REPORT OF U.S. VETERANS' ADVISORY COMMISSION

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

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VETERANS OF FOREIGN WARS

TUESDAY, MARCH 19, 1968

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C.

The committee met at 10 a.m., pursuant to call, in room 362, Cannon House Office Building, Hon. Olin E. Teague (chairman of the committee) presiding.

Mr. TEAGUE of Texas. The committee will come to order.

I am sorry there are no more members here than there are. We don't usually wait, but every member has about two or three committee meetings going on. Some of us on this committee will have to leave at 11:30 to go before the Rules Committee on a veteran housing bill. We hope to start some housing activity for veterans. I am sure there will be many more members come in and they can catch up with the reading before you get through.

With that, I would like to turn the meeting over to you and let you present the Commission report in any way you want.

Mr. MCCURDY. Thank you, Mr. Teague, and what we lack in quantity we certainly have in quality.

Mr. TEAGUE of Texas. Thank you.

STATEMENT OF ROBERT M. McCURDY, CHAIRMAN, THE VETERANS ADVISORY COMMISSION

Mr. MCCURDY. Mr. Chairman, members of the committee, it is a great privilege for me to present to you the report that the members of the U.S. Veterans Advisory Commission have just made to the Administrator of Veterans' Affairs.

This report is based primarily upon the hearings which were held throughout the United States starting in Seattle, May 6, 1967. We received over 1,400 recommendations during these hearings.

I should like to present a copy of the catalog of the suggestions presented to the U.S. Veterans Advisory Commission in public sessions and by letter to become a part of the committee's record. Detailed transcripts of the hearings were made and are on file at the offices of the Commission in the Veterans' Administration building.

The other members of the Commission who joined with me in presenting this report to the Administrator of Veterans' Affairs were Andy Borg, of Wisconsin; Claude Callegary, of Maryland; Melvin Dixon, of Florida; Ralph Hall, of Maryland; Herbert Houston, of Tennessee; Melvin Jacobsen, of Nevada; Eldon James, of Virginia; William Rice, of Colorado; Col. Warren Robinson, of California; and Pete Wheeler, of Georgia.

The 11 of us represent all of the major veterans' organizations, all sections of the country, all ages of veterans except the very youngest, and both major political parties. While we have not achieved unanimity on every item, we have reached a consensus. We would like to emphasize not our detailed recommendations but our basic findings on the nature of the mutual relationship between the veteran and his country.

I can think of no better way of emphasizing this than to quote the first part of the introduction to our report. [Reads:]

The contribution of the veteran to the building of this nation during its first two centuries makes clear how important the role of the veteran must and will be to the future existence and growth of our society.

In the future that service may take new and different form but its significance will remain unaltered. The security of this nation is based on the commitment of those citizens who have served in the uniformed forces of our country.

This contribution on their part has nearly always involved the loss of economic opportunity; often it has required the sacrifice of the veteran's health, and in many instances it has cost the supreme sacrifice, life itself.

The strength and prestige of this nation depends upon this continued contribution. The future status of this country depends on the mutual obligations and commitment between the Government and its citizens.

As a return to veterans for their service, the nation has accepted three basic principles as fundamental commitments to the veteran popnlatiou. They may be defined generally as follows:

(1) The commitment to compensate (a) disabled veterans for disability incurred in their nation's srevice, and (b) veterans' dependents for the loss of life or earning capacity of the veteran.

(2) The commitment to promote the rehabilitation and readjustment to civilan life of those veterans who have suffered physical or economic loss because of their service to the nation.

(3) The commitment to care for needy veterans who cannot be completely rehabilitated.

We have found that the individual veteran is deeply concerned that these mutual obligations be kept in mind. The veteran of this country's wars is very conscious of his status as a veteran.

The Commission has concluded that veterans' programs are largely fulfilling the Nation's responsibilities to its veterans and their dependents. Great credit is due both to the executive and legislative branches of our Federal Government for their activities in this regard.

We are especially grateful to President Johnson for the lead that he has taken in veterans' affairs. The House Committee on Veterans' Affairs has always exercised earnest, determined effort on behalf of the American veteran, not only under its present chairman but under his distinguished predecessors.

The legislation that has originated in this committee in recent years under Chairman Teague has been especially noteworthy. The Commission is very grateful for the interest that the chairman, other members of this committee, and other members of Congress have shown throughout the year we have been developing our report.

After our many hearings and subsequent deliberations the Commission arrived at certain general conclusions. These are:

1. Military service in times of national stress constitutes the highest response to the obligations of citizenship and should continue to be the basis of a reciprocal obligation on the part of the Nation to provide reasonable assistance to veterans commensurate with the greater sacri-

fices experienced by them. With this in mind, the obligation to provide for the disabled and needy veteran as well as his dependents is a national commitment.

2. Veterans with disabilities incurred in service in time of national peril should be given first priority in the range of special programs.

3. The payment of pensions to veterans for non-service-connected conditions is soundly based on the principle of economic need.

4. Hospital and domiciliary care, including institutional medical treatment, for non-service-connected disabilities should be provided for veterans of wartime and comparable service where the veteran is financially unable to defray the cost of private hospitalization.

5. Basic benefits, geared to serious non-service-connected needs, for veterans of war or similar periods should not be displaced or absorbed by general welfare programs.

6. The national obligation to provide liberally for disabled and needy veterans and their dependents must be met through sound and enduring programs which can be supported without excessive demands on the financial resources of the Nation.

7. Young veterans returning from service should be given full opportunity for rehabilitation and readjustment.

8. Veterans programs should be kept current with economic standards.

9. The Veterans' Admintration should be given Cabinet status. Further improvement could be made by establishing a Senate Committee on Veterans' Affairs and by combining some of various Federal cemetery functions under the Veterans' Administration.

The report of recommendations which we are submitting is based on these conclusions. Although we would like to see our 79 recommendations implemented immediately we are fully aware that there are limitations that will prevent this.

We have therefore selected a few items which are urgent and should have immediate attention. These recommendations are:

Compensation—Basic compensation rate payable to service-connected totally disabled veterans be increased. Estimated first year cost will be $139 million.

Appropriate cost-of-living increase in compensation rates to veterans with 10–90 percent disabilities. Estimated first year cost will be $68 million.

Mr. TEAGUE of Texas. If you would let me comment right there, we have hearings scheduled in April for compensation bills, and I am sure that rate increases will be our first order of business.

Mr. MCCURDY. Thank you, sir.

Cemeteries—Improvements in cemetery administration.

Mr. TEAGUE of Texas. We will have hearings this month on cemeteries.

Mr. MCCURDY. Education—Vocational rehabilitation on less than full-time basis—estimated first year cost will be $4 million.

Mr. TEAGUE of Texas. We will have hearings in April on education.

Mr. MCCURDY. Mr. Chairman, I am glad to see that we are still in agreement on our priorities.

Dependency and indemnity compensation—Additional DIC payable to widows for each child. Estimated first year cost will be $5 million. Basic DIC rate to widows be increased. Estimated first year cost will be $30 million.

Mr. TEAGUE of Texas. Did you people give any consideration to the fact that a boy may be drafted who just finished college or graduated from an academy and goes in the service as a private and the DIC paid his child and his widow, if he is killed, is tied to his pay as a private for the rest of her life?

Did you give any kind of consideration to some kind of an increase based on what the man would normally have made if he lived? I can't get away from the fact that it seems unfair to me that a young man is killed with a potential of becoming a much better supporter of his family than he is at the time of his death, and we tie this DIC rate to his rank when he dies.

We should have some kind of an increase through the years, and not freeze the DIC rate for the widow based on an assumption that her husband would have remained a private or a second lieutenant all his life.

Mr. MCCURDY. We have made two recommendations in connection with this point, neither of which are exactly the point that you are making and with which I agree.

The two points that we do make is that we do ask for an increase in the basic DIC rate and that in addition to the basic rate, when the increase in military pay comes along that not only will the 12 percent—or whatever percent may be in force at that time—be added, but that the increase be added to the basic rate.

So in all instances these will go along with it and so accepting under the present law, the schedule that would give them these cost-of-living increases, commensurate with what the pay of the Army goes and, of course, the generosity of this committee and what they report in basic for DIC.

It isn't quite what you are saying of the elimination in rank of a fellow that was a private who, in a few years, would probably be earning a general's pay.

How do you reciprocate, for that is a most difficult problem. While there was some discussion I don't believe that we arrived at any conclusion.

Mr. TEAGUE of Texas. Bob, going back to education, did you people give any consideration to a young man that went to school under the war orphans program and then becomes a veteran in his own right?

Mr. MCCURDY. No, I don't believe we discussed that.

Mr. TEAGUE of Texas. If any members have questions as we go through, I suggest that we cover each item. If anybody has a question, don't hesitate to ask it.

Bob, generally what did you recommend on cemeteries?

Mr. MCCURDY. We have a long recommendation in the book. I can briefly tell you what it is. It is recommendation No. 26 in the report that is completely documented in there. There were three steps that we thought were essential and necessary.

The first step has been taken where control would come to this committee. We thought that was very essential that it is a purely veterans matter or largely a veterans matter and that it should be under the jurisdiction of the Veterans' Affairs Committee.

The second step is that we believe that administratively it should be under the Veterans' Administration in its entirety, the entire system.

The third step is that when and if these two are accomplished there should be a study to pull together the multiple regulations and procedures they have now into one orderly method.

Concurrent with this, a very thorough survey should be made as to where cemeteries should be established and how many. Also, in order to adequately take care of those who might not be accommodated or not want to be buried in a national cemetery, we have included in our recommendation an increase in the burial allowance.

That is briefly what those four pages contain.

Mr. TEAGUE of Texas. You were not able to give any kind of a cost figure on cemeteries?

Mr. MCCURDY. No, sir.

Mr. TEAGUE of Texas. I am sure it would be very difficult.

Mr. MCCURDY. We thought about it but we did not know how to proceed or project that.

Shall I proceed?

Mr. TEAGUE of Texas. Yes.

Mr. MCCURDY. Payment for career service type benefit for death unrelated to service for veteran totally disabled 20 years or longer.

Health services—Grant Vietnam veterans complete dental treatment for one year. Estimated first year cost will be $5 million.

That is the end of our first group of priorities.

Then we come to a second group that are with these but after it, if you know what I mean by "but after."

Mr. TEAGUE of Texas. Bob, before you go to the next group, I have a question with reference to veteran preference, which does not come under the jurisdiction of this committee. Quite often a situation arises where, for example, you have a man who may have gone all the way through Vietnam, the heaviest fighting, with no disability, and he comes home. Another man has maybe not left this country at all, but he is hurt in an automobile accident. We come around to the rule to hire the disabled for the postmasters jobs, and the boy who was hurt in the car wreck has preference over the boy who fought in Vietnam. Did you people get in that kind of situation?

Mr. MCCURDY. Not exactly in employment. We had a quite lengthy discussion on extra consideration in the form of compensation for the combat veteran. But we stayed away from veterans preference in employment because it wasn't under the VA and we thought that perhaps it was not the duty of our Commission to take a position on that.

I think that corrective legislation should be done on that case. That is a personal opinion and not the opinion of the committee, necessarily.

Mr. TEAGUE of Texas. All right, sir.

Mr. MCCURDY. In addition there are other recommendations of high priority which should be enacted in this legislative year, if at all possible. These are:

ALLEVIATION OF FINANCIAL NEEDS

Pension not be reduced by reasons of fluctuation of income or estate after age 72.

EDUCATION

Educational assistance program for DIC widows. Estimated first year cost will be $1 million.

Educational assistance program for wives of veterans permanently and totally disabled from service-connected causes. Estimated first year cost will be $5 million.

HOUSING

Mr. TEAGUE of Texas. On housing, did you people discuss taking the ceiling off of interest rates?

Mr. MCCURDY. I did not hear the question.

Mr. TEAGUE of Texas. In discussing housing were interest rates discussed, lifting the ceiling of interest rates, which has been a recommendation of the administration?

Mr. MCCURDY. There was a discussion that we regretted the increase but I don't know what our Commission could do about that. It is part of the overall economic rate structure of our country, and it is very hard.

Of course, as the chairman knows, I have always been for direct loans and the great profit that direct loans has shown to the VA would have a lot of money to finance the program involved with direct loans.

That is a solution where you can completely control the interest rate, but I realize that politically that is a difficult problem.

Direct loans to be made available to totally disabled service-connected veterans throughout the country.

Liberalization of VA policy regarding liability for losses on defaulted loans. Estimated first-year cost will be $2 million.

INSURANCE

DIC payable where veteran died in service or had a service-connected disability and who had in-service waiver. Estimated first-year cost will be $2 million.

Endorse legislation to improve the Government insurance program.

HEALTH SERVICES

Eliminate ability to pay affidavit and counseling for veterans who have reached age 65.

Nursing home care from contract hospitalization in Alaska and Hawaii.

Increase in amount paid to State nursing homes. Estimated first-year cost will be $2 million.

Medical benefits for wives and children of 100 percent disabled. Estimated first-year cost will be $12.5 million.

Medical benefits for widows and children of veterans who die of service-connected causes. Estimated first-year cost will be $10 million.

MISCELLANEOUS

Continuation of benefits to widows who remarry after age 60. Estimated first-year cost will be $40 million.

Mr. TEAGUE of Texas. Who remarry after age 60?

Mr. MCCURDY. Who remarry after age 60.

Mr. TEAGUE of Texas. Did you consider other aspects of this—for example, of stopping her pension while she is remarried and then if the marriage is terminatd——

Mr. MCCURDY. We think that benefits should be restored at any age, if the second marriage is terminated.

Mr. TEAGUE of Texas. How did you arrive at this remarriage after age 60? Why not age 50, 40, 30?

Mr. MCCURDY. At age 60—I suppose it was from the personal experience of some of our members, especially Mel Dixon, and I will use Mel because he is not here to defend himself this morning.

But he lives in Florida and they have a lot of these old folks down there, and because she is going to lose her little pension if she gets married, they just won't get married. Mel says they should.

Mr. TEAGUE of Texas. Well, I agree with that. I think surely we can start younger than 60.

Mr. MCCURDY. That may be an arbitrary age. I don't think we had prolonged discussion on at what age this should take place. I think it was the unanimous thought of the Commission that 60 was a good age to say that she has her pension and if she is lucky enough to catch another man, we ought not to take her pension away.

Mr. TEAGUE of Texas. Surely that $40 million figure is a higher one.

Mr. MCCURDY. It seemed so to me, but I am assured by VA that it is not. I questioned it too, Mr. Chairman.

Mr. TEAGUE of Texas. Go right ahead.

Mr. MCCURDY. Recoupment of severance pay. These items represent the first priorities of this Commission. It is very difficult to do this.

Each person has his own list of priorities. It is especially difficult because of the keen interest of groups of veterans in each item and recommendation in our report.

Each member of the Commission—and we had nearly perfect attendance—not only took part in the hearings but had many exchanges with veterans outside the formal sessions. All of these are reflected in our recommendations.

I cannot close without complimenting the technical consultants named by the various service organizations. Their individual comments and prepared position papers were of great value and were very useful to the members of the Commission.

The local members of the various posts and chapters of the several veterans organizations can be proud of their technical staffs. And in closing I again wish to thank the chairman and members of the House Veterans' Affairs Committee for their interest and courtesy.

We know that our report will be of great interest to the veterans of this country. We hope it will be valuable to you in your deliberations.

I and the members of the Commission are available to answer questions.

Mr. TEAGUE of Texas. Mr. Hanley, do you have a question?

Mr. HANLEY. I simply want to compliment Mr. McCurdy and the Commission for their outstanding service to the cause of the veteran and the cause of our Nation in general. It appears to me that they have come forth with what looks like a very comprehensive report on which actions we should be taking to improve upon our veteran benefits programs.

Mr. TEAGUE of Texas. Mrs. Heckler.

Mrs. HECKLER. I would like to commend the Commission for their work on this report and I must say it would take me quite a while to read through the 1,400 recommendations presented to your group.

I am interested in the widow's rights, but I agree with the chairman—the right of remarried widows to receive benefits should not be limited to those widows who are aged 60 and older.

I wonder if you talked about the use of veterans hospitals; did you go into whether or not the veterans hospital care should be extended to persons other than the veterans? Was this a part of your recommendations?

Mr. MCCURDY. I am sorry—I could not understand the question. I could not hear the question.

Mr. TEAGUE of Texas. Why don't you move to the microphone, Mrs. Heckler? This room is not satisfactory.

Mr. MCCURDY. I understand now. Do you mean the widows?

Mrs. HECKLER. Yes.

Mr. MCCURDY. We had mixed testimony on this and in the testimony that we received throughout the country, there was a great reluctancy on the part of many to open veterans hospitals to anybody but veterans.

However, we did have many who testified on the same basis where beds are available that it should be open to widows also. But other than that, no.

Mrs. HECKLER. To reach a conclusion on this, did you make a recommendation on whether or not the veterans hospitals should be opened to widows? Is that part of your report?

Mr. MCCURDY. Yes, we made a recommendation that the widows be hospitalized.

Mrs. HECKLER. What about the national cemeteries and the battle monuments? Did you make a recommendation as to who would have the authority over them? Would it be the Veterans' Administration?

Mr. MCCURDY. We recommended that first this committee should have jurisdiction over all of them; second, that the VA should have administrative authority over all of them, except Interior and those national monuments.

Mr. TEAGUE of Texas. Mrs. Heckler, if you would yield for a second, it is my understanding that at the moment the administration is making a study of whether a law is required or whether certain things can be done through Executive order. But we will be hearing something from them soon as far as the battle monuments are concerned.

Mr. TEAGUE of Texas. Mr. Brown.

Mr. BROWN. No questions.

Mr. TEAGUE of Texas. Mr. Roberts.

Mr. ROBERTS. I just want to thank Bob and his committee. I think they have done a great job for all the veterans of the country and it certainly makes our job on this committee much easier.

Mr. TEAGUE of Texas. Mr. Adair.

Mr. ADAIR. Mr. Chairman, Bob, I am much impressed with the report of your committee and the work you have done, you and all of your associates. I have just one somewhat extraneous question in my mind.

We are hearing a lot about commissions these days and reading about them in the newspapers. I wonder if your Commissin would like to volunteer to understake a study of the situation in Vietnam now.

Mr. MCCURDY. Within the extent of our capabilities.

Mr. ADAIR. As the saying is, if we get into this Commission business, we could go further and do worse and probably will.

Mr. Chairman, I have no comments otherwise.

Mr. TEAGUE of Texas. Mr. Dorn.

Mr. DORN. Mr. Chairman, I just wanted to add my thanks to those of the other members of the committee—my personal deep appreciation to this outstanding Commission for another, I think, historic and significant milestone in the progress in the administration of our veterans' affairs.

I think this will be a great contribution and we are deeply grateful to each member of the Commission and to you, Bob. We will see you later on today. Thank you, Mr. Chairman.

Mr. TEAGUE of Texas. Mr. Dulski.

Mr. DULSKI. No questions.

Mr. TEAGUE of Texas. I want to express my appreciation. I think this document, down through the years, will be something that every veteran will read and study.

I would like to confer with you a little later about some witnesses when we do get into our different hearings, and before the year is over we will probably hold hearings on practically everything you have here. I hope to have a good veterans' year and I hope that many of these recommendations become law. If it were not for want of money, it would be easy to handle veterans' problems.

But money does get to be a problem, a serious problem, and I think you have made a moderate recommendation as far as the priorities are concerned, and I think if you had not done that, that your Commission report would probably be filed away and studied.

But I think with the priorities that you have set up that probably before the year is over you will see many of your recommendations in effect. We do have hearings scheduled for many of the things you have on the priority list, and probably now we will have some hearings on the other priorities you have listed.

So, may I say that I certainly appreciate the work of the Commission.

I would like to ask whether any members of the Commission would like to make a comment?

Mr. MCCURDY. I think, Mr. Teague, with your permission, that all the members of the Commission would like to take a minute or two to address the committee.

Mr. TEAGUE of Texas. Would you like to call on your members or would you like me to call on them? You have been serving with them and you may have a different priority than I have.

Mr. MCCURDY. We will start alphabetically and call on Andy Borg, of Wisconsin, the past national commander in chief of the Veterans of Foreign Wars.

Mr. BORG. Mr. Chairman of this Commission and Mr. Chairman of the Veterans' Affairs Committee, it has been a real pleasure for me to serve on this Commission.

I feel that we have tried to do what we believe is for the best interests of the veteran and the widow and the orphan, keeping in mind, of course, money problems. I have never served on such a conscientious committee or commission as long as I can remember.

I really hope that the recommendations that we have made will be enacted into law, and they weren't made in this report without a great deal of discussion and argument, and finally we voted and it is our opinion on all the recommendations.

I would like to call the chairman's attention to recommendation No. 79 which deals with the problem that you raised. You will note in our language that we do believe that injuries or diseases incurred as a result of combat should receive special consideration and we thought that a study should be made.

We were not certain as to the amount. So it was the recommendation of the Commission that a study be made by the Veterans' Administration.

Again, let me say that I have been well pleased and happy to have had a part in preparing this report, and I personally am very proud of the document that we presented to you this morning.

Thank you.

Mr. MCCURDY. Mr. Claude L. Callegary, of Maryland, the past national commander of the Disabled American Veterans.

Mr. CALLEGARY. Mr. Chairman, members of the committee, as you probably know, I started out on this Commission probably aware mostly of the problems of disabled veterans, service connected, which the DAV is concerned with.

During the course of these hearings around the country, we heard from all the 50 States, including Alaska and Hawaii, and we heard about the problems not only of the service connected, but of the widows and the children and these people in the pension areas, the 72-year-old "big war" veterans, as our chairman calls them.

We did pay, Mr. Chairman, special attention—for example, in recommendation No. 56—to the educational needs of widows. For example, we asked the Congress to confer on that widow, educational benefits. In effect, what her husband was entitled to if he would have lived.

We felt this was a step forward. We got into a serious area, a small area, for example, of direct loans for totally disabled veterans.

It is quite obvious to us that these people could not purchase a home with the benefits they were getting and they could not qualify for loans and in many instances they were being discriminated against. The testimony on these points was very voluminous, as you well know.

We had many, many hearings. It is really a miracle of compression to put together the 1,400 recommendations that we had.

I want to say to you, Mr. Chairman and members of the Congress and the committee, after the hearings were over and the testimony was in and we were sitting, in effect, as a kind of a jury, that it was a real revelation to me that we could bring it together and bring it to you.

These recommendations in this document represent the feelings of the 25 million veterans in the United States. These are the problems they face. These are the solutions they ask us for. The older veterans came to us and said, "You tell the Congress and the President we are in an area where we need help."

So, Mr. Chairman, it was a great privilege for me to serve on the Commission and to come out of it at the end of the year, not only aware of the problems of the service connected, but of all the veterans.

It has been a privilege to appear before this committee.

Mr. McCURDY. Mr. Chairman, Melvin Dixon, the State director of Veterans' Affairs for the State of Florida, is unfortunately ill. He was an extremely strong member of our Commission and we regret his absence today. He made very notable contributions to the work of the committee.

I would like to present Mr. Ralph E. Hall of Maryland, the past national commander of AMVETS.

Mr. HALL. Mr. Chairman, gentlemen, Mrs. Heckler, I think we would probably all be less than honest with ourselves if we didn't agree that when this Commission was founded initially there were very grave reservations as to what would actually result from the findings of this Commission.

I think we were accused of being a rubber stamp for the VA, that we would be under the influence of your committee. I think if you talk with any of the staff members of the VA, if you talk with the people who were there during our discussions with the VA, you will find that this was definitely not true. The Commission just did not buy their suggestions. We just literally digested everything that they gave to us as guidance and formed our own conclusions.

I think your committee also will be justly proud of the work that was done by this Commission. I think that the report is going to be a milestone in veteran legislation for many, many years to come.

We could not possibly have gone through the testimony that we received and not come up with something that will be of profound impact on veteran legislation. I think when you do have the opportunity to fully digest what this report does have to say, that you will agree, too, that this Commission was an entirely unbiased Commission, not influenced by anybody except the testimony from the grassroots.

I think you will be very, very proud of the report, as we certainly are as members of the Commission.

Thank you.

Mr. McCURDY. I would like to present Mr. Herbert Houston of Tennessee, who is the past national commander of the Veterans of World War I.

Mr. HOUSTON. Thank you, Mr. Chairman and members of the committee.

It is an honor for me to have had the opportunity to serve on this Commisison. This report that we are presenting to you this morning is a digest of recommendations of testimony that was received throughout the country from the hopelessness in the eyes of the 100-percent disabled veteran as he appealed for what he felt was a need for increases in benefits to that of the less disabled veterans.

We could not get from the witnesses an amount but each of them looked to us earnestly, appealingly, in their testimony, as you will find in this digest. It is the digest of the testimony from widows in appealing their needs, from the aged veterans whose pathos in their tone of voice indicated they seemed to feel that at last their prayers have been answered and they could talk to someone. I say this is a digest. I think the words might be well studied by all people, and I know they will be by this distinguished committee.

Mr. Chairman of the committee, I think two of the by-products coming out of this Commission's study is the opportunity for the various veteran's bodies of the country to sit down together.

The past commanders knew the problems which they were confronted with in their organization, representing the older group, some of my colleagues representing some old and some younger groups. But as these gentlemen and ladies sat down together and heard each other, they increasingly changed their tone of appeal and their testimony.

At the end the tone was for the needs of veterans and not for specific groups.

The other thing, and I think the important thing, that will bear fruit in the years to come is the very fact that these people could come to someone. There seemed to be a fear at first, which is prevalent throughout our populus, that the Veterans' Administration or the Congress and some of us as individuals that they dare not approach.

But just the opportunity to sit down and talk and tell their stories has meant much, I feel, to the veterans of our country. I am sure it will and it is our hope that it will reflect in the moral of veterans in the years to come.

We know that we have not answered all the questions. We have deliberated in coming to the wording of this report long and diligently. Mr. Chairman of the committee, there is not a "yes man" on this group. As you have the time to read the testimony of the meetings of this group, you will find that each member spoke out for his point and in many instances this is a compromise on the democratic way of doing things.

We do present it to you, and to the Nation, as a digest of the voice coming from the old and the young, from the boys who are now fighting for us in Vietnam to those who climbed San Juan Hill and all those in between.

Again I repeat it is a pleasure to have the opportunity to serve on this Commission, which I feel will make its mark in the future of veterans' thinking for many years.

Thank you.

Mr. MCCURDY. Thank you.

I would like to present Melvin L. Jacobsen, the director of Veterans Affairs for the State of Nevada.

Mr. JACOBSEN. Chairman Bob, Chairman Teague, members of the committee, it has been an education and a privilege to be on this Commission, especially with the type of men that are on this Commission.

Our instructions in the beginning were to go out to the grassroots. We did go out to the grassroots. We listened to these people. We have talked to them individually before the Commission and this is the product of these hearings. I am very proud of this report and hope that you folks will be.

I know this report will bring all of our veterans groups closer together with a better understanding of what we, the people in the United States, are trying to do for the veteran and his dependents.

Thank you, Bob.

Mr. MCCURDY. Thank you.

I would like to present Mr. Eldon James of Virginia, the past national commander of the American Legion.

Mr. JAMES. Mr. Chairman and members of the committee, it would be an undue trespass on time if I tried to express my feelings about this effort. I might say very briefly that first of all I think it has been another exercise in democracy at work as we heard very many witnesses all over the country.

I can say to you for this Commission that we are exhausted from the exercise. The fortunate thing for us is that we are through, but for you it is a continuing process.

We are grateful for the tenacity with which you go after your job continually.

There are a lot of little tidbits in this report, members of the committee, that may be easily lost because they are not particularly dramatic, but they are there. As for example, some of us have little pet things that we are concerned about. As for example, on page 57 there is a neat little statement at the bottom of that page that says, "The Commission recognizes the value in the terms of improved quality of mental care, of locating veteran's hospitals with reasonable proximity to medical teaching and research centers.

"Unfortunately the number of such centers now and in the foreseeable future is so limited that the total application of this principle is unrealistic." We go on to conclude that though this is a fine principle and ideal, we must be realistic about modernization and construction in locations where there are not medical centers at the time.

I just cite that as an example of the fact that there are many, as I said, little tidbits in here that are of great magnitude, really.

But I think the flavor of what we have tried to say can be summarized and the thought we have tried to keep foremost in our minds could be summarized in the first conclusion, Mr. Chairman, on page 12 of the report, where we recognize that military service in times of national stress constitutes the highest response to the obligations of citizenship and should continue to be the basis of reciprocal obligation on the part of the Nation to provide reasonable assistance to veterans commensurate with the greatest sacrifice by them.

I think this is what we stand for, what this country was built on, and what we believe in and must keep in mind. Very peculiarly I

work from the back to the front, back to the very first page of this report where we have expanded also the principle that we believe is so important, that the security of this Nation is based on the commitment of those citizens who have served in the uniformed forces of our country.

This contribution on their part has nearly always involved the loss of economic opportunity, often it has required the sacrifice of the veteran's health, and in many instances the supreme sacrifice of life itself.

Then we go on to point out that the prestige and the strength of this Nation depends upon a mutual obligation, and that, if nothing else, is what we try to inject into the thinking of this report.

Thank you.

Mr. TEAGUE of Texas. I have noticed a lot of tidbits and I notice that one particular member of the committee got a number of his tidbits in there.

Mr. MCCURDY. I would like to present Mr. William Rice, the director, of veterans' affairs from the State of Colorado.

Mr. RICE. Mr. Chairman, members of the committee, it has been a real pleasure and privilege to have been a member of this Commission.

I have served over 20 years in the field of veterans' affairs and I felt that I knew some of the problems that our veterans in this country were faced with. When it became possible to meet with these individuals personally, in groups throughout the country, I realized that my thinking of some of the injustices that exist was correct, and that it was real rewarding to hear the testimony for these individuals to have their day in court. As this material was furnished me from transcript of meetings and studies that we have requested, I reread and studied and ended up buying another pair of glasses to be very sure I was reading correctly.

I was real pleased to see that the veteran, in my thinking, was again going to be placed in the proper perspective. I think that perhaps the people in this country had forgotten the obligation to those that donned the uniform in this country, that he was not the first-class citizen he once was.

As I went over this report and reviewed the discussions we had which were at great length, this, as Mr. James said—the little tidbits in here—everyone had something to say.

As we discussed the pros and cons, resolved the differences, the image of the veteran changed and became what I think it should be. I know that you distinguished gentlemen on this committee are going to handle this report so that something read good will come out of it. It has been a pleasure and a privilege to serve on this Commission.

It is something that will give you the thinking of not only the Commission, but of all of those that appear before us.

I thank you.

Mr. MCCURDY. I would like to present, Col. Warren A. Robinson, a very distinguished retired officer, who in World War II was Mr. Teague's commanding officer.

Colonel Robinson.

Col. ROBINSON. Thank you, Mr. Chairman.

Colonel Teague, and members of this very fine committee, I wrote a speech last night to give here today. I spent hours doing it. I stopped

by the colonel's office this morning to have a cup of coffee and as I was leaving there, someone whispered into my ear, "Colonel Robby, you know there is such a thing as contempt of Congress." I said, "How much does it cost if you get found guilty," and they said, "Somewhere in the neighborhood of $10,000 and maybe 3 years in jail."

I threw away my speech on the way over here. So I humbly come before you, sir, and say how proud I am to be here. How proud I am to have anything to do with this report and how proud I am to get some of those tidbits in there.

That is a word you can play around with and probably end up in front of the Ethics Committee, too. But you don't know how hard it has been during this year, Mr. Chairman, to crawl on your hands and knees and cry all the way before this Commission to get some of these things in here.

Some of the things I lost, well, you will never hear of those. But I do hope that you won't just, and I know you won't, accept these priorities that Bob has given you and forget to look a little deeper, for instance on Recommendations 74, 75, and 76. Now I know they may not pertain to this committee, but we do hope that you will give it your blessing and send it on to Mr. Rivers and his very fine committee, and tell him, "Look, we have done all the work for you—now, Mr. Rivers, let us see if we can't do something for this fine bunch of retired veterans who have been long neglected and gotten only a few of the crumbs from the veteran's table."

Once again, thank you for letting me say my piece. Once again, thank you for letting me be on this very fine Commission.

Mr. McCURDY. I would like to present Mr. Peter Wheeler who is the director of veterans' affairs from the State of Georgia.

Mr. WHEELER. Mr. Chairman and members of the committee, I am happy to learn this morning what Colonel Robinson was doing last night, writing a speech. It has been a great honor and a pleasure for me during the past year to serve on this Commission and to have the opportunity of going into every part of our great country and listening to veterans from every State in the Union tell us what they think the veteran's programs in our country should be.

The thing that has impressed me most is the fact that in nearly every meeting that we held we had many veterans who traveled at their own expense hundreds of miles. Some slept in their automobiles at night, to have an opportunity to stand up and to sound off to a group that was sent out to hear what they thought, perhaps for the first time, they had an opportunity to say exactly what they felt and express it in a way they wanted to.

I think if we didn't do anything else, by the fact that we listened to this group, we have accomplished a great deal. I was very pleased with the grass roots report that we received from all over the country.

Veterans and nonveterans alike turned out to testify before the Commission. The thing that impressed me most about this report is that the members of this Commission, after listening to all of this testimony all over the United States, feel differently from the way that some groups have expressed themselves in the past—that the veteran is a select group, that he is entitled to some special consideration from a grateful

Government, a grateful Congress, and I am glad that this Commission felt that way, also.

We had a few witnesses, not in the majority but in the minority, who felt that the veteran's program was not a sound program. We gave everyone who wanted to speak an opportunity to be heard and I am glad that they were in the minority.

But they at least were given a chance to speak up and be heard. It has been a great pleasure for me to have served on the Commission and I join with the other members of the Commission in hoping that this report will be of some use to you and the members of your committee, Mr. Chairman.

Mr. TEAGUE of Texas. Bob, I had a report on Colonel Robinson last night and I can assure you that my Ethics Committee would not interpret it as writing a speech.

Colonel ROBINSON. I thought that was what I was doing.

Mr. MCCURDY. In conclusion, Mr. Chairman, you have all been furnished a catalog and you will notice that in that catalog there are something like over 2,000 suggestions that came in either through testimony or by letter.

Also you have in there where the recommendation comes from and at what meeting and what organization. That could be helpful. Then the total is reduced to a frequency table that I know will be helpful that will show the frequency of these duplicate recommendations that finally boil down to 1,400.

Then if you take the 1,400 and reduce it to 79 I know that the vast experience of all you gentlemen—you can appreciate what a job it was for us to do this sort of thing with 11 of us that are all rather rugged individuals.

I want to commend and compliment the Commission. We did not always agree but we worked together, we stayed together, and we got out a report for which we all are justly proud.

I believe that if there are no further questions, that would conclude our testimony.

Mr. TEAGUE of Texas. Are there any other questions? Without objection the Commission's report and other material presented this morning will be included in the record at this point.

(The material referred to follows:)

REPORT Of . . .

The U.S. Veterans Advisory Commission

On The VETERANS BENEFITS SYSTEM

"Our government and our people have no greater obligation than to assure that those who have served their country and the cause of freedom will never be forgotten or neglected."

LYNDON B. JOHNSON

THE U. S. VETERANS ADVISORY COMMISSION

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U.S. VETERANS ADVISORY COMMISSION
SUITE 1033-1035
810 VERMONT AVENUE, N.W.
WASHINGTON, D.C. 20420

March 18, 1968

Honorable William J. Driver
Administrator of Veterans Affairs
Veterans Administration
Washington, D. C.

Dear Mr. Driver:

We are transmitting herewith the report of the United States Veterans Advisory Commission.

This report is the result of many hours of hearings and consideration and is one in which each member of the Commission takes justifiable pride. Not every citizen will agree with each recommendation we have made for improvement in the veterans' benefits structure, but we believe that the recommendations as a group form the basis of a sound and progressive program.

In our deliberations we have taken full account of the passage of Public Law 90-77, the "Veterans Pension and Readjustment Assistance Act of 1967," which implemented many of the President's recommendations contained in his January 31, 1967 message and also of the recommendations contained in the recent message of January 30, 1968, on America's Servicemen and Veterans. We have also taken full cognizance of H.R. 12555 which has passed Congress and is awaiting Presidential action.

Each member of the Commission is extremely grateful to the President for the leadership and interest that he has exerted in veterans' affairs. We wish to endorse the recommendations made in his January 30, 1968 message. More particularly, we support his call for a resolution expressing the sense of Congress that private employers should give job priority to returning servicemen, and his recommendation that a Veterans in Public Service Act be enacted providing assistance to veterans in bringing their talents to the solution of some of the most urgent needs of rural and urban America today.

Finally, we endorse with complete unanimity the statement in the President's message that every veteran who wants it should have the right to burial in a National

Cemetery situated closest to his home. While the attaining of this goal obviously requires long-range planning which could not be completed with the remaining life-span of the Commission, our recommendation in this field including the recommendation that the existing Federal cemeteries for veterans (with the exception of a few such as Gettysburg which are in reality national monuments administered by the Department of the Interior), be combined into one system to be administered by the Veterans Administration, will, we believe, constitute the initial step toward the achievement of this goal.

During the time we have been serving as members of the Commission, veterans and others have brought certain matters to our attention which are purely matters of internal administration. We are transmitting a separate letter to you involving those administrative matters which we think merit your attention.

In conclusion, we wish to express our thanks for the cooperation and assistance furnished by the staff and the technical consultants in arranging for our hearings throughout the country and in the compilation in orderly fashion of the voluminous material from which we drew our recommendations.

Sincerely,

ROBERT M. McCURDY
Chairman, Veterans Advisory Commission

ANDY BORG

MELVIN L. JACOBSEN

CLAUDE L. CALLEGARY

L. ELDON JAMES

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WILLIAM N. RICE

RALPH E. HALL

WARREN A. ROBINSON

HERBERT M. HOUSTON

PETER WHEELER

Introduction and Background

The contribution of the veteran to the building of this nation during its first two centuries makes clear how important the role of the veteran must and will be to the future existence and growth of our society. In the future that service may take new and different form but its significance will remain unaltered. The security of this nation is based on the commitment of those citizens who have served in the uniformed forces of our country. This contribution on their part has nearly always involved the loss of economic opportunity; often it has required the sacrifice of the veterans' health, and in many instances it has cost the supreme sacrifice, life itself. The strength and prestige of this nation depends upon this continued contribution. The future status of this country depends on the mutual obligation and commitment between the government and its citizens.

As a return to veterans for their service, the nation has accepted three basic principles as fundamental commitments to the veteran population. They may be defined generally as follows:

(1) The commitment to compensate a) disabled veterans for disability incurred in their nation's service and b) veterans' dependents for the loss of life or earning capacity of the veteran.

(2) The commitment to promote the rehabilitation and readjustment to civilian life of those veterans who have suffered physical or economic loss because of their service to the nation.

(3) The commitment to care for needy veterans who cannot be completely rehabilitated.

The evolution of these broad commitments began when America was an infant nation. The Commander of the Continental Army, General George Washington, led the way when on June 8, 1783, in a letter to the Governors of all the States, he said in part:

> "It [benefits] was a part of their hire. . .it was the price of their blood and of your Independency, it is therefore more than a common debt, it is a debt of honour . . ."

