VIEWPOINTS ON VETERANS AFFAIRS AND RELATED ISSUES

HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

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VIEWPOINTS ON VETERANS AFFAIRS AND RELATED ISSUES

WEDNESDAY, MAY 4, 1994

HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to call, at 8:30 a.m., in room 334, Cannon House Office Building, Hon. Lane Evans (chairman of the subcommittee) presiding.

Present: Representatives Evans, Waters, Gutierrez, Kreidler, Everett.

OPENING STATEMENT OF CHAIRMAN EVANS

Mr. EVANS. Good morning. Today's hearing has been scheduled to coincide with the 13th Annual Conference on the Concerns of Veterans. Begun initially to give Vietnam era veterans a rallying point in our nation's Capitol, the Conference on the Concerns of Veterans has grown and evolved over the years.

At first it focused attention almost exclusively on the concerns of veterans of the Vietnam era. It served era veterans well by bringing them together to discuss, examine, and exchange information on issues of special importance to them.

Today, the scope and purpose of this conference have been broadened. Issues which are now addressed are not the exclusive concern of one group or era veterans, but true to its original purpose, the conference continues to bring veterans and interested public officials together to learn from and to educate one another.

This year's conference has continued to facilitate communication, information, and understanding among its participants.

Over the years many people have contributed to this conference. No one, however, is more responsible than Dr. Paul Camacho for its continued success. Paul has been an untiring advocate for veterans and this subcommittee, in particular, appreciates the help that Paul has so willingly provided this year, as he has in the past, in preparation of today's hearing.

Paul, we would like for you to stand and be recognized with a round of applause. [Applause.]

Dr. CAMACHO. Thank you. It is an honor to be here today.

Mr. EVANS. Thank you, Paul.

Today's hearing will highlight the diversity of concerns within the veteran's community, and the subcommittee expects to receive testimony on a wide range of issues. Some testimony will be di-

rectly related to veterans' affairs. Other testimony will address issues not within the strict jurisdiction of this committee.

We look forward to hearing from each of the witnesses scheduled to present testimony today.

The House Armed Services Committee is also holding an important meeting this morning to consider pending legislation. As a member of that committee, the chair expects to participate in those deliberations as required throughout the morning.

Each witness is again requested and reminded to observe the five-minute rule. The prepared statement of each witness will be included in its entirety in the written record, without objection. Witnesses are to limit their remarks to five minutes and are reminded that a red light on the witness table will signal the end of the five-minute period.

The chair notes with regret that Congresswoman Jill Long is unable to be with us today due to a death in her family. She has been a strong supporter of veterans of all eras and we are sorry she could not be here. We obviously extend our sincerest sympathies and condolences to her and the other members of her family.

We will now start with our first panel. The members of the first panel are Dwight Edwards, Dr. Mary Candice Ross, Arthur Wright, and Tod Ensign. Please come forward to the witness table at this time.

Dwight is Executive Director of the Vietnam Veterans Health Initiative Commission, State of Pennsylvania. Dr. Ross is a flight nurse in the Air Force Reserves and instructor in the University Nursing Program in Tampa, FL. Arthur is an Army veteran and community activist focusing on veterans issues in Seattle, Washington. Tod is the Director of Citizen Soldier, a veterans advocacy organization in New York, and as I indicated, your entire statements will be made part of the record. We will start with you, Dr. Ross. You may begin.

STATEMENTS OF MARY CANDICE ROSS, R.N., Ph.D., TAMPA, FL; DWIGHT D. EDWARDS, EXECUTIVE DIRECTOR, THE VIETNAM VETERANS HEALTH INITIATIVE COMMISSION, DEPARTMENT OF HEALTH, COMMONWEALTH OF PENNSYLVANIA; AND TOD ENSIGN, DIRECTOR, CITIZEN SOLDIER

STATEMENT OF MARY CANDICE ROSS, R.N., Ph.D.

Dr. ROSS. Good morning.

I appreciate this opportunity to come to you today to talk about women veterans and women veterans' health care and health care issues in the future of the VA.

In a personal survey of mine, in addition to my research that has been published, I have asked hundreds of veterans if they would select a VA health care facility above a private care facility, and I received a unanimous no. I would like to point out some of the problems that have created these kinds of feelings among veterans.

I will say that veterans have been very appreciative and praising of the Vet Centers and their counseling.

The VA offers substandard care. There are long waits for clinics, clinic appointments, and when you get there, you still wait long hours.

The professional nurse-patient ratio is far below the private sector. There are many elderly, complex, high risk patients to be cared for, and yet we offer fewer professionals to do that.

We must direct dollars to nursing care and nursing care research. One patient told me he far preferred any other health care hospital, any facility, besides the VA because he did not like sharing one tiny, little, black and white TV that seldom worked with a large ward of men and one portable telephone with 40. It was easier for me to call home from Saudi than it is for the average VA patient.

This substandard care will not be tolerated by tomorrow's veterans. The new vet is a more informed consumer. One point, one million of these vets are females. The number of females using VA health care facilities has increased by about eight percent per year. Yet less than 50 percent of the females that found themselves admitted to a VA hospital were even questioned in their medical history about gynecological problems and less than 20 percent received pelvic exams. It makes me wonder why me continue to educate physicians with large numbers of male patients.

Female veterans are unique. Not only do they feel pretty ridiculous in baggy men's pajamas and really respond negatively to the lack of privacy in sharing community showers, waiting in line and hoping that the elderly gentleman will see the occupied sign on the shower door; they are given little privacy in a VA facility.

Women veterans are most unique in medical care. Their cardiac conditions, thyroid conditions, vascular, orthopedic, and cancer cases cannot be treated the same as male counterparts. They are different and must be treated differently.

Our physicians must be educated that women are different. It is amazing that of the women veterans, 20 percent have been a victim of domestic violence, yet less than 50 percent of the medical schools have any word whatsoever in the content of their curricula that addresses domestic violence. These women veterans who have been victims of violence also are very likely to be homeless.

I recommend substantive changes to modernize VA health care facilities and update care and increase the professional nursing staff. If you have seen the news recently, you know that you cannot treat a bed sore by having aides trip in and out of a patient's room or having wonderful physicians diagnose, sure enough it is a bed sore. Anyone can tell you that, but it takes professional nursing staff to monitor these patients and to make sure they are getting the right kind of care to do something about that.

We need to increase the staff to improve clinic responsiveness to their patients. We need to train nurse practitioners in VA health care facilities. This is a cost-effective approach to delivering care much more rapidly and much more sensitive to patients, as the research has shown.

We need to expand programs for women who are victims of violence and homeless programs, especially for women. We cannot expect women veterans to go into facilities that are designed for homeless men. This is not a safe or a private environment.

We need to expand our adult day care facilities. This is cost-effective, and it will also keep our veterans out of the acute care facilities.

We definitely need a PR campaign. If we are going to improve conditions, we have to let people know that they are improved. We also need to educate M.D.s and other staff on customer relations.

I think that concludes my remarks. Thank you.

[The prepared statement of Dr. Ross appears on p. 47.]

Mr. EVANS. Thank you, Dr. Ross.

The chair is pleased to recognize the gentleman from Washington State for any opening statement he may have.

Mr. KREIDLER. Thank you very much, Mr. Chairman, for holding this hearing. I look forward to hearing the testimony.

Unfortunately I am not going to be able to stay for the entire hearing, but I very much look forward to reviewing the testimony of those presenting information before the committee today.

Thank you, Mr. Chairman.

Mr. EVANS. I appreciate your attendance. I know this is a busy day for everybody in Congress as there are various committee markups.

I am pleased to recognize the gentleman from Alabama.

Mr. EVERETT. Thank you, Mr. Chairman.

I, too, congratulate you for holding this hearing. Unfortunately it is one of those days. I have a markup in military construction, and I, too, will not be able to stay for the entire hearing, but I will carefully review all of the testimony that we have been given.

Thank you very much.

Mr. EVANS. Thank you both for coming. We appreciate you staying as long as you can.

Mr. Ensign, you are recognized to present your statement at this time.

STATEMENT OF TOD ENSIGN

Mr. ENSIGN. Thank you.

It is a pleasure, Mr. Chairman, to be here today and have an opportunity to present some of the views of my organization, Citizen Soldier.

We are a small veterans and GI rights advocacy group founded in 1969.

Many things, of course, could be said about the concerns of veterans today. I will limit my remarks to two groups on behalf of whom this subcommittee has struggled for a long time. Specifically atomic veterans and those who were exposed to Agent Orange in Vietnam.

We have benefitted in the last few months by the new round of concern about the human health effects of radiation. I refer to the Secretary of Energy Hazel O'Leary's disclosures in December not only about the tests on humans, but also her disclosure that there had been many more tests at Nevada than were previously acknowledged. She also admitted that our plutonium stockpiles were roughly 50 percent in excess of the weapons grade plutonium needed for our weapons. In other words, we had half again as much plutonium as we even needed.

At the same time, we were told that the Fernald plant in Ohio and the Savannah River and Hanford, Washington production plants had to be kept operating even though it was clear from most environmental studies that they were dangerous polluters. We were told these plants had to be kept operating because of national

security and the Cold War, and yet now we learn that we actually had almost over 50 percent in excess of what we needed for our warheads. I think this raises serious questions.

At any rate, since these disclosures, there has been a news flurry, and we in Washington know that these things tend to happen in waves. Periodically, we will have a wave of publicity about an issue such as Agent Orange or others, and then it seems to die down.

I am concerned today about how atomic veterans are going to be treated in light of these new developments. The White House has now appointed an Advisory Committee on Human Radiation Experiments. As you know from my prepared remarks, I am asking your subcommittee today to consider seriously the composition of this panel.

Now, I realize that this is a Presidential commission and that it is obviously autonomous. But I believe this committee has a responsibility to protest the appointment of Kenneth Feinberg to this panel. Those of you who know the Agent Orange story know that Kenneth Feinberg played a very active role as a representative of Judge Jack Feinstein in Brooklyn in winning, or shall we say, pressuring the Agent Orange settlement back in 1984.

I know that your subcommittee knows that virtually no veteran in this country feels this settlement was just or fair. We are talking about total payments of $3,500 to the families of deceased veterans. We are talking about maximum payments of $12,000 to a veteran who is 100 percent disabled. These are clearly amounts that are not significant in terms of helping people.

You also, I am sure, know that just two months ago the Supreme Court turned down our appeal in which we tried to restore the right of veterans to sue in state courts today for Agent Orange injuries that occurred eight years after the settlement. The federal court in New York has ruled that these cases could not be brought because they were bound and barred by the settlement.

One question I put for your consideration is: what happens at the end of next year when the settlement fund is totally exhausted, and some poor veteran who has recently developed soft tissue cancer or non-Hodgkins lymphoma is told he must come to the fund. He says, "You tell me I cannot sue. I do not have any other claim. I just developed this cancer. What do I do?"

And they say, "Well, you are covered by the settlement. There is no money, but you are covered by the settlement."

You obviously cannot do anything about the ruling of the Supreme Court, but I think we should be aware of its long-term implications for Vietnam veterans.

Mr. Feinberg, I believe, bears a heavy responsibility for this settlement, and I do not think that he should be allowed to continue as the only representative of the legal community on that panel. Again, I realize your function is different than the advisory panel, but I would ask you at least to consider looking into it because this panel is going to recommend the scope of the compensation, if any, for veterans.

Is this advisory panel just going to consider cases of people who were deliberately tested? And by that I mean the poor kids in Massachusetts that were fed plutonium in their breakfast cereal or the

poor patients that checked into some hospital, and the next thing they knew they were being injected with plutonium.

Finally, we see that the number of radiation claims being awarded by the VA is very small, fewer than one in ten. Out of 15,000-odd claims, 1,400 have been granted. Why is that? Is that because 90 percent of these veterans are malingerers, cheats, or just trying to get a free lunch?

Of course not. One reason for it is the way the VA evaluates these claims; the way the dose is reconstructed, and this is another area I invite your subcommittee to investigate.

We have got to find a way to help these people, many of whom now are in their advanced years suffering these cancers. Many have already died. We have got to keep faith with these people, and I believe that Clinton's administration needs to seriously consider compensating them as well.

As I said, we want to compensate this group. We want to help these people, and I say let's include the atomic veterans in the Administration's program to compensate victims of radiation testing.

Thank you.

[The prepared statement of Mr. Ensign appears on p. 53.]

Mr. EVANS. Thank you very much. We appreciate it.

Mr. Edwards.

STATEMENT OF DWIGHT D. EDWARDS

Mr. EDWARDS. Good morning, Mr. Chairman.

I am the Executive Director of the Vietnam Veterans Health Initiative Commission of the Commonwealth of Pennsylvania, Department of Health.

The commission was created in 1987 by the Pennsyvlania General Assembly as the result of the ongoing issues and concerns of Pennsylvania veterans relative to health risks associated with their service. The commission was mandated and designed to implement educational programs for health care professionals regarding the adverse health effects of Vietnam service; conduct outreach to bring Vietnam veterans into the treatment mainstream; and to conduct research with regard to the impact of the Vietnam War on Pennsylvania veterans.

The Research Triangle study in 1988 indicated a majority of Vietnam veterans have not sought treatment from the VA for their health concerns. The study also determined veterans are seeking treatment from private or other health care facilities.

The commission through hearings determined that physicians and other health care professionals have limited knowledge of the psychological and physiological impact of the war on Vietnam veterans.

These aforementioned factors led us to develop a two-phase education program. One was a booklet entitled "The Vietnam Experience," which is included with the testimony that I have submitted. This booklet outlines the various conditions associated with Vietnam service, both physiological and psychological. It has been presented to physicians and health care professionals throughout the Commonwealth of Pennsylvania with the assistance of the Pennsylvania Medical Society.

The second phase of our program was to implement a series of seminars, educational programs, which impact on health care professionals of a broad range. Eight of these will be completed by June of 1994.

Through these programs we have developed communications with health care professionals, and as a result of that, we found that some of the physicians and health care professionals that were trained at VA facilities as interns and residents came into those facilities with a lack of respect for those that they would treat. They came in with the understanding that their prime focus was to learn the mechanical kinds of medical procedures that they were to perform: injections, learning about how to give injections; learning about how to place IVs; things of that nature. They were not really concerned about the veteran who they served.

It is shameful to say that these types of situations probably are the rule in that this person or these physicians that confided with me said that the other students, their fellow students, felt the same way.

I think that veterans in VA hospitals are deserving of much better treatment than that, and these students, residents, interns should be sensitized to the needs of those veterans, as well as sensitized to the service that those veterans have provided.

With regard to sensitization, I think that some of the professionals that are already in the VA need to be sensitized to those cultural differences that exist, for example, differences in Afro-Americans, Hispanic veterans, so that they can serve that population or those populations better.

There is an indication in the Research Triangle study that 30 percent Hispanics have been affected by post-traumatic stress disorder; 20 percent of blacks have been affected by post-traumatic stress disorder. The numbers of Hispanics and blacks that receive PTSD benefits are low, and we need to look at that.

It may be that people are not aware of those basic cultural differences; listen to a person of another race or culture presenting symptoms; and are perceived in a negative light. The individuals are then given their diagnosis of personality disorder or something of that nature without being really considered for PTSD. So we need to be aware of those cultural differences and biases.

In sensitizing physicians, sensitizing that health care system, we need to alert them to the fact that there are differences, and they need to be aware of those, and they need to take those into consideration when they diagnose and/or treat veterans.

The other area is outreach, and our commission has been involved in outreach efforts throughout the Commonwealth. It has found that the Vet Centers have been one of the excellent tools for outreach and an important arm of our efforts, and the Vet Center is the only VA facility operating within the community without many bureaucratic trappings. It is for many veterans the first contact they will have with the VA.

Counseling outreach services provided by these centers are invaluable, but limited. There are World War II and Korean War veterans who suffer from post-traumatic stress disorder who could benefit from the counseling services that are offered by the Vet

Centers. These veterans are currently ineligible to receive these services.

I support pending legislation and regulations which would include these veterans for service provision.

I also support the concept of allowing the Vet Centers to provide certain basic medical services, such as cardio-vascular screenings and other basic health exams. Vietnam veterans are beginning to be an aged population, and we need to take that into consideration.

Moving along just quickly, we need to look at also the World War II and Korean War vets that are coming in and will also be aging.

The other thing that I would request is that there be a dissemination of information on Desert Storm illness. When I go out and talk about these kinds of conditions there are many physicians in the Commonwealth of Pensnylvania who require this information.

We created the same or similar situation with Desert Storm as we have done with Agent Orange, and we need to clarify that by providing information and assisting those physicians in the community to provide assistance to those veterans who are suffering. Many of those veterans do not use the VA services, again, because of a resistance, because of their treatment.

So if we can provide information to the physicians, provide information to the veterans allowing them to know what is going on daily or weekly or with some type of public information program, it would be most acceptable.

[The prepared statement of Mr. Edwards appears on p. 55.]

Mr. EVANS. Thank you, Mr. Edwards. We do have your entire statement, and it will be part of the record.

You have obviously made an important impact in terms of helping Vietnam veterans with your commission in the State of Pennsyvlania. Will the commission undertake a similar program for Desert Storm veterans? And what are non-VA physicians in Pennsylvania reporting about the health care concerns of Desert Storm veterans?

Mr. EDWARDS. We are not mandated legislatively to do the same for Desert Storm veterans as of yet. That may change as veterans become more vocal with regard to their conditions.

The physicians report that there are veterans coming into the office that served in Desert Storm with many symptoms, and they lack the information to provide adequate treatment. They also report that these veterans have a resistance to utilizing the VA because they feel as though the VA and the government are in collusion to hide information from them.

So these veterans are going to physicians. The physicians have limited information, and they are asking for all that they can get.

Every program that I have been to that we have put on in Pennsylvania, the physicians have asked: what about Desert Storm? What is the available information? We have got patients that are coming in.

Pennsylvania had a large number of Reservists that served. Those Reservists are now back in their community, and they are asking questions, and they are not asking questions of the VA. They are asking questions of those private physicians.

Mr. EVANS. You will be pleased to know that some provisions contained in H.R. 3313, which has passed the House, will allow VA

to provide health care services in Vet Centers and expand eligibility to all combat veterans of all other wars. I think those are important steps forward.

Ms. Ross, your comments provide a good summary of the testimony received by the subcommittee time and time again when it has examined VA women veterans' health care and the health care concerns of women veterans.

President Clinton has directed the VA and other federal agencies to develop customer service standards. If not today, some time in the near future for the record, would you give the subcommittee your recommendations for VA customer service standards?

Dr. ROSS. I think those standards have to involve some monitoring of interactions that occur between patients and physicians, for one.

I think there should be customer feedback set up at each VA health care facility so that we talk to our veterans after they have received care and see what they feel about the customer service.

Mr. EVANS. Mr. Ensign, you have called for a review of the activities of Science Applications International (SAIC). What information can you provide this subcommittee that its work is faulty at this point?

Mr. ENSIGN. It is inductive, Mr. Chairman. First, let me note that there's one slight error on my written statement that I apologize for. That is that the $1.5 billion figure represents government expenditures for all dose reconstruction. The scientific consulting by SAIC that you refer to is a large part of that contract, but it's not all of it. So their role is slightly exaggerated.

I reason inductively that if there are only 1,409 claims granted out of 15,000 that are submitted, and if one of the key issues in considering a claim is what dose was the veteran exposed to, then I think it is reasonable to explain the very high rate of rejected claims by referring to dose reconstruction estimates that are much too low.

I am not charging that this consultant firm is somehow corrupt or is scientifically inept. Instead, I am saying that it chronically provides dose estimates that are too low given that many vet claimants suffer from radiation-induced cancers.

You probably read the *New York Times* story on April 22 about the Green Run releases at Hanford, WA. The release of radiation during the "Green Run test" is something that was brought out by Senator John Glenn back in November, 1993. It involved deliberate releases of radioactive iodine into the environment around Hanford, WA, back in 1949, and this was never known until Senator Glenn asked the GAO to prepare a report.

The latest article reports that after a $26 million health study reviewed the releases they found that radiation exposures had been over a much larger area than they had thought in earlier studies, including the GAO report.

What I am trying to stress here is the numbers for exposure are still very much in dispute. We really do not know what doses people received. The committee needs to look at this radiation exposure issue and how it affects atomic veterans. What was their exposure?

That is what I am trying to bring out of that, and I think as I look into it further, I will, of course, share with your subcommittee what we can develop. The National Association of Atomic Veterans has been very interested in working on this question also. We will share any new information with your subcommittee.

Mr. EVANS. We would appreciate that.

I want to just say two things. First, a number of us have written to the President to encourage inclusion of atomic veterans in the consideration of the Secretary's deliberations, and we need to monitor that process. I am a little concerned at this point that they are not going to be included, as if veterans were somehow less worthy or perhaps voluntarily there after being ordered there, not being on the same status as maybe other innocent victims.

We certainly want to help those other innocent victims, but we do not want to leave the atomic veterans behind.

As far as Vietnam veterans suffering from Agent Orange, I think they ought to come to this committee. While I understand the concerns you raise about the inadequacies of funding through the Agent Orange settlement, it was not the chemical companies that sent these people to Vietnam, and this committee and this government has a primary responsibility. We have not lived up to it, in my opinion, but we need those people to come forward.

This will be a tough experience for many of them to do so, to demonstrate the need that they have and the lack of adequate help that they have received from the Veterans Administration.

Mr. ENSIGN. I have just one thing on that. The veterans and their lawyers in the original class action, of course, would have been more than happy to include the federal government as a party. It should have been included, but because of the Feres Doctrine, as you are well aware, it was not. So it was not the choice of veterans not to name the government as a party to this action.

Mr. EVANS. I appreciate that.

Does the gentleman from Washington have any questions?

I would like to recognize the gentleman from Illinois not only for questions, but ask for an opening statement at this time.

OPENING STATEMENT OF HON. LUIS V. GUTIERREZ

Mr. GUTIERREZ. Mr. Chairman, I do have an opening statement. I would like to submit it in its entirety for the record if there is no objection.

Mr. EVANS. Without objection, so ordered.

Mr. GUTIERREZ. And I would like to thank you, Congressman Evans, for bringing this hearing together and for all of the people who have come to Washington.

I had a wonderful evening last night talking to people over dinner with a number of veterans, some Latino veterans from Massachusetts and New Jersey and California. I will forget some state and so I will get in trouble with somebody later on today, but it was really a good meeting, and we look forward to working with you, Mr. Chairman, when the Hispanic Congressional Caucus has its week. They are all excited about getting together and having in Washington, DC, different Latino veteran organizations from across the country to come and express their concerns, and so they

look forward to working with you, as I do, when the Hispanic Congressional Caucus has that week in September.

And with all of the members of this committee, I would like to thank you for holding this hearing. I am not going to ask any questions. I am just going to say that I think the work that we need to do is important in terms of including women's issues. I continue to insist that women are going to continue to be making the health care decisions in families, and if the VA is going to compete, we had better have a role for the children and the women who make a lot of decisions about health care in those family households.

At least I know that is the way it works in my household. As I said to someone, if my daughter was sick and in an emergency room, you would want my wife there if you want a medical history of that little girl, not that I am a bad father. It is just that she happens to have taken her to the hospital and to the doctor a whole lot more times than I have and knows. She has chosen the pediatrician and the doctors. I kind of follow her, and I think that is true across America.

So we had better start including women in the health care, and so I would just like to say that as part of the opening statement.

I do not have any questions, and I would like to thank the three panelists for being here this morning and apologize for my tardiness.

Thank you, Mr. Chairman.

Mr. EVANS. We know everybody is busy today, and we appreciate your attendance.

We want to thank this panel. I do not think we have any other questions. Thank you very much for your valuable input today.

The members of Panel II are invited to come forward now. They are Dr. John Liebert, John Woods, and Dr. Jonathan Shay.

Dr. Liebert is a psychiatrist in private practice in Seattle, WA. John is a service-connected disabled veteran who works with incarcerated veterans in the Dallas, TX, area. Among his other activities, Dr. Shay has been a psychiatrist for the Boston VA outpatient clinic program for Vietnam combat veterans with severe chronic PTSD and provided staff training at the New England Shelter for Homeless Veterans. He has also recently authored Achilles in Vietnam, Traumatic Stress and the Undoing of Character, which will soon be released. We welcome him again before the committee. We ask everyone to limit their remarks to five minutes.

At this time we will start with Dr. Liebert if you are ready.

STATEMENTS OF JOHN ARTHUR LIEBERT, M.D., SEATTLE, WA; JOHN WOODS, DALLAS, TX; AND JONATHAN SHAY, M.D., Ph.D., CAMBRIDGE, MA

STATEMENT OF JOHN ARTHUR LIEBERT, M.D.

Dr. LIEBERT. My name is Dr. John A. Liebert. I am from Seattle, WA, and I would like to thank you for inviting me to share my findings and conclusions from studying and treating eight veterans of special operations whose service in Vietnam has been officially disavowed.

My purpose is to make you aware of a group of veterans numbering in perhaps the low thousands who need the specialized services

of the Veterans Administration. They represent all services and likely all wars and are both enlisted men and officers, as well as perhaps civilians or law enforcement agents.

They have special needs because they were highly selected for special operations. Therefore, they are highly skilled. They are very independent because they operated alone or in small groups, sometimes multi-national.

Their official discharge papers are altered, and they either disavow combat or even overseas duty completely. This disavowal, in my opinion, causes second injury which, heaped upon the combat trauma, seriously jeopardizes their loyalties to the United States.

My hope here is that a means can be found to allow these veterans with special operations backgrounds access to Veterans Administration services.

I would like to present the case of Matt. He was arrested in 1973 for armed robbery. In the get-away car was found a cache of military weapons. When the police asked him whether he would have used them, he said, "Heavens, no. I saw too much killing in Cambodia. I need a psychiatrist."

I saw him some weeks later, and he in a very monotone, flat voice presented a series of rather hair-raising operations. He was also fluent in Maoist and Marxist rhetoric, and he was also on probation from the federal court for manufacturing LSD.

His official Army records at the time of trial showed that he was a Special Forces lieutenant, graduating in the 94th percentile of his graduating class in Fort Bragg. He completed briefing for Vietnam. He was a mortar unit leader who spent his entire career, 1966 through 1970, in the Military District of Washington, DC. He was not assigned overseas allegedly due to a record of conscientious objector status, and a psychiatrist report from Walter Reed General Hospital, dated 1970, made a diagnosis of Inadequate Personality Disorder—or Casper milktoast. This diagnosis is no longer used by the American Psychiatric Association.

In the biggest presentence investigation in Washington State history, lasting 500 hours, it was established unequivocally that Matt served in Vietnam. Matt was a captain. He was in combat, and his extended absences were confirmed both by his pay records, which showed large gaps wherein he was never paid, and by his estranged wife stating that he was never home.

We found post-traumatic stress disorder and no evidence whatsoever of Inadequate Personality Disorder, because the Casper milktoast type of personality would not have a black belt in karate, and his hobby was ocean kayaking up the coast of Alaska. He was always prepared for grizzly bear attacks.

The psychiatrist with whom I communicated, whose name was on the Walter Reed General Hospital report diagnosing him as Inadequate Personality, denied having seen him. There was no record that he was at Walter Reed Hospital, and the psychiatrist, after I read him his report, his own report, said, "It sounds to me like an amateur job," and it was an amateur job.

The results of this investigation were that Matt was placed on probation and received psychiatric treatment—which he gets until this day—instead of a disastrous ten years of required imprisonment. He was, however, sent to federal prison for parole violation,

but the federal psychiatrist at Springfield Medical Facility fortunately agreed with our diagnosis of post-traumatic stress disorder and said also that he did not have an Inadequate Personality Disorder.

He was, therefore, released early, after a couple of months, to my supervision without parole. He resumed psychiatric treatment with me and is in treatment to this day.

He has a new family, with two children. He has a second wife and is still on his second marriage. He has completed an MBA program at a major university in the United States. Now, he is a CPA working for a major accounting firm in the Pacific Northwest.

In conclusion, hopefully Matt's case will open access for VA services to thousands of special operations personnel from all wars whose service to this country has been disavowed officially. These veterans with extra effort and the absence of preconception and naivety can be differentiated from phonies, of which I have seen three. Special operations personnel were specially selected, and therefore, they need special treatment.

[The prepared statement of Dr. Liebert appears on p. 81.]

Mr. EVANS. Thank you, doctor.

Mr. Woods.

STATEMENT OF JOHN WOODS

Mr. WOODS. Yes, sir. Thank you, Mr. Chairman and distinguished members of this subcommittee.

I stand before you as an ex-felon service-connected Vietnam era veteran myself. I rise in support of distinction to that group of veterans across our country's veteran population which are incarcerated at this time or will be incarcerated in the future.

My statement goes in very deep detail regarding multiple issues of the veteran incarcerated program.

Post-traumatic stress disorder has been found by the Research Triangle Institute and by many other clinical and American Psychiatric Association findings as a significant part of drug and alcohol addiction and abuse. Drug and alcohol addiction has been found as a form of self-medication for the symptomology of post-traumatic stress disorder.

This is not limited to the Vietnam combat veteran or veterans as an overall whole, but also to victims of sexual, physical and/or emotional abuse as children, victims of incest, victims of rapes. It expands throughout our society to all of those individuals who have been a victim of some sort of severe abusive situation.

The post-traumatic stress disorder has been found by the Research Triangle Institute to have been a problem for as many as in excess of 800,000 veterans since their return from combat or battlefield. This represents from mild to moderate, to significant, and several symptomology of post-traumatic stress disorder.

Also represented are approximately one in four individuals who served in the theater of Vietnam. Quite interesting, as my statement reflects, not one one-on-one interview was conducted in either a state mental health facility or a state or federal prison facility regarding the veteran population there, which were also combat veterans.

I guess that at least to the capacity of one in four, those incarcerated across this great country not only of the Vietnam combat era, but also of other eras, as I have found in my travels as national liaison to incarcerated veterans for Vietnam Veterans of America, have to be understood to have some form of major symptomology of post-traumatic stress disorder.

