Closing Veterans Administration Hospitals (Miles City)

Mike Mansfield 1903-2001
Mr. MANSFIELD. Mr. President, yesterday, January 11, my office received a call from Mr. Brown, of Great Falls, who came in at 2:15 p.m. Mr. Emil Bauer, of Columbus, Mont., telephoned me earlier this week, advising that one of the new ones, Mr. Brown, of Great Falls, had talked with the manager of the veterans hospital at Fort Harrison, and that Mr. Brown was not able to sign his name.

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 446 miles. Mr. Brown, of Great Falls, who was finally admitted to Fort Harrison, had to go to Miles City, it would have been 447 miles. The Miles City service area is bluer than all the New England State facilities put together. The closest facilities, outside of Fort Harrison, are at Fargo, N. Dak., 459 miles, on the Minneapolis line; Sioux Falls, S. Dak., 490 miles, on the Minneapolis line; Grand Island, Neb., 545 miles away; Cheyenne, Wyo., 378 miles away; Spokane, Wash., 670 miles; Boise, Idaho, 693 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, the following new hospitals will be built: Palo Alto, Calif., at a cost of $23 million. That is what we are going to save by closing these facilities, they say. Breckinridge, Ohio, $23 million; Cleveland, Ohio, $18 million.

Those three were authorized in 1946. In 1956, Nashville, Tenn., $12 million; Martinez, Calif., $12 million; Downey, Calif., $22 million; and Jackson, Miss., $1 million. Hospital projects presently under construction: Washington, D.C., $21 million; Wood, Wis., phase I, $22 million; Charleston, S.C., $11 million; Atlanta, Ga., $13 million; Galena, Ill., $11 million; Temple, Tex., $8 million; Memphis, Tenn., $19 million; Long Beach, Calif., phase II, $18 million; Otego, N. Y., $16 million. But that is not all. Remember they are closing down 14 to 17 facilities.

Just where does the small State fit in this Union? I wonder when the entire States of the Union contain 20,000 veterans, and not now being closed but hospitals authorized for future construction.

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

Mr. MANSFIELD. Entertain, Mr. President, will the Senator from Montana yield?

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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 affected are the two VA facilities at Miles City, Mont. Other senators are fully expecting to see a sizeable portion of those 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 these VA hospitals.

This VA 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 must travel for hospital care will be increased any-where from 300 miles, upward.

Now, all of this, Mr. President, is in the name of economy. It is a false 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 veterans 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 the coal mining and railroading area to which eastern Montana long ago has been absorbed. It is in the heart of an area in which 25 to 50 per cent of the people are dependent on coal, and whose spring will not be forthcoming. It is also in the path of a project which Fort Keogh is being slowly liquidated. It is close to the site of the big dam which is under construction. It is close to the site of the Hulett project, we have been told, will soon be at hand.

Mr. President, that kind of economy is "milked" economy. It is the kind of economy which, in the name of efficiency, threatens the process of headlong flight of people to urban centers. It is the kind which will not grow less acute, for that is where veterans' hospitals, along with countless other public and private services, are steadily being concentrated. In accelerating movement, it is the kind of economy which has problems and sky-rockets the cost.

It is the kind of economy which tends not only to increase urban blight, but to hasten rural decay. It is the kind of economy of reduced service to the public with which I am familiar. It is the kind of economy which, in the years of the computer mentality, the Mr. Driver, the head of the VA, in his report to the Senate last week, wrote that the computer is in the manner of an arriving civilization. The VA has been given a report of what the Army called a "human computer," but I believe the report was written by the earlier promises. 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 welfare. When the emergency is over, we begin, after a while, to forget the earlier promises. The enthusiasm for computers wanes; the anxiety grows.

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 that it was a 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 the special needs of the veterans and the veterans facilities in my State and region.

Mr. President, I shall like to support measures for Appalachia, Urbania, or whatever; but I do not propose to support them at the expense of establishing a new economic wasteland in Rockefeller.

Even if it were an isolated incident, the announcement of the closing of a valuable facilities and hospital, we might better set our adverse effects on the people involved.

The least which should be expected is tardive paragraph for a rapid conversion of valuable facilities and hospital, to public purpose to another. The least which should be expected is a program which is meaningful in terms of the plight of those who are adversely affected by such mechanical decisions in Washington.

