our organization during the few months that I have had the honor to serve as national commander.

Mr. DORN. Commander Miller, thank you very much for a very excellent statement.

Mr. MILLER. Thank you.

Mr. LEONARD. Mr. Chairman, may the record show the presence here this morning of Mr. Michael Locker, our national adjutant; Mr. W. Ed Hudson, our national quartermaster; and Mrs. Kathryn E. Iverson, our executive secretary.

Mr. DORN. We welcome all of you here.

Mr. Saylor, do you have any questions?

Mr. SAYLOR. Commander Miller, let me commend you on your statement. I want to congratulate you and your staff for the work you have done on behalf of the veterans of World War I, but your statement has raised certain problems in my mind and I would like to present them to you. You don't have to give the answers today, but I think there are some things you should be thinking about in view of what you have in your prepared statement.

One of the laws which this committee wrote and which Congress passed and approved says the administrator of veteran's affairs, under the direction of the President, shall operate and maintain no less than 125,000 beds in the various hospitals in the United States for the care of our service-connected veterans and non-service-connected on a bed available basis. In addition to that we have 4,000 beds which are authorized for domiciliary care.

As of the 31st day of December 1968, our Committee on Veterans' Affairs has prepared a report for the benefit of members of this committee and Members of Congress and our veterans' organizations, and it shows some startling things, the first of which is that on that date there were 107,173 operating beds in our veterans' hospitals and on that same date there were 21,294 beds occupied for 180 days or more. This means that there are only about 85,000 beds available for our service-connected veterans. Now, if we take the recommendation that you have given to us that veterans over 72 years of age, those who are able to pay and are nonservice-connected cases, be granted hospitalization benefits, where are we going to put them? I think your aim is fine and I cannot fault you for asking for it, but as I look at the report this committee has, where are we going to put the World War I veterans over 72 years of age who might be able to pay? In other words, the thing that I worry about is that the service-connected veterans will suffer, because when we tie up a bed for a World War I veteran because of his age he is usually there for a long period of time, and we have those who served in World War II, Korea, and now in Vietnam. I don't ask you to give us an answer to that today, but I think your organization should think about it as you make your recommendations to this committee.

Mr. MILLER. We will do that, we surely will, but what we are looking back to here, these are men who observed their 50th anniversary last year, and when they said they are the forgotten men, they have been forgotten. I will give you a statement later on, but what I am trying to say is that these veterans of World War I, we don't know how long they will be with us. We lost 22,000 who were not at our last convention, and in the last 4 months the deaths have run 2,500.