Also, consistently it has been found in multiple state reviews and studies that the incidence of drug and alcohol abuse is far greater than the nonveteran population. Generally speaking, in 14 states which have a preliminary study at this point, it is found that between 68 and 72, or approximately almost three out of every four, veterans that are incarcerated today has a major problem with drug and alcohol abuse which led to their conviction or at least their criminal behavior, which therefore led to arrest and conviction and confinement.

Also, it was found by the State of New York, which I do embellish upon in my written statement, Mr. Cuomo, the Governor of New York, and the Temporary Veterans Commission found that Vietnam veterans, primarily through the years of 1972 to 1986, were sentenced to much longer, harsher prison terms than nonveterans for the same crime. It is believed, as the commission found and suggested, that this is the result of bias by not only the courts, but the American society and general public overall.

What we also found in the State of New York and just recently this fall was a report by the Department of Corrections to Mr. Cuomo, which found that the program inside the prison system, which is at absolutely no cost whatsoever, in the last four-year period of review, they found that recidivism, which is generally approximately 49 percent or 49 of each 100 to get out of prison return within a one to four-year period. Of the Vietnam veterans particularly, the recidivism rate has been reduced to eight to nine percent.

As the national liaison and the director of a national program for VVA, we have gotten out in excess of 2,078 individual combat confirmed veterans with drug and alcohol abuse problems recorded prior to their criminal conduct, of which 107 have returned, 96 of which for drug and alcohol abusive behavior upon their release to the community.

This represents a five percent recidivism rate. All of these studies and all of these programs with which we have been very deeply involved, I have personally been involved as somewhat of a role model, if you will, in developing for veterans incarcerated, not only have proven to be cost-effective, but have also proven now, after approximately six years, to be the most effective rehabilitation tool this country's system has ever seen.

Even the Department of Justice, although they do fluctuate between the statistics of veterans incarcerated from year to year, pretty much I find with a change of administration, find that a significant portion of the veteran population are, in fact, veterans and do, in fact, suffer a higher degree of post-traumatic stress disorder and/or drug and alcohol abuse patterns leading to their arrests and convictions.

As my time is running short, I would like to suggest on page seven of my statement I did indicate a proposal for the States of Michigan, New York, Florida, California, Illinois, Washington

State, Ohio, Pennsylvania, and Texas as a potential pilot program nationwide to expand on those programs that currently exist, with and without the help of the Department of Veterans Affairs, to utilize these successful programs in other states across this country.

It reduces crime. It makes for a safer society, and it provides those benefits to which veterans deserve by their honorable service to our country.

Today we find Saudi or Desert Storm veterans coming into our prison systems, to include female veterans, for charges of drug and alcohol abuse. We need to address these problems.

This ends my statement, Mr. Chairman.

[The prepared statement of Mr. Woods appears on p. 98.]

Mr. EVANS. Thank you, Mr. Woods.

Doctor.

STATEMENT OF JONATHAN SHAY, M.D., Ph.D.

Dr. SHAY. It is a profound honor to be invited back for a second year. I shall not repeat my testimony of last year regarding veterans with so-called bad paper discharges. My concern is with combat veterans in the three categories that are represented here today: forgotten warriors, men who have served their country in actual battle.

These men are either de facto or de jure not receiving mental health, physical health, or pension benefits from the Department of Veterans Affairs, and this is a subject of great personal shame to me as an American citizen.

The three groups, all of whom have faced the enemy for their country, have an absolute moral claim on the rest of us. This claim does not depend, in my view, on any other thing, whether they are physically located in a prison, whether they are in a homeless shelter. Their claim is absolute. They have been injured in the service of their country. It goes right back to the War of Independence that we have recognized that people with injuries have this claim.

Now, I also want to give thought to how imprudent it is for us not to provide services to these men. These are men who have acquired the skills of combat, which are skills that are very dangerous to a civilian society if the possessors of these skills are driven to its fringes. So it is the smart thing to do to provide benefits to them. It is in our self-interest.

To my great pleasure, I have learned that this is not a partisan issue; that Republicans and Democrats come together. Congressman Evans has recently broken new ground in an amendment to the crime bill which will mandate awareness by the states of the veteran status of its prisoners and mandate assistance to them in obtaining the benefits to which they are entitled by law at very little cost to the states, virtually zero.

And I am very gratified to learn that his amendment was strongly supported by both sides of the aisle. This is not an ideological question of liberal versus conservative. This is not a question of one's posture toward the Vietnam War, whether it was a heroic cause or a horrible mistake. There is profound unity that we must do this for ourselves, for our own moral fiber because these men have this absolute claim on us.

I see that the green light still on. My hope had been, with the chairman's permission, to direct attention to my written testimony and yield the balance of my time for the members to question all three of us, both in the time I have remaining and in the time you would ordinarily use for questions.

[The prepared statement of Dr. Shay appears on p. 110.]

Mr. EVANS. First, Dr. Liebert, the issue of veterans being unable to document their combat experiences due to the secret nature of their missions was brought before this subcommittee during a site visit in Evansville, IN, with Congressman Frank McCloskey.

Both of us, Frank McCloskey and myself, have subsequently met with the Secretary of Veterans Afffairs, who is very sympathetic to opening up the military records to at least VA personnel, and has said that he would try to negotiate a memorandum of understanding between the VA and the Department of Defense to open up these records.

I do not know if that memorandum of understanding would be all that is needed, but I think it is an important first step forward. We met a combat veteran of Cambodia who had for seven years tried to get his records to prove the stressors that were required to receive PTSD related disability, and he finally got it, but it was a seven-year battle, and that is what we are trying to do with this memorandum of understanding, and we will want your input through this process.

You have given us very good testimony.

Dr. LIEBERT. I would be happy to do that, sir.

Mr. EVANS. We appreciate it.

I appreciate your kind remarks about the legislation, and I do not know, doctor, if you were present when I addressed the group yesterday at the seminar and if you had heard that the provision actually through a technicality had not been included in the final provisions of the crime bill, as well as two other provisions for some reason just did not make it into the final print. So we need action to get that included.

But because of the relatively noncontroversial nature of that issue, I think we will have no problem in doing that, but we may need to come back to the veterans here at the Joiner Center Symposium to send the word out if that is a problem in the near future. Basically it just did not get printed in the official bill itself that was ratified by the Congress and supported by us, but we are going to work that through the system.

Dr. SHAY. If I may say, I feel like my trip, which is at my own expense, not the government's expense, was entirely justified by the fact that John Woods and I stumbled on the fact that it had not been printed in the official version going to the conference committee, and as a result are able to get timely correction of this stenographic error. So this has been a great trip for me for that one reason; alone.

Mr. EVANS. Well, we appreciate your help. I hope it is just a stenographic error. I hope it is not something else.

I will have to call on the gentleman from Illinois to help me out if it is anything more than that. Let me yield to him at this point.

Mr. GUTIERREZ. Thank you, Mr. Chairman.

I am just curious, Dr. Liebert. You know when you talked about a second injury and it is caused by, quote, forced silence and disavowed combat history, we have a lot of Persian Gulf veterans who were first told that their combat history did not include exposure to chemical or environmental hazards even though the veterans felt that they had been exposed.

In addition, they were discouraged from seeking medical help while they were on active duty because they said this did not happen to a lot of the Persian Gulf veterans.

Do you think this could lead to another form of second injury? We know they were not in top secret operations, but they were not given encouragement to speak freely about their experiences and the problems, and many of them came to testify before this subcommittee and other subcommittees saying that all of their problems were psychological problems and none of their problems were physical problems.

So knowing that, do you think that this could just lead to psychological problems and the need for psychiatric interventions?

Dr. LIEBERT. First of all, a gentleman from the Department of Veterans Affairs addressed us on Monday stating unequivocally that there is a medical problem, physical illness with these people, and it is not psychological. That is for starters.

That is at the very top of the Department of Veterans Affairs. When you are out in the boonies, trying to do something, in places like the Pacific Northwest with the Veterans Administration hospitals, the injury comes not from up here. It comes from the naivety and preconceived notions of people that are the gatekeepers within the hospitals, and absolutely, if these people are told, you know, when they come into the admitting office that they are either a crock, as occurred with the individuals I have presented, or that they have a "psychiatric disturbance," "the waste paper basket diagnosis of post-traumatic stress disorder," quotes, which was on the news a few weeks ago. It is not a waste paper basket diagnosis, and it does not explain what is wrong, I do not believe, with these veterans.

And, yes, indeed, if they did not have post-traumatic stress disorder before, they will get it as a result of the way these cases will be handled, I suspect.

Mr. GUTIERREZ. I would like to thank Dr. Shay for being here, again, this year, and to encourage him to continue to do the work to help those veterans with bad paper, quote, unquote, so that they can begin to get the kind of medical care that they need so that they can recover, and I would like to thank him for being here again this year and I thank the chairman for the time.

Mr. EVANS. I thank the gentleman.

The Congresswoman from California is recognized for an opening statement or any questions for the panel.

OPENING STATEMENT OF HON. MAXINE WATERS

Ms. WATERS. Thank you very much, Mr. Chairman.

I must commend you on the attention that you always devote to the viewpoints of our veterans on veterans' affairs and related issues, and I am delighted that you afford us all the opportunity to

have this platform where we can continue to bring attention to these issues that are unresolved.

Very often I am approached by veterans who tell me how dissatisfied they are with the services they receive from the VA. They go into great detail to share with me their experiences, ranging from delays in service to lack of sensitivity to their needs. I am sure I am not unique in this situation. I am sure that many of my colleagues on this committee experience these same complaints as they encounter veterans.

Whether these are valid complaints or not, it is this perception that many veterans across the nation have about the VA and the services provided. I addressed a group of veterans yesterday on pretty much this same issue, and my comments to them hold true for you today.

I am extremely sympathetic to the concerns, and I know that there are some real problems that need to be addressed at the VA, and I want to work to address those issues. I would like to see the VSOs and community-based organizations figure out how we can design some solutions, some together maybe and some not together, so that we can come up with a plan, rather, to reform the VA.

I think this is the only way that we can begin to address in a comprehensive way the problems that exist at the VA.

Mr. Chairman, again, I comment you for your leadership on this committee and your willingness to tackle these tough issues, and I know that today we are presented with valuable information not only on services, but many other issues that veterans have.

I am hopeful that given your willingness to convene veterans and to provide this platform for a discussion, that the veterans will work closely with us in designing solutions and making suggestions about how we can approach getting some of these problems solved.

Thank you very much, Mr. Chairman.

Mr. EVANS. Well, we appreciate your attendance and your tireless advocacy on the part of veterans of all eras. There has been a great change in our committee since you came on board, and we have always appreciated that.

Do you have any questions?

Ms. WATERS. No, I do not.

Mr. EVANS. We would like to thank you all very much for your testimony today, and we will now call forward the members of the next panel who are Mike Neely, Maceo May, Richard Fitzpatrick, and Michael Blecker.

Mike is Director of the Homeless Outreach Program in Los Angeles. Maceo is Housing Director of Swords to Plowshares, San Francisco, CA. Richard is Executive Director of the National Coalition for Homeless Veterans here in DC, and Michael is Executive Director of Swords to Plowshares in San Francisco, CA.

We will start with Mike Neely as soon as he is seated if he is prepared.

STATEMENTS OF MICHAEL "MIKE" NEELY, DIRECTOR, HOMELESS OUTREACH PROGRAM; MACEO MAY, HOUSING DIRECTOR, SWORDS TO PLOWSHARES; RICHARD FITZPATRICK, EXECUTIVE DIRECTOR, NATIONAL COALITION FOR HOMELESS VETERANS; AND MICHAEL BLECKER, EXECUTIVE DIRECTOR, SWORDS TO PLOWSHARES

STATEMENT OF MICHAEL "MIKE" NEELY

Mr. NEELY. Good morning, Mr. Chairman.

It is really an honor for me to be here. However, one of the things that I find has happened is that the Honorable Ms. Waters, again, has already delivered my testimony. So I guess I can leave.

The basis of my testimony is revolving around a reorganization of Veterans Affairs. I believe that one of the things that we have a problem with is the diversity or the limited abilities for Veterans Affairs on a local level and Veterans Affairs on a national level to ever coordinate the level of services for veterans.

I would like to see a system begin to be developed wherein the local communities develop plans around the needs of the individual communities and the veterans of that community.

I would like to see medical centers develop plans taking into account the veterans' service organizations, the community-based providers, the unaffiliated veterans, the surveys of their facilities, surveys of individuals on the streets, as well as public and local officials.

Then from that point, the plans would be sent to VA central office, and a national strategy on veterans would be developed based upon these individual local plans.

Once we have this national strategy, our next move should be to directly link resource allocations with the implementation of these particular plans.

I also believe that one of the other problems that we have is that we have a Veterans Affairs Department that is trying to be too many things and ultimately is not being very many things to very many people. We are doing compensation benefits; we are doing social welfare; we are doing medical service, trying to do all of this in one location.

I think that a much more effective and efficient system would be to think in terms of transferring some of the compensation and benefits programs either to Social Security Administration or Department of Defense or to one of the other agencies that is currently doing benefits. Provide a single point of contact, not to change level of benefits, not to change eligibility requirements, not to change funding mechanisms, but to move benefits out of the Veterans Affairs and allow Veterans Affairs to begin to concentrate on the social welfare of the veteran clients.

The final thing that I would like to ask of this committee would be for us to begin to consider that veterans today suffer from one of the very serious problems, and that is a problem of housing. In terms of housing, most of the veterans today are not going to be able to buy a home. That is basically out of the reach of most Americans today.

What I would like to see us begin to implement is a Section 8 veterans' housing program. That type of a program would allow in-

dividuals to be able to take that first step, allow individuals to be able to save money and to be able to then take advantage of the VA home loan programs, et cetera, et cetera.

Those kinds of things are the kinds of new ideas I would like to see move into VA. Those are the kinds of things that I would like to see us begin to work on, implementing together.

And on that note, thank you.

[The prepared statement of Mr. Neely appears on p. 119.]

Mr. EVANS. Thank you, Mike.

We will go now to Maceo.

STATEMENT OF MACEO MAY

Mr. MAY. Good morning, members of the subcommittee.

I want to thank you again for inviting me here to testify on veterans' issues. I wanted to talk today about Stand Down events for homeless veterans. They have become very prolific around the country, but before talking about Stand Downs, I just want to say to you that we are seeing increasing numbers of veterans, even with some breakthrough on resources, that are in desperate situations.

We also are seeing evidence that as veterans get older and enter mid-life crisis, their problems and conditions are starting to have a cumulative effect in terms of degredation of their living situations. More veterans that we are seeing are just barely hanging on. Quite a few of them are trying to remain stable trying to keep their housing, and jobs, but they are losing their grip and plunging into canyons of despair, homelessness, and emotional havoc.

We also know that through these Stand Downs more veterans are coming in or trying to come in for services. Now, as some of you may know, Stand Down is a military term that describes bringing a combat unit out of combat to an area of safety and security.

Bob Van Kuren, the former Executive Director of Vietnam Veterans of San Diego, started Stand Down back in 1986 or 1987 as a chicken feed, but through that chicken feed, they began to understand that veterans had a multitude of problems that were not being addressed. They decided to create a three-day event to try to address some of those problems.

As a result, it was pretty successful, and as I said, there are now 35 sites, Stand Down sites, currently operating around the country which have served over 10,000 veterans.

When we look at some of the purposes and benefits of these Stand Downs, we find that they have provided good outreach and good interventions. A lot of veterans live in urban areas, but they are still isolated. They are isolated sometimes because they perceive that they are going to have negative experiences in trying to get help. Some of them are isolated because they are too impaired to negotiate help. These veterans are isolated even from other homeless people on the street.

Stand Down events have been very nurturing and they have been run by veterans. These elements have allowed good outreach to veterans who are isolated. Most Stand Downs have created a group leader program, which are designed to create interventions in the veteran's life. Some of those interventions have been lifesaving. Others have repatriated veterans with their families, and they

have also encouraged veterans to come in and seek help after Stand Down.

Also, I want to say that one of the other benefits has been demonstrating the magnitude of the problem. As I said, over 10,000 veterans have been served. Some 70 percent of these veterans report some kind of medical problem. Over 60 percent report drug or other alcohol problems, and over 30 percent are reporting some type of emotional problem, including post-traumatic stress.

What did we learn through these events? And what have been some of the challenges that we have experienced?

One problem is that you do a great event; you have great interventions, but you do not have the resources to sustain all of the motivation and hope that you have engendered throughout the three days. It is a very sad spectacle, indeed, as you begin to close down your event, you realize that you cannot even get people into temporary housing in some communities that these events are being held in.

We know that there is a dearth of resources to facilitate supportive and transitional housing. As Swords, we have a small transitional program, and I will tell you we cringe as veterans attempted to get in there, and we could not facilitate them because of a lack of funding. This is ridiculous.

The solutions are out there. They are out there, I'll say again, to engender all this hope, to motivate these veterans, and then to let them down in the end is a very, very substantial tragedy.

The other piece of the challenge is that community-based agencies have often been the lead agencies in putting these Stand Downs together. We know that most community-based agencies operate on a shoestring, and I do want to say that there is great acknowledgement and gratitude to the Department of Veterans Affairs, DOD, and some of the other agencies that helped out, but these events are very resource-intensive. They are very resource-intensive. We struggle to try to get resources such as cots, tents, blankets, and power generation to put these events together.

DOD and the National Guard, in particular, have all of these materials, but I will tell you it takes more than an act of Congress to get the National Guard to act. You know, I just think and believe that between the Department of Veterans Affairs, DOD and the various state National Guards, there should be a very simple way to come up with and coordinate a package, a Stand Down package that would include X number of tents, X number of cots, et cetera, to logistically help Stand Down events.

We could coordinate the Stand Down events throughout the state, throughout the nation so that this package or several packages could travel and make the job a lot easier for organizations doing Stand Downs, at least hopefully until we do not need anymore Stand Downs.

I know my time is getting short. So I just want to close. I am reminded of a statement by an individual that has always struck me, and that statement was: people are often willing to accept a complex error rather than the simple truth. When it comes to veterans' issues, it seems many are willing to accept a complex neglect rather than reasoned solutions.

So I am just encouraging all of us to really look at some of the very simple ways that we can use veterans. That does not take a very complex, "well, gee, you know, OMB cannot get regulations out," and so forth. It does not take all of that. I think the solutions are rather simple.

Thank you.

[The prepared statement of Mr. May appears on p. 125.]

Mr. EVANS. Richard.

STATEMENT OF RICHARD FITZPATRICK

Mr. FITZPATRICK. Thank you, Mr. Chairman, and good morning.

We appreciate very much your working once again with the Joiner Center in bringing this diverse and committed group of veterans from around the country. It is good for you to hear the testimony, and it is always good for us to have an opportunity to spend time with each other and to learn of the emphasis and the concerns of each of these different organizations.

The last time we all had an opportunity to meet, many people in this room were here in the District in February for the first homeless veterans summit convened by the Secretary of Veterans Affairs, a very exciting event, and we are very pleased that you, Mr. Chairman, and Ms. Waters and other Members of Congress took the time to come over and see over 700 advocates of homeless veterans, to be able to articulate their concerns in conjunction, in coordination, in cooperation with the Department of Veterans Affairs.

It was a tremendous opportunity for us, and we felt a real kinship. We felt for the first time that the Department of Veterans Affairs was opening its doors and that the concept of collaboration, of working in a partnership with community-based organizations was what they were all about.

Unfortunately, today we are a little more discouraged. A lot of that euphoria is over. Understand we recognize full well that in two and a half months that the great ship of state does not change all that much, but unfortunately, the changes we have seen have not been for the better, and we see some slippage, some moving backwards.

Certainly first and foremost among this is in the world of government. I recognize it is an extremely insignificant amount of money, $5 million, but to you, Mr. Chairman, and to those in this Congress that led the effort to get the homeless veteran grant and per diem program passed two years ago, and then finally to get it funded last year, this meant so very much to us, even though your original authorized level of 40-plus million dollars would just be a beginning to solve the problem. The $5 million was something. It was precedent-setting, and it would really affect lives.

The final appropriation, when it had to go through the second time last year, of course, was in the end of September. Actually the VA was aware that it was in all likelihood going to be funded earlier than that. They began working on the rules.

In December, a number of us were given drafts of the rules, and we were convened, and we spent a good deal of time with the VA going over the specifics of how this should be implemented. We were told that that would happen in late January.

In January, we were told that these comments were taking a little bit longer, and it would happen in February.

In February, at the homeless summit, we were told that it would happen in March.

In March, we were told it would happen in April, and then at the end of April, we were told those rules finally went over to the other departments that had to have a look at them, and it might take now, from Mr. Panetta's office, it could take another 90 days.

Now, understand this is only the preliminary rules. First they have to be published. Then there is a 60-day comment period. Then there is an unspecified period of time for the VA to respond to the comments. Then they have to be published again. Then nonprofits send their applications in. Then those are reviewed.

The likelihood now, if this plan were to continue, of any money getting out by the end of this fiscal year is very unlikely, which means that we could face another winter without this money in the hands of the community-based organizations, which means that homeless veterans will suffer needlessly.

We recognize that there is a need for careful regulation, but last winter, as you recall, only a few blocks from this building, when a homeless woman died outside the offices of HUD, that the response of the Secretary and the Assistant Secretary of HUD was tremendous. They moved mountains.

They got a $25 million initiative for the homeless through regulations, a brand new, newly conceived program from scratch. Within a matter of weeks it was published, and they had the same problems. They had environmental concerns that had to be taken care of. They had historic building concerns. A lot of things had to be done.

But there was leadership from the top, and we give great credit to Secretary Cisnaros and to Andrew Cuomo, who got things done and in record time, got $25 million out in the hands of people to help homeless folks while it was still cold outside.

We are looking for that same kind of resolve in the Department of Veterans Affairs and across the government, to get this money in the hands of veterans who need it now.

We had planned to come to you today telling how we needed to put help, pressure, and assistance to our friends on the appropriations committee, saying that $5 million was not enough. Now we are saying we will take the $5 million, whatever it takes to get this program implemented now. But we need that tough kind of leadership.

The letter that a number of you signed yesterday will do a great deal in that direction. Yet our sense is that the people at the Veterans Administration have already heard us. We understand there was a meeting convened yesterday afternoon, and we are very pleased that they are being shaken up enough to try to do something about it.

But whatever you and the members of the committee can do to move this forward and to move some of these other areas forward will be of help. There are good and decent people at the VA, but there is a bureaucracy and that bull shit needs to be cut through.

We need your help on this. We appreciate all that this committee has done, and the answer is a partnership between the VA and community-based organizations.

We have 164 programs that are ready to go to work and leverage your resources, take them out into the field, and help resolve this problem.

[The prepared statement of Mr. Fitzpatrick appears on p. 129.]

Mr. EVANS. Before I call on Mike Blecker, the chair notes a statement from Spencer Bachus, the gentleman from Alabama, will be made part of the record of today's hearing, without objection.

The chair is pleased to now recognize Michael Blecker.

STATEMENT OF MICHAEL BLECKER

Mr. BLECKER. Thank you, Congressman.

I want to thank Paul Camacho who, you know, his incredible compassion and conviction and commitment is pretty extraordinary, trying to keep the Joiner Conference going, keeping the network going that he has really created, and so I want to thank him for this opportunity as well as you, Congressman, for getting the opportunity to speak again.

My name is Michael Blecker. I am the Director of Swords, and I am here to talk about the role of community-based organizations.

I have been working at Swords for 18 years, and I think I have learned a couple of things, and I have really learned how cost-effective community-based organizations can be, and particularly when it comes to veterans' issues and really what is happening right now.

I think we have some really important opportunities here. I really believe that health care reform and the federal budget are really forcing the VA and other institutions to change the way they go about doing business, and GAO did a study that employer mandated health care could reduce demand on VA inpatient services at least 20 percent, and if there is universal health care, it will reduce it at least 50 percent.

So things have to change. They just have to. There is too much pressure, and we have really never been invited to the table. CBOs have never really addressed the big enchilada. You know, we have had the crumbs, a little bit of cheese on the table. You know, maybe one tenth of one percent we deal with or two tenths of one percent.

I think when you talk about direct services to a needy population, and it was not always homeless veterans. We started, and we could not dream we would become a homeless program. That was unheard of. When Swords started in 1974, we were trying to get vets into school using the GI Bill, get the job training programs, and now we are primarily a homeless program. Outrageous, a homeless program.

And so what that has meant is I really think some of the traditional organizations really do not do this work. They do not know. They are not the ones to ask for advice in how we deliver cost-effective services to a needy population. That is not part of what they do.

They would say, "Well, let's give the institutions another one tenth of one percent, and that will solve the problem." Well, that

is not going to solve the problem. Unless we really work with these community-based organizations, those are the ones that can do the job.

Now, I want to say that community-based organizations, not just veteran specific, but nonprofit housing development corporations, develop more affordable housing than anyone in this country. In the last few years, nonprofits have developed more affordable housing units than for-profits, than privates, you name it. That is extraordinary.

There are these networks of mental health providers, legal service providers. They are out there. They are sort of the invisible arm of government, and yet, you know, we have to function on the "littlest," and we have to do the most.

I think nonprofits attract extraordinary people, and I have a perfect example, Maceo May to my right here. You know, we are just fortunate to have someone of that capability, veterans helping veterans who are committed, who work, who have compassion, who share the cultural senses, who look like who they are serving, and I think that is very important.

I believe that CBOs can create a range of services, and I want to talk about something very important, and that is these base closures.

I think right now we have an opportunity to do something. When you are serving homeless vets, you have to have residential care. I mean you can have the best drop-in services in the world, but if somebody leaves your office and you have not provided housing for them, you are only going to see them again when they are in crisis.

And these military bases finally offer us an opportunity to get out of the inner city a little bit, just a little bit. I mean you have to be in the inner city because that is where the vets are, but you do not have to have housing in the inner city. You just do not have to do it, and it is hard to have meaningful recovery when you are in, you know, the poor inner cities where there is violence, there is drugs. The issues are right there.

The housing is that opportunity to do that, and I think that CBOs, because of the way it is structured, these base closures, it is really important to work in partnership. For instance, federal agencies are going to get first crack at these programs, at these buildings, at this property. If we can work a partnership with the federal agencies like the VA, and that is what we are doing locally in San Francisco because we have a number of base closures there, we will be able to do what we do best, and the VA can help us acquire the property.

That is, I think, the least we learned from Stand Downs. If we both do what we each do best, we can really serve veterans in the best way.

I want to say that I liken CBOs to sort of like the "grunts" in Vietnam. You know, there were "grunts," people in the field, and there were people in the rear—I'll be nicer—people in the rear who supported what people in the field did, and that is how you survived. I will tell you you would change places in a heartbeat. I was always looking for a way to get back in the rear, believe me.

But when we were on line, we depended on that kind of support, and I want to say CBOs are sort of people on the line or in the

field, and believe me, the war looks a lot different when you are in the field than when you are in the rear.

We are being overrun right now with just desperation, and I think CBOs deserve all of the support they can, and the thing about it is they can do it cost-effectively. So just put it on the table, and I think if we put it on the table, we will see that CBOs can really do the job.

Thanks.

[The prepared statement of Mr. Blecker appears on p. 143.]

Mr. EVANS. Thank you. I appreciate the testimony from the entire panel.

After hearing these concerns yesterday, Congresswoman Waters, myself, Joe Kennedy, Congresswoman Brown of our committee, and many others last night wrote to Jesse Brown and to Leon Panetta of OMB, expressing our strong concerns about the delay in the issuing of the regulations for the community-based homeless provider grant program.

We are going to try to keep the pressure up to try to get those regulations behind us as quickly as possible.

Maceo you talked about how we need more than an act of Congress. Actually we do not have an act of Congress as of yet in trying to target some National Guard or active military resources for Stand Downs and maybe other programs, but I think there may be a potential for an amendment to the Armed Services authorization yet this year.

We are marking up in subcommittee today, and we move into full committee tomorrow, and I would like to meet with this entire panel afterwards in my office or at least meet with staff to further explore this. We will have to be specific as to what we are seeking, but here we are in the era of downsizing and surplus property probably going to be sold and some of it could be used directly for your programs at very reduced cost, if no cost whatsoever.

I would like to explore that with you.

There is a general frustration, given the fact that we had a very successful homeless summit, that perhaps the follow-up is not moving as quickly as possible, and let me just ask the entire panel what their top one to two priorities would be as we start to address this problem with Jesse Brown's help, besides the regulations, let's say.

Mr. NEELY. My top priority would be the reorganization of Veterans Affairs to be more responsive to the needs of all veterans, but most specifically homeless veterans, and that comes on the local level. All of our problems are a little bit different, but I do not believe that any of the problems can be solved if we are going to try and solve them with this system that is currently in place.

I think that what we have heard from a lot of individuals, whether the problem is women, whether the problem is minorities, are more systemic than the problems are of individuals not being able to—I do not think the VA does not want to respond. I think they cannot respond. I think they are paralyzed, given their system.

And until we begin a reorganization of that system, we are going to come back over and over and over again dealing with the problems and the complaints because even if the Secretary tomorrow were to issue an order or directive to all VA medical centers

throughout the country to do whatever, you could go back 18 months, 20 months from now, and that directive or that order would not have been initiated at all of the VA medical centers.

Those are the kinds of things that are problematic, and those are the things that need to be changed. So I am saying if we change accountability from the top to the local level and hold the VA medical centers on the local level accountable, then the level of service, I believe, will have to increase.

Mr. BLECKER. Yes, I was struck, and I actually want to piggyback on what Michael said; I was struck at the summit that there were no medical hospital directors who were at the summit. They had a couple of reps from the Social Work Division, and see, what happens is Social Work and Community Services is low, the bottom of the totem pole. It is not fancy research. It is not big time studies that are reported in the *New England Journal of Medicine.* They are treated really like stepchildren in terms of how they are treated within their own hospital.

And one of the things that came out of the summit was because they have so much power locally—I mean the VA hospital centers operate almost autonomous to the central office, and there are VA reports that show how slow they are to respond even to central office, you know, guidelines, and so one of the problems is to get the local hospital medical directors who have all of these resources and support, to get them on line to support homeless services.

Mr. EVANS. Under some of the health care reform provisions there would be more autonomy for local directors. Would you support that or oppose that?

Mr. BLECKER. That frightens me given the experience I have had. It really does.

