

HOSPITALIZATION FOR WORLD WAR VETERANS

MAY 3 (calendar day, MAY 22), 1928.—Ordered to be printed

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

REPORT

[To accompany H. R. 12821]

The Senate Finance Committee, to whom was referred the bill (H. R. 12821) 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 had the same under consideration, report it back to the Senate with an amendment and recommend that the bill do pass.

That the words "city of Atlanta" on page 5, line 4, be stricken out. This is a clerical correction, the fact being that the city of Atlanta is not wholly within De Kalb County, part of the city being in Fulton County.

Following is a copy of the report of the House Committee on World War Veterans' Legislation on the bill:

[House Report No. 1222, Seventieth Congress, first session]

According to the records of the United States Veterans' Bureau, on February 29, 1928, the bureau was operating 50 hospitals, using a part of the facilities of 48 other Government hospitals and 168 civilian hospitals. The patient load in these hospitals was as follows:

TUBERCULOSIS

United States veterans' hospitals.....	5, 437
Public Health Service hospitals.....	5
Army hospitals.....	556
Navy hospitals.....	77
Soldiers' homes.....	738
Contract hospitals.....	488
Total, tuberculosis patients.....	7, 301

GENERAL MEDICAL AND SURGICAL

United States veterans' hospitals.....	3, 273
Public Health Service hospitals.....	269
Army hospitals.....	1, 269
Navy hospitals.....	1, 682
Soldiers' homes.....	332
Contract hospitals.....	160
Total, general medical and surgical cases.....	6, 985

NEUROPSYCHIATRIC

United States veterans' hospitals.....	9, 454
Army hospitals.....	131
Navy hospitals.....	213
Soldiers' homes.....	677
St. Elizabeths.....	361
Contract hospitals.....	2, 021
Total, neuropsychiatric patients.....	12, 857

SUMMARY

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

United States veterans' hospitals.....	18, 164
Public Health Service hospitals.....	274
Army hospitals.....	1, 956
Navy hospitals.....	1, 972
Soldiers' homes.....	1, 747
St. Elizabeths.....	361
Contract hospitals.....	2, 669

Making a total patient load of..... 27, 143

These figures, as before stated, show the patient load of the United States Veterans' Bureau as of February 29, 1928. As of this same date the total capacity of the United States Veterans' hospitals was 21,142, with additional facilities in process of building of 1,876. The average number of beds occupied during the month of February, 1928, was 18,294.

The hospital construction program submitted by the United States Veterans' Bureau follows:

Final hospital construction program of United States Veterans' Bureau

[Submitted at first session of Seventieth Congress]

Location	Type	Number of beds	Estimated cost	Purpose
Bedford, Mass.....	N. P.....	130	\$300, 000	Acute building.
Oteen, N. C.....	T. B.....	200	670, 000	Replacement of temporary facilities, including permanent quarters, utilities, and water supply.
North Chicago, Ill.....	N. P.....	300	895, 000	To provide facilities for cases in contract hospitals and to construct permanent quarters and utilities.
St. Cloud, Minn.....	N. P.....	150	200, 000	Acute building.
Palo Alto, Calif.....			240, 000	Attendants' quarters and to augment inadequate staff quarters and complete occupational therapy group.
American Lake, Wash.....	N. P.....	100	220, 000	Acute building.
Philadelphia, Pa.....	N. P.....	800	3, 000, 000	To replace present unsuitable facilities in Philadelphia, either as 1 complete plant in Pennsylvania or New Jersey, or as 2 separate plants of 400 beds each in Pennsylvania and New Jersey.
Atlanta, Ga.....	Gen.....	200	550, 000	New hospital to replace present inadequate 85-bed institution; \$50,000 will be available from fiscal appropriations.
Chillicothe, Ohio.....	N. P.....	130	300, 000	Acute building.
Maywood, Ill.....	{N. P..... {T. B.....	{250 {180	{1, 100, 000	{Facilities to be provided by construction of personnel quarters and evacuation of hospital space now occupied by personnel.
Walla Walla, Wash.....	T. B.....	100	250, 000	New infirmary building.
North Little Rock, Ark.....	N. P.....	130	300, 000	Acute building.
Tuskegee, Ala.....	N. P.....	100	250, 000	Do.
Kansas City, Mo.....	Gen.....	200	1, 300, 000	To replace leased facilities at Kansas City and to supplement Government hospital at Excelsior Springs, Mo.
Excelsior Springs, Mo.....	N. P.....	300	900, 000	To convert and enlarge the present hospital to accommodate 300 N. P. cases.
Tucson, Ariz.....			260, 000	Recreation building; attendants' quarters; garage and storehouse.
Northport, Long Island, N. Y.....			70, 000	Occupational therapy building.
Fort Snelling, Minn.....			50, 000	Do.
Bheridan, Wyo.....			100, 000	Recreation building and changes in mess building.
Alexandria, La.....			660, 000	To supplement the \$740,000 available under the fourth construction act for the replacement of the temporary facilities at this hospital.

