The original documents are located in Box 63, folder "10/14/76 HR71 Medical Care for Certain Members of Allied Wartime Forces" of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library.

APPROVED
OCT 14 1976

Private Ceremony in Rose Garden (Wood)

Remarks received 10/14/76

10/14/76

THE WHITE HOUSE

WASHINGTON

ACTION

October 13, 1976 Last Day: October 23

MEMORANDUM FOR THE PRESIDENT

FROM: JIM CANNON

SUBJECT: H.R. 71 - Medical care for certain members of allied wartime forces

Attached for your consideration is H.R. 71, sponsored by Representative Annunzio and 24 others.

The enrolled bill extends VA medical care entitledment to persons who served in the Polish and Czechoslovakian Armed Forces during World Wars I or II on the same basis as though they had served in the U.S. forces, if they:

-- subsequently served honorably in or with the Armed Forces of France or Great Britain;

-- participated in armed conflict with an enemy of the United States, and

-- have been citizens of the U.S. for at least 10 years, and are not entitled to payment for equivalent care and services under a foreign government's program for its World War I or II veterans.

Additional information is provided in OMB's enrolled bill report at Tab A.

The Veterans Administration recommends disapproval of the enrolled bill.

OMB, Max Friedersdorf, Counsel's Office (Lazarus), Bill Baroody (Kuropas) and I recommend approval of the enrolled bill.

RECOMMENDATION

That you sign H.R. 71 at Tab B.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

OCT 13 1976

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill H.R. 71 - Medical care for certain members of allied wartime forces
Sponsor - Rep. Annunzio (D) Illinois and 24 others

Last Day for Action

October 23, 1976 - Saturday

Purpose

Extends Veterans Administration (VA) medical care entitlement to certain persons who served in the Czechoslovakian and Polish armed forces during World Wars I or II.

Agency Recommendations

Office of Management and Budget	Approval
Veterans Administration	Disapproval (Memorandum of disapproval attached)

Discussion

H.R. 71 extends VA medical care entitlement to persons who served in the Polish and Czechoslovakian Armed Forces during World Wars I or II on the same basis as though they had served in the U.S. forces, if they:

-- subsequently served honorably in or with the Armed Forces of France or Great Britain,

-- participated in armed conflict with an enemy of the United States, and

-- have been citizens of the U.S. for at least 10 years, and are not entitled to payment for equivalent

care and services under a foreign government's program for its World War I or II veterans.

The bill specifically provides that, in order to assist VA in making a determination of proper service eligibility, applicants must obtain from the French Ministry of Defense or the British War Office an authenticated certification of service in the Czechoslovakian or Polish Armed Forces and subsequent service in or with the Armed Forces of France or Great Britain.

In explaining the reasons for the bill, the report of the House Committee on Veterans' Affairs states that many Polish and Czech veterans who immigrated to the United States after World War II have no way to secure needed medical and hospital care. They cannot obtain veterans' benefits from the VA because they are not veterans of the Armed Forces of the United States, and they have no recourse to benefits in their former homelands.

Under current law, VA may furnish various forms of medical care to allied or associated nations' World War I or II veterans, provided that:

-- the foreign nation has a similar veterans' program and extends reciprocal medical privileges to U.S. veterans abroad,

-- officials of the foreign nation request the care for the veteran and the Administrator approves it, and

-- space in a VA medical facility is available.

This reciprocal arrangement has been used with several nations including Canada, Great Britain, Australia, New Zealand and South Africa. However, in view of the change in government control in Czechoslovakia and Poland following World War II, recourse to the reciprocal services authority is not available to American citizens who served with the armies of these countries.

Bills similar to H.R. 71 have been introduced in each Congress for the past fifteen years. VA consistently opposed the bills on the grounds that they constituted a departure from long-standing policy that VA provide benefits solely for U.S. Armed Forces veterans, and that

they would set a precedent which could lead to the extension of other VA benefits, such as pensions, disability compensation and burial benefits, to these and similar groups. Some veterans groups also opposed the legislation because they were concerned that U.S. veterans would be displaced from VA facilities (since Polish and Czech veterans with service-connected conditions would be given priority over non-service connected U.S. veterans), and that such proposals would change the historic nature of VA programs.

Earlier this year you decided that the Administration should not oppose H.R. 71 since many of the potentially eligible Polish and Czech veterans may not qualify for, or be able to afford, other health care. Although the Senate passed a version of H.R. 71 that would have extended medical care entitlement to a much broader group of veterans, both houses subsequently agreed to the more narrowly drawn version you found acceptable.