Unless we have a sense of responsibility about the 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 the veterans and the veterans services are met in my State, as a Senator representing Montana, which is my primary responsibility, in connection with the VA facilities, the Administrator, Mr. Speaker, I shall not let this matter be left in the hands of an administrator. As a Senator, I want to meet the veterans, who are the people to whom the Government, and the Congress.

Mr. President, I ask unanimous consent that the remarks printed in the Congressional Record be printed at the conclusion of my remarks an article entitled, "Miles City VA Hospital Closes, June 29," and another article entitled, "Miles City Star, on January 12, 1965; an article and another article, entitled, "Economy Move, Including Upstate," published in the New York Times on January 12, 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 12.

THE PRESIDING OFFICER. Without objection.

MR. MANSFIELD. Mr. President, I had intended to have printed in the Record more than the telegrams which the House today passed to support my case and how the people of Montana, the Dakota, Wyoming, and South Dakota, Mont. Do not feel, the in interest of economy, I shall not vote for the CLOSING OF VETERANS HOSPITAL.

Before I close, I repeat what I said in the hospital yesterday, that there is a call from a veteran who had a stroke. He could not speak. He could not hold the telephone. His life was in jeopardy in the Veterans Administration facility at Fort Harrison, because it is not being used as it should.

Today that man is going on, but only because two days ago I contacted the VA person-
the award for the construction was provided by the American Legion. 

The Veteran's Administration, as far as patients are concerned, RANDAL. There is no evidence that the operating budget of the hospital is $8,000,000. The ground-breaking ceremonies were held on October 17, 1948, and the hospital was completed in 1951.

WASHINGTON, January 12—The Veteran's Administration is building a new hospital today that it would close 14 hospitals and 17 regional offices across the country. It is estimated that 200,000 veterans have relocated to the land on which the hospital is built.

The first patient was admitted August 1, 1948, and the hospital has a capacity of 366 patients. The hospital has 60 inpatient beds, 216 of which are for patients who are being treated for tuberculosis. The hospital also has 216 beds for patients who are receiving care for other medical conditions. The hospital is staffed by 136 physicians and 2,136 nurses.

The functions of the regional offices on the West Coast are to provide care to the veterans in the region. The offices are located in San Francisco, Los Angeles, Portland, Seattle, and Vancouver.

The office of the President, who is the head of the Administration, is located in Washington, D.C. The office of the Secretary, who is the administrative officer of the Administration, is also located in Washington, D.C.

The office of the Administrator, who is responsible for the overall operation of the Administration, is located in Washington, D.C. The office of the Assistant Administrator, who is responsible for the management of the Administration, is also located in Washington, D.C.

The office of the Director, who is responsible for the day-to-day operation of the Administration, is located in Washington, D.C. The office of the Assistant Director, who is responsible for the management of the Administration, is also located in Washington, D.C.

The office of the Regional Director, who is responsible for the operation of the Administration in the region, is located in San Francisco, Los Angeles, Portland, Seattle, and Vancouver.

The office of the Medical Director, who is responsible for the medical care of the veterans, is located in Washington, D.C. The office of the Nursing Director, who is responsible for the nursing care of the veterans, is also located in Washington, D.C.

The office of the Public Affairs Director, who is responsible for the public relations of the Administration, is located in Washington, D.C. The office of the Public Information Director, who is responsible for the public information of the Administration, is also located in Washington, D.C.

The office of the Audit Director, who is responsible for the audit of the Administration, is located in Washington, D.C. The office of the Financial Director, who is responsible for the financial management of the Administration, is also located in Washington, D.C.

The office of the Procurement Director, who is responsible for the procurement of goods and services for the Administration, is located in Washington, D.C. The office of the Contracting Director, who is responsible for the contracting of goods and services for the Administration, is also located in Washington, D.C.

The office of the Industrial Services Director, who is responsible for the industrial services of the Administration, is located in Washington, D.C. The office of the Vocational Rehabilitation Director, who is responsible for the vocational rehabilitation of the veterans, is also located in Washington, D.C.

The office of the Education Director, who is responsible for the education of the veterans, is located in Washington, D.C. The office of the Training Director, who is responsible for the training of the veterans, is also located in Washington, D.C.

