based on an actual showing of improvement in the disability. In a large number of these cases, however, the improvement is merely a temporary relief of the symptoms. Soon after the reduction, medical evidence is introduced indicating the symptoms have resumed their ordinary level of severity. The former rating is then restored.

Considering the circumstances distinctive in the cases just cited, we feel that these veterans are being unfairly deprived of the protective feature of the law. The DAV recommends that this inequity be corrected by providing, with respect to the 20-year statutory period that, "breaks of continuity for periods of less than 1 year in any disability rating applicable to any individual shall be disregarded."

On this same subject it has also come to attention that the Veterans' Administration, in its application of the law, has denied the 20-year protection to disabled veterans who are receiving special compensation rates under paragraphs (K) through (S) of section 314, title 38, United States Code.

We think the Veterans' Administration's interpretation of the law, in this instance, represents a contradiction of the true and basic purpose of the statute. We cannot believe that it was ever, even for a moment, the intention of the Congress to deny the protective feature of the law to those whose service-connected wounds and injuries involve the most seriously disabling conditions of all.

We believe the Commission will see the equity and the need for favorable action on these two proposals.

The next two proposals have a similar purpose in that they would amend section 314, subparagraph (k) of title 38, United States Code, to provide for additional monthly compensation for veterans who have suffered, respectively, the loss of a kidney or the loss of a lung.

The Congress, by enactment of prior legislation, has determined that in cases of loss of limbs or body organs, a special award should be authorized by statute for the specific disability. At present, a statutory rate of monthly compensation is set at $47 for certain single losses.

It is the feeling of the DAV that an individual who has suffered the loss of either a kidney or a lung has a serious, special disability which deserves a special statutory award. Definitely, the infection of the remaining kidney or lung would result in extreme hazard to life.

There are approximately 700 wartime service-connected veterans suffering with the loss or loss of use of a lung, and approximately 6,000 suffering with the service-connected loss of a kidney. These are insignificant numbers compared with the general veteran population. Moreover, the cost of these proposals would also be insignificant.

We strongly urge that the Commission recommend favorably on these most worthy proposals.

Present law provides that any veteran who has suffered blindness of one eye, total deafness in one ear, or the loss or loss of use of one kidney, as the result of service-connected disability and has lost or lost the use of the "paired organ" as a result of non-service-connected disability (not the result of his own wilful misconduct) shall be entitled to the applicable compensation rate for service-connected disability of both organs.