It is difficult to provide an accurate cost estimate of H.R. 71, since almost no information is available on the number, age and potential demand for VA care of the Polish and Czechoslovakian veterans who may be eligible under the bill. The Polish veterans organizations estimate 15,000 eligibles. VA estimates that H.R. 71 will result in an annual cost of approximately $1.2 million, and has indicated informally that these costs can be absorbed within VA program appropriations.

Agency Recommendations

VA recommends that you withhold your approval of H.R. 71 and has attached a draft memorandum of disapproval for your consideration. In its views letter, VA states:

> "We are keenly aware that personnel of the allied forces encompassed by this bill displayed exceptional bravery and determination during two major wars... However, we still do not believe that citizens, who are not veterans of service in the armed forces of the United States, should be provided medical care benefits based purely on service with some other nation's armed forces rendered prior to becoming a citizen of this country."

* * * * * * * *

We share the concerns expressed by VA regarding the enrolled version of H.R. 71, particularly those regarding the precedent which the bill would set. At the same time, it should be noted that H.R. 71 would affect relatively few veterans, given the eligibility conditions that must be met. Moreover, we believe that the circumstances addressed by the enrolled bill are unique, and this may aid us in resisting broad changes in VA's medical care system. As we noted earlier, the enrolled version of H.R. 71 is the version that you indicated to the Congress would be acceptable. Accordingly, we recommend approval of H.R. 71.

James T. Lynn
Director

Enclosures

Note to file:

I received verbal recommendations for signing from Max Friedersdorf, Ken Lazarus, Myron Kuropas, David Lissy.

Judy Johnston,
10/13

VETERANS ADMINISTRATION
OFFICE OF THE ADMINISTRATOR OF VETERANS AFFAIRS
WASHINGTON, D.C. 20420

October 12, 1976

The Honorable
James T. Lynn
Director, Office of
Management and Budget
Washington, D. C. 20503

Dear Mr. Lynn:

This will respond to your request for a report by the Veterans Administration on the enrolled enactment of H.R. 71, 94th Congress, a bill "To amend title 38, United States Code, to provide hospital and medical care to certain members of the armed forces of nations allied or associated with the United States in World War I or World War II."

The subject bill would amend section 109 of title 38, United States Code, to extend to any person who served during World War I or World War II as a member of any armed force of the Governments of Czechoslovakia or Poland, and participated while so serving in armed conflict with an enemy of the United States, and has been a citizen of the United States for at least ten years, entitlement to hospital care, medical services, and domiciliary care under chapter 17 of title 38.

The bill would further require each applicant to furnish an authenticated certification from the French Ministry of Defense or the British War Office as to records in either such Office which clearly indicate military service in the Czechoslovakian or Polish armed forces and subsequent service in or with the armed forces of France or Great Britain during the period of World War I or World War II.

Under the bill, benefits would not be available to a person who is entitled to payment for equivalent care and services under a program established by such foreign government for persons who served in its armed forces during World War I or World War II.

Section 109(a)(1) of title 38 currently authorizes the Administrator, in consideration of reciprocal services extended to the United States and upon a reimbursable basis, to furnish hospital care, medical services, and education, training or similar benefits to discharged members of the armed forces of the government of any nation allied, or associated, with the United States in World War I (except a nation which was an enemy of the United States in World War II), or World War II, if such benefits are authorized by such government for its veterans. Section 109(b) provides that persons who served in the active service in the armed forces of any government allied with the United States in World War II, and who at the time of entrance into such service were citizens of the United States, are, if otherwise qualified, entitled to the benefits of chapters 31 and 37 of title 38 in the same manner and to the same extent as U. S. veterans of World War II, provided he is a resident at the time of filing a claim, and has not received similar benefits from the nation in whose armed forces he served.

The subject bill goes much further than the provisions for temporary World War II readjustment benefits. It would include many persons who were not citizens when they served and would provide basic hospital and medical benefits under our continuing program. While the need for medical benefits might appear to be most urgent, the granting of this relief would doubtless be followed by demands for other continuing benefits, such as compensation and pension.

The general policy of Congress, except as to those benefits in section 109(b) of title 38, United States Code, has been to provide benefits solely for veterans who served in the armed forces of the United States and their dependents. The extension of certain benefits (although provided on a reciprocal basis in section 109(a)) to persons who served

with governments allied with the United States, but who rendered no service in the United States Armed Forces, would be a departure from this policy.

