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THE MILES CITY VETERANS HOSPITAL

Mr. MANSFIELD. Mr. President, yesterday, January 14, my office received a call from Great Falls, Mont. This call came in at 2:15 p.m. Mr. Emil Bauer, of Great Falls, called and said that a World War I veteran, Victor Brown, had a stroke the preceding night, and that Mr. Gue, manager of Columbus Hospital, called the veterans hospital at Fort Harrison to seek admission for Mr. Brown.

Mr. Bauer stated that Mr. Gue was informed that they could not take him because they did not have a bed available. Mr. Bauer stated that they found a card, which he gave Mr. Gue, which indicated that Mr. Brown recently made application to the Veterans' Administration for benefits, and that he would get that for the "C" number.

He stated that Mr. Brown was not able to talk. The doctor said that he had had a stroke on the left side. Mr. Brown lives in the home of Mr. Bauer's mother-in-law at 1008 Fourth Avenue North, Great Falls. He is not able to remain at Columbus Hospital because he has no income. They will have to try to get him on relief through welfare if he cannot be admitted to a veterans hospital.

Mr. Bauer called back about a half hour later, on yesterday, to say that he now had Brown's full name, Victor H. Brown, C-1988108. I might say parenthetically that numbers are evidently very important nowadays. He said the manager at Columbus Hospital told him that he, the manager at Columbus Hospital, had talked with the manager of the veterans hospital at Fort Harrison shortly before noon today. He said that Mr. Brown receives a pension and that the hospital is having difficulty trying to get him into the county hospital under welfare because the patient is not able to sign his name.

We contacted the Veterans' Administration in the District of Columbia. At 12:15 today, my office received a call from the Veterans' Administration, advising that Victor Brown will be admitted today to the Fort Harrison hospital. The hospital at Fort Harrison is now contacting Mr. Brown's physician to make the necessary arrangements.

Yesterday the Fort Harrison hospital was filled to capacity. Earlier this week, the Veterans' Administration announced that it was closing the veterans facility at Miles City, Mont., now filled almost to capacity by June 30 of this year.

I do not know where the Veterans' Administration gets its information. I do not know why it places so much stress on computers and not enough stress on human needs.

I assume it is known that at the present time there are 20,000 living veterans of the Spanish-American War, and that their average age is 85.6. I assume they know that there are 2,285,000 living veterans of the First World War, and that their average age is 69.5. I assume they know that there are 15,075,000 living veterans of World War II, with an average age of 44.5. I assume they know that there are 5,688,000 Korean war veterans, with an average age of 34.3. I assume they know that in 1950 the average daily patient load in veterans hospitals was 96,643. In 1955, it was 106,682. In 1960, it was 111,408.

In World Wars I and II, on a percentage basis, Montana furnished more members to the armed services than did any other State in the Union. As a reward we get notice that the hospital at Miles City, a veterans facility which is one of the new ones, having been put into operation in 1951, is to be closed.

I have in my hand a copy of the Miles City Star, dated Tuesday, January 12.

This is a statement by Mr. Malcolm Randall, administrator of the Miles City VA hospital.

The paper states:

The hospital is at near capacity as far as patients are concerned, Randall says. There is one patient bed unoccupied, he said.

The next day, there were two vacancies, because that night a veteran died in the Miles City veterans hospital.

It is my understanding—and I believe these figures are correct—that 75 percent of the patients in the Miles City VA hospital come from eastern Montana; 15 percent come from Wyoming; and 10 percent come from the western Dakotas, both North and South Dakota.

It is my further understanding that some time ago the Veterans' Administration decided that the computers should be called in to locate veterans hospitals which are small, which are relatively isolated, where the patient load was small, and where the facilities were removed from medical centers.

It is my further understanding that over the past weekend, over Saturday and Sunday, typographical crews typed letters which were to be sent up on Monday for signature, but most of them had to be retyped because of typographical errors. I understand that letters to Senators—mine was dated January 13—were typed over the weekend, to be ready for transmittal, on an "operation avalanche" basis. This was evidently a well-planned operation which a great many people knew something about, except Senators and Representatives from States concerned.

I note in the New York Times, under date of Wednesday, January 13, one of the reasons the Veterans' Administration gives. I quote from that newspaper:

The VA now likes to concentrate its medical care in big-city areas close to teaching hospitals and medical schools.

I wonder if the Veterans' Administration realizes the fact that the closest facility to Miles City is at Fort Harrison. By air it is 300 miles, and by road it is 348 miles. If Mr. Brown, of Great Falls, who was finally admitted to Fort Harrison, had had to go to Miles City, it would have been 447 miles. The Miles City service area is bigger than all the New England States put together. The closest facilities, outside of Fort Harrison, are at Fargo, N. Dak., 450 miles, on the Minnesota line; Sioux Falls, S. Dak., 490 miles, on the Minnesota line; Grand Island, Nebr., 545 miles away; Cheyenne, Wyo., 370 miles away; Spokane, Wash., 570 miles; Boise, Idaho, 550 miles.

Those are the distances from the Miles City facility, which is supposed to go out of existence.

If the Veterans' Administration plan is carried through on June 30 of this year, where are veterans from the Dakotas, Montana, and Wyoming going to go? How are they going to get there? Who is going to bear the expense?

Are the veterans of Montana, the Dakotas, and Wyoming to be discriminated against? I say "No."

And, while they are abolishing hospitals, I note that in the past 5 years the following new hospitals have been built: Palo Alto, Calif., at a cost of \$23 million. That is what we are going to save by closing these facilities, they say. Brecksville, Ohio, \$25 million; Cleveland, Ohio, \$18 million.

Those three were authorized in 1946. In 1956, Nashville, Tenn., \$12 million; Martinez, Calif., \$12 million; Downey, Ill., \$22 million; and Jackson, Miss., \$10 million.