Final hospital construction program of United States Veterans' Bureau—Continued

[Submitted at first session of Seventieth Congress]

Location	Type	Number of beds	Estimated cost	Purpose
Special fund.....			\$500,000	To revamp existing facilities to meet changes in load such as at Outwood, Ky., and at Fort Lyons, Colo., if needed.
Walter Reed Hospital.....	N. P.....	100	250,000	
Total.....		3,420	12,365,000	
Emergency fund agreed to by General Hines for revamping existing facilities.			600,000	

While your committee has not deviated from the uniform practice of designating a lump sum, it has recommended the following additions to the Veterans' Bureau program, to meet certain great needs: \$1,000,000 for the construction of a new hospital in the Kentucky area; \$1,000,000 for the construction of a new hospital in the southern New England area; \$635,000 under the item of special fund.

A careful analysis and comparison of the official Veterans' Bureau figures as to patient load, existing facilities, and recommended construction show clearly, generally speaking, that there is no need for additional construction in so far as tuberculosis and general medical and surgical facilities are concerned, except for additional buildings in connection with hospitals already operating or the replacement of unsuitable or temporary facilities. Your committee has therefore followed the recommendations of the Veterans' Bureau in so far as this class of cases is concerned, except that it was felt that there was need for an additional building at or near Mount Alto Hospital to cover cases of women veterans, and the recommended figure of the Veterans' Bureau for this type of construction was increased \$200,000 to provide for this facility. This increase is included under the heading "Special fund."

It is equally clear from a study of the figures that there is an immediate need of additional neuropsychiatric hospital facilities. The Director of the Veterans' Bureau stated before the committee that, in so far as neuropsychiatric cases were concerned, the bureau has been unable to grant up to this time the same consideration to nonservice connected cases of this type as has been given tuberculosis and general medical and surgical cases because the bureau has been required to take care of the service connected cases which at some points have exceeded even the present facilities. In this connection attention is invited to the fact that on February 29, 1928, there were 2,021 Veterans' Bureau patients of this type in contract hospitals as compared with 488 tuberculosis cases and 160 general medical and surgical cases. A portion at least of the tuberculosis load may be attributed to the fact that Congress has mandated that the bureau retain at Saranac Lake and Liberty, N. Y., irrespective of the existence of other facilities, Veterans' Bureau patients who were at those places on March 4, 1927.

The program of the Director of the Veterans' Bureau for neuropsychiatric cases is based largely on the service-connected load, there being included in the estimate an allowance of only 10.31 per cent

for nonservice connected cases of this type. This percentage is the present percentage of nonservice neuropsychiatric patients hospitalized by the bureau in relation to the total hospital load for this type. Attention is invited to the fact that whereas the percentage in this class of cases is only 10.31 per cent, in tubercular cases it is 32.89 per cent and 59.07 in general medical and surgical cases.

