

I might call to the attention of the committee that we do have one more witness here. While I do not want to deprive anyone of the opportunity to question Mr. Capson, I do wish that you would make it brief.

Does anyone care to be recognized?

Mr. SAYLOR. Mr. Chairman.

Mr. HALEY. The gentleman from Pennsylvania.

Mr. SAYLOR. Mr. Chairman, I would like to abide by your request. First, Mr. Capson, let me congratulate you on this statement and for that part of your statement which deals with service-connected veterans. I want to say that I don't think that you go quite far enough.

For those who are not service-connected veterans, many of them who have been injured since they have been in the service, I think that some of the resolutions that you have presented here are going to create some real problems not only for the service connected but also for this committee.

I am glad that you have divided them into two parts. Those which deal with the service-connected veterans I say "Amen." Some of the others raise in my mind some very serious questions as to whether or not they should be charged to the Veterans' Administration. I realize that one who has served his country and who suddenly becomes a paraplegic as a result of an accident after he leaves the service might tend to deteriorate. This may be one of the reasons, if we get into it, for the service that is being rendered to the service-connected veteran. Would you care to comment on that? Do you think that is a cause of the deterioration?

Mr. CAPSON. Do I understand you correctly to say that the care of the nonservice connected is the cause of deterioration?

Mr. SAYLOR. I say it might be one of the causes of this increased burden. You specified that in Vietnam you had over 1,000 service-connected cases and that this, in and of itself, is creating a tremendous burden on this special group of doctors and nurses.

In addition, in that period of time, I don't know how many but I am sure there are several hundred cases of non-service-connected veterans.

Mr. CAPSON. This is very true, but I think where the problem arises is over the years there has been no increase in hospital beds. Therefore, the paraplegic population has increased over the years and our death rate was decreased. Our life expectancy is almost that of normal. That means our patients are with us longer. Their hospital beds and care has not increased for many years, I am not sure how long it is. I think this is where the problem is. We have not had a steady increase of centers. We have not had a steady increase of training the doctors in the specified field of spinal cord injury. We have not had the training programs of training nursing personnel needed to care for them. I think this is where I definitely feel the problem lies.

Mr. SAYLOR. I certainly appreciate your observations and I thank you for having had this opportunity to question you and getting this answer. It helps me and other members of the committee.

Thank you, Mr. Chairman.

Mr. HALEY. Any other member of the committee?

Mr. HELSTOSKI. I want to thank Mr. Capson for this provocative statement.

Mr. HALEY. The gentleman from California.