Hospitals presently under construction: Washington, D.C., \$21 million; Wood, Wis., phase I, \$32 million; Charleston, S.C., \$11 million; Atlanta, Ga., \$13 million; Gainesville, Fla., \$11

million; Temple, Tex., \$8 million; Miami, Fla., \$19 million; Memphis, Tenn., \$19 million; Long Beach, Calif., phase II, \$18 million; Oteen, N.C., \$9 million.

But that is not all. Remember they are closing down 14 to 17 facilities.

But here is a list of hospitals not now being constructed but hospitals authorized for future construction. I repeat—future construction.

San Juan, P.R., \$22 million; Hines, Ill., phase I, \$21 million; Los Angeles, Calif., \$23 million; Chicago, Ill., \$18 million; Columbia, Mo., \$12 million; Northport, N.Y., phase I, \$16 million; San Antonio, Tex., \$15 million; Tampa, Fla., \$16 million; San Diego, Calif., \$27 million; and Long Island, N.Y., \$26 million.

It does not look too good for States with small populations.

Mr. GRUENING. Mr. President, will the Senator from Montana yield?

Mr. MANSFIELD. Not now.

It does not look too good for the States with small populations but only for the large population areas or the sunny climes.

Just where does the small State fit in this Union?

I know where it fits in the Senate. I believe that what we should keep in mind is this: That those of us who come from the sparsely settled West have supported the programs of the folks in the urban areas time and time again—many times to our own political detriment.

But, we wish a fair deal. I believe that it is an outrage that the hospital in Miles City is to be discontinued. This is a hospital which is presently operating at capacity, as is the hospital at Fort Harrison near Helena, Mont.

Mr. President, let me note that last December two radar stations were closed in Montana, one at Miles City and one at Cut Bank. The first information I had was 3 hours before the official press release was issued.

In the same month, the great air base complex at Glasgow, Mont., the newest airbase in the country, was closed. That information, too, came to me on the same basis—on 3 to 5 hours' notice.

In January of this year, an announcement was made that the congressionally authorized minting of silver dollars at the Denver Mint, which was scheduled to begin after the first of the year, had been postponed indefinitely.

Did anyone in the bureaucracy bother to advise the Senators of the States most immediately involved before this action was taken? No.

That information came to us from the newspapers.

A few days ago, an announcement was made that the Miles City veterans hospital was slated for closing. I must say that the bureaucracy is improving because in this instance I received 1½ hours' notice from an official in the Veterans' Administration before the information became generally known.

Now, Mr. President, as I noted earlier, I recognize the need for change and sometimes the inevitability of change of this nature.

But I am persuaded that in these changes, the human needs could far better be met if there were some prior consideration of them with the elected Members of Congress, both Republican and Democrat, who are close to the people of the areas involved. As a minimum, there ought at least to be the courtesy of adequate notice to the Senators and Representatives of the States involved. Notification by avalanche, which the bureaucracy appears to be resorting to increasingly in these situations, is a ruthless, insensitive tactic, and it is going

to be met by a snowballing protest until it is ended.

On Wednesday, the Veterans' Administration announced the closing of 14 hospitals and 17 regional offices. Among those listed is a general hospital at Miles City, Mont. Other Senators are fully capable of speaking to the effect of these closures in their States. As a Senator representing Montana, which I am before all else in the Senate, I shall confine my remarks to the injustice which is inherent in the closing of Miles City General Veterans Hospital.

This hospital is in eastern Montana. It serves an immense, sparsely settled area, not only of my State, but of North Dakota, South Dakota, and Wyoming. With its closing, the distances which veterans in the region will now have to travel for hospital care at the nearest veterans facility will be increased anywhere from 300 miles, upward.

Now, all of this, Mr. President, is in the name of economy. Whose economy? Not the veterans of the region who have every right under the law and simple justice to claim first-class service. Not the veterans who need prompt medical attention. Not their families who will have to travel great additional distances in order to provide the essential therapy which is involved in visits to patients. Not the region in and around Miles City whose economy has grown up in part around services supplied to the hospital complex.

Miles City, in Custer County, is in the heart of an eight county blizzard area which affected eastern Montana last month. It is in the heart of an area in which 25 to 50 percent of the calves due this spring will not be forthcoming. It is in the heart of the area in which Fort Keogh is being slowly liquidated. It is close to the area where the abolition of the Huntley project, we have been told, will soon take place.

Mr. President, that kind of economy is "milked" economy. It is the kind of economy which tends to accelerate the process of headlong flight of people to urban areas. The problems there are not growing less acute, for that is where veterans' hospitals, along with countless other public and private services, are steadily being concentrated. In accelerating this process, it is a false economy, because it multiplies problems and sky-rockets costs in the cities.

It is the kind of economy which tends not only to increase urban blight, but to hasten rural decay. It is the economy of reduced service to the public with which we have become all too familiar in these years of the computer mentality. Mr. Driver, the head of the VA, in his letter, admits to the use of the word "computer" in the manner of arriving at decisions of this kind. Indeed, the Administrator of the Veterans' Administration in his letter on the closing makes much of the fact that computers are coming to play a larger and larger role in the operation of the agency.

In the first World War, I was only a seaman second class. Subsequently, I was a buck private in the Army. Then I was a private, first class, in the Marine Corps. In those days we had serial numbers, as servicemen have today. But to me a veteran is not a serial number. He is a human being. I can go back and show the promises that the Congress made. Nothing would be too good for the men who fought in the First World War, in the Second World War, or in the Korean war. We would take care of them. They could give 3, 4, 5 or 6 years of their lives, but we told them, "Do not worry; if you come back, you will be given the best of care," and that included medical attention.

Mr. President, the closing of the Miles City and other veterans' hospitals is billed as motivated by economy—"the saving of the taxpayers' dollars."