The Director of the Veterans' Bureau has stated that the peak of the neuropsychiatric load will not be reached until 1947. In determining the expected service-connected psychotic load for the next few years the bureau did not increase the present load in the same ratio as that of record for the civil population of the same age group as veterans, but adopted instead the more liberal basis of applying to the existing service-connected hospital load the same percentage of increase that occurred during the period from June 30, 1924, to June 30, 1927. Application of this percentage of the increase, which is 23.37, to the service-connected psychotic load of 9,940 cases on October 31, 1927, results in an estimated service-connected psychotic hospital load of 12,263 on October 31, 1930. If there is added to the latter figure the present percentage (10.31) of nonservice-connected psychotic cases to the total psychotic hospital load, the estimated psychotic load for both service-connected and nonservice-connected cases on October 31, 1930, would be approximately 13,673. With the present beds numbering 9,986, plus those under construction or authorized, 1,396, and those included in the director's program, 1,645, there would be a deficit in the number of beds required of not less than approximately 646.

Section 202 (10) of the World War veterans' act, 1924, reads 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 amebic dysentery, or the loss of sight of both eyes, regardless 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, 1902, 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. *Provided*, That preference to admission to any Government hospital for hospitalization under the provisions of this subdivision shall be given to those veterans who are financially unable to pay for hospitalization and their necessary traveling expenses: *Provided further*, That where a veteran hospitalized under the authority of this subdivision is financially unable to supply himself with clothing, he shall also be furnished with such clothing as the director may deem necessary: *Provided further*, That where a veteran entitled to hospitalization under this subdivision is suffering with a disease or injury necessitating the wearing of a prosthetic appliance and is financially unable to supply himself with same, upon an affidavit to that effect the director is hereby authorized to furnish such appliance and to effect necessary repairs to the same without cost to the veteran: *And provided further*, That the pension of a veteran entitled to hospitalization under this subdivision shall not be subject to deduction while such veteran is hospitalized in any Government hospital, for board, maintenance, or any other purpose

incident to hospitalization: *Provided further*, That the act of May 4, 1898, entitled "An act making appropriations for the naval service for the fiscal year ending June 30, 1899, and for other purposes," the act of February 28, 1861, as amended by the act of February 2, 1909, relative to the Government Hospital for the Insane in the District of Columbia, or any other act, in so far as they are inconsistent with the provisions of this section be, and they are hereby, modified accordingly.

In the insular possessions or Territories of the United States the director is further authorized to furnish hospitalization in other than Government hospitals.

DIRECTOR'S DECISION NO. 375, UNITED STATES VETERANS' BUREAU

Subject: Hospitalization under the first provision of section 202 (10) of the World War veterans' act, as amended.

Question presented: The question was raised as to whether hospitalization is mandatory under the first provision of section 202 (10) of the act, as amended, or whether hospitalization under said provision is discretionary with the bureau.

Held: That hospitalization under the first provision of section 202 (10) of the act, as amended, is mandatory. Held further, that hospital facilities "under the control and jurisdiction of the bureau" are equivalent to "Government facilities." (Opinions of the general council, January 17, 1928, and February 11, 1928, approved by the director on February 20, 1928.)

The foregoing decision is hereby promulgated for observance by all officials and employees of the United States Veterans' Bureau.

These facts show the vital importance of building adequate facilities for neuropsychiatric cases.

In this connection without desiring to reflect on State institutions in any way, your committee felt that more individual medical care is given in Veterans' Bureau hospitals and that to a large extent, the patients and their families are better satisfied if they are in veterans' hospitals. It must be remembered that whereas the bureau is operating neuropsychiatric hospitals, the States, with few exceptions, are operating insane asylums.

