and an extension of this benefit to veterans who have suffered the service-connected loss or loss of use of an upper and lower extremity. We also recommend that the maximum entitlement for guarantee of home loans be increased to at least $10,000.

The national cemetery system is a subject which has the abiding interest of the Disabled American Veterans. We support current legislative proposals calling for transfer of national cemetery operations from the Department of the Army to the Veterans' Administration.

Last October the DAV was pleased to support House Resolution 241 which transferred jurisdiction over legislation relating to the cemeteries to the House Veterans' Affairs Committee. This change in control is a firm attempt to improve the cemetery situation, an attempt which has been clearly nourished by support from President Johnson in his recent message to the Congress. The President told the Congress that every veteran should have the right to burial in a national cemetery situated reasonably close to his home. The President said, "I have asked the Administrator of Veterans' Affairs to make certain that the recommendations of the (Veterans' Advisory) Commission include proposals to assure this right in a meaningful sense."

The President's attitude, we are pleased to note, is in marked contrast to the administration's policy, which for the past two decades has urged halting any expansion of the cemetery system.

Another area of veterans' benefits which is of special importance to the DAV is the VA hospital and medical treatment program.

The Disabled American Veterans has a deep and abiding interest in the continuing effort of the VA's Department of Medicine and Surgery to maintain its prominence in the entire field of medical care.

One of the most serious obstacles to further progress is a shortage of adequately trained medical personnel. This shortage threatens to grow more serious as private hospitals compete for manpower. Moreover, unless more professional personnel in specialized fields are attracted to the VA, there will be a downward trend in the high level of patient care.

We are certain that this distinguished committee will continue to give its full and close attention to this aspect of the medical program.

Another facet in this field which requires attention is the furnishing of out-patient medical treatment. Under present law this benefit is generally restricted to service-connected disorders. Thus, with limited exceptions, veterans suffering from totally disabling service-connected disabilities are not presently entitled to outpatient treatment for non-service disabilities.

Complete medical services, including drugs and medicines, are, however, available for the non-service-connected conditions of veterans of the Spanish-American and Indian wars and to certain pensioners found to be in need of regular aid and attendance.

Because of the drastic reduction in the general health of a totally disabled veteran, we think it reasonable that he be entitled to outpatient medical treatment for any disability.

The DAV has a vital interest in the highly useful services performed by the Veterans' Employment Service in the Department of Labor. We have been and will continue to be concerned about adequate staffing of this Federal agency to assure that the disabled veteran receives effective job counseling, employment placement, and referral to occupational training opportunities to which he is entitled under the law.