The other day I found on my desk 150 maps of the United States of the kind which I hold in my hand. They were sent to me recently by some Federal agency or other. They are beautiful maps. They are historical maps. They came well wrapped. I did not ask for them. They are available to me, as they are to other Senators, for free distribution to whomever we may choose to give them.

Annually I receive thousands of pamphlets and bulletins from the Department of Agriculture on a wide variety

of subjects. Not a day passes when a departmental organ or some other publication of one agency or another does not arrive at my office door and often in great quantity. Those, too, are available for free distribution. I do not question the value of those publications for the rather select audiences to which they are most often directed. But I do say that if we are to put stress on economy, we might better start with that sort of Government expenditure for publications which involve countless millions of dollars of materials, labor and professional skill, the proofs of which more often than not are directed toward a very limited segment of the population.

I now hold in my hand an item issued by the Veterans' Administration. I suppose it could be called a human computer, because all one need do is to place the arrow in a certain position, push it up or down or turn it around, and he would find where all the Veterans' Administration hospitals in the country are located. Eighty-five copies of that item came to my desk. I did not ask for them. I do not need them. I wish the Veterans' Administration would spend the money on the veterans and give them the needed care by keeping open needed facilities. I do not believe we should start by cutting down on services which are designed to meet the human needs of the veterans, of whom there are now in excess of 20 million.

Mr. President, it is an old story. When we are in an emergency, nothing is too good for those who are called upon to make great sacrifices for the Nation's safety and benefit. When the emergency is over, we begin, after a while, to forget the earlier promises. The enthusiasm wanes; the apathy waxes.

If we continue in the manner in which we are operating, I wonder how long it will be before we arrive at the point which we achieved before World War II, when the administration of veterans hospitals was so inept and inadequate and so economized as to constitute a national scandal. I do not mean to reflect on the present management of the Veterans' Administration, but the warning flags are flying.

As a Senator from a western mountain State, I have always tried to understand and sympathize with the special needs of urban and depressed areas in various parts of the Nation. But I do not intend to acquiesce in any computed design of this nature for the future of the Nation which overlooks my State and my region. I wish to make it clear, here and now, that I expect the same kind of consideration for my part of the country and my State as I am prepared to extend. I expect it from the bureaucracies of the Government and from Congress.

I should like to support measures for Appalachia, Urbana, or whatever; but I do not propose to support them at the expense of establishing a new economic wasteland in Rockland.

Even if it were an isolated incident, the announcement of the impending Miles City closing would warrant a vehement protest of this kind. But it is not an isolated instance. We have seen a progression of this sort of thing in Montana. Not too long ago, the Government, through the Interstate Commerce Commission, sanctioned the closing of Milwaukee Railroad passenger train service between Deer Lodge, Mont., and Aberdeen, S. Dak. The line runs through Miles City.

Since the election, as I have said before, I have received notification that the radar bases at Cut Bank and Miles City, Mont., would be closed, and that the Glasgow Air Force Base would be phased out over a few years, even though it is the newest Air Force base in the country, and even though approximately \$100 million was spent on it. Only last spring, \$1 million was spent on extending its runways. Hundreds of people uprooted themselves from other parts of the State and Nation in order to locate at Glasgow in connection with this facility. The city expanded its service in education, water supply, and housing; and I believe the rural telephone association even entered into a contract with the base, a contract on which they may lose money. Now it all goes into the ashcan.

Similarly, the Miles City General Hospital is, I repeat, one of the newer veterans hospitals. It is well equipped to supply the needs of the veterans of two

World Wars, the Korean war, and perhaps others, as well. The needs of the veterans are increasing, not declining. For a decade and a half, a community's way of life has grown around the presence of this hospital. Now it, too, goes into the ashcan.

I recognize that changes in technology bring about changes in the way, and even the paces, in which both business and Government must carry on their function. Montana is no more immune from changes of that kind than any other part of the Nation. Let me say to the bureaucracies of this Government that they may not be able to put the human factor into the computers when decisions for change are made, but no Senator, no elected official of this Government can ignore that factor, nor should it be ignored.

I ask these bureaucracies:

On what side of the ledger of these so-called economy decisions do you put the losses of the man who is thrown out of a job by the change?

On what side do you put the losses of the bankrupt businesses?

On what side do you put the losses inherent in the forced movement of people, and especially young people, brought about by your changes?

On what side do you put the decline in property values?

On what side do you put the curtailed and inadequate services which result from the change to those who are entitled to the best by law and equity?

If changes are to be made, as they must be made from time to time, I would hope that they should be based, in part at least, on more commonsense and human sense than this closure at Miles City. If changes are to be made, the least which should be expected from this Government are adjustments which offset their adverse effects on the people involved.

The least which should be expected is tangible provision for a rapid conversion of valuable facilities and skills from one public purpose to another. The least which should be expected is a concrete plan which is meaningful in terms of the plight of those who are adversely affected by mechanical decisions in Washington.

Unless these expectations are met, we shall find ourselves pulling out the roots of poverty in one part of the country, only to transplant them to other parts, with ever-rising cost to the public everywhere.

Mr. President, I want to state that until these expectations are met in my State, as a Senator representing Montana, which is my primary responsibility, in concert with my able colleague, Senator LEE METCALF, I shall not let this matter be forgotten.

Mr. President, I ask unanimous consent that I may have printed in the Record at the conclusion of my remarks an article entitled, "Miles City VA Hospital To Be Closed June 30," published in the Miles City Star, on January 12, 1965; an article entitled, "VA To Shut 14 Hospitals in Economy Move, Including 3 Upstate," published in the New York Times on January 13, 1965; a letter of notification dated January 13, 1965, from the Veterans' Administration, concerning Miles City; and a well thought out letter written by an old friend of mine, Mr. Harry E. Sawyer, director of the Veterans' Welfare Commission of the State of Montana, under date of January 13, 1965.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MANSFIELD. Mr. President, I had intended to have printed in the Record more than 500 telegrams and letters to support my case and show how the people of Montana, the Dakotas, and Wyoming feel. But, in the interest of economy, I shall not do so.