Particular attention is also invited to the addition of \$1,000,000 for a neuropsychiatric hospital in the Kentucky area. A similar provision was included in the bill reported last year. It was stated then by the chairman of the hospital committee who reported the bill that—

representations as to the need of a new neuropsychiatric hospital in the area of which the center would be found to be in Kentucky led the committee last year to recommend appropriation for it in a bill that is now on the calendar, contemplating the erection of a 250-bed hospital. Adding this estimate of \$1,000,000 for Kentucky to the bureau's program, together with the 150 additional beds at Oteen, as well as provision for the construction of a nurses' convalescent home in Washington which the committee recommends, and subtracting the savings probable at Atlanta, gives a total estimated cost of very close to \$11,000,000, and accordingly your committee recommends the passage of H. R. 17157, authorizing appropriation of that amount.

Evidence was presented at the committee hearings showing an even greater need at this time in the Kentucky area, and your committee therefore included this item in the bill.

Relative to the additional \$1,000,000 for the construction of a hospital in the southern area of New England, it was demonstrated that there is imperative need for such a hospital at this time. The evidence adduced at the hearings conclusively shows that in order to carry out the provisions of the World War veterans' act to hospitalize the neuropsychiatric cases these additional facilities will be required.

It is understood that this hospital may cover tubercular and general medical and surgical cases but in the main will be built for neuropsychiatric patients.

The authorization of \$250,000 for a 100-bed neuropsychiatric unit at Walter Reed Hospital is in accordance with the recommendations of the Federal Board for Hospitalization, the Director of the United States Veterans' Bureau, and the Surgeon General of the Army.

With reference to the special fund and the increase allotted under this heading, it is felt by your committee that these additions are necessary in order that the bureau might utilize to the fullest extent existing facilities, such as Fort Lyon, Colo., and Outwood, Ky., by reconstructing these facilities to take care of tubercular and neuropsychiatric cases, if needed. Also in the event the President should transfer any of the hospitals now under the control and jurisdiction of the National Home for Disabled Volunteer Soldiers, or from any other Governmental agency to the bureau, there would be available money to make such necessary changes as might be required to make these plants suitable for Veterans' Bureau purposes.

Your committee also desires to point out that the Director of the Veterans' Bureau recommended to replace present unsuitable facilities in Philadelphia, either a complete plant of 800 beds in Pennsylvania, or in New Jersey, or two separate plants of 400 beds each in Pennsylvania and New Jersey. Your committee, after a full hearing, believes that it would be to the best interest of all those concerned to provide a hospital in Pennsylvania and a hospital in New Jersey, and so recommends. Your committee made practically the same recommendation in the hospital bill which passed the House in the Sixty-ninth Congress.

While your committee does not feel that the present program will be adequate to hospitalize all veterans in Veterans' Bureau hospitals it is felt that with these additional facilities and the continued use of the beds now allocated to the bureau by other governmental agencies, plus the transfer of such plants as the President might deem wise, the Veterans' Bureau would be in a position to take care during the next several years of practically all service-connected cases and the more aggravated nonservice-connected cases. Also as a result of these transfers the bureau would be in a position to report definitely to the next Congress the exact needs of the Government for hospitals to care for veterans of all wars.

As the chairman of the subcommittee on hospitalization stated last year:

In previous bills authorizing hospital construction it has been the uniform practice to designate a lump sum, putting its distribution in the control of the director of the bureau, subject to the approval of the President. In order that the President might be properly advised in passing judgment upon the recommendations of the bureau, there was created by Circular 44 of the Bureau of the Budget, at his request, the Federal Board of Hospitalization, made up of the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, the Director of the Veterans' Bureau, the president of the Board of Managers of the Soldiers' Homes, the superintendent of St. Elizabeths Hospital, and the Commissioner of the Indian Bureau. In practice the medical division of the bureau has consulted with this board in the making up of a construction program. Your committee, therefore, had at its command what may be assumed to be a well-considered conclusion reached with due regard to the needs of all classes of patients and all parts of the country.

In the building of hospitals it has not been the custom to pay attention to State lines but to allocate the appropriations with regard to regional conditions and needs.

Therefore, the committee desires to explain with reference to the item listed as Kansas City, Mo., on the Veterans' Bureau program that it has not been definitely decided where this project will be located and the designation of Kansas City, Mo., merely relates to the area in which such hospital will be located.