These concepts were strengthened when Abraham Lincoln in his Second Inaugural Address, called upon the nation -

> ". . .to care for him who shall have borne the battle, and for his widow and his orphan. . ."

Recently President Johnson placed strong emphasis upon the precedents established by Washington and Lincoln in a message to the Chairman of the U.S. Veterans Advisory Commission, when he said:

> "Our government and our people have no greater obligation than to assure that those who have served their country and the cause of freedom will never be forgotten or neglected."

And in his message of January 30, 1968, President Johnson reiterated these commitments in the following words:

> "America holds some of its greatest honors for the men who have stood in its defense, and kept alive its freedoms.
>
> "It shows its gratitude not only in memorials which grace city parks and courthouse squares across the land -- but more meaningfully in the programs which 'care for him. . .and for his widow and his orphan.'"

An evaluation of the manner in which the nation has fulfilled its commitments and the projection of guidelines for the future requires that the size and nature of the veteran population be shown. Thirteen percent of the total population of the United States on June 30, 1967, were veterans. This is slightly under 26 million human beings. Approximately two million of them have become war veterans since August 5, 1964, because a responsive nation so classified them with the passage of the Veterans Readjustment Benefits Act of 1966. Prior to that Act, the war veteran population of our land had decreased from almost 13 percent

in 1947 to about 11 percent by March 1966. In the absence of an overall national effort similar to that of World War II, but with a continuation of present conditions, our veteran population will increase to a point where by the end of this century it should level off at 30 million citizens and will constitute approximately 10 percent of the nation's total population. When we add to this figure, the widows, orphans and dependents the total will approximate 50 percent of the total population.

On June 30, 1967, the average age of the approximately 26 million veterans was 44 years. The average ages of veterans classified by major periods of conflict were - Spanish American War - 89 years; World War I - 73 years; World War II - 48 years; Korean Conflict -38 years; Post Korean Veterans - 28 years. The median age of the Post Korean Conflict veterans will rise to 41 years by the end of this century. The veteran over 65 years of age will not in this century constitute a majority of the veteran population. However, over half of the veterans who served prior to 1955 will be over 65 years of age within the next twenty years.

With all of these considerations in mind we now turn to: (1) the manner in which the nation has accepted and fulfilled in the past its commitments to its veterans, (2) the nature of the Veterans Advisory Commission's responsibilities, the inquiries it has made and the approaches it has employed, and (3) the Commission's general conclusions as to the principles that should guide the nation as it faces its commitments to the veteran population.

The Nation's Commitments

The commitments made are all related in some degree to one another. Veterans of our wars have a strong proprietary feeling for these time-honored obligations. They are well aware that programs designed to fulfill these obligations have not only benefited themselves but have contributed to the health and well-being of the whole nation.

(1) The commitment to compensate disabled veterans for disability incurred in their nation's service and their dependents for the loss of life or earning capacity of the veteran. This commitment has taken many forms during its evolution. It has been extended from simple money payments for the loss of bodily function or death to more fundamental and helpful remedies such as rehabilitation and education for the living veteran. The program has been so designed and so administered that abilities and needs of the individual veteran are carefully considered.

An effective system of compensation to care for those who suffer economic handicap because of disability or death incurred in military service is essential to the maintenance of strong and efficient armed forces in a free society. Most of those who serve are not career military men. A veteran must receive compensation for disabilities incurred in service which prevent him from achieving his full potential in his civilian career. The program must be dynamic and sensitive to economic and social change and must be one in which the serviceman has full confidence.

To fulfill part of this commitment, the Veterans Administration operates a large hospital and medical care program. In 1969, 856,000 service-connected and needy non-service-connected veterans will receive hospital care under the auspices of the Veterans Administration. In the same year another 6.7 million veterans will use Veterans Administration Outpatient facilities or visit their own physicians on a fee basis paid for by the Veterans Administration. While caring for veterans, the Veterans Administration contributes to the nation's medical manpower resources by helping to train and provide clinical experience for almost one-half of the physicians graduating each year in America. President Johnson in his January 30, 1968 message noted the contributions of the Veterans Administration in the training of medical manpower and directed the Administrator of Veterans Affairs to accelerate this training.

One of the important residual benefits of this extensive medical complex is a research program encompassing research projects each year. Eighty five percent of these programs are related to the diagnosis and treatment of diseases. The other 15 percent are supportive investigations. Although the veteran is the first to receive the benefits of this research, everyone derives benefits from these advances in medical science. Veterans Administration investigators have been active in nearly all of the widely hailed medical breakthroughs and have taken the lead in many.

(2) The commitment to rehabilitate veterans and to help them towards adjustment to civilian life. The concept of readjustment benefits that emerged during the second World War was a milestone in veterans' legislation. The legislation developed from this concept proved to be one of the most statesmanlike measures ever enacted.

The largest program of adult education ever undertaken is the readjustment training made available to World War II, Korean, and Post-Korean veterans under the several GI Bills.

Over half the World War II veterans and almost half the Korean Conflict veterans eligible actually entered training. Nearly 450,000 veterans and 22,000 active duty servicemen entered training during the first year of the readjustment act affecting Post-Korean veterans.

Throughout the early history of readjustment training, the courses of study pursued tended toward skilled trades and professional objectives. Recently, however, there has been a different trend consistent with changing times and opportunities. Only 30 percent of the World War II veterans in the educational program took college level training. This has increased to 68 percent for the Post-Korean Conflict veterans. The number taking courses in trade and technical schools declined from 33 percent following World War II to 28 percent for the first year of the Post-Korean Conflict veterans. On-the-job and farm cooperative training were not available to these latter veterans until the passage of Public Law 90-77, August 31, 1967.

Government assisted veteran training has helped individual veterans by enabling them to earn more money and thus maintain a higher standard of living. Their raised standards of living and education tend to imbue their children with higher educational aspirations, so that veterans' training exerts a continuing positive impact on the nation's manpower resources. In addition to training benefits, the Veterans Administration has assisted eligible veterans to obtain housing credit by guaranteeing privately financed mortgages and by making direct housing loans to veterans in rural areas or small communities where private credit is not generally available.

Readjustment legislation has provided great benefits to the nation as a whole. These programs placed billions of dollars into the post-war economy, when such a stimulus was badly needed. Additional training provided veterans has enabled them to earn higher incomes. Increased income taxes that these veterans have paid and will pay over their lifetimes will reimburse the government for the investment in their education.

All American society has profited from this legislation in other ways. Education has been accorded a higher value in the nation's economic and social order. The better educated country's work force has fostered a greater rate of economic growth.

The veteran's sense of security has been buttressed both during service and afterwards by the various veterans' insurance programs. These programs were developed to restore to servicemen their normal status of insurability

which was lost by their wartime service. These have changed in accordance with economic, social, and military needs prevailing at the time, but the basic goal of providing insurance protection for families and dependents when needed most has been kept well in the forefront.

(3) The commitment to care for needy veterans who cannot be completely rehabilitated. This commitment reflects the time-honored conviction that the war veteran who has served his country in time of peril should be provided a reasonable measure of financial relief when he is economically and physically disadvantaged.

Administration of this program by the Federal Government on a national basis is necessary. There are wide variations in state and local programs for care of the needy and disabled. The veteran would lose his sense of pride and personal dignity in receiving aid as a needy individual from various public and private social agencies rather than getting veteran benefits, and the country would have defaulted on its commitment if veterans programs were not administered on a national basis. State veterans agencies and veterans organizations do, however, play a vital part in the administration of the national program of veterans benefits. Their continuing assistance and full partnership continues to be a praiseworthy example of the necessity of bringing local and state needs to the forefront and of bridging the gap between the individual veteran and his Federal Government.

The disability pension program provides payments which are limited by reasonable standards of need. This same policy of economic need is extended to the death pension program for surviving widows and orphans of veterans who have died from non-service-connected causes.

Veterans receiving pensions and those receiving low incomes from other sources clearly cannot pay for medical care needed for their non-service-connected disabilities. In the interest of providing health care for these men who have served their nation but cannot now serve themselves, hospital and domiciliary care are provided in Veterans Administration facilities on a space-available basis.

The Advisory Commission's Responsibilities

The nature and needs of American society develop and change. With these changes, existing veterans programs may lose their effectiveness in achieving the ends for which they were created. They may become outmoded because of advancements in medical science or changes in social outlook. Some programs prove so successful that extension to

other groups of veterans or dependents is justified. In order to maintain the value of programs for veterans, assessments must be made periodically in light of social and economic changes.

President Johnson recognized this need for periodic assessment of veterans programs. In his January 31, 1967, special message to Congress on veterans affairs, the President stated, "We must assure the continuing soundness of these programs." He then directed the Administrator of Veterans Affairs, "in consultation with leading veterans groups, to conduct a comprehensive study of the pension, compensation, and benefits system for veterans, their families, and their survivors." The President specified two goals for this study: "to assure that our tax dollars are being utilized most wisely and that our Government is meeting fully its responsibilities to all those to whom we owe so much."

To fulfill the President's request, the Administrator of Veterans Affairs selected an eleven man study group, designated as the U. S. Veterans Advisory Commission, including the former chairman of the National Rehabilitation Commission of the American Legion, as its chairman, with five immediate past National Commanders of leading veterans organizations, four state service directors and one retired military officer as members. This group, to carry out the President's request, heard testimony from all over the nation about the adequacy of present veterans programs and about veterans needs for new programs. In addition, they consulted with the nation's veterans' organizations, and conducted independent studies and evaluations.

The U. S. Veterans Advisory Commission held hearings in cities across the country: Seattle, Minneapolis, Chicago, Boston, Las Vegas, Brooklyn, Oklahoma City, Atlanta, and Philadelphia. In addition to these regional meetings, the Commission held two meetings in Washington, D. C. to facilitate presentation of testimony from national organizations. Invitations to present testimony before the Commission were extended to all veterans' organizations and citizens groups. Business, industrial, professional groups and the press were urged to appear as witnesses and present statements to the Commission. Full opportunity was given to all who wished to be heard and at each of its meetings, the Commission heard all interested citizens who wanted to testify. As a consequence, the Commission received over 1,400 different recommendations about veterans programs.

The Commission's consultation with veterans' organizations operated through several channels. Members of veterans' organizations, at the state and local levels, appeared

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at each regional meeting. Individuals and groups submitted comprehensive reviews of material germane to the Commission's program. National organizations were encouraged to summarize their recommendations at the two meetings in Washington, D. C. Veterans' organizations were also asked to nominate members to act as technical consultants to the Commission. These consultants worked with the Commission and its staff in developing programs recommendations.

The Commission also directed a series of staff studies as a result of information received during the hearings or from the submitted statements and reviews. These studies have provided the Commission with additional information on which to base final recommendations.

Conclusions

In assessing existing veterans programs, the Commission has reached the unanimous conclusion that on the whole America's tax dollars applied to veterans programs are being wisely spent and that the existing veterans benefits programs are highly effective.

The Commission has found a few areas in which programs have outlived their usefulness. In most instances, public servants, mindful of these conditions, have either taken the initiative in uncovering them or have readily accepted the challenge of change in their desire to obtain the maximum of useful and productive benefits from each tax dollar spent. The Commission is satisfied that the tax dollars made available for the veterans programs have been wisely appropriated by the Congress and responsibly expended by the government.

The amount expended for veterans benefits has constituted a small and declining portion of all Federal expenditures and a smaller ratio to Gross National Product. The actual cost of veterans programs is expected to increase slowly to the end of the century, but this cost should continue to decline in proportion to the total national production and total Federal expenditures.

Expenditures for veterans benefits reached a high with World War II readjustment programs. In 1950, the cost of veterans programs was nearly one-fourth of all Federal expenditures. At present, however, it is less than four percent of the Federal budget and less than one percent in ratio to the Gross National Product. The estimated expenditures in the 1969 budget are $7.3 billion which is still less than four percent of the Federal budget and still less than one percent of the Gross National Product.

It is hard to predict the future of any program but based on present trends of veterans population, growth of the economy, and progress in social programs, it is believed that total veterans' expenditures, while increasing, will become a declining proportion of the total Federal budget and bear a lesser ratio to the Gross National Product.

Almost all of the tax dollars expended on veterans benefits -- 75 percent of the Veterans Administration fiscal year 1969 budget -- go to veterans and their dependents in the form of cash benefits. This money is immediately funneled back into the nation's economy. Twenty-one percent of the 1969 budget will be spent on medical and hospital services for veterans, and less than one percent of the budget will be applied to the costs of construction and modernization of Veterans Administration facilities. Only three percent is utilized in general administration.

The Veterans Administration has done an effective job of administering veterans benefits programs. It was established in 1930 as a means of combining the veterans programs administered by several different government agencies. This consolidation was intended to achieve coordination of veterans programs, to establish consistency in their administration and in the quality of service given veterans, and to facilitate the government's communication with veterans. These goals have been fulfilled by the Veterans Administration. There has been a nearly unanimous opinion that the Veterans Administration has achieved a high level of quality in administration.

The Commission therefore believes that it would be in the best interests of America's veterans for the Veterans Administration to continue administering all veterans programs. Veterans benefits will continue to be varied and comprehensive for a long period to come. They should not be weakened by absorption into agencies which do not have experience in administering veterans benefits. From a practical standpoint, it is not feasible to scatter these highly interrelated programs. A single arm of the Federal Government which has no other function than to administer veterans programs and which is staffed with a trained employee group dedicated to fulfilling the nation's commitment to veterans is, in the opinion of the Commission, the most effective way to carry out this highly important responsibility.

Just as Veterans Administration functions should not be splintered among several agencies, individual veterans programs should not be displaced or absorbed by general welfare programs. It is sometimes contended that after a short readjustment period veterans with no service-connected disability should be considered in the same category as other citizens. But veterans have taken greater risks and

have suffered personal burdens at times when America greatly needed their services. This generation and future generations will need the services of its citizens in military service no less than in the past. The Commission believes that any phasing out of these programs would emphatically contradict the nature of the nation's obligation to its veterans.

As to the second question propounded by the President, that is, whether veterans programs are fulfilling the nation's responsibilities to veterans and their dependents, the Commission replies in the affirmative. Veterans programs as they exists at present are fulfilling in large part the nation's responsibilities to its veterans and their dependents. The vast number of new programs and the continual process of change in old ones, as reflected by the substantial body of law enacted, is monumental testimony of the nation's effort. The overwhelming weight of testimony of hundreds of witnesses, from every state in the union, supports this conclusion.

The Commission recognizes that changes and improvements can be made. These are detailed in our recommendations, which are based on the following conclusions:

1. Military service in times of national stress constitutes the highest response to the obligations of citizenship and should continue to be the basis of a reciprocal obligation on the part of the nation to provide reasonable assistance to veterans commensurate with the greater sacrifices experienced by them. With this in mind, the obligation to provide for the disabled and needy veteran as well as his dependents is a national commitment.

2. Veterans with disabilities incurred in service in time of national peril should be given first priority in the range of special programs.

3. The payment of pensions to veterans for non-service-connected conditions is soundly based on the principle of economic need.

4. Hospital and domiciliary care, including institutional medical treatment, for non-service-connected disabilities should be provided for veterans of wartime and comparable service where the veteran is financially unable to defray the cost of private hospitalization.

5. Basic benefits, geared to serious non-service-connected needs, for veterans of war or similar periods should not be displaced or absorbed by general welfare programs.

6. The national obligation to provide liberally for disabled and needy veterans and their dependents must be met through sound and enduring programs which can be supported without excessive demands on the financial resources of the nation.

7. Young veterans returning from service should be given full opportunity for rehabilitation and readjustment.

8. Veterans programs should be kept current with economic standards.

9. The Veterans Administration should be given Cabinet status. Further improvement could be made by establishing a Senate Committee on Veterans Affairs and by combining some of various Federal cemetery functions under the Veterans Administration.

The Commission therefore presents the following recommendations to assist the President, Congress, and the Veterans Administration in making improvements in the present system and in establishing long-range goals for veterans programs.

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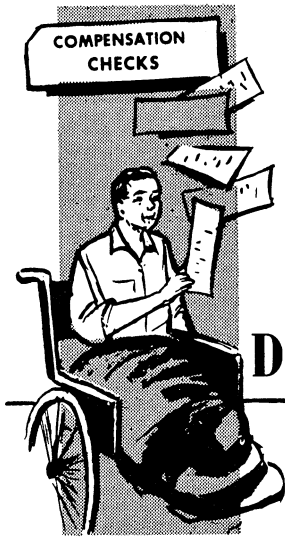

CHAPTER I

Compensation for Service-Connected Disabilities and Death

RECOMMENDATION NO. 1

The Commission recommends that the basic compensation rate payable to the service-connected totally disabled veteran be increased by $100 monthly.

Background to Recommendation:

The Disability Rating Schedule endeavors to evaluate the average impairment of earning capacities resulting in civilian occupations from service-related diseases or injuries.

A recent pilot study in connection with the Economic Validation of the Rating Schedule confirmed the unemployability of the totally disabled. The study indicated that the totally disabled veteran does not have the capacity to earn a living and must rely solely on disability compensation for his economic support.

Disability compensation at present rates of $300 a month for total disability imposes a standard of living on totally disabled veterans which is much lower than that which they would have attained except for their service-connected disabilities, and much lower than the median national income level of wage earners. Therefore, in order to compensate the totally disabled at a rate which would more closely approximate their loss in earnings resulting from disabilities incurred in service, the Commission recommends that the

basic compensation rate payable to these veterans be increased by $100 per month. A similar increase is recommended in the higher statutory awards, pending the completion of the re-evaluation of the rating schedule.

RECOMMENDATION NO. 2

The Commission recommends that the compensation rates payable to veterans whose disabilities are evaluated from 10 to 90 percent be increased not less than the rise of the cost of living as measured by the Consumer Price Index, since December 1, 1965.

Background to Recommendation:

In order to maintain compensation rates at levels which are economically realistic, it has been necessary from time to time to adjust these rates to the changing cost of living in America. Most recently, compensation rate increases of about six percent were made in 1962 and 1965. Between the effective date of the last increase, December 1965, and December 1967, the cost of living (according to the Consumer Price Index) has risen 6.5 percent and is continuing to rise.

The Commission wishes to establish the most equitable rate structure possible. This is not possible until the study being undertaken on Economic Validation of the Rating Schedule is completed.

Until this time, we want to protect the 10 to 90 percent disabled veteran from the economic cost resulting from substantial increases in the cost of living. Therefore, we recommend an appropriate increase in the compensation rates payable to these veterans, including the additional benefits for dependents.

This recommendation is made in conjunction with our recommendation for a $100 monthly compensation rate increase for the totally disabled and for an increase in statutory allowances.

RECOMMENDATION NO. 3

The Commission endorses the principle of equalization of compensation payable for disabilities rated less than 100 percent and recommends that this principle be given serious consideration in the current economic validation study of the rating schedule.

Background to Recommendation:

Disability compensation rates, from their inception in 1933 until June 30, 1952, were related to the stated degree of disablement in a manner which provided equal intervals between assigned evaluations. A disability rated 10 percent, for example, was paid ten percent of the amount payable for the 100 percent disability. Other percentage ratings bore a similar fixed ratio to the 100 percent disability rating. Public Law 356, 82d Congress, effective July 1, 1952, provided proportionately greater compensation for the more seriously disabled based on the belief that economic impairment at that level and above was disproportionately greater than for lesser evaluations. This has been extended since that time. At present a veteran 10 percent disabled receives $21 per month; 30 percent disabled, $60 per month; 50 percent disabled, $113 per month; and 100 percent disabled, $300 per month in base compensation.

This subject has probably occasioned more controversy than any other item in the veterans' program. Each regional hearing and each veterans organization has produced resolutions and recommendations endorsing the principle of payment of disability compensation in accordance with the proportion that the rated degree of disability bears to the amount that the 100 percent rating receives.

The ratings assessed, by law, are based as far as practicable upon the average impairment of earning capacity in civil occupations. These averages have never been statistically determined. There are many disabilities which by their overwhelming nature, are obviously totally disabling. Assignment of lesser degrees of disability has been a very thoughtful process based on the best medical, legal and occupational opinion, but has not been validated in any meaningful manner.

The Veterans Administration, in cooperation with the Bureau of the Census, has recently undertaken a study in depth of the relationship of rated degrees of disability to the average amount of economic handicap borne by the

veteran with the disability. The Commission feels that this validation is long overdue and should be expedited. It further recommends that the principle of equalization of compensation with degree of disability should be kept firmly in mind in the evaluation of the results of this survey.

RECOMMENDATION NO. 4

The Commission recommends that an additional monthly payment of $20 for each child be made to widows receiving Dependency and Indemnity Compensation, independent of any Social Security or Railroad Retirement payments.

Background to Recommendation:

At present, Dependency and Indemnity Compensation (DIC) is payable to the widow of a veteran who died from service-connected causes at the monthly rate of $120 plus 12 percent of her husband's basic military pay. (Refer to Commission recommendation proposing an increase in this basic monthly rate). No additional amount is payable for children below age 18, except where the widow has two or more such children, and the monthly total of her Social Security benefits (under Title 42 U.S.C. 402), Railroad Retirement benefits (under Title 45 U.S.C. 228e), and special allowance (under Title 38 U.S.C. 412(a)), is less than the monthly Social Security payment--usually $136.20--the widow and children would receive if the deceased veteran had been fully and currently insured with an average monthly wage of $160. If this total in benefits is less than $136.20, the widow's rate of DIC is increased by $28 monthly for each child in excess of one, so long as the total amount of this increase does not exceed the difference between the $136.20 figure and the Social Security actually received.

Adequate provision is contained in the law for children 18 years of age or over. However, the provisions made for widows during the trying years when they are raising their orphaned children tend to cause hardship.

The hardship increases for widows with more than two children. At present, the widow with no children receives the same amount of DIC payments each month as the widow with seven children under 18. The widow with seven children does have her DIC supplemented by Social Security payments, but these payments do not increase to cover more than two

children. Thus, a widow with seven children could receive the same combined total of DIC and Social Security as she would receive if she had only two children.

To alleviate this hardship imposed by present law on widows with several children, the Commission recommends that DIC payments to widows with children under age 18 be completely dissociated from Social Security benefits. Further, the Commission proposes to pay an additional monthly amount of $20 for each child to widows receiving DIC. Additional payments of $20 for each child offer the most equitable substitute for the present law, and would prevent any reduction in the combined DIC and Social Security benefits a widow may receive.

RECOMMENDATION NO. 5

The Commission recommends that the basic rate for DIC be increased from $120 to $130 per month and that the 12 percent of base pay provision be retained. In the future, the basic allowance should be adjusted in accordance with any increase in the appropriate service rank pay.

Background to Recommendation:

The Dependency and Indemnity Compensation program was created to offset deficiencies in the prior death compensation and Servicemen's Indemnity programs. Under DIC, a widow whose husband died from service-connected causes receives $112 a month plus 12 percent of the current basic pay of a serviceman with the same rank and service.

Since the January 1, 1957 effective date of the program, the basic rate has been adjudged inadequate. In 1963, the basic rate was increased to $120 per month. No change in this basic rate has since been made, despite a substantial increase in the cost of living. The payments have been increased with each military pay increase, but the widows of servicemen who were in the lowest pay grades and had short periods of service have not benefited significantly.

The Commission believes these widows of men who gave their lives in service deserve compensation that is adequate in today's world. Therefore, we recommend that the basic rate for DIC be increased from $120 to $130 per month, that

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the 12 percent of base pay provision be retained. In the future, the basic allowance should be adjusted in accordance with any increase in the appropriate service rank pay.

RECOMMENDATION NO. 6

The Commission recommends payment of a career service type benefit at the same rates as those in the DIC program to survivors of veterans who at time of death, due to causes unrelated directly or indirectly to service, were receiving compensation for a total disability which was permanent in nature and so rated for 20 years or longer.

Background to Recommendation:

The underlying purpose of the compensation program is to make up for loss of a veteran's earning capacity due to service-connected disability. In death cases, service-connected benefits are intended to provide support to the widow, children, or parents of a veteran whose death was related to service or to service-connected disability.

In cases where total disablement has existed for 20 years or more, it is clear that the veteran has little opportunity to provide for the care of his family after his death. He has not been able to earn entitlement to Social Security or other plans which would normally contribute to the support of dependents. If his death is not related to service or to his service-connected disability, the veteran's family is not eligible for any death benefits, except perhaps pension. It is therefore recommended that a career service type benefit be established at the same rates as those in the DIC program to be paid in any case in which a veteran was receiving or was entitled to receive compensation for service-connected total disability which was permanent in nature and so rated for 20 years or longer, and death was not the result of service or misconduct.

RECOMMENDATION NO. 7

The Commission recommends payment of career service type benefits, at the same rates as those in the DIC program, to widows of members or former members of the Armed Forces with 30 or more years of active duty and whose death was from causes unrelated to service.

Background to Recommendation:

The underlying purpose of the compensation program is to make up for the loss of a veteran's earning capacity due to service-connected disability. In death cases, service-connected benefits are intended to provide support to the widow, children, or parents of a veteran whose death was related to service or to service-connected disability.

In cases where the veteran's full quota of productive years were expended in the service of his country, it is clear that he had little opportunity to provide for the care of his family after his death. He was not able to earn entitlement to Social Security or other plans in an amount which would adequately contribute to support of dependents. If a veteran's death is not related to service or to his service-connected disability, the veteran's family is not eligible for VA death benefits, except perhaps pension. Although there is a Retired Serviceman's Family Protection Plan, its conditions for establishing entitlement tend to discourage general participation. As a result the veteran's widow is usually in financial straits.

It is therefore recommended that widows of servicemen, or retired servicemen, who had 30 years or more of active duty and who died from nonservice-connected causes, be eligible to receive a career service type benefit at the same rates as those provided in the DIC program, provided the deaths are not a result of misconduct.

RECOMMENDATION NO. 8

The Commission recommends that a study be made of the appropriate presumptive periods for service connection for all chronic diseases.

Background to Recommendation:

In addition to compensating war service veterans for disabling conditions actually shown to have been incurred during service, the law specifies certain chronic diseases which are presumed to have begun during service if they become manifest to a compensable degree within the time limitations stated after discharge. Generally, the period is one year. Exceptions are made for tuberculosis and Hansen's disease, which have a three-year presumptive period, and for multiple sclerosis, which has a seven-year presumptive period.

The Commission has had many representations asking for extension of presumptive periods for amyotrophic lateral sclerosis, progressive muscular atrophy, and chronic psychosis. It therefore requests that a study be made of the appropriate presumptive periods for service connection for all chronic diseases in the light of current medical knowledge.

RECOMMENDATION NO. 9

The Commission recommends that the date of admission to a private hospital be made the date of claim for increased compensation during a period of hospitalization, provided the VA is notified within 90 days of discharge.

Background to Recommendation:

Under the present law, when a veteran is admitted to a Veterans Administration hospital for a service-connected disability, he is entitled to an increased amount of compensation during the period of hospitalization. The date of admission counts as the date of claim. If a veteran is admitted to a private hospital for the same service-connected disability, he can only receive the increase from the date he notifies the Veterans Administration he is in the hospital. The Commission recommends that the increased payment

should be made from the date of his admission to the private hospital, provided the Veterans Administration is notified within 90 days of his discharge from the hospital.

RECOMMENDATION NO. 10

The Commission recommends an increase in the special statutory award of $47 for specified single disabilities based on the increased cost of living.

Background to Recommendation:

The cost of living has risen substantially since special statutory compensation awards were last increased in 1952. The fact that compensation rates were increased four times from 1952 to the present attests to the continuing need to adjust compensation payments to the cost of living.

For some disabled veterans, the statutory award is all, or a major portion of, the actual compensation they receive. The problem of specific statutory awards is being studied in conjunction with the economic validation study. Until that study is completed, it is necessary that the special awards be increased to keep pace with the increasing costs. Therefore, the Commission recommends an increase in the statutory awards to correspond with the increased cost of living since 1952.

RECOMMENDATION NO. 11

The Commission recommends that loss of procreative power constitute the criterion to qualify for the special statutory compensation award. The Commission further recommends that such change be for future application so that no one now receiving this special award will have his compensation reduced because of such change in criterion.

Background to Recommendation:

The special monthly compensation paid for loss or loss of use of certain organs and senses (Section 314 (k) of Title 38 U.S.C.) was established to compensate for impairment other than economic, which is included in disability ratings.

The special award provides compensation for such obvious and serious conditions as amputation of a limb, loss of an eye, deafness of both ears, or inability to communicate by speech.

The law also provides this special award for veterans suffering anatomical loss or loss of use of a creative organ. However, with the loss of only one paired procreative organ, parenthood can still be achieved. Thus, benefits are now paid when there is, in fact, no absence of procreative power.

History suggests that Congress intended to grant this special award for such defects as loss of procreative power. The Commission recommends the law be clarified so that in the future a loss of procreative power rather than organ will be the governing criterion. To avoid hardship, however, we feel that veterans now receiving payment for anatomical loss or loss of use of a creative organ should continue to receive this payment, whether or not they retain procreative power.

RECOMMENDATION NO. 12

The Commission recommends discontinuation of the statutory award and graduated ratings for arrested tuberculosis with the provision that veterans receiving compensation under the present law continue to receive payment.

Background to Recommendation:

At present, the law (Title 38 U.S.C., Section 314 (q)) provides a minimum rate of disability compensation ($67 per month for wartime cases and $54 per month for peacetime cases) for veterans with service-connected tuberculosis which has reached a state of complete arrest. Section 356 of Title 38 U.S.C. prescribes gradually reduced disability ratings for tuberculosis during the 11-year period after the disease has first become arrested.

A minimum rate of compensation for arrested tuberculosis has been provided almost continuously since 1926. At that time, tuberculosis was a dread disease. It was believed that few persons suffering from the disease could expect to live more than 20 years; that even if arrested, the disease was almost certain to recur; and that the only effective therapy was the "rest cure" followed by a slow and progressive course of exercise. The death rate from tuberculosis

in the United States in 1926 was 74.9 per 100,000 population. Medical authorities believed then that people with arrested tuberculosis would never have the strength to meet the demands of their previous employment. The employability of persons who had had tuberculosis was further curtailed by the popular attitude that since the disease was contagious, those suffering from it should be avoided.

The grim expectations of 1926 have not been realized. Experience has demonstrated that most World War I veterans receiving the minimum rate of compensation for arrested tuberculosis had no recurrence of the disease. Furthermore, the causes of death for this group closely resembled those of the general population. At present, modern methods of medical treatment achieve rapid and stable arrest of tuberculosis. These methods have accelerated the decline in the occurrence of the disease and have lowered the death rate from tuberculosis to a point of relative insignificance. In 1965, the death rate from tuberculosis in the United States was 3.8 per 100,000 population. By now, the general public has stopped considering those who have had tuberculosis as outcasts.

Ordinarily, there is no loss of employability in cases of arrested tuberculosis. Veterans who have received modern treatment for the disease are generally able to return to their homes with assurance of normal industrial acceptance and full-time employment. Thus, the compensation these veterans receive (in the form of a statutory award) does not reflect average economic impairment, as compensation is intended to do. Because of this, the compensation received by veterans with arrested tuberculosis discriminates against all other veterans.

The Commission feels that disability ratings for all veterans should be related to demonstrable physical impairment. We therefore recommend that veterans with tuberculosis should be assigned a 100-per cent disability rating during the period of active disease and for two years thereafter, while convalescence takes place. After this two-year period, disability compensation should reflect actual economic impairment. If some degree of disability remains, the rating schedule provides ample authority and criteria for evaluating and compensating for such residual disability. To avoid hardship, however, we feel that veterans now receiving compensation under the present law should continue to receive this payment.

RECOMMENDATION NO. 13

The Commission recommends that an aid and attendance in the amount of $75 monthly be paid to DIC and death compensation widows with qualifying disablement.

Background to Recommendation:

The service-connected disability compensation program recognizes the need for additional allowances to help pay the costs resulting from unusually incapacitating residuals of diseases or injuries. One of the additional allowances provided is for residuals which necessitate the need of regular aid and attendance.

In 1951, an aid and attendance rate became payable under the nonservice-connected disability pension program. In 1967, PL 90-77 extended the aid and attendance allowance for the first time to widows of pensioners, at the rate of $50 a month, upon establishing qualifying disablement. No extension of this benefit has yet been made to the widows of veterans who died from service-connected causes.

The Commission believes that widows of veterans who died from service-connected causes deserve treatment at least equal to that provided widows of pensioners. Therefore, we recommend that an aid and attendance allowance of $75 a month be paid to the qualifying widows of veterans who died from service-connected causes.

RECOMMENDATION NO. 14

The Commission recommends an additional allowance within the DIC and Death Compensation programs of $50 per month, and within the Death Pension program of $35 per month for those widows who acquire a disability or disabilities causing them to become housebound.

Background to Recommendation:

The basis for widows' benefits rests in a tacit understanding between the veterans and the Nation that in the event of the death of a veteran, reasonable provision would be made for the needs of his widow. In both the disability compensation and pension programs additional amounts were first provided for those veterans whose disabilities required regular aid and attendance, and later, were provided in lesser amounts for those whose disabilities rendered them housebound. The aid and attendance feature has been added

to the death pension program but it is not yet available to widows of those who die of service-connected disabilities. The housebound allowance is not available to either program.

The Commission believes that with the continuing increase in the number of aging widows in the population, many will become housebound and in need of regular aid and attendance. Either condition will impose intolerable hardship on what is largely a group of widows who have no one available to assist them in the routines of life nor the means to obtain this assistance. We recommend that a special allowance of $50 per month be provided to housebound DIC and death compensation widows, and $35 per month be provided to housebound widows receiving pension who meet the criteria for these benefits.

RECOMMENDATION NO. 15

The Commission recommends that a clothing allowance of $150 per year be provided to veterans who have incurred additional expenses because of clothing wear caused by prosthetic appliances.

Background to Recommendation:

Veterans who wear prosthetic appliances that cause excessive wear on clothes can now send their clothing to the Veterans Administration for repair. Because of the considerable period of time a veteran is thus deprived of his clothing, most of the cost is, in effect, absorbed by him. The Commission therefore recommends that veterans who have incurred additional expenses because of wearing of prosthetic appliances, be paid $150 a year as a special allowance.

RECOMMENDATION NO. 16

The Commission recommends that Vietnam Era Veterans' eligibility for assistance in purchasing a specially-equipped automobile be made the same as that of World War II and Korean Conflict veterans.

Background to Recommendation:

Assistance towards the purchase of an automobile was initially provided by law for veterans of World War II who

suffered service-connected loss, or permanent loss of use, of limbs or specified organic functions. The same benefit was extended to qualifying veterans of the Korean Conflict.

Public Law 90-77, effective October 1, 1967, further extended this benefit to eligible veterans of service after January 31, 1955. However, the law requires that the qualifying disability must have been incurred "in line of duty as a direct result of the performance of military duty." Thus, veterans of wartime service, i.e., on or after August 5, 1964, must meet the same limitation as Post-Korean peacetime service veterans. This constitutes an inequity to Vietnam Era veterans.

Therefore, the Commission recommends that legislation be sponsored to provide assistance in the purchase of an automobile for veterans of Vietnam Era service (on or after August 5, 1964) on the same basis as for veterans of World War II and the Korean Conflict.

CHAPTER II

Alleviation of Financial Needs of Veterans and Survivors Not Connected with Military Service

RECOMMENDATION NO. 17

The Commission recommends that pension, as a benefit for war veterans and their survivors, should be maintained as a Federal program providing financial aid above and beyond the levels of public assistance and that, within reasonably improved limits, increases in other forms of income should not adversely affect veterans' pension benefits.

Background to Recommendation:

The pension program was devised by a grateful Nation and has developed from its birth as the recognition of an obligation to the war veteran population. As such, the program receives the annual approval of Congress, subject to change at all times to assure help to those qualified.

Fundamentally it is a means supplement program for war veterans and their survivors who, because of conditions not related to service, become indigent or have insufficient income to meet the cost of food, housing, clothing, medical care, and other necessities. It provides financial aid to war veterans in need who are permanently and totally disabled from disease or injuries without regard to service origin. From the beginning it has been intended that it be offered and received in dignity.

We recommend, within reasonably improved limits, that increases in other forms of income shall not adversely affect a veteran's or a survivor's pension benefit. Additionally, we recommend that pension, as a benefit for war veterans and their survivors, should be maintained as a Federal program providing financial aid above and beyond the levels of public assistance.

RECOMMENDATION NO. 18

The Commission recommends that an additional $10 per month be paid in pension cases for each child attending school between the ages of 18 and 23.

Background to Recommendation:

Over the years, the need for advanced education and training to prepare children to take their place in society has greatly increased. Along with the increased need for such training, the cost of additional schooling has risen. Educational costs at the college level vary generally from $3,200 for one year at a high-cost private college to $1,050 for one year at a low-cost public college.

Several public assistance programs are intended to help defray costs of education for the financially disadvantaged student: the College Work-Study Program, National Defense Student Loans, and Educational Opportunity Grants. However, these programs are limited in their assistance.

The children of veterans and widows receiving pension, and children entitled directly to pension, tend to need a great deal of financial assistance in order to pursue their educations after age 18. Because of the very limited income of veteran and widow pensioners, it is difficult for them to accumulate a fund for their children's education. Seldom does an orphan have such funds available.

Veterans and widows with dependent children receiving pension are permitted a maximum outside income of $3,000. Most of them receive far less. Almost 90 percent of all World War II and Korean Conflict pensioners with dependents--the group most likely to have college-age children--have incomes of less than $2,000 annually. An orphaned child is limited to $1,800 annual income, exclusive of earnings to have entitlement to $38 per month. Thus, little, if any, money is available for pensioners to defray the costs of advanced training for their children.

Every veterans' disability and death program since July 1940, has recognized the welfare of veterans' children, including the importance of their educations. For veterans receiving compensation for disabilities rated 50 percent or greater, additional compensation is paid for each child between 18 and 23 who is pursuing an approved course of instruction (section 2 (b) of PL 89-311). For widows receiving death compensation, payments for children are continued to age 23, if the children attend school after age 18. Children of veterans who die from service-connected disabilities or who are totally disabled from service may elect to attend school under the War Orphans' Educational Program when they reach age 18. The children and orphans of pensioners are not so fortunately situated under the present law.

Providing educational opportunity for as many as possible has become a generally recognized national goal. In his special message to Congress on January 12, 1965, President Johnson declared, ". . .I propose that we declare a national goal of full educational opportunity. Every child must be encouraged to get as much education as he has the ability to take. We want this not only for his sake--but for the Nation's sake."

To further this educational goal, and to remedy in part the existing inadequacy of pension for children pursuing additional schooling, the Commission recommends an additional payment of $10 per month in pension cases for each child between the ages of 18 and 23 who is continuing his education on a substantial basis (half-time or more).

This increase is exceedingly modest. In most instances, it will not eliminate the need for a child to supplement available income in order to acquire an education. But this income would surely help toward the goal of additional training.

RECOMMENDATION NO. 19

The Commission recommends that pensioners who have reached age 72 and who have been receiving disability or death pension for two years shall not have their pension reduced by reason of fluctuation in annual income or estate.

