Wadsworth Veterans Hospital

A Consequence of History

By
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Said our first American President George Washington to Congress, “...The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation.”

Washington was certainly forethoughtful in anticipating the issues that would face the future nation regarding pensions and medical care for disabled veterans, but it was not possible at the time to foresee the extent of veteran’s issues that would later develop, nor the government’s response in establishing an outstanding medical care system for veterans that evolved to become the largest federal medical employer in the country and would serve as a vital federally sponsored medical research system for healthcare.

It is my intention to summarize the consequences of the most important historical events in America that led to the establishment of the federal system for veteran’s care, in particular, the James W. Wadsworth Veterans Hospital in West Los Angeles.

In the evolution of veteran’s health care benefits are outstanding examples of private entrepreneurship that benefited veterans, civic communities, medical education and health care.

Writing this book required over 26-years gathering sufficient information about the subject of veterans’ health care and the evolution of that care at the James W. Wadsworth Veterans Hospital, (1926), which was built on the property of the Pacific Branch of the National Home for Disabled Volunteer Soldiers. This has been a project of extraordinary personal interest and immense appreciation for the medical and surgical training that I received beginning as an undergraduate student at UCLA (1955), the University of California San Francisco Medical School - serving my surgical rotation at the Fort Miley Veterans' Hospital and later as an intern (1963-1964) and ophthalmology resident at Wadsworth (1976-1970). My appreciation for the devotion to duty of the members of the armed forces and the potential disabilities and risks to their lives was borne out by my experiences as a flight surgeon in the U.S. Air Force (1964-1966) in Turkey.

When I began this project in 1985, I understood only a few specifics about the subject. Several colleagues of the Bay Surgical Society, West Los Angeles, requested that I undertake the task of acquiring and preserving the archives of the society and related matters. Fortunately, I interviewed most of the senior colleagues, often just in time before they passed away. The additional letters, documents and photographs have helped to preserve this history. Dr. Earl H Gordon, formerly Chief of the Surgery Department (1963-1977) and later Chief of Staff at the VA Greater Los Angeles Regional Health Center (1978-1999), guided me in continuing the research of his favorite subject - the history of veterans’ care at

1 Department of Veterans Affairs, History of VA, 2010.
Wadsworth. The benefits gained from Internet technology cannot be overstated, because it has enabled acquisition of much more data and connecting of the facts with much improved confidence.

As background, I learned the importance of knowing about prior history as applied to the writing of this book. I was able to obtain some information beginning in ancient times, in Europe and early America. A brief summary of the history related to the treatment of veterans since ancient times was helpful in my own understanding, which I hope to convey to the reader. Darlene Richardson, who is the Historian at the Central Office, provided the most detailed and useful information: Department of Veterans’ Affairs in Washington, D.C. Excerpts from the materials she supplied are quoted in following chapters. The greatest compilation of these facts can be found in the following publications containing comprehensive bibliographies:

- “Medical Care of Veterans,” 90th Congress, 1st Session – House Committee Print No. 4, Printed for the use of the Committee on Veterans’ Affairs (65-086 O), Washington, D.C. 20402, April 17, 1967

The following material is directly quoted from this congressional publication, 1967:

“In the evolution of veterans’ health care there were several extremely significant organizational improvements among the government agencies involved with veterans care:

- In 1924, establishing of the Veterans’ Bureau.
- In 1930, Veterans’ Administration, Centralized agency was established.
- January 3, 1946, Public Law 293, 79th Congress: Medical Services of the VA reorganized as the Department of Medicine and Surgery solely for the care of veterans.
- In 1990, the reorganization of the Veterans benefits under a new Department of Veterans’ Affairs. The Department of Veterans Affairs was established under President George H. W. Bush as a cabinet-level position with the second largest department after the Department of Defense.

