

*April 14, 1964
Speech to WWI Veterans
in Russell, KS*

NURSING CARE

Although it has not yet become law, the House of Representatives, during the last Session, passed H.R. 8009, a bill to provide additional nursing care facilities for aging veterans. This bill is now awaiting action by the Senate Labor and Public Welfare Committee. After weeks of public hearings held by the Special Subcommittee on Intermediate Care of the Veterans' Affairs Committee, this group forged what I consider to be one of the most comprehensive benefit programs available to the American veteran. It offers a tangible benefit far more valuable than any pension increase the Congress could provide. It offers facilities to take care of the aged veteran with a chronic illness who requires a great deal of nursing care but is unable to afford it.

Specifically, H.R. 8009 will accomplish the following results:

Permit the use of 2,000 additional nursing-care beds in the existing Veterans Administration hospital system.

Provide for care in a private nursing home, generally for no more than 6 months, for patients hospitalized by Veterans Administration, but who have reached maximum hospital benefits. Cost may not exceed one-third of the average cost of treatment in a general hospital.

Increase aid to State homes by providing for ---

an increase in the per diem contribution to State homes caring for veterans eligible for admission to a Veterans Administration hospital or domiciliary from \$2.50 per day per veteran to \$3.50 per day per nursing-home-care veteran; and

a 5-year program of capital outlays (on a matching-fund basis), of no more than \$5 million per year to aid States in construction, modernization, and repair of nursing homes.

Encourage veterans in need of medical care and receiving aid and attendance pension to reenter hospitals for brief stays without loss of their pension, thus preventing longer stays and more serious illness, by providing for continued payment of the aid and attendance allowance for at least 60 days following admission to a hospital.

Furnish prosthetic appliances of the type and variety required in their everyday lives and which would be furnished if they were in a hospital to aid and attendance pensioners who are eligible for an invalid lift.

Extend the period of time during which outpatient treatment may be given under the completion of bed occupancy program following hospitalization past the general 1-year period now allowed for certain patients suffering from chronic illnesses afflicting the older population (cardiovascular renal disease, including hypertension; endocrinopathies; diabetes mellitus; tuberculosis; cancer; or neuropsychiatric disorder), thus keeping prospective nursing-home-care patients in their own homes as long as possible.

Indirectly, the mere consideration of the nursing care legislation by the Committee on Veterans' Affairs prompted the President to issue an immediate Executive Order calling for an additional 2000 nursing care beds to be constructed within the framework of the present Veterans Administration Hospital System. Fifty of the 2000 nursing care beds authorized by the Executive Order will be activated in the State of Kansas. Because some Veteran Administration facilities will have to be modernized and made suitable for the nursing care type of patient, Veterans Administration officials estimate that it will be approximately six months before patients will be transferred to the nursing care beds. I am hopeful that the Senate will act promptly on H.R. 8009 and additional beds will be available to the State of Kansas.

HOSPITAL CONSTRUCTION PROGRAM

While on the subject of the Veteran Administration Hospital system, I believe it would be interesting for you to know the roll that the Congress plays in the maintenance of this vast system. The Veterans Administration operates 168 hospitals and 18 domiciliaries for the care of the ill and disabled veteran. On any average day, the Veteran Administration patient load approximates 113,000. During an average year, the Veterans Administration admits over one-half a million veterans in its hospital program. Many of these hospitals were activated during World War I and are still in use. In order to continue the "second to none" quality of medical care and treatment provided by the Veterans Administration Hospital system, a constant program of renovation, modernization and replacement is required. In the House of Representatives, we are constantly studying this problem and fighting whenever necessary to obtain the funds necessary to carry out the modernization and replacement program. The 1965 Budget request which President Johnson has presented to the Congress seeks approximately \$85 million for hospital construction in 1965 and \$1.1 billion for hospital and medical care services. Undoubtedly our main advocates of economy, both in and out of the Congress, will attempt to slash these vitally necessary funds. Those of us who are interested in preserving the splendid VA Hospital system will have the formidable task to preserve these funds.

PENSIONS

Undoubtedly, the most controversial subject in the field of veterans affairs is that of pensions. As you know, the Congress, the White House, the Bureau of the Budget, the Veterans Administration and the major veterans organizations

all have different views on pension. Now I want to explore this subject with you in an objective manner, expressing the major positions on this subject as I see them.