Background to Recommendation:

The disability and death pension programs are intended as an honorable means of providing an income supplement to needy veterans or widows of wartime periods of service. The amount of pension payable, if any, is determined by the

amount of other income to which the beneficiary is entitled. In cases where a pensioner has been on the rolls for a number of years and has grown to depend on the VA pension as an integral part of his financial security in old age, changes in income, which generally would be insignificant, should not be permitted to affect his pension materially.

The Social Security system functions so that earnings are not a factor in the amount a retiree receives after his seventy-second birthday. Until age 72, the amount of benefits a retiree receives in any given year is directly related to his earnings and the number of months he has worked. After attaining age 72, however, the retiree is paid full benefits no matter how much he earns.

The Commission believes the veterans' and dependents' pension system should operate in the same way, since almost all pensioners who have reached age 72 and have been receiving pension for two years have static incomes. Therefore, the Commission recommends that when these two conditions are met, with certain safeguards, these pensioners be allowed to continue on the pension rolls without regard to income or estate considerations. In many instances, the only practical effect would be that these elderly people would be relieved of the formality of reporting their incomes each year. If a pensioner's income decreases sufficiently, however, he should be allowed to file a revised income statement and his pension increased according to the pension rate schedule. This recommendation would assure aged pensioners of the same rate of pension without regard to increases that may occur in their income after age 72 if changes in dependency status occur which are material to pension entitlement, however, the pension would be adjusted accordingly.

RECOMMENDATION NO. 20

The Commission recommends that the provisions of law providing for reduction of pension during periods of hospitalization be made similar for both the protected and current pension programs.

Background to Recommendation:

38 USC 3203 (a) (1), as retained by PL 86-211, Sec. 9 (b), provides that, in cases of unmarried VA hospitalized veterans without dependents, the basic rates of $66.15 and $78.75 payable to those receiving benefits under the "old" (pro-

tected) pension program shall continue until the end of the sixth calendar month of VA maintenance. Thereafter, 50 percent of these amounts is withheld. The withheld amount is paid to the veteran in a lump sum upon termination of hospitalization.

38 USC 3203 (d) (current), which applies to pension under Public Law 86-211, provides that, in similar cases, pension shall continue until the end of the second calendar month following the month of admission to the hospital. Thereafter, the award is reduced to $30 per month and the difference is not paid to the veteran upon termination of hospitalization.

The only material difference in these two groups of veterans is that one applied for and received pension prior to July 1, 1960, while the second applied for and received pension after that date, or elected to receive pension under Public Law 86-211. Legislative committees have made many studies of this subject during the past several years. The Commission believes that the amounts and length of reduction should be the same in both instances and therefore recommends that hospital reduction provisions of both laws be amended so that awards will be reduced to 50 percent of entitlement or $30 a month, whichever is greater, the first day of the third calendar month after date of admission to VA hospitalization. Further, that the amount withheld, not to exceed $500, will be paid in a lump sum to the veteran upon his approved discharge.

RECOMMENDATION NO. 21

The Commission recommends that SGLI payments not be counted as income against the parents' pension.

Background to Recommendation:

Pension is payable to disabled veterans with qualifying service and to their surviving dependents, based on need which is determined largely by income. Under the law, payments must be counted from all sources, with certain exceptions.

The current pension law specifically excludes payments under policies of United States Government Life Insurance or National Service Life Insurance, and payments of servicemen's indemnity. However, no mention is made of

payments under a policy of Servicemen's Group Life Insurance. Accordingly, if a pensioner becomes entitled to such insurance because his son is killed in service, the additional income could adversely affect his pension, and may even terminate the pension. The Commission believes that this was not the intent of Congress and therefore recommends that Servicemen's Group Life Insurance payments should be excluded in determining a parent's pension entitlement. This exclusion would avoid a severe financial penalty to a pensioner resulting from his loss of a child who is serving his country.

RECOMMENDATION NO. 22

The Commission recommends that the prepayment on a mortgage in any amount in the year of death of the veteran or his spouse, or in the following year, be excluded in determining the survivor's annual income.

Background to Recommendation:

Current law requires that payments from all sources, except those specifically exempted, must be considered in determining entitlement to certain benefits. The proceeds of commercial life insurance, including that for mortgage satisfaction purposes, paid to the beneficiary, are included. However, if the mortgage insurance is paid to the mortgagee upon the death of the veteran or his spouse, in an amount equal to or less than the indebtedness against the property mortgaged, it is not counted as income of the survivor. If there remains any balance which is paid to the survivor, such balance is counted as income. Mortgage insurance is merely a form of life insurance regardless of its label. Life insurance may be intended as mortgage insurance but not bear the label. In many cases where insurance was not obtained or was unobtainable other funds may have been intended for mortgage satisfaction.

The Commission recommends, therefore, that all mortgage prepayments in whole or in part, whatever the source, be excluded in determining the survivor's income, when made in the year of death or the succeeding year.

RECOMMENDATION NO. 23

The Commission recommends that joint bank accounts not be considered as income for purposes of computing entitlement to death and disability pension.

Background to Recommendation:

At present, the survivor inheriting a joint bank account must count one-half as income during the year the other person died for purposes of computing benefits. This serves to keep many off the benefit rolls during the first year after death of the veteran, who otherwise should be receiving benefits. The Commission therefore recommends that joint bank accounts not be considered as income for purposes of computing entitlement to death and disability pension. They would continue to be counted toward corpus of estate.

RECOMMENDATION NO. 24

The Commission recommends that the annual payment by management to a retired employee under a labor-management agreement to cover the costs of supplementary medical care under the Social Security Act be excluded in determining annual income.

Background to Recommendation:

Current law requires that where income is a factor in determining entitlement to gratuitous benefits, payments of all kinds and from all sources will be considered, except those specifically excluded by law. Contributions made by a public or private employer to a public or private health or hospitalization plan for an active or retired employee can be excluded from income. However, where such amount is paid directly to the employee who, in turn, pays for a health or hospitalization plan, this cannot be excluded from income in determining benefit entitlement, unless it represents reimbursement for employer's obligation.

Because of the obvious inequity in determining amount of income due solely to the method of payment, the Commission believes that the amount a retired pensioner receives from his former employer to cover the costs of supplemental medical care under the Social Security Act should be excluded in determining income.

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RECOMMENDATION NO. 25

The Commission recommends that Title 38 USC be amended to exclude from consideration as income that portion of a claimant's retirement which is based solely on the number of dependents.

Background to Recommendation:

Where income is a factor in determining entitlement to gratuitous benefits, the law provides that income of all kinds and from all sources will be included, with several specific exclusions.

Social Security benefits payable to a veteran or widow pensioner are included as income for all purposes, and Railroad Retirement benefits are included as income for all purposes except for prior law disability pensioners.

Since Social Security entitlement, based on a worker's earnings, is also provided by law for a worker's wife and children, such payments to them are not considered as his income for pension purposes. Also, where payments are made to a widow and children, only the widow's benefit is considered income in determining her eligibility for VA benefits. However, Railroad Retirement benefits, by law, are paid only to the retired worker. Even though an additional allowance is payable for dependents, they have no individual right to it, and thus, the entire payments must be considered as the retiree's income for pension purposes. Additional benefits solely because of the existence of dependents is common to other retirement systems, plans and programs, public and private.

The same criteria applicable to income computation affect dependent parents receiving DIC. The Commission feels that this is inadequate and recommends the exclusion from the income computation of that portion of a retirement benefit based on a dependent's existence.

RECOMMENDATION NO. 26

The Commission recommends several improvements in cemetery administration and burial allowance.

Background to Recommendation:

Four cemetery systems are managed by Federal agencies. The National Cemetery system operated by the

Army is the largest. Overseas cemeteries are operated by the American Battle Monuments Commission. The Veterans Administration controls a number of cemeteries adjacent to its installations. The Department of Interior manages, as part of the National Park Service, cemeteries transferred from Army jurisdiction in 1933.

Because the national system began as Civil War burial grounds, most of the cemeteries are in the East. Their expansion has been sporadic, and since 1950, no new cemeteries have been added. The 85 cemeteries which constitute the national system occupy more than 3,700 acres of land and have potential for 1,200,000 gravesites, 58 percent of which have already been developed. Eighty percent of the developed gravesites are occupied or reserved, with the remaining 20 per cent available for burials. Approximately one million gravesites can be made available for future use within the current acreage.

The Battle Monuments Commission controls 23 overseas cemeteries, which are closed to burial except for bodies found on battlefields. The Veterans Administration has 24 cemeteries, six of which are closed; 131,000 of the total VA gravesites available are filled and 315,000 are open for future burials. The National Park Service controls, as national monuments, 13 cemeteries, which encompass 175 acres. Six of these cemeteries are still open, but availability for future burials is limited.

Eligibility for burials in Federally-operated cemeteries varies with the operating agencies. Eligibility for burial in the national cemeteries and the Park Service cemeteries embraces active duty personnel, as well as honorably discharged veterans of U.S. service or citizens who served honorably in allied Armed Forces, including their spouses and minor children. Eligibility for burial in the Battle Monuments cemeteries is closed except for cases previously mentioned. The Veterans Administration usually restricts eligibility to veterans who die in VA facilities or in the vicinity thereof and whose bodies are unclaimed. Veterans' widows and children may be included under certain circumstances.

Although eligibility for burial in Federally-operated cemeteries legally extends to approximately 26 million living ex-servicemen, in practice, eligibility is limited by the restricted availability of space and by the geographical distribution of the cemeteries. In fiscal years 1963-65, approximately fifteen percent of all veterans who died were buried in Federal cemeteries. However, of those who died within 100 miles of a national cemetery in 1963, approximately 50 percent were buried in a Federal cemetery. Thus,

opportunity to exercise the benefit is unequal and will become more so as cemeteries are filled. If the rate of burial in national cemeteries should continue as in fiscal years 1963-65, all developed gravesites will be filled by 1974 and the now undeveloped acreage would be exhausted before the year 2000. But the 1963-65 rate cannot be maintained because of the imminent closing of some cemeteries, while others will continue in operation many years beyond the year 2000.

The present jurisdictional arrangements involve four agencies of the government only one of which, the Battle Monuments Commission, has a primary mission dealing with cemetery management. Proposals have been and continue to be made that the four systems be merged under a single management. To the Commission, the Veterans Administration, which is organized to administer the affairs of veterans, is the most logical choice for administering cemeterial activities related to the interment of veterans.

The Commission is pleased to note that on October 20, 1967, the House of Representatives transferred oversight of all Federal cemeteries where veterans are, or may be, buried, in this country and abroad, from the Committee on Interior and Insular Affairs to the Veterans' Affairs Committee, with the exception of those few national cemeteries administered by the Secretary of the Interior as part of the National Park System. The Commission believes that the oversight of veterans cemeteries by the same Congressional body which deals with all other veterans legislative matters is distinctly a forward step.

The Commission fully endorses the President's message of January 30, 1968, and believes that the recommendations contained herein fulfill the President's request for positive proposals to assure that veterans have an opportunity to be buried in a national cemetery near their home. The Commission also realizes that the question of entitlement for a cemetery plot cannot be isolated completely from the question of the current burial allowance. The Commission firmly believes that the existence of veterans burial allowances should not be compromised by the existence of any other burial or death benefit, public or private.

While recognizing the progress that has been made, the Commission makes the following recommendations:

(1) that the entire Federal cemetery function, with exception of the Department of Interior cemeteries, be reassigned to the Veterans Administration;

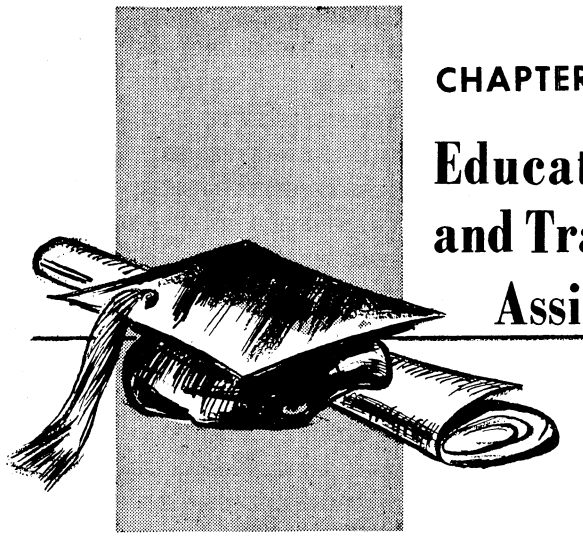
(2) that, without delay, the Administrator of Veterans Affairs conduct a study on methods of providing burial grounds for all veterans convenient to their homes;

(3) that the Administrator establish uniform criteria for eligibility for burial in the Federal cemetery system;

(4) that Arlington National Cemetery be reopened to all eligible veterans until it is completely filled;

(5) that the burial allowance for veterans be increased to $400, $100 of which shall be reserved for payment toward a gravesite for those not buried in national cemeteries;

(6) that the burial allowance not be denied to any veteran because of the existence of any other burial or death benefit, public or private.



CHAPTER III

Educational and Training Assistance

RECOMMENDATION NO. 27

The Commission recommends that veterans with service-connected disabilities be allowed to pursue vocational rehabilitation on a part-time basis.

Background to Recommendation:

The vocational rehabilitation program (chapter 31, title 38 U.S.C.) provides training for veterans of World War II and later service who have been handicapped by service. The program intends to help restore the employability of these veterans to an extent consistent with their degrees of disability. The law provides that training must be pursued on a full-time basis.

Experience has shown that some disabled veterans have family responsibilities which preclude them from participating in vocational rehabilitation training on a full-time basis. The option of part-time training would allow many of these men to learn a skill.

Other veterans, while able to perform some type of gainful employment despite their disabilities, would like to participate in such training on a part-time basis, in order to improve their employment status. Except for their


Commission
in Action


LOCATION....
OF STATE HOMES

disabilities, these men would most likely have been able to attain more lucrative jobs and thereby achieve higher standards of living. Thus, they should be permitted to take vocational rehabilitation on a part-time basis while they are employed so that they can achieve the positions and income they might have attained but for their service-connected disabilities.

The President has recognized the problem and has proposed its solution in his message to the Congress of January 30, 1968. He stated therein:

> "Presently, a disabled veteran can take Vocational Rehabilitation and receive a training allowance only if he trains full-time. This restriction may present him with a hard choice: either leave his job for training, or forego the training itself.
> "Clearly, that choice is unfair.
> "The disabled veteran should be able to keep his job while he prepares for a better one through vocational training, drawing the allowance it provides."

This statement clearly and concisely expresses the views of this Commission.

Therefore, the Commission recommends providing service-connected disabled veterans with the opportunity to take vocational rehabilitation training on half-time and three-quarter-time bases. Pro-rata subsistence allowance rates would be paid the veteran, and no subsistence allowance would be paid for less than half-time training. Part-time training would be limited to institutional training, unless the Administrator determined that it would be in the veteran's best interest to pursue on-the-job training on a part-time basis.

RECOMMENDATION NO. 28

The Commission recommends that when otherwise qualified vocational rehabilitation training be made available to veterans who lose employability due to technological changes in their occupations.

Background to Recommendation:

The vocational rehabilitation program is intended to help restore the employability of veterans handicapped by service. Once veterans have received vocational rehabilitation

training and have had their employability restored, their eligibility for further training terminates, except in the following circumstances:

1. The veteran's service-connected disability has increased in severity so that he cannot perform the employment for which he was trained;

2. The training previously afforded the veteran is found to be inadequate to restore the veteran's employability; or

3. Experience has indicated that the employment for which the veteran was trained is not available.

In our increasingly complex society, economic adjustments are often required by the changed nature of jobs. The physically and mentally handicapped have more difficulty adjusting to these changes than the non-disabled. In recognition of this problem, the Commission recommends subject to reasonable time limitations, establishing a fourth category under which veterans may enter training, if they lose employability due to technological changes in the occupations in which they were employed, whether or not they were previously rehabilitated under veterans vocational rehabilitation programs.

RECOMMENDATION NO. 29

The Commission recommends that eligible veterans, on the basis of established need, be permitted to receive educational assistance from other Federal programs to supplement their G. I. Bill benefits.

Background to Recommendation:

In order to prevent the duplication of benefits paid from the Federal Treasury, paragraph 1781 of title 38 U.S.C. provides, in effect, that no educational assistance allowance under chapters 34 or 35 will be paid to a veteran while he is enrolled in and pursuing an educational program paid by the United States, if payment of the allowance would constitute a duplication of benefits.

In cases of duplication, a veteran will usually elect to receive the VA benefit, since this is generally greater than an educational opportunity grant. However, the veteran may need another grant to supplement his G.I. Bill assistance. For example, under Part IV of the Higher Education Act of 1965, educational opportunity grants, ranging from $200 to $800 a year, are awarded a limited number of undergraduates with exceptional need. These grants are intended to

be supplemented by other sources of assistance, such as the work-study and low interest guaranteed loan programs provided under the Higher Education Act of 1965. However, the veteran is presently denied the choice of accepting both an educational opportunity grant and his G.I. Bill allowance, no matter how great his need.

To remedy this sort of situation, the Commission recommends that eligible veterans, on the basis of established need, be permitted to receive educational assistance from other Federal programs in order to supplement their G.I. Bill benefits. The needs criterion would limit the amount of Federal aid a veteran may accept under the non-G.I. Bill program to the total amount required for reaching his educational objective. This criterion would apply only to the concurrent receipt of G.I. Bill and other Federal educational benefits.

RECOMMENDATION NO. 30

The Commission recommends establishment of an educational assistance program for widows receiving DIC.

Background to Recommendation:

Upon the deaths of their husbands, widows of veterans who die from service-connected disabilities often face an abrupt loss of adequate financial support, and must, in many instances, adjust their living standards to a substantially lower level. Barring employment or remarriage, their expectations for income are limited to VA benefits and, perhaps, to Social Security. At present, the current monthly DIC payment for all widows averages $153.79.

The modest security provided by DIC should not induce widows to lead withdrawn or sheltered lives. It is preferable and necessary to encourage widows to return to the "main stream," both economically and socially. This goal could be furthered through additional training and education.

Additional training would make it possible for widows to supplement their income, thereby enabling them to achieve a comfortable standard of living. The national economy would benefit from such training because the costs of training would eventually be returned as additional income tax revenues. In addition, the nation would gain needed skills for its manpower resources.

Widows receiving DIC as of June 30, 1967, numbered 153,105. Of these, an identifiable group now evolving from the hostilities in Vietnam (and elsewhere around the globe) is estimated in excess of 8,300. These younger widows have attracted considerable concern because many of them were married before they had a chance to complete their education or to practice their skills in a work setting. It is obvious that this group would benefit from additional education and training. Older widows receiving DIC would also gain, for now they often experience difficulty in finding employment because of their age or because their skills are outmoded.

The Commission recommends a training program for all widows receiving DIC. We believe such training should be directed toward a goal assuring employment, rather than function as a program of general education.

Under our program, financial assistance would be provided each eligible widow by increasing her DIC at the rate of $100 per month while enrolled in and pursuing an approved full-time program. For minimum schooling of three regular class sessions per week, widows would receive $60 per month in addition to DIC payments. Entitlement to training would extend for a maximum of 36 months. Eligibility for enrollment in this program would expire at the end of eight years from the date of death of the veteran from whom eligibility is derived or from the date of legislative enactment, whichever is later.

Criteria for approval of courses and measurement of full-time and part-time training would parallel those which apply to enrollment under Chapter 35, Title 38 U.S.C. Counseling for this training program would be optional but required for a second change in program or for re-entry after termination for unsatisfactory progress or conduct.

RECOMMENDATION NO. 31

The Commission recommends establishment of an educational assistance program for wives of veterans who have a total disability, permanent in nature, resulting from a service-connected disability.

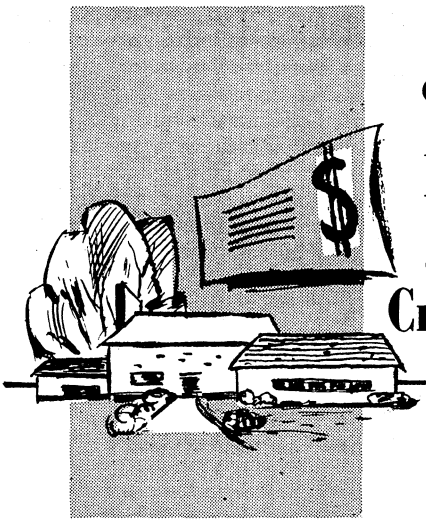
Background to Recommendation:

Totally disabled veterans and their families must rely on VA compensation for support. Although this level of

maintenance is above poverty criteria, it is, in most cases, much less than the standard of living which the veteran, but for his service disability, could have expected to provide for his family.

It is seldom possible to rehabilitate the totally disabled veteran economically. Therefore, an equitable alternative lies in a program of educational assistance for the veteran's wife. Such a program would enable her to supplement the income of the family of the veteran totally incapacitated due to service.

Thus, the Commission recommends a program of education and training for the wives of veterans who have a total disability, permanent in nature, resulting from a service-connected disability. This program would be similar in all respects to that proposed for widows receiving DIC, except that eligibility for enrollment would expire at the end of eight years from the date of a veteran's total disability rating or from the date of legislative enactment, whichever is later.



CHAPTER IV

Housing and Other Credit Assistance

RECOMMENDATION NO. 32

The Commission recommends that the VA be allowed to expand its direct loan program throughout the United States.

Background to Recommendation:

The Veterans Administration is authorized to make direct loans only in rural areas, small cities and towns where private credit is not generally available.

Veterans and servicemen residing elsewhere and needing to buy a home must find private lenders who are willing to make them a VA guaranteed loan. All too often, such veterans are unable to obtain guaranteed loans. This usually occurs when there is a heavy demand for capital on the part of business and industry, so that the flow of money into mortgages is sharply curtailed. Loans can still be obtained, but the interest rates needed to compete for capital funds tend to rise above the allowable rate for guaranteed loans. Thus, thousands of veterans who need homes cannot obtain loans to finance their purchases, and must forego, or at least defer, their purchases until some later date.

Only 21 percent of the veteran population currently resides in areas eligible for direct loans, and the balance are subject to the disadvantages described above. This inequity is coupled with another problem for Vietnam Era

veterans and active duty servicemen. Shortly after they received eligibility for VA loans in 1966, a severe credit shortage developed which sharply curtailed the availability of private capital for investment in VA guaranteed loans. Thus, these veterans are subjected to disadvantages which did not apply initially to World War II and Korean Conflict veterans.

To rectify this inequity to Vietnam Era veterans and to extend equal loan assistance to veterans throughout the country, the Commission recommends that the VA be enabled to expand its direct lending program throughout the country so that veterans and servicemen may purchase homes whenever and wherever they need them. If private lenders are willing to make VA guaranteed loans, the Commission believes this should constitute the preferred method. If, however, a qualified veteran is unable to find such a private lender, the VA should make the loan directly.

RECOMMENDATION NO. 33

The Commission endorses the proposal that the maximum loan guaranty be increased from $7,500 to $10,000, and recommends that the maximum direct loan amount be increased to $20,000.

Background to Recommendation:

The VA loan guaranty is the Government protection afforded to private lenders in lieu of the substantial down payments and shorter terms associated with conventional loans. There are no limitations on the amount of a guaranteed loan, but the guaranty itself is limited to 60 percent of the loan amount up to a maximum of $7,500.

If the VA guaranty provides less than adequate investment protection, in the view of lenders and investors, these firms and institutions will withdraw from participation in the program. Veterans would then be obliged either to obtain more costly financing or to forego home purchases.

When the $7,500 maximum guaranty was approved in 1950, the average amount of home loans guaranteed was $7,800 and most home loans were guaranteed for the maximum 60 percent of the loan amount within the $7,500 ceiling. In 1967, the average loan amount was $17,390 and the $7,500 guaranty afforded only 43 percent protection.

In rural areas, small cities, and towns where guaranteed loans are not generally available, the VA makes direct home loans to supplement the basic loan guaranty program. Generally, the terms and conditions of direct loans should be as nearly equal to those of guaranteed loans as possible. Direct loans are subject to a maximum amount limitation, presently $17,500, except that, where cost levels require, the maximum may not exceed $25,000. A veteran obtaining a direct loan must make a down payment equal to the difference between the purchase price of the house he buys and the maximum allowance amount for direct loans.

The maximum amount of direct loans has been increased four times since the initial $10,000 maximum was established in 1950, in order to keep pace with the increasing cost of homes. In 1950, the average direct loan amount was $6,400, but by 1967, it had increased to $12,200.

Given these increases in average loan amounts for both guaranteed and direct loans, the Commission fully endorses and supports the proposal that the maximum loan guaranty be increased to $10,000, that the maximum direct loan amount be increased to $20,000, with the provision that the VA be permitted to make larger loans not to exceed $30,000, in areas where cost levels so require.

The increase in the maximum guaranty should, in the view of the Commission, serve to attract the investment of more private capital in guaranteed mortgage loans. In addition, such an increase would reduce the possibility of veterans being obliged to make substantial down payments on gurarantee loans, or having to undertake more costly financing, or forego home purchases.

The recommended increase in the maximum direct loan amount would place veterans in non-urban areas on a practically equal footing with veterans in urban areas in respect to the amount of the loans available to them. In areas where construction costs are unusually high, such as Alaska, the maximum must be increased to $30,000 if veterans are to be properly served.

RECOMMENDATION NO. 34

The Commission recommends that direct loans be authorized to totally disabled service-connected veterans throughout the country regardless of the availability of private capital.

Background to Recommendation:

The VA is authorized to make direct loans only in rural areas, small cities and towns where private credit for making

VA guaranteed loans is determined to be not generally available.

Frequently, credit is short in other parts of the country as well. During such credit-short periods, veterans and servicemen are unable to find private lenders willing to make VA guaranteed loans. The paraplegic veteran who has obtained a $10,000 grant for a specially-adapted house finds that he cannot finance the remainder of his home purchase with a VA guaranteed loan, and must resort to more costly conventional financing.

The Commission believes the 103,000 totally disabled service-connected veterans deserve assurance of the availability of G. I. housing credit assistance. Therefore, we recommend that the VA be authorized to make direct loans, on a preferential basis, to 100 percent disabled service-connected veterans in any place of the country, without meeting all of the customary stringent requirements.

RECOMMENDATION NO. 35

The Commission recommends liberalization in VA policy regarding liability for losses on defaulted loans.

Background to Recommendation:

When a veteran or serviceman obtains a loan guaranteed by the VA, he obligates himself to indemnify the VA for any loss sustained from default on this loan. A veteran may be released from this obligation upon reselling his property if he files the appropriate VA form and obtains the Agency's approval on the prospective buyer as an acceptable credit risk.

If these arrangements have not been made, the veteran is still liable if a subsequent owner of the property defaults on the loan and the VA incurs a loss. In that event, the veteran is notified of the debt established against him, and he is requested to pay it. This default has been incurred by the last owner of the property and is usually unavoidable so far as the veteran is concerned. Yet, the veteran must accept the financial burden of paying off the debt. This burden is inconsistent with the benefit concept of the loan guaranty program.

The Commission accepts the basic concept that a veteran or serviceman who obtains a VA loan should continue to be liable on the note until the loan is paid in full or until he is released from liability to the VA. However, the

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Commission believes some liberalization should be made in VA policy regarding liability for losses on defaulted loans.

The Administrator can waive recovery of overpayments arising out of any benefits administered by the VA as well as the payment of debts resulting from loan guaranty operations. The provisions of law authorizing waiver are contingent upon a finding that the overpayment of debt arose "without fault on the part of the veteran," thus precluding a balancing of fault and denying waiver if the veteran is held to be even slightly at fault.

To liberalize the loan guaranty operation and to standardize VA policies, the Commission recommends that the pertinent laws (38 USC 1820 (a) (4) and 3102 (a)) be amended to delete the requirement that the veteran be "without fault." In addition to these changes in present law, the Commission recommends that the VA continue its studies to solve the problems of relieving the veteran from financial liability resulting from events subsequent to his selling his home in good faith.

RECOMMENDATION NO. 36

The Commission recommends that a full and immediate study be made of the possibility of making a group plan of mortgage protection life insurance an integral part of the VA loan program, with such coverage mandatory on future loans and optional on outstanding loans, and further that the study include recommendations on the manner of early implementation of such a program.

Background to Recommendation:

In most jurisdictions title to the property securing a guaranteed loan is held by the veteran and spouse either as tenants by the entirety or joint tenants. Therefore, the widow obtains title by operation of law upon the death of her husband subject to the existing GI loan, and the widow is still liable for the unpaid balance on the GI loan.

Frequently, the expense of maintaining the home without the income formerly provided by her deceased husband necessitates the widow having to sell the property, often at a financial loss. In addition to the economic hardship which frequently results, widows tend to suffer social dislocation because they are uprooted from their homes and communities.

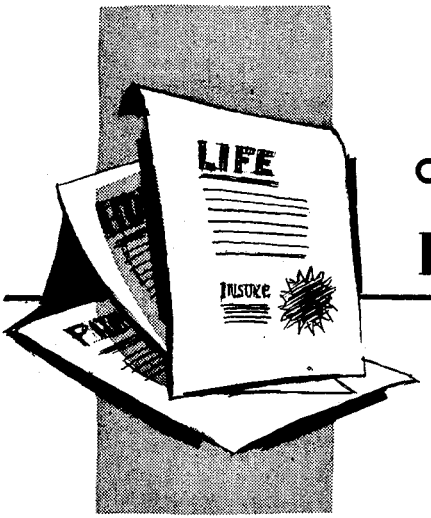
If the widow is unable to sell the property and is unable to make the mortgage payments, permitting the loan to go into default, the subsequent foreclosure may result in an indebtedness being established against her. Although such indebtedness may be established against the widow, the VA has taken a very liberal position in such cases and in practically all instances has waived the indebtedness of the widow.

Mortgage protection life insurance would avert these hardships by assuring funds for the payment of the outstanding balance on a guaranteed loan held by a veteran who dies. This would give the widow the privilege of determining whether, based on her particular situation, she may want to continue to reside in the property as a home for herself and children or to sell it under such terms as may be advantageous to her in improving her overall financial condition.

To make such insurance available to veterans at low cost, a large number would have to participate. In that case, one or more private insurance companies would be able to underwrite a group policy at less than ordinary commercial rates. It would cost only three percent more for commercial insurers to operate a group program than for the Government to operate a self-supporting group program.

A group program for mortgage protection life insurance would be practicable only on new loans, where coverage and premium collections can be made almost automatically, unless specifically declined by the veteran. Insurance on outstanding loans would have to be entirely voluntary and would require evidence of insurability.

A group mortgage life insurance program has both advantages and disadvantages. However, the Commission believes that such a program is worth immediate study. Therefore, we recommend that serious consideration be given to making a group plan of mortgage protection life insurance an integral part of the VA loan program, with such coverage mandatory on future loans and optional on outstanding loans. The Commission further recommends that the study include considerations and recommendations looking toward early implementation of such a plan.



CHAPTER V

Insurance

RECOMMENDATION NO. 37

The Commission recommends that the NSLI program be reopened for a limited period to allow World War II and Korean Conflict veterans who are uninsurable at standard rates because of service-connected disabilities to apply for an additional $10,000 insurance.

Background to Recommendation:

The idea of reopening the NSLI program has been under continuous discussion since the 1951 closing of the program. Congress authorized a limited reopening program from May 1965 to May 1966. The response indicated there would be little interest in a general reopening.

Each World War II and Korean veteran had the opportunity to continue his Government insurance, following separation from service. Those veterans in good health upon separation were also able to fulfill any additional insurance needs through commercial coverage at standard rates. Those coming out of service with a serious service-connected disability were not so fortunate--if they retained their Government insurance, their maximum coverage was $10,000 because they were uninsurable in the eyes of the commercial industry. If they did not retain their Government insurance, their dependents were destined to absorb the misfortune created by the military service-connected disability.

The Commission believes that an added $10,000 insurance should be made available at standard rates for World War II and Korean veterans who are uninsurable at standard rates because of service-connected disability. This coverage would be in addition to any they already have. This addition would bring him up to the status of the man in similar condition discharged from service today.

RECOMMENDATION NO. 38

The Commission recommends that the Veterans Administration pursue the possibility of double indemnity for Government insurance policies, with the commercial insurance industry, and if not inordinately expensive, that it be added to the veterans insurance program.

Background to Recommendation:

The veterans insurance program has been limited to $10,000 since its inauguration in the War Risk Program of 1917. This limit continued in the establishment of USGLI in 1919, NSLI in 1940, VSLI and SDVI in 1951, and VRI and SGLI in 1965.

The insurance industry offers the optional double indemnity rider benefit to policyholders, at a small additional cost, and has done so for many years. Double indemnity offers an inexpensive means by which the insured may afford an additional measure of protection to his survivors.

The Commission finds value in providing the option of double indemnity coverage to veterans. Therefore, we recommend that the VA study this problem. If it is practicable and not inordinately expensive, the double indemnity option should be added to the veterans insurance program.

It is assumed the commercial insurance industry would be willing to negotiate a premium rate to cover the cost of double indemnity, just as the industry was willing to do for Servicemen's Group Life Insurance. The total costs for double indemnity on USGLI and NSLI could be paid from Fund earnings, resulting in no cost to the Government, and no out-of-pocket costs to the insured. If extended to VSLI and VRI policies, this would also be true regarding these Fund earnings. For the SDVI Program, there are no Fund earnings. For this reason, additional appropriations would be necessary.

RECOMMENDATION NO. 39

The Commission recommends that NSLI participating plan policyholders (those receiving dividends) be permitted to exchange the dividend for permanent, paid-up insurance, on an annual basis, so as to assure some insurance coverage at death should the policyholder be forced to drop his term policy in later years because of prohibitive premiums.

Background to Recommendation:

Over 2 million WW II NSLI policyholders continue to carry their insurance on a term basis --- renewable every five years, at a premium based on their attained age.

Unlike permanent plan insurance, which is underwritten at a premium rate which never changes, term insurance is underwritten on the basis of meeting all death claims which are expected to occur within the five-year age grouping of each renewed term period. During the early term periods, the insured enjoys extremely low premium rates which pay only for the insurance protection at the time and contribute nothing toward the later years. Older age groups, on the other hand, will experience more deaths, and the premium must be high during this period of time in order to cover the death claims of each higher age. The following shows the annual premium for a $10,000 term policy, not considering any dividend payment:

$10,000 Term Policy	
Age of Insured	Annual Premium
45	$ 117.20
55	209.50
65	470.00
75	1,118.80

The rapid rise from age 65 dramatically portrays the mounting problem which will confront the term policyholder, and the premium rate which is required because (1) a greater number of deaths will occur at the older ages, (2) there are continually fewer policyholders paying premiums which must be available to meet the death claims costs --- thus the burden falls on the few remaining.

In 1965, a Modified Life Plan was introduced as a low-priced solution to this inevitable problem. The plan, at a

low premium which does not increase, provides full coverage to age 65, after which time the amount of insurance will be reduced by 50 percent, while the premium rate continues at the same low level. Ten percent converted to this plan. 2 million did not.

The Commission received much testimony from those who are concerned about the term insurance problem for older veterans. Most of the concern centered on the likelihood of loss of insurance coverage during the later years when it would be needed for final medical and funeral expenses.

The Commission recommends a plan that would permit the insured to elect to exchange his annual dividend for a specified amount of permanent, paid-up non-participating insurance. As long as he continued his term policy, the annual dividend would assure the accumulation of additional amounts of coverage. For example, if the insured started this use of his dividends at age 45, at the end of 20 years he would have about $240 in permanent, paid-up, non-participating insurance for each $1,000 of term insurance he carried during those 20 years. Thus, a veteran with a $10,000 term policy would have nearly $2500 of paid-up insurance at age 65. The amount of insurance which could be purchased with the dividends would vary in proportion to the age at entry into the plan. Permanent plan policyholders would be permitted to exchange their dividends on the same basis.

RECOMMENDATION NO. 40

The Commission recommends that the Administrator authorize the payment of interest on several types of delayed insurance payments, at a rate to be established in January of each year, except where the interest payment is $10 or less.

Background to Recommendation:

Veterans Administration policy (sustained by the Supreme Court) has been to award no interest on delayed insurance payments. The interest earned on a delayed payment is retained in the respective trust funds, and is passed on as dividends to all policyholders of participating insurance.

There are two instances where the interest reaches substantial proportions: (1) on amounts due because of death of insureds and payment is delayed; and (2) in USGLI cases where the insured specifically requests the VA to withhold payment of all installments due him on account of his being totally and permanently disabled. Related to this are those instances where the insured, also totally and permanently disabled, is not paid the benefits to which he is entitled because of being incompetent without a guardian.

The Commission recommends that interest be paid, at a rate to be established in January of each year (except where the interest is $10 or less) on the following types of delayed insurance payments:

a. Death Claims and Matured Endowments--beginning 31 days after date of death, or maturing of insurance, and ending on date preceding first payment to beneficiary.

b. Total and Total Permanent Disability, Including Premium Refunds Thereunder--beginning 31 days after receipt of claim together with necessary proof.

c. Dividends and Cash Value--beginning 31 days after due, with a similar rule to be applied to any other miscellaneous refundable amount.

RECOMMENDATION NO. 41

The Commission recommends that the Veterans Administration be permitted to adjust VSLI premiums commensurate with the Fund experience.

Background to Recommendation:

In 1951, PL 82-23 closed NSLI and USGLI to new issues and made available a term insurance policy to those separated from service on or after April 25, 1951, and before January 1, 1957. The program, Veterans Service Life Insurance (VSLI), was set up on a non-participating basis. The mortality basis used, however, was at a higher rate than required for the program.

The VSLI Fund is currently earning $3,000,000 a year, of which about $2,000,000 comes from interest earned on the Fund in excess of that originally contemplated. The remaining $1,000,000 comes from term policyholders who are paying

a premium which is higher than required. This accumulated profit is periodically transferred from the VSLI Fund to the U.S. Treasury. Transfers of this nature are likely to occur in the future.

The Commission does not believe Congress intended that the general population should profit at the expense of veterans. Some remedial legislation has previously been enacted, but additional action is required to maintain equity. Therefore, the Commission recommends that VSLI premiums be adjusted by the VA in accordance with earnings from the VSLI Fund.

RECOMMENDATION NO. 42

The Commission recommends that coverage under Servicemen's Group Life Insurance be extended to six months after separation instead of the present 120 days. The Commission further recommends that this coverage be continued indefinitely for those who are and remain totally disabled from date of separation from service.

Background to Recommendation:

Servicemen are now provided full coverage under the Servicemen's Group Life Insurance program for 120 days following separation from service, during which time no premiums are paid. It is also during this period of extended coverage that the veteran may elect to convert his Group insurance to an individual commercial policy with any participating company. This privilege primarily benefits those with a service-connected disability, since it guarantees insurability at standard commercial rates irrespective of physical condition. Within this group of disabled, for whom the program is primarily concerned, are those who are totally disabled at time of discharge. Their total disabilities may vary from a physical loss to a mental incompetency so severe that the conversion privileges may be overlooked and lost.