In approving the program submitted by the director, there is no intention on the part of the committee to designate the particular location of hospitals. It is intended, as the director testified, only to place the structures in the areas set out herein at the location he may choose. The committee has followed the policy adhered to in previous bills.

Public, No. 587, Sixty-eighth Congress, second session, authorized expenditure of \$10,000,000 for hospital construction. The last section of that act provides that upon the completion of the hospital program authorized thereby, the Veterans' Bureau would not hospitalize any patients in other than Government hospitals, except in emergency cases. The present bill repeals this section, for the reason that it is perfectly obvious that the Veterans' Bureau will be unable to hospitalize even service-connected cases in their own hospitals upon the completion of that program. It was not deemed wise to reincorporate it in the bill herewith reported as there is no assurance that upon the completion of this program the Government will be in a position to hospitalize all veterans in Government hospitals and not use private facilities.

This bill has been indorsed by the American Legion, the Disabled American Veterans, the Veterans of Foreign Wars, and the Spanish War Veterans. The increases granted in this bill beyond the recommendations made by the Director of the Veterans' Bureau were most urgently advocated by these organizations. Your committee has found the suggestions of these veterans' organizations very helpful, as they constantly make surveys of the hospitalization problem. While your committee did not see fit to recommend all that these organizations requested, it did attempt to fill the greatest need.

Some 20 members of Congress appeared before this committee supporting building programs in their sections of the country. While the committee would have liked to accede to their wishes it was deemed wiser to wait until next year before granting their requests. It may be possible that some of the \$635,000 emergency fund may be used for this purpose.

Your committee most urgently recommends the passage of H. R. 12821, which authorizes the appropriation of the lump sum of \$15,000,000. It believes that this is a conservative estimate of the veterans' hospital need at this time. It must be remembered that this bill covers the hospital building program for last year as well as this year, as the hospital bill which passed the House last year failed in the Senate as a result of the Senate filibuster.

[House Report No. 1222, part 2, Seventieth Congress, first session]

MINORITY VIEWS

This bill, authorizing further hospital construction for war veterans, deserves approval in all but one particular, a single figure, \$15,000,000, which should be \$13,000,000.

Differences of opinion about this wholly concern provision for neuropsychiatric patients.

The committee added \$2,000,000 to the recommendation of the Veterans' Bureau and the Federal Board of Hospitalization—\$1,000,000 for a hospital in Kentucky and \$1,000,000 for a hospital in Connecticut.

As for Kentucky, the bureau program contemplated alteration of unused facilities at Outwood in that State to supply 150 beds for patients of the class in question. Adding a million dollars for a new 250-bed hospital will result in giving Kentucky 400 beds, which is 150 more than anybody ever asked or even suggested. A new hospital of 150 beds would cost \$600,000. No occasion for such quite superfluous expenditure has been presented to the bureau or to your committee. Without any known basis for this, the reasonable thing would be to make the changes at Outwood, which the director of the bureau says can very promptly be done, and then see if more facilities are needed.

The strong probability is that this will not prove to be the case. The allegation of need in Kentucky, as in many other parts of the country, seems to rest on a misconception of what the law contemplates as it now stands. The law provides for the care of the disabled veteran who suffers as a result of the war. As a matter of generosity it puts empty beds also at the command of the mentally ill who are not known to be in such condition because of the war. But it does not call for new construction to meet the needs of nonservice-connected cases. The Federal Board of Hospitalization has three times adopted a resolution to the effect that such construction ought not at present to be undertaken, and the President has three times approved this resolution. Neither from Kentucky nor from anywhere else comes any proof that hospitalization has not invariably been furnished to service-connected sufferers. Charges to the contrary are not backed up with names, addresses, and dates. They seem to spring wholly from impressions founded on results of the fact that various States are not performing their duty to furnish hospital facilities for the treatment of mental illness not connected with war.