THE MILES CITY VETERANS HOSPITAL

Before I close, I repeat what I said in the beginning. Yesterday we received a call from a veteran who had a stroke. He could not speak. He could not sign his name. He could not be admitted to the Veterans' Administration facility at Fort Harrison because it was full.

Today that man is going in, but only because, perhaps, two Senators and two Congressmen contacted the VA person-

ally, and a way was found to do it. In other words that hospital is filled to capacity. Yet the Miles City hospital is to close down. On the night of January 12 I was advised that there was one vacancy in the Miles City hospital. On the night of January 13 I was informed that one patient died on the night of the 12th, and there were now two vacancies.

What is meant by the liquidation of these hospitals from sparsely separated areas? What is gained by closing a facility which serves a geographic area bigger than the New England States put together.

I repeat what I said before, that my State furnished 88,000 veterans out of a population of 700,000. This facility at Miles City will be taken away from a State that furnished more men in World Wars I and II, on a percentage basis, than any other State in the Union. We are entitled to a study of this question. They, the Veterans' Administration, are building more hospitals and they are authorizing more and, at the same time, they are closing down hospitals where they are needed. So we need to take a look into this question and see that hearings are held to see where the trouble is and take a look at the computer which seems to arrive at the decisions so far as our veterans and hospitals are concerned.

[From the Miles City (Mont.) Star, Jan. 12, 1965]

MILES CITY VA HOSPITAL TO BE CLOSED JUNE 30

(By Bob Scanlan)

The Miles City Veterans' Administration Hospital is to be closed effective June 30, 1965, according to reliable information received at the Star this afternoon. This action by the Veterans' Administration in Washington, D.C., also includes 13 other VA hospitals in the Nation.

As soon as this information was received, contacts were made with eastern Montana's Congressman James P. Battin and Senator Mike Mansfield. Both expressed great concern over the announcement and promised action to determine the reasoning behind such action.

Congressman Battin stated he could not understand what action would cause the Federal Government to cut down on the care of the men and women who received injuries and disabilities while defending America. Senator Mansfield is expected to call Miles City tonight with what information he might learn.

Local veterans organization leaders have called a meeting for 7 p.m. tonight to discuss the matter. The meeting is to be held at the new Veterans of Foreign Wars headquarters and is being called by Dale Stevenson, commander of the American Legion.

Malcolm Randall, administrator of the Miles City VA Hospital, had not been officially notified of this action as of early this afternoon. He said he was "shocked" to hear that the rumor may be officially true.

The hospital is at near capacity as far as patients are concerned, Randall said. There is one patient bed unoccupied, he said.

The operating budget of the hospital is \$1.6 million annually. There are 136 persons on the payroll which amounts to \$847,000 each year.

OPENED IN 1951

The Miles City VA Hospital was first proposed in 1945 before the end of World War II. The citizens of Miles City donated to a fund and raised \$29,682 to purchase the land on which the hospital is built.

On September 22, 1948, the contract was awarded for the construction at a cost of \$4,600,000. The groundbreaking ceremonies were held October 17, 1948, and the hospital was completed in 1951.

The first patient was admitted August 1, 1951. Since that time the hospital has provided medical care and service to over 1,000 veterans each year.

[From the New York Times, Jan. 13, 1965]
VA TO SHUT 14 HOSPITALS IN ECONOMY MOVE,
INCLUDING 3 UPSTATE

WASHINGTON, January 12.—The Veterans' Administration advised Members of Congress today that it would close 14 hospitals and 17 regional offices across the country. It estimated the saving at \$25 million a year.

Hospitals to be closed were picked on the basis of low patient demand, difficult staffing and outmoded structures, the Veterans' Administration said.

The functions of the regional offices on the list for closing are to be transferred to the nearest other available VA offices.

The scheduled date for all closing is June 30. Three New York State hospitals—at Bath, Castle Point, and Sunmount—are on the list.

Other hospitals scheduled for closing are at Clinton, Iowa; Dwight, Ill.; Fort Bayard, N. Mex.; Grand Junction, Colo.; Lincoln, Neb.; McKinney, Tex.; Miles City, Mont.; Rutland Heights, Mass.; Thomasville, Ga.; White City, Oreg., and the tuberculosis division at Brecksville, Ohio.

About 6,000 beds are involved. No new patients will be accepted in the listed hospitals, the Congressmen were told. Remaining patients will be transferred to other hospitals and all hospital employees are being offered jobs elsewhere.

The offices to be closed include those at Albany and Syracuse. Operations will be transferred to New York City and Buffalo, respectively. The Brooklyn and New York City offices will be continued physically, but under common management.

Other regional offices to be closed, and the offices with which they will be combined are:

Manchester, N.H., and White River Junction, Vt., both to Boston; Fargo, N. Dak. and Sioux Falls, S. Dak., both to St. Paul; Juneau, Alaska, to Seattle; Wilmington, Del., to Philadelphia; Cheyenne, Wyo., to Denver; Reno, Nev., to Los Angeles.

Also, Lubbock, Tex., to Waco; San Antonio to Houston; Wilkes-Barre, Pa., to Philadelphia; Cincinnati to Cleveland; Kansas City, Mo., to St. Louis; Shreveport, La., to New Orleans.

The economy orders, while sure to stir protests from individual Congressmen, were not expected to be blocked in the House Veterans Committee.

The Veterans' Administration operates about 170 hospitals. For a long time the agency has expected to close some. The VA now likes to concentrate its medical care in big-city areas close to teaching hospitals and medical schools.

VETERANS' ADMINISTRATION,
Washington, D.C., January 13, 1965.
Hon. MIKE MANSFIELD,
U.S. Senate, Washington, D.C.

DEAR SENATOR MANSFIELD: In accord with our policy of keeping you informed, I want to tell you of our plans to streamline operations in the Veterans' Administration through adjustments to be made in our field structure.