Mr. NEELY. Well, it does not insure quality of care across the board for all veterans, and we are going to have some places that may have excellent care and other cases that will have abominable care.

Mr. MAY. You know, as Mike said, both Mikes, I think the key to any more power given to local hospital administrators is accountability, and I think that accountability does not come from the VA. I think it comes from the consumer. I think that is where it needs to begin.

You asked about the summit and a couple of priorities. Jesse Brown made a commitment to put together an advisory panel made up of and reflective of those who attended the summit. Now, having many summits at 171 hospitals is difficult. It is time consuming to put that together and structure it, but I do not think that it really takes three months to put together that advisory panel.

At least somebody can begin the work if they are serious.

Mr. EVANS. All right. A good point.

Richard.

Mr. FITZPATRICK. I think on the issue of continuing the concept of the summit, that those mini summits would be incredibly valuable. How wonderful it was for the 700 of us to be together not simply for what took place in the meetings and the information we gained, but for the chance to talk to each other. If each medical center were to be challenged to implement a local provider summit so they would meet the people who provide food stamps, SSI, and

the homeless shelters in towns, so that each medical center would simply have to have a half-day session in their area, they could meet the providers and the providers would know what the VA does. It is pretty simple. You in Congress called for it two years ago, and the VA still has not implemented it.

Secondly, while we must focus on the VA, let's not forget the rest of government. There is going to be $1.4 billion spent on homeless in the Department of Housing and Urban Affairs, and we have certainly not been getting our fair share of that $25 million I mentioned that HUD was wonderful in moving through the system very quickly. Homeless veteran programs got less than two percent.

So there are other agencies and other parts of this government that need to be addressing the issues of homeless veterans, as well as the VA.

Mr. EVANS. Good suggestions.

Congresswoman Waters, do you have any questions?

Ms. WATERS. Thank you very much, Mr. Chairman.

I may have a question or two and some comments, but before I do that, let me again recognize Dr. Shay. I think he testified before I came in the room, and I had this bright idea that I was going to pass out what is essentially the Forward to his book that is to be published by me and Dr. Shay, but my staff tells me that pending publication I should not do that.

But I want to thank Dr. Shay for getting involved in this whole area of bad paper discharges, and it is an area that I am going to spend some time on, and I think it is an area that we can begin to look at and do right by some of our veterans.

So thank you, again, Dr. Shay, and I cannot pass it out because I think I might violate something here. So I am going to hold onto it.

For this panel, let me just say, and for all of the panels, thank you very much for your wisdom and your testimony, and I am anxious to grab hold of some of these recommendations, to do something about them.

We did sign the letter to move up and to speed up the regulations, but, Mr. Chairman, even looking at that, it looks as if that may still be six months away if they start to implement them right away, if they start to work on them.

So I will ask the chairman, and I will talk with him about the possibility of taking some other actions to see if we cannot mandate something in the next 30 days. I do not know, but I will talk with the chairman about that, and maybe we can explore that possibility because I am really sympathetic.

You are absolutely right. It is one thing to have a "feel good" conference where we all talk good stuff and nothing happens, and that embarrasses me. So I will work very hard to see if we cannot speed that up.

Mr. Neely, I like your recommendations. I do not know what we can do to start the idea of a planning process, but it sure sounds good to me, and the other recommendation of how we can take a look at providing rental housing or subsidies as opposed to, you know, putting all of our eggs in the ownership basket makes a lot of sense.

As you said, not everybody can be or really want to be maybe a homeowner, and if that is the only way we relate to the real housing needs, maybe that is why we have got part of this big homeless problem, and so, again, I would like to work with the chairman to see if we cannot take a look at what we could do with that.

Mr. NEELY. Thank you, ma'am.

Ms. WATERS. Stand Down, I was sitting here listening to you because I guess one of my greatest learning experiences was going to our Stand Down in Long Beach, and did I learn a lot and was I impressed, and I want you to know I took the model and went back and developed a program, help put the final touches to a program I had been working on for inner city youth and former gang members, and got with some of the planners of our Long Beach Stand Down to see how we could use the Stand Down concept to pull these kids in and process them for what I call the 17 to 30 program.

You are absolutely right. There needs to be follow-up. We decided as we worked with these youth that after we do the processing, we were bringing them into the program where we would provide stipends, but we also have written into this program ongoing case management and social services because if you stop the homeless veterans and pull them in, as with these young people we are working with, and they are of a mind to see if they can pull their lives together and get off drugs if they are on drugs or get some job training, et cetera, being let out in three days or two days, I think, is the same kind of feeling that people had when they were cut loose from Vietnam and all of a sudden now what do I do?

And quickly that begins to degenerate into these feelings of hopelessness, et cetera, but if we could build Stand Downs into an ongoing program where we attach to it that kind of case management and follow-up so that if somebody comes and they connect with job training, we follow through. Because if you are homeless and you go into job training, you need a lot of other things to keep you there.

I really like Stand Downs an awful lot, and I wish we could institutionalize it, and again, I would like to work on seeing what we could do with that, even above and beyond equipment and supplies, et cetera; how we could institutionalize the case management of the follow-through to go along with having, you know, stopped all of these people dead in their tracks and having them take a look at how they can change their lives.

So we really have an appreciation for it, and I know that the chairman does, too. So your testimony is valuable, and your counsel is extremely wise, and I do have, you know, an even better appreciation for the community-based organizations, and what you say is absolutely true. I mean as you relate it to the nonprofit housing developers, et cetera, et cetera, it all comes into focus, and it all makes good sense.

I think that we are perhaps inspired and made to think a little bit more how we can use this terribly cumbersome process to try and deal with some of these issues in new and different ways. I am committed to it, and thank God for Lane Evans.

Mr. EVANS. I would ask the gentlewoman from California to take the chair for a few minutes, if she would.

Ms. WATERS. (presiding) All right, Mr. May.

Mr. MAY. I just wanted to respond to a couple of your remarks, especially around youth. One of my recommendations in the written testimony was that how wonderful it would be to create a Stand Down that brought veterans and youth together in a three-day encampment.

Many of us speak in high schools and universities throughout California about the Vietnam experience in an attempt to bring some counsel to youth. The outcomes, I mean, just the response from kids in high schools is just incredible, and I cannot imagine that the same thing would not occur if veterans with their wisdom of pain, horror and sensitivity could not bring these experiences to the youth in this country.

I mean nothing else is working in trying to get these kids to put their guns down. Not only that these kids who are out in the street with automatic weapons will have the same degree or worse PTSD than any of us combat veterans have experienced coming through the Vietnam War.

Ms. WATERS. Thank you very much.

I thank you again for coming and sharing your testimony and your wisdom with us, and I think it will go a long way toward helping us to understand what we can do. Thank you.

I would like to call our witnesses for our fourth panel: Ingrid Sarembe, Antonio Molina Cabrera, Michelle Benecke, Nancy Russell, and Dr. Edwin Richardson.

We will start with Ingrid Sarembe. Am I pronouncing that correctly?

Ms. SAREMBE. Sarembe.

Ms. WATERS. Sarembe, okay.

STATEMENTS OF INGRID E. SAREMBE, ENLISTED WOMEN VETERANS GROUP; ANTONIO MOLINA CABRERA, EL UNIVERSAL NEWSPAPER; MICHELLE M. BENECKE, CO-DIRECTOR, SERVICEMEMBERS LEGAL DEFENSE NETWORK; NANCY A. RUSSELL, NATIONAL PRESIDENT, GAY, LESBIAN & BISEXUAL VETERANS OF AMERICA; AND EDWIN STRONG-LEGS RICHARDSON, Ph.D., ALEXANDRIA, VA

STATEMENT OF INGRID E. SAREMBE

Ms. SAREMBE. Thank you so much.

Madam Chairman, members of the subcommittee, I thank you all for the opportunity to be here today to give this testimony on behalf of H.R. 3013. Now, I am here on behalf of Enlisted Women Veterans Group and women vets who have given support to establish a women veterans center within the Department of Veterans Affairs.

I have included for the record a copy of our written statement, and I also thank the Joiner Center for the Conference on Veterans Affairs and their support of vets, and giving us this forum and an ability for us to express our concerns to the committee.

I would like to just briefly take a moment and explain from a personal and emotional need why this position is so important for women. When I was in the service, which was 28 years ago, but when I was in the service, I was unfortunately a woman who had

been abused by two men. I made a mistake of getting into a car with two male acquaintances, and they kidnapped me and held me hostage for several hours. At the end of this ordeal what I got from them very clearly and what they had said over and over and over again as they threatened and attempted to harm me repeated was, "We just wanted a female to rape." That is literally what one of them said to me.

I was in that position, that predicament, that terrible injustice because I am a female. It made no matter whether or not I was a short female, a fat female, I had gray hair or I was wearing green clothing. I was a female. Because of my gender I was submitted to this kind of trauma.

That is the story unfortunately for a great number of women who serve in the Armed Forces.

When I got out of the service, I was so full of self-loathing because I really felt that this was my fault, if I only had not done this or if I only had not worn my clothes or if I only had not whatever, if I only had just been a man, I might not have been attacked or if I only had been stronger, I might not have been attacked, and all of that guilt caused me never to talk about this issue over the years, never to deal with the pain, and furthermore, it really caused a distance between myself and the veterans community and other women. I never told most of the people I knew that I was a veteran, that I had served the country during the time of war.

It has taken all of these years for me to be able to come forward and speak about this, and that is only because I was hospitalized at the Fort Miley VAMC in San Francisco two years ago, and I have since then been diagnosed with PTSD.

When I went to the VA to talk to them about compensation and what kind of benefits are there for women like myself, having been a homeless woman, working—I work right now at a job that pays me $250 a month plus room and board because that is at the moment all I am capable of working—and I find out that there are several barriers, and this was several years ago before the passage of Public Law 102–585, which allowed women to come forward and deal with sexual trauma.

I finally came forward and asked them for a claims benefit adjudication, and I was told that I needed proof of what happened and the names of the people. I said this is 27 years ago. I am not going to be able to get any of these things. What I have come away with and what the women who have come away with who have given their statements, their written testimony here, is that we have hit an institutional bias within the department because they really have a very unaware attitude about women and their needs, their special needs in this particular area itself.

It is my fervent wish that we can bring some education and get our full rights back as women veterans by having someone inside the department that we can go with and talk to and advocate with and say, "Here are our medical needs. Here are our emotional needs. Here are our needs on the benefits, educational, housing."

It would be easier than what we are having to do now, which is deal with a gentleman over here, maybe a lady over there, and someone else over there. It is so fragmented, but having one department and one director would really solve a lot of our problems.

And I know it is not a panacea. It will take a long time to get all of the bugs ironed out, but the Department of Labor has had a Women's Bureau since the 1920s, and it has worked very well, and I think this is the time to begin this, and over the years a lot of these problems can just be alleviated, I hope.

I thank you very much for your time.

[The prepared statement of Ms. Sarembe appears at p. 147.]

Mr. EVANS. Thank you, Ingrid. We appreciate your assistance today, as we did in California recently.

Ms. SAREMBA. Yes. A pleasure to see you again, Mr. Evans. Thank you so much for your assistance.

Mr. EVANS. Thank you.

Ms. WATERS. Mr. Chairman, if I can break tradition a little bit, I would just like to say that I really appreciate your sharing that very, very difficult and personal information with us, and I am so glad that I arranged my schedule so that I could be here to have you willing to share that and not even having a woman up here to share it with would have been something that would have been a shame, but I am glad that I am here so that I could be here to have you share that.

Ms. SAREMBE. I want to thank you so much, Congresswoman. Just the support that you have given me, that the staff has given me; Mr. Evans has, of course, had very strong support for women, but your carrying this bill has meant so much, and to be able to come forward and just share something that I would not have not been able to do even two years ago, and it has given me a lot of strength.

Ms. WATERS. And thank you for your work on the bill, too. I really appreciate it.

Ms. SAREMBE. Thank you so much, and I am glad that we were able to do whatever we could.

Ms. WATERS. Thank you.

Mr. EVANS. Antonio.

STATEMENT OF ANTONIO MOLINA CABRERA

Mr. CABRERA. Thank you, Mr. Chairman, honorable committee members. Thank you for allowing me to present this testimony.

On behalf of the Hispanic Vietnam Veterans, my name is Antonio Molina Cabrera, President and CEO of El Universal Newspaper in Boston, MA, an Hispanic weekly journal serving the community of Massachusetts, Rhode Island, and New Hampshire.

I am a Vietnam veteran who served in the United States Marine Corps during some of this country's most difficult times, the Cuban missile crisis, President Kennedy's assassination, and last, but not least, the war in Vietnam.

I was conferred the dubious honor by the Vietcong of being the first Hispanic wounded in that conflict in April of 1965. After spending three months in VA hospitals in Japan to the West Coast to the East Coast, I was honorably discharged. I was one of the lucky ones who was able to make it back.

The last official word said to me by a lieutenant colonel were, "A job well done, Marine. You have made your country proud of you." That was in 1965, and to this day those words are engraved in my mind.

Last year my colleague, Sergeant Gumersindo Gomez, who is the Executive Director of the Puerto Rican Veterans Association of Massachsuetts, came before this honorable body to advocate for assistance for veterans from our community. His major argument was that Hispanic veterans have been devoid of economic empowerment because of the lack of access to technical assistance and the total neglect of the VA towards us.

This is clearly highlighted by the problems of the VA hospital in Puerto Rico and by the absence of bilingual professionals in VA hospitals around the nation.

We were not asked about our language capabilities before we were sent to the front lines. It is unfair and immoral to be denied services today because of a language barrier.

Here we are a year later before the same body, going over the same issues, requesting the same opportunities for Hispanics that other distinguished and honorable American veterans have been able to access. I come to you as a Vietnam veteran who has had to continuously struggle during the past 30 years with my small businesses, through my inability to access the power structure of our system to achieve some of the means of economic stability for myself, my family, and my businesses.

In order for any of us small business owners to obtain a loan with SBA guarantee, we must first have attained a certain level of success. That being the case, an SBA loan becomes academic. If we can survive without it during the hard times, then obviously we do not need it later.

Many have been to small businesses, Hispanic businesses, that have failed because the helping hands were not there when they needed it most. The backbone of this great nation of ours is precisely our small businesses, particularly as they provide more job opportunities, especially for minorities, than any other sector of the economy.

We must strengthen and continue to nurture the notion that small business development is what we need for veterans. We should and must help the veteran community in order for them to feel useful to their families, to themselves, and to their nation.

When Hispanics continue to have the highest unemployment rate in the nation, we continue to be the poorest community, we continue to receive the least benefits from VA and other agencies of the federal government, yet we continue to serve our country with fervor and pride.

I want to reaffirm very strongly that our veteran small business community can be a strong advocate for our society. We can be self-sufficient. We can be a catalyst for economic empowerment for our respective communities, but we need your support. We cannot do it alone.

I strongly urge this honorable body to advocate for us with the VA and SBA, as well as other federal agencies and the Department of Housing and Urban Development especially. It is in your power to do so. It is in the nation's best interest to do so.

I strongly want to believe that what I was told 30 years ago by a U.S. Marine lieutenant colonel was really meant, that my country is as proud of me as I am of my country. Thank you.

[The prepared statement of Mr. Cabrera appears on p. 158.]

Mr. EVANS. Thank you, Antonio. Semper fi.
Mr. CABRERA. Semper fi.
Mr. EVANS. I appreciate it.
Michelle.

STATEMENT OF MICHELLE M. BENECKE

Ms. BENECKE. Thank you.

My name is Michelle Benecke. I would like to thank Chairman Evans—

Mr. EVANS. Would you please pull that microphone directly in front of you?

Ms. BENECKE. Is this better?

Mr. EVANS. That is much better, thank you.

Ms. BENECKE. Thank you.

I would like to thank you, Chairman Evans, members of the Subcommittee on Oversight and Investigations, and also Dr. Paul Camacho and the William Joiner Conference for the opportunity to be here today and to speak with you about legal issues of particular concern to gay, lesbian and bisexual veterans.

Along with my colleague Dixon Osburn, I am the Co-Executive Director of Servicemembers Legal Defense Network. We are the sole national organization existing to provide legal assistance for military members who are harmed because they are or they are perceived to be gay, lesbian or bisexual.

I am an attorney. I guess I am the next generation of veterans, as I am the daughter of a Korean War and Vietnam War veteran, and I am a veteran myself, having served on active duty for over six years as an Army air defense artillery officer before working my way through Harvard Law School.

As an initial matter, I would like to note that the gay veterans constituency is substantial before this committee and the VA. Last year's debate over gays in the military revealed that numerous gay citizens have served the country honorably and well. Exit polls conducted in the last presidential election found that approximately eight percent of veterans who voted are, indeed, gay or lesbian.

I think you will find that the gay veterans community is not only a community that deserves attention, but also a substantial resource, and we are happy to assist you in whatever way we can.

While the primary mission of Servicemembers Legal Defense Network is to serve active duty military members, we receive numerous calls from gay veterans needing assistance. Often they have been turned away by other places, and we are their last resort. They share the concerns of their straight counterparts, not surprisingly, because they served with their straight counterparts in every branch of the armed services and in every conflict.

My comments today, however, will focus primarily on issues that have a disproportionately negative impact on gay vets. Among these are renewed recoupment actions on the part of Department of Defense to go after veterans discharged for homosexuality for bonuses and scholarship monies; DD Form 214 annotations regarding homosexuality; discharge characterizations; and briefly I would like to refer to Ms. Sarembe's comments and the particular impact of the things she has spoken about on lesbians. By singling out these

issues, I do not mean to imply that these are the only areas that have a disproportionate impact on gay vets.

The first thing I will turn to is the recoupment of scholarships and bonuses. My organization has discovered reinstated effort on the part of the Department of Defense to recoup ROTC scholarship money and bonuses from veterans who have been discharged for homosexuality. This is a practice that was ended in 1988 under the Bush administration by then Secretary of Defense Dick Cheney.

The tactics that are being used for recoupment have produced some severe consequences. The IRS is dunning veterans' tax rebate checks as we speak. DOD is reporting gay veterans to private collection and credit agencies, thereby ruining their credit ratings and, in several cases, forcing them into bankruptcy. As a direct result, some of these veterans are now facing the specter of homelessness.

Those who have contacted DOD in an attempt to ascertain the reason for recoupment and contest DOD's actions have run into a bureaucratic brick wall. Just to mention one typical case, one veteran we are assisting sent five letters and made numerous phone calls to DOD regarding its actions. DOD's only response before dunning his tax check and turning his case over to a private collection agency was to send him three form letters demanding repayment of the entire debt in one lump sum.

The Pentagon has defended the policy saying that it protects the military from fraud by those members who knew they were gay when they entered service, but the facts of the cases we are dealing with do not support this claim. DOD is, in fact, seeking recoupment from many veterans who did not come to acknowledge their sexual orientation until well after they entered service. This should not be surprising, given the young age at which people usually enlist.

More importantly, gay veterans are the only category of personnel from whom DOD is seeking recoupment for reasons unrelated to job performance. The veterans we are assisting have excellent service records. They have honorable discharges, showing that the military themselves has seen their duty to be fit, and it is the actions of DOD and not these veterans that is preventing their continued service today.

We think Secretary Cheney had it right when he stopped this practice in 1988 and when he ordered the Joint Chiefs to back off. We do not believe that this needs a legislative initiative today. We do think that DOD should take care of the problem in the same way it was taken care of under the Bush administration, which is simply to stop it.

We would, welcome, however, any pressure that members of this committee could place on the Department of Defense, to stop this practice.

The next area I will turn to is DD Form 214 annotations. I am going to leave many of the details to the next speaker, Nancy Russell, who is President of the Gay, Lesbian & Bisexual Veterans. I just want to mention two things.

What I am referring to is the practice of writing homosexuality, homosexual conduct, and narrative descriptions on servicemembers' DD Form 214s, which is the piece of paper they often are required

to show to civilian employers when seeking a job and to state veterans' agencies to apply for benefits.

This general issue is of concern to other veterans' constituencies, as the practice of annotating the reason for discharge in addition to the characterization of discharge on a servicemember's DD–214 can stigmatize veterans for the rest of their lives. For gays, it is particularly harsh because it outs them for life.

In addition to the forced outing that occurs on this form, which is a public document, this practice is particularly ignoble in light of the fact that many gay veterans were discharged because they were outed by military investigators. The investigative tactics used against suspected gay military members have been particularly harsh, and several of them are noted in my written testimony. They include things like locking people in broom closets for hours at a time and putting pins in one individual's head to test for "neurological damage" in an effort to elicit confessions that they are gay.

I see that I have your attention. I would like to ask for a few more minutes to describe some of the other tactics, and to note that these sorts of tactics continue today. My organization is tracking two witch hunts as we speak using similar tactics.

We are aware of military people and veterans who have been threatened with loss of child custody if they did not confess, if they did not name other people who were rumored to be gay or to have engaged in gay conduct. We deal with people all the time who are threatened with imprisonment if, again, they do not confess to being gay or to engaging in gay acts and if they do not name other people who may be gay or engage in gay acts.

So on top of these kinds of ignoble practices which out people in the first place, the military's second outing of them for life on a DD–214 discharge form is particularly egregious. This is just not a business that our government should be in, and it should stop.

The way to stop it is simple. Take the reason for discharge off of the DD Form 214. The characterization of service is all that anyone else should conceivably be interested in. This would not preclude the government from maintaining internal files. But there is simply no credible justification for permanently outing someone over the course of their life.

The rest of the issues are covered pretty thoroughly in my written testimony. Discharge characterizations, I will just briefly point out, manifest a similar problem. Gay people are singled out for harsh treatment, meaning lower discharge characterizations, and that affects their veterans benefits. This is a particular problem with the Montgomery GI Bill program, where veterans who were given general discharges simply because they are gay. Not only that, the people we are assisting are finding that they are not even able to get back their own money that they invested in the program.

Our recommendation in light of the fact that it is documented that gay veterans are singled out for general and other than honorable discharges, regardless of the standard for characterizations, regardless of the fact that their records warrant honorable discharges, is that, if this committee and the VA cannot fix the dis-

charge process with DOD, the least it could do is to review the cases on a case-by-case basis for benefits.

The last issue I want to address is that covered by the first panelist, Ms. Sarembe. Lesbians are particularly impacted by the issues she spoke about. Women frequently are sexually harassed in the military by a process called lesbian baiting. Often they find themselves accused of being lesbian in retaliation for reporting sexual harassment. Instead of investigating the alleged harasser's conduct, inquiry is turned onto them about whether or not they are lesbians. The same is true if they report rape.

Women know that they will be labeled as a lesbian if they report harassment or rape. They consequently do not report it, particularly if a woman actually is a lesbian. I know of a number of women from my own service who were raped who would not report it because they were afraid they would be outed as lesbians, and every lesbian I know who has been sexually harassed has not reported it because of the fear of being labeled as lesbian, and thus being investigated and discharged.

The consequence is that lesbians and other women often lack the documentation leading to PTSD, and they have no reason to trust that the Veterans Administration is going to treat them any differently than the military if they disclose their orientation along with other facts of their situation.

That concludes my comments. I want to thank the subcommittee members for including us in these hearings, as well as Dr. Paul Camacho for including us in the William Joiner Conference. We are available to you as a resource and would be happy to assist you on issues of concern to gay, lesbian and bisexual veterans in the future.

Thank you.

[The prepared statement of Ms. Benecke appears on p. 160.]

Mr. EVANS. Thank you very much.

Nancy.

STATEMENT OF NANCY A. RUSSELL

Ms. RUSSELL. Thank you, Mr. Chairman, and thank you for the opportunity to be here today and also to Paul Camacho for encouraging us to be here.

I intend to be rather brief. I hope that the members of this subcommittee will read the full text of my prepared statement. It was kind of difficult sitting here and listening to Michelle Benecke whose statements we certainly endorse fully because I know the pain and I know the feelings of anger and hurt that are there, because we spent the last 16 months or so in a very agonizing period in which we were discussed in some very loathsome ways. An awful lot of truth has been totally discounted, and studies reporting that we are not harmful to the good order and discipline of the military were conveniently ignored. Here we are again, and I do not wish to go back into all of those issues again, but I do come here today to tell you that "don't ask, don't tell, don't pursue" does not work.

The truth really is still very simply: that gays in the military acquit themselves well. They perform their duty courageously. Their deportment is better than average, and they will continue to serve

in the United States military, and one of these days they will be properly recognized. I am confident of that.

And I am also confident that one of these days many Members of Congress will look back on this past year with some sense of rightful shame, because I do not believe that it is the American way to legalize discrimination no matter how we try to justify it.

The military is claiming that it treats heterosexual and homosexual misconduct even-handedly, but obviously it does not. We have certainly just witnessed evidence of that. The Navy, with administration cooperation, white washed the Tailhook scandal. Very little punishment was meted out to any of the couple of hundred male officers accused of sexual harassment. And two weeks ago, Admiral Kelso was rewarded with his fourth star at his retirement, even though the admiral was at the convention where the incidents occurred, and the military judge who dismissed charges against the remaining officers cited Kelso's culpability.

The administration argued there was no evidence that Kelso saw any misconduct. It is not necessary to have evidence of misconduct to discharge a gay or a lesbian servicemember. To avoid the notion that gays are discharged for status alone, the new policy uses the convoluted reasoning that speech is conduct. To say that you are gay under the "don't ask, don't tell" policy is interpreted to mean that you have a propensity or intent to act or engage in homosexual activity, and no proof is necessary.

"Don't ask, don't tell" just simply does not work. Under this policy the military is continuing to ferret out and to persecute gay and lesbian servicemembers. According to a *New Republic* article that was published on May 2nd of this year, instead of a decrease in discharges for homosexuality in fiscal year 1993, there was an increase to 773 compared to 708 in fiscal year 1992.

(See p. 170.)

The services are capable of being vicious and vendictive in pursuing lesbians and gays. Rules of evidence do not apply, allowing the services to railroad servicemembers into discharge. If that is not enough, the servicemember's career is destroyed, and every effort is made to see that the individual carries this stigma for the rest of his or her life.

One thing that we can ask you to do to help to mitigate the impact of "don't ask, don't tell" is to support a request to DOD for an administrative change to totally eliminate the separation processing designator and the narrative reason for separation from the DD Form 214.

Placement of the separation code and the narrative reason for discharge on the individual's copy of the DD Form 214 brands the veteran, making it difficult for him or her to present the DD–214 either for medical benefits or for employment.

It is a matter of increasing concern for veteran advocates that fear of disclosing personal information, particularly in medical situations, inhibits and may completely block provision of appropriate medical care to those individuals. They are having to out themselves in their own community because of that information being on the 214.

The other thing that you can do for us is to help to insure that the Department of Defense lives up to the promise, to the spirit, and to the intent of "don't ask, don't tell, and don't pursue."

I thank you for the opportunity.

[The prepared statement of Ms. Russell appears on p. 175.]

Mr. EVANS. Thank you very much.

Dr. Richardson.

STATEMENT OF EDWIN STRONG-LEGS RICHARDSON, Ph.D.

Dr. RICHARDSON. "Hau Kola, Lila Waste" (How Cola, Lee-lah Wash-stay). I would like to say, "Hello, Friends. The best to you and I hope you have a good day." (Speaking in the language of the Lakota Sioux.)

Emaciyapi yelo (A-mah-see-yahpee yeah-lo). May name is Dr. Edwin Strong-Legs Richardson. My dad was a Penobscot Indian, and he said before I speak before a distinguished group, always to say (speaking in Abemaki): "Hoh wa-saw-wa-haw-ti wah-ped-him-a-tor-kni" (Hoh Wah-sahw-wah-harw-tea Warh-paid-heem-attorney), and that is to make all of you important and make me important among you.

I particularly want to thank you, Mr. Chairman, and my good friend Paul Camacho, and I feel pleased to be with this panel here today, and I have been very impressed with their presentation.

I am a combat infantryman. I fought the Germans, the Japanese, the Vietnamese. I was in World War II as a Combat Infantryman and Mountaineer, the Korean War as a clinical psychologist, and in the Vietnam War as a Combat Infantryman and Special Forces Paratrooper. I was a member of the 10th Mountain Division, wounded and hospitalized with Senator Bob Dole in the same field hospital in Italy. I was a member of the Special Forces, the Green Berets, the 18th Airborne, and so I feel that I represented my country well, and as an Indian officer representing Indian people. As a Native American Warrior Soldier, we are very concerned with what the military has been doing and its opportunities.

I might say that among Indian people, which is important for all people to realize, we had in Vietnam over 86,000 Native Americans, of which 95 percent were volunteers. I think that speaks for itself. We are of a Warrior Society, and I want to explain what a Warrior Society is among Native Americans. We are not ruthless in that way. We are not a ruthless, murdering society, and we pray to live in harmony with all creatures. We say a prayer before we enter combat. We say a prayer always. I grew up in the woods of Canada on an Indian reserve, and when we would go hunting or when we hunt for buffalo, we pray for the animals before we shoot them. I want to stress that part. We are not ruthless in that way.

I was pleased to talk with Representative Maxine Waters yesterday about the impact of Native Americans. Our voting record is 80 percent, which is very, very high. As Representative Waters stated, that in some states, like Arizona, New Mexico and certain counties; for whom our Native Americans vote may tilt the elections and thus make the difference, in the ellections.

Regarding Indian health, I am hoping that you and others of this panel, Mr. Chairman, will be able to help restore the 13 percent cut that is being made against the Indian Health Service.

As Peterson Zah, the eminent Navajo, said: "It is time to place on the Supreme Court a Native American." He certainly feels that he has excellent judges on his reservation that represent some 210,000 Navajos.

We have had outstanding Native Americans. Many people do not realize that Charles Curtis, who was a Vice President, was a Native American. And we have other outstanding American Indians which I will mention later.

