

120. (27-7)

STATEMENT BY J. STROM THURMOND, GOVERNOR
OF SOUTH CAROLINA, AT THE OLIVER GENERAL
HOSPITAL BEFORE CONGRESSIONAL INVESTIGATING
COMMITTEE, AUGUSTA, GEORGIA, FRIDAY,
MARCH 24, 1950.

Through contractual arrangement between the Army and the Veterans Administration, Oliver General Hospital, since the Spring of 1947, has been admitting for treatment eligible veterans from a considerable area adjacent to Augusta, Georgia.

Figures are not available showing the exact number of veterans who have been hospitalized at Oliver General up to February 15, 1950; however, we are informed that during the year 1949 the total number was 2274, that during the month of November 1949 - a typical month - 148 veterans were hospitalized, 60 of whom were from South Carolina. It is understood that for the entire period, about 40% of the total number of veterans cared for in Oliver General for the entire period were from South Carolina. This would mean that over the entire period during which veterans have been hospitalized in Oliver General, approximately 2500 South Carolina veterans have been admitted.

We have also been most fortunate in having access to the Naval Hospitals in Charleston and Beaufort, the latter having been open for nearly a year. While the assignment of beds in these hospitals has been somewhat limited, the arrangement has been of inestimable value to South Carolina veterans, for the well-known reason that our own VA Hospital in Columbia has not been able to take care of all applicants needing treatment. Our Hospital has to serve a very large area comprizing vast sections of North Carolina and Georgia as well as all of South Carolina, except three or four border counties which are located near Fayetteville, North Carolina. Although it is classified as a General Medical and Surgical Hospital with a maximum capacity of 700 beds (allocation of beds to white and negro patients is on a ratio of 4 to 3), 79 of such beds are assigned to Negro TB patients from North Carolina, South Carolina, Georgia and Florida.

And we are informed that there is a constant and substantial waiting list of this type of cases.

Despite the fact that these three Service Hospitals have been caring for a large number of our veterans, we are informed that there exists at the Veterans Hospital in Columbia a waiting list of about 75 and that such number is more or less continuous. In fact, it is understood that only emergent and extremely urgent cases can be admitted on the date of application. It can, therefore, be readily seen that the elimination of Oliver General is working and will continue to work a hardship upon a substantial number of our veterans who need treatment but who are financially unable to pay for it in private hospitals.

I have lent my best efforts in support of a restoration of an expanded VA Hospital construction program which was inaugurated a few years ago, being cognizant of the need as it exists in our own section of the country. Our State Hospital in Columbia is crowded beyond capacity, many patients being war veterans unable to gain admission to Veterans Hospitals. In addition to the general medical and the neuropsychiatric cases, the situation is equally serious among the tubercular group. I am told that at Oteen, North Carolina, there is a waiting list of about 450 veterans, some of which are service-connected cases.

I do not propose to discuss the military considerations which enter into the proposal to close Oliver General Hospital. It is assumed your Committee is giving attention to that phase of the proposal. We do hope, however, that your overall consideration of the question will embrace the extremely vital factor of continued hospitalization of our veterans in this fine institution.