These changes provide for continued high quality service to veterans and a savings to taxpayers in administrative or overhead costs amounting to some \$23,500,000 in fiscal year 1966.

The past decade has seen many changes in all programs administered by the Veterans' Administration, as well as significant changes in the management of these programs. Many of the benefit programs established to assist veterans in readjusting to civilian life are phasing out and will terminate in the not too distant future. Indeed, some have already been done so; and, as is to be expected, participation in many of these programs has dropped sharply. At the same time, we have improved and simplified our operational procedures to maintain maximum efficiency at the lowest cost. As a part of our management improvement program, we have converted some of our benefit programs to automatic data processing, utilizing the most versatile electronic computers yet devised. Still other programs and functions, such as personnel data and payroll, are presently being converted to automatic data processing.

In our medical programs, we have seen significant breakthroughs in medical science which have greatly altered the type and nature of medical care and the facilities necessary for providing such care. Tuberculosis is a good example of this. Where formerly we had 21 hospitals devoted exclusively to long-term care of veterans with tuberculosis, today, as a result of chemotherapy, we have little need for entire hospitals devoted to nothing but the care of tuberculosis patients. The progress of medical knowledge requires additional diagnostic and therapeutic tools. The inability to provide these within the confines of existing physical plants has made some of our hospitals obsolete. These obsolete hospitals must be inactivated and replaced with modern facilities, if we are to continue to provide American veterans with the broadest possible spectrum of medical care. Hospitals also were established in some areas that now have a more than proportionate declining veteran population. As the number of hospital beds we may provide is limited, it is important that in establishing replacement beds, we place them where the greatest need exists and near the medical schools with which we are affiliated.

The characteristics of our domiciliary members have also undergone significant changes in recent years. This program was initially established to provide a home for indigent veterans who could not sustain themselves in their communities. Today we have a vast social security program which, together with increased veteran pensions, is providing more and more veterans with assurance of freedom from financial want. Additional wide ranging programs on both the Federal and local level are also providing more facilities to these veterans as well as to the rest of the population.

As you know, to cope with these changes, we have, in recent years, adjusted and re-adjusted our organizational pattern to keep pace with the changing needs. We have closed some hospitals; we have relocated others; we have merged some regional offices; closed a number of small VA offices, and consolidated program functions.

We have recently completed a thorough analysis of our program and operations both in the Department of Medicine and Surgery and the Department of Veterans Benefits.

We find that additional organizational changes must be made if we are to continue to achieve maximum operational efficiency and economy, and at the same time maintain our high standards of service. Accordingly, I have approved the following actions:

Close the following hospitals: VA center, Bath, N.Y.; VA hospital, Lincoln, Neb.; VA hospital, Castle Point, N.Y.; VA hospital, Rutland Heights, Mass.; VA hospital, Grand Junction, Colo.; VA hospital, Dwight, Ill.; VA hospital, Fort Bayard, N. Mex.; VA hospital, Brecksville, Ohio (Broadview Heights division); VA hospital, Miles City, Mont.; VA hospital, Sunmount, N.Y.; and VA hospital, McKinney, Tex.

Close the following domiciliaries: Bath, N.Y.; Thomasville, Ga.; White City, Oreg.; Clinton, Iowa.

Merge the following regional offices, New York: Merging station, Albany, Syracuse; receiving station, Buffalo.

(Brooklyn and New York functions will be consolidated under one manager, but remain in the same physical locations.)

Pennsylvania: Wilkes-Barre, Philadelphia, Ohio; Cincinnati, Cleveland; Missouri, Kansas City, St. Louis; Louisiana: Shreveport, New Orleans; Texas: Lubbock, Waco, San Antonio, Houston; Alaska: Juneau, Alaska, Seattle, Wash.; Delaware: Wilmington, Del., Philadelphia, Pa.; Nevada: Reno, Nev., Los Angeles, Calif.; Vermont: White River Junction, Vt., Boston, Mass.; New Hampshire: Manchester, N.H., Boston, Mass.; North Dakota: Fargo, N. Dak., St. Paul, Minn.; South Dakota: Sioux Falls, S. Dak., St. Paul, Minn.; Wyoming: Cheyenne, Wyo., Denver, Colo.

To insure that uninterrupted service will be continued at the same level, a VA office in the former regional office city will continue direct personal services to veterans, their beneficiaries, and others involved in VA program activities. A staff of employees will be retained at these offices for this purpose.

In our department of veterans benefits, for a number of years we have been adjusting our resources to the changing demand for benefits. These adjustments began soon after the peak workloads of the postwar years had passed. Initially, our actions involved the reduction of employment in regional offices and insurance activities, and in the past 10 years staffing dropped over 50 percent. In more recent years, major changes to the field organization were accomplished, reducing substantially the number and size of our offices in the local community.

In recent years, four regional offices have been merged with other offices. In each instance it was determined that the office into which the workload was consolidated could serve the VA public effectively and efficiently. This has been substantiated by actual experience.

One of the immediate benefits to be achieved by the consolidation of these offices is a substantial recurring annual salary savings. The economy factor is important, but continued provision of high quality service to veterans requires equal emphasis. Our planning considerations took this into account.

Since the VA's major objective is to provide high quality service to all veterans and their beneficiaries on a timely basis regardless of their location with respect to regional offices, we have given much thought to the important factors that contribute to provisions of service. We considered especially the factors of communications and distance as they affected service. In a recent analysis of regional offices, it was found that in fiscal year 1964 approximately 90 percent of contacts with regional offices were by mail and about 10 percent by personal contact or telephone. Further exploration to determine whether distance was a deterrent in securing benefits confirmed our belief that it has had no adverse effect. Veterans who are great distances from regional offices rely on the mails more heavily than do those who live nearby, but they obtain the same effective service.