- The English Parliament, 1592-93, passed “An Acte for the Reliefe of Souldiours.” It provided veterans pensions of the British forces, who defeated the Spanish Armada. It’s the cornerstone of the entire structure of the

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2 “Medical Care of Veterans,” 90th Congress, 1st Session – House Committee Print No. 4 Printed for the use of the Committee on Veterans’ Affairs (65-086 O) Washington, D.C. 20402 April 17, 1967
American compensation and pension system and Federal care for disabled veterans that came into being centuries later. Further analysis of this English “Acte” revealed that despite the intended care offered to peasants and disabled veterans, they were still treated as paupers.

- Attempts to improve veterans' benefits were attempted by Charles II, 1660-1685. He established the “Royal Hospital” at Chelsea, although it was not opened until a few years after his death (1692). King William and Mary established “Greenwich Hospital” for disabled seaman (1702). The influence of both these “hospitals (asylums)” extensively influenced the development of medical care for veterans in the United States.

- From the famous speech by Abraham Lincoln. When on March 4, 1864, Abraham Lincoln took the oath of office for the second time, our country was in the throes of a grueling war. In the moving conclusion of his second inaugural address, Lincoln expressed the philosophy that has guided the Veterans' Administration, its functional and organizational forerunners and, indeed, the entire U. S. Government in dealing with veterans, especially those disabled. He said: “With malice toward none; with charity for all; with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in; to bind up the Nation's wounds; to care for him who shall have borne the battle and for his widow, and his orphan - to do all which may achieve and cherish a just and lasting peace, among ourselves, and with all nations.” “...For as much as it is agreeable with Christian Charity, Policy, and the Honor of our Nation that such as have, since the 24th day of March, 1688, adventured their lives, and lost their limbs, or disabled their bodies - or shall hereafter adventure their lives, lose their limbs, or disable their bodies in defense and service of Her Majesty and the State - they should, at their return, be relieved and rewarded to the end that they may reap the fruit of their good deserving's, and that others may be encouraged to perform the like endeavors; be it enacted...”

- VA domiciliaries date back to March 1866, when Congress established a corporate body known as the National Asylum for Disabled Volunteer Soldiers. In 1873, the word “home” replaced “asylum” and when in 1930 the Veterans Administration absorbed the home’s various branches, the word “domiciliary” was substituted for “home.” Domiciliary is not spelled out in Title 38, Public Law, but for practical purposes it has been defined as “an institution which provides a home-bed, board, and incidental medical care for veterans who are so disabled that they cannot support themselves.”

- Nursing home care benefits for veterans was enacted in 1964.

Ancient attitudes toward pensions and care of disabled veterans:

- Benefits, though not medical benefits, can be traced back to the Egyptian Pharaohs, when entire armies were settled in conquered colonies, and plots of land were awarded to soldiers based upon the extent and character of their service.

- The plunder taken maintained Babylonian armies and tribute exacted from the enemies that they were allowed to keep.

- For centuries...Greek kings served as military commanders... After the
Peloponnesian War (5th century BCE), the serfs who had “most distinguished themselves again the enemy” were given their freedom. “As for disabled veterans it is in Greece that the first discernible record of public support for them emerges. They were fed at public expense; and many concessions, including pensions, were granted to those who could prove permanent injury. Public funds supported the children of Greek soldiers who had died in battle. ³

• Roman soldiers were from the elite of society, received whatever region of the Empire they came from, i.e. the Italian peninsula, Spain, Gaul, Britain, Syria, etc. These benefits were more rewards than benefits for the disabled veterans. They were granted municipal offices. Under Augustus (27 BCE to 14 CE), pension rights of disabled legionnaires were recognized and they were also granted land plots. Legionnaires wounded in action received larger shares. Early Romans sent sick soldiers back to Rome for treatment, in later times; they used local hospitals in conquered lands...

• …In the 13th and 14th centuries crusades, Philip II, King of France founded a “hospice” for veterans as a home for the sick and poor. Papal approbation; of the hospice was endowed with churchly privileges. Later, French king, Louis IX, returned from the Crusades with a destroyed army. He established an “asylum” for his soldiers, whose eyesight had been destroyed or impaired. King Henry IV of France established an orphan asylum for the use of veterans, supported by revenues of charitable institutions and monasteries. Applicants for care had to document the trauma and battles in which they were injured. However, the widows and orphans of soldiers killed in battle also were eligible for care.