As to Connecticut, the director of the bureau and the Federal board of hospitalization have been definite in the view that no further construction is at present needed for service-connected cases and so authority to appropriate for it will be contrary to explicit advice of the Government experts, men who have no motive whatever for anything but sincerity and who are in better position than anybody else to know the facts.

Request for this million of dollars is in general based on two things—the wish of Connecticut to have a hospital within its own borders, and prediction of lack of beds in the northeastern part of the country.

Thus far our hospital program has not taken account of State lines. Seventeen of the States have neuropsychiatric hospitals. That leaves 30 with precisely as good a claim on this basis as Connecticut presents. They average to have a population close to that of Connecticut, so that to meet their needs in the same degree would require a capital investment of about \$30,000,000. This is the prospect to be faced if we are to give every State a bureau neuropsychiatric hospital because it is a State.

Turning to the question of need on the basis of patient load and facilities, we find the situation to be:

Neuropsychiatric patients of the United States Veterans' Bureau in districts 1 and 2 (New England, New York, and New Jersey) in the last week of March, 1928

Bureau hospitals.....	1, 684
Navy and Soldiers' Home hospitals.....	85
Kings Park, Long Island (N. Y.) Hospital.....	479
Other State hospitals.....	1, 046
Private hospitals.....	5

3, 299

HOSPITALIZATION FOR WORLD WAR VETERANS

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New Jersey patients in Philadelphia hospital Jan. 31	7
Present load	3, 306
Expected increase in load in next three years on basis of experience in civil life	195
Probable load in 1931	3, 501
Beds to be available in 1931 under bureau program:	
Bureau hospitals—	
Northampton, Mass.	517
Bedford, Mass.	480
Bronx, New York City	968
Northport, Long Island, N. Y.	1, 000
New Jersey	400
	3, 365
Other Federal hospitals	210
Kings Park, Long Island, N. Y.	479
	4, 054

In view of the fact that in some quarters doubt has been cast on bureau statistics, the figures of occupancy in the last week in March were secured by telegram or letter direct from the hospitals concerned.

The new hospital at Northport is to be occupied within a brief time, and likewise that at Bedford to the extent of 350 beds, with 130 more to be added under the bureau program. Provision for the New Jersey hospital (or its equivalent in Pennsylvania) was made in the bureau program, the committee report recommending that it be in New Jersey. At Kings Park, a New York State hospital, there is a memorial building especially erected for World War veterans, with construction declared by the director of the bureau to be comparable with that of the bureau itself and with facilities for treatment equal to that given in bureau hospitals. Nobody seriously advocates abandonment of its use by the bureau. The contract with it is for 350 beds, but as it reports a present occupancy of 479, that figure has been used above, the probability being that 129 are in other buildings of this large institution.

It will be seen that were the patient load to stand in 1931 where it stands to-day the bureau with the construction in its program could furnish a bed for every bureau patient now in a State hospital other than Kings Park and have 551 beds to spare. But some part of the patients now in State hospitals will not be transferred to bureau hospitals, for these reasons:

Guardians avoiding reduction of regular compensation payments to \$20 a month, in case of patients in bureau hospitals.

Guardians fearing to lose legal control if wards are sent out of the State.

Relatives preferring to keep patients in hospitals near by.

Patients preferring to stay in familiar surroundings.

The very bill on which these views are expressed recognizes these reasons with a section repealing the provision that requires cessation of use of State hospitals. This further insures that there will be a surplus of beds for the region in question.

Another thing to be taken into account is the possibility presented by the recent enactment in New York of a statute offering to give the Federal Government the soldiers' home at Bath, N. Y. This home, at one time housing more than 2,000 Civil War veterans, now has less than 200 occupants. It has among its three score and more of buildings, two of such construction that they can readily be adapted for the care of the mentally ill, of whom they would accommodate 400. The possibility of assembling there in a group by themselves the mildly insane—the senile and the demented—is under consideration. This would by so much add to the total beds of the districts here in question.