(Subsequently, Dr. Richardson furnished the following information:)

Houston B. Teehee, a Cherokee was Treasurer of the United States for many years; Scott Monaday, a Kiowa was a famous Pulitzer Prize Winner; Maria Tall Chief, her sister and four other Indian Women danced in Russia as Prima Ballerinas, the Cherokees and the Choctaws had Ambassadors at the Court of St. James in England; Kateri Kekawitha, a St. Regis Mohawk is being processed through the Catholic Church for Canonization, Tecumseh; a Shawnee Chief was a Brigadier General, on the Citizen's Ticket with Barry Commoner; LaDonna Harris was the first female Vice Presidential Candidate in USA; Sacajawea, a Shoshoni, the first transcontinental guide; Sequoyah, a Cherokee, the only person to invent an alphabet all by himself; Billy Mills the Gold Medal winner in the 10,000 meter Olympic race in 1964; Jimmy Thorpe, a Fox-Sac Indian, in all countries is labeled the world's greatest athlete; Winston Churchill and David Eisenhower mothers were part Indian; the Navajo Code Talkers were the only group of individuals to develop a code the Japanese couldn't break; the U.S. Constitution was derived from the Iroquois Confederacy; the escape and evasion tactics taught at West Point Military Academy is modeled after Chief Joseph, a Nez Perce; and a wheel was found among toys developed by Indians over 50,000 years ago.

Billy Mills, who was an Olympic runner and has the Running Strong for American Indian and Youth, mentions a problem we have with nutrition. Indians, many of them, going to school only get one meal a day. On the weekends, on Friday, they steal rolls, bread or biscuits because that is all they are going to eat on the weekend.

We need 100,000 more homes for our people, and I think that it is important to realize that now is the time for self-determination. Self-determination has a mixed approach because when you give self-determination to a group of people, they should also have the funding to be more able to be self-determining.

But we are independent nations. We have our own sovereignty, and we want that to be respected. I am sure you are fully aware, that of all were made none of them were honored. None of them. That is over 800 treaties.

Also, in Public Law 93–644, which is self-determination, we are trying to assist the Indian governments. We are trying to develop stability. Furthermore, we are anxious to help them in their spirituality. Spirituality is very important with our people.

I was pleased to be able to talk with you yesterday about the problems with the Environmental Protection Agency. In many areas, our people have been exposed to radiation and extremes that are unbelievable. There are over 7,000 waste disposal areas among Native American areas. We have uranium tailings all over the country. Not only in the Southwest; but also in Minnesota and many other places such as in South Dakota, and other places. Oftentimes, the children are playing on these uranium tailings. Even cattle and sheep graze on these hazardous area. Our people are eating the products that grow there, and in Red Lake and in Mole

Lake in Wisconsin, the Menominee and the Potowatomee Tribes have protested about these hazardous places.

There are many things I would like to say, but I would like to close with two thoughts. One, Governor Wilfred Pehrson, a Penobscot, said: "The land and the air and water creatures are all living creatures. They are interwoven and essential to life. Man may take what is needed. Taking must be done with respect and responsibility. To use and to poison our natural resources is truly suicidal."

And the other thing I would like to mention is I hope we are able to continue with the same interest that you Mr. Chairman and your subcommittee has shown to our Native American Vietnam veterans. When I testified in May 8, 1991, I asked that at that time you pass a resolution that we would be able to eventually have enrolled reservation and village Native Americans go to any land grant institution tuition free. The land originally belonged to our people, and I think that is very important. Many of your subcommittee members who when I testified and talked with them later were most positive in supporting this idea.

I might mention to you that I was five years old before the Native Americans were granted citizenship in this country in 1924.

There are many things I would like to say. I want to thank you for being here and being a patient listener. We appreciate the honor and opportunity to present our needs to you, and I am sure the future will be better for all Vietnam veterans and all veterans.

Thank you. Pilamaya-yelo. (speaking in Lakota Sioux language.) Thank you very much.

[The prepared statement of Dr. Richardson appears at p. 185.]

Mr. EVANS. Doctor, I appreciate your testimony. Doctor, let me start with you. I appreciate your comments because I am also a temporary committee member of the Natural Resources Committee in which many of these issues would be addressed, and in every unit I was in in the United States Marine Corps there was at least one Native American, and we are very familiar as a result of that experience of having a little bit of an introduction at an early age to that warrior culture that you are very proud of and should be proud of.

But I understand it was very hard for many Native Americans to go back home after Vietnam, in particular. Can you elaborate on some of the special problems Native American veterans of that era faced in reacclimating to civilian society?

Dr. RICHARDSON. Thank you very kindly.

Yes, there are five primary problems among Native Americans returning from any war, particularly from Vietnam. One of them was vocational, employment opportunities. We have as high as 98 percent unemployment on the Rosebud Reservation alone in South Dakota. So getting a job was very, very difficult.

You either have to work for the Bureau or you work for Indian Health Service or actually there is nothing at all.

The second problem is one of bonding. The Native American, when he returned, he had been through a trauma, which all of you have, and he found it difficult to bond with people who were not aware of what had happened in Vietnam.

The third thing is what we might term "unrealistic satisfaction." The greatest satisfaction for any Native American is to have been

in the Armed Forces. All you have to do is go to a powwow and see my friends wearing a green beret, dressed in old uniforms from long ago, but this represents to them their greatest significant achievement, whether they were just a PFC or Major. Just to have been a member of the Armed Forces with some is viewed as a height of achievement and unrealistic satisfaction.

The fourth thing that represents a difficulty with Native Americans was lack of funding opportuniities, lack of opportunities to go to school, lack of opportunities to pursue any entrepreneurial interests.

And the fifth thing is one of isolation or distance. On some of our reservations it is 100 miles to the nearest hospital, Indian Health Service hospital and sometimes farther than that. So they were isolated, and because they were isolated, they did not have the services nor the educational opportunities. Thus, it left them with unfortunately no employment and nothing much else to do but to dream of the days when they were a warrior and resort to drinking.

I am sorry. We do have a problem, and I feel the problem with drinking is similar to what two Japanese physicians found to be a problem with amino acid and an enzymatic decompensation factor, and I do think there is a problem systemically with Native Americans.

But if there were or were not, we do have a big problem sociologically and psychologically with drinking. Those are the five prominent problems that our returning veterans had. It was particularly severe for those in the Southwest who found that when they made their homes, that they were making them out of uranium tailings.

Mr. EVANS. Doctor, thank you.

Michelle and Nancy, have you really been able to discern a pattern in these cases of scholarship recoupments? Is there any pattern or is it just being done on a vindictive case-by-case basis?

And for my understanding, if a person is into a second enlistment, do they try to recover scholarship money provided during a previous enlistment? What are the facts?

Ms. BENECKE. We are dealing with a number of cases that are across the range, including folks who are in their first enlistment and folks who were discharged after several enlistments.

What I can tell you is that, yes, DOD is reaching back to recoup funds from veterans who have served a number of years, and they are recouping funds even if the person has been through several enlistments. DOD also is recouping initial enlistment bonuses. Also, officers who have been on duty for several years after ROTC, are having ROTC scholarship monies recouped that they were given when they were 18 years old. Basically any funds that DOD can track.

What I can tell you in terms of patterns is that there is an attempt to reach back even to the very beginning of someone's service to find funds to recoup.

Ms. RUSSELL. And, Mr. Chairman, that does not apply, I think, just to the scholarships, but it is also being made applicable to reenlistment bonuses, and obviously the individual wants to serve his or her country, and it does not seem fair to take it back under those circumstances.

Mr. EVANS. Earlier, Congresswoman Waters had talked about trying to address the problems of bad conduct discharge, bad paper discharge. This is even a problem for people during the Vietnam era whom, I understand, may have had secret personnel code numbers. Are you familiar with code numbers from a variety of different numbers with a variety of different meanings actually placed on people with good paper discharges? Are you at all familiar with that in terms of gays or lesbians?

Ms. RUSSELL. I have heard that that is true, and there is a precedent apparently for not having any separation processing designator and narrative reason on the DD Form 214. It apparently was during a period in the 1970s, and for some reason it was reinstituted by the Department of Defense, as I understand it.

But certainly for individuals who were discharged, say, by reason of drug or alcohol abuse, they would also be experiencing the same kinds of things that gays and lesbians do. So we are not presenting this as something unique to us. Certainly it is impacting gay and lesbian servicemembers inordinantly, but it does affect other people as well.

Mr. EVANS. Thank you.

Antonio, I believe you may have heard me yesterday talk about how Congressman Luis Gutierrez has asked us to hold a special subcommittee hearing in conjunction with the Hispanic Caucus weekend coming up in September. He has made a formal request at this point. We are going to honor that.

I hope to invite you back. We do not have the exact date yet, but it will be some time either right before the caucus weekend, perhaps the 28th or 29th of September, and we will let you know just as soon as possible.

So we are very pleased to have his advocacy on this committee, and this will be the first time that we have had that kind of hearing focusing on specific issues and others that you have raised today.

Mr. CABRERA. Thank you. It will be a pleasure to be back, Congressman. Thank you.

Mr. EVANS. Ingrid, thanks again. We appreciate it.

Unfortunately I have to attend a markup of the Natural Resources Committee on some important wilderness protection bills, and I will have to conclude the hearing at this point. We thank everybody again for testifying and the many people who came and stayed throughout the hearing. Today's hearing has been very valuable to myself and to other members. Some members who could not be here will obviously have the written statements, and they and their staffs will review them. Your impact will extend beyond just the members who were present today.

Thank you all for joining us, and we will now conclude the hearing.

[Whereupon, at 10:56 a.m., the subcommittee was adjourned, subject to the call of the chair.]

APPENDIX

PREPARED STATEMENT OF HON. LUIS V. GUTIERREZ

I want to thank my good friend and fellow Illinoisan, Chairman Evans, for conducting this hearing today. You are all well aware that he brings dedication to this hearing, and to every situation where there is a chance to work on behalf of veterans.

I am pleased to sit on this subcommittee because I believe it is a good place to learn the issues that concern me as an advocate for veterans. And in that spirit, I look forward to learning a great deal today.

We obviously will be dealing with a number of topics today. And with good reason. There are so many areas where the veterans' community has needs that are not being met.

For instance, we will look at the crisis of Homelessness. It is a national shame that so many Americans are without a place to live, without a home. But, our shame grows even more intense when we realize that many of those out on the streets are the very men—and women—who left their own homes and hometowns to serve us in the armed forces.

I am sure that in chicago last night, there was at least one veteran, and probably hundreds of veterans, who went to bed on a park bench, hungry and cold.

We will look today at job opportunities and economic challenges.

I am sure that today, within a few blocks of this elaborate hearing room, there is a veteran with a talent to offer, but no job where he can make use of that skill.

We will look today at health care.

I am sure that at this moment, in every State in the Union and here in Washington, DC, there are veterans with serious health problems, but who lack even the basic knowledge of where to turn for help.

We will also hear about instances where a veteran's challenges are made even more difficult because of cultural or social factors.

Hispanic veterans, for example, have fought as bravely and honorably as any soldiers who have worn the uniform. Unfortunately, many Hispanics continue to face battles once they return home from service, when they attempt to access care from the government.

The list of issues confronting veterans goes on. By discussing them, we get a step closer—a major step closer—to solving them.

I am glad that we have people here who are experts. That is, if you define the word expert as someone who sees and experiences these important issues on a daily basis. At least, that's my definition of an expert, and that is why I feel fortunate to have the opportunity to listen to you today.

PREPARED STATEMENT OF HON. SPENCER T. BACHUS, III

Mr. Chairman,

Thank you for holding this hearing on the continuous needs our veterans have as well as the ways veterans succeed in helping themselves. Hearings like this are valuable because they remind Members of the important responsibility we have to ensure that these needs are met in the best way possible.

These very real experiences, included in today's testimony, help Members to better understand the challenges veterans face in managing their daily lives with the scars of war—both internal and external.

In my home district of Birmingham, AL, I am very proud of a monthly "roundtable" discussion held at the Birmingham VA Medical Center. Participants include representatives from the Medical Center, the Alabama Department of Veterans Affairs, local Veterans' Service Organizations and a member of my Congressional staff. These meetings provide a welcome opportunity for those who serve the veterans' community to pool resources and ideas to address the ongoing concerns of veterans.

In May, this group will be sponsoring a veterans' call-in program—giving veterans an opportunity to ask questions about claims, health care, and voice their concerns on other issues.

Mr. Chairman, I trust this hearing will give Members a more complete understanding of the impact our policy decisions have on those ho have risked life and limb in service to our country.

Testimony on Women's Issues
and the Future of the Veteran's Affairs

House Veterans' Affairs Subcommittee

on Oversight and Investigations

May 4, 1994

by Mary Candice Ross, R.N., Ph.D.

The Veterans Administration as a quality oriented service organization must address the veteran customer needs and proactively plan for the veteran of the future. I come to you today as a female veteran of Desert Shield/Storm and Restore Hope, but also as an experienced registered nurse, active Reservist and university instructor. I have conducted first-hand research on post-traumatic stress in veterans and have surveyed numerous veterans as well as the literature.

Services for veterans within the Veterans Health Administration have traditionally focused on men. Only since 1983 has the Department of Veterans Affairs required gender-specific health care services. And only recently, women's programs have been added to the Medical Centers and female counselors have been added to many Vet Centers, however progress has been slow and women are still being treated as the second class citizens in a population of veterans who are often viewed as second class citizens.

The picture is crystal clear. Given a choice, veterans would prefer NOT to go to a VA hospital. The only service preferred by veterans is the counseling and support of the Vet Centers. The Vet Center personnel are seen as caring, effective and not engulfed in the bureaucracy of the medical centers. Veterans associate the hospitals and clinics with crowded, impersonal care and waiting times of several hours. As one older gentleman put it, "Why should I have to share a tiny black and white TV with a ward

full of guys and a portable phone with forty!" It was easier to call home from Saudi. Many hospitalized veterans are elderly, suffer with limited mobility and many chronic illnesses. And yet the professional nursing staff ratio is far below the private sector in most VA hospitals. Great strides in research and education of physicians is commendable, but it takes around the clock nursing assessment and hands-on nursing care to do the job that really counts. The Veterans Health Administration shouldn't stop financing these efforts but will have to allocate funds specifically to nursing care, nursing education and patient CARE research.

The VA hospitals are oriented toward the medical model of specialties for production line care. Care is fragmented into specialties provided by rotating interns and residents. The new veteran wants to be treated holistically, and will be far less tolerant of this type of care. The patronizing attitude of physicians will not be accepted by the veteran consumer that can choose.

The new veteran from Desert Storm is very different. They were older, more informed and discriminating as consumers. According to the 1990 Census, 1.1 million women are veterans. Over 40,000 women served in combat support positions in Desert Shield and Desert Storm (Utilization, 1991). Women now make-up eleven percent of the current Active Duty military and thirteen percent of the Reserve forces. The number of women using VA facilities is increasing by about eight percent per year (Becraft, 1991).

Although only 2% of women veterans utilize VA health care, compared to 6% of male veterans, they comprise 11% of the veteran population (Romeis, Gillespie, & Thorman, 1988). Female veterans present some unique demands on the Veterans Health

Administration. Although the federal government has faced the fact that there is a dearth of research including women and women's health issues, health care is still based on treating all patients as men. Cardiovascular disease, a leading killer,is very different in women. Cancer, bone disease, thyroid disease, mental illness and reproductive system disorders are different in women and cannot be treated the same (Tierney, 1991). However, women are provided less care than their male counterparts in the VA health care facilities. In a study by Turpin, et al, (1992) chart reviews and interviews demonstrated that less than one half of women patients were asked about their gynecological history and only twenty percent received pelvic exams. The high incidence of cancers reported among female veterans may well be linked to indirect exposure to dioxin, used during Vietnam, since 90% of those female veterans were nurses (Mathews, 1992). This isn't surprising when you see a female veteran trying to walk down a corridor with dignity in bagging men's pajamas. She can't even look forward to a private shower, for fear of a man missing the "occupied" sign and charging into the community bathing room. This is hardly the place a woman, especially one who had been abused or raped, would select for care. They will not continue to accept waiting for days, in pain, for a "female" bed to be available.

Some VA hospitals are truly committed to women's health. Eight facilities have new Women's Centers. Eight centers is a meager start. The increasing number of female veterans will be much different from the traditional VA patient. Physical abuse, which is reported to be as high as 20% of women, results in increased use of health care services. And yet 53% of medical schools provide NO instruction at all about domestic violence (Plichta, 1992). Abused women are

also likely to be homeless. A significantly larger number of homeless female veterans have been diagnosed with major psychiatric disorders than their male counterparts (Leda, 1992).

The future of the Veterans Health Administration is in jeopardy. Substandard care will not be competitive. "Health plans in the future will be judged on the basis of cost, quality, and patient satisfaction" (Headley, 1994). To meet the Congressional mandate for a health care delivery system, education and training of health care personnel, medical research and wartime service, and at the same time be responsive to the customer, the VA will be forced to make substantive changes. Nurse Practitioners have been used very successfully in some VA hospitals to manage special groups of inpatients, providing continuity of care that is cost effective. In addition, improved timeliness of outpatient services could be provided by Nurse Practitioners for the many patients who are need monitoring for chronic illnesses. In turn, these VA hospitals could be designated a training sites for Nurse Practitioners. Hospice and home health care programs by Nurse Practitioners would also expand veteran care without increasing inpatient costs by allowing these patients to be discharged (Gallup, 1994).

The number of VA hospitals with Women's Centers will have to be substantially increased to address the new population of female veterans. Physicians and emergency department staff, in particular, will need to be educated in gender specific health care. Special programs for the homeless and victims of violence should be established. Women live longer than men, are more likely to be alone in later years and will require home health care and nursing home facilities. Adult Day Care facilities would help to address the needs of

the increasing numbers of both the elderly and the homeless. This would also be a cost saving measure by providing health promotion and health screening in the Day Care that would help to prevent more costly hospitalizations.

Above all, the veteran will need evidence that the VA hospital will be a better, more comfortable, more caring place to go than the private facility down the block. That will mean renovation, additional nurses and intensive campaigns to improve the attitudes of physicians and staff toward their customers.

The Veterans Health Administration of the future will be a national resource during national emergencies for care, post-traumatic stress counseling and disaster relief. And, at the same time, will continue to be the potential source of wartime casualty care, essential to the defense of our nation. The narrow perspective of the VHA as just another provider in a community of providers should not obscure the big picture of the VHA as a national resource.

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For release:
May 4, 1994

Statement of Tod Ensign, Director of Citizen Soldier before the House Veterans Affairs Subcommittee on Oversight and Investigation, May 4, 1994, Washington, D.C.

* * *

Mr. Chairman, it's a privilege to testify before your subcommittee today. Citizen Soldier was organized in the midst of the Vietnam war to advocate for veterans. Unlike most veterans groups at the time we opposed the Vietnam war and called for the immediate withdrawl of our troops.

At the same time, we advocated for VA healthcare and disability compensation for ailing veterans. For instance, we raised the issue that large numbers of Vietnam vets were suffering from post-traumatic stress disorder years before the VA finally established special programs for these veterans.

I will use my few minutes today to highlight special problems which continue to plague atomic veterans and Agent Orange vets and to urge this committee to take corrective action. While some progress has been made, much more must be done if these two groups are going to receive the assistance they deserve.

Atomic veterans Since new disclosures were made about human radiation experiments last November 1993, atomic vets have been hopeful that long-classified reports and documents about their exposure to radiation would finally see the light of day.

While the Department of Energy seems to be making an honest effort to locate and release secret data on radiation experiments, I don't believe that the Department of Defense nor the Department of Veterans Affairs are making a comparable effort. For example, a recent newsletter of the National Association of Atomic Veterans contains a detailed account by a Navy officer who, along with seven other "volunteers" witnessed the detonation of a 55 kiloton bomb (three times the Hiroshima bomb) just a mile from ground zero. My research has convinced me that there were many such experiments using GIs as "volunteers" during America's 200+ atmospheric bomb tests. I urge this committee to take a strong public position in support of releasing all data on these tests.

Although Congress adopted legislation to make it easier for some of our 205,000 atomic veterans to obtain disability awards, the DVA's handling of their claims is a scandal. It has approved 1,401 claims out of a total of 15,369 that were filed by January 1994. One barrier many claimants face is obtaining accurate information about the levels of radiation to which they were exposed. The DVA relies heavily on dose-construction prepared by Science Applications International, a private contractor.

I would urge this committee to conduct oversight hearings on the activities of this contractor. Its work product bears directly on the fact that fewer than one in ten atomic veterans has been able to win a disability claim from the DVA. Incidentally, SAI has been paid over $1.5 billion to date for these radiation estimates; far in excess of what atomic vets have received as compensation!

This committee would be performing a great public service by probing that whole issue of radiation exposure records. I recall a New York Times story (2/8/1982) which published an account of a former Army medic, Van R. Brandon of Sacramento, CA that his unit kept two sets of books on radiation readings during the 1956-57 tests. "One set was to show that no one received an

(elevated) exposure," Brandon stated. "The other set of books showed...the actual reading. That set was brought in a locked briefcase every morning," he recalled.

If the DVA is going to base its disability decisions in part on veterans' radiation exposure, then this committee has a duty to insure that that data is as accurate and complete as possible.

Finally, I urge this subcommittee to investigate the circumstances surrounding the appointment of Kenneth R. Feinberg, Esq., to the White House Advisory Committee on Human Radiation Experiments. I believe that once you have examined Mr. Feinberg's history you will join Citizen Soldier and other veteran groups in calling for his removal from this panel.

The only attorney on the committee, Feinberg is widely reviled by Vietnam veterans for his role, as federal judge Jack Weinstein's emissary, in pressuring an eleventh-hour settlement of the Agent Orange class action lawsuit for $180 million in 1984. Although he played no part in preparing the six year old litigation for trial, he received an enormous legal fee for his role in securing a settlement.

Veterans are asking why the White House would chose Feinberg to sit on a panel which will be asked to make important decisions about which groups of radiation exposure victims should be considered for compensation. Given his history, there is a deep suspicion that he has been placed on the panel so that, once again, he can minimize the assistance provided to ailing veterans.

Feinberg is not an expert on radiation effects: he's an expert at settling lawsuits for a penny on the dollar. It's appointments like these that reinforce the cynicism and distrust of so many of our military veterans!

Agent Orange As I noted, these vets were left with a pittance when the class action suit against the manufacturers was settled behind their backs in 1984. In February, the US Supreme Court refused to hear an appeal of judge Weinstein's ruling that veterans who developed injuries after 1984 cannot sue the manufacturers, even in state courts. The attorney generals of all fifty states filed an amicus brief in support of this appeal.

I believe that it's significant that only when a scientific task force appointed by the National Academy of Science published a major report last July 1993 finding "significant associations" between Agent Orange exposure and certain cancers, did the DVA finally agree to recognized several cancers as "service-connected." While the maxim "better late than never" applies here, I would urge this committee to closely monitor how the DVA actually processes Agent Orange claims in the future.

In November, 1993, I attended the Second International Symposium on the Human Health Effects of Herbicides in Hanoi, Vietnam. The Vietnamese scientists who participated expressed a strong desire to work cooperatively with American researchers to study the long-term health effects of Agent Orange on citizens of both countries. Now that President Clinton has ended the economic embargo of Vietnam, I would urge you to take an active part in encouraging and funding research that will benefit veterans in both countries.

Independent scientists such as Drs. Jeanne and Steven Stellman, who co-authored the American Legion Study, have continued to urge Congress to support new studies which focus on the most highly-exposed veterans. They also argue that the CDC's original idea to organize veteran groupings by their level of exposure is sound and deserves to be revived and implemented.

This panel has a special responsibility to serve as an advocate for ailing veterans. The past seventeen years have taught us that powerful interests are arrayed in defense of the status quo. You must serve as the uncorruptible advocate for these deserving men and women. Thank you.

Ensign, an attorney, is co-author of G.I. Guinea Pigs: How the Pentagon Exposed Our Troops to Dangers More Deadly Than War Playboy Press (1980) and author of Military Life: The Insider's Guide, Arco/Simon & Schuster (1990) He has written on these issues for numerous magazines and newspapers, including forthcoming articles in Covert Action and The Progressive.

TESTIMONY OF

THE VIETNAM VETERANS HEALTH INITIATIVE COMMISSION

PRESENTED BY DWIGHT D. EDWARDS, EXECUTIVE DIRECTOR (VVHIC)

MAY 4, 1994

US HOUSE OF REPRESENTATIVES

COMMITTEE ON VETERANS' AFFAIRS

I would like to make three recommendations with the time I have allotted. They are as follows: 1) Implement sensitivity training for prospective residents and interns at VA facilities prior to their being allowed to see patients. 2) Include provision of medical exams at rural and urban vet center locations. 3) Provide information to non-VA health care professionals re: Desert Storm Illness.

The Vietnam Health Initiative Commission was created by Act 67 1987 in the PA General Assembly. The Commission was established as the result of the ongoing issues and concerns Pennsylvania Vietnam veterans had relative to health risks associated with their service. The Commission was mandated to 1) design and implement an ongoing continuing education program for health care professionals regarding the adverse health effects of Vietnam service; 2) conduct outreach to bring Vietnam veterans into treatment mainstream and 3) conduct research with regard to the impact of the Vietnam War on PA veterans.

The Research Triangle study of 1988 indicated a majority of Vietnam veterans had not sought treatment from VA for their health concerns. The Triangle study also determined Vietnam vets were seeking treatment from private or other public health care facilities. The Commission, through hearings, determined that physicians and other health care professionals had limited knowledge of the psychological, physiological impact of the Vietnam war on its veterans. The three aforementioned factors led us to develop a two-phased educational effort.

The 1st phase was the development of a booklet entitled The Vietnam Experience. This instrument serves as a guide for diagnosis and treatment of diseases associated with Vietnam service. The booklet also serves as a resource guide of US Department of Veterans Affairs and other veterans' services in the Commonwealth. This booklet has been disseminated to physicians and other health care professionals in the Commonwealth with the assistance of the PA Medical Society. The booklet is nationally recognized and has been requested by health care professionals and concerned others internationally. A copy of the booklet is included.

The second phase of our effort was the implementation of a series of seminars regarding the adverse health effects of Vietnam service. These programs are presented regionally to health care professionals throughout the Commonwealth. Eight of these seminars will be conducted by June of 1994. The seminars, to date, have been evaluated as excellent for content, and intent.

The seminars have also served to establish a dialogue between veterans, health care professionals, and governmental agencies. It was this dialogue which encouraged several health care professionals to indicate they received part of their medical training at VA facilities. They further stated they had little concern for those they treated. These individuals indicated their only concern was learning to properly provide mechanical and other medical services such as injections, I.V.s, etc. It is with great dismay, I report this, because these attitudes may be persuasive in interns and residents. These individuals indicated their classmates felt the same way. Certainly our veterans are worthy of more concern, support, and compassion from those that provide medical services to them.

For some time Veterans have indicated to the Commission they felt there was a lack of concern by those who provide treatment at many VA medical centers. The aforementioned attitudes of the medical students being trained at VA facilities may account for some of that feedback. Most VA Medical facilities are located

near Universities with Medical Schools, and have agreements for their students to rotate through VA facilities. A major effort to sensitize these students to the patient population is imperative for the VA to provide competitive and quality care. The students must realize the patients they serve are those who have defended their right/privilege to receive their education.

Outreach

VVHIC has been involved with outreach efforts throughout the Commonwealth. It has found the U.S. Department of Veterans Affairs, Vet Center to be a very important arm in many of its efforts. The Vet Center is the only VA facility operating within the community without many bureaucratic trappings. It is, for many veterans, the first contact they will have with the V.A. The counseling/outreach services provided by these centers are invaluable but limited. There are WW II and Korean War veterans which suffer from Post Traumatic Stress Disorder who would benefit from the counseling services offered by the Vet Center. These veterans are currently ineligible to receive these services. I support pending legislation and regulations which will include these veterans for service provision.

I also support the concept of Vet Centers which will provide certain basic medical services such as cardiovascular screening, basic health exams, etc. Vietnam veterans are beginning to age and bring to the centers medical as well as psychological problems. The inclusion of War World II and Korean vets would increase the numbers of veterans that would come to centers requiring of basic medical attention. These facilities should not become full out patient centers, but outstation sites where basic exams would be conducted. The provision of these additional services would improve the image of the VA in the community. These efforts would impact on certain hard-to-reach populations, bringing them into the treatment mainstream and raising their comfort level in utilizing the VA system. Provision of these services at Vet Centers would benefit veterans who reside in rural areas miles away from the nearest

VA Medical Center and limit painful or unnecessary travel for basic procedures.

Desert Storm

Our outreach and educational efforts have brought VVHIC into contacts with Desert Storm veterans and concerned physicians. The contacts with Desert Storm veterans remind me of earlier experiences, both as a Vietnam Vet and with Vietnam vets, regarding Agent Orange. They ask the questions about their situation and get few substantive answers. They are discouraged by the lack of progress being made by the government with scientific investigation. They complain and feel the V.A. and the government are in collusion to hide information concerning their ailments. They are bombarded weekly with news stories depicting birth defects, fatigue and other symptomatology with no acceptable resolution. Many of these veterans are turning to non-VA physicians in their community for assistance. These physicians indicate a reluctance of the Desert Storm vet to use the VA because of a lack of trust. During VVHIC-conducted educational programs, physicians have expressed concerns regarding limited information on adverse health effects of Desert Storm service. I believe an improved system for access to the latest diagnostic and treatment information for these veterans and physicians is essential. I believe programs like this should be implemented and conducted in all states, particularly those with large numbers of Desert Storm participants. I recommend a publication similar to "The Vietnam Experience" be developed to discuss the symptoms and treatments, for disorders associated with Desert Storm. We must not repeat the patterns of neglect that surrounded the Agent Orange Issue; access to information is one way to prevent this recurring experience.

The Vietnam Experience:

An Overview of the Health Problems Associated with Vietnam Service

Agent Orange

Post-Traumatic Stress Disorder

Infectious Diseases Prevalent in Southeast Asia

Resources

Bibliography (By Subject)

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This guide is not a standard of medical care. Its purpose is to inform health care professionals about potential health problems in Vietnam veterans resulting from service in Southeast Asia. The booklet is a follow-up to TOXIC HERBICIDE EXPOSURE (AGENT ORANGE): THE PHYSICIAN'S RESOURCE which was published by the Pennsylvania Vietnam Herbicide Information Commission and the Pennsylvania Department of Health in 1984.