• King Henry established a veterans’ bureau to administer eligibility and provide care. The program collapsed when Henry died in 1610.

• In 1670, King Louis XIV established the “Hotel des Invalides” for the aged and disabled veterans. This may have been the model for and the inspiration for future veterans care in America.

• In 15th century Europe, standing armies were organized as the feudal system disintegrated. Professional soldiers, who frequently became the disabled veteran soldiers, started to be recognized as a special type to which society began to feel an obligation... Such recognition was a VERY slow process in social evolution. Professional soldiering was a business enterprise; they were highly paid, with no provisions for disabilities or widowed families. Often, the only veterans’ care was provided by sympathetic families or in monasteries. Later on when the monastery system declined, veterans were forced onto the streets as beggars and vagabonds. It was so difficult economically at the time that licenses were provided in order to beg... This may be one explanation for the indifference of societies when giving alms to the poor beggars, some also ridiculed the beggars.

• In the U. S., the historic granting of land to victorious military and loyal civilians

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under both Spain and Mexico was another example of post-war bounties from governments…

• **TIMELINE OF EVENTS:**
  - Political issues held up development of the National Homes for an entire year until an amendment of March 2, 1866, was signed that provided for the business of the institution to be administered by a Board of Managers with 12 members. The senior officers were to be the President of the United States, the Chief Justice, and the Secretary of War, all three ex-officio, together with none other citizens, not Members of Congress, no two of whom could be residents of the same State, and none would be eligible if he had given aid to the Confederacy. **Members of the Board received no compensation except for expenses.** Responsibility of the Board was to Congress, not to the executive branch. During the 64 years of existence of the homes (1866-1930).
  - The Homes were intended only for Union veterans who suffered distress from disabilities incurred during the Civil war. But, after a series of acts passed during the 1880s – principally Public Law 114, May 2, 1887 – they were opened to veterans suffering economic distress from disabilities not incurred in military service.
  - **During the 19th century, access to a National Home was considered to be admission to a place of residence, not a hospital. Medical care was incidental to residency; thus medical care was only on what might be described as an infirmary level. By 1930, the National Homes were absorbed by the Veterans Administration…**
  - The Homes were run along military lines with a governor and deputy governor of each branch. Residents of the branches were called “members.” They were expected to conform to the institutions’ firm discipline.
  - Managers visited each home at least twice yearly and inspected the facilities. Appropriations for improvements and repairs were reported to Congress.

**PACIFIC BRANCH HOME**

- The Pacific Branch is the largest facility among the National Homes.
- In 1888, 400 hundred veterans from the State facility in Yountville, California, in Napa Valley were granted permission to transfer to the new Federal Branch Home in West Los Angeles. They preferred marching 500-miles to other transport. Scouts secured campsites along the way and each vet carried his own bedroll and personal gear. Animals were shot for meat. Men, who fell-out, i.e. from blisters, were carried on oxen-carts.
- The Pacific Branch/VA Center accommodated: Domiciliary - 2,550; Brentwood -1,981; Wadsworth Hospital: 14,30 beds.

**CONFEDERATE VETERANS**

- As late as 1878, Confederate veterans still were unable to organize their own support groups. Some Federal authorities continued to block Confederate organizations. The earliest groups were called: **Survivor Associations.**
- There were 14 small State Homes for Confederates: Alabama, Arkansas,
Florida, Georgia, Kentucky, Louisiana, and Virginia. At the time, Confederate veterans were barred from the Federal National Homes. They were still barred from the National Homes fifty-years later, after armed forces from Confederates States had participated in the Spanish-American War.