First of all, there are more than 120 pension bills pending before the Committee on Veterans' Affairs. Some of them represent modest liberalizations of existing law; some represent unreasonable liberalizations of existing law; while still others will create a new and separate pension program for World War I veterans. The White House, the Bureau of the Budget and the Veterans Administration have expressed their opposition to any and all pending proposals to liberalize pensions. Negative reports have been filed by the Administration on the major pension bills. The Administrator of Veterans Affairs in public testimony delivered earlier in the 88th Congress stated that the President and the Administration were not in favor of any pension bill.

The major veterans' organizations, of course, each have different views on pensions. Some have sponsored bills introduced at the organization's specific request. The American Legion, for example, is supporting H.R. 1927. Their bill will apply to World War I, World War II and Korean conflict veterans, and would increase both the pension rates and income limits of existing law. They are opposed to a separate pension program. Just a few weeks ago, the National Commander of the American Legion told a House Committee that their position is "that all war veterans in identical circumstances should receive identical treatment from their government." He went on to say, "Our National Conventions have frequently rejected resolutions seeking special benefits for certain segments of the veteran population. We do not favor any such approach to the problems that face aged, disabled and needy veterans."

The Veterans of Foreign Wars have several solutions to the pension problem. H.R. 33 seeks a flat rate pension of \$100 monthly, plus \$10 additional for overseas service for World War I veterans only. Income limits would be

increased and any retirement income would not be counted. H.R. 2196, and H.R. 9665, both VFW proposals and both different, would amend the existing law to provide modest increases for veterans of all wars.

The Disabled American Veterans is supporting H.R. 251, a bill which would repeal existing statutory restrictions relating to concurrent payments of disability compensation and pension. In their public testimony on this bill, the DAV spokesman said, "Congress should give thoughtful consideration to H.R. 251 before responding seriously to any legislation proposing increased non-service connected pension payments."

✓ AMVETS, on the other hand, are seeking modest liberalizations of the pension program within the framework of existing law.

Your organization, of course, is sponsoring H.R. 2332, creating a separate program for veterans of World War I.

I think you will agree that it would be difficult to find another single issue upon which there are so many different ideas. In the face of these widely divergent views and in an atmosphere charged with controversy, it becomes the formidable task of the Congress of the United States to select the one bill that will do the most good for those most in need. Our task doesn't stop with the selection of a bill, however. We must get it passed by the House of Representatives, acted upon and passed by the Senate and then approved by the President.

Now, how does the Congress feel about pensions? Unfortunately, the Senate in recent years has shown no inclination to consider pensions. In the closing day of the 87th Congress, a World War I pension proposal introduced as an amendment to another bill then being considered on the floor of the Senate was debated and then defeated by a large vote.

I am confident that almost every member of the House of Representatives recognizes the desirability of taking some action in the field of pensions. Here the agreement seems to end. Some members will support separate pensions for World War I veterans as manifested by their signature on the discharge petition filed on H.R. 2332. The fact that the majority of members have failed to sign the discharge petition should not be construed as an indication of opposition to pensions.

Some have refused to sign because of their continuing policy against signing any discharge petition. The Rules of the House of Representatives provides for the filing of such a petition and the consideration of the bill when and if the required 219 signatures are obtained. The Rules of the House do not, however, make it mandatory that any member believe in or sign discharge petitions.

Some have refused to sign because of their unshaken opinion that the American Legion bill, the VFW bill, the DAV bill and a score or more of the 120 pension bills pending are equally deserving of consideration as is H.R. 2332. Now, I have also heard the argument advanced that the discharge petition should be signed so that the House will have an opportunity to amend the bill on the floor and then pass the amended bill. Can you imagine what kind of a bill would result from the 458 members of Congress each trying to amend the bill to conform to his views.

Others have refused to sign the discharge petition simply because they do not believe that H.R. 2332 represents the best approach to the problems facing the seriously disabled , aged and needy veteran.

Now I have discussed this entire subject of pensions with many of my colleagues in the House of Representatives. Let me pass on to you some of the most significant objections to H.R. 2332. First of all there is the matter of cost. The Veterans Administration has estimated the first year

cost of this bill at 2.3 billion dollars. A certain percentage of House members will not vote for any bill that adds this much cost to the annual budget. You may argue that we spend billions in foreign aid, so why not a few billion for veterans. You must realize, though, that most of those members who oppose a billion dollar veterans' pension are just as violently opposed to the multi-billion dollar foreign aid spending. If their efforts could slash a billion dollars in foreign spending, they would prefer that it be used to offset the unbalanced budget or deficit spending under which our nation is presently operating.