In the scheduled consolidations, we are generally merging small offices with larger offices. This has the advantages of causing the least disruption of operations, necessitates the transfer of fewer people, and receiving stations generally have all programs. This results in greater savings because operating cost is less per work unit produced at the larger stations.

With reference to our hospital program, the general guidelines used in determining which hospitals are marginal and necessitate closing are obsolescence of physical plant, which would be unduly costly to modernize; limited demand for hospitalization due to remote location; difficulty in attracting the number and caliber of professional staff required to assure a high quality of medical care; and the capability of surrounding VA hospitals to expand the boundaries of the geographic area served.

The domiciliary system in the Veterans' Administration has undergone gradual but profound changes from its inception dating back to the 19th century. To provide a complete spectrum of medical care, domiciliary activities must be integrated with hospital activities. In line with the general VA policy of affiliating hospitals with medical schools, or any other level of higher profes-

sional activity, the integration of hospital-domiciliary activities will result in improved care.

The relocation plan calls for offsetting a substantial portion of the total domiciliary operating bed loss by activating additional beds at most of the remaining domiciliaries pending reevaluation of nationwide domiciliary needs. A further effect will result from authority given by the Congress which permits VA to plan for nursing-type care, both in VA installations and in State or private facilities.

We expect to complete all of these actions before June 30, 1966, some of them before April 1, 1966. As stated earlier, the total savings to be realized in fiscal year 1966 will be approximately \$23,500,000.

We have a high regard for the welfare of our employees and assure you that all employees who cannot be retained at their present location will be given an opportunity to follow their function to another field station, where applicable, or accept an offer of a position at another VA station. The VA is placing restrictions on hiring at its installations throughout the country. This will give maximum opportunity for placement of employees affected by these changes. The cost of moving will be paid by the Government.

The decision to take these actions was not arrived at lightly. The feasibility of each was carefully considered. In every instance, primary consideration was given to our ability to continue to provide high quality service. I assure you this will be maintained throughout the Veterans' Administration.

Sincerely,

W. J. DRIVER,
Administrator.

FACTS RELATING TO VA HOSPITAL, MILES CITY, MONT.

The Miles City Hospital was constructed by the Veterans' Administration in 1951 as a 100-bed general medical and surgical hospital. However, the average daily patient load approximates only 80 patients. By reason of its small size and isolation it is unable to provide the full spectrum of medical and rehabilitation services required by veteran patients. In addition, the hospital is costly to operate and recruitment of well trained professional staff is difficult. Hence, for reasons of better service to veterans and operating efficiency we have concluded that further operation of the Miles City hospital and the other 10 hospitals likewise situated cannot be justified and we have developed plans to close them no later than June 30, 1966.

To facilitate the closing we will stop all admissions other than emergencies to the Miles City hospital in the near future. Patients remaining will be transferred to the nearest appropriate VA hospital. The phasing out of this operation will extend over a sufficient period of time to safeguard the welfare of patients.

THE VETERANS' WELFARE
COMMISSION,
STATE OF MONTANA,
Helena, Mont., January 13, 1965.

Hon. MIKE MANSFIELD,
Senate Office Building, Washington, D.C.

DEAR MIKE: The closing of the Miles City Veterans' Administration hospital will be a terrific blow to the veterans of Montana. I wonder if the powers that be there in Washington, D.C., realize the problems we face in Montana. You have traveled and campaigned in Montana and you know our distances. Then, does anyone in the Veterans' Administration realize that there is no railroad or bus service between the northeastern part of Montana and Helena? A seriously ill veteran who cannot afford hospital care in Glasgow or Wolf Point and vicinities would have to be brought 400 miles by car. The temperatures this winter have been hovering below the zero mark for the past month. It would be at the risk of his life to bring such a veteran over snowy ice-packed roads for 8 to 10 hours to be hospitalized at Fort Harrison. It has only been a matter of a couple of hours trip to the Miles City VA hospital. Hour after hour the roads on the High Line are closed due to blizzards. A car can start from Plentywood in pleasant weather and be stalled in a blizzard between Glasgow and Malta. This is inhuman. The argument that these veterans were able to get to Fort Harrison before the Miles City hospital was built is not a valid argument, because in those days a veteran could get on the Great Northern train and ride in warmth and relative comfort to Helena. That means of transportation is gone forever. The veterans of southeastern Montana would be able to travel by means of the Northern Pacific railroad.

General Bradley and staff, after World War II when he was the VA Administrator, promised the veterans of the United States that they would have medical care second to none. This promise was kept by building and improving existing Veterans' Administration hospitals. The best possible medical doctors were recruited to staff these hospitals. Believe me, we have been proud of the Miles City hospital, and what it has accomplished. It has been appreciated by the veterans, and especially by their families. It has been a source of comfort for the fam-

ily of an ill veteran that his family could travel a comparatively short distance to visit him. Can you visualize the trip of a veteran's family from Plentywood to Fort Harrison? The veteran is in the VA hospital because he has no financial means to be hospitalized in or near his hometown. Often there would be not enough money to pay his way to Fort Harrison, let alone the cost of a worried wife's roundtrip expense. The Miles City hospital is a splendid institution. In my visits there I have been impressed with the quality of medical care and attention given the veterans who are patients. This is very much true at Fort Harrison also, but the latter hospital is not being closed—yet.

Montana has suffered a very unfortunate year. There were the floods last spring; the blizzards and cold weather of this winter; the approaching closing of the Glasgow Air Base; the closing of the Radar stations, and now the closing of the Miles City VA hospital. All of the above have or will seriously affect our economy.