We not only believe that enactment of the subject bill would be unwise, but it would be discriminatory and precedential. If medical benefits are provided to veterans of service with the Czechoslovakian and Polish armed forces, it could be argued that equity would require the extension of such benefits to those who served with the armed forces of Bulgaria, Estonia, Hungary, Latvia, Lithuania, Romania, or Yugoslavia, as well as to veterans of other allied forces such as Russia, China, and most of the Latin American countries, who are now United States citizens.

As a matter of policy it would be difficult to explain to nations such as Canada, Great Britain, Australia, New Zealand, and South Africa, why they should reimburse the Veterans Administration for medical treatment provided veterans who served in their armed forces while we provide such services at no cost for veterans of other allied forces.

Aside from allied veterans, many other groups who have served with, but not in, our own armed forces during war periods have through the years sought to obtain benefits reserved to veterans of the military service. Applying the policy of restricting benefits to those who had military service, legislation to include these civilian groups has generally been rejected. If an exception were made for one or more classes of allied veterans, it might prove difficult to resist demands that similar provision should be made for a variety of civilian groups who served closely with our armed forces or who did alternate service as conscientious objectors.

It is estimated that the enrolled enactment will result in an annual cost to the Veterans Administration of approximately $1,170,000.

We are keenly aware that personnel of the allied forces encompassed by this bill displayed exceptional bravery

and determination during two major wars. They served in many cases alongside our United States veterans with distinction and honor. Many gave their lives in these common endeavors. They have greatly enriched our Nation through their contributions since they have moved to this country. It is understandable that the Congress would wish to extend hospital and medical benefits to them. However, we still do not believe that citizens, who are not veterans of service in the armed forces of the United States, should be provided medical care benefits based purely on service with some other nation's armed forces rendered prior to becoming a citizen of this country.

Accordingly, I recommend that the President withhold his approval of H.R. 71. There is enclosed a proposed Memorandum of Disapproval.

Sincerely,

RICHARD L. ROUDEBUSH
Administrator

Enclosure

MEMORANDUM OF DISAPPROVAL

I am withholding my approval of H.R. 71, 94th Congress, a bill to provide hospital and medical care to certain members of the armed forces of nations allied or associated with the United States in World War I or World War II.

The bill would amend section 109 of title 38, United States Code, to extend to any person who served during World War I or World War II as a member of any armed force of the Governments of Czechoslovakia or Poland, and participated while so serving in armed conflict with an enemy of the United States, and has been a citizen of the United States for at least ten years, entitlement to hospital care and medical services, and domiciliary care under chapter 17 of title 38. It would also require an authenticated certification from the French Ministry of Defense or the British War Office as to service in the Czechoslovakian or Polish armed forces and subsequent service in or with the armed forces of France or Great Britain during World War I or World War II.

The general policy of Congress, except as to those benefits in section 109(b) of title 38, United States Code, has been to provide benefits solely for veterans who served in the armed forces of the United States and their dependents. The extension of certain benefits (although provided on a reciprocal basis in section 109(a)) to persons who served with governments allied with the United States, but who rendered no service in the United States Armed Forces, would be a departure from this policy.

I not only believe that approval of this bill would be unwise, but it would be discriminatory and precedential. If medical benefits are provided to veterans of service with the Czechoslovakian and Polish armed forces, it could be argued that equity would require the extension of such benefits to those who served with the armed forces of Bulgaria, Estonia, Hungary, Latvia, Lithuania, Romania, or Yugoslavia, as well as to veterans of other allied forces such as Russia, China, and most of the Latin American countries, who are now United States citizens.

As a matter of policy it would be difficult to explain to nations such as Canada, Great Britain, Australia, New Zealand, and South Africa, why they should reimburse the Veterans Administration for medical treatment provided veterans who served in their armed forces while we provide such services at no cost for veterans of other allied forces.

Aside from allied veterans, many other groups who have served with, but not in, our own armed forces during war periods have through the years sought to obtain benefits reserved to veterans of the military service. Applying the policy of restricting benefits to those who had military service, legislation to

include these civilian groups has generally been rejected. If an exception were made for one or more classes of allied veterans, it might prove difficult to resist demands that similar provision should be made for a variety of civilian groups who served closely with our armed forces or who did alternate service as conscientious objectors.