Another objection frequently heard is the fact that most of the cost of H.R. 2332 will be devoted to adding new pensioners with substantial incomes to the pension rolls while offering little relief to the low income groups. As an example, let's take three married veterans, each with different incomes. Veteran "A" has \$3600 income from part time employment plus \$1200 retirement income. This \$4800 total exceeds the income limit of existing law, so he receives no pension. Under H.R. 2332, he would be added to the rolls at \$100 monthly. Veteran "B" has outside income just under \$3000 a year entitling him to \$45 monthly pension. Under H.R. 2332, he would receive an increase of \$55 monthly.

Now, let's look at veteran "C". He is too ill to work and has no outside income. His pension today is \$90 monthly. H.R. 2332 will give him an increase of \$10 a month. Let us recap that. Veteran "A" with \$4800 income will get \$100 a month from the bill. Veteran "B" with \$3000 income will get \$55 a month from the bill. Poor veteran "C" with no income will get \$10 monthly from the bill. In the face of these examples, it's pretty hard to refute the charge that the sick and needy veteran receives the least from H.R. 2332.

Another frequently heard objection is that the bill offers no increase in the aid and attendance allowance of \$70 a month paid to thousands of seriously disabled veterans under existing law. Those who are so badly disabled as to require the full time aid and attendance of another person should certainly be entitled to an increase in the allowance paid for this purpose.

Now, let's forget the objections for a moment and talk about the other side of the coin. What are the members of Congress supporting with respect to pension liberalization. First, there seems to be general agreement that most of the pension rates and some of the income limits of existing law, particularly the minimum and the middle bracket, are too low and should be increased. Next, none of a wife's earned income should be counted as the veteran's income for pension purposes. You know, the present law counts not only the veteran's income but all except \$1200 of his wife's income, as well.

A majority of members seem to favor eliminating as income those amounts that are equal to payments by the veteran for the last illness and burial of his spouse or child. An increasing number will support a provision excluding unusual medical expenses from the computation of income. Most members will support the elimination from the law of any disability requirement for entitlement to pension in the case of those veterans who are 65 years of age or older. There is also wide support for an increase in the aid and attendance allowance.

A majority of my colleagues, I believe, feel that a bill incorporating these features will help the low income and the seriously disabled pensioner.

The Chairman of the Committee on Veterans' Affairs has advised me that the Committee will soon consider pension legislation. I am hopeful that this action will result in the early reporting of a bill that will include the features I have discussed.

I would be less than honest, however, if I painted a rosy picture for you. I believe the chances of success of any pension bill passing the House of Representatives and then the Senate and then being approved by the President would be considerably enhanced if all of the major veterans organizations ironed out their differences of opinion and then presented a united front in support of one responsible pension bill.

In discussing veterans legislation, it is important to remember that our system of veteran's programs has been developing for many years. Surely, one of the more important bills considered by the Congress is one which is seldom mentioned. I am speaking of the annual appropriation bill. The United States has the most extensive veterans program of any Nation on earth. The budget for fiscal year 1965, which begins on July 1st of this year, totals nearly 5-1/2 billion dollars. Most of this will be spent for direct veteran benefits. One billion 116 million dollars will be expended to operate the medical and hospital program. Three billion, 963 million dollars will be paid directly to veterans, widows, and children for compensation or pension. Thirty-nine million dollars will be paid for readjustment benefits. Most of this is for the education and training allowance for the few remaining veterans and war orphans who are taking education and training. The United States will spend about 85 million dollars next year for construction, maintenance, and modernization of the Veterans Administration Hospital system.

The American public takes a generous attitude toward its veterans. The public is contributing more than five cents out of each taxpayer's dollar for veterans benefits and has shown a willingness to support the extensive hospital and medical program, compensation payments to the disabled and survivors of service connected dead, and pensions for those veterans, who because of very low income, age and disability, are in need.

The philosophy that has dominated the thinking of the Congress for many years is that as the war years fade in the distance and there is less public interest in veterans programs, it is essential that the various veteran programs be reasonable and enjoy the support of the public. There is not sufficient money to do all of the things that everyone wants to do. Therefore, it has been necessary to proceed with an order of priority. There is general agreement that the hospital and medical program must come first. Compensation

for the service connected disabled and survivors of service connected dead must receive a high priority, since it seems unquestionable that the Government's first obligation is to this group. Non-service connected pension programs should be made available to aging veterans and widows and those seriously disabled, even though from a non-service connected cause, but these programs must be kept in bounds and in proper relation to the service connected programs. If they are not, the entire structure of veterans benefits will be placed in jeopardy.