It is true we are not a very heavily populated State, but we do have vast distances. In the population of Montana there are approximately 80,000 veterans. Not all, by any means, will become patients in a VA hospital. Montana never failed to furnish all the manpower needed to defend our country in time of war. In fact, our record is the best in the Nation. Not all veterans upon their return from service are smiled upon by fortune. There was a pledge once that the honorable service within the Armed Forces in time of war would grant certain benefits. One of these was a medical program equivalent to the finest in civilian practice. See page 1 of the 1963 Annual Report of the Administrator of Veterans' Affairs. This, I am sure, does not mean a medical program for those who live in the immediate vicinity of a Veterans' Administration hospital. The beginning of chapter 3, of the same report, gives the mission of the VA medical program which in part states: "to provide hospital, outpatient, and domiciliary care to eligible veterans." The closing of VA hospitals is not carrying out this mission. Too much emphasis is given to the cost of these hospitals and not enough to the return for that expense. When the GI bill was being considered in 1944, the calamity howlers stated that such a program would ruin the country financially. Today the proud boast is made that those trained under this enlightened program have paid back the cost many times in the income tax from their increased income tax payments due to their economic advancement. Likewise, the VA hospitals that prevent seriously ill World War II or Korean conflict veterans from going into debt for hospital and medical care are making an investment. This man or woman, when restored to health, is returned to the employed rolls where their income tax continues to pay for their hospital care. A chronically ill, older veteran, is prevented from becoming a public charge through the hospitalization he gets in order to determine the amount of pension to which he will be entitled. Veterans as a whole are not parasites. They want help when needed, and are more than anxious to get back from an illness or injury and be returned to the employment rolls.

I have worked in the field of representing veterans in their claims before the Veterans' Administration since 1945. I believe I have gotten acquainted with them in every corner of this State. When in service I was well acquainted with the "goldbricks" and "yard birds." They came back to civilian life and are now just the same. Ninety-nine percent of the people in service were good service men and women. The same is true in civilian life. Ninety percent of them will never need or ask for VA hospitalization. As I said, there are approximately 80,000 veterans in Montana. If 10 percent of them ever will need hospital care, then 8,000 will need beds. The bed capacity at Fort Harrison is 160 beds, or at one time it can take care of one-fiftieth of the above veterans. We know this number could not be accommodated even with a rapid turnover of patients as all beds cannot be filled and emptied each week of the year. As it is, only about 1,600 or one-fifth of this 10 percent are hospitalized each year. The Miles City hospital can accommodate 96 patients regularly, or more if an emergency arises. Ordinarily the two hospitals can take care of the patient load. Yet a year ago Fort Harrison had a waiting list that became very large. What will be the effect when the 1,000 patients hospitalized each year at the Miles City VA Hospital are added to the list?

Does the closing of VA hospitals mean that another economy act is contemplated by this present administration? Are non-service-disabled veterans to be put out onto the public to die in county poor farms and jails? It happened before, and one cannot but wonder if history is to repeat itself.

The news reports state that the data were put into a computer and the 14 hospitals, including Miles City, were selected to be closed. It's a hell of a thought that a cold, unthinking machine can control the health and welfare of a sick veteran from the prairies of northeastern Montana. Maybe he didn't vote right, who knows?

I know you will protest with every facility at your command this unwarranted and arbit-

rary closing of a needed hospital. Montana has more enormous distances, rugged winters, and less transportation than any State, other than Alaska. We are a special case because of them.

Very truly yours,

HARRY E. SAWYER,
Director.

Mr. METCALF. Mr. President, will the Senator from Montana yield?

Mr. MANSFIELD. I am glad to yield to my colleague.

Mr. METCALF. Mr. President, I rise to concur in all the remarks that my colleague, the distinguished majority leader, has made. I wholeheartedly concur in this condemnation of the closing of the Miles City Veterans Hospital.

Will the distinguished Senator from Montana yield further to me, so that I may direct a question to the senior Senator from Texas [Mr. YARBOROUGH], who is the chairman of the Veterans Affairs Subcommittee?

Mr. MANSFIELD. I am delighted to yield further to my colleague.

Mr. METCALF. The Senator from Texas, who is chairman of the Veterans Affairs Subcommittee of the Committee on Labor and Public Welfare, has jurisdiction over veterans hospitals.

Yesterday, I wrote a letter to him asking him to hold a hearing promptly on the closing down specifically of the Miles City Hospital and also on the general policy of closing down veterans hospitals at this time.

I renew that request while the Senator from Texas is in the Chamber, and suggest to him that he call his committee together as soon as it is organized and hold that hearing promptly.

Mr. YARBOROUGH. Mr. President, will the Senator from Montana yield?

Mr. MANSFIELD. I yield to the Senator from Texas for a question.

Mr. YARBOROUGH. Will the Senator from Montana yield to me for an answer? I am in the Chamber on another matter, on the GI bill, and I did not know that this colloquy was going on when I came onto the floor.

Yesterday, I received a written request from the junior Senator from Montana [Mr. METCALF] for a hearing by the Veterans Subcommittee on the matter of the closing of the veterans hospital. This subject is properly under the jurisdiction of the Veterans Subcommittee of the Committee on Labor and Public Welfare according to rule XXV of the Standing Rules of the Senate. I pledge to the distinguished Senator from Montana that we will set that hearing as soon as possible.

Prior to the time the request was received, the distinguished Senator from Oregon [Mr. MORSE] had already set hearings on the education bill before the Educational Subcommittee of the Committee on Labor and Public Welfare beginning on the 26th of January.

I am not going to wait until those hearings are over to call the hearing on the request of the distinguished Senator from Montana. I might add that we have also received protests, requests, and inquiries from other Senators, likewise suggesting the possibility of a hearing.

I believe the only formal request in writing has been the one that has been received from the distinguished junior Senator from Montana [Mr. METCALF].

I pledge to Senators that these hearings will be held. We will get the staff together as soon as I leave the floor and work out a date for these hearings that will not conflict with the hearings on the education bills and the GI bill.

I received a protest from Texas this morning, from the county judge of Collin County, at McKinney, Tex., where a veterans hospital is located. A veteran was refused admission to the veterans hospital this morning. There was a very vehement protest from that judge.

