AMVETS offered its full support to this measure, which would entitle widows and orphans of veterans who have died from service-connected causes, hospitalization in Veterans' Administration hospitals. We believe that there has existed for a long time an inequity because this legislation has not been enacted.

We have made hospitalization in military hospitals available to dependents of retired military personnel and to the widows and orphans of servicemen killed in action. Yet, the families of those who have suffered disabilities in combat, causing their deaths after discharge, have not been provided the same benefit.

While not suffering death during active duty, those veterans who have died as a direct result of the disabilities incurred while in service, should be awarded the same consideration as if death actually took place while on active duty.

It would appear that the question of providing hospital treatment is only half the problem. The second factor is whether this hospitalization should be in Veterans' Administration hospitals.

At the present time the Veterans' Administration has 166 hospitals across the land and each year the bed availability in these hospitals becomes larger. This in no way means that veterans are not requiring hospitalization. In fact, in fiscal 1968, 12,000 more inpatients were treated in Veterans' Administration hospitals than in fiscal 1967.

Utilization of beds is far more significant than just a statistical count of the number of beds. Thanks in large measure to the foresight of Congress in passing legislation permitting prehospital and posthospital care of veterans, there has been a large increase in the number of patients able to be treated and released from Veterans' Administration hospitals.

The changes to outpatient treatment and nursing home care programs have lessened the demands on the beds available in Veterans' Administration hospitals. There are now 4,000 nursing care beds authorized in 63 Veterans' Administration hospitals. Veterans are able to receive treatment from their own physicians in certain cases now, with the Veterans' Administration paying the cost of treatment.

As a result of these changing practices, some Veterans' Administration hospitals are not now operating at their capacity. AMVETS feel that it is vital that these hospitals be maintained at their capacity to insure he best possible attention and care to the veteran.Treatment of widows and orphans in a Veterans' Administration hospital would of necessity have to be on a bed availability basis, with the veteran in need of treatment continuing to receive a priority status.

Adequate staffs must be maintained in our Veterans' Administration hospitals in order to provide treatment which may be required by a veteran.

Voluminous testimony was given before the U.S. Veterans' Advisory Commission during this past year regarding the waiting lists in the Veterans' Administration hospitals.

All of the above mentioned improvements have resulted in a greatly reduced waiting list. As recently as February 1, 1969, we were advised that none of the veterans now on the waiting list seek treatment for a service-connected condition. About one-half of those on the total waiting list are seeking Veterans' Administration psychiatric treatment, and most of them are already receiving care in some other mental hospital.