The non-disabled veteran should also be provided additional time following discharge to make the necessary adjustment to community life, establish financial earnings, and replace his SGLI coverage with an individual policy. Many will lack the funds with which to pay standard insurance rates at time of discharge, and the 120-day period does not provide a very long time for establishing financial stability.

To help all veterans coping with readjustment to civilian life and to assist veterans totally disabled at time of discharge, the Commission recommends that the SGLI program be expanded to permit conversion of SGLI coverage to be effective six months after separation from service, and to provide SGLI coverage for those totally disabled at time of separation, for as long as they remain totally disabled. These extensions of the SGLI program should not entail additional premium payments.

RECOMMENDATION NO. 43

The Commission recommends that a widow receiving death compensation because of her husband's in-service waiver of insurance premiums may elect to receive dependency and indemnity compensation as soon as she has been denied benefits in an amount equal to the insurance proceeds. The Commission further recommends that the in-service waiver of premiums privilege be discontinued, effective one year after the insured is notified about the discontinuance, and that the insured pay premiums to the Veterans Administration by direct payment or by deduction from service pay.

Background to Recommendation:

In 1951, Congress enacted the Servicemen's Indemnity Act ($10,000 free insurance) which in some respects was less advantageous to servicemen than their G.I. insurance.

In order to disrupt as little as possible the insurance programs already in effect, provision was made to permit term policyholders on active duty to waive the entire premium during service and for 120 days thereafter, while permanent plan policyholders could waive that portion of each premium representing the cost of the pure insurance risk. No new applications for in-service waiver of premiums were accepted after December 31, 1956. They could all continue their insurance after leaving the service by paying premiums.

In 1957, the Dependency and Indemnity Compensation program replaced the free insurance under the Servicemen's Indemnity Act and the death compensation benefits paid to survivors. This new legislation was designed to provide higher benefits for most. Servicemen have been counseled on the effect premium waiver might have on survivors'

benefits--as the family status changes, it might be advisable for a serviceman to cancel his in-service waiver of premiums so his survivors may receive the higher DIC payments. Another factor favoring DIC payments is that a portion of it varies with the monthly basic pay now being received by a serviceman whose rank and years of service are the same as those of the deceased veteran.

Because DIC is more advantageous to widows than the death compensation they would receive if an in-service waiver were in effect, the Commission recommends elimination of the option of waiving payment of premiums while in-service. Thus, widows would no longer suffer a major penalty because of the slight advantage of postponing payment of insurance premiums.

In cases where widows are receiving death compensation because of in-service waivers, some have already been denied benefits in an amount in excess of the $10,000 face value of their insurance. To assist these widows and others who will move into this situation, the Commission recommends that on the date when a widow has been disadvantaged to the extent of the insured amount by virtue of the lower death compensation payments, she would have the option of continuing death compensation or receiving DIC payments instead.

RECOMMENDATION NO. 44

The Commission endorses and recommends passage of legislation now pending before the 90th Congress to improve the Government insurance programs.

Background to Recommendation:

The Commission is concerned about amending the Government insurance program in a number of ways. Several bills now pending in Congress describe the improvements the Commission seeks. Therefore, we endorse and urge passage of the following measures:

a. H.R. 1389--to permit the policyholder to use cash surrender value, or matured endowment proceeds, to purchase annuities.

b. H.R. 1391--to permit every USGLI and NSLI term policyholder, in the event of a policy lapse, to have five years from the date of lapse to effect reinstatement. This would eliminate the inequitable situation now existing, where some have three months to reinstate, while others have sixty-two months.

c. H.R. 2910--amended to authorize several important changes to the Servicemen's Group Life Insurance Program, which are:

(1) Enlarge the classes of persons eligible for SGLI to include cadets at the U. S. Military, Air Force, or Coast Guard Academy, and Midshipmen at the U. S. Naval Academy, who inadvertently were omitted from such coverage since they do not serve in a "commissioned, warrant or enlisted rank or grade;"

(2) Terminate SGLI coverage at the end of the 31st day of a continuous period of absence without leave, instead of the date such absence commenced as provided in existing law;

(3) Terminate SGLI coverage at end of the 31st day of a continuous period of (a) confinement by civilian authorities under a sentence adjudged by a civilian court or (b) confinement by military authorities under a court-martial sentence involving total foreiture of pay and allowances;

(4) Terminate the right to convert the group insurance to an individual policy while on active duty, and limit the effective date of such conversions to the 121st day after separation or release from active duty--the day after the normal termination date of SGLI coverage. In accordance with a previous recommendation, the Commission recommends that conversions be effective the day following termination of SGLI coverage--6 months after separation.

(5) Authorize payment of matured SGLI to a minor widow on her own behalf in a manner similar to that authorized under present law for National Service Life Insurance;

(6) Specifically exempt SGLI benefit payments from taxation, claims of creditors, and liability to attachment, levy, or seizure as provided in existing law (38 U.S.C. 3101 (a)) for other benefits due or to become due under laws administered by the Veterans Administration;

(7) Provide that in the event a serviceman is totally disabled at the time of separation or release from active duty, his SGLI coverage would continue one year after separation, or until his disability ceases to be total in degree, whichever is earlier. The Commission endorses the principle of this proposal as modified by a previous recommendation.

(8) Provide coverage for ROTC members, cadets, and midshipmen who serve on active duty for training for 31 days or more while attending summer field training or practice cruises;

(9) Provide coverage for members of the Reserves of the uniformed services (including the National Guard and the Air National Guard) while on active duty or active duty training for less than 31 days; while on inactive duty training scheduled in advance by competent authority to begin at a specific time and place; and while traveling directly to or from such duties. Provide for coverage and conversion rights if during such day or travel time the member suffers a disability or aggravation of a preexisting disability, which, within 90 days after such duty or travel date,

(a) resulted in his death, or

(b) rendered him uninsurable at standard premium rates according to the good health standards approved by the Administrator.

RECOMMENDATION NO. 45

The Commission recommends that Government insurance payments be exempted from any taxation, including estate taxes.

Background to Recommendation:

USGLI and NSLI policies state that the proceeds are exempt from taxation.

The United States Supreme Court has taken the view that the Federal estate tax was not a tax upon the property in the estate, but rather "an excise imposed upon the transfer of or shifting in relationship to property at death." The court held that the exemption of veterans benefits from taxation did not forbid the inclusion of the proceeds of Government life insurance in computing the gross estate of the decedent, for Federal estate tax purposes.

Projections to the year 2000 reflect a substantial rise in economic conditions of both the nation and the individual. As a result, there will be an increasing number of veterans' estates which will exceed the current $60,000 estate tax limit, thus necessitating payment of substantial amounts of estate tax.

Since life insurance is designed for the protection of the beneficiary, the Commission believes these monies should be protected for that explicit purpose. Therefore, we recommend that Government insurance payments be exempted from any taxation, including estate taxes.

CHAPTER VI

Health Services

RECOMMENDATION NO. 46

The Commission recommends extension to Vietnam Era veterans of a complete episode of treatment for all non-compensable dental disabilities found to be present within one year after discharge from military service.

Background to Recommendation:

In 1919, outpatient dental benefits were first authorized and instructions were given for the disposition of dental claims, for establishment of a rating schedule, and for presumption of service connection for a one-year period after discharge. The veteran could apply for and be authorized treatment for service-connected disabilities repeatedly. Public Law 149, 83rd Congress (July 27, 1953), Fiscal Year Appropriation Act, discontinued the one-year presumptive period and instituted a time limit of one year after discharge for filing a claim. Emergency Interim Issue (EM 10-48), October 1, 1953, limited treatment to a one-time episode. The one-time rule was later amended to allow repeat treatment for service-connected conditions for (a) former POW's and (b) service-connected trauma, non-compensable conditions.

Vietnam Era veterans have not been given the benefit of the limited statutory presumption of eligibility for outpatient

dental benefits, although these benefits were extended to earlier war veterans. To establish equity for these recent veterans, the Commission recommends that Vietnam Era veterans be provided a complete episode of treatment for all non-compensable dental disabilities found to be present within one year after discharge from military service. We propose that eligible veterans be given up to one year from the date of separation to file application for this treatment, which must be finished within two years after application is completed.

RECOMMENDATION NO. 47

The Commission recommends extension of certain fringe medical benefits to veterans of service on or after February 1, 1955.

Background to Recommendation:

Since the Korean Conflict, only veterans of the "Cold-War Period," which extends from February 1, 1955 to August 5, 1964, have been excluded from certain fringe medical benefits. The service of these men, however, may have occurred under conditions like those of war. In addition, these men were conscripted and thus subjected to the same disruption in their individual lives as those who served during actual periods of war.

Veterans of the Cold-War Period have already been extended certain benefits formerly restricted to wartime periods of service, such as G.I. educational assistance, hospitalization for nonservice-connected disabilities, various presumptions of service connection for disablement, and assistance in purchasing an automobile. In accordance with these precedents, and in recognition of the nature of service for veterans of the Cold-War Period, the Commission recommends that the following fringe medical benefits be extended to veterans with service on or after February 1, 1955:

(1) Payment to State homes for part of the cost of hospitalization, domiciliary care, or nursing home care of "each veteran of any war" under 38 USC 641;

(2) The program of grants to States to construct nursing home facilities for the care of war veterans (38 USC 5032);

(3) Authority to use private contract beds for the hospital care of women veterans and of "veterans of any war" in a commonwealth or possession for nonservice-connected conditions (38 USC 601 (4) C (ii) and (iii));

(4) Contract hospital care in the Veterans' Memorial Hospital, Republic of the Philippines, for a "veteran of any war" for nonservice-connected disability if he is unable to pay (38 USC 624); and

(5) Two-year presumption of service connection for hospitalization or treatment of psychosis (38 USC 602.)

RECOMMENDATION NO. 48

The Commission recommends that veterans with nonservice-connected disabilities and who have reached the age of 65 not be required to sign an affidavit stating they are unable to pay the cost of hospital care.

Background to Recommendation:

In 1924, Congress authorized the Veterans Bureau to use excess hospital facilities to care for veterans with nonservice-connected disabilities who could not afford to pay for care in private hospitals. In subsequent legislation, the veteran was required to sign an oath that he could not afford to pay for hospital care.

In 1962, the VA initiated an ability to pay criterion computation and counseling program. If this formula identified the veteran as being able to pay for care, he was counseled. Approximately 18 percent of the veterans counseled withdrew their applications.

The criterion program has furnished detailed statistical information on veterans with nonservice-connected disabilities who have applied for VA care. The economic profile of veterans age 65 and over reveals that they have a median annual income of $2,760 and significantly less hospital insurance coverage and ready assets than other veteran groups. Nearly one-half of the older veterans who apply for care receive VA pension. Medically, this group requires care more frequently and suffers disabilities that result in longer periods of hospitalization.

Given these economic and medical characteristics, the Commission believes that the continuing application of the ability to pay affidavit seems to serve no real purpose. In fact, elimination of the counseling procedure would expedite the VA's admitting procedure. We therefore recommend that ability to pay the cost of hospital care shall not be a factor in hospital admission for veterans who have attained the age of 65.

RECOMMENDATION NO. 49

The Commission recommends that the Veterans Administration provide nonservice-connected outpatient medical benefits for all veterans with service-connected conditions rated 100 percent disabling.

Background to Recommendation:

Veterans on the VA compensation rolls may be treated in VA outpatient clinics and home-town programs for their service-connected disabilities or related medical conditions. They may not receive such treatment for other medical conditions. However, it is the practice in VA hospitals to treat the "whole man" whether he is service-connected or not. The extension of general outpatient treatment to veterans with service-connected conditions rated 100 percent disabling would tend to reduce their inpatient needs, especially since they would not be forced to go to the hospital for medical treatment which could be accomplished on an outpatient basis. An outpatient program for all their medical needs would tend to improve physical well-being, slow down physical deterioration, and alleviate some of the need among this group for hospital and nursing home care.

Therefore, the Commission recommends that the VA provide a comprehensive outpatient medical care program in its clinics and home-town programs for the care of all conditions of those receiving compensation for 100 percent disability. Such a program should provide complete medical care, including pharmaceutical prescriptions, but would provide dental care only to the extent that such care was required as adjunct to a medical condition.

RECOMMENDATION NO. 50

The Commission recommends that legislation be enacted to classify special hand and foot driver control devices required by certain categories of disabled veterans as prosthetic devices, in cases where the veteran does not receive a grant to cover the cost of the vehicle.

Background to Recommendation:

The Veterans Administration has furnished grants to approximately 50,000 disabled veterans for the purchase of automobiles. Nearly 30,000 of these required driver control

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modifications of some sort to permit the disabled veteran to operate his vehicle. There are some veterans whose disabilities are not so severe as to establish entitlement for automobiles, but who require driver control devices. The Commission recommends that these veterans initially be furnished these devices as prosthetic appliances.

RECOMMENDATION NO. 51

The Commission recommends that the Veterans Administration be authorized to furnish nursing home care in Alaska and Hawaii by transfer of patients from any hospital in which care has been furnished by the Veterans Administration.

Background to Recommendation:

There are no veterans hospitals in Alaska and Hawaii. Veterans suffering from nonservice-connected diseases and disabilities cannot be hospitalized in private hospitals at government expense. The Veterans Administration does, however, hospitalize nonservice-connected veterans in other government hospitals where we have specific contracts. Under present law this does not provide eligibility for community nursing home care. The Commission recommends that the Veterans Administration be authorized to furnish nursing home care in Alaska and Hawaii by transfer of patients from any hospital in which care has been furnished by the Veterans Administration.

RECOMMENDATION NO. 52

The Commission recommends expansion of the Veterans Administration medical research program.

Background to Recommendation:

The Commission underscores the fact that the primary mission of the VA medical program is the provision of the highest quality of medical care to its veteran patients. We deeply appreciate the essential contribution that medical research makes to the maintenance of a high-quality level of patient care.

The VA hospital system affords unique opportunities for medical research. As President Johnson stated in his message of January 30, 1968, the gain made from VA research makes it one of the nation's best investments. Its professional resources and facilities have not only improved veterans' care, but have contributed to American medicine as a whole. The history of the contributions of veterans' medicine to the conquest and alleviation of disease and disability is gratifying. Particularly noteworthy are the contributions to tuberculosis control and mental disease control. Without the VA's support in prosthetic device research, the situation might well be abysmal.

While the Commission fully supports the VA medical research program and recommends expansion, it believes that mission oriented research should receive primary consideration and emphasis. The magnitude of the psychiatric load in VA hospitals indicates the need for a much greater allocation of research in this area of care. The problems of aging which now account for approximately one-third of VA admissions, require continuing and accelerated research effort.

The Commission wishes to emphasize the need for accelerated research and application of methods for treatment of alcoholics. In addition to an expanded research program in this field, we would like to see alcoholic treatment centers established for veterans.

The Commission is deeply concerned over the possibility that the VA hospital system could develop into two classes of hospitals having disparate quality levels of care. The very nature of research effort is the establishment of centers of excellence. Talented researchers gravitate towards these centers which in turn receive greater financial support and thereby attract even more researchers. There is no question that these medical centers furnish the highest level of patient care.

Our concern lies with the VA hospitals which are isolated from these stimulating influences, both professional and budgetary. The Commission feels that the VA can, by the very nature of its organizational structure and capacity for leadership, apply imaginative approaches to raising the level of professional competence at these hospitals. Immediate and dynamic research is required to improve the delivery of the highest quality medical care to all veteran patients regardless of where they may be hospitalized.

Some stimulation may come from the newly developing regional medical centers. The Commission believes,

however, that the Veterans Administration itself must furnish the necessary leadership, competence, and communication so that each veterans' hospital may become a center of excellence.

RECOMMENDATION NO. 53

The Commission recommends an acceleration of the program of modernization and replacement of the Veterans Administration hospital and domiciliary system.

Background to Recommendation:

The contribution that the VA-operated hospital system has made to the enhancement of medical technology in our country and its contribution to the general medical well being of that part of the veteran population entitled to the service the system provides is magnificent. No small part of the VA's ability to make these two major contributions may be attributed to a forward looking improvement, modernization and new construction program of their plants. The tempo and magnitude of the improvement and modernization of the physical plant and new construction has not been what it should be. It should be increased. The Commission strongly recommends that the new construction and modernization program be materially increased in order to stay ahead of inroads of depreciation and obsolescence.

RECOMMENDATION NO. 54

The Commission recommends that salaries for Veterans Administration personnel be raised to, and maintained at, levels which will enable the Veterans Administration to compete effectively in recruiting and retaining essential personnel.

Background to Recommendation:

The shortage of skilled manpower in almost every professional and technical area, throughout the nation, is a problem which has confronted the nation for several years. Although efforts are under way to alleviate this situation, it is impossible to predict when a supply-demand equilibrium

might be achieved. Rapid technological advances in many fields have accentuated the present shortage of sufficiently skilled personnel. This is particularly true in such medical specialties as radiology, pathology, anesthesiology and psychiatry.

The VA has developed an outstanding professional environment by making available opportunities for performance at the highest professional level and for continued participation in research and education. This has helped to improve its competitive position. However, VA salary levels, fixed by law, are below those in the private sector. If the VA is to continue to attract and retain physicians, nurses, lawyers, physical and social scientists and other skilled technicians with high capabilities, the Agency must be able to offer them salaries set at levels which more closely approximate those available elsewhere.

Accordingly, the Commission recommends that salaries for VA personnel be raised to, and maintained at, levels which will enable the VA to recruit and retain in competition with other demands for these scarce category personnel.

RECOMMENDATION NO. 55

The Commission recommends expansion of the Veterans Administration program of training medical and paramedical personnel.

Background to Recommendation:

The Commission shares the general concern of the nation over the growing national shortage of health service manpower, but it is particularly concerned, because the VA must compete for, attract, and retain a significant segment of the total health manpower supply available in the nation in order to maintain its medical program for veterans. Failure to maintain its competitive position in the face of ever-increasing demands on the supply of available medical manpower could result in the gradual deterioration of the health care provided to veterans.

The shortage of health service manpower is considered acute today. It is expected to become even more serious in the immediate future. In his 1967 Health and Education Message, the President, Lyndon B. Johnson, stated:

"Within the next decade this nation will need one million more health workers."

Congress recognized the VA's potential for training health personnel with its unanimous passing of PL 89-785 in 1967. But the vast potential of the VA for training personnel in the entire spectrum of health occupations has been incompletely utilized.

The Commission strongly recommends that the VA utilize its network of hospitals and its skilled personnel to the greatest degree possible to train more personnel in the health occupations. This action will serve not only the desired national purpose, but will also better equip the Agency to perform its function of caring for veterans. The Commission further wishes to commend the President for recognizing this urgent issue and requesting the Administrator of Veterans Affairs to accelerate the training of medical specialists.

RECOMMENDATION NO. 56

The Commission recommends that proximity to medical teaching and research centers be only one and not the controlling consideration in locating and modernizing hospitals.

Background to Recommendation:

The Commission recognizes the value in terms of improved quality of medical care of locating veterans hospitals in reasonable proximity to medical teaching and research centers. Unfortunately, the number of such centers now and in the foreseeable future is so limited that the total application of this principle is unrealistic.

Limiting major modernization and new construction projects to such locations would seriously inconvenience large segments of the veteran population that are not located immediately adjacent to medical centers. Therefore, the Commission recommends that the Veterans Administration, in determining what hospitals should be constructed or what present hospitals should be modernized, should use proximity to present teaching and research centers as only one and not the controlling consideration.

RECOMMENDATION NO. 57

The Commission recommends that authorization for construction grants for state nursing homes be extended for five years beyond the June 30, 1969 expiration date.

Background to Recommendation:

The program of Federal participation in the construction of state home facilities for furnishing nursing home care was originally prescribed by Public Law 88-450 in August 1964. The law authorized $5,000,000 per year for five years (FY 1965-1969) for up to 50 percent of costs of construction, renovation, and initial equipment.

No appropriation was made for FY 1965 because time was needed for the VA to develop regulations and procedures, and for the states to develop their plans and submit applications. In FY 1966, $2-1/2 million was appropriated; $4 million was appropriated for FY 1967; and $4 million has been requested for FY 1968.

To date, fifteen project applications have been received. Thirteen have been approved, and two are under review. As funds become available, commitment is made to applicant states in the order in which their completed applications are received. FY 1968 funds will be exhausted by approved applications. Part of the FY 1969 funds are also expected to be applied to projects already tentatively approved. Projects approved and under review will provide 1,632 beds for nursing home care in state homes. Total project costs exceed $26 million, and VA participation will be approximately $11 million. States have already indicated an interest in providing 1,600 additional beds. Some states are now in the process of developing plans for submitting applications.

Because of the success of this program in helping to meet the need for nursing home care facilities, the Commission recommends that authorization for construction grants for state nursing homes be extended for five years beyond the June 30, 1969 expiration date.

RECOMMENDATION NO. 58

The Commission recommends that the community nursing home program be expanded as rapidly as possible, and that after such expansion, direct admission from a private hospital should be considered, with such safeguards as may be deemed necessary.

Background to Recommendation:

At present, a veteran, to be eligible for placement in a community nursing home must first have been admitted and received medical care at a VA hospital. The patient's selection for placement in a community nursing home is a team effort made at the ward level by the patient's physician, nurse, and social worker. The veteran's family is encouraged to participate in the discharge planning and thereby facilitate the transition from the hospital to the community nursing home. When feasible, the patient is given the privilege of selecting a nursing home, and every effort is made to place him close to his family. However, patients are not admitted to veterans' hospitals for the sole purpose of transferring them to a community nursing home. There are some veterans who have elected to have their hospitalization in private hospitals but who need extended nursing home care. It is the opinion of the Commission that these veterans are unduly penalized by not having been hospitalized in veterans' hospitals and should have the opportunity for nursing home care under Veterans Administration auspices.

However, the Commission is completely aware of the fact that the nursing home program operated by the Veterans Administration is a new program and that the present type of control is considered essential by the Veterans Administration. The Commission therefore recommends that the nursing home care program be expanded as soon as practicable and that when such expansion takes place the Veterans Administration should consider receiving patients in community nursing homes directly from private hospitals, with safeguards determined necessary to assure that nursing home care at government expense is warranted. A requirement of at least ten days' hospitalization might provide such a safeguard.

RECOMMENDATION NO. 59

The Commission recommends elimination of the six-month limitation to community nursing home care for veterans whose hospitalization was primarily for a service-connected disability.

Background to Recommendation:

Current law provides that nursing home care may not be furnished by the Veterans Administration for more than six months in conjunction with any episode of hospitalization except where the Administrator determines that a longer period is needed. While it is clear that in most cases, the present law and regulations are adequate, the Commission feels that the limitation should be lifted as it applies to veterans whose prior hospitalization was primarily for treatment of a service-connected condition. Accordingly, the Commission recommends that the six-month initial limitation be eliminated for veterans whose hospitalization was primarily for a service-connected disability.

RECOMMENDATION NO. 60

The Commission recommends that the amount paid to states for nursing home care be increased to one-half of the per diem cost of such care.

Background to Recommendation:

At present, the Veterans Administration pays the states $3.50 for each day a veteran receives nursing home care in a state home. This is obviously not enough, as the amount it pays private nursing homes will exceed $12.00 a day in many areas. It is the feeling of the Commission that if the states were given an increase, there would be an incentive for the states to operate more nursing home beds. This would be less expensive than providing care in private nursing homes. The Commission therefore recommends that the Veterans Administration be authorized to pay to the states one-half of the cost of nursing home care furnished each war veteran in a state home under 38 USC 641.

RECOMMENDATION NO. 61

The Commission recommends that the Veterans Administration be authorized to increase the reimbursement rate to community nursing homes from one-third to 45 percent of the VA general hospital per diem rate.

Background to Recommendation:

During fiscal year 1967, the Veterans Administration reimbursed community nursing homes at an average per diem rate of $10.45 for care provided to its veteran beneficiaries. This amount was less than the average per diem rate paid to community nursing homes by the Social Security Medicare program. It is estimated that social security paid approximately $14.60. The amount paid by the Veterans Administration was also considerably less than the average payment for such care from private funds.

The problem of placing veterans in community nursing homes in high cost areas has become acute because of the present limit on VA reimbursement. Therefore, the Commission recommends that the Veterans Administration be authorized to pay community nursing homes up to 45 percent of the general hospital per diem rate, as is proposed in H.R. 7481, before the 90th Congress.

RECOMMENDATION NO. 62

The Commission recommends that a program of matching construction grants for renovation and replacement of state domiciliary homes be instituted.

Background to Recommendation:

Under the provisions of Public Law 88-450, Federal aid is provided to the individual States for the construction of nursing home beds to be operated by the States as part of the State Soldiers Home Program. The law authorizes $5,000,000 per year for five years (FY 1965-1969) for up to 50 percent of the costs of construction, renovation, and initial equipment.

There is no similar program concerning the construction of beds for State domiciliary care, even though this program, like the State nursing home program, provides needed care to eligible veterans who otherwise would be forced to seek their care directly from the VA.

It would definitely be to the Government's advantage to start a program of renovating the State domiciliary homes, since the VA subsidy to the States for such care is limited to one-half the veterans' maintenance cost, with a maximum of $2.50 for each member-day of care provided. In comparison, the VA is spending an average of $6.41 for each member-day of care provided within their 16 domiciliaries.

Because of the success of the existing program in helping to meet the veterans' need for domiciliary care facilities, and because of the states' interest in maintaining such homes, the Commission recommends that authorization for renovation of state domiciliary homes, including replacement of existing capacities, be granted for a five-year period, commencing with FY 1970.

RECOMMENDATION NO. 63

The Commission recommends that veterans receiving housebound benefits be provided drugs and medicines by the Veterans Administration without cost to the veterans.

Background to Recommendation:

A total of 15,118 veterans were receiving nonservice-connected pension plus housebound benefits as of June 30, 1967. Drugs and medicines are very costly to veterans who are of such age, financial condition, and physical state that they receive a housebound allowance. Providing drugs to these veterans would be of great benefit and would not be costly to the Federal Government. Therefore, the Commission recommends that veterans who are receiving pension plus the housebound allowance be entitled to receive drugs and medicines from the Veterans Administration without cost to the veterans. In addition, the Commission recommends that those who are receiving compensation plus the housebound allowance be similarly treated.

RECOMMENDATION NO. 64

The Commission recommends that the Veterans Administration not be made a provider of services for the purpose of reimbursement under the Medicare provisions of the Social Security Act.

Background to Recommendation:

The Social Security Act now provides that no payment may be made under the provisions of the act to any Federal provider of service or other Federal agency and no payment may be made to any provider or person for any item or service which the provider or person is obligated by a law of, or a contract with, the United States to render at public expense. Legislation has been introduced which would remove this restriction and permit the use of Federal hospitals in certain areas. Legislation has also been introduced that would provide that the Veterans Administration be reimbursed from the Social Security trust fund for veterans 65 and over hospitalized in veterans hospitals. We believe that such action, would inevitably lead to the mixing of services provided by the nation to its war veterans with Social Security Medicare benefits, and that such a mixing of benefits is not to the best interest of veterans. The Commission therefore recommends that the Veterans Administration hospital system be reserved for the treatment of veterans and that the VA's responsibility for their care and treatment not be diluted.

RECOMMENDATION NO. 65

The Commission recommends that medical benefits similar to those in the Military Medical Benefits Act be provided for wives and children of veterans who are on VA compensation rolls as 100 percent disabled.

Background to Recommendation:

In most cases, wives of veterans who are 100 percent disabled are not able to work because of the need for their presence in the home. Neither the wife nor the veteran who likewise cannot work is able to have a health insurance policy providing for care for the family. Severe illness

poses an almost unbearable strain on financial resources in the absence of health insurance. The Commission believes and recommends that the Veterans Administration should provide benefits similar to those in the Military Medical Benefits Act for these dependents.

RECOMMENDATION NO. 66

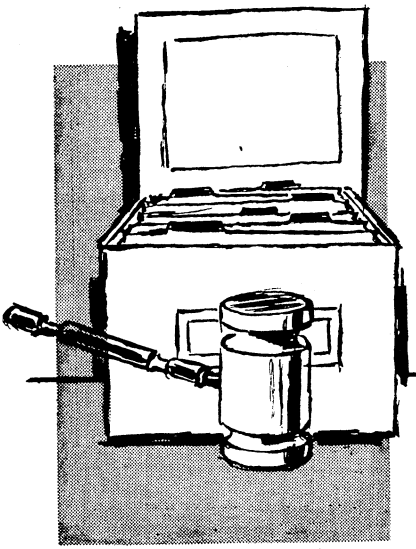
The Commission recommends that medical benefits, similar to those provided in the Military Medical Benefits Act, be provided for widows and children of veterans who die from service-connected causes.

Background to Recommendation:

The military medical benefits program provides inpatient and outpatient care, with some sharing of cost by the beneficiary, to the dependents of both those dying in service and deceased retired personnel. However, the VA hospital and medical care program applies only to veterans.

The military medical benefits program was expanded by PL 89-614 to include civilian contract care, subject to a 25 percent sharing of costs by the beneficiary, plus a deductible for outpatient treatment. The law, however, left without government health protection, the dependents of veterans who were discharged from service, without retired status, but who subsequently died from service-incurred disease or injury. There is no sound reason for this distinction. On the contrary, there is a Government obligation to provide care for the widows and children of these veterans. Such an obligation is analogous and almost equal to the traditional obligation and practice of providing medical care to veterans with service-connected conditions.

Therefore, the Commission recommends that the VA provide hospital and outpatient benefits for widows and children of veterans who die from service-connected causes. The plan would exclude widows and children eligible for medical services under the Military Medical Benefits Act or the Medicare Section of the Social Security Act. Under the proposal, eligible widows and orphans would share to a moderate extent in the cost of medical services they receive.



CHAPTER VII

General

RECOMMENDATION NO. 67

The Commission recommends that under given circumstances a conditional discharge should be treated as a final discharge for benefit purposes.

Background to Recommendation:

Section 101 (2) of Title 38 USC provides that "the term 'veteran' means a person who served in the active military, naval or air service, and who was discharged or released therefrom under conditions other than dishonorable." In the opinion of the Veterans Administration, this definition requires a definite break from service. Therefore, those who receive a discharge or release from one active status for the purpose of immediate assumption of another active status have not received a discharge or release within the meaning of the subsection. The entire service involved is continuous and constitutes one period of active service except in the event the person was eligible for complete separation and could have returned to civilian life if he had so desired.

The VA has encountered cases where servicemen have had eight or nine years of service and, although conditionally discharged after three or four years of such service, were ineligible for disability compensation or pension

because they were not completely separated from service prior to discharge under dishonorable conditions. In many of these cases the period of service began during peacetime, extended into a period of war, and was ended by dishonorable discharge long after the termination of the war. Some of these veterans had combat service and served honorably and faithfully during the full period of the war, but committed acts constituting willful and persistent misconduct during the past part of their service.

In other cases, the veteran's widow and children may suffer. If a veteran dies after receiving a discharge under dishonorable conditions, his widow and orphans are not eligible to receive survivors' benefits based on his service prior to a previous conditional discharge.

The Veterans Administration has pressed for amendment to permit benefits on the basis of conditional discharges for the period involved. H.R. 9241, 90th Congress, which would accomplish this, is now before the House Veterans Affairs Committee.

The Commission supports the VA position and recommends that legislative action be taken to recognize conditional separation from service as a complete separation under given circumstances so that such service may be recognized for establishing entitlement to VA benefits.

RECOMMENDATION NO. 68

The Commission recommends establishment of a deemed valid marriage provision for the wife of a veteran.

Background to Recommendation:

Whenever a widow cannot establish validity of her marriage to a veteran, but it is established that "she, without knowledge of any legal impediment, entered into a marriage with such veteran which, but for a legal impediment, would have been valid, and thereafter cohabited with him for one year or more immediately before his death, or for any period of time if a child was born of the purported marriage or was born to them before such marriage, the purported marriage shall be deemed to be a valid marriage, but only if no claim has been filed by a legal widow of such veteran who is found to be entitled to such benefits." (38 USC 103 (a)) This provision recognizes that the nation

owes a certain obligation to the woman who entered into a marriage relationship with a veteran which she believed to be valid, and at the time of his death was living with, caring for, and looking to him for support.

While a woman may be eligible as a widow on the basis of such a "deemed valid marriage," this provision of law has no application to the "wife" of a veteran, since it is specifically limited to "gratuitous death benefits." Therefore, a veteran must establish the validity of his marriage to receive additional compensation for a wife, or to be considered a veteran having a wife within the provisions governing payment of certain benefits during hospitalization. Likewise, the validity of his marriage must be established to obtain the higher monthly pension rates and annual income limits provided for a married veteran.

It seems to the Commission manifestly unfair to deny recognition to a woman as the wife of a living veteran, but on his death, to accord her a widow's status with full eligibility for benefits. In the interest of uniformity and fair play, the woman should be treated in the same manner while the veteran is living, as she is after his death. Therefore, the Commission recommends that the present requirement for a veteran to establish the legality of his marriage should be liberalized by applying the same criteria to the purported marriage as govern in the case of a claim for death benefits.

RECOMMENDATION NO. 69

The Commission recommends amendment of the definition of "widow" to enable reinstatement of gratuitous benefits upon termination of a widow's remarriage, and continuation of these benefits to widows who remarry after age 60.

Background to Recommendation:

The term "widow" is defined in 38 USC 101 (3) for purposes of entitlement to VA benefits (other than insurance) as a woman who, among other things, has not remarried after the veteran's death. Thus, benefits such as death pension, death compensation, or dependency and indemnity compensation, must be terminated if a widow remarries. Further payment of such benefits may be resumed only if the marriage is void or annulled.

The VA assistance provided to widows of deceased veterans serves as a partial substitute for the economic loss suffered by the widow as a result of the death of her veteran-husband. The present bar to payment of benefits after a widow's marriage is based on the premise that, upon remarriage, the widow will be supported by her new husband and that the Government is thereby discharged of its obligation. This approach has occasionally resulted in hardship, especially when the parties to the remarriage are aged and not in a position to augment their income by employment. Hardship also results if the remarriage is short-lived, for the widow often emerges from the second marriage in a worse economic position than before.

The Commission therefore recommends amendment of the legal definition of "widow" to permit widows who remarry after age 60, and widows whose remarriages terminate, to still be eligible to receive the gratuitous death benefits to which they were entitled before remarriage, provided the need criteria of the law are still met. In no event should an individual claimant benefit as the "widow" of more than one veteran.

RECOMMENDATION NO. 70

The Commission recommends alleviation of the hardship situations which sometimes arise for recipients of disability severance pay because of unanticipated changes in disability.

Background to Recommendation:

Members of the Armed Forces rendered unfit to perform their duties because of service-incurred disability, but who lack a sufficient combination of disability and length of service, to be paid retirement pay, receive disability severance pay. This is a lump sum payment which often amounts to thousands of dollars. Disability severance pay appears to be sound in its concept and serves a valuable function.

In order to avoid double compensation for the same disability, the following provision was enacted (10 U.S.C. 1212 (c)):

> The amount of disability severance pay received under this Act shall be deducted from any compensation for the same disability to which the former

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member of the Armed Forces or his dependents become entitled under any law administered by the Veterans Administration.

This provision sometimes creates hardship situations because of unanticipated changes in disability. Recoupment of disability severance pay generally takes an extended period of time, because low percentage disability ratings are usually involved. However, when a ten or twenty percent disabling condition becomes a totally disabling one requiring prolonged hospitalization, the recoupment provision continues to bar payment of disability compensation to the veteran, thus terminating all income, which the veteran needs desperately for his family's maintenance.

To alleviate this situation, the Commission recommends that recoupment of disability severance pay be at a monthly rate not in excess of the compensation to which a veteran would be entitled, based on his initial disability rating by the VA. This recommendation is identical to H.R. 5645, a bill before the 90th Congress.

RECOMMENDATION NO. 71

The Commission recommends that there should be no change in the law pertaining to attorneys' fees for handling cases before the Veterans Administration.

Background to Recommendation:

Various bar associations and legal groups have at various times recommended that the present limitation of $10 on fees payable to attorneys representing claimants in administrative proceedings before the Veterans Administration be eliminated. Bills which would remove limitations now placed upon attorney fees for services rendered before certain administrative agencies of the United States have been introduced in both Houses of the 90th Congress. A bill (S. 1073) passed the Senate on November 22, 1967, and hearings were held on a similar proposal (H.R. 10216) on July 12, 1967.

It is the opinion of the Commission that veterans have well-qualified advisers in the form of state and local service officers attached to the government and to the various veterans service organizations. The Commission therefore recommends that there should be no change in the law pertaining to attorneys' fees for handling cases before the Veterans Administration.

RECOMMENDATION NO. 72

The Commission recommends that wartime veterans benefits be extended to Mexican Border veterans.

Background to Recommendation:

The extension of all wartime benefits to veterans of service in the Vietnam Era establishes the principle of according wartime status to veterans of service during undeclared warlike activities.

Veterans of the Mexican Border Campaign, which extended from January 1, 1911, to April 5, 1917, were moved to a foreign country and subjected to hostile fire in a necessary military campaign to contain aggressiveness by a foreign force. Therefore, the Commission recommends that the full range of wartime benefits be extended to veterans of Mexican Border service, as defined in 38 U.S.C. 901 (c) with reference to eligibility for burial flags, and to their survivors.

RECOMMENDATION NO. 73

The Commission recommends that a study be made to determine the efficacy of authorizing the Veterans Administration to pay all military retirement benefits, and, the equity of permitting concurrent payment of VA disability compensation and retired pay for military personnel, based on longevity.

Background to Recommendation:

Disability compensation is a benefit intended to compensate a veteran for the reduction in civilian earning capacity from injuries or diseases attributable to his service in the Armed Forces and is determined solely upon the severity of ascertainable residuals. Military retired pay, based on longevity, is computed on the serviceman's length of service and attained rank. Where service related disablement also exists, his retired pay is further computed using an alternative formula which considers the degree of disablement and the serviceman is awarded the greater of the two benefits.

Retirement benefits may also be awarded for disablement which incapacitates a serviceman for further duty prior to a period of service which would permit him to retire based on length of service.

Under the law, concurrent payment of military retired pay, however computed, and VA compensation is prohibited with one exception. Should retired pay exceed the amount of VA entitlement, the veteran may waive so much of his retired pay as is equal to his disability compensation. He would, thus, receive payments from both sources; however, the combined amount would equal the full amount of retired pay. Otherwise, he may not receive disability compensation without surrender of his full retired pay entitlement. Elections and re-elections between both benefits are permitted.

In recent years, there has been an increase in the number of claims for VA benefits filed by persons receiving military retirement pay. Substantial overpayments often result because of concurrent benefits. When these occur, there is considerable administrative and program cost to both the VA and the Department of Defense. In addition, collection of overpayments often creates a hardship for the veteran.

This has been a long-standing problem of communication, which has been improved by numerous meetings between VA and DoD representatives. But, in order to eliminate overpayments altogether, there must be timely exchange of information between the two agencies (and sometimes with the veteran) and timely adjustment of the two awards.

A solution may lie in consolidating payments in one agency. This procedure would concentrate all vital information at a point where award adjustment could be simultaneous. This consolidation would not in any way affect the status of military retirees as a distinct class from veterans.