- It was not until Public Law 85-425 (1958) was authorized by Congress that the Federal Government provided pensions for Confederates, who had served, or to their widows or children. [As an example, a 20-year old veteran of the Civil War in 1865 would have been age 93.

U. S. War Casualties forced a huge demand for the expansion of veterans' benefits, new facilities, etc. Veterans' Homes became the largest medical care system in the world. Circa 1919...

**World War I:**

- U. S. Armed Forces: **4,744,000**
- Died in battle: **53,008**
- Deaths other causes: **63,000**
- Wounded: **204,000**

In 1914, there were:

- Alive: **785,000 Veterans from all previous wars**
- Veterans **400,000 of Spanish – American War**

The Veterans' Bureau was established in 1921 to provide a single agency authorizing veterans' benefits, which included:

- Pensions
- Medical compensation
- Insurance
- Vocational rehabilitation

Consultants were paid for their oversight of the facilities and to advise Congress for appropriations needed for the facilities. [Under supervision of the U.S. Public Health Service or War Department. Since 1921, authorization was added for outpatient clinics, dispensaries and a medical council of consultants for supervision. In 1922, Public Health Hospitals were transferred to the authority of the Veterans' Bureau under President Coolidge. In 1923, the first Medical Director, Dr. Lester B. Rogers, was appointed. In 1930, the Veterans Administration created by Congress and took over the responsibility as the successor to the Veterans’ Bureau.

The VETERANS BUREAU setup new programs that were instituted under the “MEDICAL COUNCIL.” Directors were appointed to administer separate services:

- Hospitals
- Dispensaries
- General Medical Welfare
- General Medicine and Surgery
- Neuropsychiatry
- Tuberculosis
• Scientific medical research programs were funded to study specific conditions, particularly chronic diseases and the problem of old age in order to benefit veterans and all citizens. Veterans' hospitals became affiliated with teaching programs at universities to advance health care. The position of Chief Medical Director was established as an attempt to interpose lay authority between the Medical Director and the Director of the Bureau.

• Research studies were initiated to standardize and improve outpatient treatments and social services, as well as studies of the causes of prolonged hospitalization and readmissions. Outpatient care was improved and cases transferred sooner to the domiciliaries from the hospitals.

In 1930, the Veterans Administration was established. The Congressional Appropriation: HR (House Resolution) 10630 was signed by President Herbert Hoover, which resulted in further consolidation of Federal veterans’ agencies.

World War II Era: 1939-1945

• Data:
  - Military Forcers: 10,535,000
  - Battle deaths: 292,000
  - Deaths Other Causes: 114,000
  - Wounded: 671,000

At the conclusion of World War II in Europe in 1945, President Truman appointed General Omar Bradley as the new Administrator of the Veterans Administration. Facilities were insufficient for the post-WWII needs: there were 97 Hospitals in 45 States; bed capacity was 82,241 beds; and available domiciliary beds were 14,078. Bradley reorganized the VA’s medical service as the ‘Office of the Surgeon General.

By 1946, Bradley was joined by General Hawley and General Cutler, who organized a Board of Consultants to the Medical Service of the VA. Its members were topflight specialists in the various fields of Medicine: Allergy, tuberculosis thoracic surgery, neuropsychiatry, pathology, etc. They were responsible to inspect and appoint the necessary specialists to at the veterans’ facilities throughout the country. For the first time, university residents were first placed at Hines VA in Chicago, which set the future standard for the rest of the country. Dean’s committees were appointed to improve the affiliation of medical schools with veteran’s hospitals, incorporating the basic sciences with clinical experience. This policy of preventive medicine, combined with university training, was aimed to keep veterans out of the hospital by providing treatment before he required hospitalization. The directors’ policy was to ensure that veterans received medical care second to none!

Segregation:

4 House Committee Print No. 69, May 12, 1961.
It wasn’t until a new VA hospital was opened in the South in 1953, that the VA dealt with the problem of segregation of patients. The directors merely looked the other way regarding housing of Negro veterans. Director General Hines was presented with the problem in a Southern State when opening a new hospital. Hines received a complaint by the hospital administrator that the State law required a rigid segregation of the races, which applied to hospitals, schools, etc., and the admission of a Negro veteran might result in a situation where he could not be responsible for the safety and well being of those Negro patients admitted.