We are receiving telegrams protesting the closing of Veterans' Administration offices in certain areas, in addition to protests on the closing of hospitals.

I assure the distinguished junior Senator from Montana that the hearings will be set at an early date. I will start to work immediately with the full staff of the Committee on Labor and Public Welfare, with which the distinguished Senator from Montana is fully familiar, because he was a member of that com-

mittee in the 88th Congress. He has been a distinguished, able, and hard-working member of the Veterans' Subcommittee, and he knows what that subcommittee has done.

It is sometimes said that the Veterans' Subcommittee is not an important subcommittee of the Senate. I am proud of the fact that I have the privilege of being the chairman of that subcommittee. Before he became President, the late John F. Kennedy was a member of the Veterans' Subcommittee. Furthermore, so long as he was a Member of the Senate, the Republican candidate for the presidency last year, former Senator Goldwater, of Arizona, was also a member of the Veterans' Subcommittee.

During the past year, the Senator from Massachusetts [Mr. KENNEDY] followed in the footsteps of his older brother, the late President John F. Kennedy, as a member of that important subcommittee.

And so I assure the Senator from Montana [Mr. METCALF] that we will make as thorough a search as possible, to get at the root of this thing, to see why a veteran should be denied admission to a veterans hospital.

I remember that 2 years ago a disabled veteran did not get his check. The check did not come to him for 2 months. The veteran was starving. The veteran could not get that check from the Veterans' Administration. There was no reason why he should not have gotten that check. He was still disabled.

Finally, I phoned the Administration and said, "I want something done about this check. I want to know why it has not come through to the veteran." I told them that the veteran was still disabled.

Pretty soon the Administration phoned back to say that the machine had made an error at the computing center. The machine had kicked the veteran's card out of the machine, and that was the reason why the veteran had not received his check. Something or other went wrong and his card was kicked out of the machine. They agreed to walk the check through. People who are familiar with these machines know what is meant by walking a check around a machine. The check went to the center in Chicago, and there the check was walked around the machines, so that the veteran was finally able to get his check.

We make the mistake sometimes of thinking that everything can be done by machines. Machines are fallible. It still takes human beings to operate them. I pledge to the Senator from Montana a full and complete and expeditious investigation.

We certainly want to know which computer decided that the veteran who has been mentioned here has been kept out of a veterans hospital.

Mr. METCALF. The majority leader and I thank the Senator from Texas very much. If my colleague from Montana will yield to me further—

Mr. MANSFIELD. Certainly.

Mr. METCALF. On the first Monday in January of this year we listened to the President of the United States outline his total plan in the war against poverty. We heard him outline his total plan of war against disease, and his plans in his war against erosion.

We waited and waited and waited to hear something said by him about what he would do for the veterans.

There was not a word in the state of the Union speech as to what the Great Society would do for the veterans. We thought, "The subject will be deferred to a special message."

Some of us took heart in the health message when the President said that he would recommend a program for elder and senior citizens. I am in favor of that program. I have supported a medicare program such as the one proposed ever since I came to Congress more than 12 years ago. I thought, "There is the way in which we are going to fit into the program the medical needs of the veteran."

A day or so later we received the letter which the senior Senator from Montana has asked to have printed in the RECORD, after we were informed of it in articles in the Washington Post and the New York Times the day before. In that letter the writer said that in order to save \$23.5 million as a part of the economy program the Veterans' Administration has gone to its automatic data processing machinery, utilizing the most versatile electronic

computers yet devised, and has come to the conclusion that it should close the listed hospitals, regional offices, and domiciliaries.

Is there not to be anything in the Great Society for veterans? Will we in the West and in remote areas be at the mercy of machines into which the operators insert preordained answers to the questions they ask?

Should not veterans from remote and isolated areas, far from hospital centers, have the same privileges which their comrades in urban communities have? If the policy of the Veterans' Administration is to be that veterans from isolated areas, veterans from our sparsely settled population, and veterans far from the medical centers shall not have the benefits to which they are entitled, then I say that men from those areas should not be drafted. They should not have to render military service.

A veteran from Montana, Colorado, or Alaska who must go into the Army and is wounded is entitled to the same benefits, the same privileges, and the same opportunities as is a veteran from New York, Philadelphia, or Washington.

Mr. President, if the hospital in Montana is closed, it will be a 3-day trip for the loved ones of some person who is in the Fort Harrison Hospital or some adjacent veterans' hospital to go to see him. A veteran in one of the metropolitan areas can have his people come in on visiting hours every day. Heartache is caused in the isolated areas, and that is a factor in addition to the actual services that are needed.

I have little to add to all that my distinguished colleague has said. I have received the same 500 telegrams. I have received the long-distance calls. I have heard about the need for the hospital.

I do not know why the administration has said that it can get rid of a hospital that is operating to capacity and has operated to capacity since 1951. I do not know where they get those figures except from feeding questions into computers. But the day after that letter was delivered to my office telling me that the administration would save \$23.5 million by closing these veterans' hospitals, the domiciliaries and the regional offices, I received, less than 24 hours later, a statement from the President recommending that our Nation spend \$3½ billion for foreign aid.

It does not make sense. The veterans of the State of Montana are entitled to the same assistance.

Strength for those who would be free—

Said the President—

hope for those who would otherwise despair; progress for those who would help themselves.

That is what we owe to our own veterans. Saving \$23.5 million on one day and spending \$3.3 billion in foreign aid on the next day cannot be justified to the veterans of a real war when we are embarking on a war against poverty and disease.

So I concur completely with the senior Senator from Montana, my distinguished colleague, the majority leader, that we cannot countenance the closing of this hospital. There is no justification for it. There is no warrant for it.

I welcome the statement of the Senator from Texas [Mr. YARBOROUGH] that there will be prompt and early hearings as to what the policy of the present administration is to be on the treatment of our veterans.