Because the primary purpose of the VA is administration of law relating to the relief and benefit of veterans and their dependents, and that of DoD is defense of the nation, a logical point for consolidation of information and awards would appear to be in the VA.

The equity of the bar against concurrent payment, where benefits from the Service Department are based solely on longevity, is also for reconsideration. This position is motivated by the absence of any similar prohibition against the concurrent payment of VA disability compensation and retirement benefits from other sources, such as Federal,

State, and City Civil Service Commissions, Social Security, and other public and private retirement plans whether based on longevity or disablement. Conceding that the prohibition against duplication of payment for the same disability should be maintained, payments from the Federal treasury, based on separate entitling criteria, even to the same individual does not appear inequitable.

RECOMMENDATION NO. 74

The Commission recommends equalization of military retired pay.

Background to Recommendation:

Retired members of the uniformed services have suffered a loss in their earned compensation due to the action of Congress in 1958 of suspending, and later abandoning, the direct relationship between retired pay and current active duty rates. As a result, military retirees of the same rank, who have served exactly the same length of time, enduring equivalent hardships and dangers, now draw eight different rates of pay. The difference is not related to rank or length of service but solely to date of retirement.

In illustration, the retired pay of a Sergeant (E-7) who retired in June 1958 after 24 years on active duty is $238.72. Retirement today, of a person with equal rank and years of service, would draw retired pay of $297.72, 24.7 per cent greater. A Major (0-4), with over 24 years of active duty, retiring in June 1958 would receive $429.70 per month, while his counterpart retiring today would receive $525.78, 22.3 per cent greater. In each case the lowest rate is for the oldest group of retirees and, as successive active duty pay raises and "cost of living" raises for retirees are made in the future, the disparity against the older groups will continue to increase.

The Commission believes that elimination of this growing inequity would do much to reestablish the good faith of the Government in carrying out its moral obligations. This action would also create confidence among current active duty servicemen that their earned rights would not also be swept away after completion of their service.

Therefore, the Commission recommends that a request be made to the Secretary of Defense to initiate and lend his support to a legislative proposal for basing the computation of military retirement pay on current active duty pay rates.

RECOMMENDATION NO. 75

The Commission recommends that a federally financed survivors' benefits program be established as an adjunct of the serviceman's retirement program.

Background to Recommendation:

The survivors' benefits program now available to servicemen is supported solely by the servicemen participating, who elect to contribute a specified portion of their retirement pay for this purpose. Because the program must be actuarily sound, a system of rigid rules of entitlement has emerged which does not meet the needs of servicemen's families.

The Government now contributes to survivors' benefits programs for Civil Service employees and to railroad workers. In good conscience and equity, the Commission feels the nation cannot deny such support to members of the Armed Services.

Therefore, the Commission recommends that a request be made to the Secretary of Defense to initiate and support the establishment of a federally financed survivors' benefits program as an adjunct of the present servicemen's retirement program.

RECOMMENDATION NO. 76

The Commission recommends that the Dual Compensation Act of 1964 be amended to relieve restrictions imposed on retired regular members of the military service.

Background to Recommendation:

Under the provisions of the Dual Compensation Act of 1964, a retired officer of the regular military services who is employed in a civilian capacity by the Federal

Government is required to forfeit a sizeable portion of his retired pay. This forfeiture of pay is not imposed on a retired career reservist, even though that reservist may be receiving the same amount of retired pay as the regular. It is difficult to reconcile the discriminatory treatment of the retired regular officer. Therefore, the Commission recommends that the Secretary of Defense and the Chairman of the Civil Service Commission initiate and lend their support to a legislative proposal to amend the Dual Compensation Act of 1964.

RECOMMENDATION NO. 77

The Commission recommends that Department of Defense commissary privileges be granted to widows of veterans who die of service-connected causes.

Background to Recommendation:

The Department of Defense grants commissary privileges to unremarried widows of members of the Armed Forces who die while on active duty, and to unremarried widows of retired members. This privilege is not accorded unremarried widows of veterans who die of service-connected causes and who were not retired members of the Armed Forces at the time of death.

Therefore, the Commission believes that equity demands that these unremarried widows be authorized Commissary privileges. We recommend that the VA forward such a request to the Department of Defense.

RECOMMENDATION NO. 78

The Commission recommends that legislation be enacted to protect the interests of children and other beneficiaries of deceased veterans who are under a legal disability and unaware of their rights.

Background to Recommendation:

Death compensation, dependency and indemnity compensation and pension are payable from the first of the month in which a veteran died only if an application is filed within

one year after the date of death; if the application is filed later, these benefits are payable from the date the claim is received in the VA.

There are instances where a dependent of a deceased veteran does not file a claim promptly, either because of negligence or ignorance of eligibility. This may result in the loss of substantial benefits. The Commission feels that some protection should be extended to the children of a deceased veteran who are under age 18, those who are permanently incapable of self-support and other incompetent beneficiaries. It recommends that legislation be proposed which would provide some retroactive benefits for these children prior to date of claim.

The retroactive allowance would offer a measure of relief to all incompetent beneficiaries who were unable to protect their own rights. This would include the child of a prior marriage whose existence may have been unknown to the VA until the claim was received, as well as a child whose guardian neglected to file claim. The retroactive payment would be of particular value to a child who became permanently incapable of self-support before age 18 and whose initial claim was filed, e.g., 10 or more years after the veteran's death.

The Commission therefore recommends that legislation be enacted to protect the interests of children and other beneficiaries of deceased veterans who are under a legal disability and unaware of their rights.

RECOMMENDATION NO. 79

The Commission recommends that a study be made of the possibility of establishing special allowances for death, injury, or disease incurred in combat.

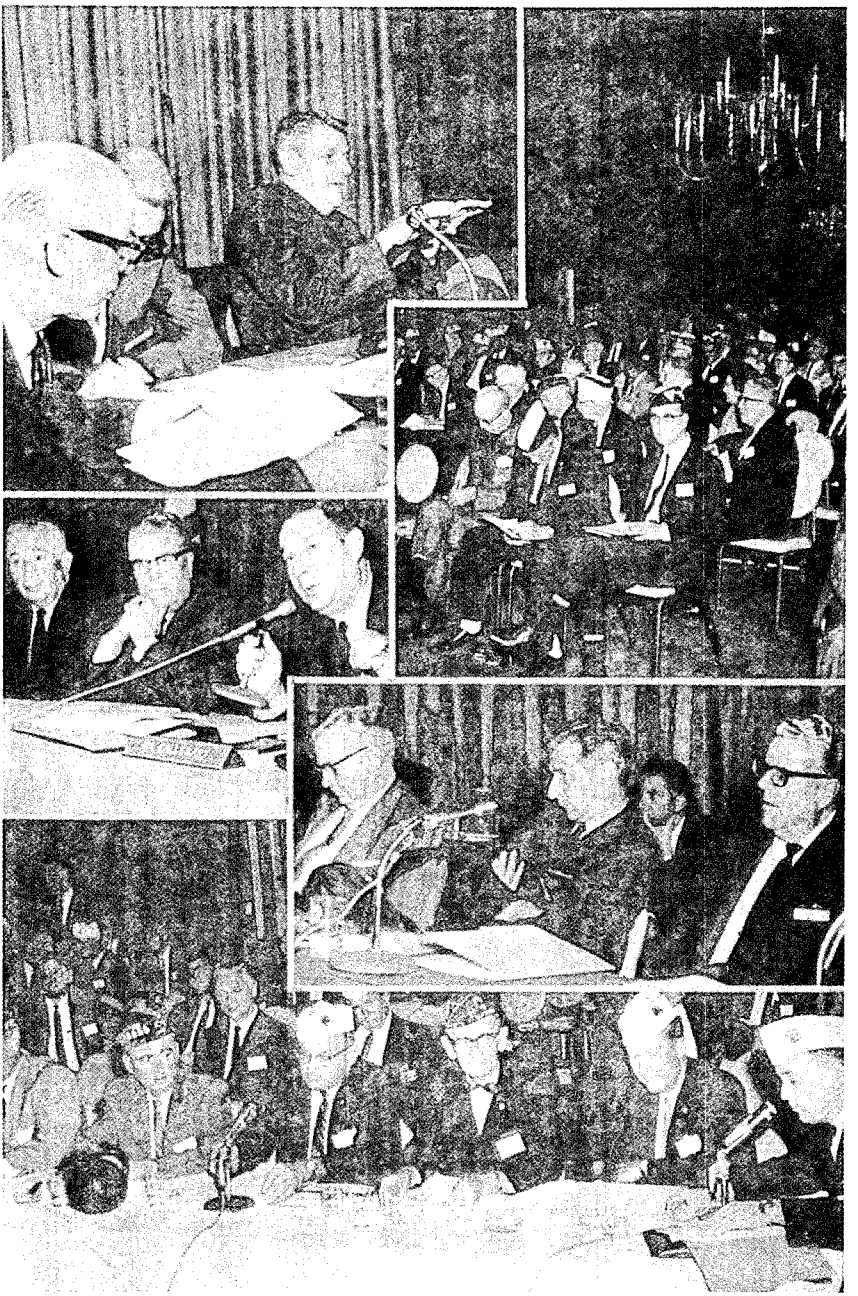
Background to Recommendation:

The Schedule for Rating Disabilities establishes degrees of average economic impairment in civilian occupations flowing from specified residuals of diseases and injuries incurred during service in the Armed Forces. Monetary values are assigned by law for each of the evaluations contained in the Schedule.

A monetary distinction exists between identical disablement based on whether it was acquired during wartime or peacetime service--peacetime rates are 80% of the amount payable if the condition were related to wartime service. No distinction is contained in the law between wartime disablement caused by routine service and those injuries incurred as a result of combat.

The Commission believes injuries or diseases incurred as a result of combat should receive special consideration. It therefore recommends that the Veterans Administration make a study of the possibility of establishing special allowances for death, injury, or disease incurred in combat.


U S VETERANS
ADVISORY COMMISSION



Members and Staff of U.S. Veterans Advisory Commission

WILLIAM J. DRIVER

Administrator of Veterans Affairs

When he announced his selection of William J. Driver to be Administrator of Veterans Affairs on December 26, 1964, President Johnson said:

> "I am particularly pleased to announce Mr. Driver's appointment since he is the first career official to administer the affairs of America's veterans. He is being promoted to the important post on the basis of outstanding achievement and demonstrated ability over a period of 16 years in the VA."

The VA Administrator is a veteran of World War II and the Korean Conflict. He served from 1942 to 1946 as a commissioned officer with Headquarters, Adjutant General, European Theatre of Operations, and during his 1951 to 1953 recall to active duty he served as a Lieutenant Colonel with the Office of the Assistant Chief of Staff, U.S. Army. His military decorations include the Legion of Merit, the Bronze Star, the Order of the British Empire, and the Croix-de-Guerre.

Mr. Driver was born May 9, 1918, in Rochester, N.Y. He was graduated cum laude from Niagara University in 1941 with a degree in Business Administration. To this was added an LLB degree in 1952 from George Washington University following several years of night class attendance at law school under the World War II G.I. Bill. In the summer of 1965 he received a Master's Degree in Public Administration from George Washington University.

Joining the VA in Washington in February 1946 as Special Assistant to the Assistant Administrator for Contact and Administrative Service, Mr. Driver soon started on a chain of promotions that led to increasingly responsible positions. He was named Director of VA's huge Compensation and Pension Service in 1956, and in January 1958 became head of the entire Department of Veterans Benefits. In February 1961 he was named to the No. 2 post in the VA as Deputy Administrator, and he served in this position until he was named by President Johnson to be Administrator of Veterans Affairs.

He has been chosen by the President to serve on several important committees including the Board of Foreign Scholarships, the President's Committee on Health Manpower, the Joint-United States-Philippine Commission, the President's Council on Aging and the President's Committee on Employment of the Handicapped.

Administrator Driver is a 1964 winner of the coveted Career Service Award, and he holds the two highest awards granted by VA, the Exceptional Service Medal and the Meritorious Service Medal as well as the Management Achievement Award of the Society for the Advancement of Management. He was awarded the AMVETS Silver Helmet.

His wife, the former Marian McKay, is the daughter of Marion K. McKay, Professor-emeritus of Economics at the University of Pittsburgh, and Chairman of the Civil Service Board in that city. The Drivers have two sons, Joe and Kellie and reside in Falls Church, Virginia.

ROBERT M. McCURDY

Chairman

As Chairman of the American Legion's National Rehabilitation Commission for 23 years, Robert Mansfield McCurdy headed one of the major commissions of the nation's largest veterans' organization. He resigned from this position May 4, 1967.

During World War II, Mr. McCurdy was a member of the Special Committee named to draft the Servicemen's Readjustment Act of 1944 (the G.I. Bill of Rights), recognized as one of the most beneficial laws ever enacted by the United States Congress.

After attending the University of Chicago and the Chicago YMCA College, he served with the First Indiana Infantry on the Mexican Border in 1916. Commissioned during World War I he served in the Army's 50th, 42nd and 6th Divisions in the Meuse-Argonne offensive, the Gerardmer sector and Verdun. He retired as captain in June, 1922, with a service-connected disability, after 35 months of hospitalization.

He was a charter member of Hamon Gray Post, American Legion, at LaPorte, Ind., and after moving to California, was Adjutant and Post Service Officer with Pasadena Post 13. He was voted life membership in the American Legion and Veterans of Foreign Wars and he is a member of the Disabled American Veterans.

In 1931 he supervised construction of the Pasadena Civic Auditorium and later became its Manager.

In 1966, he was appointed by President Johnson as a member on the Joint United States-Philippine Government Commission on War Claims.

ANDY BORG

Member

Andy Borg, former Commander-in-Chief of the Veterans of Foreign Wars, is a practicing Attorney in Superior, Wisconsin. He was elected District Attorney while still serving overseas in WW II as a Legal Officer with the 7th Fleet in the Pacific Theatre. Mr. Borg received his law degree at the University of Minnesota. He is a past President of the Junior Chamber of Commerce, past President of the Chamber of Commerce, and present member of the Superior Police and Fire Commission. His memberships include the American Legion, Eagles, Moose, Elks, A.F. & A.M., Shrine, Jesters, Chambers of Commerce, Bar Associations, and Community Chest.

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CLAUDE CALLEGARY
Member

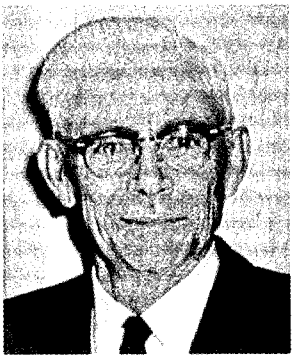
Claude Callegary is a former National Commander of the Disabled American Veterans. Prior to WWII, he was a truck driver. He enlisted in the U. S. Army nine months before Pearl Harbor and served in the Aleutians and New Guinea. He was injured in a plane crash in the Netherlands East Indies. Of the 14 aboard the plane, he was one of three survivors. Mr. Callegary was severely disabled when discharged, and through the training provided under the G. I. Bill, he obtained a law degree, and is now a practicing Attorney in Baltimore, Maryland. In 1953 he was awarded the Maryland Governor's Certificate for Distinguished Citizenship. He is a member of the Maryland Law and Water Conservation Commission. He is also one of six members of the Maryland Veterans Commission (a life-time appointment). Mr. Callegary recently returned from his second trip to the Far East and Vietnam, where he visited the sick and wounded in several hospitals.

MELVIN T. DIXON
Member

Melvin T. Dixon, State Service Officer, Florida Department of Veterans Affairs with Headquarters at St. Petersburg, is a disabled World War II veteran. He enlisted in the Air Force in 1941, was Commissioned in 1943 and retired in 1945 as a Lieutenant. He received his education at the University of Tennessee, State Teachers College and Tennessee Polytechnical Institute. In February 1945, he joined the Veterans Administration as a Contact Representative at St. Petersburg. Fourteen months later he joined the Florida State Department of Veterans Affairs, becoming State Service Officer in 1949. He has been State Service Officer for the American Legion and AMVETS since 1949.

RALPH E. HALL
Member

Ralph E. Hall, National Executive Director of AMVETS with Headquarters in Washington, D.C., makes his home in Suitland, Maryland. He is a Graduate of the University of New Hampshire, and was a World War II Combat Engineer. Two of his brothers were killed in action in WW II. Mr. Hall is a former National Commander of the AMVETS and in 1966 he became National Executive Director. His wife, a former school teacher, is National Coordinator of AMVETS. In 1962, she was the National President of the AMVETS Auxiliary. Mr. Hall was formerly in the real estate business in Massachusetts, and before coming to Washington owned a large motel in Florida.



HERBERT M. HOUSTON

Member

Herbert M. Houston of Chattanooga, Tennessee, is Past National Commander of the Veterans of World War I. He enlisted in the U. S. Marine Corps in 1917 and became a commissioned officer. As a member of the American Expeditionary Forces he took part in the Battles of Aisne, Marne and Belleau Wood, where he was wounded. Mr. Houston is a Graduate of the University of Alabama, and did Graduate work at Vanderbilt University. He established and operated the Double H Ranch in Tennessee, dealing in Hereford cattle. He is a member of the American Legion, Veterans of Foreign Wars, Veterans of WW I, and the DAV. Mr. Houston is also a member of A.F. & A.M., is a Shriner, and spends considerable time working with civic organizations.

MELVIN L. JACOBSEN

Member

Melvin L. Jacobsen, a native of Nevada and presently residing in Reno, has been Nevada Commissioner for Veterans' Affairs since 1953. He served with the Navy Seabees in the South Pacific during World War II. Injured in action, he spent two years in hospitals. He trained as a watchmaker under the G.I. Bill. He is a member of the American Legion, Veterans of Foreign Wars, Disabled American Veterans and AMVETS.

L. ELDON JAMES

Member

L. Eldon James of Hampton, Virginia, is Past National Commander of the American Legion. A practicing trial lawyer, he was graduated from William and Mary College and obtained a law degree from George Washington University. Mr. James was a Lieutenant in the U.S. Naval Reserves in World War II. He is a former President of the Hampton Lions Club and the Board of Directors of the Hampton Little Theatre. In 1966 Mr. James was given the Distinguished Service Award by the George Washington University Alumni. His city of Hampton, Virginia has bestowed a Distinguished Service Medal upon two of her citizens --- Mr. James is the holder of one of these.

WILLIAM N. RICE
Member

William N. Rice of Fort Collins, Colorado, has been Director of the Colorado State Department of Veterans' Affairs since 1947. Mr. Rice attended the University of Oregon and the University of Chicago. He enlisted in the Army Air Corps in WW II and after flying 25 combat missions, became an Instructor to combat crews. He is a member of the American Legion, the Veterans of Foreign Wars, Disabled American Veterans and AMVETS.

COL. WARREN A. ROBINSON

Member

Col. Warren A. Robinson of San Pedro, California, a military career officer, held a commission in the U. S. Army for 31 years and is now retired. A graduate of West Point, he saw service in World Wars I and II and the Korean Conflict. He has many decorations including Silver and Bronze Stars with clusters, Purple Heart, French Medal of Honor and Croix-de-Guerre with Palm.

PETE WHEELER
Member

Pete Wheeler of Atlanta is Director of the Georgia Department of Veterans' Service. He is an Attorney, and has been admitted to practice before all State and Federal Courts. He was graduated from the University of Georgia, and received law degrees from John Marshall Law School, Atlanta Law School and Augusta Law School. Mr. Wheeler is a Past President of the National Association of State Directors of Veterans Affairs. He served in the Army Infantry between 1942 and 1946 and is now with the Georgia National Guard as a Lt. Colonel in the Hq. and Hq. Detachment.

ARBON W. STRATTON

Chief Benefits Director

Arbon W. Stratton, head of the vast VA Department of Veterans Benefits, has been with the Veterans Administration since 1944. He served in the U.S. Army during World War II and entered Government service with the U.S. Employment Service and the War Manpower Commission before coming with the Veterans Administration. After field service in Salt Lake City and Cheyenne as Authorization Officer and Adjudication Officer, he was transferred to Central Office, Washington, D.C. as a Legal Consultant in 1956. He moved through the directorships of the Compensation and Pension Service and the Operations and Evaluation Staff before becoming Deputy Chief Benefits Director in February, 1963. He became Chief in February, 1965. As head of the Department of Veterans Benefits, Stratton's responsibilities include compensation and pension, vocational rehabilitation and education, G.I. loans, G.I. insurance, War Orphan's Education and the Guardianship program.

DR. H. MARTIN ENGLE

Chief Medical Director

Chief Medical Director Dr. H. Martin Engle, has headed the nation's largest medical complex - the Veterans Administration's Department of Medicine and Surgery, since January 3, 1966. Formerly Director of the 6,000 bed Los Angeles VA Center, Dr. Engle is the first VA career physician to be named to the position in which he carries responsibilities for 165 hospitals and 224 clinics with a staff of 5,000 doctors and 15,000 nurses. Dr. Engle joined VA in 1946 as a medical officer at the VA center in Ft. Harrison, Mont., after World War II service (1942-46) as Army Medical Officer. His VA positions have included Assistant Chief of the Medical Service at the Portland, Ore., VAH; Chief of Medical Service, Spokane, Wash., VAH; Chief of Professional Services, Seattle VAH; Director, Salt Lake VAH; and Director, Denver VAH. In May 1960, he became Deputy Chief Medical Director where he earned VA's highest honor, the Exceptional Service Award. Dr. Engle was made a Diplomate of the American Board of Internal Medicine in 1949 and is a Fellow of the American College of Hospital Administrators as well as a member of a number of medical associations.

DR. RODERICK G. ST. PIERRE

Associate Deputy Chief Medical Director of DM&S

Dr. Roderick G. St. Pierre joined the Veterans Administration after serving in World War II in the U.S. Army Medical Corps. He was Director of two VA Hospitals before becoming Area Medical Director for the New England-New York area. While directing the Topeka, Kansas, VA Hospital he was instrumental in developing one of the world's most outstanding psychiatric hospitals. He holds degrees from Holy Cross College in Worcester, Massachusetts, and Georgetown University School of Medicine, Washington, D.C.

DR. OREN T. SKOUGE

Deputy Chief Medical Director

Dr. Oren T. Skouge, Deputy Chief Medical Director of the Veterans Administration's Department of Medicine and Surgery, entered the service of the VA as a resident physician at the Minneapolis, Minn., VA hospital in February, 1946, after completing four years of service as a medical officer in the U. S. Army during World War II.

He served in a number of positions of increasing responsibility until he was appointed director of the Oklahoma City VA hospital in March, 1957. He was transferred to VA's Central Office in Washington, D.C., as Associate Deputy Chief Medical Director on April 1, 1966, and became Deputy Chief Medical Director, Nov. 14, 1966.

TED C. CONNELL

Executive Director of the Veterans Advisory Commission

Ted C. Connell of Killeen, Texas, was elected Commander-in-Chief of the Veterans of Foreign Wars in 1960 after serving as Junior Vice Commander-in-Chief and Senior Vice Commander-in-Chief and National Chief of Staff. He is one of the youngest men ever to serve in VFW's highest office. He also served as Junior Vice Commander and Senior Vice Commander of the Department of Texas. Connell entered the military on September 12, 1943, when he was 18 years old and saw service in the Pacific theatre with the 316th Tank Destroyer Battalion and other units. Connell is one of 10 brothers, eight of whom served with the Armed Forces during World War II. He joined the Bob Gray VFW Post 9192 in Killeen in 1947 and became Post Commander in 1950 subsequently serving as Senior Vice Commander and Commander of his District before advancing to the Department offices. In private life, Ted is one of the outstanding young businessmen in Texas. He owns and operates the Connell Chevrolet Company in Killeen and has an interest in several other businesses in his home community.

P. E. HOWARD

Special Assistant to the Administrator of the VA

A WW II Veteran, Gene Howard served in the Philippine Islands during the war.

Former National Executive Director of the AMVETS, he now serves as Special Assistant to the Administrator of Veterans Affairs.

THOMAS HOWARD PRICE, JR.

Executive Secretary to the Veterans Advisory Commission

Executive Secretary to the Veterans Advisory Commission, Howard Price is a Federal career executive with 20-years service with the VA. He was graduated from Dartmouth College with an AB degree and saw service in World War II with the U.S. Navy. With the VA, Price served as Field Examiner, Chief of the Finance Division Operations Section, Systems Analyst and Assistant Manager of the VA Regional Office at Manila in the Philippines.

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JOHN J. JACKSON

Administrators Advisory Council

John J. Jackson, a member of the Administrators Advisory Council, is a 20-year career employee of the Veterans Administration. He has served at Togus, Maine, and in Central Office as a Special Assistant to the Chief Benefits Director. An Attorney, he received his law degree at Northeastern University. In World War II he served with the Army in Counter Intelligence.

JOHN E. WILLOUGHBY

Deputy Chairman, Administrators Advisory Council

John E. Willoughby, Deputy Chairman of the Administrators Advisory Council, was in the U.S. Army in World War II and has held various positions as a VA executive for 22 years. He received degrees from the University of Michigan, University of Southern California and George Washington University.

HERBERT F. MOORE

Director of Insurance Service

Director of the Veterans Administration Insurance Service, Herbert F. Moore is a 20-year career Federal executive. He is an attorney, having received an LLB degree from National University, Washington, D.C. He served in the Navy in World War II. Moore has held positions of increasing responsibility in the VA's Department of Veterans Benefits and was Director of the VA Center at Togus, Maine.

BILL STINSON

Special Assistant to the Administrator

Special Assistant Bill Stinson of Austin, Texas, a disabled Marine combat veteran of World War II, is a Special Assistant to William J. Driver, Administrator of Veterans Affairs, to handle liaison with the White House, Congress and State governments. Stinson's first job with the Veterans Administration was in Waco, Texas, where he was a file clerk. After working there four years, he left VA to attend Baylor University under the GI Bill. He became active in radio and television in Texas and was elected founding president of the United Press Broadcast Association of Texas and he also served as vice president of the Associated Press Broadcasters Association of Texas. During the Presidential campaign of 1960, Stinson served as an aide on the Kennedy-Johnson national campaign staff. He was appointed Administrative Assistant to Governor Connally in Sept., 1963, and moved to his present position in Aug., 1965.

Catalog of Suggestions Presented to the Veterans Advisory Commission in Public Sessions and by Letter

Explanatory Notes

This catalog covers the suggestions made in all open meetings of the Veterans Advisory Commission and supersedes prior catalogs.

The original catalog covered five meetings with several others in prospect which required a code system which would permit orderly insertion of new material. It was hoped that sufficient number spacing was provided to permit this. This did not prove to be the case because of an unanticipated volume of suggestions in several areas. Renumbering was necessary. The alternative was to place catalog items in strange and awkward surroundings.

Six broad benefit groups had been previously designated for possible sub-committee study. These six groups were used as the basis for this catalog. A seventh group (Miscellaneous) is added. For Group I the prefix number "10." is used. For Group II, "20.", and so forth.

Each catalog item has following it the citation to the particular transcript in which it is found together with the name of the organization which offered it. For example, "AT 299 (AL)" indicates that the testimony regarding the item is to be found in the Atlanta transcript on page 299 and was proposed by the American Legion.

The transcript and their abbreviations are:

Seattle	ST
Minneapolis	MT
Chicago	CT
Boston	BT
Las Vegas	LT
Washington (July 26, 1967)	DCT
Brooklyn	BKT
Philadelphia	PT
Atlanta	AT
Oklahoma City	OT
Washington (October 2, 1967)	DC2T

The standard abbreviations of the titles of the major service organizations are used in these citations. These are:

American Gold Star Mothers	AGSM
Amvets	AMVETS
Army and Navy Union	ANU
American War Mothers	AWM
Blinded Veterans Association	BVA
Disabled American Veterans	DAV
Fleet Reserve Association	FRA
Gold Star Wives	GSW
Italian American War Veterans	IAWV
Irish War Veterans	IWV
Jewish War Veterans	JWV
National Congress of Puerto Rican Veterans	NCPRV
Paralyzed Veterans of America	PVA
Polish Legion of American Veterans	PLAV
Retired Officers Association	ROA
Regular Veterans Association	RVA
Veterans of Foreign Wars	VFW

The tabulation of approximately 1500 letters received cannot be accepted as statistically "pure" for a number of reasons. First, many let-

ters represent the views of groups without numeration of the participants. Secondly, the issues have not been uniformly framed. In this respect the writers generally lack the sophisticated technical knowledge enjoyed by those who testified before the Commission and who had the benefit of the Commission's clarifying interrogation. This has led to the third element of "impurity": the necessity for the tabulator to arbitrarily use his judgment in catagorization. For example, suggestings for "increased benefits" without specification of an approach to this objective have been treated as suggestions for "increased pension rates" (where pension is the benefit in question), although in some instances the content and context have permitted them to be considered suggestions for "service pension." (It should be noted that a direct increase in pension rates, an increase in the income levels, or an exclusion of certain items as income will result in a general increase in the pension benefit.)

Those who testified before the Commission, being more learned in veterans legislation and having broader interests, offered suggestions in many areas. The letters indicate that most were written from the author's personal frame of reference, and are generally pension oriented and World War I oriented. In spite of necessary inexactness the following tabulation is believed to present the consensus and is a fair indication of areas of priority. The tabulation is presented in the order of frequency.

It should be mentioned for the benefit of any evaluation which may be applied that the use of mimeographed and stereotyped letters was quite high.

CONTENTS

GROUP I.—COMPENSATION FOR SERVICE CONNECTED DISABILITIES AND DEATH; RELATED BENEFITS

Service Dates and Eligibility Factors

10.0004. Define "Veteran" as one who has served in the armed forces and who is not presently on active duty: DC2T 478 (MCL).
10.0008. Redefine active duty and active duty for training: OT 440–442.
10.0012. Redefine the war periods and the benefits payable for war service: OT 440–442.
10.0016. Consider all periods for which a campaign or expeditionary medal or ribbon was issued war periods: CT 65 (PLAV); BT 383 (MOPH).
10.0020. Consider a campaign or expedition involving hostilities a war period: AT 522 (VFW).
10.0024. Consider April 12, 1911 through April 5, 1917 to be a war period: AT 462.
10.0028. Consider Mexican Border Service a war period: AT 402 (AL).
10.0032. Consider the Siberian Campaign to be war service: LT 201.
10.0036. Consider the period since 1940 to be a war period: LT 241 (AMVETS).
10.0040. Consider the period from 1947 to be a war period: BKT 102 (PVA).
10.0044. Consider the period from December 31, 1946 to June 7, 1950 a war period: MT 339 (VFW).
10.0048. Consider the period from January 31, 1955 to be a war period: BT 325 (DAV); AT 327 (AL); OT 315 (DAV).
10.0052. Provide that the Vietnam (Cold War) period began in 1955: ST 51 (DAV); ST 66 (DAV).
10.0056. Provide that the Vietnam Era began prior to August 5, 1964: ST 45 (DAV).
10.0060. Provide that the Vietnam Era began January 1, 1961: AT 69 (DAV).
10.0064. Provide full and equal benefits for any service from August 5, 1964: BT 238 (AL); ST 37 (AMVETS); ST 66 (DAV); ST 44 (DAV); MT 35 (AMVETS); LT 299 (DAV); LT 249 (VFW); DCT 560 (IWV); BT 327 (DAV); BT 126 (VFW); CT 64 (DAV).
10.0068. Consider service in the Womens Auxiliary Army Corps to be entitling service to all war benefits: DCT 50 (PVA); DC2T 354 (WAC VETS).
10.0072. Review liberally all other than honorable discharges: CT 227 (AMVETS).
10.0076. Permit eligibility to all benefits to those conditionally discharged from service honorably for immediate reentrance regardless of the character of the subsequent discharge: DC2T 243 (AL); DC2T 107 (VFW).
10.0082. Permit full entitlement to survivors regardless of veteran's dishonorable discharge: AT 325 (AL).

Distinctions in compensation rates because of nature of service

10.0204. Equalize compensation rates for war and peace service: ST 37 (AMVETS); MT 33 (AMVETS); BT 264 (AMVETS); BT 328 (DAV); BT 361 (PVA); CT 225 (AMVETS); CT 104 (VFW); CT 231 (AMVETS); DCT 523 and 533 (BVA); DCT 490 (FRA); DCT 483 (FRA); BKT 74 (AMVETS); BKT 101 (PVA); OT 460; OT 381 (DAV); OT 179 (VFW); DC2T 36 (PVA); OT 401 (DAV); PT 91 (AMVETS); AT 233 (MOPH); DC2T 154 (PLAV); AT 321 (AL).

10.0208. Retain differential between war and peace rates: ST 33 (AL); CT 120 (VFW); CT 251 (MOPH); BT 81 (VFW); DC2T 557.

10.0212. Equalize compensation rates for war and peace service for the severely disabled: LT 213 (PVA).

10.0216. Permit war rates for deaths during active duty for training except in case of negligence, disobedience or willful misconduct: CT 103 (VFW).

10.0220. Provide increased compensation rate for the totally disabled service connected combat veteran: DC2T 440 (MOPH).

10.0224. Provide an increased compansation rate for combat injuries. DCT 495 (FRA); DC2T 556; DC2T 501.

10.0228. Provide at 25% increase for a combat disabled above the rate for the wartime disabled: DC2T 450 (MOPH).

10.0232. Permit full benefits for those entitled to war rates for disabilities incurred during extra hazardous service or under conditions simulating war: CT 33 (DAV); PT 509 (DAV); DC2T 323 (DAV).

10.0236. Provide increased awards for overseas war veterans: MT 341 (VFW); LT 362.

10.0240. Provide a service connected rating of at least 50% for all overseas troops and sailors of WWII: AT 601.

Rating schedule policy, criteria for service connection

10.0404. Provide service connected benefits on a more realistic scale developed in cooperation with the Department of Labor: OT 616 (AL).

10.0408. Provide for House Veterans Affairs Committee participation in adjustments in the Rating Schedule: PT 571 (DAV).

10.0412. Review and revise the Rating Schedule: CT 286 (AL); CT 124 (VFW); CT 112 (VFW); CT 225 (AMVETS); CT 187 (AL).

10.0416. Reevaluate the Rating Schedule every five years: OT 439.

10.0420. Weight the Rating Schedule to reflect changes in economic conditions: DC2T 104 (VFW).

10.0424. Provide a more current Rating Schedule permitting more equitable rating procedure: LT 191 (MOPH).

10.0428. Expedite Rating Schedule review and provide for lessened life expectancy and social impairment: LT 125 (AL); DC2T 105 (VFW).

10.0432. Provide for noneconomic aspects of disability in the Rating Schedule: LT 224 (AMVETS) BT 102.
10.0436. Provide special consideration for shortened life expectancy for the totally disabled: LT 300 (DAV).
10.0440. Consider the Rating Schedule as providing principles but not arbitrary rules: OT 578.
10.0444. Apply and interpret the Rating Schedule liberally: AT 119 (DAV).
10.0448. Direct primary concern to the totally disabled veteran: PT 103 (AMVETS).
10.0452. Revise the Rating Schedule to eliminate discrimination: BT 116 (VFW).
10.0456. Apply flexibility in borderline cases in keeping with the intent (but not letter) of the law: PT 152 (AL).
10.0460. Remind VA personnel (through the Administrator) that borderline cases should be resolved in the veteran's favor: AT 302 (AL).
10.0464. Provide the veteran the benefit of the doubt in all questions of service connection: ST 237.
10.0468. Reexamine VA procedures in cases where service evidence does not disclose treatment of a disability: BT 302 (DAV).
10.0472. Interpret liberally and accord more weight to "Buddy" statements: OT 350 (DAV); DC2T 193 (AMVETS); AT 322 (AL); AT 519 (VFW).
10.0476. Amend the regulations and Rating Schedule to clarify the "Time, place and circumstances" factor of 38 USC 354, and to define VA responsibility in obtaining official records of treatment alleged: AT 458.
10.0480. Liberalize continuity of disability requirements for purposes of service connection: AT 322 (AL).
10.0484. Determine conditions treated in service to be service connected regardless of continuity: AT 459.
10.0488. Waive need for veteran to provide medical evidence to show probability of a valid claim: AT 38 (DAV).
10.0492. Permit more latitude in service connection for POWs: PT 396 (AL); PT 404 (AL).

Presumptions of service connection

10.0604. Presume deaths of ex-POWs to be service connected: ST 222 (MOPH); AT 521 (VFW); AT 535 (VFW).
10.0608. Presume deaths of ex-POWs from chronic diseases to be service connected: OT 509 (AL).
10.0612. Presume deaths of those who served on active duty for 30 years to be service connected: DCT 614 (AL).
10.0616. Presume deaths of those retired from service for longevity to be service connected: AT 295 (AL).
10.0620. Presume deaths from pathological or organic conditions, not involving misconduct, of those serving on active duty for 20 years or more to be service connected: AT 457.
10.0624. Presume deaths of disability retirees of the military to be service connected: DCT 488 and 498 (FRA).

10.0628. Presume deaths of servicemen retired because of 100% disability to be service connected: DC2T (GSWA).

10.0632. Presume deaths of those servicemen retired because of 50% or greater disability to be service connected: DC2T 304 (DOA).

10.0636. Presume deaths of permanently and totally disabled service connected veterans to be service connected in the absence of misconduct: OT 618 (AL).

10.0640. Presume deaths of 100% disabled service connected veterans who were physically unable to provide financial security for their families to be service connected: AT 293 (AL).

10.0644. Presume deaths of those who for the two years immediately preceding were rated individually unemployable to be service connected: AT 232 (MOPH).

10.0648 Presume deaths of those with 100% service connected disability to be service connected: MT 72 (DAV); CT 112 (VFW); LT 124 (AL); LT 249 and 250 (VFW); DCT 525 and 535 (BVA); PT 573 (DAV); AT 234 (MOPH); AT 55 (DAV).

10.0652. Presume deaths of those whose service connected disabilities were evaluated at 100% disabling for the 20 years immediately preceding death to be service connected: AT 65 (DAV); PT 509 (DAV); OT 401 (DAV); MT 85 (DAV); CT 33 (DAV); AT 114 (DAV); DC2T 325 (DAV); AT 234 (MOPH).

10.0656. Presume deaths of those 65 years or older whose service connected disabilities were evaluated as 100% disabling for the 20 years immediately preceding death to be service connected: AT 324 (AL); AT 438.

10.0660. Presume deaths of those whose service connected disabilities were evaluated as 100% disabling to be service connected if 100% rating had been in effect for 20 years or veterans was over 65 years of age: AT 317 (AL).

10.0664. Presume deaths of those 100% disabled for 20 or more years to be service connected if from non-accidental causes: AT 34 (DAV).

10.0668. Presume deaths of those whose service connected disabilities were evaluated as 100% disabling for 5 or 10 years prior thereto to be service connected: AT 335 (AL).

10.0672. Presume deaths of those whose service connected disabilities were evaluated as 100% disabling for 5 or more years prior thereto to be service connected: DC2T 557; OT 439.

10.0676. Presume deaths of those whose service connected disabilities were 60% or more in degree to be service connected: ST 114 (VFW); LT 249 (VFW).

10.0680. Presume deaths of those whose service connected disabilities were 60% or more in degree for five or more years prior to death to be service connected: AT 538.

10.0684. Presume deaths of those with service connected spinal cord injury or disease to be service connected: DC2T 47 (PVA).