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The Vietnam Experience:

An Overview of the Health Problems Associated with Vietnam Service

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FOREWORD

The Vietnam Veterans Health Initiative Commission was established in 1987 by Act 67. It replaces the Vietnam Herbicide Information Commission and was created to: (1) determine what medical, administrative, and social assistance is needed for veterans who have suffered adverse health effects from Vietnam service; (2) conduct an extensive outreach program to coordinate and supplement the efforts of the Federal Government, State Government Veterans Service Organization and related agencies to inform veterans of all available assistance; (3) assist in disseminating to veterans and their dependents information regarding health studies being conducted; (4) maintain a central data bank of scientific information collected on the health effects of exposure to Vietnam Herbicide; (5) establish a reporting process for veterans who have indicated they have suffered adverse health effects as the result of their service; and (6) establish a continuing education program for all health professtonals to provide state-of-the-art knowledge about detection, diagnosis and treatment of chronic symptoms associated with Vietnam service.

This booklet addresses the latter-most goal. It is a follow up to "Toxic Herbicide Exposure (Agent Orange): The Physician's Resource" and includes information on additional medical and psychological conditions related to Vietnam service. The guide is being made available to health professionals throughout the Commonwealth. It is hoped that the health care provider's ability to understand the problems confronting Vietnam veterans will be enhanced by this initiative.

Many Vietnam veterans feel that traditional providers have failed to serve them in a knowledgeable and sensitive manner. They have shied away from those who provide treatment for these and other reasons. A report soon to be released by the Triangle Research Institute indicates a great percentage of those veterans affected by the war have not sought treatment. It is the hope of the Commission that this guide will, at least, encourage the health care professional and the Vietnam veteran to discuss health problems associated with Vietnam service, and provide information concerning the availability and location of appropriate supportive services.

INTRODUCTION

The Vietnam War exposed more than two million Americans to a variety of physical and emotional disturbances. This booklet is written to provide the health care professional with a resource for treating Vietnam veterans, but also contains valuable information for the veteran and other interested laymen. It includes information on chemical exposure, bacterial and parasitic infection, and the psychological problems that a health care professional should take into account when examining a patient who served in Southeast Asia.

This booklet provides only an overview on the health problems of Vietnam veterans as they are currently understood. To further assist the health care professional in evaluating the physical and mental conditions of a veteran with identified Vietnam service, a listing of resource centers and a selected bibliography of relevant articles has been included in this booklet. Further research and the referral of individuals to qualified specialists or these identified resource centers is recommended.

AGENT ORANGE: An Overview

Agent Orange is a mixture of two herbicides — 2,4,5-T (trichlorophenoxyacetic acid) and 2,4-D (dichlorophenoxyacetic acid) and a contaminant, TCDD (tetrachlorodibenzodioxin). The latter is the most toxic of the 75 dioxin isomers and generally referred to as "dioxin."[1]

Dioxin has been implicated as a cause of birth defects, liver, lung and pharyngeal carcinoma, impaired immune function, and gastrointestinal hemorrhage. In addition, the compound has been associated with thymic and testicular atrophy in laboratory mammals and chromosomal damage in bacteria and yeast.[2]

Humans exposed to dioxin in industrial accidents and spillage have developed the following:

- **CHLORACNE** — an acne-like eruption of comedones, cysts, and pustules that usually involves the malar area of the face. It may appear on any area of the body except the palms of the hands and the soles of the feet. When such eruptions occur in the groin or the eyelids, chloracne is the likely diagnosis.[3] Histologically, chloracne is far different from acne vulgaris. Hallmarks of chloracne are:
  - acanthosis
  - absence of the sebaceous glands in the dermis
  - paucity of inflammatory cells
  - squamous metaplasia of the pilosebaceous glands
  - phrynoderma (hyperkeratosis of the hair follicles)
  - hyperpigmentation and hypertrichosis (usually in the temporal areas of the face and the dorsum of the fingers)[4]
- **NEURASTHENIA** — a syndrome of generalized fatigue, headaches, insomnia, irritability, sleep disturbances, and loss of initiative. A latency period of several months to years may occur with this syndrome.[5]
- **PERIPHERAL NEUROPATHY** — characterized by numbness and weakness in the toes and fingers with decreased nerve conduction velocity.[6]
- **HEPATIC DYSFUNCTION** — characterized by hypertrophy of the endoplasmic reticulum.[7]
- **PORPHYRINURIA AND PORPHYRIA CUTANEA TARDA** — A cascading sequence of progressive porphyrinuria in exposed individuals beginning with asymptomatic coproporphyrinuria and progressing to porphryria cutanea tarda (increased uroporphyrin) has been described. Usually uroporphyrins are increased due to the induction of delta aminolevulinic acid synthetase which catalyzes and converts glycine and succinyl CoA to form delta aminolevulinic acid.[8]
- **HYPERTRIGLYCERIDEMIA** — resulting from induction of carbamyl acid phosphatase and inhibition of lipoprotein lipase.[9]

A.

B.

A.) Chloracne lesions on face, ear and neck.
B.) Skin of patient demonstrating typical chloracne lesions.
C.) Cross section of tissue from normal rabbit ear.
D.) Cross section of tissue from rabbit ear demonstrating chloracne lesions.

C.

D.

It is very important that the health care professional secure a detailed medical history and perform a thorough physical examination.

- History should include comprehensive occupational, social and family components.
- Entire skin surface should be inspected for lesions.
- Peripheral neuropathy should be tested for using a tuning fork (128CPS). Vibratory sensation may be the earliest loss in a peripheral neuropathy.
- Temperature sensation, proprioception and sensitivity to light pain (pin prick) in both upper and lower extremities should be determined.
- The following tests should be considered if clinically indicated:
  - Hepatic — SGPT, SGOT, alkaline phosphatase, total bilirubin, 5'nucleotidase, and gamma glutamyl transferase. Hepatitis A antibody, Hepatitis B core and surface antigen and antibody should be done if SGPT/OT and bili are abnormal.
  - Neurological — EEG, sleep and waking with nasopharyngeal leads, EMG with nerve conduction velocities of the upper and lower extremities and somatsensory evoked potentials of the upper and lower extremities.
  - Hematological — CBC, quantitative immunoglobulins with T-cell function.
  - Rheumatological — sed rate, ANA, anti-DNA, Rheumatoid facto, VDRL.
  - 24-hour urine for coproporphyrin, uroporphyrin, intermediate porphyrin, porphobilinogen, and delta aminolevulinic acid.
  - Stool specimen for ova and parasites, total eosinophil count.

TREATMENT

Treatment is still largely focused on an amelioration of symptoms. Currently, investigation centers around the efficacy of certain vitamins along with special diets, plasmapheresis, and the administration of the bile salt binders (such as cholestyramine) to rid the body of dioxin.[10] These techniques, although interesting, have not been scientifically validated.

Vitamin A, administered topically and systemically, has been used along with dermabrasion to treat stubborn chloracne. The condition generally is resistant to the usual anti-acne regimen of tetracycline and ultraviolet light. The anti-acne drug Accutane (isotretinoin), a vitamin A derivative, may be efficacious in treating chloracne but more testing is needed.[11]

To assure proper guidance and follow up in treatment of neurasthenia, appropriate therapy should be performed by mental health professionals familiar with the entity, but especially with the special problems of the Vietnam veterans.

In evaluating and treating these veterans, it must be emphasized that many of the diagnostic procedures described are costly and many insurance carriers will not cover the cost of diagnostic tests or treatment for injuries and illnesses resulting from war experience. However, a recent court decision may prove beneficial to many Vietnam veterans in the treatment of these service-related conditions.

On May 8, 1989, a California federal judge, Thelton E. Henderson, ruled that the Veterans Administration has imposed "an impermissibly demand-

ing test" on veterans seeking assistance in the treatment of ailments resulting from the defoliant, Agent Orange. In his ruling, Judge Henderson directed the government to reexamine the issue and "to rewrite the regulations governing claims for disability compensation to those who claim they have developed medical problems due to their exposure to Agent Orange in Vietnam." On May 11, the U.S. Department of Veteran Affairs announced that they would not appeal Judge Henderson's decisions and revised regulations would be published as soon as possible for review and comment.[12]

The Nehmer Decision, along with other legislation (specifically The Agent Orange Act of 1991), provided that Soft Tissue Sarcoma be recognized for compensation. This inclusion was added to existing regulations for Non Hodgkin's Lymphoma and Chloracne.

The U.S. Department of Veterans Affairs has also decided to award presumptive compensation to veterans with Peripheral Neuropathy. There are two limitations with this: (1) the veteran cannot have been exposed to another chemical substance known to cause the condition and (2) confounding factors (things that may themselves have caused peripheral neuropathy, such as age and whether the veteran is a diabetic alcoholic or suffers from Gullian-Barre syndrome) will be taken into account.

Vietnam veterans also have an opportunity to become claimants in a separate legal action that was filed and settled out of court in 1984. There is a payment program for veterans that have diseases associated with exposure to Agent Orange. A survivor benefit is also available if a veteran died as a result of diseases associated with exposure. The payment program can be contacted via telephone at 1-800-225-4712. The address is:

The Agent Orange
Veteran Payment Program
P.O. Box 110
Hartford, CT 06104

TREATMENT (continued)

CONTINUING RESEARCH

PSYCHOLOGICAL PROBLEMS

CONTINUING RESEARCH

Animal studies on the toxicity of dioxin (TCDD) have involved monkeys, rats, mice, rabbits, hamsters, and guinea pigs. These animal studies confirm that TCDD is a very toxic substance. In fact, it was printed in a 1986 article in SCIENCE that TCDD was "one of the most toxic man-made compounds known."[13] However, susceptibility or sensitivity to dioxin varies considerably from one species to another. For example, relatively small doses cause death, cancer, and birth defects in guinea pigs. Yet, in hamsters, TCDD is only slightly toxic. Humans, however, are not subjected to controlled experiments and the extent to which dioxin is toxic to humans is a matter of significant controversy.

No immediate human deaths from TCDD exposure have been reported following industrial accidents. Follow-up studies of exposed people have been contradictory in their findings on the contribution of dioxins to mortality and morbidity in humans. For example, studies done by the American Medical Association, the Centers for Disease Control (CDC), the Veterans Administration and others did not find conclusive evidence that dioxin was a carcinogen or teratogen in humans. There is some evidence that dioxin exposure depresses immunity and can result in cancer.[14,15]

These studies and other conflicting reports render it impossible to provide a definitive scientific analysis of the effects of Agent Orange on humans.

PSYCHOLOGICAL PROBLEMS

It has long been understood that service in a war-zone carries both psychological and physical risks. The incidence of war wounds following service in a war-zone has been well documented. In the past, diagnoses such as shell shock, battle fatigue, and traumatic neurosis have been used for the continuing psychological and emotional damage following traumatic war-zone experiences. Following the Vietnam conflict, such reactions were labeled post-Vietnam syndrome and delayed stress reaction. Today the appropriate diagnosis for the enduring psychological sequelae

of traumatic war-zone experiences is post-traumatic stress disorder (PTSD).

The recently completed National Vietnam Veterans Readjustment Study (NVVRS) was a four-year, $10 million Congressionally-mandated effort which studied the readjustment of comparable groups of male and female Vietnam veterans, non-Vietnam veterans (served elsewhere during the same period) and civilians. The study concludes that the majority of Vietnam veterans have successfully reentered civilian life with few psychological problems. A significant minority, however, continue to experience psychological problems.

Approximately 829,000 of 3.1 million Vietnam veterans currently exhibit clinically-significant stress reaction symptoms which may warrant professional attention. Among male Vietnam veterans, 15%, or 479,000, meet the current diagnostic criteria for PTSD, while another 11%, or 350,000, suffer from some PTSD symptomatology. Among female Vietnam veterans, 8.5%, or 610 of the 7,200 women who served in Southeast Asia, currently have diagnosable PTSD, while another 8%, or 560, suffer from some PTSD symptomatology. These rates are dramatically higher than those found in the non-Vietnam veterans and civilians. The lifetime prevalence of PTSD in Vietnam veterans is estimated at 31% for males and 27% for females.

Those most likely to develop PTSD are veterans who experienced the war-zone trauma. Of these, Hispanic and black veterans are more likely to have mental health and life adjustment problems. A particularly tragic finding was that the occurrence of PTSD had a significant negative impact on the spouses, children, and others living with the veteran. Finally, the study found that many Vietnam veterans suffering from PTSD have never used or have discontined using mental health services.[16]

POST-TRAUMATIC STRESS DISORDER

Poor readjustment following traumatization can indicate the presence of a variety of psychological conditions.[17] The most severe nonpsychotic condition resulting from traumatization is post-traumatic stress disorder (PTSD). PTSD is classified in the American Psychiatric Association's DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-III) as an anxiety disorder in which "the essential feature is the development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of human experience."[18]

The components of PTSD are mostly subjective complaints voiced by the patient or his family. Objective findings are minimal and the diagnosis becomes clear only through accurate history taking. It is important for the physician to interview close family members because the patient characteristically is an inept scrutinizer of his or her own feelings and behavior.

PTSD is characterized by:[19]

- A recognized, definitive stress evoking incident such as a bombing, an explosion, battle or incarceration under inhumane conditions. The incident would evoke significant symptoms of distress in almost anyone.
- Recurrent experiencing of this event as evidenced by at least one of the following:
  - Recurrent and intrusive recollections of the event.
  - Recurrent dreams of the event.
  - Sudden acting or feeling as if

the traumatic event were recurring.
  - Intense psychological distress at exposure to events that symbolize or resemble an aspect of the event.
- Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:
  - Efforts to avoid thoughts or feelings associated with the trauma.
  - Efforts to avoid activities or situations that arouse recollections of the trauma.
  - Inability to recall an important aspect of the trauma (psychogenic amnesia).
  - Markedly diminished interest in significant activities.
  - Feeling of detachment or estrangement from others.
  - Restricted range of affect, e.g. unable to have loving feelings.
  - Sense of a foreshortened future.
- Persistent symptoms of increased arousal (not previously present), as indicated by at least two of the following:
  - Difficulty falling or staying asleep.
  - Irritability or outbursts of anger.
  - Difficulty concentrating.
  - Hyper vigilance.
  - Exaggerated startle response.
  - Physiologic reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event.
- Duration of the disturbance symptoms of at least one month.

Many Vietnam veterans are also burdened by tremendous guilt about some aspect of their service. At this point, they are experiencing either a chronic type of PTSD or the delayed onset variety where the symptoms develop after a symptom-free period which can last years.[20]

PTSD - PHYSICAL SYMPTOMS

Although PTSD is classified as a psychological disorder, recent studies indicate a link between PTSD and certain physical health problems.

Studies conducted at the VA Medical Center in Menlo Park, California, and at the Olin E. Teague Veterans' Center in Temple, Texas, showed that the majority of veterans diagnosed as suffering from PTSD also had identified medical problems.[21] Among the most serious illnesses discovered in PTSD patients were:

- The entire range of hypertensive cardiovascular disease.
- Gastrointestinal disorders - including esophageal pain and regurgitation, stomach pain, ulcers, dumping syndrome, and a wide range of digestive problems. In addition, there may be problems with constipation, diarrhea and rectal bleeding.
- Musculoskeletal disorders.

Since the manifestation of physical ailments becomes apparent long before the associated psychological symptoms of PTSD are severe, it is the primary care physician who plays a vital role in the early diagnosis of PTSD. Once diagnosed, the primary care physician and mental health specialist can work together to attack the physical symptoms and associated psychological problems.

DIFFERENTIAL DIAGNOSIS AND COMORBIDITY

The accurate differential diagnosis of war-related PTSD can be difficult for a number of reasons.

First, the veteran does not always make a connection between war-zone experiences and current symptomatology. In fact, he may resist the idea that today's suffering had its genesis 20 years ago. Many times the connection is made only after significant amounts

of psychotherapy.

Second, the veteran may not be an accurate reporter of his past and current problems. Denial and/or distortion may take place. Many times others who live with the veteran can augment self-reported facts and help clarify the history and symptom picture.

Third, many of the symptoms encountered in PTSD are not unique to the disorder and are suggestive of other illnesses such as depression and generalized anxiety disorder or panic disorder. This overlap of symptoms, however, should not obscure the fundamental biological and psychological difference which exist between these conditions.[22]

Finally, there is a high rate of comorbidity between PTSD and conditions such as major depressive episodes and other anxiety disorders. Psychoactive substance use disorders, most commonly alcohol abuse and dependence, is commonly associated with PTSD. The NVVRS found a strong relationship between PTSD and the likelihood of having other psychological disorders. Numerous other studies have also documented the high degree of comorbidity found in cases of PTSD.

RELATED PSYCHOLOGICAL DISORDERS

- DEPRESSION — Depression frequently accompanies other symptoms in PTSD and often meets the DSM-III criteria for depressive disorder. Most researchers find symptoms of depression periodically in a variety of post-traumatic stress disorders. Usually, the depression is not severe enough to be diagnosed as primary depression or major depressive disorder, and it is accompanied by anxiety. Symptoms include feeling sad or blue, being excessively worried or fatigued, feeling tense, being lonely, having trouble concentrating, lacking interest in sexual activity and sometimes having suicidal ideation.[23]
- ANXIETY — The relationship of PTSD to other anxiety disorders is not fully clarified. Both "anxiety" and "panic" reactions are reported in PTSD. Several studies report conscious fear associated with PTSD and it is becoming increasingly common to see studies with significant percentages of patients with PTSD who experience panic attacks and agoraphobia with panic attacks. Both objective and subjective symptoms are associated with the anxiety state. The individual may experience a variety of physical symptoms such as headache, dizziness, gastrointestinal distress, chest discomfort, nausea, tremulousness, and palpitations. The behavioral concomitants would include restlessness, nocturnal dyspnea, irritability, fatigue, insomnia, and distractibility.[24]
- ALCOHOL AND OTHER DRUG ABUSE — Substance abuse is commonly encountered in treating PTSD. Alcohol and other drugs are used to reduce anxiety. Over time, the original trauma of combat, masked by chemical use, becomes buried under layers of subsequent trauma that occur to heavy alcohol or other drug users - loss of a spouse, children, friends and/or a job. Both conditions - PTSD and substance abuse - must be treated.

The NVVRS found that Vietnam veterans with PTSD have used physical and mental health services more than their non-Vietnam and civilian counterparts. Most of these services have been provided outside the Veterans Administration health care system. If the possibility of war-related PTSD exists, the best course is referral to mental health professionals who are experienced in the diagnosis and treatment of PTSD.

Unfortunately, many mental health professionals either do not accept the validity of this diagnosis or are not skillful in making it. Therefore, referrals should be carefully negotiated to avoid such individuals. Mental health professionals in Veterans Administration facilities should be considered first. If this is not feasible or if the veteran resists, then other professionals with PTSD experience should be utilized.

In the case of PTSD, accurate differential diagnosis is critical because of the treatment implications. A diagnosis of PTSD indicates the need for focal treatment. The use of experienced clinicians, therefore, is the course most likely to result in a definitive diagnosis and the formulation of an effective treatment plan. The occurrence of substance abuse or dependence requires that both conditions be treated either simultaneously or sequentially.

Treatment of choice for PTSD is psychotherapy.[25] This may be provided in individual, family or group sessions by any qualified mental health professional. Psychotherapy provides the opportunity to psychologically work through the conflicts and meanings from traumatic warzone experiences and to more fully integrate these into the veteran's psychological makeup.

For some veterans, pharmacotherapy is a useful adjunct to the psychological treatments. Relief from distressing anxiety and depressive symptoms can facilitate some veterans' abilities to participate effectively in psychotherapy when their conditions would otherwise prohibit it. Medication alone, however, is never sufficient to alleviate the suffering found in PTSD.[26] Any medication must be closely monitored because of the increased potential for substance abuse or the possibility of inhibitory effects on psychotherapy. At this point, there are no published reports of controlled studies on the use of medication in the treatment of PTSD.

TREATMENT OF WAR-RELATED STRESS CONDITIONS

INFECTIOUS DISEASES PREVALENT IN SOUTHEAST ASIA

INFECTIOUS DISEASES PREVALENT IN SOUTHEAST ASIA

When evaluating patients who served in Vietnam, it is important to have some understanding of infectious diseases prevalent in Southeast Asia. The most common are melioidosis, tuberculosis, malaria, and intestinal parasites.

- **MELIOIDOSIS** — caused by pseudomonas pseudomallei, an organism found in the waters and soil of Southeast Asia. Infection occurs by inhalation, ingestion, or contamination of open wounds. Melioidosis may present itself as an acute or chronic form of pulmonary, suppurative, or septicemic disease.[27]

  The pulmonary form is most commonly encountered. It presents itself as a lower respiratory tract infection or mimics tuberculosis. Possible symptoms include fever, productive cough, weight loss, pleural pain and hemoptysis. A chest radiograph frequently reveals upper lobe nodular infiltrates and a thin-walled cavity.[28]

  The disease may also present as an acute systemic infection

having abrupt onset and fulminating course. The organism produces disseminated abscesses following septicemic episodes, with symptoms depending on the major site of involvement. Specifically, the patient may develop pneumonia, arthritis, hepatitis, meningitis, encephalitis, or osteomyelitis. Chest radiographs commonly show irregular nodular densities.[29] Abscess may develop in the skin, brain, lung, myocardium, liver, spleen, lymph nodes, or the prostate.[30]

Chronic melioidosis recurs as a necrotizing pneumonia or system abscess usually associated with splenomegaly. Recrudescence has been noted as much as 25 years after exposure.[31]

Host factors may play important roles in the reactivation of the disease. Alcoholic binges, cirrhosis, burns, malignancy, trauma, carcinoma, diabetic ketoacidosis, or intercurrent illness which compromises a host's immune system have been associated with recrudescence.[32]

The organism is resistant to many commonly employed antibiotics, but may respond to chloramphenicol, tetracycline, rifampin, or trimethoprim-sulfamethoxazole. Drugs have been given in combination for sepsis, but single drugs have been used for isolated pulmonary disease. Third-generation cephalosporins, especially ceftazidime, may be effective, but experience with these drugs is limited.[33]

Activation of a latent melioidosis condition should be considered in any Vietnam veteran presenting with a fever of undetermined origin. Hemagglutination and complement fixation titres are effective in establishing the diagnosis. Titres of greater than one to forty suggesting recent or previous infection have been reported in three to nine percent of Vietnam veterans.[34]

- **TUBERCULOSIS** — a common infection in Southeast Asia. According to the Centers for Disease Control (CDC), 41 to 50 percent of Indo-chinese refugees have positive skin tests for tuberculosis with active tuberculosis diagnosed in one to two percent of the cases. Among active cases, 25 percent of isolates are resistant to isoniazide, 22 percent to streptomycin, and three percent to rifampin or ethambutol.[35]
- **MALARIA** — Of the four known types of malarial parasites, two types-plasmodium falciparum and plasmodium vivax - have been reported in Vietnam refugee camps. Standard diagnostic tests, including blood smear for recognition and speciation, are extremely effective.

Treatment for plasmodium falciparum is usually initiated with quinine sulfate, 650 mg three times a day for three days, along with paraprim, 25 mg twice daily, and sulfadiazine, 500 mg four times a day for five days.

In patients with plasmodium vivax, there is a 10 to 15 percent incidence of glucose-6-phosphate dehydrogenase (G6PD) deficient, so it is important to screen for this abnormality before therapy. The recommended treatment is 300 mg of chloroquine at 0, 6, 24, and 48 hours, plus 15 mg of primaquine per day for two weeks. If the patient is G6PD deficient, primaquine should be given in a dose of 45

mg once a week for eight weeks. Carefully check for hemolysis.[17]

- **INTESTINAL PARASITES** — Eosinophilia should alert the physician to the presence of intestinal parasites. The most common parasites found in Vietnam veterans are ascaris, lumbricoides, trichuris triciura and strongyloides steracoralis.

  Recent studies indicate that 1.6 to four percent of Vietnam veterans were seropositive for strongyloides. Serum IGG antibodies against strongyloides using an immunoabsorbent assays are particularly effective in establishing the diagnosis.[17]

  Strongyloides is a nematoide that is capable of persisting for indefinite periods in its host with little or no clinical manifestations. A weakening of the host resistance can result in exacerbation of infection which can often be lethal.[18]

  In most cases, patients with strongyloides infection are asymptomatic. When symptoms do occur, they are usually gastrointestinal. The only clue to diagnosis may be an elevated eosinophil count.[19]

  As with strongyloides, both trichuris and ascaris eggs are demonstrated in the feces of infected patients. Serial stool specimens remain the cornerstone to diagnosing intestinal parasites.[20]

RESOURCES

I. Outpatient Clinics

Outpatient clinics (OC) are a service of the U.S. Department of Veterans Affairs. They provide a variety of medical and psychiatric services to ambulatory veterans.

In Pennsylvania, outpatient clinics are located at:

- Allentown OC
  2937 Hamilton Blvd.
  Allentown, PA 18104
  (215) 776-4304
- Harrisburg OC
  Federal Building
  228 Walnut St.
  Harrisburg, PA 17108
  (717) 782-4590
- Philadelphia OC
  University & Woodland Ave.
  Philadelphia, PA 19104
  (215) 823-5800
- Pittsburgh OC
  1000 Liberty Ave.
  Pittsburgh, PA 15222
  (412) 644-6750

II. VA Hospitals/Agent Orange Coordinators

The VA hospitals provide a full range of services to veterans with both inpatient and outpatient needs. In addition, each Department of Veteran Affairs medical center has an Agent Orange program for evaluating Vietnam veterans.

A special coordinator for Agent Orange services is assigned to each hospital. These coordinators are:

- Frank Morillo
  Altoona VA Hospital
  Pleasant Valley Blvd.
  Altoona, PA 16603
  (814) 943-8164
- Linda McCabe
  Butler VA Hospital
  Butler, PA 16001
  (412) 287-4781
- Joseph Ecker
  Coatesville VA Hospital
  Black Horse Rd.
  Coatesville, PA 19320
  (215) 384-7711

- Elaine Chaffee
  Erie VA Hospital
  135 East 38th St.
  Erie, PA 16501
  (814) 868-8661
- Scott Wertz
  Lebanon VA Hospital
  State Dr.
  Lebanon, PA 17042
  (717) 272-6621
- Barbara Stewart
  Philadelphia VA Hospital
  University and Woodland Aves.
  Philadelphia, PA 19104
  (215) 823-5800
- Cheryl Wehner
  Pittsburgh VA Hospital
  University Drive C
  Pittsburgh, PA 15240
  (412) 683-3000
- Madelyn Denson
  Pittsburgh VA Hospital
  Highland Dr
  Pittsburgh, PA 15206
  (412) 363-4900
- Teresa Norczyk
  Wilkes-Barre VA Hospital
  1111 East End Blvd.
  Wilkes-Barre, PA 18711
  (717) 824-3521

III. Regional Offices

The following regional offices of the Department of Veteran Affairs are responsible for processing requests for veterans' benefits and insurance claims:

- Philadelphia VA Office
  P.O. Box 8079
  5000 Wissahickon Ave.
  Philadelphia, PA 19101
  (800) 822-3920
- Pittsburgh VA Office
  1000 Liberty Ave
  Pittsburgh, PA 15222
  (800) 242-0233

IV. Veterans Centers

The Department of Veterans Affairs has provided community-based veteran centers to provide treatment for Post-Traumatic Stress Disorder (PTSD) and other issues related to Vietnam service. The seven Pennsylvania centers and their team leaders are:

- Vet Center #210
  1026 Arch St.
  Philadelphia, PA 19107
  (215) 627-0238
  Team Leader: Ronald Green, MSW
- Vet Center #211
  954 Penn Ave.
  Pittsburgh, PA 15222
  (412) 765-1193
  Team Leader: Dave McPeak, MA, MPA
- Vet Center #218
  1007 North Front St.
  Harrisburg, PA 17110
  (717) 782-3954
  Team Leader: Claudia Dewane, MSW
- Vet Center #219
  101 E. Olney Ave.
  Philadelphia, PA 19120
  (215) 924-4670
  Team Leader: Juan Malave, MSW
- Vet Center #220
  500 Walnut St.
  McKeesport, PA 15132
  (412) 678-7704
  Team Leader: Dwayne Brokenbeck, MSW
- Vet Center #222
  G. Daniel Baldwin Building
  Suite 1 & 2 (Lobby)
  1000 State St.
  Erie, PA 16501
  (814) 453-7955
  Team Leader: Jack Ehrhardt, MSW
- Vet Center #229
  959 Wyoming Ave.
  Scranton, PA 18509
  (717) 344-2676
  Team Leader: Carol Armille, MSW

V. Governor's Veterans Outreach and Assistance Centers (VOAC)

The Governor's Veterans Outreach and Assistance Centers are responsible for handling referrals for any problems related to a veteran's military service. These centers, managed through the state government system, also assist veterans with employment issues and other concerns. The regional VOAC offices and their directors follow:

- Erie VOAC
  916 Peach St.
  Erie, PA 16501
  (800) 352-0915 or
  (814) 453-5719
  Director: Elmer Smith, Jr.
- Harrisburg VOAC
  1500 North Second St.
  Harrisburg, PA 17102
  (800) 932-0930 or
  (717) 234-1681
  Director: Nicholas Kafkalas
- North Huntingdon VOAC
  13380 Route 30
  North Huntingdon, PA 15642
  (800) 442-6815 or
  (412) 864-7220
  Director: Ed Neimenski
- Pottstown VOAC
  25 Mosser Rd.
  Pottstown, PA 19464
  (800) 247-2323 or
  (215) 326-5233
  Director: James Dunning
- Wilkes-Barre VOAC
  2 Wyoming Ave.
  Wyoming, PA 18644
  (800) 432-9735 or
  (717) 693-2020
  Director: Ronald Faust

VI. Specialized Treatment Units

- **Media VA Out-Patient Center**

  This clinic is a comprehensive mental health facility that offers a full range of social work and psychological services to veterans. It is located at:
  1489 Baltimore Pike
  Suite 107
  Springfield, PA 19064
  (215) 543-1588
  Director: Gary Kunz
- **Mental Hygiene Clinic of the Philadelphia VA Medical Center**

  This center provides treatment for Post-Traumatic Stress Disorder and other psychiatric illnesses related to a veteran's military service. The clinic is located at:
  Broad and Cherry Sts.
  Philadelphia, PA 19102
  (215) 597-0669
  Director: Neal Daneils, PhD
- **PTSD Program**