President Truman had eliminated segregation in the Armed Forces shortly after the end of World War II. However, desegregation of the sick was a more difficult matter, especially among those suffering mental disorders. Another director, Admiral Boone, appointed Dr. H.D. Kretzschmar to investigate the issue of segregation of patients. Kretzschmar resolved the segregation issues by great skill thereby integrating patients in a hushed approach to public sensitivities. He was awarded the Meritorious Service Award of the VA for accomplishing desegregation."

Preface

My personal interest in the origin of the healthcare system for disabled American war veterans began almost three decades ago, when I was offered the opportunity to become the historian and archivist of the Bay Surgical Society in West Los Angeles (1985). After many years of research into veteran’s healthcare, I recognized a special association between the medical care of veterans and the medical training programs at UCLA School of Medicine. The graduates became the medical and surgical specialists, who either entered into university teaching and research programs or established clinical practices in the community. I propose to explain some of the connectivity of our American healthcare system for disabled veterans by summarizing important examples from our national and regional history and to discuss some of the consequences.

Throughout American history, great military heroes, past and present, have been venerated. But the average disabled veterans have been overlooked, their sufferings largely disregarded by the public. Information about military casualties and the enormous associated costs, both personal and medical, the long-term health care requirements and assistance with disabilities have been inadequately publicized. Many veterans were, and still are, too often considered to be derelicts and alcoholics. Equally important are the often long-lasting emotional effects upon the veterans, widows and families. President Abraham Lincoln was overcome by the carnage of Gettysburg. He was galvanized to action and the modern healthcare system for veteran’s care was born at Gettysburg – July 1-3, 1863.
The Union army held the high ground and aimed their weapons downhill. Confederate forces had to battle the steep uphill ground. The conclusion of such a confrontation was decided before the first bullets had been fired. Casualty figures are varied, but gravely devastating. Estimates of the immediate Union deaths from the three-day battle ranged from 5,500 to 7,500 with the Confederates suffering heavier losses. In the aftermath, casualties from both armies were estimated between 46,000 and 57,000. The larger figures include deaths from the delayed effects from wounds, non-battle injuries and disease.
Union troops held the high ground; Confederates fought uphill.\(^5\)

Gettysburg Casualties

[Image of soldiers lying on the ground]

U.S. Library of Congress
http://www.loc.gov/

Overwhelmed, President Abraham Lincoln at Gettysburg
The anguish of observing the killing fields of Gettysburg galvanized President Abraham Lincoln into action in establishing the public policy that would provide for the future care of the wounded from the Civil War. His assassination prevented him from witnessing the establishment of the National Asylum for Disabled Volunteer Soldiers, which was the forerunner of the current U.S. Department of Veterans Affairs. Lincoln anticipated the economic and personal desperation of veterans and their families, the burdens brought upon the nation by the suffering and desolation, in particular in the South, and the immense need to provide pensions for the survivors and the families of the deceased, particularly as they aged.

The wisdom of the directors of the Veterans’ Bureau (established 1924) and subsequent agencies of the Veterans’ Administration (established 1930) set forth policies, oversight and recommendations to Congress, from which the modern system of veterans’ care in America proceeded to become in the 21st century. It is to the credit of the Congress and Executive branches of our government that funding was provided to ensure the delivery of the best health care possible. It was an ingenious plan to merge the scholarly pursuits of universities with the national health responsibilities for the care for veterans. Insinuated within this system was the
establishment of the priority for fundamental scientific research in treatments so that the outcomes would became the standard of modern medical care. This set the stage in West Los Angeles for the entrance of the UCLA School of Medicine on Federal property and the merging of teaching and research efforts between the two institutions of the VA and UCLA that will be summarized in the next chapter.