10.0688. Presume deaths of those who had severe debilitating disabilities of service origin for 20 or more years to be service connected: BT 366 (PVA).

10.0692. Presume deaths of those receiving aid and attendance allowances based on service connected disabilities and whose wives are the attendants to be service connected: CT 124 (VFW).

10.0696. Presume deaths of those receiving aid and attendance allowances based on service connected disabilities to be service connected: PT 554 (DAV).

10.0700. Establish service connection on basis of individual medical history and not on presumptions: DC2T 357A (American Medical Association).

10.0704. Apply chronic disease criteria to all classes of veterans: LT 293 (DAV); OT 281 (DAV); OT 381 (DAV); OT 401 (DAV).

10.0708. Establish service connection for preexisting disabilities after completion of two full enlistments in active duty: AT 535.

10.0712. Presume service connection for any condition imposed on a service connected organ or system; AT 293 (AL).

10.0716. Extend presumptive periods for insideous diseases other than carcinoma, amyotrophic lateral sclerosis and muscular atrophies: OT 400 (DAV).

10.0720. Extend the presumptive periods for chronic diseases with regard to former POWs: PT 324 (VFW).

10.0724. Extend presumptive period for carcinoma, amyotrophic lateral sclerosis and muscular atrophies to 2 years: OT 380 (DAV).

10.0728. Extend presumptive period for carcinoma, amyothrophic lateral sclerosis and muscular atrophies to 3 years: OT 400 (DAV).

10.0732. Extend presumptive period for amyotrophic lateral sclerosis to 7 years: OT 350 (DAV); PT 508 (DAV); DC2T 219 (AL).

10.0736. Extend presumptive period for multiple sclerosis and amyotrophic sclerosis to 10 years: PT 509 (DAV).

10.0740. Presume service connection for all disabilities acquired by POWs: ST 84 (VFW); ST 166 (VFW); ST 222 (MOPH); LT 325 (VFW); AT 520 (VFW).

10.0744. Presume service connection for any chronic constitutional disease acquired by POWs: OT 491; AT 459.

10.0748. Presume service connection for almost any condition acquired by a long term POW: PT 400 (AL).

10.0752. Presume service connection for any disease of unknown origin occurring within 20 years of release from POW status: DC2T 192 (AMVETS).

10.0756. Presume service connection for chronic disease of POWs arising within 5 years following discharge: CT 31 (DAV).

10.0760. Presume service connection for any disability acquired by a prisoner of war of 12 months duration within 20 years of release from POW status: OT 461; OT 490.

10.0764. Presume service connection for chronic bronchitis acquired by POWs within 5 years of discharge: CT 31 (DAV).

10.0768. Presume a minimum 10% evaluation for a nervous disorder acquired by an ex-POW after discharge: AT 521 (VFW).

10.0772. Require the VA to research and review the presumptive periods for malignancy: PT 96 (AMVETS).
10.0776. Presume service connection for carcinoma developing on the site of service connected disabilities: LT 279 (DAV); AT 294 (AL).
10.0780. Extend presumptive period for malignant tumors to two years: PT 231 (AL).
10.0784. Extend presumptive period for carcinoma to three years: AT 519 (VFW).
10.0788. Extend presumptive period for cancer to 7 years: BT 121 (VFW); AT 457.
10.0792. Extend presumptive period for psychosis to two years: OT 400 (DAV); DC2T 222 (AL); PT 509 (DAV); PT 508 (DAV); PT 532 (DAV); OT 506 (AL); MT 84 (DAV); BT 264 (AMVETS); CT 37 (DAV); BKT 66 (AMVETS).
10.0796. Liberalize VA attitude in establishing service connection for secondary conditions: BT 120 (VFW).
10.0800. Liberalize policy for service connection of organic disabilities secondary to a neurotic condition: BT 318 (DAV).
10.0804. Restore service connection severed under the letter of December 14, 1954: PT 514 (DAV).
10.0808. Maintain evaluations for those who overcome their disabilities: DC2T 82 (VFW).

Protection

10.0904. Protect evaluations for muscle damage: MT 52 (DAV).
10.0980. Protect evaluations for chronic constitutional diseases: MT 52 (DAV).
10.0912. Protect statutory awards: CT 31 (DAV); DS2T 561.
10.0916. Protect statutory awards in effect for 20 years: DC2T 317 (DAV).
10.0920. Protect combined degrees of disability: LT 270 (DAV).
10.0924. Provide that decreases in evaluations for less than one year shall not interrupt the 20 year period necessary for protection: LT 272 (DAV); DC2T 316 (DAV).
10.0928. Provide that 100% evaluations in effect for 19 years shall not be reduced to a point which would create hardship: AT 319 (AL).
10.0932. Protect evaluations that have been in effect for 10 years: OT 505 (AL)

Individual unemployability

10.1004. Provide statutory award for those who are 100% disabled under the Schedule and are also unemployable: LT 275 (DAV).
10.1008. Permit a 100% evaluation whenever service connected conditions are the major cause of unemployment: PT 575 (DAV).

10.1012. Permit a 100% unemployability rating for a single disability evaluated at 60% or a combination at 70%: AT 54 (DAV); OT 505 (AL).

10.1016. Permit a 100% unemployability rating for veterans with a service connected disability evaluated as 60% who develop additional disabilities preventing employment: OT 275 (VFW).

10.1020. Permit a 100% unemployability rating for 60% or more disability where other evidence substantiates unemployability: AT 518 (VFW).

10.1024. Permit 100% unemployability ratings for veterans aged 55 years or older who have service connected disabilities 50% or greater in combination which prevent employment: PT 511 (DAV).

10.1028. Permit, on an extra schedular basis, 100% unemployability ratings for veterans age 55 and older whose service connected disabilities are evaluated as 50% or more: PT 323 (VFW).

10.1032. Permit an additional evaluation for unemployability for veterans 50% or more disabled under the Schedule: OT 439.

10.1036. Permit a 100% unemployability rating for service connected disabilities otherwise ratable as 50% or more after 6 months unemployment: MT 99 (VFW).

10.1040. Reexamine veterans one year after attaining arrest of service connected tuberculosis to determine if employability is restored: OT 511 (AL).

10.1044. Permit assignment of an unemployability evaluation regardless of the schedular degree of disability: DC2T 193 (AMVETS).

10.1048. Adopt the same standards for unemployability ratings for service connected disabilities as are used for pension purposes: MT 54–58 (DAV); MT 285; BT 241 (AL); AT 295 (AL).

10.1052. Provide an age factor in unemployability ratings: DC2T 563 (DAV); AT 273 (AL).

10.1056. Permit some degree of marginal employment where an unemployability rating is assigned: CT 31 (DAV).

10.1060. Eliminate unemployment questionnaires after unemployability rating has been in effect for 10 or more years: LT 299 (DAV).

10.1064. Permit rating boards greater latitude in determining unemployability for compensation purposes: AT 37 (DAV); PT 323 (VFW).

10.1068. Permit an unemployability rating where cause is service connected disability in one limb and non service in the other: PT 231 (AL).

10.1072. Permit an unemployability rating where loss or loss of use of a limb is the case: AT 519 (VFW).

10.1084. Reevaluate the 100% disabled with regard to their mental stability and ability to work: PT 104 (AMVETS).

Suggestions pertaining to claims procedures, effective dates, evaluations, award adjustments, and other administrative practices

10.2004. Review claim automatically upon hospitalization for a service connected disability: ST 87 (VFW).

10.2008. Evaluate service connected disability as 100% from date of hospital admittance for the condition: AT 294 (AL); CT 225 (AMVETS).

10.2012. Evaluate service connected disability as 100% after hospitalization for a 24-hour period for the condition: LT 294 (DAV).

10.2016. Provide a 100% evaluation for a convalescence period following discharge from an NP hospital: AT 318 (AL); AT 321 (AL).

10.2020. Provide a graduated convalescent rating in NP cases following hospital discharge: AT 437.

10.2024. Provide for a social survey in NP cases rated 50% or more more where veterans fails to report for examination: AT 334 (AL).

10.2028. Continue policy of conducting examinations for compensation purposes at Regional Offices: AT 332 (AL).

10.2032. Study justification for disparity between psychosis and psychoneurosis: OT 507 (AL).

10.2036. Provide Special Rating Boards for consideration of hospitalized service connected cases: BT 90 (VFW).

10.2040. Provide more administrative intervention by CO: BT 114 (VFW).

10.2044. Recognize the greater need for extra-schedular ratings by CO: BT 117 (VFW).

10.2048. Provide an extra-schedular evaluation board in each Regional Office: LT 288 (DAV).

10.2052. Liberalize Extension 6 (convalescent ratings) requirements: LT 309 (DAV).

10.2060. Pay aid and attendance for service connected disability where veteran enters nursing home at his own expense: CT 124 (VFW).

10.2064. Permit increased aid and attendance allowance to those not eligible for VA nursing beds: CT 288 (AL).

10.2068. Discontinue withholding of compensation during hospitalization for those 100% disabled: CT 226 (AMVETS).

10.2072. Eliminate award adjustments because of hospitalization: AT 331 (AL).

10.2076. Increase to $3000 the estate limit permitted a hospitalized incompetent and establish $1000 as the level which permits resumption of compensation payments: OT 196 (VFW).

10.2080. Liberalize hospital reduction provisions to permit incompetents to build a small estate for use on discharge: OT 375 (DAV).

10.2082. Apply special appointment procedure and consider the veteran's interest as well as the child's in cases of hospitalized incompetents: OT 452 (DAV).

10.2084. Improve facilities to relieve the backlog in original and routine future examinations: AT 216 (AMVETS).
10.2088. Remove benefits restrictions on husbands and widows of female veterans: DC2T 355; DC2T 560; AT 494.
10.2092. Provide retroactive benefits from the date of passage of legislation entitling previously disallowed or denied claims: CT 118 (VFW).
10.2096. Provide utmost consistency in laws governing effective dates: LT 127 (AL).
10.2100. Permit retroactive awards in cases where original claim previously denied is allowed on new and material evidence: PT 147 (AL).
10.2104. Pay compensation from date of discharge in all cases where continuity of disability is established: OT 508 (AL).
10.2108. Reduce or discontinue awards from last day of calendar year in case of death of a dependent: AT 297 (AL).
10.2112. Continue paragraph 29 benefits 30 days beyond CBOC and post hospital treatment period in all cases of serious illness: LT 128 and 135 (AL).
10.2120. Provide that the effective date of paragraph 29 benefits should be date of hospitalization in a VA or private hospital: AT 217 (AMVETS); DC2T 215 (AL).
10.2124. Provide that the effective date of increases shall be from first date of hospitalization in any hospital: AT 536.
10.2128. Provide that payment of retroactive awards shall be at current compensation rates: OT 508 (AL).
10.2132. Provide a 60% evaluation for a below the knee amputation: AT 520 (VFW).
10.2136. Provide a 50% evaluation for a below the knee amputation: MT 73 (DAV); MT 84 (DAV); LT 307 (DAV).
10.2140. Provide realistic and non-discriminatory auditory acuity ratings: BT 116 (VFW).
10.2144. Provide a total evaluation for total deafness: OT 506 (AL).
10.2148. Provide a compensable rating for hearing impairment requiring use of a hearing aid: MT 85 (DAV).
10.2152. Provide a more accurate method for determining hearing loss: AT 531.
10.2156. Eliminate audiological testing and substitute examinations reflecting everyday working and living conditions of the individual: AT 294 (AL).
10.2160. Improve facilities to expedite audiology examinations: AT 216 (AMVETS).
10.2164. Expedite hearing examinations: AT 322 (AL).
10.2168. Liberalize evaluations for psychosis and epilepsy: AT 37 (DAV).
10.2172. Provide a special rating for "Prisoner of War" syndrome: LT 125 (AL).
10.2176. Restudy epilepsy evaluations: BT 117 (VFW); CT 124 (VFW).
10.2180. Provide increased consideration for social impairment in cases of neurosis and psychosis: BT 291 (DAV).

10.2184. Provide increased evaluations (for psychophysiological disorders (Code 9500) : BT 290 (DAV).
10.2188. Permit the aid and attendance allowance and the "housebound" allowance based on psychoneurosis: BT 291 (DAV).
10.2192. Reexamine the compensation structure (Schedule of Disability Ratings) : BT 102.
10.2196. Reexamine degrees of disability provided by the Rating Schedule: BT 385 (MOPH).
10.2200. Establish more intermediate rates between 0% and 100%: MT 56 (DAV); MT 100 (VFW); MT 287; CT 225 (AMVETS); LT 224 (AMVETS).
10.2204. Review rating tables and evaluations in line with reality: AT 321 (AL).
10.2208. Establish a minimum 10% evaluation for hypertension controlled by medication: MT 337 (VFW).
10.2212. Establish a minimum 10% evaluation for tuberculosis: MT 291.
10.2216. Update digestive system evaluations: BT 116 (VFW).
10.2220. Establish a minimum 10% evaluation for scarred duodenal bulb: MT 292.
10.2224. Update evaluations for visual impairment: BT 116 (VFW).
10.2228. Evaluate loss or loss of use of an eye at 50%: MT 73 (DAV); MT 84 (DAV).
10.2232. Increase evaluation for blindness of an eye or loss of an ear: CT 124 (VFW).
10.2236. Establish a statutory award for loss of the thumb of the major hand due to combat: CT 287 (AL); CT 187 (VFW).
10.2240. Establish a compensable evaluation for chronic cellulitis: OT 349 (DAV).
10.2244. Evaluate complete loss of function of a kidney as 50% disabling: MT 73 (DAV).
10.2248. Establish a statutory award for loss or loss of use of a kidney due to combat wounds: CT 187 (VFW); CT 287 (AL).
10.2252. Provide a statutory award (38 USC 314 (k)) for loss of a kidney: Ct 226 (AMVETS).
10.2256. Provide a statutory award (k) for loss of a kidney and loss of a lung: DC2T 317 (DAV); AT 269 (AL); PT 505–506 (DAV); DC2T 525.
10.2260. Add rating evaluations rather than combining them: AT 613; PT 507; OT 506 (AL).
10.2264. Liberalize the required amount of additional disability necessary to elevate a 90% evaluation to a combined 100%: MT 73 (DAV).
10.2268. Provide a statutory award for anal colostomy, total gastrectomy, and loss of 3 lung lobes: OT 349 (DAV).
10.2272. Provide compensation for the combined disability where the service connected loss or loss of use of a leg or an eye is compounded by the loss or loss of use of the other leg or eye through non-service connected causes: OT 245 (VFW).

10.2276. Provide compensation for the combined disability where the service connected loss or loss of use of an arm or a leg is compounded by loss or loss of use of the corresponding member through non-service connected causes: PT 552 (DAV); PT 233 (AL); DC2T 318 (DAV).

10.2280. Provide compensation for the combined disability where the service connected loss or loss of use of a limb or organ of sense is compounded by loss or loss of use of the corresponding limb or organ through non-service connected causes: OT 507 (AL).

10.2284. Consider veneral diseases and residuals as disabilities and repeal provisions concerning willful misconduct: AT 572; CT 141 (VFW).

10.2288. Consider alcoholism to be willful misconduct and bar benefits therefor: AT 608.

10.2292. Rate alcoholism in accordance with current thinking: PT 92 (AMVETS).

Compensation and Rates for Service Connected Disability

Statutory awards

10.3004. Review validity and equity of statutory awards to align them with the degree of disability for which they are granted and provide savings clause: AT 293 (AL).

10.3008. Increase all statutory awards: PT 400 (AL); OT 381 (DAV); AT 113 (DAV); OT 400 (DAV); DC2T 450 (MOPH); BT 327 (DAV); BT 308 (DAV); BT 85 (VFW); LT 250 (VFW); BKT 208 (WWI); BKT 117 (DAV); AT 613; BT 102.

10.3012. Increase award for loss of an eye and loss of a limb: CT 40 (VFW).

10.3016. Provide a cost of living increase for statutory awards computed from 1945: BT 379.

10.3020. Provide a cost of living increase for loss of an extremity or body organ: CT 30 (DAV).

10.3024. Increase statutory awards by at least $20 per month: CT 124 (VFW).

10.3028. Increase the "k" rate: AT 84 (DAV); PT 552 (DAV).

10.3032. Increase the "k" rate a minimum of 60%: AT 520 (VFW).

10.3036. Increase "k" rate to $75 per month: PT 542 (DAV).

10.3040. Increase the "k" and "q" rates approximately 55%: DC2T 313 (DAV).

10.3044. Increase the "k" rate to $65: AT 130 (DAV).

10.3048. Increase the statutory award for loss of a limb or blindness to $60 per month: OT 275 (VFW).

10.3052. Increase the "k" rate to $60: OT 505 (AL); AT 65 (DAV); OT 357–358 (DAV); OT 262 (VFW); OT 244 (VFW).

10.3056. Increase statutory awards for amputees to $55: PT 505 (DAV); PT 70 (AMVETS).

10.3060. Increase the "k" rate to $55: DC2T 188 (AMVETS).

10.3064. Increase the "k" rate to $50: AT 269 (AL).
10.3068. Permit multiple "k" awards: MT 146 (VFW); CT 123 (VFW); OT 400 (DAV); AT 269 (AL).
10.3072. Review propriety of prospective "q" awards (arrested tuberculosis) and of "k" awards for procreative organs: MT 147 (VFW).
10.3076. Reexamine propriety of "q" rate and, if eliminated, provide a grandfather clause: DC2T 275 (AL).
10.3080. Increase the "q" rate: BT 173 (WWI); OT 460; AT 335 (AL); AT 84 (DAV).
10.3084. Increase "q" rate to $100: PT 542 (DAV); OT 275 (VFW); OT 262 (VFW).
10.3088. Increase "q" rate to $60: AT 130 (DAV).
10.3092. Increase "q" rate to $80: AT 66 (DAV).
10.3096. Increase "q" rate to $75: PT 511 (DAV); OT 505 (AL).
10.4000. Permit payment of "q" as an additional rate rather than in lieu of compensation: CT 123 (VFW); OT 460.
10.4004. Increase rates in 38 USC 314 (l), (m), (n) and (p) by $50: PT 513 (DAV).
10.4008. Increase rates for (l) through (o) for the blind: PT 274 (BVA).
10.4012. Provide a special award for the expenses inherent in blindness: PT 382 (BVA).
10.4016. Increase the allowance for aid and attendance: BT 361 (PVA).
10.4020. Double the aid and attendance allowance: BT 361 (PVA).
10.4024. Provide an additional $250 per month for loss or loss of use of both arms: PT 506 (DAV).
10.4028. Provide a 100% increase in the aid and attendance allowance for spinal cord injury or disease: PT 38 (BVA).
10.4032. Reexamine rate structure with regard to the housebound who require aid and attendance or have combined disabilities entitling them to special rates: AT 269 (AL).
10.4036. Provide aid and attendance allowance for loss or loss of use of both hands: PT 325 (VFW).
10.4040. Permit retention of the statutory award in addition to entitlement to the housebound rate: PT 70 (AMVETS); CT 225 (AMVETS).
10.4044. Provide a clothing alowance for amputees: BT 253 (AMVETS); BKT 77 (AMVETS); BKT 120 (DAV); OT 401 (DAV); AT 535; DC 218-219 (AL); AT 131 DAV).
10.4048. Provide clothing allowance of $300 annually: AT57 (DAV); PT 517 (DAV); PT 535 (DAV); DC2T 319 (DAV).
10.4052. Increase the clothing allowance: LT 241 (AMVETS).
10.4056. Provide POWs a statutory award of $100 in addition to other compensation: OT 509 (AL).
10.4060. Provide all POWs compensation based on a minimum 50% evaluation: AT 463.

10.4064. Provide an award of $5 per day for ex-POWs: ST 222 (MOPH); LT 193 (MOPH); LT 194 (MOPH) AT 234 (MOPH).

10.4068. Provide a statutory award of $25 for each Purple Heart holder: BT 386 (MOPH); CT 250 (MOPH).

10.4072. Provide a statutory award of $10 for the Purple Heart holder: AT 231 (MOPH).

Disability compensation (rates)

10.5004. Provide the highest priority to a study of increases in compensation: DC2T 313 (DAV).

10.5008. Defer payment of any general increase and pay it in a lump sum at conclusion of the Vietnam war: BT 314 (DAV).

10.5012. Correct the improper relation of compensation and pension rates: ST 24 (AL).

10.5016. Correct the existing inequity in service connected payments to those over 65 years of age as compared to pension payments to those who served 90 days without disability: OT 394 (DAV).

10.5020. Pay compensation in amounts proportionate to the degree the disability bears to 100%: MT 60 (DAV); MT 192 (AL); MT 336 (VFW); BT 118 (VFW); BT 264 (AMVETS); BT 385 (MOPH); BT 226 (AL); BT 393; CT 225 (AMVETS); CT 66 (DAV); CT 187 (AL); LT 250 (VFW); LT 339 (VFW); LT 324 (VFW); LT 270 (DAV); LT 223 (AMVETS); LT 124 (AL); LT 105 (WWI); LT 348 (VFW); PT 252 (AL); OT 504 (AL); PT 148 (AL); PT 70 (AMVETS); AT 536; OT 616 (AL); AT 232 (MOPH); AT 318 (AL); PT 425 (PLAV); AT 321 (AL); AT 130 (DAV); DC2T 209 (AL); OT 249 (VFW); OT 339 (DAV); DC2T 188 (AMVETS); PT 338 (VFW); DC2T 155 (PLAV); AT 60 (DAV); AT 65 (DAV); AT 293 (AL); AT 335 (AL); AT 437; AT 357 (AL); AT 518 (VFW); AT 613; AT 245 (AL); AT 34 (DAV); AT 84 (DAV); OT 439; DC2T 210 (AL); PT 227 (AL); PT 251 (AL); OT 416; OT 340 (DAV); DC2T 556; OT 394 and 395 (DAV).

10.5024. Begin program of paying compensation in amounts proportionate to the degree of disability by applying it to one percentage group a year starting with 40%: DC2T 210 (AL).

10.5028. Begin program of paying compensation in amounts proportionate to the degree of disability by gradually increasing each year amounts paid until true proportion is attained: DC2T 210 (AL).

10.5032. Increase rates for those 10% to 40% disabled: BT 121 (VFW); AT 321.

10.5036. Pay full amount for each disability separately up to a maximum of 100% (without inclusion of statutory awards): BT 327 (DAV).

10.5040. Increase compensation rates generally: ST 46 (DAV); ST 65 (DAV); ST 68 (DAV); ST 73 (DAV); ST 87 (VFW); MT 355; MT 247; BT 329 (DAV); BT 173 (WWI); BT 101; BT 422; CT 157 (PVA); CT 54 (DAV); CT 186 (AL); LT 293 (DAV); LT 307 (DAV); DCT 492 (FRA); DCT 522 and 532 (BVA); BKT 116 (DAV); PT 398 (AL); PT 90 (AMVETS); PT 338 (VFW); AT 319 (AL); AT 113 (DAV); OT 395 (DAV); OT 185 (VFW); OT 351 (DAV); OT 304 (DAV); DC2T 37 (PVA); PT 320 (VFW).

10.5044. Increase compensation specifically for the war disabled: LT 307 (DAV).

10.5048. Pay an additional amount of $10 for 100% combat disabled and proportionally less for lesser disabilities: AT 271 (AL).

10.5052. Provide a cost of living increase in compensation rates: ST 214 (FRA); MT 32 (AMVETS); MT 85 (DAV); MT 124 (VFW); MT 137 (VFW); BT 320 (DAV); BT 324 (DAV); BT 330 (DAV); BT 360 (PVA); BT 345 (Italian American War Veterans); CT 30 (DAV); LT 69 (VFW); LT 223 (AMVETS); DCT 522 (BVA); AT 65 (DAV); AT 317 (AL); AT 520 (VFW); PT 425 (PLAV); PT 568 (DAV); PT 227 (VFW); PT 301 (VFW); DC2T 310 (DAV); DC2T 187 (AMVETS); PT 292 (VFW); AT 213 (AMVETS); OT 172 (VFW); OT 191 (VFW); OT 217 (VFW); OT 373 (DAV); OT 314 (DAV); OT 380 (DAV); OT 275 (VFW); PT 540 (DAV); OT 492; AT 437; OT 98 (WWI).

10.5056. Increase compensation rates automatically with increases in the cost of living: ST 46 (DAV); ST 60 (DAV); MT 91 (DAV); BT 264 (AMVETS); BT 384 (MOPH); CT 65 (PLAV); CT 122 (VFW); LT 69 (VFW); PT 179 (AL); PT 351 (WWI); PT 189 (AL); PT 569 (DAV); AT 454; PT 91 (AMVETS); PT 351 (WWI); AT 233 (MOPH); DC2T 155 (PLAV); DC2T 556; OT 243 (VFW); OT 504 (AL); OT 43 (WWI); DC2T 239 (AL); DC2T 187 (AMVETS); AT 268 (AL); AT 505 (VFW); AT 294 (AL); PT 189 (AL).

10.5060. Provide a cost of living adjustment with each change of 3% in the cost of living: LT 339 (VFW); OT 314 (DAV).

10.5064. Increase compensation in accordance with increase in the cost of living based on a yearly appraisal: OT 399 (DAV).

10.5068. Increase compensation consistent with the cost of living concurrently with each military and Federal Employee pay increase: AT 33 (DAV).

10.5072. Increase compensation rates coincidentally with military pay increase: AT 311 (AL).

10.6008. Increase compensation payments to a parity with the average standard of living: DC2T 81 (VFW).

10.6012. Increase compensation in the higher rates to provide a reasonable standard of living: DC2T 400 (AVC).

10.6016. Increase rates to "fairly compensate" for all loss, present and prospective, reasonably arising out of the injury: MT 350.

10.6020. Provide a minimum for the totally disabled of $600 per month or an increase of $2000 per year: PT 541 (DAV).

10.6024. Increase compensation to between $6000 and $7000 per year for 100% disability (wartime): MT 32 (AMVETS).

10.6028. Increase compensation to $6000 per year for 100% disability (wartime): ST 231 (VFW); ST 253 (VFW); CT 57 (DAV); PT 405 (AL); OT 376 (DAV); DC2T 124 (VFW).

10.6032. Increase compensation to $5400 per year (100% wartime): BT 393; OT 243 (VFW); OT 298 (VFW); OT 341 (DAV).

10.6036. Increase compensation to $5400 per year when service connected wartime disability is a continuous 100%: LT 301 (DAV).

10.6040. Increase compensation to not less than $5100 per year for 100% disability (wartime): MT 60 (DAV); PT 505 (DAV).

10.6044. Increase compensation to between $400 and $500 per month for the 100% wartime disabled psychotic veteran: PT 108 (AMVETS).

10.6048. Increase compensation to at least $5000 per year for 100% disability (wartime): CT 187 (AL).

10.6052. Increase compensation to between $4800 and $5200 per year for 100% disability (wartime): AT 268 (AL).

10.6056. Increase compensation to $4800 per year for 100% disability (wartime): ST 104 (VFW); ST 113 (VFW); MT 192 (AL); BT 226 (AL); BT 290 (DAV); LT 123 (AL); LT 307 (DAV); LT 279 (DAV); BKT 79 (AMVETS); OT 244 (VFW); OT 307 (DAV); AT 357 (AL); DC2T 556: PT 203 (AL); DC2T 188 (AMVETS); AT 612 (PT 540–541 (DAV); AT 535, AT 583 (VFW); AT 293 (AL); AT 130 (DAV); AT 83 (DAV); OT 504 (AL).

10.6060. Increase all rates by 10% but provide $400 per month for 100% service connected disability (wartime): AT 54 (DAV).

10.6064. Increase compensation for the 100% wartime disabled to $4800 per year with proportionate increase in the additional allowances for dependents: BT 85 (VFW).

10.6068. Increase the compensation rates by 30%: MT 336 (VFW).

10.6072. Increase the compensation rates by 20%: OT 454 (DAV); OT 492; OT 504 (AL).

10.6076. Increase compensation to $4200 per year for 100% disability (wartime): MT 51 (DAV); LT 250 (VFW); LT 348 (VFW); BKT 100 (PVA); AT 244 (AL).

10.6082. Increase compensation rates by no less than 15%: OT 270 (VFW).

10.6086. Increase the compensation rates by 10%: BT 264 (AMVETS); CT 65 (PLAV); LT 223 (AMVETS); OT 275 (VFW); OT 359 (DAV); DC2T 155 (PLAV); AT 344 (AL); AT 351 (AL); DC2T 450 (MOPH).

10.6092. Provide a 10% increase in rates for disabilities acquired overseas: LT 250 (VFW).

10.6096. Increase compensation rates to raise the average annual payment to $1500: PT 277 (VFW).

Additional compensation because of dependents

10.6204. Provide a general increase in additional compensation because of dependents: ST 46 (DAV); ST 87 (VFW); DCT 522 and 533 (BVA); AT 181 (WWI); AT 245 (AL); OT 270 (VFW); PT 405 (AL); AT 612; PT 401.

10.6208. Increase rates because of dependents by 50%: PT 505 (DAV).

10.6212. Increase rates because of dependents by at least 10%: OT 505 (AL).

10.6216. Increase rates because of dependents proportionately with increase in basic rates: LT 123 (AL).

10.6220. Provide additional compensation because of dependents for those 40% or more disabled: BT 385 (MOPH); BT 328 (DAV); BT 331 (DAV); ST 46 (DAV); CT 187 (AL); DC2T 315 (DAV); OT 351 (DAV); AT 34 (DAV); PT 505 (DAV); AT 113 (DAV); AT 65 (DAV); AT 232 (MOPH); PT 91 (AMVETS); OT 380 (DAV).

10.6224. Provide additional compensation because of dependents for those 40% or more disabled and eventually extend it to those 30% or more disabled. OT 400 (DAV).

10.6228. Provide additional compensation because of dependents for those 30% or more disabled: MT 336 (VFW); CT 122 (VFW); OT 491; OT 270 (VFW); AT 131 (DAV); AT 84 (DAV).

10.6232. Provide additional compensation because of dependents for those disabled in any degree: MT 193 (AL); BT 257 (AMVETS); BT 308 (DAV); BT 226 (AL); BT 173 (WWI); BT 422; CT 226 (AMVETS); LT 124 (AL); LT 224 (AMVETS); DCT 490 (FRA); BKT 60 (AMVETS); PT 252 (AL); AT 535 and 536; PT 338 (VFW); DC2T 188 (AMVETS); DC2T 556; AT 334 (AL); PT 148 (AL); DC2T 348 (DAV); OT 172 (VFW); OT 504 (AL); PT 203 (AL); OT 395 (DAV).

10.6236. Provide additional compensational because of dependents for those less than 50% disabled whose income is below the level of property: DC2T 155 (PLAV).

10.6240. Provide more flexibility in paying additional compensation because of dependents taking into consideration the level of poverty: CT 66 (PLAV).

10.6244. Increase additional compensation because of a dependent an additional $50 if the 50% disabled veteran is helpless, blind, bedridden, or unable to work: OT 275 (VFW).

10.6248. Provide additional compensation because of a school child equivalent to WOE rates: ST 87 (VFW).

10.6252. Provide an increased (educational) amount for each additional dependent: BT 243 (AL).
10.6256. Increase additional compensation because of a wife to $50: AT 234 (MOPH).
10.6260. Increase additional amounts because of dependents to $50 for a wife and $35 for each child: AT 269 (AL).
10.6264. Increase additional amounts because of dependents to $50 for a wife and $25 for each child: AT 293 (AL).
10.6268. Increase additional compensation because of dependents to $35 for a wife and to $25 for each child: AT 65 (DAV).
10.6272. Provide additional compensation because of children of $25 per child: DC2T 188 (AMVETS); PT 70 (AMVETS).
10.6276. Increase additional compensation because of dependents to $25 per dependent: BT 264 (AMVETS); BKT 74 (AMVETS).

Concurrent entitlement to several benefits

10.7004. Conduct a study of dual benefits: CT 354 (AL).
10.7008. Update the military retirees package to the cost of living: DC2T 501; PT 540 (DAV).
10.7012. Permit concurrent receipt of longevity retirement and disability compensation without waiver; MT199 (AL); CT 224 (AMVETS); DCT 595 (ROA); DC2T 557; AT 294 (AL); AT 499; AT 338 (AL); DC2T 106 (VFW); DC2T 394 (ROA); DC2T 517 (ROA).
10.7016. Permit receipt of full military retired pay concurrently with compensation for 30% or greater disability: ST181 (ROA); ST 214 (FRA).
10.7020. Provide for payment by the VA of the difference between compensation and retired pay during the period the waiver is being processed: LT 71 (VFW).
10.7024. Shorten the waiting period required for payment of retired pay and compensation: LT 131 (AL).
10.7028. Permit VA Form 21–526 to serve for one year as an election when compensation is the greater benefit: LT 308 (DAV).
10.7032. Facilitate communication between the VA and DOD on elections of compensation in lieu of retired pay: AT 463.
10.7036. Preclude possibility of VA administering military retired pay: ST 200 (ROA); ST 214 (FRA).
10.7040. Provide a program for survivors of military retirees correlated to retired pay: DC 598 (ROA).
10.7044. Provide provisions for unremarried widows of retirees at a monthly rate equal to one-half plus 12% of retiree's monthly retirement pay: DC2T 293 (DOA).
10.7048. Eliminate the Dual Compensation laws with regard to officers of the Regular Army retired for disability: OT 349 (DAV).
10.7052. Eliminate provisions of the Dual Compensation laws requiring forfeiture of retainer and retired pay by those taking federal employment: DC2T 482 (MCL); DC2T 516 (ROA); DC2T 502; DC2T 393 (ROA).

10.7056. Equalize military retirement pay for similar conditions of rank and service by restoring former method of computation based on current active duty pay rates: DCT 603 (ROA); LT 180 (JWV); AT 171 (WWI); AT 542; DC2T 520 (ROA); AT 304 (AL); AT 491 (ROA); AT 624; DC2T 288 (DOA); PT 257 (AL).

10.7060. Provide the same retirement privileges for veterans released from WWI and WWII service as was provided for Korean Conflict and subsequent service: PT 180 (AL); DC2T 48 (PVA); PT 199 (AL); LT 214 (PAV); DC2T 136 (VFW).

10.7064. Permit retirement privileges to WWI and WWII veterans separated with a 30% or greater disability who remain at least 30% disabled: PT 305 (VFW).

10.7068. Permit military retirement in the highest grade satisfactorily held: DC2T 246 (AL).

10.7072. Permit reelection between compensation and BEC: LT 352 (VFW).

10.7076. Permit concurrent payment of Employees Compensation to Federal employees who are receiving benefits based on a service connected disability: OT 322 (DAV); OT 191 (VFW); DCT 517 (ROA).

10.7080. Provide benefits for survivors of those dying in service on a parity with those available to survivors of Civil Service Employees: DC2T 534.

10.7084. Establish special provisions for survivors of those servicemen who die while performing an assigned duty: DC2T 549.

10.7088. Provide an increase in benefits commensurate with intervening cost of living for survivors of those who died in service: DC2T 550.

10.7092. Study the Severance Pay program for necessary changes: OT 370 (DAV); OT 457 (DAV).

10.7096. Eliminate hardship created by recoupment of disability severance pay: ST 24 (AL).

10.7100. Prvide for recoupment of disability severance pay at the maximum rate for the degree of disability existing at the time of discharge: OT 281 (DAV); DC2T 322 (DAV).

10.7104. Permit that compensation awards from which disability severance pay must be recouped be retroactive to the date of separation: OT 348 (DAV); DC2T 106 (VFW).

10.7108. Permit deferral of receipt of disability severance pay for a period not exceeding 5 years after separation: PT 513 (DAV).

10.7112. Eliminate recoupment of 75% of military readjustment pay from VA disability benefits: DC2T 106 (VFW).

10.7116. Permit hospitalized incompetent retirees (EOR) resumption of award payments upon reduction of estate to $1000: OT 385 (DAV).

10.7120. Permit concurrent receipt of special monthly compensation and pension: CT 124 (VFW).
10.7124. Permit concurrent receipt of compensation and pension: ST 46 (DAV); ST 65 (DAV); ST 72 (DAV); MT 34 (AMVETS); MT 351; CT 225 (AMVETS); LT 276 (DAV); BKT 75 (AMVETS); AT 84 (DAV).
10.7128. Permit those entitled to compensation for service connected disability of 40% or less to receive concurrent pension payments: CT 251 (MOPH).
10.7132. Permit receipt concurrently with compensation of a percentage of the pension otherwise payable, computed by the difference between the degree of the service connected disability and 100%: AT 35 (DAV); DC2T 556; DC2T 314 (DAV); AT 232 (MOPH); OT 401 (DAV).
10.7136. Charge amount of increase in veterans payment to the pension program where veteran elects pension rather than compensation: BT 329 (DAV).

Automobile benefit

10.8004. Increase the automobile allowance: MT 71 (DAV); MT 124 (VFW); BT 118 (VFW); DC2T 319 (DAV).
10.8008. Increase the automobile allowance to the average cost of American automobiles: PT 182 (AL); PT 302 (VFW).
10.8012. Increase the automobile allowance proportionate to the intervening increase in prices of automobiles: PT 238 (AL).
10.8016. Provide automatic increases in the automobile allowances in keeping with increases in prices: PT 237 (AL).
10.8020. Increase the automobile allowance to $2000: BT 263 (AMVETS); BKT 66 (AMVETS); OT 508 (AL).
10.8024. Increase the automobile allowance to $2400: BT 365 (PVA); OT 276 (VFW).
10.8028. Increase the automobile allowance to $2500: PT 94 (AMVETS); PT 543 (DAV).
10.8032. Increase the automobile allowance to $2500 and sponsor an automobile insurance program for those veterans: DC2T 192 (AMVETS).
10.8036. Increase the automobile allowance to $3000: PT 279 (VFW); DC2T 217 (AL); DC2T 39 (PVA); AT 460.
10.8040. Extend entitlement to the $16000 automobile allowance, with interest, to otherwise eligible WWI veterans: PT 510 (DAV).
10.8044. Extend the automobile allowance to otherwise eligible peacetime veterans: DC2T 39 (PVA).
10.8048. Extend the automobile allowance to all otherwise eligible war veterans from April 20, 1898: OT 508 (AL).
10.8052. Provide the automobile benefit to "Cold War" veterans: BT 424.
10.8056. Provide the automobile benefits to Vietnam veterans: ST 45 (DAV); CT 131 (VFW); LT 335 (VFW).

10.8060. Eliminate the requirement that the disability be "incurred in direct performance of duty" for entitlement to "cold war" and Vietnam Era veterans to the automobile benefit: PT 93 (AMVETS); DC2T 216 (AL); OT 276 (VFW); OT 400 (DAV); AT 460.

10.8064. Furnish necessary hand controls for automobile as being prosthetic appliances: BT 365 (PVA); AT 460.

10.8068. Increase the automobile allowance by $125 for special driving equipment: MT 71 (DAV).

10.8076. Permit repetition of the automobile benefit: MT 71 (DAV).

10.8080. Permit receipt of the automobile benefit every three years: BKT 118 (DAV).

10.8082. Exempt all taxes applied in purchase of an automobile by those receiving the automobile benefit: PT 518 (DAV).

10.8084. Sponsor a property damage and personal liability automobile insurance for service connected disabled veteran: AT 542; PT 496 (BPOE).