I am keenly aware that personnel of the allied forces encompassed by this bill displayed exceptional bravery and determination during two major wars. They served in many cases alongside our United States veterans with distinction and honor. Many gave their lives in these common endeavors. They have greatly enriched our Nation through their contributions since they have moved to this country. It is understandable that the Congress would wish to extend hospital and medical benefits to them. However, I still do not believe that citizens, who are not veterans of service in the armed forces of the United States, should be provided medical care benefits based purely on service with some other nation's armed forces rendered prior to becoming a citizen of this country.

FOR IMMEDIATE RELEASE OCTOBER 14, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
UPON SIGNING H. R. 71
VETERANS MEDICAL CARE FOR CERTAIN
MEMBERS OF ALLIED WARTIME FORCES

THE ROSE GARDEN

11:57 A.M. EDT

Good morning, everybody.

It is a great privilege and pleasure for me to welcome the distinguished Members of Congress and representatives of various veterans organizations, ethnic groups and the like. It is a great day here in the Rose Garden and good luck, and it is nice to see you all.

But I am especially pleased to have the opportunity to recognize the contributions of many valiant Americans of Polish and Czech ancestry who fought for freedom.

I think this legislation that I am signing today provides that any person who served during World War I or World War II as a member of any armed force of the Government of Czechoslovakia or Poland and participated while so serving in armed conflict with an enemy of the United States shall by virtue of such service be entitled to certain medical benefits. This legislation requires that each person who is so entitled shall have been a citizen of the United States for at least 10 years.

For two centuries a very fundamental principle of American policy toward other nations has remained unchanged. The American people support the aspirations for freedom, independence and national self-determination of people everywhere. We do not accept foreign domination over any nation.

The people we recognize with this legislation today fought along side of us for these ideals. This year, as American citizens they joined with us in our Bicentennial celebration. Their wartime service is an inspiration and a lasting contribution to the strength of America and to America's commitment to freedom.

Thank you very much.

END (AT 12:00 NOON EDT)

94TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
1st Session } { No. 94-337

MEDICAL CARE FOR CERTAIN MEMBERS OF ALLIED WARTIME FORCES

JULY 9, 1975.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. ROBERTS, from the Committee on Veterans' Affairs, submitted the following

REPORT

[To accompany H.R. 71]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 71) to amend title 38, United States Code, to provide hospital and medical care to certain members of the armed forces of nations allied or associated with the United States in World War I or World War II, having considered the same, report favorably thereon, by unanimous voice vote, without amendment, and recommend that the bill do pass.

INTRODUCTION

H.R. 71 is identical to H.R. 13377, enacted by the House during the last session of Congress. The bill would provide hospital and medical care to certain members of the armed forces of the nations allied or associated with the United States in World War I or World War II.

Hearings were held on H.R. 13377 during the 93rd Congress and the bill was cosponsored by 46 Members of the House. On July 29, 1974, the Committee reported H.R. 13377, and the bill passed the House on August 5, 1974. However, the Senate failed to act on the bill before sine die adjournment.

PURPOSE OF THE BILL

H.R. 71 provides that any person who served during World War I or World War II as a member of any armed force of the Governments of Czechoslovakia or Poland and participated while so serving in armed conflict with an enemy of the United States and has been a citizen of the United States for at least ten years shall, by virtue of

such service, and upon satisfactory evidence thereof, be entitled to hospital and domiciliary care and medical services from the Veterans Administration to the same extent as if such service had been performed in the Armed Forces of the United States. Such benefit is not authorized if the person concerned is otherwise entitled to payment for equivalent care and services under a program established by the foreign government concerned for persons who served in its armed forces in World War I or World War II.

The bill specifically provides that, in order to assist the Administrator in making a determination of proper service eligibility "each applicant for the benefits thereof shall furnish an authenticated certification from the French Ministry of Defense or the British War Office as to records in either such Office which clearly indicate military service of the applicant in the Czechoslovakian or Polish armed forces and subsequent service in or with the armed forces of France or Great Britain during the period of World War I or World War II."

Background of the Bill

During World War I and World War II many citizens of countries in Central Europe fought with great courage in alliance with and against the foes of the United States and its major allies. After the war there was a change of government in these countries, particularly in Poland and Czechoslovakia which deprived many individuals the freedom for which they so valiantly had struggled. Consequently, these men immigrated to the United States and became citizens in search of the bind of life they could no longer lead in their own countries and have subsequently greatly enriched our Nation economically and morally. However, because they are not technically veterans of the Armed Forces of the United States and at the same time have no recourse to veterans' benefits in their Communist controlled homelands, many of them have no way to turn to secure needed medical and hospital care and attention.