The office of the Research Director, who is responsible for the research of the Administration, is located in Washington, D.C. The office of the Public Health Director, who is responsible for the public health of the veterans, is also located in Washington, D.C.

The office of the Information Director, who is responsible for the information of the Administration, is located in Washington, D.C. The office of the Records Director, who is responsible for the records of the Administration, is also located in Washington, D.C.

The office of the Budget Director, who is responsible for the budget of the Administration, is located in Washington, D.C. The office of the Comptroller, who is responsible for the comptroller of the Administration, is also located in Washington, D.C.

The acerman in the Veteran's Administration has undergone gradual but significant change over the past few years, and the task of providing high-quality medical care and service to veterans continues to be of the utmost importance to the Administration.
The decision to take these measures was not arrived at lightly. The feasibility of each primary consideration was given to our ability to continue to provide high quality service. I assure you that will be maintained throughout the Veterans Administration.

H. J. DEVINE
Assistant Administrator

Facts relating to VA Hospital, Miles City, Mont.

The Miles City Hospital was constructed by the Veterans Administration in 1931 as a 52-bed hospital. Due to an increase of patients, the hospital was increased to 100 beds. However, due to the advent of medical facilities and city hospitals in the area, we feel the hospital will probably not be able to operate at its present capacity.

The hospital was designed to provide medical and surgical services to veterans and their families. The hospital is located on an 80-acre site, and is accessible by road and rail service. The hospital is equipped with modern medical and surgical facilities, and is staffed by qualified medical and nursing personnel.

The hospital is under the direction of the Veterans Administration, and is administered by a board of directors. The hospital is financed through federal funds, and is operated on a non-profit basis.

In conclusion, the Miles City Hospital is an important asset to the community, and is a valuable resource for veterans and their families. The hospital is well-equipped and staffed, and is operated on a non-profit basis. It is a shining example of what can be accomplished when the government takes an active role in providing health care.

Helen C. Morse, Commissioner of Education

The hospital is located at 123 Hospital Drive, Miles City, Montana. The hospital can be reached by calling (406) 245-3311.

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

Mr. Metcalf. Mr. President, I am glad to yield to my colleague.

Mr. Yarborough. Mr. President, I know that the distinguished Senator from Montana has been a strong advocate of the Veterans Affairs Subcommittee, and I am glad to have the opportunity to speak on his behalf.

Mr. Metcalf. Mr. President, I am delighted to yield further to my colleague.

Mr. Yarborough. Mr. President, I am the Senator from Texas, who is chairman of the Veterans Affairs Subcommittee of the Committee on Labor and Public Welfare.

I have already spoken about the importance of the Subcommittee, and I am pleased to have the opportunity to speak further on this subject.

It is important that we support the Subcommittee, as it is the only body in Congress that is specifically dedicated to the needs of veterans. The Subcommittee is composed of senators and representatives who have a personal interest in the welfare of veterans, and who are committed to ensuring that the needs of veterans are met.

The Subcommittee has been very active in recent years, and has achieved many important accomplishments. The Subcommittee has secured funding for veterans' hospitals and clinics, and has worked to ensure that veterans have access to quality health care.

The Subcommittee has also been active in ensuring that veterans have access to education and training opportunities, and has worked to ensure that veterans have access to housing and employment opportunities.

I am pleased to report that the Subcommittee has been very successful in these endeavors, and I am confident that the Subcommittee will continue to be successful in the future.

Thank you for the opportunity to speak on this important subject.
It is sometimes said that the Veterans' Subcommittees are 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, as 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 am 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.

First, I phoned the Administration and said, "I want something done about this. 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 Administrator phoned back to say that the machine had made an error. The check was to a computing center. The machine had kicked the veteran's card out of the machine, and that was the reason the veteran had not received his check. Something or other went wrong and the veteran was kicked out of the machine. They agreed to walk the check through to the 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 machine. The veteran was finally able to get his check.

We make mistakes 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 think the Senator from Texas very much. If my colleague from Montana will yield to me further.

Mr. President, 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 poverty.

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 elderly 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 lose 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 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. Hearts ache 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 569 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 $3.5 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 $3.5 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.