10.8086. Allow $2400 for new or used automobile to veterans meeting disability requirement in the Rating Schedule: OT 276 (VFW).

10.8088. Amend the present law to provide for $1600 for conveyance for WWI and peacetime veterans meeting criteria for WWII and Korean Conflict: OT 400 (VFW).

10.8090. Automobile benefits to Vietnam Era veterans on same basis as WWII and Korean Conflict veterans: OT 276 (VFW).

10.8092. Extend time limit in which to apply for automobile or other conveyance, for indefinite period or 10 years: OT 455–456 (DAV).

10.8094. Extend time limit for filing application for automobile benefit to a minimum term of 10 years: OT 368 (DAV).

Suggestions relating to death benefit programs generally

10.9004 Permit award from date of death upon application filed within two years thereof: BT 87 (VFW).

10.9008. Provide equality in benefits for deaths after service due to service incurred disabilities and for in-service deaths: LT 71 (VFW); LT 87 (VFW)

10.9012. Define "widow" to conform to service department definition: LT 294 (DAV).

10.9014. Adopt a more restrictive policy in awarding death benefits where veteran and wife were separated: AT 325 (AL)

10.9016. Term service connected widows as "service widows" to distinguish them from "veterans widows": DC2T 174 (GSWA).

10.9020. Liberalize the law to require only proof of the last marriage for widows: CT 194 (AL); CT 286 (AL).

10.9024. Recognize all widows in common-law marriage situation for death benefits regardless of provisions of the state laws: PT 256–257 (AL); CT 227 (AMVETS).

10.9028. Eliminate length of marriage requirements for widows: MT 103 (VFW); CT 194 (AL); LT 128 (AL).

10.9032. Reduce length of marriage requirements to one year: BT 239 (AL); BT 117 (VFW); CT 227 (AMVETS); CT 128 (VFW).
10.9036. Liberalize the length of marriage requirement: BT 423.
10.9038. Continue remarriage as a bar to death benefits: OT 234 (VFW).
10.9040. Remove remarriage as a bar to widows' benefits: BT 101; CT 175 (WWI); AT 151 (WWI).
10.9044. Provide a settlement payment to widows who remarry; DC2T 83 (VFW).
10.9048. Resume death benefits to a widow whose subsequent remarriage is dissolved by death: CT 195 (AL); LT 298 (DAV).
10.9052. Resume death benefits to a widow whose remarriage is dissolved by death or divorce: CT 101 (VFW); BKT 151 (GSW); DC2T 244 (AL); PT 510 (DAV); AT 297 (AL); OT 403 (DAV); OT 461.
10.9054. Widow should not be entitled to benefits after remarriage: OT 234 (VFW).
10.9056. Resume death benefits to a widow whose subsequent marriage is ended by death or divorce prior to the separation of 5 years: PT 510 (DAV).
10.9060. Resume DIC benefits with application to a net worth test following termination of a subsequent marriage: DC2T 178 (GSWA).
10.9064. Continue benefits to a person over 65 years of age whose remarriage is to a spouse also over 65 years of age: DC2T 48 (PVA).
10.9068. Permit payment of death benefits without regard to line of duty and misconduct determinations: OT 461; CT 141 (VFW); ST 24 (AL).
10.9072. Provide more control (by VA) over awards to children where the widow has remarried: AT 337 (AL).
10.9076. Consider children in veteran's household at time of death as dependents for death benefits: DC2T 192 (AMVETS).
10.9080. Provide special benefits to the survivors of those who die in performance of hazardous duty: DC2T 531.
10.9084. Raise compensation benefits retroactively in accordance with cost of living increase and pay these accrued amounts to survivors of reserve forces killed in Korea: DC2T 550.
10.9086. Provide benefits to the dependent parents of veterans with service connected disabilities who die of non-service connected causes: AT 20 (AL).
10.9090. Provide a separate and equitable benefit for the widows of the service connected 100% disabled veterans who die of non-service connected causes: OT 368 (DAV); OT 452–453 (DAV).
10.9094. Pay veteran's last full check to his next of kin upon death: PT 179 (AL).
10.9098. Continue full amount of award to the end of the calendar year in which death of a dependent occurred: OT 281 (DAV).

10.9102. Pay widow the monthly rate to which the veteran was entitled at death: BT 122 (VFW).
10.9106. Pay widow of a service connected veteran who was 100% disabled for 5 years his rate of compensation: MT 203 (AL).
10.9110. Continue same pay rate to widows whose husbands were 100% disabled at time of death: AT 656.
10.9114. Pay widow 75% of the amount of the veteran's benefit: AT 158 (WWI).
10.9118. Establish a service connected death program in lieu of present programs to pay a widow 50% of her husband's benefit at death or $200 per month plus $50 for each child; to pay orphaned children $100 per month for one child and $50 for each additional child; and to pay each parent $100 per month: DC2T 47 (PVA).
10.9122. Permit widows an election between DIC and death compensation: MT 99 (VFW).
10.9126. Permit dependent of a veteran whose death was due to conditions of combat origin a right to election and reelection between benefits: CT 116 (VFW).
10.9130. Establish an aid and attendance allowance for widows receiving service connected benefits: PT 553 (DAV).
10.9134. Establish an aid and attendance allowance for widows receiving DIC: DC2T 136 (VFW).
10.9138. Establish an aid and attendance allowance for widows, children and dependent parents receiving DIC: DC2T 214 (AL).
10.9142. Provide an aid and attendance allowance of $100 for widows entitled to service connected benefits: PT 511 (DAV).
10.9146. Provide an aid and attendance allowance of $50 for widows entitled to service connected benefits: AT 94 (DAV).
10.9152. Provide counseling service for widows of veterans whose deaths are service connected: OT 195 (VFW).
10.9156. Increase all service connected death benefits: AT 168 (WWI); PT 551 and 552 (DAV).

Dependency and indemnity compensation

10.9304. Revise the DIC program: OT 317 (AL).
10.9306. Eliminate DIC and restore death compensation: AT 656.
10.9308. Permit payment of DIC regardless of in-service NSLI waiver: AT 48 (DAV); AT 460; AT 538; AT 299 (AL).
10.9312. Pay DIC in-service waiver cases after final payment of insurance is made: DC2T 214 (AL).
10.9316. Pay DIC to widows automatically after amount of waived premiums in in-service waiver cases has been recouped: PT 578 (DAV).
10.9320. Pay DIC in in-service waiver cases upon recoupment of unpaid premiums of NSLI from death compensation: DC2T (GSWA).
10.9324. Pay DIC in in-service waiver cases upon recoupment of unpaid premiums of NSLI at the rate of 75% of the death compensation: AT 270 (AL).

10.9328. Allow widows otherwise eligible for DIC to change poorly made decisions of veterans: DC2T 175 (GSWA).
10.9332. Increase DIC rates: BT 115 (VFW); ST 68 (DAV); ST 214 (FRA); MT 72 (DAV); LT 348 (VFW); DCT 492 (FRA).
10.9336. Increase DIC rates in relation to the increased cost of living and without relationship to military status of veteran: OT 616 (AL).
10.9340. Eliminate rank differential in DIC rates: MT 61 (DAV); MT 92 (DAV); MT 145 (VFW); MT 195 (AL); MT 356; BT 118 (VFW); BT 227 (AL); PT 147 (AL); OT 381 (DAV); OT 401 (DAV); OT 510 (AL); CT 44 (VFW); PT 292 (VFW); OT 616 (AL).
10.9344. Increase DIC rates in the lowest category: BKT 141 (GSW); AT 65 (DAV).
10.9348. Base minimum DIC rates on a sergeant's basic pay: BKT 149 (GSW).
10.9352. Provide that the percentage of basic pay used for computing DIC be proportionately greater for the lower ranks: MT 35 (AMVETS).
10.9356. Provide that benefits based on deaths due to hazardous service be computed on full pay rather than basic pay: DCT 534.
10.9360. Provide a DIC base of $120 plus $80 minimum for widow of a veteran dying on active duty: BKT 75 (AMVETS).
10.9364. Compute widow's DIC at $130 plus 12 per centum of basic pay of deceased husband: PT 512 (DAV).
10.9368. Increase DIC benefits of a widow by using a base of 18% of the serviceman's base pay: DC2T 183 (GSWA).
10.9372. Increase DIC rates by paying widow $120 plus 18% of veteran's base pay: AT 85 (DAV).
10.9376. Increase widow's DIC to a minimum of $150 per month plus 20% of the veteran's base pay, not to exceed the amount paid to a 100% service connected veteran: AT 269 (AL).
10.9380. Adjust DIC rate for widows of veterans of less than two years to base for veterans of four years service: DC2T 176 (GSWA).
10.9384. Increase minimum DIC for widows to $150: DC2T 176 (GSWA).
10.9386. Enact HR 5724 relaxing eligibility requirement for DIC to dependent survivors: DCT 357D.
10.9388. Adjust DIC rates in relation to the length of time claimant has been on the rolls: DC2T 82 (VFW).
10.9392. Increase DIC rates for widows: DC2T 324 (DAV); MT 145 (VFW); BT 422; BT 365 (PVA); CT 127 (VFW).
10.9396. Increase minimum DIC for widows: AT 321 (AL).
10.9400. Increase DIC for widows to $3600 per year: BKT 160 (GSW).
10.9404. Increase widow's DIC rate to a minimum of $200 per month: CT 113 (VFW).
10.9408. Increase DIC for widows and children by 20%: AT 295 (AL).
10.9412. Increase DIC rates by 15% and provide for automatic cost of living increases: LT 123 (AL).

10.9416. Increase DIC rates to widows and children to not less than one-half the amount of the service connected compensation the veteran was entitled to at the time of death: AT 576.
10.9420. Provide automatic cost of living provisions for DIC: PT 351 (WWI); PT 189 (AL); DC2T 556; ST 60 (DAV); LT 123 (AL); AT 294 (AL); OT 402 (DAV) OT 382 (DAV); OT 402 (DAV).
10.9424. Increase DIC rates in conformity upon a 3% increase in the cost of living: LT 340 (VFW).
10.9428. Provide a cost of living increase for widows and parents: MT 194 (AL).
10.9432. Provide a cost of living increase for old DIC rates: MT 85 (DAV); AT 114 (DAV); AT 34 (DAV); AT 246 (AL); DC2T 557.
10.9436. Eliminate any effect of receipt of Social Security and Railroad Retirement benefits on payment of DIC to widows and children: AT 617; CT 37 (DAV); CT 127 (VFW); LT 123 (AL); AT 552.
10.9440. Increase payments to DIC widows to $50 for each child but not to exceed maximum compensation payable to 100% disabled veterans: AT 270 (AL).
10.9444. Increase DIC payments to widows for children: AT 122 (AL); AT 357 (AL).
10.9448. Increase DIC payments to widows by $25 for each child: BKT 61 (AMVETS); DC2T 211 (AL).
10.9452. Award widow fair rate of each child in her care: CT 188 (AL); CT 226 (AMVETS); CT 347 (AL).
10.9488. Increase DIC for children to provide $90 for one child $130 for two children, $165 for three children, and $164 for more than three children plus $34 for each child in excess of three: PT 512 and 513 (DAV).
10.9492. Increase rates of supplemental DIC to children by $10: PT 513 (DAV).
10.9496. Increase DIC rates for parents: DC2T 212 (AL); AT 523 (VFW).
10.9500. Increase DIC rates to parents by 20%: AT 294 (AL).
10.9504. Apply the income rules applicable to death compensation for parents to DIC: OT 382 (DAV); OT 402 (DAV); MT 85 (DAV).
10.9508. Refine annual income levels: DC2T 212 (AL).
10.9512. Increase annual income levels: DC2T 212 (AL); AT 523 (VFW); MT 124 (VFW); BT 115 (VFW).
10.9516. Eliminate income levels: OT 509 (AL).
10.9520. Eliminate income and need criteria for parents: BT 78 (VFW); PT 398 (AL).
10.9524. Increase DIC income levels to $3600 for two parents living together and to $2400 for one parent: AT 246 (AL).
10.9528. Exclude Social Security as income for DIC purposes: AT 247 (AL).
10.9532. Provide a corpus of estate provision for parents: BT 116 (VFW).
10.9536. Increase income limits for dependent parents: AT 321 (AL).

Death compensation

10.9704. Increase death compensation rates: AT 115 (DAV); OT 270 (VFW); PT 511 (DAV); ST 68 (DAV); MT 34 (AMVETS); MT 99 (VFW); CT 186 (AL); DCT 492 (FRA); AT 246 (AL).
10.9708. Increase death compensation rates to provide $97 for a widow alone, $131 for a widow with a child and $34 for each additional child; $77 for one child in the absence of a widow, $104 for two such children, $132 for three such children with $28 for each additional child; $85 for a dependent father and mother, and $50 each for such parents alone: PT 512 (DAV).
10.9712. Provide a cost of living increase for death compensation: MT 85 (DAV); AT 322 (AL); DCT 550.
10.9716. Provide a minimum rate of $70 for widows: OT 98 (WWI).
10.9720. Increase death compensation rate for a widow to $200 and provide $25 per child: PT 91 (AMVETS).
10.9724. Increase rates particularly where children are involved: AT 319 (AL).
10.9728. Increase parents rates: DCT 579 (AGSM).
10.9732. Increase rates for parents above $40 and $75: ST 114 (VFW).
10.9736. Increase the monthly income rates at which dependency of parents is presumed: MT 98 (VFW); BT 116 (VFW).
10.9740. Relax or eliminate income restrictions on death compensation: AT 115 (DAV)
10.9744. Increase income limitation for death compensation for parents not living together to $150 and for a couple to $225: AT 247 (AL).
10.9748. Consider eliminating triennial death compensation questionnaire to dependent parents: CT 192 (AL).
10.9752. Exclude Social Security as income for death compensation purposes: AT 247 (AL).
10.9756. Provide a statutory award to surviving parents of veterans whose deaths are service connected: OT 492.

GROUP II.—ALLEVIATION OF FINANCIAL NEEDS OF VETERANS AND SURVIVORS NOT CONNECTED WITH MILITARY SERVICE; NON-SERVICE-CONNECTED PENSION

General policy and basic concepts

20.1000. Review pension program in depth: MT 33 (AMVETS).
20.1004. Study the Bradley Commission report with regard to pensions subsequent to WWI: PT 613 (WWI).
20.1008. Determine the basic family needs of the veteran family unit: PT 222 (AL).
20.1012. Base pension on need: DC2T 58 (WWI).
20.1016. Provide pensioners greater benefits than are available to those under the poverty program: LT 187 (MOPH).
20.1020. Determine the precise boundary of poverty: CT 214 (AL).
20.1024. Bring widows and survivors up to the President's boundary of poverty ($3000); LT 186 (MOPH).

20.1028. Provide pension rates never less than welfare payments: DC 2T (VFW); PT 146 (AL).
20.1032. Continue necessity for examinations in pension case: MT 220.
20.1036. Relate pension rates properly to compensation rates: ST 24 (AL).
20.1040. Equalize rates between programs: MT 243; LT 285 (DAV).
20.1044. Diminish variance in payments for widows, veterans and parents: BT 116 (VFW).
20.1048. Liberalize PL 90–77 with regard to widows and orphans: PT 352 (WWI).
20.1052. Liberalization of pension laws should apply only to PL 86–211: AT 336 (AL).
20.1056. Interpret the pension program as generously as possible: OT 577.
20.1060. Make pension benefits more incentive oriented: DC 2T 40 (PVA).
20.1064. Provide a funded (paid-in pension program): OT 161 (WWI).

Liberalizations of service requirements

20.2000. Reduce the 90-day service requirement to 70 days: AT 68 (DAV).
20.2004. Waive 90-day service requirements for those with spinal cord injuries: DC 2T 45 (PVA).
20.2008. Provide pensions for U.S. Army Nurses. PT 423 (AEF).
20.2012. Extend the WWI termination date to the date of signing of the peace treaty: BT 343 (DAV).
20.2016. Provide benefits to the non-service disabled with peacetime service: BT 363 (PVA).
20.2020. Provide pension for all catastrophically disabled paraplegic veterans regardless of period of service: LT 211–212 (PAV).
20.2024. Extend entitlement for Vietnam service: CT 131 (VFW); CT 132 (VFW).
20.2028. Provide entitlement for service after August 1, 1964: BT 120 (VFW).
20.2032. Establish pension entitlement for the cold war period: MT 340 (VFW).
20.2036. Presume, with regard to requirement of 90 days service or discharge for disability, that veteran was sound at entrance into service: DC 2T 241 (AL).

Suggestions relating to unemployability totality and permanency

20.2500. Liberalize basic requirements of disability and unemployability: AT 522 (VFW); OT 402 (DAV).
20.2504. Liberalize the unemployment criteria: CT 347 (AL); LT 279 (DAV).
20.2508. Permit an unemployability rating after age 40 for a 40% disability or a combination of 50%: AT 55 (DAV).

20.2512. Permit severely disabled paraplegics to be employed without effect on pension entitlement: LT 212 (PAV).
20.2516. Permit pension entitlement to female veterans without regard to ability to do housework: AT 461.
20.2520. Permit pension entitlement after 30 days unemployability: AT 537.
20.2524. Eliminate requirement of permanency: OT 511 (AL).
20.2528. Eliminate requirement of permanency with regard to tuberculosis and psychosis: AT 522 (VFW).
20.2532. Presume PT disability to exist at age 65: MT 196 (AL); BT 232 (AL); CT 193 (AL); CT 126 (VFW); LT 125 (AL); LT 152; OT 96 (WWI); DC 2T 222 H (AL).
20.2536. Assume permanency upon diagnosis of active tuberculosis: AT 324 (AL); OT 511 (AL); AT 532.
20.2540. Presume permanent and total disability upon hospitalization for active tuberculosis: DC 2T 222H (AL).
20.2544. Presume permanent and total disability of 65 year old veteran unemployed or hospitalized for active tuberculosis: AT 283 (AL); DC 2T 222H (AL).
20.2548. Permit pension on diagnosis of pulmonary tuberculosis until release to return to full employment: CT 112 (VFW).
20.2552. Provide temporary total awards: MT 356; MT 194 (AL); MT 138 (VFW); MT 64 (DAV); MT 69 (DAV); MT 336 (VFW); MT 126 (VFW); CT 194 (AL); CT 193 (AL); LT 348 (VFW); AT 297 (AL); DC 2T 556; OT 417; OT 388 (DAV).
20.2556. Provide temporary total ratings in unemployable cases regardless of the degree of disability: AT 535.
20.2560. Provide temporary total ratings after one month's hospitalization for a 100% disability: OT 387 (DAV); OT 192 (VFW).
20.2564. Permit pension for temporary total disability after six months and where it is reasonably probable total disability will continue an additional six months: BT 231 (AL).
20.2568. Permit temporary total awards if totally disabled for at least a year: OT 618 (AL).
20.2572. Permit pension for total disability likely to continue for 12 months: OT 511 (AL).

Suggestions relating to new programs based on factors other than need

20.3000. Oppose automatic pensions based on acquired age: DC2T 279.
20.3004. Provide a new pension system with increased limitations and rates and no exclusions from income: BT 395 et seq.
20.3008. Provide one pension law for veterans of all wars: OT 436; MT 351; MT 65 (DAV); MT 107 (VFW); MT 123 (VFW); MT 169 (WWI) MT 194 (AL); BT 345 (Italian American War Veterans); BT 324 (DAV); BT 158 (WWI); BT 208 (WWI).
20.3012. Provide a pension system for all veterans: LT 50 (WWI).

20.3016. Provide a pension for all overseas veterans: LT 320 (VFW).
20.3020. Permit increased pension for length of service: LT 360.
20.3024. Permit a continuous right of election between programs: MT 171 (WWI); MT 172 (WWI); BT 167 (WWI); CT 193 (AL); CT 107 (VFW); CT 167 (WWI) AT 537; AT 284 (AL); DC 2T 222H (AL); AT 247 (AL); PT 279 (VFW); DC 2T 86 (VFW); PT 226 (AL); PT 279 (VFW); OT 262 (VFW); OT 348 (DAV); OT 113 (WWI); OT 98 (WWI) MT 334 (VFW); CT 348 (AL); LT 327 (VFW); DC 2T 57 (WWI); AT 68 (DAV); PT 610 (WWI).
20.3028. Provide for notification by the VA to claimants when one program gains in advantage over the other: OT 98 (WWI).
20.3032. Increase pension rates for WWI veterans: AT 521 (VFW).
20.3036. Provide a service pension for WWI veterans: MT 351; MT 248; BT 188 (WWI); CT 263; CT 349 (AL); CT 261; CT 173 (WWI); LT 42 (WWI); LT 362; BKT 172 (VFW) PT 613 (WWI); PT 352 (WWI); DC 2T 359; DC 2T 138 (VFW); AT 170 (WWI); AT 176 (WWI); PT 423 (AEF).
20.3040. Provide a service pension for WWI veterans with a $3600 limitation: AT 135 (WWI).
20.3044. Provide a service pension of $100 per month: BT 318 (DAV); DCT 564 (IWV).
20.3048. Provide a $100 per month service pension to WWI veterans: DC 2T 189 (AMVETS).
20.3052. Provide WWI pensioners without dependents a pension of $75 per month: PT 293 (VFW).
20.3056. Provide WWI pensioners with dependents a pension of $100 per month: PT 293 (VFW).
20.3060. Provide a pension of at least $125 per month for WWI veterans: OT 83 (WWI).
20.3064. Provide a service pension of $125 per month for WWI veterans to be available at a later date to other war groups or on attaining a certain age: BT 169 (WWI).
20.3068. Give special consideration to WWI veterans: BT 163 (WWI); BT 210 (WWI) BT 212 (WWI).
20.3072. Provide a special pension rate for WWI claimants: ST 155 (WWI); BT 159 (WWI).
20.3076. Provide special consideration for those who qualified for pension prior to age 60 and have received it for 5 years: MT 203 (AL).
20.3080. Provide pension without regard to earnings (other than employment) to veterans over 65 years of age: OT 41 (WWI).
20.3084. Provide a service pension at age 65; AT 615; OT 323 (DAV); OT 41 (WWI); OT 93; PT 278 (VFW).
20.3088. Provide as service pension of $100 per month for WWI veterans at age 65: PT 494.
20.3092. Provide a service pension at age 68: OT 93 (WWI).
20.3096. Provide a service pension at age 70: CT 349 (AL).
20.3100. Provide special treatment for veterans at age 72: ST 32 (AL).
20.3104. Provide a maximum life pension to 72 year old veterans: LT 32 (WWI); LT 193 (MOPH).

20.3108. Place veterans over 72 years of age on pension rolls regardless of income: OT 164 (WWI); OT 159 (WWI) OT 98 (WWI); OT 112 (WWI).
20.3112. Provide automatic eligiblity under the "old" program at age 72: PT 352 (WWI).
20.3116. Restore "old" law provisions: OT 606 (AL).
20.3120. Equalize "fringe" benefits of "old" and "new" programs: BT 232 (AL).
20.3124. Provide a $100 per month rehabilitation allowance to paraplegics and quadriplegics: BT 364 (PVA); CT 157 (PVA); BKT 98 (PVA); DC 2T 42 (PVA).
20.3128. Permit SAW veterans a right of election between Aid and Attendance provisions of the pension programs: DCT 474 (USWV).
20.3132. Increase rate to veterans requiring nursing care who cannot receive it under VA auspices: CT 198 (AL).
20.3136. Permit "Housebound" awards under the "old" program: MT 335 (VFW); CT 192 (AL); CT 126 (VFW).
20.3140. Permit pension or compensation at 50% rate upon direct admission to nursing home: LT 299 (DAV).
20.3144. Afford additional pension benefit to those with service connected disabilities: CT 53 (DAV).
20.3148. Provide a 25% pension increase for Alaskan and Hawaiian claimants: ST 29 (AL); ST 80 (VFW); ST 158 (WWI).
20.3152. Continue housebound and aid and attendance allowance during hospitalization: BT 86 (VFW).
20.3156. Pay veterans in nursing homes aid and attendance allowance: CT 126 (VFW).
20.3160. Provide pensions to equal cost of nursing homes: AT 40 (DAV).
20.3164. Avoid giving certain widows benefits based on their disabilities: CT 185 (AL).
20.3168. Increase payments substantially to widows who have health problems: DC 2T 88 (VFW).
20.3172. Examine the discriminatory features of PL 90–77 with regard to widows entitlement to A & A: DC 2T 326 (DAV).
20.3176. Provide SAW widows a $50 A & A rate: DCT 474 (USWV).
20.3180. Provide A & A and housebound rates to widows and children: BT 86 (VFW).
20.3184. Provide housebound rates and medicines for widows: BT 104.
20.3188. Provide A & A rate to WWI widows if corpus does not exceed $5000: BT 118 (VFW).
20.3192. Provide A & A rate for helpless children: DC 2T 555.

Suggestions relating to administrative procedures, award adjustments, effective dates, etc.

20.3500. Discontinue reduction of awards because of hospitalization: AT 247 (AL).
20.3504. Apply hospital reduction provisions of the "old" law to the new law: BT 362 (PVA); AT 297 (AL); AT 284 (AL); DC 2T 222H (AL).

20.3508. Apply hospital reduction features of the old law to veterans with spinal cord injuries: DC 2T 43 (PVA).
20.3512. Provide no reduction in pension after 2 months of hospitalization (new law): CT 226 (AMVETS); CT 157 (PVA); LT 125–126 (AL); LT 212 (PAV); OT 402 (DAV); PT 325 (VFW); OT 382 (DAV); OT 402 (DAV).
20.3516. Alleviate effect on pension of loss of dependent under old law: BT 165 (WWI).
20.3520. Provide no adjustment in veterans award until six months from the last day of month of death of wife: PT 300 (VFW).
20.3524. Provide no adjustment in award until six months from the last day of month of dependents death: PT 179 (AL).
20.3528. Provide adjustment in veteran's award because of spouse's death to be made at end of calendar year where income is otherwise excessive: PT 293 (VFW); OT 510 (AL).
20.3532. Provide that adjustment of award because of an unanticipated increase in income or estate be at the end of the year: AT 458; AT 538.
20.3536. Provide for reduction from the first of the following year upon elimination of a dependent: ST 115 (VFW).
20.3540. Pay veteran's pension to his widow through the year of his death: LT 252 (VFW).
20.3544. Reissue veteran's last check (uncashed) to his widow regardless of her pension entitlement: PT 300 (VFW).

Corpus of estate

20.3600. Increase the $10,000 corpus of estate limitation: AT 326 (AL).
20.3604. Increase the corpus of estate guideline from $10,000 to $20,000: AT 353 (AL).
20.3608. Provide that entitlement should not be barred because of an estate of $25,000 or less: OT 512 (AL).
20.3612. Eliminate corpus of estate provision: BT 86 (VFW); CT 125 (VFW); CT 165 (WWI); AT 322 (AL); DC 2T 188 (AMVETS); OT 402 (DAV); OT 382 (DAV); CT 127 (VFW); PT 226 (AL).
20.3616. Eliminate corpus of estate provisions with regard to widows pension: OT 352 (DAV).
20.3620. Exclude proceeds of the sale of a personal residence from net worth consideration: BT 228 (AL).
20.3624. Eliminate corpus of estate provision where estate was acquired through frugal struggling: PT 351–352 (WWI).

Income questionnaires and computation

20.4000. Enclose a stuffer regarding changes in income and dependency status each year with the November pension check: OT 490.
20.4004. Insert a questionnaire reminder with the December and January checks: MT 340 (VFW).
20.4008. Provide each pensioner an account book for income and expenses with a summary of eligibility rates: MT 123 (VFW).

20.4012. Send questionnaires in the anniversary month of the pension award: CT 113 (VFW); LT 147; OT 350 (DAV).
20.4016. Compute income on basis of total income for the year or more fully explain the term "at rate of": AT 326 (AL).
20.4020. Undertake more development of income situations: AT 325 (AL).
20.4024. Change inconsistent computation of income: OT 450 (DAV).
20.4028. Establish one method of computing income for all programs incorporating most liberal provisions of each: AT 295 (AL).
20.4032. Compute income on a proportionate basis in reapplications for pension: OT 374 (DAV).
20.4036. Reexamine the income questionnaires: MT 34 (AMVETS).
20.4040. Simplify the annual income questionnaires: PT 152 (AL).
20.4044. Substitute a change of income card for the income questionnaire: PT 255 (AL).
20.4048. Eliminate all income questionnaires: BT 330 (DAV); DC 2T 264 (AL).
20.4052. Eliminate questionnaires and require reporting only when income exceeds an income level: MT 351.
20.4056. Assign a fixed figure to the individual pensioner and advise him income above that figure would constitute income: CT 143 (VFW).
20.4060. Eliminate income reporting when income is stabilized: MT 351.
20.4064. Eliminate questionnaires after income is static for three years: LT 127 (AL).
20.4068. Review the practice of requiring income questionnaires on behalf of incompetent veterans and eliminate where feasible: CT 191 (AL).
20.4072. Review the necessity of requiring questionnaires from those receiving A & A CT 191–192 (AL).
20.4076. Relieve those receiving A & A continuously for a 10-year period of requirement of submitting a questionnaire: DC 2T 45 (PVA).
20.4080. Eliminate questionnaires for those receiving A & A: PT 231 (AL).
20.4084. Review need for questionnaires from those permanently confined in institutions: CT 192 (AL).
20.4092. Consider triennial questionnaires for those whose income appears fixed: CT 192 (AL).
20.4096. Eliminate questionnaires or process them at RO level: ST 114 (VFW); CT 353 (AL); CT 228 (AMVETS).
20.4100 Eliminate income questionnaire pilot study or revert to local handling: CT 35 (DAV).
20.4104. Eliminate questionnaires at age 60 or after 5 years; MT 131 (VFW); LT 349 (VFW).
20.4108. Eliminate income questionnaires for widows after receiving pension for 5 consecutive years or at age 60: AT 537.
20.4112. Eliminate veterans questionnaires at age 65: DC 2T 559 (AL); OT 490.
20.4116. Eliminate questionnaires after 65 year old veteran has qualified two successive years for pension: PT 351 (WWI).

20.4120. Eliminate questionnaires after age 65 or after 5 years: MT 123 (VFW); CT 134 (VFW).
20.4124. Eliminate questionnaires at age 65 or after a certain number of years: MT 196 (AL).
20.4128. Eliminate questionnaires for those 68 years or older or after a certain number of years: DC 2T 557; DC 2T 559 (AL).
20.4132. Eliminate questionnaires at age 70: CT 44 (DAV).
20.4136 Eliminate income questionnaires at age 70 or 72: BKT 211 (WWI); ST 138 (WWI); ST 216 (FRA); MT 244; MT 173 (WWI); MT 179 (WWI); BT 209 (WWI); CT 191 (AL); LT 51 (WWI); LT 298 (DAV); AT 275 (AT); AT 350 (AL) AT 345 (AL).
20.4140. Eliminate questionnaires at age 72 for those on the rolls for 2 years: DC 2T 60 (WWI).
20.4144. Eliminate questionnaires after age 72 and after veteran has been on the rolls for 2 years: BT 158 (WWI); CT 176 (WWI); LT 104 (WWI).
20.4148. Discontinue questionnnaires after age 72 or after receipt of pension for 10 years: AT 536; AT 181 (WWI); AT 296 (AL).
20.4152. Eliminate questionnaires at age 75: CT 347 (AL).
20.4156. Eliminate questionnaires at certain ages or after a certain time: MT 126 (VFW).

Income levels

20.4500. Review the adequacy and present validity of the income levels: ST 23 (AL); ST 47 (DAV); MT 33 (AMVETS); CT 188 (AL); LT 172 ST 45 (DAV); BT 115 (VFW).
20.4504. Eliminate the income levels: MT 126 (VFW); BT 217 (WWI); LT 42 (WWI); LT 44 (WWI); OT 112 (WWI).
20.4508. Eliminate income levels for WWI veterans and widows: BT 330 (DAV).
20.4512. Eliminate the levels for widows: DCT 465 (AWM).
20.4516. Eliminate the income levels at age 65 or 72; MT 351.
20.4520. Eliminate the income levels at age 72: LT 361; BKT 203 (WWI); AT 142 (WWI).
20.4524. Increase the number of income levels to six or more: AT 353 (AL).
20.4528. Preclude any increase in the number of income levels above 3: OT 443.
20.4532. Reduce the number of income levels from 3 to 2: AT 324 (AL).
20.4536. Provide one increased income level for claimants with dependents and for those without dependents: OT 617 (AL).
20.4540. Provide a single increased level for single and for married veterans: BT 214 (WWI); BT 265 (AMVETS).
20.4544. Increase the lowest income level and related pension rate: BT 162 (WWI).
20.4548. Increase the income levels substantially or eliminate them: AT 115 (DAV).

20.4552. Increase the income levels to reasonable amounts rather than to provide exclusions: AT 337 (AL).
20.4556. Increase income levels of the old program: OT 511 (AL); OT 402 (DAV).
20.4560. Increase the income levels of the new pension law: OT 402 (DAV).
20.4564. Raise the income levels: ST 24 (AL); MT 178 (WWI); MT 248; BT 345 (LAWV); BT 364 (PVA); BT 273 (WWI); BT 298 (DAV); BT 324 (DAV); BT 227 (AL); BT 122 (VFW); BT 173 (WWI); BT 209 (WWI); BT 39 (VFW); BT 52 (VFW); BT 79 (VFW); CT 66 (DAV); CT 211 (AL); CT 348 (AL); CT 287 (AL); CT 169 (WWI); CT 143 (VFW); LT 59 (WWI); LT 341 (VFW); LT 340 (VFW); BKT 203 (WWI); PT 415 (AL); AT 323 (AL); AT 322 (AL); AT 318 (AL); AT 141 (WWI); OT 150 (WWI); AT 521 (VFW); PT 174; PT 456; AT 438; AT 614; AT 217 (AMVETS); DC 2T 273 (AL); OT 417; OT 262 (VFW); PT 339 (VFW); OT 112 (WWI).
20.4568. Increase death pension levels: OT 403 (DAV); AT 618.
20.4572. Increase income levels for claimants with dependents: OT 383 (DAV).
20.4576. Increase levels for widows with children: LT 328 (VFW).
20.4580. Increase levels for widows: DCT 590 (ROA); DC 2T 63 (WWI); AT 149 (WWI).
20.4584. Increase levels for widows and children: AT 319 (AL).
20.4588. Establish income level in the amount of the family's need: PT 222 (AL).
20.4592. Increase income levels automatically in conformity with increases in the cost of living: OT 510 (AL); OT 204 (AL); PT 223 (AL).
20.4596. Establish income levels above welfare concept of minimum income: OT 578.
20.4600. Raise the income levels for WWI: BT 101 (WWI).
20.4604. Increase the levels under both programs: MT 355.
20.4608. Increase the income level to $2000 for a widow alone: CT 171 (WWI).
20.4612. Increase levels for widows from $600 to $1800: LT 172 (FRA).
20.4616. Increase income levels to $800, $1600 and $2400 for veterans without dependents: OT 277 (VFW).
20.4620. Increase level for a single veteran to $2400: PT 71 (AMVETS).
20.4624. Provides a program for widows without children consisting of 24 $100 increments up to $2400 with monthly payments from $90 to $15: DC 2T 222D (AL).
20.4628. Provide a program for widows without children consisting of 24 $100 increments up to $2400 with monthly payments of $90 to $15 ($3 differences): AT 279 (AL); DC 2T 222D (AL).

20.4632. Provide income levels for widows without children of $12000, $1800 and $2400: PT 495.
20.4636. Establish income levels with $100 intervals up to $2400 with payment of $135 for income of $100 or less with a $5 decrease in the rate for each level: AT 276 (AL); DC2T 222A (AL).
20.4640. Adjust all income levels in order to bar no pensioner receiving an income of $3000: OT 597 (WWI).
20.4644. Increase the highest income level for single veterans to $3000: PT 319 (VFW).
20.4648. Increase widows income level to $3000 and provide a pension of no less than $75: AT 475.
20.4652. Increase the $3000 income level: PT 71 (AMVETS).
20.4656. Increase the $3000 income level substantially: OT 84 (WWI).
20.4660. Increase all income levels by $400: MT 335 (VFW).
20.4664. Provide a 15% increase in the income levels with a cost of living provision: LT 127 (AL).
20.4668. Increase all income levels by $500: MT 65 (DAV); LT 349 (VFW).
20.4672. Increase income levels of both laws by $600: CT 125 (VFW); CT 127 (VFW); AT 312 (AL).
20.4676. Increase levels for veterans without dependents and widows without children to $800, $1400 and $2000 and for veterans with dependents and widows with children to $1500, $2500 and $3500: PT 249 (AL).
20.4680. Increase income levels by 20%: AT 352 (AL); AT 345 (AL).
20.4684. Increase income levels for all groups by $600: PT 514 (DAV).
20.4688. Provide income levels for widows with children in 100 increments extending to $3600 and with rates ranging from $106 to $30 with $18 increase for each additional child: AT 282 (AL); DC 2T 222 E (AL).
20.4692. Increase levels (and rates) to widows alone to $1800 ($64), $2400 ($48), and $3600 ($27): OT 605 (AL).
20.4696. Increase income levels to $3600 (claimants with dependents) and to $2400 (single claimants): MT 193 (AL); BT 52 (VFW); CT 165 (WWI); LT 51 (WWI); LT 109 (WWI); LT 108 (WWI).
20.4700. Provide a guaranteed income of $3600 for single veteran with the VA paying the difference after counting all income: DC 2T 125 (VFW).
20.4704. Increase $600 level to $900: DC 2T 64 (WWI).
20.4708. Increase level to $2400 for single veterans and to $3600 for married veterans: AT 168 (WWI); AT 180 (WWI).
20.4712. Increase levels to $2400 for veterans without dependents and for widows alone and to $3600 for veterans and widows with dependents in 100 increments: AT 248 (AL).
20.4716. Increase level to $3600 with greatest consideration to low income pensioners: PT 86 (AMVETS).
20.4720. Increase the levels to $2400 and $3600 with first priority to WWI: DC 2T 67.
20.4724. Provide a single income limitation for widows of $2400 for those without children and $3600 for those with children: AT 68 (DAV); AT 358 (AL); AT 296 (AL).

