connection I would like to mention that the DAV has accumulated data based on reports received nationwide from our national service officers who are in constant contact with the program's operation as well as the personnel responsible for its administration.

A digest of the reports discloses almost unanimous agreements that there is a breakdown in the relationship as it currently exists between student doctors and veteran patients. The reports make clear that the student doctors are not at all cognizant of procedures, rights and entitlements of veteran patients, including both the service-connected and the nonservice connected. Moreover, they appear to be more concerned with the "interesting case" than with a medically well-known chronic disease. Many of the student doctors look upon the VA hospital as an institution extending welfare medical service instead of rendering a service which has been well-earned by the veteran patient.

We, therefore, recommend that student doctors be given a course of indoctrination regarding provisions of laws and regulations associated with the VA medical program as well as its policy, procedure, and philosophy.

Another element in which we have received a unified response, concerns the long waiting period an applicant must endure in preparation for hospital admittance. In some cases the veteran applicant may be seriously ill or injured, yet he must wait and complete the entire application form even before seeing a doctor. It is conceivable that in some instances such a delay could result in serious, if not fatal, consequences to the applicant. A lack of professional personnel in this department and the present procedure appear to be the factors for the long delay in admitting a patient to the VA hospital.

The reports also indicate that a serious obstacle to further progress is a shortage of adequately trained medical personnel. This shortage threatens to grow more serious as private hospitals compete for manpower. This applies not only with regard to physicians but also to psychologists, social workers, trained nurses, and other professions in the medical field. Unless more of these scarce-category professions are attracted to the VA, there will be a downward trend to the present high level of patient care.

We are certain that this Commission will give its full and close attention to improvements in these unfavorable aspects of the VA medical program.

Another aspect of the medical field which requires attention is the furnishing of outpaient medical treatment which, under present law, is generally restricted to service-connected disorders. Thus, with limited exceptions, veterans suffering from totally disabling service-connected disability are not entitled to outpatient services for their non-service-connected disorders.

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

Due to the debilitating effect which a disability severe enough to be rated totally disabling would have on other systems of the body, and the drastic reduction in the general health of a totally disabled veteran, we suggest that the Commission give serious consideration to recommending that section 612 of title 38, United States Code, be amended