  The PTSD (Post-Traumatic Stress Disorder) Program is an in-patient facility located at the Veterans Administration Medical Center in Coatesville. The program specializes in treating veterans suffering from long term combat reactions. Its address and telephone number are:
  VAMC
  Coatesville, PA 19320
  (215) 384-7711 (extension 649)
  Director: Steve Silver, PhD

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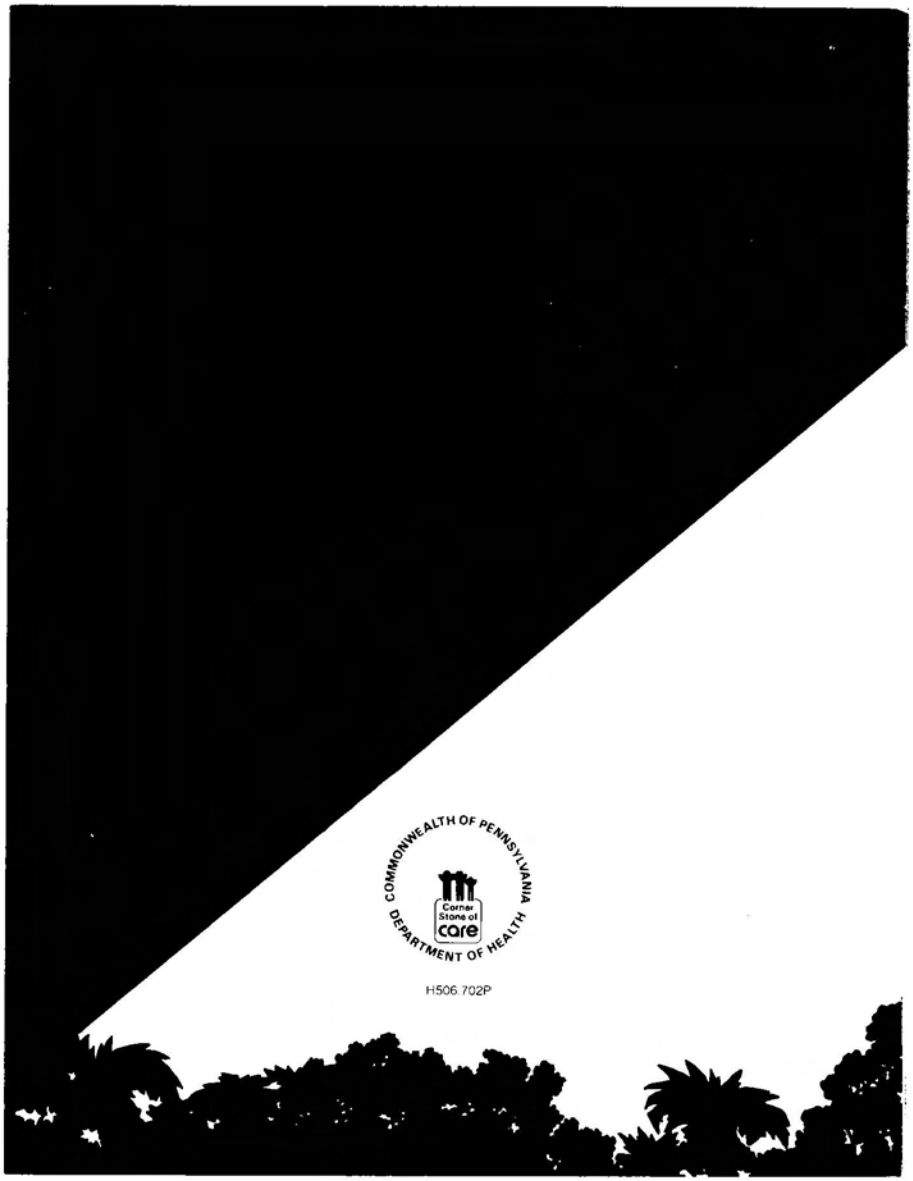
COMMONWEALTH OF PENNSYLVANIA
Corner Stone of care
DEPARTMENT OF HEALTH
H506.702P

My name is John Arthur Liebert and I am a psychiatrist from Seattle, Washington, specializing in the clinical and medicolegal problems of trauma and violence. I was a flight surgeon in a transport squadron with worldwide, logistics responsibilities, including the Republic of Vietnam, from 1964 through 1966. I later entered psychiatry and spent two years as both Chief Resident and a Mental Hygiene Clinic psychiatrist at the Seattle Veterans Hospital from 1966 through 1970. In 1969 I presented one of the first papers on "Post-Vietnam Syndrome" at the **First American Lake Veterans Hospital Symposium on the Returning Veteran.**

My subject today is the special problem of second injury caused by forced silence and disavowal of combat histories in special operations and counterinsurgency veterans. (Second Injury is best defined in the context of studies of concentration camp survivors. Holocaust survivors suffered second injury when their pre-arrest psychiatric histories were considered by German psychiatrists for purposes of assessing medical damages in reparations claims. Obviously, such consideration following so extreme a traumatization, particularly amidst the hygienic field of German psychiatry, compounded psychic numbing with a final kick of dehumanization).

The original title of my presentation on this subject to the American Academy of Forensic Sciences in 1980 was **Marathon Man or Impostor? The Price of Coverup.** I decided to change the name of the paper, because I thought that title would be presumptuous. There is, however, validity in the original title, as the case to be presented involves a question of identity for Matt, the inmate shown under the arrow in a county jail line-up (Figure #1). The question was whether Matt was a 28 year-old offender who, after emerging from the psychedlic drug scene following his 1970 honorable discharge as a non-combat lieutenant in Army Special Forces, committed the prosaic crime of armed robbery. Was Matt, on the contrary, better represented by the photograph of a clean-cut Army officer in Figure #2, honorably discharged in 1971 as a Special Forces Captain with numerous combat medals. The photograph in Figure #2 was taken at graduation from Officer's Candidate School in the United States Army , a fact the Government never disputed.

"Marathon man" aspects of this case derive from pre-sentence investigative findings establishing that Matt most likely emerged from a complex military background, serving from 1966 through 1971 as a Special Forces Captain in international, counterinsurgency warfare. It was determined from that investigation that psychiatric deterioration led to the offender portrait you see in the 1974 jail line-up, (Figure #1). Another "marathon man" aspect of this case derives from the military command for which he served, because Matt's case is not an expose' type of case related to CIA- but strictly military.

Matt was referred to me by his defense attorney in 1974 for pre-trial evaluation. During commission of his crime, he and his accomplice forced their way into a retail store in the Pacific Northwest. When asked whether he would have used the weapons found in his possession, Matt responded, "Heavens no. I hate guns. I saw too many people killed in Cambodia. I am sick and I need a psychiatrist."

Matt stated he had been using hallucinogenic drugs for three weeks prior to the crime. He was, in fact, on federal probation at the time of the crime following conviction for conspiracy to manufacture hallucinogenic drugs in 1972. That conviction followed his refusal to both function as an informant for the DEA and to cooperate or answer questions in a 1972 grand jury investigation of organized crime activity in drug trafficking. This federal conviction followed one year from the date Matt stated he was discharged from the Army, 1971 - but two years following his official discharge in 1970.

There were no military records available at the time of my initial evaluation, but, after five interviews, I felt there was credibility in his version of a military career terminating with federal and state charges. His wife told him that, unless he revealed his background to a psychiatrist, she would divorce him. My examination, therefore, was his first civilian disclosure of any complex military assignments.

Following these interviews, I discovered that Matt was proficient in karate, ocean kayaking and wilderness survival. One day he stopped at my office with his kyak on a car, he was heading for Alaska, prepared for attack by grizzly bears at beach campsites. Further evidence of Matt's combat career and associated mental disturbance was contained in the police report, which stated:

> "Within a matter of minutes the defendant's car was stopped by police officers and the suspects were placed under arrest. Found inside the car was the pack sack with the money taken from the store and also found in the car was a loaded 25 caliber semi-automatic pistol, a loaded 9 mm. semi-automatic pistol and a loaded 38 caliber revolver, an M1 rifle for which there was a loaded clip in the car. In addition to these weapons, two tear gas canisters were also located."

Matt was further described by the victim in the robbery as "scraggly appearing, but very cool."

Because of the paucity of documentation of Matt's military history, his attorney decided not to use a psychiatric defense based on combat-induced neurosis (Posttraumatic Stess Disorder was not an acceptable diagnosis at that time) and resultant dissociative reaction. Instead, the attorney tried the case in an attempt to eliminate the finding of fact, the deadly weapon's charge, which in the State of Washington would have resulted in a mandatory minimum prison sentence of five years.

Matt was a poised and credible witness during the trial and withstood aggressive cross-examination regarding the possession of a gun during the robbery. The jury eliminated the firearm finding, and Matt was convicted of robbery without the finding of a deadly weapon. At this point, he became eligible for probation by Superior Court in the State of Washington. Complicating his Superior Court disposition, however, was a federal probation violation. In Seattle Federal District Court the likelihood of imprisonment following the first probation violation is extremely high. The stakes, therefore, were very high in this case when it was referred to the Pre-sentence Investigation Unit of King County Superior Court. There was an opportunity to place Matt on probation, both federal and state, if his military history could be verified. If, however, he was proven to be an impostor, imprisonment, both federal and state, was a certainty. Failure to convince both federal and state court of the jeopardy of ignoring Matt's true military history would mean the difference between 10 years of combined federal and state imprisonment versus probation, and in my opinion, eliminate the opportunity to restore his loyalty to the United States government. I was afraid that he would turn his counterterrorist skills against our government if invalidated by the second injury of final disavowal from the United States Judiciary, because he was fluent in Marxist and Maoist rhetoric.

The state pre-sentence investigative unit in Seattle was a multi-disciplinary team, retaining the services of both a psychiatrist and psychologist. At that time it was a model, federal LEAA program with unique investigative capacity. The staff psychologist stated in his report,

> "It is important to note from the outset that the subject represents a highly unusual case for the unit in several ways. First of all, it is a very complicated military history which has significant implications relative to his current function. Secondly, many of the aspects of his background required extensive corroboration due to conflicting data. Third, much of the data which we have uncovered is of a sensitive nature. This latter aspect has necessitated a confidential report in the writing of our reports. The end result of all of this is that the subject's evaluation represents the most extensive evaluation this unit has done in terms of man hours, checking independent sources of information, preliminary staffing and interviewing . . . I believe it is fair to say that the limits of the unit were tested, and I believe that the data generated here in making our recommendations to the court were valid and complete".

The documents that I am presenting here, merely a thumb-nail sketch of the pre-sentence investigation, represent approximately 500 hours of clinical and investigative time for the determination of whether a recommendation for prison or probation was to be made to Superior Court.

The conflicting records start with the Army personnel records, not obtained until pre-sentence investigation. The important factual question was whether this man had been in combat or not. Figure #3 is a typewritten confirmation of telephone information from the Army personnel center in St. Louis. In the second line, "overseas duty" is scratched out and reference is made to "conscientious objector status". Military records sent to the Pre-sentence Investigation Unit, therefore, designated him as a conscientious objector who, by implication, had never seen any overseas duty. This official version was confirmed in the Army's discharge paper (Figure #4), showing him to be a Special Forces Lieutenant and Mortar Unit Leader stationed in the Military District of Washington (D.C.) during the peak years of the Vietnam War. The United States Attorney's Office verified this information.

The investigators did not believe that conscientious objectors could enter Special Forces or, if so, that a mortar unit leader could be stationed in Washington DC. during the four peak years of the Vietnam War, 1966-1970. At the bottom of Figure #5, a psychiatric report from Walter Reed Army Hospital concluded with the diagnosis of Inadequate Personality. Ultimately Matt's case revolved around this psychiatric report. It still does. The psychiatric report appears to be a certificate leading to court martial. Allegedly Matt was referred to the psychiatrist, because he was wearing unauthorized Captains' bars and combat ribbons. In the second paragraph the psychiatrist continues,

> "It made him feel pretty good, like he had been in the Republic of Vietnam. Unable to explain what prompted him to do this, he states, 'Never thought anyone would say anything'".

Matt's diagnosis, "Inadequate Personality", synonymous with Casper Milktoast, is no longer an accepted diagnosis, because it has no validity. Walter Reed Army Hospital was unable to find any record of a psychiatric examination having been performed on Matt. I talked to the psychiatrist personally whose name was on the document. He was a psychiatric resident at the time of the alleged evaluation and had absolutely no recollection of having either certified Matt for Court Martial or ever having examined anyone like Matt. As a former military physician, I knew that a doctor would never forget a "Certificate" of this gravity. His response to my reading the document to him was, "It sounds like an amateur job".

The Pre-sentence Investigative Unit could find no record of either an agency or operation designated "Student Detachment" ever having existed in Washington DC. All of Matt's personnel records, however, showed this information with the diagnosis of Inadequate Personality supporting disciplinary actions for wearing unauthorized Captains' bars. It was later confirmed circumstantially, however, that he had infact been a Captain in the United States Army.

An investigator then talked to Matt's estranged ex-wife in an interview which required a 400 mile round trip to the Indian Reservation where she resided. She explained to the investigator that there had been a lot of

conflict in the marital relationship and that Matt had been gone most of the time. She attributed their trouble to the fact that "we never saw each other". She said that when Matt went on a mission, she only knew by his absence. In 1970 he came home from demonstrating in the Washington DC riots all cut up, and she had to clean blood off him. She thought that his superior officers wanted her to divorce him, because she was asking too many questions at the time.

Matt was also interviewed by the head of the "Ted task force" in King County. This task force was established to investigate the disappearance of several women in the Pacific Northwest in the mid 70's. The case is currently cleared as the Ted Bundy case. (3) Matt wanted to assist with information exploring the possibilities of continued body dismemberment by some veterans after returning home. The interviewer and chief of this task force had recently returned from Vietnam, where he had served as a Captain in the military police. Additionally, the head of the pre-sentence investigation was also a former military police Captain, recently returned from Vietnam. Both these experienced criminal and military investigators established unequivicoally that Matt had been in combat in Vietnam despite official military records denying both combat or any overseas duty.

Matt's Army finance records at Fort Benjamin Harris had never been checked by investigators; so, I finally located the custodian of the Army finance records. My notes from the conversation, verified by a third party, included such phrases as :

> "I am only the custodian here. We won't stick our names on the line as to whether the man was overseas or not. We won't commit ourselves. Our records are very sketchy with large gaps in them which we cannot explain. There are circumstances here that I would be concerned about if it were my future."

Because of the pre-sentence findings, which impeached the official military records, Matt was placed on state probation. An aggressive attempt was made by King County Superior Court to block his imprisonment in a Federal facility. The US. Attorney's Office threatened to appeal the federal judge's authority to place this man on probation following probation violation. Matt was therefore committed to the federal prison system where he was evaluated in the Federal medical facility at Springfield, Missouri by a federal prison psychiatrist. This psychiatrist reported,

> "There is no evidence of a thought disorder. At no time during my time with him could I catch him in any way giving information that was false or deviant to that which he had given before. At no time has this individual appeared to be psychotic, although his psychological testing showed a very high paranoid peak. We should be aware that we might be able to check further into his military background although this may be quite difficult."

Documents that were returned to me from the defense attorney placed him in a classified military unit with a history of receiving a Vietnam campaign medal, silver star, purple heart and master parachutist with two years, one month and eight days of overseas service." (Figure 6.) Matt's Effectiveness Report for Special Forces Training placed him in the 94th percentile of his class and thereby impeached the psychiatric report officially diagnosing him as "Casper Milktoast"- or Inadequate Personality (Figure 7).

The consequences of these convoluted legal proceedings include disqualification for Veterans Administration benefits following final appeal in Washington DC. There was no attorney throughout his appeal because of the maximum allowable legal fee of $10.00 per case. I functioned as the subject's advocate, offering to testify at the Appeal Board without expense to the United States government. I was never invited to testify. Matt's Veterans Administration appeal was denied because of pre-existing Inadequate Personality and military records establishing that he had never served overseas. He was therefore found ineligible for combat-related disability. Matt's social security appeal, however, was successful. This appeal was the culmination of an extensive hearing that lasted well into the night.. Coincidentally, the federal administrative judge hearing this case had experience with medical retirements of sensitive military personnel. His ruling was as follows:

> "The administrative law judge was impressed quite favorably by the desire of the claimant, his wife, his doctor and his attorney to get the claimant's military records straight and now to recognize the claimant's true service to his country. The subject is a very intelligent individual who may be able to return to a more normal life and again be regularly employed when time and counseling dim the unpleasant memories of the Special Forces missions. After careful consideration of all the evidence of record, the administrative law judge finds that the disability earning requirements are met."

Official federal personnel records, including what appears to be a fraudulant psychiatric report, were impeached as evidence in this hearing.

One of the problems with this case was that consultants had only sparse documents oriented towards specific questions. I decided that if I were to obtain consultation in this case, I would provide background, or at least a probable context, for a case such as Matts. This background was not familiar to me, although I had been a military physician assigned to a complex military mission.

A couple of vignettes from my notes on Matt's case help to personalize and perhaps clarify it. The last comment the subject made when I asked him, "Now, how do you explain this conflict in your records? How do you explain the disparity - the bizarreness?" He responded,

> "I was TDY only, never permanently stationed. I was always TDY. There were no written records kept. I am expendable."

In jail I asked him the same question. His response was,

> "Dr., all I can say is that in war, truth is the first casualty. Men are second."

In the Politics of Heroin in Southeast Asia, a comprehensive discussion of US Military involvement in the interdiction of opium supplies from Chinese warlords in the Golden Triangle explains the Golden Retriever entry. That operation continues, likely under a different name and agency. It has always involved full-scale combat, and does to this day. (Figure 6)

I have examined eight veterans of special operations since 1974. In general they tend to be highly intelligent, with both a history of athletic success in high school and early recognition, upon arrival in-country, that large scale military operations were more dangerous than either being on their own or attached to multi-national units, including Australians and Koreans. These men bond in psychotherapy and succeed in real life, probably at a higher rate than their cohort of combat veterans. Their military records run the gamut from total disavowal of any overseas duty to non-combat, PCS or TDY transfers to Vietnam.

Roy was allegededly a non-combatant who served several tours of duty in Vietnam as a motor pool specialist. He received a bullet wound to his head. Tom, a marine who recently died, officially had eight weeks TDY as a non-combatant in a MACV motor pool. A Veterans Hospital staff was able to confirm the validity of more than two years of special operations with a multi-national counterinsurgency unit for Tom.

In all my cases, where DD214s disavowed overseas duty under hostile fire, pay records confirm the opposite. In three cases of Factitious post Vietnam Syndrome, wherein men falsely claim Posttraumatic Stress Disorder from special operations in Vietnam, they were all unable to produce documentation on either a DD214 or their finance records of overseas service under hostile fire.

One very convincing case, an inner city police officer with Urban Survival Syndrome from recent combat with gangs, admitted deception, stating "I wasn't in Vietnam. I was on my way. I feel like I was there." The other two cases of Factitious Post-Vietnam Syndrome suffer from pathological narcissism with no evidence of Posttraumatic Stress Disorder. It is not always easy to diagnose Factitious Post-Vietnam Syndrome, however, from a man's presentation, other than when he presents with robust evidence of pathological narcissism, but the scope of this problem demands that more credibility be given their presentations within the VA clinical system. Reckless and naive disavowal of combat histories repeats the blatant errors of German psychiatry following WW II. Holocaust survivors claiming reparations were arrogantly and ignorantly confronted with facts of their pre-arrest neuroses. Such disavowal, in other words, dehumanizes these veterans, thereby causing second injury to them and risking violence.

To understand the bulk of current and officially disavowed veterans, however, a brief historical review of the public record regarding special operations during the Vietnam War is necessary. The secret Viet Cong terrorist network in South Vietnam, known as VCI, provided logistics support to incoming Viet Cong raiders; guides and intelligence for incoming north Vietnamese Army units and taxation as well as conscription of south Vietnamese citizens. It is estimated that direct acts of terrorism by the VCI caused 6,000 deaths, including 1200 hand-picked assassinations of South Vietnamese civilians. Of these assassination victims, 350 were village and hamlet chiefs. Nearly 15,000 south Vietnamese civilians were wounded by the VCI terrorist network.

This VCI was so successful that in 1966 President Johnson appointed Robert Komer to develop an alternative to our conventional military operations and hopelessly entangled intelligence network, to date unsuccessful in checking VCI operational successes.

> "VCI provided pervasive and insidious threat to eventual victory in Vietnam making destruction of the VCI our most formidable task", according to MACV Report dated 6/29/67.

Phoenix became the code name for a new, unified and coordinated counterintelligence and counterterrorist program to destroy the VCI at provincial, district and central levels. To that point there were often more allied operatives in a district than there were counterpart VCI cadre to detect, but there was no coordinated command structure. The new counterterrorist operation, as part of President Johnson's other war, was named Phoenix, after a bird of Egyptian mythology that rises renewed from the ashes of its funeral pyre. Ironically, The Phoenix is also associated with discovery of immortality in medieval alchemy. In Vietnam, however Phoenix meant total destruction of a Viet Cong "government of the night" that employed an estimated 80,000 officials and bureaucrats in a shadow south Vietnamese government. "Exploitation" as documents euphemistically refer to these special operations, were accomplished by secret, small-unit missions, usually at night, into hamlets considered either VCI controlled or contested.

On the heels of the Tet Offensive in 1968, this program deactivated 16,000 VCI officials. Under Westmoreland, Komer directed this program, designated Civil Operations and Revolutionary Development Support (CORDS). He was succeeded by William Colby on 11/6/68. The summary of Colby's instructions follows:

> "The Phoenix program was one of advise, support and assistance to Phung Hung (a parallel RVN-Phoenix program): operations against the VCI, to include collection of intelligence identifying its members, inducing them to abandon their allegiance to the VC (47,000 did in 1969) and rally to the government; capturing and arresting them in order to bring them before provincial security committees for lawful sentencing and, as a final resort, the use of military or police force against them, if no other way of preventing them from their unlawful activities is possible."

Colby further reported that in 1969, 19,534 VCI officials were captured, and 6187 were executed. Each district intelligence coordination center, DICOC, had United States military officers assigned for this project. Reportedly, a total of 450 United States military personnel were assigned to Phoenix, and 20,000 VCI officials and bureaucrats were ultimately killed in Phoenix, allegedly through unintended fire fights or while resisting arrests.

As declassification of our operations in Vietnam proceeds, I believe it will be demonstrated that there were far more US military personnel, particularly non-commissioned personnel, assigned to the Phoenix project. They included Navy Seals, Navy Medics, Air Force personnel, Marines and Special Forces. I believe it will also be reported that, after 1968, when CORDS de-emphasized counter-insurgency operations in favor of pure intelligence gathering, other Phoenix projects were initiated under DIA and other commands, perhaps even bypassing CORDS in Saigon completely. All told Veterans from these operations more likely number in the thousands rather than the reported hundreds. They penetrated all borders of Vietnam, interdicting the VCI network wherever it led, regardless of national boundary. If captured, these veterans are unlikely to be officially registered as POWs., particularly if captured outside the Republic of Vietnam. Believing that American participation in assassinations, executions, violent interrogations, disregard for political and CORDS boundaries or civilized judicial procedures were rare, is naive and just aggravates the guilt that this group of special operations personnel carries to this day. When the typewriters start reporting what just happened in a counterterrorist operation, the first thing to go is the truth, oftentimes with such euphemistic descriptions of execution as deactivation or resisting arrest.

Interestingly, despite what these men did in southeast Asia, they show little evidence of a conduct disorder in adolescence prior to going to Vietnam. In fact one man is an ordained Episcopal priest. He will verify what I have told you.

Ironically, in addition to guilt over face-to-face, pre-meditated killings and violent interrogations, these men have uniquely intense ambivalence to the fall of Saigon in 1975. Operation Phoenix was essentially terminated in 1972, and many of these veterans know they had the war won. Instead their local informants, along with records identifying who they were, were abandoned in our hasty evacuation of Saigon.

It was reported from Saigon by LeMond, a Parisian newspaper, on July 11, 1976,

> "It is realized in Saigon today that Operation Phoenix conducted by the Americans, which involved the elimination of the Communist Party officials, together with the bombings had been fearfully effective. The number of revolutionary cadres is said to have dropped from 90,000 or so before the United States intervened to a maximum of 50,000 in 1975, most of the survivors being soldiers. Party cells were successfully wiped out in the rural districts and decimated in the cities. At the beginning of the new regime there were three thousand militants in Saigon, of whom 2,000 were cadres, not necessarily the best . . . in the last few years of the war, Nguyen Huu Tho, the president of the front told me, 'our activities declined because our comrades have been eliminated. The best of us were sacrificed, and we didn't have enough to run the cities. We had to take people who had revolutionary fervor, but no experience and to bring officials down from the north.'"

General Tran Do, deputy communist commander in the south, called Operation Phoenix extremely destructive. Foreign Minister Nguyen Thach admitted that Phoenix had wiped out many of the bases in south Vietnam and compelled the North Vietnamese army and the Viet Cong to retreat to sanctuaries in Cambodia.

To explain the entry, Birddog, in Figure 6, it is necessary to study the background of contemporary counterinsurgency activity within the United States. Leon Jawarsky, in his book, The Right and the Power. (4) stated,

> " General Haig moved right on, and his soft voice grew grave. 'I am putting the patriotic monkey on your back, Mr. Jawarsky. The situation in this country is almost revolutionary. Things are about to come apart. Our only hope in stabilizing the situation is for the President to be able to announce that someone in whom the country has confidence has agreed to serve.'"

To make sense of Matt's case, one must try to perceive what men in authority perceived at that time There is evidence in the above quotation that Haig's perception was one of imminent revolution. It was not likely a threat of revolution in the streets, or even the kind of violent terrorism Europe and Latin America was experiencing. I would suggest that the threat of revolution was related to crimes of information. Perhaps radical groups were perceived as posing a threat to federal information systems. Matt was searching for MIAs who had been recycled through Eastern Bloc countries in an effort by the Soviet Union to penetrate our most sensitive military systems

> "What I have learned in my study, and I cannot describe this in great detail at the present because the study is only have finished, is that this dilemma becomes an impasse. In many espionage cases the FBI will not even begin the investigation and the Justice Department rarely prosecutes because investigation and the Justice Department rarely prosecutes because investigation or prosecution is fruitless. The intelligence community has determined that to provide and disclose the information first to the FBI or the Justice Department and ultimately to the defendant or the court will jeopardize national security. There are cases of great notoriety such as the Rosenberg case, where the government takes the risk and proceed. But in every case, including the Rosenberg case, this risk must be taken."
>
> What seems to happen in these cases is that the defendant who has engaged in the most heinous form of espionage, who has taken the most sensitive of information has the greatest likelihood of enjoying immunity from prosecution Because the more sensitive the information involved in the criminal case, the more likely it is that the Department of Justice cannot prosecute the case."(5)

Matt believed in this operation because, when captured, his interrogator was not Vietnamese. Former Soviet intelligence officials have testified before Congress recently, corroborating the fears of those who planned Operation Birddog.

Veterans of clandestine special operations are among the most hidden casualties of the Vietnam war. What they have to tell us is very different from other Vietnam combat veterans, because, even more than combat veterans in general, they tell us, like Dustin Hoffman in Mad Dogs, what we never wanted to know about ourselves. At vulnerable times in our lives, under certain circumstances, anyone of us is capable of dehumanizing our fellow human beings with intentional acts of incredible cruelty and violence.

As counterterror becomes a more integral part of our national defense and domestic security, the special problems of the disavowed special operations personnel cannot be glibly and cavalierly shoved aside by agencies like the Veterans Administration whose special mission it is to provide clinical services to the war wounded - not to enforce a national ethic As Soviet psychiatrists will testify right here, we as psychiatrists must be careful which drums we march to It would be comforting to believe that the Phoenix project was tightly bundled by American legislative procedures within our department of Civil Operations and Revolutionary Development Support in Saigon. But, it wasn't and could never be in such a war as that.

Matt would never have lost his Veterans Administration appeal for combat- induced traumatic damages He would never have been sent to federal prison, nor rendered economically impoverished, without forensic medical support for the case of his being an impostor. Conversely, he never would have received early release from the federal prison system and a social security settlement had he not had forensic medical support. This obviously brings up the question of forensic medical ethics. I quote an article from Harper's magazine (6),

> "Psychiatrists, like others . . . . . know how to juggle feelings and words so that they can act basely and till feel good, even virtuous And, finally when political pressure increases, and the authority is exercised and when avoiding the call for hospitalization is no longer possible, corruption takes over the structure of professional existence. How could psychiatry fail to succumb? In the immensely bureaucratized and ultimately value-free society, the classical oaths and verities give way entirely when the anonymous muscle of authority is flexed. Except in rare cases, fear and the need to survive guarantee this "
>
> "So we are dealing with ambiguous and complex circumstances The misdiagnoses are influenced primarily by real or assumed pressure; some are influenced more by a genuine perception of illness, some more by the psychiatrist's belief in the . . . . system, and some by a corrupt cynicism. We are dealing, in other words, with a professional vulnerable to the greatest pressures, protected by the fewest safe-guards, and practiced by people who belong to a species of beings known as Homo S . . . . "
>
> "Yet the profession is still psychiatry, and that species is only a myriad of humankind. Where then is the evil? Having acknowledged complexity what can we condemn? Do we condemn . . . . . psychiatry only for those cases in which pure cynicism and outright corruption prevail? Or do we also condemn it for those cases in which cynicism is merely subsidiary? Just dealing with the complexity blunts our response to abuse. If we try too hard to understand it all, we may be left with nothing to say while the abuse - and misdiagnosis - goes on"

"But there is evil. There is systemic evil. It is evil that circumstances should conspire so that some psychiatrists actually do see dissidents as ill - dissidents who would be judged healthy by psychiatrists anywhere else. If the misdiagnoses were simply a matter of the (authority's) ordering and psychiatrists obeying, then we could condemn only the orderers and the obeyers. But it is more frightening that a political culture could arise in which orders do not have to be given because no one has to be told, in which people, psychiatrists included, act to satisfy expectations they are not even sure exist. And it is more damning that such a culture can distort the way people - psychiatrists included - see one another, so that courage is perceived as madness and deviance as disease."