For a number of years the veterans' laws codified in title 38, United States Code, have authorized certain veterans' benefits on the basis of "reciprocal services" upon request of the proper officials of the government of any nation allied or associated with the United States in World War I or in World War II. As indicated however, in view of the change in government control in certain of the foreign nations, recourse to the reciprocal services authority is not available.

Predecessor bills in recent years have attempted to extend similar benefits to members of the armed forces of other Central European countries, but in view of the basic almost insurmountable problem of adequately authenticating the appropriate military service contemplated by the predecessor bills, the present bill, H.R. 71, has been limited to former servicemen of Poland and Czechoslovakia.

Following hearings on this general legislative proposal during the last Congress and subsequent meetings with the chief congressional sponsor and representatives of the groups concerned, the Committee has been assured that in most, if not all, of the meritorious cases it will be possible to secure appropriate service certifications from either the British War Office or the French Ministry of Defense. In this connection, the Committee has noted that in its report on this proposal during the last Congress the Veterans' Administration recognized

that the provision requiring each applicant to furnish such an authenticated certification as to service "would make the subject bill more administratively feasible than similar purpose bills currently pending before the Committee."

The Committee has been informed that H.R. 71, and several identical bills, now have a total of 109 cosponsors in the House of Representatives.

At the mentioned hearings before a special subcommittee in the 93rd Congress testimony and statements were received from a number of Members of Congress and veterans' organizations in support of the proposal. In support of his bill, the Honorable Frank Annunzio stated in part:

> In addition, under existing law, the U.S. government presently pays for medical and hospital benefits given to persons who served in the Armed Forces of the Philippines during World War II, even if such persons are not American citizens.
>
> My bill would extend these benefits to those naturalized U.S. citizens who fought bravely and sacrificed for the ideals of freedom and justice for which this country also fought.
>
> During the Second World War, many citizens of Bulgaria, Czechoslovakia, Estonia, Hungary, Latvia, Lithuania, Poland, Rumania, and Yugoslavia fought with great courage against the foes of the United States. After the war, there was a change in government in each of these countries, which deprived many of these Eastern Europeans the freedom for which they so valiantly had struggled. Consequently, these men immigrated to the United States and became citizens, in search of the kind of life they could no longer lead in their own countries. These men have greatly enriched our nation through hard work. My bill recognizes the important contribution made by these veterans to the Allied war effort, and grants them the same medical benefits which we have granted to many noncitizens of the Philippines.
>
> Mr. Chairman, I strongly urge that this Committee take favorable action on my bill, H.R. 272. It is imperative that we extend these limited benefits to those men who fought so valiantly and heroically along with our American boys and allied forces during the two World Wars to preserve freedom. These men need our help now.

The Committee was also impressed with the favorable support of Senator Adlai E. Stevenson III who made the following significant observations:

> The people who would benefit from adoption of this legislation fought valiantly on the allied side only to find, at the conclusion of the war, that the newly established governments in their own countries foreclosed the individual freedoms for which they had fought.
>
> Rather than accept the restrictions imposed on the individual by their governments, they emigrated by the hundreds of thousands to the United States where they could live with full and rightful dignity.
>
> These Americans have given much to our Nation, from their contributions to our economic life to their spirited

example of individuals determined that freedom is the most precious possession of any people. But because of a gap in our laws, they have been denied the right to full first-class citizenship; they are ineligible to receive any of the benefits available to veterans of the United States Armed Forces. It is time for the American Government to right this injustice. It is time for us to recognize the rights of all American citizens who suffered the same agonies of war for peace and freedom.

At the time that I introduced companion legislation in the Senate, I wrote to veterans group leaders and to many veterans in my State asking for their views on, and their support for this legislation. The response was overwhelmingly positive and enthusiastic. The Executive Committee of the Combined Veterans of Illinois notified me of their full approval and endorsement of the measure. Eloquent letters came in bundles from supporters of the legislation; one man wrote: "The Constitution of the United States of America is the same for everybody as American citizens."

I can only add my hearty agreement and hope that the United States finally recognizes the contributions and rights of those citizens who fought with us in the First and Second World Wars only to be deprived of their homes and their freedom by political forces beyond their control.

