	5		2	36					
Baltimore, Md.	1	1			2		12			10			3	1	4
Birmingham, Ala.		4								7	5		1	2	4
Boise, Idaho.			2				9								
Boston, Mass.				2			31	32						9	
Buffalo, N. Y.	2	9	1	4	5	7	5		1	1				2	32
Burlington, Vt.														7	8
Casper, Wyo.							1							15	
Charleston, W. Va.			1		7		8			1				8	1
Charlotte, N. C.					4		6		3	10			14	22	8
Chicago, Ill.				2	1	2	5							3	4
Cincinnati, Ohio.		1		5	9	16	12		2	8	1	1		10	17
Cleveland, Ohio.	2	2		6	8	5	9			1	1		3	10	13
Columbia, S. C.	1	4		1	2	2	2		1	8			2	8	3
Dallas, Tex.			1	1	1	15	6			2			10	4	2
Denver, Colo.		1												18	6
Des Moines, Iowa.			2	1	8	3	19			9	1	1	4	35	19
Detroit, Mich.			4	2	12	3	19	5	1					5	5
Fargo, N. Dak.			2	1	19	2	16	1		1			5	2	16
Hartford, Conn.	2	1				1	12							3	3
Helena, Mont.						1	11							4	2
Indianapolis, Ind.		1		3	15			6						2	12
Jackson, Miss.	8	12			4	4	5		2	7				5	11
Jacksonville, Fla.				2	2	2	5		1	14				4	4
Kansas City, Mo.				1	10	5	19		4	10			170	17	5
Little Rock, Ark.							2			1			1	2	2

Patients awaiting hospitalization in Government hospitals, December 1, 1929—Continued

Regional office	Tuberculosis						Psychotic						Other neuropsychiatric						General						Total						
	Not in civil and State hospitals		In civil and State hospitals awaiting transfer		Hospitalization refused for personal reasons		Not in civil and State hospitals		In civil and State hospitals awaiting transfer		Hospitalization refused for personal reasons		Not in civil and State hospitals		In civil and State hospitals awaiting transfer		Hospitalization refused for personal reasons		Not in civil and State hospitals		In civil and State hospitals awaiting transfer		Hospitalization refused for personal reasons		Not in civil and State hospitals		In civil and State hospitals awaiting transfer		Hospitalization refused for personal reasons		
	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	Service con-nected	Secs. 202-210	
Los Angeles, Calif.		4			4	3																									
Louisville, Ky.					1																										
Manchester, N. H.																															
Minneapolis, Minn.			1				18	13																							
Nashville, Tenn.				1	2	4	2	10	1	9																					
Newark, N. J.	3	1			5		9	19	2	32	6																				
New Orleans, La.							7	36	2	2																					
New York, N. Y.		21		9			9	10	45	59																					
Oklahoma City, Okla.								13	58						22																
Omaha, Nebr.										3																					
Philadelphia, Pa.					5	13		11	1	131	5	24				1	2														
Phoenix, Ariz.							2	4																							
Pittsburgh, Pa.	1	4	1					14	1	2					6																
Portland, Oreg.						1																									
Providence, R. I.		1						1			3																				
Reno, Nev.							1	3																							
Salt Lake City, Utah										1						1															
San Antonio, Tex.								17		4																					
San Francisco, Calif.								10	3	13																					
Seattle, Wash.								9		24																					
St. Louis, Mo.					1	1		91		3																					
Washington, D. C.			2	5			1																								
Wichita, Kans.								5		9																					
Total	18	68	6	15	23	30	83	439	196	525	50	35	47	240	11	3	7	10	36	768	3	3	20	132	184	1,515	216	546	100	207	

UNITED STATES VETERANS' BUREAU,
Washington, December 17, 1929.

Hon. KENNETH MCKELLAR,
United States Senate, Washington, D. C.

DEAR SENATOR MCKELLAR: This will refer to conversation had with you this morning over the telephone during which you requested that I advise you as to what additional construction the bureau believed to be necessary in Tennessee.

As a result of a survey made it has been determined that certain alterations, extensions and repairs are desirable at hospital No. 88, Memphis, Tenn. It is believed that provision should be made there for approximately 50 additional beds, for new fireproof nurses' and attendants' quarters and for such additional construction as may be required to make space available for a regional office at an estimated cost of \$400,000.

H. R. 234, "A bill to authorize an appropriation to provide additional hospital, domiciliary, and out-patient dispensary facilities for persons entitled to hospitalization under the World War veterans' act, 1924, as amended, and for other purposes," passed the House of Representatives on December 16, 1929. This bill included among the items authorized to be appropriated \$1,450,000 to be used for altering, extending, and remodeling existing plants where, in my discretion, such altering, extending, and remodeling are most needed.

It is possible that the bureau will be able to complete some of the proposed construction at hospital No. 88, Memphis, out of the above-referred-to item in H. R. 234. However, this project will have to be considered along with the other projects which also need altering, extending, or remodeling. The question of which construction shall take priority will be determined by the urgency of the need for such construction.

A copy of this letter is inclosed for your use.

Very truly yours,

FRANK T. HINES, *Director.*