Evidently, then, there is no occasion for further building in these districts than the bureau has contemplated unless it is to be found in another factor in the situation, a factor as uncertain as it is important, that of increase in the load. Here lies the chief reason for the differences of opinion that have arisen in regard to not only the Connecticut request, but also the requests of many other States. — At the outset of the hearings the director of the bureau, while showing expectancy based on military figures to be more favorable, gave those based on experience in civil life, from which it appeared that we may expect the neuropsychiatric

load to increase on an average of 2.2 per cent a year for the next 10 years. This would forecast an increase of 195 patients in the two districts in question in the next three years. Toward the close of the hearings figures for part of the districts were submitted on a different basis, that of the bureau experience of the last three years in these particular districts. Those for the two districts here under consideration might lead to an expectation that the increase would be at the average rate of 7.5 per cent a year for the next 10 years, or 744 in the next three years.

There are a number of reasons why the bureau experience of the last three years in any one region may not be a trustworthy guide, because of temporary or chance circumstances. Like reasons do not vitiate the broad record of civil experience. Anyhow, in view of the doubt, the prudent course is to proceed from year to year, building as the need is evident.

But even if a conjectural need should warrant more construction instantly, ought it to be in Connecticut? Look at its situation. To-day every spot in Connecticut is nearer a bureau neuropsychiatric hospital than any spot in 13 New York congressional districts, than any spot in 21 Pennsylvania districts. In point of accessibility Connecticut with its five districts would be given advantages superior to those of 37 districts in the Middle States and Maine. Taking the country as a whole there are at this moment 210 congressional districts without an inhabitant dwelling as near such a hospital as is every inhabitant of Connecticut. On the basis of mileage more than half of the citizens of the Nation are farther from such a hospital than any citizen of Connecticut.

If there is to be fair play in this matter, if every disabled veteran is to get the same consideration as every other veteran, why by giving a hospital to one State increase the advantage it already has over more than half the rest of the country?

This suggests a feature of the proposal that merits the thoughtful consideration of the House. Up to this year the committee has succeeded fairly well in avoiding all other considerations than those of the needs of the disabled. This year it was confronted by the competition of 20 States, each wanting new hospitals or more beds. cursory study of the figures will show that all of these requests could not have been justified on the ground of need and that some of them were more nearly justified than the requests from Connecticut.

Under these circumstances the danger of the precedent established by singling out one or two States for special favor will be apparent to everybody acquainted with the circumstances of work in a legislative body. It means that the needs of victims of war will be met according to the power of personal pressure and not according to relative importance. It means that the exigencies of parties and candidacies and campaigns will play a part. It means the use of the veteran for the gratification of personal ambition. It means unnecessary additions to the burdens of taxpayers. It means more ammunition for those who rightly criticize what everybody knows to be the most unfortunate aspect of the work of all our lawmaking bodies. Of late years Congress has in large measure freed itself from cause for this criticism. If we are to take a fresh start along the road that leads to opprobrium, let it not be through the hospitals that house the most pitiable victims of war.

It would be better to spend this \$2,000,000 even wastefully than that any man who lost his reason as a result of the war should go without care. Furthermore, the sad prospect is that through many years we shall have to go on building these hospitals and that present expenditure will not in and of itself necessarily be useless. We believe every needed dollar should be spent, but object to expenditure in localities where the need does not yet appear, with other localities presenting better claims. For this reason and because we object to an unfair and dangerous method of allotment of public funds, we deem it our duty to lay the facts before the House. They may not warrant a vote against the bill, particularly in view of the deplorable delay brought about by the failure of the corresponding bill last year to become law, but they will at any rate also serve to inform those who may have to do with the later stages of enactment and then of appropriation, as well as the Federal Board of Hospitalization that will advise the President, and the President himself, upon whom the law imposes the final duty of allocation. It is our strong hope that this statement will also serve to lessen the likelihood of the use in future Congresses of the methods that in this instance have sufficed to throw the hospital construction program out of balance.

ROBERT LUCE.
ROYAL C. JOHNSON.