Support for this legislation has been received from the Committee on Political Education of the Service Employees International Union. On June 28, 1974, the Committee received a letter from Union President George Hardy in support of the bill passed by the House last year (H.R. 13377). He said:

> The membership of Service Employees International Union, AFL–CIO is particularly pleased that you have seen fit to hold hearings on H.R. 13377, a bill to provide hospital and medical care to certain members of the armed forces of Poland who served during World War I or II. Now that the hearings are completed, we sincerely hope that you will report out that bill for action by the House of Representatives.
>
> I am attaching a copy of a resolution passed on Friday, June 21, by the SEIU International Executive Board. We hope that you will take swift action as a result of this resolution.

RESOLUTION OF THE INTERNATIONAL EXECUTIVE BOARD OF SERVICE EMPLOYEES INTERNATIONAL UNION, AFL–CIO/CLC ON POLISH WAR VETERANS' BENEFITS, ADOPTED JUNE 21, 1974

Legislation to provide hospital and medical care to members of armed forces of nations allied or associated with the U.S. in World War I and World War II has been introduced in the Congress for ten years. No action was ever taken until this Congress.

This legislation gives the recognition of a grateful nation to these men of bravery in the allied war effort by providing that they be eligible for VA hospital and medical benefits on the same terms as

war veterans of the U.S. armed forces. It provides that those who served as members of the armed forces of Poland in either World War and have now been citizens of the United States for at least ten years be covered by this bill.

SEIU Local 25 has particular interest in this legislation, as many of its members are of Polish descent. We, the SEIU International Executive Board, therefore heartily endorse Congressman Annunzio's bill, H.R. 13377. We also urge the Committee on Veterans Affairs of the House of Representatives to report this bill for action by the full House.

OVERSIGHT FINDINGS

Pursuant to clause 2(l)(3)(A) of Rule XI of the Rules of the House of Representatives, the Committee issues the following oversight findings:

During the first session of the 93rd Congress, hearings were held before a special subcommittee. Testimony and statements were received from a number of Members of Congress and veterans' organizations in support of the proposed legislation. During the hearings and in subsequent meetings with the chief congressional sponsor and representatives of the groups concerned, the Committee has been assured that in most, if not all, of the meritorious cases it will be possible to secure appropriate service certification. Authenticating the appropriate military service has always created major problems in attempting to extend similar benefits to members of the armed forces of other Central European countries.

The Committee concluded that the few who would benefit under this bill fought valiantly on the allied side; however, at the conclusion of the war, the newly established governments in their own countries, particularly Poland and Czechoslovakia, deprived them of the freedom for which they had fought so long to attain. Although they have long since been citizens of this country, and have subsequently greatly enriched our Nation, technically they are not veterans of the Armed Forces of the United States and are therefore ineligible for veterans' medical benefits. The Committee recognizes the important contribution made by these veterans to the Allied war effort and recommends that the limited benefits provided for in this bill be extended to these veterans.

In regard to clause 2(l)(3)(D) of Rule XI, no oversight findings have been submitted to the Committee by the Committee on Government Operations

In regard to clause 2(l)(3)(C) of Rule XI, no cost estimate or comparison has been submitted by the Congressional Budget Office relative to the provisions of H.R. 71.

INFLATIONARY IMPACT STATEMENT

With respect to clause 2(l)(4) of Rule XI, relating to the inflationary impact of the reported bill, the Committee is of the opinion the limited benefits provided in this bill would not be inflationary. Although the Veterans' Administration advises the Committee that it is not possible to estimate the cost of H.R. 71 since information is not available as to how many individuals may qualify for benefits, the Committee feels the number of potential beneficiaries is relatively small.

Estimate of Cost

The Veterans' Administration advises the Committee that it is not possible to estimate the cost of H.R. 71 should it be enacted since information is not available as to how many individuals may qualify for benefits. As a result of the testimony received at the hearings and from other sources, the Committee is of the view that the number of potential beneficiaries is relatively small, and in context with the expenditures for the overall broad veterans' programs, the actual cost of this legislation would be insignificant.

Agency Report

There follows the report of the Administrator of Veterans' Affairs on H.R. 71, dated July 8, 1975.

Veterans Administration,
Office of the Administrator of Veterans Affairs,
Washington, D.C., July 8, 1975.

Hon. Ray Roberts,
Chairman, Committee on Veterans' Affairs, House of Representatives, Washington, D.C.

Dear Mr. Chairman: This will respond to your request for a report by the Veterans Administration on H.R. 71, H.R. 72, H.R. 2642, and H.R. 2643, identical 94th Congress bills, "To amend title 38, United States Code, to provide hospital and medical care to certain members of the armed forces of nations allied or associated with the United States in World War I or World War II."