20.4728. Increase the levels to $3600 for veterans with dependents and to $2400 for single veterans: AT 135 (WWI); AT 358 (AL); AT 296 (AL).
20.4732. Increase levels to $2400 and $3600 for veterans with a dependent and widows with a child and to $1800 and $2400 for single veterans and widows alone: DC 2T 556.
20.4736. Increase levels for a widow alone to $2500 and for a widow with children to $3600: LT 177 (JWV).
20.4740. Provide income levels of $1600, $2600 and $3600 for veterans with dependents: PT 495.
20.4744. Provide income levels for a widow with a child of $1600, $2600 and $3600: PT 495.
20.4748. Provide income levels of $3000 for single claimants and $3600 for those with dependents: OT 112 (WWI).
20.4752. Increase levels for veterans with dependents to $1200, $2400 and $3600: OT 277 (VFW).
20.4756. Increase levels for widows with children to $1200, $2400 and $3600: OT 278 (VFW).
20.4760. Provide income levels for claimants with dependents of $2000 and $3600 and for those without dependents of $1800 and $2700: OT 510 (AL).
20.4764. Establish 36 levels with $100 intervals and monthly payments ranging from $31 to $152 for veterans with a dependent with $5 added for each additional dependent: AT 279 (AL); DC2T 222 B (AL).
20.4768. Provide two levels (and rates) for veterans with a dependent of $2000 ($155) and $3600 ($135) with additional allowances for additional dependents: OT 511 (AL).
20.4772. Provide a level of $3600 for claimants with dependents and of $2400 for single claimants with a right of election: MT 161 (WWI).
20.4776. Increase income levels by $1000: BT 265 (AMVETS).
20.4780. Increase income levels for veterans with dependents by $1000: BKT 75 (AMVETS).
20.4784. Provide income levels for single veterans of $1000, $2000 and $3000, and for those with dependents, $1500, $3000 and $4500: ST 29 (AL).
20.4788. Increase the levels for WWII and Korean conflict veterans to $45 (married) and $2500 (single): BT 330 (DAV).
20.4792. Increase the levels from $3000 to not less than $4500 or $5000: OT 590 (WWI).
20.4796. Increase the level for married veterans to $4600 with an additional $20 per month pension if there are children under 21: PT 319 (VFW).
20.4800. Establish the highest income level for single claimants at $3000 and for those with dependents at $4800: ST 69 (DAV).
20.4804. Provide a guaranteed income of $4800 for veterans with dependents with VA paying the difference between that figure and all actual income: DC2T 125 (VFW).
20.4808. Raise the highest income level to $5000: ST 144 (WWI).
20.4812. Increase income levels for those over 65 to $3,222 for the single and to $5,777 for the married: AT 143 (WWI).
20.4816. Double the income levels: ST 80 (VFW).

Proposed exclusions

20.5000. Exclude all one payment items of income: AT 337 (AL).
20.5004. Eliminate commercial insurance from consideration as income: BT 86 (VFW); CT 287 (AL); CT 117 (VFW); CT 128 (VFW); PT 292 (VFW); OT 510 (AL).
20.5008. Disregard widow's income where she has received less than $2500 insurance: DC2T 58 (WWI).
20.5012. Exclude from consideration commercial insurance not exceeding $5000: BT 259 (AMVETS); BKT 62 (AMVETS).
20.5016. Exclude commercial insurance up to $10,000: BT 229 (AL); CT 191 (AL); LT 126 (AL); PT 514 (DAV); DC2T 557.
20.5020. Exclude all life insurance: DC2T 226 (AL).
20.5024. Exclude all insurance not to exceed $10,000: DC2T 222G (AL); DC2T 227 (AL); AT 282 (AL); DC2T 561.
20.5028. Exclude up to $10,000 of NSLI, USGLI and Servicemen's Indemnity: AT 248 (AL).
20.5032. Exclude up to $20,000 commercial life insurance: AT 297 (AL).
20.5036. Exclude commercial insurance up to a certain amount: BT 173 (WWI).
20.5040. Exclude from consideration the proceeds of mortgage insurance equal to the indebtedness on the property: DC 2T 224 (AL).
20.5044. Exclude disability and health insurance from consideration as income: MT 107 (VFW).
20.5048. Consider proceeds of insurance policies to be income received in the year in which the veteran died: AT 619.
20.5052. Eliminate from consideration inheritance from a banking account held jointly with spouse: BT 174 (WWI); BT 209 (WWI); CT 128 (VFW); LT 126 (AL); DC 2T 223 (AL); OT 510 (AL); DC 2T 561.
20.5056. Exclude one-half of the monies held jointly by veteran and wife at time of his death: AT 618; PT 226 (AL).
20.5060. Exclude the sales price of property: AT 337 (AL); CT 190 (AL).
20.5064. Exclude income from sale of property by widow: CT 128 (VFW); OT 113 (WWI).
20.5068. Exclude $1200 or all earned income of widow whichever is the greater: AT 324 (AL).
20.5072. Eliminate income considerations for totally disabled veterans: DC 2T 559 (AL).
20.5076. Consider only income from gainful employment as veteran's income: CT 106 (VFW).
20.5080. Exclude widow's earnings from employment, regardless of dependents: AT 523 (VFW).
20.5084. Exclude all income except earnings from employment: OT 237 (VFW); OT 43 (WWI).
20.5088. Eliminate unearned income from consideration: BT 36 (VFW).
20.5092. Eliminate wages from employment as income: PT 249 (AL).
20.5096. Permit proper expense deduction for wages: CT 348 (AL).

20.5100. Exclude from income money not actually available: BT 227 (AL); CT 190 (AL).
20.5104. Exclude income which is not available for maintenance and support: CT 189 (AL).
20.5108. Eliminate earned income and retirement income for veterans over 72 years of age: BT 274 (WWI).
20.5112. Discontinue consideration of wife's unearned income as veteran's income: ST 140 (WWI); CT 348 (AL); CT 168 (WWI); CT 227 (AMVETS); CT 190 (AL); LT 126 (AL).
20.5116. Exclude spouse's retirement pay from consideration as income: AT 577.
20.5120. Discontinue consideration of wife's earned income as the veteran's income: DC 2T 156 (PLAV).
20.5124. Exclude a larger amount of the spouse's income: BT 422.
20.5128. Exclude all of the spouse's earned income or $1500 whichever is greater: AT 282 (AL); DC 2T 222G (AL); AT 248 (AL).
20.5132. Exclude $3600 of the spouse's income: BT 229 (AL).
20.5136. Exclude all of the wife's income from consideration: AT 181 (WWI); PT 351 (WWI); AT 168 (WWI); AT 153 (WWI); AT 173 (WWI); DC 2T 58 (WWI); PT 293 (VFW); DC 2T 263 (AL); OT 510 (AL); AT 296 (AL).
20.5140. Reexamine Social Security and Retirement exclusions: MT 33 (AMVETS); CT 143 (VFW).
20.5144. Restore pensions which were reduced or terminated because of increased Social Security: CT 287 (AL).
20.5148. Continue to consider Social Security as income: DC 2T 272–273 (AL); DC 2T 340 (DAV).
20.5152. Permit exclusion of 25% of all income: CT 227 (AMVETS).
20.5156. Permit exclusion of 20%–25% of Social Security and retirement: MT 351; CT 125 (VFW).
20.5160. Permit widows without children to exclude 20% of retirement benefits: OT 278 (VFW).
20.5164. Increase the 10% exclusion of income from retirement plans to 25%: CT 127 (VFW).
20.5168. Exclude 20% of Social Security and all other income for pension purposes: OT 382 (DAV); OT 402 (DAV).
20.5172. Exclude 20% of all retirement income: PT 330 (VFW); AT 522 (VFW); OT 262 (VFW); OT 383 (DAV); OT 403 (DAV).
20.5176. Exclude all retirement benefits from contributory systems and 25% of income from non-contributory systems: AT 536.
20.5180. Exclude 50% of Social Security benefits: OT 349 (DAV).
20.5184. Eliminate the detrimental effect of considering Social Security and retirement benefits as income: ST 24 (AL); ST 87–88 (VFW); ST 104 (VFW); ST 107 (VFW); ST 115 (VFW); ST 135 (WWI); ST 160 (WWI); ST 245; MT 335 (VFW); BT 264 (AMVETS); BT 231 (AL); BT 209 (WWI); CT 288 (AL); LT 249 (VFW); OT 158 (WWI); PT 514 (DAV); PT 204 (AL); AT 551; OT 578; DC 2T 85 (VFW).

20.5188. Exclude increases in Social Security and retirement benefits as income: AT 312 (AL); PT 146 (AL); AT 359 (AL); At 142 (WWI); OT 491.

20.5192. Lighten or eliminate the penalty for a small increase in income: CT 189 (AL).

20.5196. Adopt the Social Security policy of limited reduction when income is excessive: LT 328 (VFW).

20.5200. Permit concurrent receipt of pension and gratuitous Social Security at age 72: AT 438.

20.5204. Exclude $750 of Social Security from consideration as income: AT 171 (WWI).

20.5208. Exclude $900 of Social Security from consideration as income: AT 185 (WWI).

20.5212. Exclude $800 to $1000 of Social Security and Retirement benfiets: AT 157 (WWI).

20.5216. Exclude $900 of Social Security and Rertirement benefits: AT 135 (WWI).

20.5220. Exclude widow's Social Security from consideration: CT 164 (WWI).

20.5224. Eliminate Social Security as an income item for WWI pensioners; LT 98 (WWI); LT 103 (WWI); IT 104 (WWI); PT 613 (WWI).

20.5228. Exclude from income that portion of Railroad Retirement based on dependents: BT 230 (AL); DC 2T 225 (AL); OT 382 (DAV).

20.5232. Exclude retirement benefits for those under age 65 with dependents: PT 293 (VFW).

20.5236. Exclude all retirement from income at age 65: BKT 213 (WWI).

20.5240. Eliminate Social Security as income at age 72: DC 2T 66 (WWI).

20.5244. Exclude public and private retirement benefits from income to the maximum Social Security payable: BT 231 (AL).

20.5248. Exclude Social Security and Retirement benefits as income: MT 351; MT 65 (DAV); MT 172 (WWI); MT 178 (WWI); MT 217; MT 335; MT 107 (VFW); BT 230 (AL); BT 364 (PVA); BT 442; BT 310 (DAV); BT 187 (WWI); BT 208 (WWI); BT 39 (VFW); BT 183 (WWI); BT 158 (WWI); CT 349 (AL); CT 348 (AL); CT 157 (PVA); CT 125 (VFW); CT 164 (WWI); CT 127 (VFW); CT 167 (WWI); CT 163 (WWI); LT 32 (WWI); LT 349 (VFW); LT 126 (AL); LT 43 (WWI); LT 51 (WWI); LT 186 (MOPH); LT 298 (DAV); LT 212 (PAV); LT 340 (VFW); DCT 550 & 560 (IWV); DCT 465 (AWM); BKT 202 (WWI); OT 248 (VFW); DC 2T 66 (WWI); DC 2T 138 (VFW); DC 2T 156 (PLAV); AT 296 (AL); AT 181 (WWI); AT 168 WWI; PT 299 (VFW); PT 540 (DAV); AT 322 (AL); AT 92 (DAV); AT 142 (WWI); OT 590 (WWI); OT 607 (AL); OT 268 (VFW); OT 349 (DAV); PT 320 (VFW); OT 97 (WWI); PT 406; DC 2T 559 (AL); DC 2T 188 (AMVETS); OT 510 (AL); OT 607 (AL); OT 112 (WWI); PT 179 (AL); PT 226 (AL); CT 127 (VFW).

20.5252. Exclude Civil Service and Foreign Service annuities from consideration as income: DC 2T 462.
20.5256. Permit waiver of excessive income: MT 336 (VFW).
20.5260. Permit waiver of any part of federal retirement benefits in order to receive pension: AT 324 (AL); PT 226 (AL).
20.5264. Permit veteran to waive up to 20% of Social Security or retirement from private sources: OT 278 (VFW).
20.5268. Permit pensioners to waive annuity increases made for medical program purposes after award of pensions in order to reduce countable income: PT 251 (AL).
20.5272. Permit recoupment of Social Security and retirement contributions: MT 335 (VFW); PT 204 (AL).
20.5276. Permit recoupment of Social Security and Retirement contributions and thereafter exclude 10% of such benefit: AT 248 (AL); AT 283 (AL); DC 2T 222 G (AL).
20.5280. Exclude Social Security disability payments: DC 2T 44 (PVA).
20.5284. Exclude payments from endowment contracts: DC2T 557.
20.5288. Exclude expenses of the veteran's last illness paid before his death: AT 283 (AL); DC2T 222G (AL); AT 248 (AL).
20.5292. Exclude expenses of the last sickness and burial of a wife or child: BT 174 (WWI).
20.5296. Permit widows to deduct same expenses: MT 355; MT 137 (VFW).
20.5300. Exclude in spinal cord injury cases all costs of medical care and prosthetic appliances: DC2T 44 (PVA).
20.5304. Exclude all unusual medical expenses: OT 510 (AL); AT 283 (AL); DC2T 222G (AL); MT 194 (AL); BT 228 (AL).
20.5308. Exclude expense of family's medicine: CT 202 (AL); LT 127 (AL); MT 123 (VFW).
20.5312. Exclude spouse's medical expenses is not admissable to a VA hospital: CT 202 (AL).
20.5316. Exclude the $3 monthly payment for medicare: OT 349 (DAV).
20.5320. Exclude payments made under private retirement systems to cover cost of supplementary medical care under Social Security: DC 2T 226 (AL).
20.5324. Exclude amounts derived from participation in a Community-Hospital-Industrial Rehabilitation program while hospitalized in a VA, Federal or State Home: AT 283 (AL); DC 2T 222H (AL).
20.5328. Exclude first year's wages of former psychotics being rehabilitated through outside employment obtained by the VA: PT 251 (AL).

Disability pension rates and rates generally

20.5400. Reexamine pension rates: MT 33 (AMVETS).
20.5404. Revamp the pay rates of the current pension acts: OT 267 (VFW).
20.5408. Raise the average disability pension payment to $1500: PT 277 (VFW).
20.5412. Raise the pensions of all veterans who are unable to work and have no other means of support: OT 507 (WWI).

20.5416. Provide a guaranteed income: CT 215 (AL); DC2T 69 (WWI); OT 149 (WWI).
20.5420. Provide a guaranteed income of $3900: OT 162.
20.5424. Guarantee a veteran with one dependent $4000 per year: DC2T 134 (VFW).
20.5428. Pay pensioners the difference between actual income and $300 or $400 per month: PT 162 (AL).
20.5432. Provide a guaranteed income for the lowest income level: BT 104.
20.5432. Increase the pension rates: ST 24 (AL); ST 80 (VFW); ST 87 (VFW); MT 355; MT 351; MT 70 (DAV); MT 271; BT 362 (PVA); BT 422; BT 273 (WWI); BT 149 (VFW); CT 212 (AL); LT 341 (VFW); LT 32 (WWI); LT 41 (WWI); LT 327 (VFW); BKT 203 (WWI); PT 363 (WWI); AT 324 (AL); AT 247 (AL); AT 120 (DAV); OT 158 (WWI); OT 383 (DAV); OT 403 (DAV); OT 402 (DAV).
20.5436. Increase the rates under the "old" law: MT 33 (AMVETS); MT 104 (VFW); BT 164 (WWI); BT 158 (WWI); LT 51 (WWI); LT 361; DC2T 85 (VFW); PT 319 (VFW); OT 402 (DAV); DC2T 42 (PVA).
20.5440. Increase old law rates commensurately with increase in living costs: OT 98 (WWI).
20.5444. Increase pension rates for married veterans: AT 150 (WWI).
20.5448. Provide an increase in veteran's pension for each dependent: AT 337 (AL); AT 325 (AL).
20.5452. Increase rates for the lowest income levels: ST 149 (WWI); BT 52 (VFW); CT 135 (VFW).
20.5456. Increase the Spanish War rates: DCT 477 (USWV).
20.5460. Provide a cost of living increase: ST 135 (WWI); ST 214 (FRA) MT 85 (DAV); MT 178 (WWI); MT 193 (AL); BT 114 (VFW); BT 173 (WWI); BT 166 (WWI); BT 158 (WWI) BT 330 (DAV); CT 125 (VFW) CT 188 (AL); CT 349 (AL); CT 164 (WWI); PT 456; PT 415 (AL); DC 2T 125 (VFW); OT 43 (WWI); OT 191 (VFW); OT 217 (VFW); OT 314 (DAV); PT 293 (VFW).
20.5464. Provide an automatic cost of living provision; ST 60 (DAV); ST 150 (WWI) MT 178 (WWI); BT 209 (WWI) BT 183 (WWI); BT 177 (VFW) BT 126 (VFW); BT 384 (MOPH) CT 288 (AL); CT 212 (AL); CT 188 (AL); LT 102 (WWI); LT 104 (WWI); LT 51 (WWI) LT 127 (AL); LT 248 (VFW); BKT 203 (WWI); AT 217 (AMVETS); AT 294 (AL); AT 144 (WWI); AT 136 (WWI); PT 223 (AL); DC 2T 60 (WWI); DC 2T 464; OT 43 (WWI); OT 113 (WWI).
20.5468. Provide an automatic increase in rates when cost of living index raises 3% for three consecutive months: PT 340 (VFW).
20.5472. Provide an automatic cost of living increase provision for quarterly application: CT 44 (DAV)
20.5476. Repeal the "old" law but protect the $78.75 rate as a minimum: DC 2T 86 (VFW).

20.5480. Increase WWI pension rates by 20%: LT 52 (WWI).
20.5484. Increase rates by 20%: BT 86 (VFW).
20.5488. Increase rates by 25%; MT 335 (VFW).
20.5492. Increase rates by 50%: OT 267 (VFW).
20.5496. Increase old law rate to $100: BT 166 (WWI).
20.5500. Increase pensions to $3000 per year; BKT 218 (WWI).
20.5504. Increase rate for veteran and wife in the lowest income level to $150–$175: CT 178 (WWI).
20.5508. Raise pensions to at least $150 per month for single persons in the lowest income level: DC 2T 71 (WWI); OT 77 (WWI); PT 314 (DAV).
20.5512. Provide a pension base rate of $150 for veterans and widows without dependents and provide increased amounts for each dependent: OT 617 (AL).
20.5516. Provide a $150 rate for those in the lowest bracket with possible increase in a particular case if great need is shown: OT 239 (VFW).
20.5520. Increase rates (and income levels) for single veterans to $125 ($1800) and $60 ($2700): OT 511 (AL).
20.5524. Increase rates to $125 for a single veteran, to $135 for a veteran with a dependent, to $80 for a widow alone, and to $95 for a widow with a child: AT 145 (WWI).
20.5528. Increase rates for single veterans to $124, for veterans with dependents to $150 and provide $15 for each additional child: AT 296 (AL).
20.5532. Increase rates for lowest income level to $115, $95 and $75: BT 265 (AMVETS); BKT 75 (AMVETS).
20.5536. Increase pension rates to $102.38 per month with income levels of $2400 and $3600 per year respectively for single veterans and those with dependents, excluding Social Security and retirement benefits: MT 157 (WWI).
20.5540. Reexamine the dependency allowances: MT 33 (AMVETS).
20.5544. Provide additional amounts for additional dependents: MT 193 (AL); MT 103 (VFW) BT 257 (AMVETS); BKT 61 (AMVETS).
20.5548. Permit an additional $50 for children ages 18 to 23: BT 87 (VFW).
20.5552. Establish a special $50 rate for child of veteran receiving disability pension if child is 18 but not over age 23 and attending an approved school full time: AT 537.
20.5556. Provide $25 extra pension for each dependent: BKT 75 (AMVETS).
20.5560. Increase additional pension for dependents to $20 for one dependent; $25 for two, and $30 for three: AT 57.
20.5564. Pay veterans an additional $15 for each dependent: CT 226 (AMVETS).

Housebound and aid and attendance rates

20.6000. Increase Housebound rate to at least $45 per month: CT 126 (VFW).
20.6004. Increase the Aid and Attendance and Housebound rates: MT 266; BT 363 (PVA); AT 217 (AMVETS).

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20.6008. Increase the Aid and Attendance rate to $150 per month: AT 352 (AL).
20.6012. Increase rates for paraplegics: LT 212 (PAV).
20.6016. Equalize the Aid and Attendance allowances under both programs: MT 334 (VFW); CT 192 (AL) OT 402 (DAV).
20.6020. Increase the Housebound rates for both programs: OT 402 (DAV).
20.6024. Increase Aid and Attendance rate under the old law: DC 2T 85 (VFW).

Death rates

20.6500. Increase rates for Spanish War Widows: DC2T 476 (USWV).
20.6504. Increase death pension rates: OT 403 (DAV); AT 181 (WWI); AT 168 (WWI).
20.6508. Establish a special $50 rate for children between ages 18 and 23 attending school full time regardless of widow's eligibility: AT 537.
20.6512. Increase widow's pension one-third for each child: LT 63 (WWI).
20.6516. Equalize rates and income levels for widows with those for veterans: PT 515 (DAV).
20.6520. Increase widows' rates: ST 254 (WWI); MT 34 (AMVETS); MT 70 (DAV); MT 94 (DAV); BT 209; BT 158 (WWI); CT 97 (VFW); CT 167 (WWI); CT 97 (VFW); CT 167 (WWI); CT 169 (WWI); CT 166 (WWI); LT 104 (WWI); BKT 172 (VFW); AT 177 (WWI); DC2T 58 (WWI).
20.6524. Equalize death rates under both laws: AT 345 (AL); LT 177 (JWV).
20.6528. Increase widows' rates on a par with veterans' at age 65 and where disability is a bar to employment: AT 325 (AL).
20.6532. Provide a cost of living increase for widows: MT 138 (VFW); MT 173 (WWI); BT 51 (VFW); CT 125 (VFW); CT 127 (VFW).
20.6536. Increase rates for WWI widows: OT 159 (WWI).
20.6540. Increase rates for widows in the low income level: BT 183 (WWI); DC2T 88 (VFW).
20.6544. Increase death rates by at least 10%: OT 278 (VFW).
20.6548. Increase rate to $70 for WWI widows with income not exceeding $1800 (exclusive of Social Security): MT 158 (WWI).
20.6552. Provide a $75 rate for widows without children: LT 63 (WWI).
20.6556. Increase widows rate to $80: AT 149 (WWI).
20.6560. Provide rates (and income levels) for widows without children of $80 ($1800) and $45 ($2700): OT 511 (AL).
20.6564. Increase rates for widows without children to $90 and for those with children to $115 with $15 for each additional child: AT 296 (AL).
20.6568. Increase rates (and income levels) for a widow with a child to $100 ($2000) and $70 (3600) with additional allowances for additional children: OT 511 (AL).

20.6572. Provide a $100 rate for unemployable widows with no income: LT 248 (VFW).

Burial benefits

20.7000. Provide burial benefits to "Cold War" veterans: ST 45 (DAV); CT 227 (AMVETS).
20.7004. Make burial benefits available for Vietnam service: CT 132 (VFW).
20.7008. Provide burial for peacetime after six months service: OT 403 (DAV); OT 383 (DAV).
20.7012. Pay burial benefits to beneficiaries for use in their own discretion: AT 215 (AMVETS).
20.7016. Provide full burial benefit of $250 for burials in Greece: AT 308 (AL).
20.7020. Permit no deduction of burial allowance because of payment by another agency: BT 345 (IAWV); BT 324 (DAV); CT 131 (VFW).
20.7024. Provide reimbursement allowance not to to exceed $350 including burial, funeral expenses and transportation of remains: OT 284 (VFW).
20.7028. Increase burial allowance generally: PT 73 (AMVETS); AT 115 (DAV); AT 144 (WWI); OT 114 (WWI); AT 439; AT 333 (AL); ST 66 (DAV); BT 423; CT 131 (VFW); BKT 205 (WWI).
20.7032. Increase burial allowance to offset additional expenses incurred as a result of the current national cemetery policy: DCT 357D.
20.7036. Increase rates by $100: MT 37 (AMVETS); MT 181 (WWI); MT 189 (WWI); BT 259 (AMVETS); BT 324 (DAV); BT 345 (LAWV); DCT 359.
20.7040. Increase burial benefits by $75 to $100: AT 215 (AMVETS).
20.7044. Increase burial benefits by providing $100 to purchase a plot: PT 518 (DAV).
20.7048. Increase burial allowance an additional $100 if not buried in national cemetery: PT 495; AT 313 (AL).
20.7052. Award extra $100 for burial plot to person responsible or to funeral home: PT 101 (AMVETS).
20.7056. Increase burial allowance to $300: BT 90 (VFW); BT 321 (DAV); AT 66 (DAV); AT 312 (AL); AT 36 (DAV).
20.7060. Increase burial allowance to $300 or $350: OT 103 (WWI).
20.7064. Increase burial allowance to $350: CT 227 (AMVETS); LT 352 (VFW); BKT 63 (AMVETS); BKT 73 (AMVETS); AT 353 (AL); AT 344 (AL); OT 383 (DAV); OT 403 (DAV); AT 297 (AL); AT 252 (AL); PT 95 (AMVETS); PT 518 (DAV); DCT 296 (DOA); DCT 228 (AL).
20.7068. Increase burial allowance to $350 and pay without regard to allowance from any other source: DCT 47 (PVA).
20.7072. Increase burial benefit to $350 plus an increase if veteran dies in a VA facility, while hospitalized at VA expense, or in transit thereto: BT 79 (VFW).

20.7074. Increase allowance to $400: LT 346 (VFW); LT 53 (WWI); DCT 334 (DAV); PT 495.
20.7076. Increase burial allowance to $400 and award an additional $100 for gravesite if interment is not in national cemetery: AT 541.
20.7080. Increase burial allowance to $400, if interment is not in a national cemetery: PT 256 (AL); PT 277 (VFW).
20.7084. Increase burial allowance to $400 plus headstone installation and shipping fee for body from place of death to national cemetery: DCT 191 (AMVETS).
20.7088. Increased burial benefits to $500: BT 330 (DAV); BKT 168 (VFW); BKT 32.
20.7092. Provide complete cost of burial for a direct service connected death: CT 112 (VFW).
20.7096. Restore contract burials: LT 251 (VFW).
20.7100. Provide for transportation, burial and incidental expenses for burial of in-service deaths in local or national cemetery: MT 340 (VFW).
20.7104. Award an allowance of $250 for burial plot for those not buried in a national cemetery: OT 352 (DAV).
20.7108. Provide an allowance for ineligible veterans to cover cost of burial site as in Tower Bill (S. 2316): DCT 360.
20.7112. Provide transportation and reimbursement regardless of place of death: LT 352 (VFW); DCT 297.
20.7116. Permit cost of transportation as an additional burial benefit: BT 259 (AMVETS); BKT 63 (AMVETS).
20.7120. Provide transportation costs of dependents of those below the three top pay grades: AT 220 (AMVETS).
20.7124. Furnish, deliver and install headstones: BT 265 (AMVETS); BKT 74 (AMVETS); PT 95 (AMVETS); DCT 296 (DOA).
20.7128. Provide grave marker in cases where one period of a service terminated honorably: ST 202.
20.7132. Allow military personnel accompanying the remains or a direct representative, after burial, to inform survivors of benefits entitled: AT 543.
20.7136. Provide Armed Forces trained personnel for a veteran funeral: OT 405 (DAV).
20.7140. Allow funeral directors to process application for burial allowance, headstones and markers: PT 155 (AL).
20.7144. Direct windows to service representative for assistance in burial application: PT 159 (AL).

National cemeteries

20.7500. Provide for establishment of a cemetery program: LT 352 (VFW).
20.7504. Permit no priorities in burial rights in national cemeteries: AT 67 (DAV).
20.7508. Permit all eligible veterans burial in national cemeteries: PT 303 (VFW); DCT 295 (DOA); PT 292 (VFW).
20.7512. Assure veterans funeral and burial in national cemeteries if preferred: DCT 386 (JWV).

20.7516. Permit burial in all national cemeteries without discrimination: AT 363 (AL); OT 172 (VFW).

20.7520. Provide appropriate legislation prohibiting burial in national cemeteries of those otherwise entitled but has participated in subversive activities: OT 492.

20.7524. Prohibit burial in national cemeteries to veterans who have committed a crime against the country but otherwise eligible: DCT 191 (AMVETS); AT 266 (AL).

20.7528. Allow veterans to choose national cemetery of his choice: DCT 304 (DOA).

20.7532. Conduct a survey by VA to determine and guarantee adequacy: ST 67 (DAV).

20.7536. Conduct a study to determine future use and need of national cemetery: OT 517 (AL).

20.7540. Conduct a study of cremation: LT 226 (AMVETS).

20.7544. Provide national mausoleums at closed national cemeteries for cremated remains of veterans: BT 335 (DAV); BT 342 (DAV); LT 81 (VFW); PT 181 (AL); DCT 52 (PVA).

20.7548. Allow veterans to be cremated and buried in otherwise full national cemeteries: PT 468.

20.7552. Consolidate national cemetery program in one agency: CT 200 (AL).

20.7556. Place national cemeteries in VA control: ST 22 (AL); ST 108–109 (VFW); ST 117 (VFW); MT 37 (AMVETS); MT 180 (WWI); MT 130 (VFW); MT 174 (WWI); MT 215 (Polish Legion of AMVETS); BT 57 (VFW); BT 90 (VFW); BT 261 (AMVETS); BT 239 (AL); BT 303 (DAV); BT 386 (MOPH); CT 63 (PLAV); CT 250 (MOPH); CT 150 (VFW); LT 72 (VFW); LT 80 (VFW); LT 176 (JWV); LT 189 (MOPH); LT 224 (AMVETS); LT 251 (VFW); LT 313 (DAV); LT 345 (VFW); BKT 206 (WWI); DCT 560 (IWV); DCT 492 (FRA); DCT 191 (AMVETS); AT 266 (AL); AT 230 (MOPH); AT 221 (AMVETS); AT 144 (WWI); AT 541; OT 405 (DAV); OT 615 (AL); OT 517 (AL); OT 492; OT 386 (DAV); OT 114 (WWI); PT 424 (PLAV); AT 585 (VFW); DCT 334 (DAV); DCT 61 (WWI); AT 363 (AL); PT 256 (AL); PT 269 (AL); PT 518 (DAV); PT 571 (DAV); PT 543 (DAV); DCT 229 (AL); DCT 91 (VFW); DCT 156 (PLAV); AT 499 (ROA); AT 506 (VFW); DCT 558; PT 461; PT 494; PT 320–321 VFW); PT 204 (AL); DC2T 148 (PLAV); PT 68 (AL); CT 354 (AL); CT 289 (AL); CT 145 (VFW); AT 585 (VFW); AT 363 (AL).

20.7560. Place Congressional jurisdiction over national cemeteries in the Veterans Affairs Committee: CT 199–200 (AL); DCT 492 (FRA); AT 266 (AL); DCT 92 (VFW); PT 557 (DAV); PT 461; OT 416; OT 171 (VFW); PT 269; AT 303 (AL); DCT 334 (DAV); DCT 229 (AL); OT 517 (AL); PT 337 (JWV).

20.7564. Control of overseas military cemeteries should also be in VA: MT 105 (VFW); CT 150 (VFW); CT 230 (AMVETS).

20.7568. Preclude VA control over overseas military cemeteries: MT 180 (WWI).
20.7572. Establish national cemeteries throughout the US sectionally, as research would indicate: DCT 296 (DOA).
20.7576. Expand national cemetery system for burial of honorably discharged: OT 321 (DAV).
20.7580. Initiate a comprehensive national cemetery program: PT 321 (VFW).
20.7584. Expand national cemetery system: DCT 191 (AMVETS); DCT 393 (DOA); DCT 356 (WAC VETS); PT 234 (AL); PT 204 (AL); PT 256 (AL); PT 180 (AL); PT 177; PT 460; PT 569 (DAV); PT 463 & 495; PT 292 (DAV); OT 416; AT 363 (AL); AT 66 (DAV); AT 67 (DAV); AT 36 (DAV); AT 303 (AL); AT 333 (AL); AT 230 (MOPH); AT 439; AT 221 (AMVETS); OT 46 (WWI); PT 256 (AL).
20.7588. Place cemeteries so they are readily available to all veterans: DCT 70 (WWI).
20.7592. Increase national cemeteries in each state: ST 66 (DAV); ST 105 (VFW); ST 246; MT 37 (AMVETS); MT 180 (WWI); BT 46 (VFW); BT 209 (WWI); BT 246 (AMVETS); BT 250 (AMVETS); BT 324 (DAV); BT 389 (MOPH); BT 345 (LAWV); CT 207 (AL); CT 137 (VFW); CT 231 (AMVETS); LT 80 (VFW); LT 104 (WWI); LT 319 (VFW); DCT 590 (ROA); AT 266 (AL); AT 144 (WWI); AT 116 (DAV); AT 541; OT 405 (DAV); OT 98 (WWI); OT 614 (AL); OT 492; OT 386 (DAV); OT 405 (DAV); PT 519; PT 110(AMVETS); PT 337 (VFW); PT 352 (WWI); DCT 191 (AMVETS); DCT 334 (DAV); DCT 386 (JWV); DCT 91 (VFW); DCT 61 (WWI); PT 52 (PVA); PT 153 (AL).
20.7596. Purchase more land and reopen cemeteries: MT 125; BT 174 (WWI); BT 184 (WWI); BT 37 (VFW); BT 158 (WWI); BT 141 (VFW); BT 144 (VFW); BT 302 (DAV); CT 354 (AL); CT 131 (VFW); CT 145 (VFW); LT 51 (WWI); LT 251 (VFW); LT 334 (VFW); LT 345 (VFW); BKT 206 (WWI); PT 543 (DAV); PT 280 (VFW).
20.7600. Purchase more land for national cemeteries, especially Maryland: PT 304 (VFW).
20.7604. Convert nearby battlefields, national parks and forest into cemeteries when area's national cemetery is filled: PT 330 331 (VFW).
20.7608. Provide program or study for establishing memorial parks including mausoleums and columbariums: OT 405 (DAV).
20.7612. Increase cemetery space in Wisconsin: MT 95 (DAV).
20.7616. Provide national cemetery in each New England state: BT 66 (VFW); BT 37 (VFW); BT 221 (WWI); BT 261 (AMVETS); BT 239 (AL); BT 314 (DAV) BT 345 (IAWV).
20.7620. Provide national cemetery in New Hampshire: BT 216 (WWI).
20.7624. Expand national cemetery in New York: BT 424.

20.7628. Provide national cemetery in Maine: BT 290 (DAV).
20.7632. Provide national cemetery in Massachusetts: BT 90 (VFW); BT 160 (WWI); BT 321 (DAV); BT 309 (DAV).
20.7636. Provide national cemetery in Rhode Island: BT 77 (VFW).
20.7640. Use surplus land at VAH Newington, Connecticut for cemetery: BT 54 (VFW).
20.7644. Survey feasibility of additional ground at Little Rock, Fort Smith and Fayetteville, Arkansas: OT 171 (VFW).
20.7648. Provide national cemetery in Arizona: LT 319 (VFW).
20.7652. Include Fort Baynard cemetery in the national cemetery system: LT 334 (VFW).
20.7656. Provide national cemetery in Champion Hill, Mississippi: OT 615 (AL).
20.7660. Provide national cemetery in Oklahoma: OT 46 (WWI).
20.7664. Provide national cemetery at Fort Towson, Oklahoma: OT 107; OT 321 (DAV); OT 222 (VFW).
20.7668. Provide more cemeteries at Fort Reno, Oklahoma: OT 53; OT 321 (DAV); OT 222 (VFW).
20.7672. Provide national cemetery for Michigan: CT 207 (AL).
20.7676. Provide national cemetery for Philadelphia: PT 463.
20.7680. Provide more national cemeteries in Pennsylvania: PT 455.
20.7684. Expand cemetery programs in California and allocate additional space: LT 313 (DAV).
20.7688. Establish three national cemeteries in California of over 100 acres: AT 235 (MOPH).
20.7692. Establish a third national cemetery in California: LT 151.
20.7694. Provide a cemetery at Old Camp Parks near Pleasanton, California: DCT 357C.
20.7696. Establish new cemetery in the Riverside, San Bernardino area: LT 189 (MOPH).
20.7700. Expand the Fort Rosecrans cemetery: LT 189 (MOPH).
20.7704. Use Maremont Naval Air Station area as a cemetery: LT 80 (VFW).
20.7708. Provide national cemetery in Ohio: CT 145 (VFW); CT 151 (VFW).
20.7712. Expand and reopen Beverly cemetery in New Jersey: DCT 321 (VFW); PT 425; PT 205 (AL); PT 67 (AMVETS).
20.7716. Provide a national cemetery in metropolitan area between Baltimore and Washington, D.C., in Maryland: PT 317 (VFW).
20.7720. Provide national cemetery for Delaware in Lower New Castle county: PT 561 (DAV).
20.7724. Provide national cemetery for Delaware near Delaware Memorial Bridge near recreation area: PT 560 (DAV).
20.7728. Provide national cemetery for Delaware: PT 292 (VFW).
20.7732. Provide more cemeteries near highly populated areas: CT 148 (VFW); LT 176 (JWV); PT 571 (DAV).
20.7736. Establish new cemeteries in low cost land areas: LT 72 (VFW).
20.7740. Purchase land in private cemeteries and convert into national cemeteries: PT 468.
20.7744. Consider using federal land wherever possible: LT 177 (JWV).

20.7748. Use surplus land held by U.S. Government as result of closed military installation for national cemetery: DCT 157 (PLAV).
20.7752. Establish a cemetery at each VA Hospital: LT 345 (VFW).
20.7756. Remove Arlington Cemetery from National System: BT 160 (WWI).
20.7760. Continue Arlington as a regular veterans cemetery: CT 148 (VFW).
20.7764. Allow burial of all honorably discharged veterans in Arlington as long as sites exist; OT 46 (WWI); DCT 61 (WWI); OT 284 (VFW); OT 517 (AL); OT 386 (DAV); OT 191 (VFW); OT 221 (VFW); OT 222 (VFW).
20.7768. Lift restrictions on burials in Arlington: AT 303 (AL); PT 270; PT 292 (VFW); DCT 229 (AL); DCT 149 (PLAV).
20.7772. Restore former burial procedures at Arlington National Cemetery: OT 352 (DAV); OT 118 (WWI).
20.7776. Rescind policy of burial of VIPs in Arlington National Cemetery: OT 321 (DAV).
20.7780. Make Arlington a National Monument: PT 77 (AMVETS); DCT 51 (PVA).
20.7784. Use remaining space in Arlington for holders of Congressional Medal of Honor: DC2T 52 (PVA).
20.7788. Use parking area funds for Arlington National Cemetery for gravesites for honorably discharged veterans: OT 321 (DAV).
20.7792. Make Arlington a national monument when full: OT 144 (WWI).
20.7796. Designate a portion of Manassas Battleground as an Arlington Cemetery annex: AT 230 (MOPH).
20.7800. Eliminate use of recorded "Taps" in national cemeteries: LT 251 (VFW).

GROUP III.—EDUCATIONAL AND TRAINING ASSISTANCE

Vocational rehabilitation

30.1004. Extend and improve VR & E Program: AT 66 (DAV).
30.1008. Enlarge VR & E. Program: AT 23 (MOPH).
30.1012. Eliminate termination dates: LT 349 (VFW); LT 294 (DAV); DCT 543 (BVA); AT 552; AT 327 (AL); OT 268 (VFW).
30.1016. Extend termination date for World War II: ST 91 (VFW).
30.1020. Eliminate termination date if training or retraining is needed: DC2T (AMVETS); PT 515 (DAV); DC2T 345 (DAV).
30.1024. Eliminate termination dates for WW II where case warrants retraining: DC2T 141 (VFW).
30.1028. Permit program for WW II veterans not rehabilitated: MT 112 (VFW).
30.1032. Permit additional training to those 100% disabled who are now stabilized after repeated acute exacerbations: CT 113 (VFW).