This is a relevant article, although titled "Diagnosing Soviet Dissidents", by Walter Reich, MD., Harper's magazine, August, 1978. In counterpoint to Dr. Reich's statement, I quote a poem written by Mattt while incarcerated in the county jail.

SOBERING

Once in Vietnam, I saw a boy, sport of our fear, hurled in front of a deuce and a half.

When war is over, so is youth and the task of rebuilding for poets and madmen.

But poets commit suicide and madmen go sane, which is, of course, suicide also.

Who notices.

Memorials are a posthumous humor

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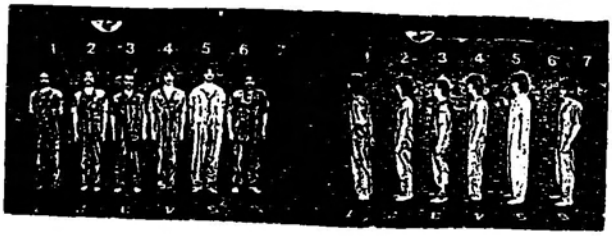

Figure 1

Figure 2

9/25/75
TC, Major Smith, St. Louis, Mo.

Figure 3

Information received from Personnel Records Center, St. Louis, Missouri by telephone.

Subject entered the U. S. Army as a 2nd Lt.
~~Overseas duty~~ - January 1965 through March 1966

(Conscientious objector) - religious affiliation to Jehova's Witness. Re-classified 1-A. Appointed 2nd Lt. 4/21/69.

Discharge date - August 27, 1970 as 2nd Lt. Honorable discharge, general discharge.

April 1968 - OCS
February 1967 - April 1967 - Fort Lewis, WA.
April 1967 - April 10, 1967 - Maryland

July 29, 1970, submitted letter through CO to General for resignation. Ft. Myers is where he resigned.

Conduct

Wore insignia of Capt. which was not authorized. Unauthorized absence from class. Not wearing proper uniform.

Diagnosis from Psychiatric Report

Inadequate personality, low self-esteem
Able to distinguish right from wrong.

For Psychiatric Report, write to:

Commanding Officer, U.S. Army
Reserve Component
Personnel Administration
9700 Page Boulevard
St. Louis, Mo. 63132

On envelope, be sure to type "PLEASE DO NOT OPEN IN MAILROOM" and underline in red.

TRANSFER OR DATA

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: USA Sta Det NDW, Washington, D. C.

13a. CHARACTER OF SERVICE: UNDER HONORABLE CONDITIONS

6. TYPE OF CERTIFICATE ISSUED: DD Form 257A

14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: N/A

15. REENLISTMENT CODE: NA

14. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION: DAY / MONTH: NA / YEAR

17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION — a. SOURCE OF ENTRY: ☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED ☒ OTHER Commissioned OCS

b. TERM OF SERVICE (Years): NA

c. DATE OF ENTRY: DAY 22 / MONTH Apr / YEAR 69

18. PRIOR REGULAR ENLISTMENTS: NA

19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: 2LT

20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Fort Benning, Georgia

SERVICE DATA

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, R.F.D., City, County, State and ZIP Code): 4045 149th Street S. E. Bellevue, Washington

22. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	1	4	6
	(2) OTHER SERVICE	2	2	16
	(3) TOTAL (Line (1) plus Line (2))	3	6	22
b. TOTAL ACTIVE SERVICE		3	6	22
c. FOREIGN AND/OR SEA SERVICE		0	0	0

23a. SPECIALTY NUMBER & TITLE: 31542 SF Officer

b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: NA

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NDSM * CGMDL * Parachute Badge

25. EDUCATION AND TRAINING COMPLETED: USAIS / Inf OCS Cand / 23 Jun / 1969; USAIS / ABN # 37 / 3 Jun / 1969

VA AND EDM SERVICE DATA

26a. NONPAY PERIODS TIME LOST (Preceding Five Years): None

b. DAYS ACCRUED LEAVE PAID: None

27a. INSURANCE IN FORCE (NSLI or USGLI): ☐ YES ☒ NO

b. AMOUNT OF ALLOTMENT: NA

c. MONTH ALLOTMENT DISCONTINUED: NA

28. VA CLAIM NUMBER: None

29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: ☐ $10,000 ☐ $5,000 ☐ NONE X $15,000

REMARKS

30. REMARKS: Civilian Education: 12 yrs (12); Blood Group: O; Item 5a: Form 2LT USAR aptd 22 Apr 69

Figure 4

DEPARTMENT OF PSYCHIATRY & NEUROLOGY
CONSULTATION SERVICE
WALTER REED GENERAL HOSPITAL
WALTER REED ARMY MEDICAL CENTER, WASH D.C.

15 June 1970

C E R T I F I C A T E

1. I certify that 2/Lt. Mich Student Detachmer NDW, a 23 year old caucasian male with approximately 40 months active duty service was seen on 3 June and 11 June 1970 at Walter Reed General Hospital EPOP Clinic at the request of his company commander.
NOGRO PSYCHIATRIC OUT PATIENT

4. FINDINGS & CONCLUSIONS:

A. Diagnosis - Inadequate personality, chronic, with recent stress a to already low self-esteem.

B. Subject is able to distinguish right from wrong and is able to ad to the right. He is mentally capable of understanding and partici in his own defense.

C. Subject is cleared for action deemed appropriate by command.

DCL COULDNG BE INTER SX SPYING

CPT MC
Psychiatry Consultation
WRGH

9

Figure 5

TRANSFER OR DISCHARGE DATA

Discharge — Fort Myer, Virginia

a. REASON AND AUTHORITY: Chapter XIV AR 635-100 SPN 611 Completion of AD Commitment

4. EFFECTIVE DATE: DAY 27, MONTH Aug, YEAR 71

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: OSA MDW, Washington, D.C.

13a. CHARACTER OF SERVICE: HONORABLE

b. TYPE OF DISCHARGE CERTIFICATE ISSUED: DA 256A

14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: USAR Control Group (STANDBY) USARC St. Louis, Missouri 63132

15. REENLISTMENT CODE: NA

SERVICE DATA

16. TERMINAL DATE OF RESERVE LIMITED OBLIGATION: DAY 2, MONTH May, YEAR 72

17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION — a. SOURCE OF ENTRY: ☐ ENLISTED (Prior Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED ☒ OTHER Commissioned OCS

b. TERM OF SERVICE (Years): NA

c. DATE OF ENTRY: DAY 22, MONTH Apr, YEAR 68

18. PRIOR REGULAR ENLISTMENTS: NA

19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: CAPT

20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Fort Benning, Georgia

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): [redacted]

22. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	3	4	6
	(2) OTHER SERVICE	2	2	16
	(3) TOTAL (Lines (1) plus Line (2))	5	6	22
b. TOTAL ACTIVE SERVICE		5	6	22
c. FOREIGN AND/OR SEA SERVICE		2	1	8

23. SPECIALTY NUMBER & TITLE: 31542 Officer

a. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: NA

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

National Defense Service Medal
Good Conduct Medal
Expert (Rifle M16), CIB,
Special Order #173; Bronze Star, Purple Heart (1st)
Special Order#343; Purple Heart (2nd), Air Medal
Vietnam Service, Vietnam Campaign, Silver Star,
Purple Heart (3rd) Master Parachutist

25. EDUCATION AND TRAINING COMPLETED

USA INF SCH Oct67-Apr68 Inf Off Cand

USA INF SCH Apr68 Airborne #37 3wks

Figure 6

S-4, Detachment B-1, Company A, 7th Special Forces Group (Airborne), 1st Special Forces (Counterinsurgency)

a. MAJOR ADDITIONAL DUTIES

PART VI - PERFORMANCE OF DUTY FACTORS (Read paragraph 4-31, AR 623-105)

RATER	INDORSER	a. DISPLAYS A PROFESSIONAL KNOWLEDGE OF ASSIGNED DUTIES	b. MANAGES RESOURCES EFFICIENTLY AND ECONOMICALLY	c. ESTABLISHES AND ACHIEVES HIGH STANDARDS OF PERFORMANCE	d. FULFILLS HIS RESPONSIBILITIES IN THE DEVELOPMENT OF SUBORDINATES	e. PLANS BEYOND THE IMMEDIATE REQUIREMENTS OF ASSIGNED DUTIES	f. DELEGATES AUTHORITY AS APPROPRIATE	g. EXERCISES PROPER DEGREE OF SUPERVISION	h. COMMANDS CONFIDENCE AND RESPECT	i. ACCEPTS FULL RESPONSIBILITY FOR HIS ACTIONS	j. WILLINGLY ACCEPTS AND ACTS UPON SUGGESTIONS AND CONSTRUCTIVE CRITICISM	k. EXPRESSES HIMSELF CLEARLY AND CONCISELY ORALLY	l. EXPRESSES HIMSELF CLEARLY AND CONCISELY IN WRITING	m. MAINTAINS AN APPROPRIATE LEVEL OF PHYSICAL FITNESS	n. HAS CONCERN FOR THE WELFARE OF SUBORDINATES
1	2														
1	1														
1	1														
1	1														
1	1														
1	1														
2	2														
1	1														
1	1														
1	1														
1	1														
1	N/O														
1	1														
1	1														

Scale: 1 TOP, 2 SECOND, 3 MIDDLE, 4 FOURTH, 5 BOTTOM, N/O NOT OBSERVED

PART VII - DEMONSTRATED PERFORMANCE OF PRESENT DUTY (Read paragraph 4-32, AR 623-105)

RATER	INDORSER	
		PERFORMS THIS DUTY BETTER THAN ANY OTHER OFFICER I KNOW*
X		PERFORMANCE OF THIS DUTY EQUALED BY VERY FEW OFFICERS
	X	PERFORMS THIS DUTY BETTER THAN MOST OFFICERS
		PERFORMS THIS DUTY AS WELL AS MOST OFFICERS*
		PERFORMANCE OF THIS DUTY MEETS MINIMUM STANDARDS
		PERFORMS THIS DUTY IN AN UNSATISFACTORY MANNER*

PART VIII - PROMOTION POTENTIAL (Read paragraph 4-33, AR 623-105)

a	b	
		PROMOTE AHEAD OF CONTEMPORARIES
		EXHIBITS CHARACTERISTICS WHICH SHOULD BRING HIM TO THE HIGHEST POSITIONS IN THE ARMY
X	X	PROMOTE ALONG WITH CONTEMPORARIES
		DO NOT PROMOTE AT THIS TIME*
		DO NOT PROMOTE THIS OFFICER*

PART IX - SCHOOLING POTENTIAL (Read paragraph 4-34, AR 623-105)

a	b	
BASIC		HIGHEST MILITARY SCHOOL COMPLETED
		SENIOR SERVICE COLLEGE AHEAD OF CONTEMPORARIES
		SENIOR SERVICE COLLEGE WITH CONTEMPORARIES
		CGSC OR EQUIVALENT AHEAD OF CONTEMPORARIES
X	X	CGSC OR EQUIVALENT WITH CONTEMPORARIES
		NOT RECOMMENDED FOR FURTHER SCHOOLING AT THIS TIME
		NOT APPLICABLE
		OTHER (Specify below)

RATER

INDORSER

PART X - ASSIGNMENT POTENTIAL (Read paragraph 4-35, AR 623-105)

a	b	
2	1	POTENTIAL FOR HIGHER LEVEL COMMAND
2	2	POTENTIAL FOR HIGHER LEVEL STAFF

PART XI - COMMENTS (Read paragraph 4-31, AR 623-105)

a. RATER: 2LT [redacted] is an outstanding leader who accepts only the highest standards of performance from himself and inspires his subordinates to exert themselves to the utmost in order to live up to his example. In assuming duties of S-4 in my detachment he immediately displayed great initiative in seeking out methods to improve the efficiency of the S-4 shop. Through his supervision and diligence, the S-4 section received a superior rating on the CMMA inspection. 2LT [redacted] demonstrates outstanding potential for rapid development.

b. INDORSER: [redacted] WAS UNABLE TO EVALUATE THIS OFFICER FOR THE FOLLOWING REASON: 2LT [redacted] as a B-Detachment S-4 officer, organized and supervised the operation of his S-4 shop with the drive that is not often found in a person with this assignment. During the entire period of his assignment he was faced with personnel shortages. This made it difficult for him to have the proper maintenance pulled on his TOE equipment, but with the initiative and adaptability required of a junior officer his equipment was kept in a constant state of readiness. He has been assigned other

PART XII - OVERALL VALUE TO THE SERVICE (Read paragraph 4-31, AR 623-105)

a. OFFICERS OF THIS GRADE PERFORMING SIMILAR FUNCTIONS CURRENTLY RATED	TOTAL	PLACEMENT OF OFFICERS (Enter in appropriate block) BOTTOM 5TH	FOURTH	MIDDLE	SECOND	TOP	RANKING WITHIN OVERALL GROUP
	9	1	2	3	2	1	6 of 9
				2	1		2 of 3

Figure 7

PREVENTION OF STRESS DISORDERS IN MILITARY AND POLICE ORGANIZATION

John Liebert, M.D.

SCOPE OF PROBLEM

Police and military occupations share the uniquely necessary capability for delivery of deadly force within an authoritarian command structure. Although these two distinctive organizational features vary greatly in execution from organization to organization, they nevertheless are essential determinants of illness and health within police and military personnel. It is the purpose of this paper, therefore, to demonstrate how police and military commands can reduce both the incidence and severity of stress disorders among their personnel through specific management techniques applied to the issues of both deadly force and chain of command.

Occupational stress disorders present in a variety of psychiatric syndromes including classic posttraumatic stress disorder; stress-induced dysthymic, somatoform, and impulse disorders, popularly referred to as burnout; panic, anxiety, and phobia disorders; or adjustment disorders. Personality traits and disorders are more significant determinants of psychopathology in adjustment disorders than in occupational burnout where the severity of chronic environmental stress overwhelms a broad spectrum of psychological defense patterns, both healthy and predisposed to morbidity. These psychiatric disorders are frequently associated with or complicated by other conditions as follows: Traumatic brain disorders, essential hypertension, headache, coronary artery disease, peptic ulcer disease, motility disturbances of the gastrointestinal tract, asthmatic bronchitis, and a variety of traumatic amputations and internal injuries.

Additionally there are a number of extremely important modifying factors, which, although not in and of themselves overwhelmingly traumatic, nevertheless modulate the degree of experienced trauma.

There are also factors unique to military and police occupations that enhance trauma. Radical shifts from passivity to overactivity overwhelm the ego. Unexpected danger from devastating booby traps, misinformation, and security breaches are just a few examples of unexpected trauma. Often personnel are in unique situations where they are exposed to brutality as a participant, victim, or third party. Military and police personnel cannot avoid situations where a backup unit or partner uses excessive or sadistic force, a brutalized victim needs attention, or they themselves are terrorized in riots or guerilla warfare.

Another important factor is the authority figures upon whom these personnel depend. If they are viewed as unreliable, unconcerned, inexperienced, or politically motivated, the essential structure of command and trust begins to break down. The ramifications of loss of trust are immense. An untrustworthy command structure enhances the development of poor morale, which eventually leads to a breakdown of individual values with resultant increased brutality, vigilantism, drug abuse, corruption, isolation, and guilt about sadistic acts committed.

Ambivalent situations, for example, where one has to make a decision to shoot or not to shoot, also enhance the trauma. Such situations become especially provocative when military or police personnel's split-second decisions are examined at length by their superiors or the public.

Personality traits and patterns result in marked variations of psychopathology, except in response to extreme trauma that would overwhelm any ego. Individuals with a background of childhood brutality and/or molestation can be especially susceptible to the development of grandiose rescue expectations and then become enraged and depressed as the defense of denial fails. At such a point, these individuals often recognize their own vulnerability and become extremely frightened and depressed.

B.T., a police officer, had been abandoned by her mother shortly after birth. She was moved frequently between relatives and foster homes. At one point she was tied to a stake in the back yard with the family dog. She was so poorly nourished that she developed a swollen abdomen and lightly colored hair, hallmarks of severe malnutrition. She was finally adopted at age five. Her duties as an officer often brought her into contact with traumatized children and adolescents. Often these individuals had suffered brutality at the hands of their parents or had been beaten and raped. As she began to recognize that she could not rescue such individuals, she began to overidentify with them, resulting in feelings of rage, helplessness, and despair. She eventually became totally disabled, as her emotions became so labile that she could not perform her duties reliably.

Those individuals who were treated cruelly or brutally as children can, of course, also become brutal.

Another police officer was brutally beaten by his father. As a young adolescent, he was hung by his hands from the cellar rafters and beaten with a hose. As a policeman, he became extremely distant and numb, and overreacted to threatening situations. As he became increasingly unable to suppress his rage, which was really directed toward his father, he eventually had to be removed from duty, as he became extremely brutal and seriously injured several civilians.

The age at which trauma occurs can also play an important role in continuing personality development. This was particularly true in Vietnam, where immature 18 year olds, who were completely unprepared for what they saw, became exceptionally sensitive to issues of overidealization and dependency upon authority figures. When expectations associated with such needs were not met, personality development arrested with consequent psychopathology.

A Vietnam veteran reported that he arrived in Vietnam terrified at age 18. He became very dependent upon authority figures and consequently very loyal. After several months, a reliable, consistent, and benevolent leader was killed and replaced by a "90-day Wonder." He then found himself in an unconscionable situation. He witnessed friends killed secondary to careless commands. He felt he was sent on needless missions that were suicidal. He was forced to dig up putrefying enemy soldiers who had been dead for several days, simply to increase the body count. He gradually lost all respect for authority and became homicidal. Since his return to the States, he has had chronic conflicts with authority figures, manifested by repeated altercations with police and an inability to maintain employment secondary to an attitude of "not taking any bullshit from anyone."

Symptomatology that appears to be secondary to personality disorders, particularly Borderline Personality Disorder, can actually be due to compensatory defenses mixed with continuing psychopathology secondary to trauma. For example, a pattern of pervasive depression with repeated suicide attempts, drug abuse, isolation, preoccupation with the meaninglessness of life, and an inability to form intimate relationships can appear to be secondary to Borderline Personality, but may actually be due to symptoms associated with Posttraumatic Stress Disorder. Such "adaptations" become fixed and endure and take on the appearance of a personality disorder.

The excessive demands for isolation of affect and control in the compulsive personality are particularly prone to the unexpected and uncontrollable threats to life and emotional dysregulation. Reaction formations against sadistic or violent impulses in these individuals leave them exceedingly vulnerable to ego disintegration.

Excessive uses of defenses such as grandiosity, projection, and splitting can be devastating, of course, when issues such as power, self-esteem, real helplessness, and arbitrary judgments of good and evil in association with aggression are omnipresent. Hypermasculinity and risk-taking behavior in defiance of castration anxiety can ultimately lead to personality disintegration in these occupations. Unfortunately,

individuals who possess these traits and defenses are often attracted to an occupation that may seductively promise omnipotent control, infinite sacrifice, and the ultimate in risk and aggression in the guise of grandiose ideals. In addition, there is always the imminent threat of annihilation by another human being.

TERTIARY PREVENTION

Efforts to reduce the number of psychiatric casualties in police and military organizations by denial or neglect of illness can lead to reckless and even negligent statistical challenges. Dr. Spragg, division psychiatrist for Australian forces in Vietnam, reported the resistance to evacuation implicit in the U.S. Army's plan of immediacy and expectancy. The Pentagon's one-year limit on minimum tours of duty in Vietnam led to a basic evacuation philosophy; young men can take anything for a year. Anything, perhaps, but the brutality, command ambiguities, corruption, and confusion of terrorism and counterterrorism in Southeast Asia. Certainly, a large percentage of the improvement in the psychiatric casualty rate of Vietnam compared to previous wars was accomplished at the cost of a high incidence of delayed stress disorders among Vietnam veterans today. Likewise, well-meaning police pension boards courageously buck the current trend towards increasing numbers of stress disability pensions by ordering sick and dangerous police officers back to duty. Police officers have been inappropriately and prematurely returned to duty while still suffering from the effects of postshooting traumatic stress disorder and myocardial infarction. The naivete of these boards and their medical consultants as to the psychological effects of police work, including its specific issues of extreme autonomic arousal, discretion to kill, and inevitably strenuous fights is astounding. Such statistical manipulations of police medical retirement statistics inevitably convert stress dysphoria into conduct disturbances, more amenable to the disciplinary dispositions of authoritarian administration than the politically sensitive exposure of police disability pensions. Again, resistance to treat stress disorders for fear of statistical exposure of an administrative failure, as in Vietnam, merely transfers the problem of stress disorders from command responsibility to civilian institutions such as public assistance, the Veterans Administration, probation services, and the private medical sector.

Acceptance of the fact of stress disorders within these occupations and referral for appropriate clinical services requires top-level command support for in-house clinical staff and line supervisors. If staff clinicians are afraid of top management's disapproval of regular and perhaps frequent referral for necessary psychiatric treatment, stress disorders jeopardize the entire organization. One has to only imagine the cost to Western security caused by the mental illness of West Germany's Chief of Counterintelligence who recently defected to East Germany for allegedly personal reasons. Seriously disturbed troops too frequently were returned to duty in Vietnam, jeopardizing the lives of comrades, civilians, and themselves, and compounding emotional conflicts in medical personnel responsible for their well-being.

Inappropriate dispositions can be as damaging as no dispositions. Ignoring autonomic hyperarousal problems, reliving, and survival guilt in recurrent drug and alcohol rehabilitation programs can dry out the kindling for a smoldering, underlying stress disorder and precipitate a fulminating illness.

In true stress disorders, an unbiased clinical judgment must be made about the relative importance of acute trauma or cumulative stress versus premorbid personality disorder in the emergence of dysphoria, impulsive behavior, social maladjustment, and cognitive dysfunction. If it is determined that the major contributor to aberrant behavior or dysphoria is the premorbid existence of a personality disorder and that a particular stress is a minor factor, then a medical disposition that might encourage secondary gain or even malingering is contraindicated. If, however, aberrant behavior develops insidiously or acutely following unique, chronic stress circumstances or acute trauma, then clinical attention must be timely and adequate, including in some cases removal from duty and even hospitalization to prevent potentially destructive behavior or further ego deterioration. Malingering and secondary gain are important considerations in the management of these patients, particularly in the noxious environment of combat and lucrative disability pensions, but the immediate problems of affective restriction or volatility, disabling depression, social withdrawal, impulse

dyscontrol, and hyperarousal are first priorities for the clinician. These issues may not be first priorities for pension adjudicators and commanders who are vigilant for pension abusers and cowards respectively.

Abreaction of intense affect accompanied by management of excessive swings in affect, autonomic arousal, and impulse behavior is central to psychotherapy and psychopharmacotherapy of these patients. Isolation from the environment that threatens to overwhelm the patient's ego may be necessary to prevent cognitive deterioration or destructive loss of impulse control. Isolation from the threatening environment must be balanced, however, against the patient's need for social support from peers and vulnerability to feelings of abandonment, guilt, and alienation if not returned to duty. The therapist's tolerance for the patient's intense affect and his fantasies of destruction or destructiveness are necessary as are skillful titrating of anxiolytic and antidepressant medications to suppress reliving, insomnia, autonomic hyperarousal, impulsive behavior, and dysphoria.

Inderal is effective for reliving and hyperarousal. Tofranil and MAOI's are useful for nightmares and dysphoria. Short-term use of Benzodiazopines for anxiety or panic are indicated as are neuroleptics for brief reactive psychoses. Gradual return to duty is indicated when the patient's status no longer jeopardizes either the patient or the organization's well-being and function. As obvious as the recommendation for gradual reentry seems in this complicated era of police and counterterrorist operations, there are oftentimes inadequate administrative controls for fitness determinations with the single exception of the Human Reliability Program for nuclear weapons handling in the United States Armed Forces.

SECONDARY PREVENTION

Early identification of stress disorders is the most promising area of prevention. Line supervisors can be taught to recognize personality changes in their subordinates that are early indicators of stress disorders. Withdrawal, loss of humor, and marital conflict often signal the development of a disturbance in intimacy leading ultimately to the numbing of full-blown Posttraumatic Stress Disorder or occupational burnout. Numbing and more subtle premonitory disturbances of intimacy are responsive to the patient's fear of emotional arousal and can result in the disruptive approach and avoidance behavior more typical of Borderline Personality Disorder psychopathology. Irritability, excessive stimulation, or depression can easily be observed by a supervisor. Impulsive behavior such as excessive force, sadism, substance abuse, and gambling can also be observed and may be early indicators of stress disorders. Insomnia and somatic complaints such as low-back pain, chest pain, concerns about blood pressure, gastrointestinal distress, and frequent respiratory infections are very common early warning indicators. When educated to these early warning indicators, front-line supervisors will refer their officers for clinical evaluation, either in-house or to an outside clinician, if they believe such referrals will not result in disapproval by upper-level command.

The varying cultures of police and military organizations demand a variety of early identification and referral procedures that minimize the threat to a person's career when labeled a psychiatric case; in some departments, these officers are labeled "220's" after the $2.20 fee the police were paid for transporting mental patients to the hospital. Gossip, mutual distrust, and suspicion of malingering and cowardice abound within police and military organizations and make the process of identification and clinical referral a sensitive one for line supervisors and clinical staff alike.

Some police departments require clinical evaluations and crisis oriented psychotherapy immediately following use of deadly force, and the subject officers welcome the opportunity to assimilate the abnormal experience of intentionally killing another human being at close range. The St. Louis Police Department has utilized a charge of resisting arrest to flag potential problem officers for clinical evaluations. The U.S. Air Force marks the medical files of all personnel handling nuclear weapons, as well as members of their family, with red triangles in order to alert physicians to potential medical and psychiatric problems that could lead to stress disorders in these critical personnel. The Human Reliability Program has been in effect for some years and was designed to reduce the risk of a nuclear accident; it appears to be working. Limitations to early

identification and referral come more from the culture of an organization and its definition by top co personnel than visibility of telltale symptoms. Standards for exposure to trauma could be developed th profile high-risk individuals such as those who have experienced severe losses in line of duty, killed range, or witnessed extreme brutalization. Such standards could be developed in a fashion similar Holmes/Rahe Stress Assessment by interviewing a large number of police officers and combat vetera asking them to rate the intensity of a variety of traumas from their own experience.

PRIMARY PREVENTION

The selection of top command personnel is where the entire process of prevention begins. T command's attitude towards psychology, human beings, and psychiatric disability begins the pro prevention of stress disorders. Likewise, command personnel can end any hope of early recognition o disorders if they are threatened by psychological issues or helplessly prejudiced against them. There a potential built-in contradiction between the type of individual that is going to seek this type of p because of a need to control himself/herself and others and the opportunity to vicariously act out v antisocial impulses or omnipotent needs through the officers.

Achievement is difficult to assess in military and police organizations and difficult to reward b of the lack of financial incentives. Nonetheless, command personnel should be individuals with qualifications as chief executive officers and must come from sound and competent chief executive backg rather than "good ole boy" up through the ranks background. The successful Beirut terrorist act and but certainly not all, police and military fiascoes are preventable. It is essential to identify the characteristics of top commanders, and it must be decided whether they need to come up through the as police officers or military academy graduates or be selected strictly on the basis of personality c Promotion policies need to address the preference for truly good leaders over those unfairly favored b of particular career routes in certain units and schools, such as military academies, submarine servic major crimes investigations or proficiency in examinations sometimes gained while studying at the e of buddies absorbing their workloads in the field. Affirmative action is a delicate and sensitive issue.

Upper command personnel must do what they can to avoid the "Catch 22" syndrome that put line personnel in irreconcilable conflicts. There is no way, for example, that a city can improve police-c relations at the same time it is pushing its officers to write seven traffic tickets a day. This policy is extr widespread, ruins officers, and ruins organizational morale. Line personnel cannot be encouraged in unw orders to be excessively aggressive and then be penalized when they overreact. For example, if patrol of are supposed to contain prostitution in a certain area, it must be directly communicated to them fror command, and top command must take equal responsibility for repercussions of this aggressive enforce activity. Top command must be sensitive to the demoralization caused by black marketeering when its t discover tons of their own most modern equipment, including the much-needed poncho liners in Viet within enemy arms caches. To prevent public scandals in the military and police organizations, frequ these organizations are "scandalproofed" at the risk of creating increased distrust, paranoia, and suppre of innovation. Scandalproofing requires an increase in command personnel in order to avoid narrow cha required for upward directed payoff systems. Unfortunately, too much brass can cause too much bureau with its consequent stifling of innovation and delegation of authority in a morass of internal political co

Upper management must communicate goals to its personnel and front-line supervisors and no react to crises; crisis-based management is inevitable in military and police organizations because of the n of their operations--crises. Still, a strategy is required, and any strategy, if sensible, is better than none. example, police departments could present a strategy of keeping murderers or vulnerable people such as kids off the streets. Military commanders could formulate and execute unambiguous strategies of protr war with limited goals to be fought with special forces or use of maximum fire power that denies refug the enemy. Top command personnel must be sensitive to the causes they are asked to delegate to personnel. The value of protecting Central America or Southeast Asia from Communist insurgency mu

perceived by field personnel as a tangible ideal, or it should be delegated to other agencies. Too often Vietnam veterans become disillusioned, feeling like they were mercenaries. It must be decided in the complex counterinsurgency environment of the nuclear stalemate whether large units with maximum fire power or small scale counterinsurgency operations will be used. Strategic decisions need to be made instead of ambiguous commitments to multiple divergent strategies as was the case in Vietnam.

Tactics must be a constant subject of discussion within police and military organizations because there is no concrete answer to the ultimate issues of deadly force. Issues such as shoot/no shoot, visibility of shotguns in police cars, tactics of suppressing sniper fire in an urban environment or containing a fleeing felon must constantly be debated within the organization. This helps to create an honest environment for decisive action when it ultimately is needed; too often personnel in police and military actions are left alone to make their own decisions against a backdrop of unsupportive Monday morning quarterbacking, leading to a profound sense of abandonment.