Each of the subject bills would amend section 109 of title 38, United States Code, to extend to any person who served during World War I or World War II as a member of any armed force of the Governments of Czechoslovakia or Poland, and participated while so serving in armed conflict with an enemy of the United States, and has been a citizen of the United States for at least ten years, entitlement to hospital care and medical services, and domiciliary care under chapter 17 of title 38.

There is some confusion between the eligibility provisions of these bills and proposed paragraph (2) of the new subsection (c), which provides that *in order to assist the Administrator in making a determination of proper* service eligibility, each applicant shall furnish an authenticated certification from the French Ministry of Defense or the British War Office as to records in either office which clearly indicate military service of the applicant *and subsequent service in or with the armed forces of France or Great Britain during the period of World War I or World War II.*

The eligibility provision in subsection (c)(1) does not require subsequent service in or with the armed forces of France or Great Britain. Moreover, since each bill would require the Veterans Administration to furnish care to persons made eligible on the same basis as if service had been performed in the armed forces of the United States, it would appear to present an almost impossible task for VA hospital personnel to determine the extent of the VA medical care which can be provided, as well as determining whether the individual has a service-incurred disability. If the Committee is to give this legislation further consideration, we believe that these provisions should be clarified.

Under each bill, benefits would not be available to a person who is entitled to payment for equivalent care and services under a program established by such foreign government for persons who served in its armed forces during World War I or World War II.

Section 109(a)(1) of title 38 currently authorizes the Administrator, in consideration of reciprocal services extended to the United States and upon a reimbursable basis, to furnish hospital care, medical services, and education, training or similar benefits to discharged members of the armed forces of the government of any nation allied, or associated, with the United States in World War I (except a nation which was an enemy of the United States in World War II), or World War II, if such benefits are authorized by such government for its veterans. Section 109(b) provides that persons who served in the active service in the armed forces of any government allied with the United States in World War II, and who at the time of entrance into such service were citizens of the United States, are, if otherwise qualified, entitled to the benefits of chapters 31 and 37 of title 38 in the same manner and to the same extent as U.S. veterans of World War II, provided he is a resident at the time of filing a claim, and has not received similar benefits from the nation in whose armed forces he served.

The proposals under consideration go much further than the provisions for temporary World War II readjustment benefits. They would include many persons who were not citizens when they served and would provide basic hospital and medical benefits under our continuing program. While the need for medical benefits might appear to be most urgent, the granting of this relief would doubtless be followed by demands for other continuing benefits, such as compensation and pension.

The general policy of Congress, except as to those benefits in section 109(b) of title 38, United States Code, has been to provide benefits solely for veterans who served in the armed forces of the United States and their dependents. The extension of certain benefits (although provided on a reciprocal basis in section 109(a)) to persons who served with governments allied with the United States, but who rendered no service in the United States Armed Forces, would be a departure from this policy.

We not only believe that enactment of legislation in the form of any of the bills pending before you on this subject would be unwise, but it would be discriminatory and precedential. If medical benefits are provided to veterans of service with the Czechoslovakian and Polish armed forces, it could be argued that equity would require the extension of such benefits to those who served with the armed forces of Bulgaria, Estonia, Hungary, Latvia, Lithuania, Romania, or Yugoslavia, as well as to veterans of other allied forces such as Russia, China, and most of the Latin American countries, who are now United States citizens.

As a matter of policy it would be difficult to explain to nations such as Canada, Great Britain, Australia, New Zealand, and South Africa, why they should reimburse the Veterans Administration for medical treatment provided veterans who served in their armed forces while we provide such services at no cost for veterans of other allied forces.

Aside from allied veterans, many other groups who have served with, but not in, our own armed forces during war periods have through the years sought to obtain benefits reserved to veterans of the military service. Applying the policy of restricting benefits to those who had military service, legislation to include these civilian groups has generally been rejected. If an exception were made for one or more classes of allied veterans, it might prove difficult to resist demands that similar provision should be made for a variety of civilian groups who served closely with our armed forces or who did alternate service as conscientious objectors.

The President has called for the development of plans for a comprehensive national health insurance system for all Americans. Consonant with that policy, we do not believe that citizens, who are not veterans of service in the armed forces of the United States, should be provided VA medical care benefits based purely on service with some other nation's armed forces rendered prior to becoming a citizen of this country.

Accordingly, we oppose the enactment of any of the subject bills.

It is not possible to estimate the cost of any of the subject bills, since we have no information as to how many individuals may qualify for benefits.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

RICHARD L. ROUDEBUSH,
Administrator.

CHANGES IN EXISTING LAW MADE BY H.R. 71, AS REPORTED

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics, existing law in which no change is proposed is shown in roman);

SECTION 109 OF TITLE 38, UNITED STATES CODE

SEC. 109. BENEFITS FOR DISCHARGED MEMBERS OF ALLIED FORCES

(a)(1) In consideration of reciprocal services extended to the United States, the Administrator, upon request of the proper officials of the government of any nation allied or associated with the United States in World War I (except any nation which was an enemy of the United States during World War II), or in World War II, may furnish to discharged members of the armed forces of such government, under agreements requiring reimbursement in cash of expenses so incurred, at such rates and under such regulations as the Administration may prescribe, medical, surgical, and dental treatment, hospital care, transportation and traveling expenses, prosthetic appliances, education, training, or similar benefits authorized by the laws of such nation for its veterans, and services required in extending such benefits. Hospitalization in a Veterans' Administration facility shall not be afforded under this section, except in emergencies, unless there are available beds surplus to the needs of veterans of this country. The

Administrator may also pay the court costs and other expenses incident to the proceedings taken for the commitment of such discharged members who are mentally incompetent to institutions for the care or treatment of the insane.

(2) The Administrator, in carrying out the provisions of this subsection, may contract for necessary services in private, State, and other Government hospitals.

(3) All amounts received by the Veterans' Administration as reimbursement for such services shall be credited to the current appropriation of the Veterans' Administration from which expenditures were made under this subsection.

(b) Persons who served in the active service in the armed forces of any government allied with the United States in World War II and who at time of entrance into such active service were citizens of the United States shall, by virtue of such service, and if otherwise qualified, be entitled to the benefits of chapters 31 and 37 of this title in the same manner and to the same extent as veterans of World War II are entitled. No such benefit shall be extended to any person who is not a resident of the United States at the time of filing claim, or to any person who has applied for and received the same or any similar benefit from the government in whose armed forces he served.

(c)(1) Any person who served during World War I or World War II as a member of any armed force of the Governments of Czechoslovakia or Poland and participated while so serving in armed conflict with an enemy of the United States and has been a citizen of the United States for at least ten years shall, by virtue of such service, and upon satisfactory evidence thereof, be entitled to hospital and domiciliary care and medical services within the United States under chapter 17 of this title to the same extent as if such service had been performed in the Armed Forces of the United States unless such person is entitled to, or would, upon application thereof, be entitled to, payment for equivalent care and services under a program established by the foreign government concerned for persons who served in its armed forces in World War I or World War II.

(2) In order to assist the Administrator in making a determination of proper service eligibility under this subsection, each applicant for the benefits thereof shall furnish an authenticated certification from the French Ministry of Defense or the British War Office as to records in either such Office which clearly indicate military service of the applicant in the Czechoslovakian or Polish armed forces and subsequent service in or with the armed forces of France or Great Britain during the period of World War I or World War II.

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CORRECTED SHEET

H. R. 71

Ninety-fourth Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Monday, the nineteenth day of January, one thousand nine hundred and seventy-six

An Act

To amend title 38, United States Code, to provide hospital and medical care to certain members of the armed forces of nations allied or associated with the United States in World War I or World War II.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 109 of title 38, United States Code, is amended by adding at the end thereof the following:

"(c)(1) Any person who served during World War I or World War II as a member of any armed force of the Government of Czechoslovakia or Poland and participated while so serving in armed conflict with an enemy of the United States and has been a citizen of the United States for at least ten years shall, by virtue of such service, and upon satisfactory evidence thereof, be entitled to hospital and domiciliary care and medical services within the United States under chapter 17 of this title to the same extent as if such service had been performed in the Armed Forces of the United States unless such person is entitled to, or would, upon application thereof, be entitled to, payment for equivalent care and services under a program established by the foreign government concerned for persons who served in its armed forces in World War I or World War II.

"(2) In order to assist the Administrator in making a determination of proper service eligibility under this subsection, each applicant for the benefits thereof shall furnish an authenticated certification from the French Ministry of Defense or the British War Office as to records in either such Office which clearly indicate military service of the applicant in the Czechoslovakian or Polish armed forces and subsequent service in or with the armed forces of France or Great Britain during the period of World War I or World War II.".

Speaker of the House of Representatives.

Vice President of the United States and
President of the Senate.