Commanders must constantly be concerned about their personnel's safety, whether it is in the police or the military environment. Overly aggressive "high diddle diddle up the middle" operations in Vietnam were disastrous in terms of generating casualties and ultimately were probably responsible for the phenomenon of fragging in Vietnam. It may make good television to apprehend a bank robber redhanded in the course of a robbery, but it will preserve life and limb to apprehend him after the robbery. Commanders must decide on the basis of preserving human life in their own unit as to whether it is necessary to take a hill immediately or whether it can wait until resistance is reduced.

Control of one's self and the environment is an important issue in occupational mental health, but particularly important in police and military service. Training and recurrent training are certainly important mechanisms to provide personnel with confidence in their ability to control their environment. Clear, unambiguous, nonhypocritical statements regarding drug and alcohol abuse within police and military organizations, of course, is necessary. The hypocrisy regarding this issue is legion: Alcoholic commanders can hardly convey an appropriate model for their personnel. Similarly, physical health must be encouraged, and, therefore, police officers cannot be expected to safely participate in high-speed chases or engage in multiple street fights following triple bypass cardiac surgery. Maintenance of equipment is necessary in order to convey to personnel that top command cares about what happens to them. Brakes that fail, deadly weapons found in the back seats of police cars at shift changes, and inferior weapons convey devaluing messages of expendability to personnel who need to control their environment and do little to maintain their sense of security.

Line supervisors must not only be administrators, but must be willing to accompany their personnel in the field. In order for them to do this, they need to sense not only trust from their personnel, but also support from their command, and the command structure itself has to be validly perceived as being under control of itself. A military and police organization just cannot function properly if it is run by an alcoholic commander, and this is too often the case.

Information systems must provide timely and accurate information. Hoarding of information in internal power struggles, as well as breaching of security, can be devastating in these organizations when personnel need to know as much as possible about what they are expected to do and what to anticipate. If an officer divulges battle plans to an enemy prostitute or servant when intoxicated, he should be publicly tried for treason. Such breaches happened too often in Vietnam and cost a lot of lives and probably were rarely, if ever, prosecuted. If an administrator or officer blows a raid that jeopardizes lives and morale, the individual who breaches security should be prosecuted. Rumors and disinformation within organizations must be monitored; they frequently start with malicious leaks at the very top as well as in the locker room. Disinformation is a sophisticated military tactic today and appears to be emphasized by Eastern Block countries; countermeasures need constant development.

signs of stress disorders. Again, special attention must be paid to minority personnel and women who are relatively new to certain areas of police and military operations today. There needs to be more research in the area of polygraph, stress interviews, and personality assessment to determine efficacy of these procedures in predicting future behavior. It is our personal experience that stress interviews are probably underutilized as predictive measures, and too much faith is placed in polygraphs, which can be beaten by the skillful psychopath.

Special assignments such as counterinsurgency, narcotics, vice, undercover, and homicide need special attention because of personality vulnerabilities that predispose to psychiatric disorders. For example, the individual who is attracted to narcotics because of the legitimate antisocial life it promises is an accident waiting to happen. Efforts should be made to limit the length of assignment in these fields, because it is unlikely that any person can live a double life for very long unless he or she is a particularly asocial individual, again the type of individual not needed in police and military organizations.

MAY 24, 1994

STATEMENT BEFORE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON VETERANS' AFFAIRS

THE UNITED STATES HOUSE OF REPRESENTATIVES

CONCERNING

"VIEWPOINTS ON VETERANS AFFAIRS AND RELATED ISSUES"

PRESENTED BY

JOHN WOODS, INCARCERATED VETERAN'S ADVOCATE

CANNON HOUSE OFFICE BUILDING
WASHINGTON, THE DISTRICT OF COLUMBIA

INTRODUCTION

Mr. Chairman, distinguished members of this Subcommittee on Oversight and Investigations, House Committee on Veterans' Affairs, I take great honor and appreciation with this direct opportunity to share my views, personal and professional, with regard to veterans incarcerated. Thank you for both your time and interest in my synopsis regarding this group of ***"Forgotten Warriors"*** among our national veteran population.

AN OVERVIEW ON CRIME, PUNISHMENT AND REHABILITATION

Shall we light the candle, or continue to curse the darkness ...

Crime and punishment, as you know, are increasingly issues riddled with social pain, public challenges and analytical complexities. In fact, today, few social issues draw as much attention or as many polemics. Affecting all Americans, crime shakes the community sense of security and tarnishes our national reputation. Unfortunately, the prevention of crime seems to continuously elude the grasps of our criminal justice systems.

State and federal prisons are tasked with two (2) primary liabilities: 1) **INCARCERATION** - to protect society from the criminal offender by incapacitation; and, 2) **REHABILITATION** - of those convicted of a felony during sentenced terms of imprisonment in an effort to foster and promote **"productive citizenship"** upon individual's release and reintegration to our mainstream society.

American prison systems (state and federal) are experiencing severe overcrowding of inmate populations. This intensifying dilemma has been particularly recognized in compromising each system's ability to provide adequate, reliable and/or cost effective rehabilitation opportunities for their populations.

Consequently, in contrast to the goals and objectives set forth by our courts (during punishment phase determinations), overcrowded prison systems have become **"warehouses"** of inmate populations - cutting costs of progressive rehabilitational programs in order to provide more security for their masses.

The nation's prison systems, overall, as they are uncovered today, have failed to rehabilitate criminal offenders during terms of commitment/incarceration or make for a much safer American society. We, as Americans, can not allow this to continue.

VETERAN INVOLVEMENTS AND STATISTICS

For immediate point of record, in March of 1992, the **United States Department of Justice/Federal Bureau of Prisons** (DOJ/

BOP) **Central Office** stated that approximately nineteen point two percent (19.2%) of the total federal prison population was found to be veterans. In March of 1993, after a radical change in administration of this agency's Central Offices, to include the previous Director's replacement with Dr. Kathleen Hawk, it was suggested that this number of veteran population in federal prisons had been reduced in volume.

In my experiences as the National Liaison, Vietnam Veterans of America, Incorporated, for Veterans Incarcerated since 1991, I have found that in those states which have made an effort to identify veterans prison populations of their systems, that generally between sixteen (16) to twenty-three (23) percent (%) of their populations are found to be that of veterans.

Clearly, based on these numbers and identifiable statistics, today there are between **180,000** to **200,000** veterans within the state and federal prison systems of America.

A very large number of these veterans incarcerated are now in prison serving sentences which may be directly linked to symptoms of Post Traumatic Stress Disorder and secondary chemical dependency or substance abuse/addictions.

Consistently, it has been found that among veteran prison populations the incidence of drug and/or alcohol abuses and/ or addictions is much higher than that of the non-veteran inmate populations. In 1992, the DOJ/BOP published a report stating that approximately forty-four (44) to forty-six (46) percent of the total federal prison population, without such notation or distinctions as to veteran or non-veteran status, were incarcerated as a result of substance abuse/addiction. In several state prison systems it has been identified that as many as sixty-eight (68) to seventy-two (72) percent of the veteran prison population had drug and/or alcohol abuse/ addiction problems, prior to arrest and conviction, which directly contributed to many individual's criminal behavior.

The recidivism, or, return to prison, rates among veterans versus non-veterans released from penal systems across this country have demonstrated that, particularly prior to the year of 1990, veterans returned at a rate of between sixteen (16) to eighteen (18) percent higher that non-veterans. It was also found that drug and/or alcohol played major roles in both groups return to prison after release to the community.

During the year of 1989, our United States Congress accepted the **Research Triangle Institute's (RTI) Study** which stated that in excess of **800,000** Vietnam combat theater veterans had suffered, since their return from the battle ground, either significant to severe symptoms of Post Traumatic Stress Disorder (PTSD). Although this detailed report demonstrated to Congress that approximately one (1) of every four (4) (in

that approximately 2.9 million American served in Vietnam) individuals whom personally participated in the conflict of South Vietnam had suffered from this noted psychological disorder to some degree, interestingly, not one single one on one interview was conducted within a state or federal prison system. Truly, these ***"Forgotten Warriors"*** whom had once served their beloved country with honor, must be considered as also suffering from the symptoms of PTSD - at very least - to the same degree as their non-convicted felon counterparts.

The **United States Department of Veterans' Affairs** (VA) has previously found that there is a direct relationship between symptoms of PTSD and ***"secondary"*** drug and/or alcohol abuse or addiction among veterans. In fact, the department has found in many, if not most cases where these duel disorders occur, that the drug and alcohol patterns are a clear form of ***"self-medication"*** among combat veterans to deal with symptomology.

The department also found that treatment of both disorders in succession (first one, then the other) has produced the most successful results towards healing afflicted veterans.

Mario Cuomo, the most **Honorable Governor** of the great state of **New York**, was presented with a significant report in 1993 by his **State Department Of Corrections** (DOC) regarding rates of recidivism of veterans whom had been exposed to six (6) to twenty-four (24) months of specific veteran oriented duel disorder treatments during incarceration. The report found that among veterans and non-veterans whom did **not** have an opportunity to attend such veteran treatment/rehabilitation opportunities during terms of incarceration, over a forty-eight (48) month review period, the recidivism rate remained at approximately forty-nine (49) percent. Among those veterans, with particular regard to the Vietnam combat veteran exposed to the DOC program, the rate of recidivism was drastically ***reduced*** to approximately that of eight (8) to only nine (9) percent after 48 months of study.

Other individual states where vet treatment/rehabilitation programs have been launched or established during the recent six (6) years, are developing statistics with similar ratios of success and reduced recidivism.

On a national level involving fourteen (14) states, Vietnam Veterans of America directly assisted over two thousand and seventy-eight (2,078) individual Vietnam combat veterans both prior to and after their release from a state prison system with an outstanding result after four (4) years of review. **Only** - and, I vigorously underscore the word **"only"**, a total of one hundred and seven (107) have returned to the prison environment. Of this total, ninety-six (96) returned as a direct result of drug violations, five (5) for new crimes (non-violent in nature) against the community and six (6) for new crimes which involved violence and/or a weapon used

during the commission of their new crimes. This actuality of national case study proves to reduce participating veteran's recidivism to a degree of only, approximately ... five (5) percent.

Over fourteen (14) years ago our Congress found that some form of ***"store front"*** vehicle was necessary to assist in outreach to the veteran community to deal with the issues of PTSD and "readjustment" needs among Vietnam veterans. Thus, a **Readjustment Counseling Program** (i.e., **"Vet Centers"**) was established in our communities to deal with local, community veterans.

While found to be of great success in completing their unique mission and purpose, Vet Center's had no provision to provide readjustment, counseling services within prison systems found within their catchment area of operations.

Since the year of 1988, upon my own release from federal prison for the conviction of a firearm violation, I have had the opportunity to travel to twenty-three (23) states and work very actively in establishing many programs for veteran inmate populations. In many states I have even had the opportunity to assist in the individual programs for the state's Department of Corrections with great success. By success, I count - as does each state now participating in some form of specific veteran program, the rate of recidivism among individual, veteran participants.

Quite simply, after almost six (6) full years of my personal involvement, since the date of May 10, 1988, in developing these programs, unquestionably, the programs have proven to **"work"** far better than any other previously tested.

In March of 1993, Mr. **Al Gore, Vice-President** of these United States, responded to my previous correspondence with a firm commitment from the White House to address the issues of veterans incarcerated. Since receiving Mr. Gore's letter, I have enjoyed a very productive working relationship with many federal agencies regarding veterans incarcerated.

Just one (1) year ago, April of 1993, **Dr. Law,** of the Central Offices (VA) responded to a previous correspondence addressed to the **President, Bill Clinton.** Dr. Law's response was at the President's request and referral. In his report to me, Dr. Law stated that one (1) of every four (4) Vet Centers nation wide were currently working directly with prison facil -ities and treating/counseling veterans in readjustment and PTSD needs quite successfully.

On April 14, 1994, honorable members of the United States House of Representatives, with support of Representative's Lane Evans, Don Edwards, David Bonior and George Brown, passed the **"en bloc" Amendment** under **H.R. 4092.**

The Amendment portion of most substantial importance reads:

"1 (8) assurances that the state or states have

2 implemented, or will implement within 18 months

3 after the date of the enactment of this Act, policies

4 to determine veteran status of inmates and to

5 ensure that incarcerated veterans receive the veter-

6 ans benefits to which they are entitled. "

Indeed, this en bloc Amendment, itself, has ***"lit the match"*** for those totally forgotten warriors who once served their country with distinction, pride and honor. Unfortunately, the United States Senate-passed Crime Bill did not include any similar provisions, so in order for the ***"candle-wick to take the flame"***, so to speak, there must be a conference decision.

DISCUSSION

Veterans were veterans first, regardless of what else may have occurred in their lives since their return to society, many times from a battle-field.

By virtue of their active duty services, certain rights, entitlements and benefits are guaranteed for these veterans by and through the United States Department of Veterans' Affairs regardless of their status of incarceration.

The currently noted statistics regarding both the number of veterans incarcerated and the much higher incidence of drug and/or alcohol abuse/addictions contributing the criminal behavior supports the theory that many veterans, particularly "combat" exposed veterans, are incarcerated for crimes which may clearly be related to, or, the direct/indirect result of their military careers (e.g., Post Traumatic Stress Disorder) with "secondary" drug/alcohol abuse/addiction in effort to self-medicate the symptoms).

The most recent documentations regarding veteran treatment/ rehabilitation (New York State Department of Corrections) during terms of incarceration demonstrates a significant reduction (without program **49%** recidivism, with, **8-9%** return) of new crimes committed by released veteran offenders.

During the previous six (6) years of time while developing multiple program of treatment/rehabilitation of incarcerated veterans, it has been found and proven that very little cost is associated with implementing and facilitating these direct and much needed services to this most deserving group.

When the House and Senate decide, in conference, to continue to support the above cited portion of the en bloc Amendment [(8) 1, 2, 3, 4, 5, 6], they will not only be making the right decision for veterans, but the smartest decision that may be made for our American society. Time and statistics have proven that such programs "work" in reducing new crime in our communities - thus reduces prison populations, costs of security, penal housing, medical care, rehabilitation and education - per one individual at a time. Also, those costs associated with such new crimes against society or persons (e.g., investigations, arrests, trials and convictions) must be considered by Congress.

The simple passage of the **"en bloc" Amendment and HR 4092** will not, in and of itself, reduce crime or recidivism among that substantial portion of America prison populations, about one of every five inmates found to be veterans. We will need both the support of the full Congress and particularly of this committee to enforce each and every provision so stated and/or established under the Crime Bill - if, at conference of both House and Senate the right decision is made regarding veterans incarcerated and rehabilitation services.

RECOMMENDATION #1 - THE FEDERAL PRISON SYSTEM

The DOJ/BOP, per written statement to my office by Dr. Hawk, which I would be most happy to produce upon request, appears to be quite proud of the seven (7) veteran programs it now has established. Based on the noted population of veterans documented by Dr. Hawk in March of 1993, seven (7) programs nation wide will only address the ***"tip of the iceberg"*** with regard to the total need. Seven (7) programs are totally inadequate to adequately handle the actual needs of the BOP veteran population.

During the years of 1990 and 1991 I personally worked with both the DOJ/BOP and the Department of Veterans' Affairs to develop a working Memorandum Of Understanding (MOU) between these two federal agencies. I had even, at the request of those administrators previously empowered in the Central Offices of DOJ/BOP, written the MOU for both agencies. These two federal agencies, although they had met with each other to work out final details, never fulfilled their obligations to develop cost effective, treatment and rehabilitation programs for veterans within the BOP. By the beginning of the year 1992, DOJ/BOP had begun rotating employees from and out of the Central Offices. Quite simply, the ***"ball was dropped"*** with a change of DOJ/BOP administration.

A **MANDATE** by the House and Senate Committee on Veterans' Affairs - to the Department of Veterans' Affairs (VA) Central Offices specifically ordering that an inter-agency program must be developed in conjunction to en bloc and HR 4092 with a specific time deadline to do so. Along with the Veterans'

Affairs Committee's mandate or order, a similar order and/or **MANDATE** from both the House and Senate's Judiciary committees must be sent to the DOJ/BOP with a specific time deadline to develop an expanded federal prison system program for veterans - beyond the seven (7) isolated programs currently in existence. Seven (7) institutional programs falls short of the needs based on the total veteran populations, at least in my professional opinion, and fifteen (15) BOP programs scattered across the country would be much more adequate - ***if new crimes executed by veteran ex-offenders is to be reduced.***

RECOMMENDATION #2 - STATE PRISON SYSTEMS AND PILOT PROGRAMS

As to the individual state, or states, system of development, there are only a few Vet Centers across the country at this time that I am aware of that simply ***"refused"*** to perform any type of outreach and counseling to veterans incarcerated. In the event that this committee sends a mandate or order to the Department (VA), it should include a notification from the Central Office (VA) to each and every Vet Center expressly stating that, upon individual DOC's request and if the prison facility clearly falls within the center's catchment area of operation, counselors of the center should provide service of some level to veterans prior to their community release. The term **"service"** should not be restricted to only **"pre-release"** type of presentations, rather, servicing veterans with regard to readjustment, PTSD and secondary abuse patterns.

The Department of Veterans' Affairs should provide either direct diagnostics or educate and/or train DOC physicians in the areas of VA diagnostics with regard to rating veteran's ***"service connected"*** disabilities. Such as is the case with most VA medical centers, the department contracts with those doctors or physicians who perform **COMPENSATION/PENSION** exams of veterans seeking to establish, or, to increase degrees of service connected disability. It would seem only logical that the department consider contracting with DOCs, in the event that they can not send in a VA preferred physician, to evaluate claims of disability for individual veterans during incarceration.

During October of 1993 I personally met with Mr. **Mac Flemming** of Chairman Montgomery's offices and gained informal support regarding an establishment of between six (6) to nine (9) ***"pilot"*** programs for individual states. These states, in the order of potential priority, are **Michigan, New York, Florida, California, Illinois, Washington (state), Ohio, Pennsylvania and Texas.** In each of these states there already exists some productive program developments which have proven success towards rehabilitation of veterans. In each, the state government, in various degrees, has already established undisputable programs which reduce new crime and recidivisms among veteran inmate populations. With the right support from the US Government towards expanding the current veteran

prison programs, these states could be used as the models for the rest of our country.

As a priority example, and toward conclusion of this statement, may I now embellish on circumstances and programs with in the **Michigan** Department of Corrections for all veterans incarcerated.

Currently, within the Department of Corrections, there are twelve (12) incorporated, functioning Chapters of Vietnam Veterans Of America, Incorporated (VVA) with two (2) new chapters forming. Of these VVA Chapters, four (4) exist in one of our country's largest single prison complex, Jackson.

The Michigan community and the American society has gained much from the efforts of these veterans incarcerated in their focused, responsible charity campaigns. Each year these veteran inmates raise large sums of money for such community projects as M.D., Miles For Miracles, homeless (veterans and non-veterans) projects, food drives, etc., from within the penal facilities. Currently, following the precedence previously set by another incarcerated VVA Chapter in Ohio, these veterans are building **"soap-box cars"** and co-sponsoring their first ***"Special Kids Soap-box Derby Races".*** The Special Kids are mentally handicapped children whom would not otherwise have such an opportunity.

The Governor of this great state has previously contacted our VVA State Council President regarding many potential program developments for the veteran incarcerated populations - to also include the potential of early release of those veterans whom have demonstrated to be **"role-models"** during confinement to the DOC and productive participation in the formed veteran groups, VVA Chapters.

The Wardens of these institutions have long supported the efforts and focus of these commendable veterans and their efforts as active participation in such VVA Chapters has also shown a drastic reduction of disciplinary problems and/or charges by the veteran participants. Quite simply, when each veteran gets involved with the group, they stay out of any/ all trouble.

Jackson prison facility currently has one of the most modern medical facilities to be found with this country in a state penal system. An administrative prison medical physician has committed to perform necessary Compensation/Pension medical examinations of veterans confined to Jackson, however, this doctor is not educated or qualified by the VA to perform such needy and appropriate tasks for veterans suffering from service connected disabilities. As an experienced medical doctor, it would probably take very little training for him to be capable of providing the appropriate VA required forms and information to adequately diagnose service connected

disabilities among veterans. At this same time, a high level VA employee, whom has been providing psychological counseling and treatment for veterans located in Milan, a BOP federal prison system some distance further away from his assigned VA medical Center in Ann Arbor, Michigan, than the Jackson facility, has not gained approval to travel to this state's facility to provide veterans with much needed treatments.

Solution; simple as it may seem, though very hard at this time to accomplish, allow this DOC physician to receive the necessary training to perform VA diagnostics of veterans with disabilities, and provide same with a copy of the **"Physicians Guide"** in order that he may do so completely under the VA's regulations and policies. Why has this not already occurred? Because the VA has simply not made any effort to do so.

What can be done? Very, very simple; a member of this committee could simply telephone the VA Medical Center hospital Administrator in Ann Arbor, Michigan, located about twenty (20) minutes drive from the Jackson prison facility, and inform he, or she, that it is alright to provide such needed training to this most worthy and inspired DOC doctor.

So is also the case around the country in those states that have acted responsibly to identify the veteran problems, allowed self-help groups and/or VVA Chapters to be formed, and now enjoy the fruits of such labor by the obviously seen reduction of incidence during incarceration among veteran participants and reduction of recidivism upon release to the community.

IN CONCLUSION

I have brought these statements to this most distinct and honored committee as a **"service connected"** disabled Vietnam Era veteran - as a veteran whom, myself, served on either probation, parole or incarceration for an extended period of my own life (approximately seventeen years in capacity), and a role model, if you will, of what results can actually come from the right kind counseling and direct assistance during an incarceration for a felony conviction.

I was a highschool "drop-out", leaving behind an education in order that I could enlist in the military and "serve" my great country during the Vietnam war, as my father did in Korea, before me. I had never used drugs or alcohol.

As a young man, much less mature than I could realize at that time, I made an ill-fated decision to take my first puff of a marihuana cigarette, or "joint", during active duty. Shortly thereafter, while experimenting with fellow comrades, I took my first LSD (or, know as "acid") trip. From that point I evolved to heroin and eventual addiction. Quite frankly, in looking back on that devastating time period of my own life, I was somewhat the "kid in a candy store". I underwent three

(3) separate drug overdoses during my military career.

Upon my Honorable Discharge from active duty, which was at the convenience of the government, I was declared by a doctor /psychologist at the Trippler U.S. Army Hospital located in Hawaii, as a **"non-rehabilitable drug addict".** I was informed at time of discharge that had it not been for my outstanding performances during service, prior to the drug involvements, I would not have received the **"HONORABLE"** discharge.

I traveled from point of discharge in California to the Houston VA Medical Center for continual medical care for service connected physical disabilities. At that time, in 1972, I received absolutely no treatment or counseling for my drug abuse/addiction problems. Instead, I received pain medications and sleeping pills as my violent, recorded nightmares disturbed the entire ward of this VA hospital.

My first arrest and conviction came as a result of my trading VA medication to an undercover police officer in San Antonio, Texas, shortly after my release - against medical advice, from a VA medical center located in Houston, Texas, in 1972.

Quite sincerely, I have **"walked the walk and talked the talk"** that comes with grossly mis-guided behavior and the criminal conduct associated with drug and alcohol abuse/addictions. I know, realize and appreciate all too well the plight of those veterans currently incarcerated across this great country.

For point of record, I was both the founder and first President of the first VVA Chapter within the state of Texas, at the Federal Correctional Institute of Texarkana, Texas, and I submit that I have personally felt and grown as both an individual and **"productive member"** of my American society as a result of my personal involvement with such groups during confinement.

I shall never forget the past, nor will I ever be proud of it - but I am desperately tired of being ashamed of it.

With these facts in mind, I suggest to each member of this committee and to all of Congress, that productive passage and development of programs for veterans incarcerated shall do much, much more than provide services to those that "earned" them. ... In essence, you will provide hope for a future, a sense of distinction and selfworth, respect, pride, integrity and most of all - a prayer for the future of each and every individual whom may finally stand forward before their country and society as an accepted, **"productive citizen"** whom once fought bravely on the blood-stained soils of another country.

Thank you, God Bless you, all those whom once served, and, my mother, who believed in me & that I could make a difference.

GENERAL BACKGROUND INFORMATION - EMPLOYMENT & AFFILIATIONS

1988 - 1993	*Nationally Accredited Service Representative* Vietnam Veterans Of America, Incorporated (under a Charter by "ACT" of US Congress) [preparation, presentation and prosecution of disability claims before United States Department of Veterans' Affairs to include the Court of Veteran's Appeals]
1989 - Present	*Executive Director* Vietnam Veterans Resource & Service Center, Incorporated [501 c 3 non-profit state service corporation]
1989 - 1990	*Texas State Service Representative* for the Vietnam Veterans Of America Texas State Council, Incorporated (501 (c) (19))
1989 - 1993	*National Vice-Chairman*, Standing Committee on Incarcerated Veterans' Affairs, *Chairman* of Committee from 1991 -1993 (VVA)
1990 - Present	*Special Deputy*, The American Mental Health Counselors Association (AMHCA)
1991 - Present	*National Liaison* / Incarcerated Veterans, Vietnam Veterans Of America, Incorporated
1991 - Present	*Member*, Economic Affairs & Development Committee, Vietnam Veterans of America, Inc.
1991 - 1993	*Member*, Special Committee on Post Traumatic Stress Disorder & Substance Abuse - VVA
1991 - Present	*Special Consultant*, [IATC] International Association of Trauma Counselors - Committee Incarcerated Veteran & Criminal Justice
1991 - Present	*Member & Presenter*, American Correctional Association (ACA)
1991 - Present	*Member* of International Society of Traumatic Stress Studies (ISTSS)
1993 - Present	*Member*, National "Task Force" on Homeless Veterans (VVA and other multi-agencies)

Testimonies involving veterans benefits, entitlements and rights include the Committee of the Judiciary, United States Congress; Veteran's Affairs Committee, United States Senate, the United States Department Of Veterans' Affairs, court room theaters and many state government legislatures.

WRITTEN TESTIMONY OF JONATHAN SHAY, M.D., PH.D.
Cambridge, Massachusetts

Not all the POWs are in Vietnam

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We have 'em in the streets
in our cities and our towns.
They're livin' our past,
and it's getting 'em down.

We have 'em in our bars
and they end up in our ditches.
So we put 'em in our jails,
cause they're mean sons o'bitches.

We have 'em in our hospitals
and we're teaching 'em the walk.
It's the Thorazine shuffle,
and they don't ever squawk.

We have 'em doin' robbery
and we have 'em doin' dope.
We have 'em doin' suicide
when they run outta hope.

This poem by a Vietnam combat veteran is a fitting epigraph for the testimony that the three of us, John Woods, Dr. John Liebert, and I are about to give, through the great courtesy of the Committee.

I want to offer some introduction and explanation of this group of testimony on the common theme of "Post-traumatic Stress Disorder (PTSD) and the Forgotten Warriors."

John Woods of the Vietnam Veterans of America, who has for years traveled the nation visiting incarcerated veterans in prison and tirelessly advocating on their behalf at all levels of government and corrections officialdom, needs little introduction to this Committee. Its Chairman, Congressman Evans, and another member, Congressman Edwards, along with Congressmen Bonior and Brown, recently signaled their leadership in correcting injustice and increasing practical wisdom in public policy by offering an amendment to HR 4092 "to ensure that incarcerated veterans receive the veterans benefits to which they are entitled." This will mean that the combat PTSD that may have been factors leading up to the crimes that they committed will be treated -- usually for the first time. Mr. Woods will testify regarding incarcerated veterans.

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John Liebert, M.D. is a forensic psychiatrist practicing in Bellvue, Washington. Over a period of years he has worked with a number of Vietnam combat veterans, the reality of whose combat service had been denied by the government because their activities were secret at the time of the War. In a number of these cases Dr. Liebert has obtained substantial evidence, and eventually government confirmation, that these men's claims of participation in secret combat operations were valid. All of these men suffered from devastating psychological injuries and all of them had been denied VA services and benefits related to combat PTSD. Dr. Liebert will testify regarding disavowed combat veterans. Below I shall quote (with his permission) excerpts from correspondence on this matter from Brigadier General Donald M. Schmuck, USMC (Retired) confirming that it is indeed possible for a member of the Armed Forces to serve in highly dangerous secret combat operations that leave no trace in the standard paperwork available to the personnel of the Department of Veterans Affairs, who determine eligibility for health and pension benefits.

I am the psychiatrist for a small specialized program in the Boston DVA Outpatient Clinic for Vietnam combat veterans with severe, chronic PTSD and personality changes due to prolonged combat. For a number of years I have also done staff training at the New England Shelter for Homeless Veterans as a volunteer. It was through this work that I became aware of the plight of combat veterans carrying severe psychological injuries who have "bad paper" discharges [Bad Conduct, Undesirable, Dishonorable] and who are thus ineligible for VA mental health or other benefits. The deep sense of personal shame that I felt, knowing that there are combat-injured veterans who are denied care, compelled me last year to petition the Congress to redress this unjust and unsound policy. This Committee graciously permitted me to testify on this matter last year. I did not then and do not now represent the VA in this, only myself. I am here at my own expense, not the government's, and on my own time. Below, I shall briefly restate the information and conclusions I offered last year and provide an update of developments since that time.

PTSD AND THE FORGOTTEN WARRIORS

What is combat PTSD? Here is a brief summary of the key symptoms of PTSD and of the personality changes that mark its severe forms taken from the Introduction to my book *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, published by Atheneum, 1994:

> All [these symptoms and personality changes]may be understood as the persistence of past traumatic experience in the present physiology, psychology, and social relatedness of the survivor. The symptoms can range in severity from mild to devastating, and not everyone will have all of the symptoms at the same time:

- Loss of authority over mental function -- particularly memory and trustworthy perception
- Persistent mobilization of the body and the mind for lethal danger with the potential for explosive violence
- Persistence and activation of combat survival skills in civilian life
- Chronic health problems stemming from chronic mobilization of the body for danger
- Persistent expectation of betrayal and exploitation; destruction of the capacity for social trust
- Persistent preoccupation with both the enemy and the veteran's own military/governmental authorities
- Alcohol and drug abuse
- Suicidality, despair, isolation, and meaninglessness

Such unhealed PTSD can devastate life and incapacitate its victims from participation in the domestic, economic, and political life of the nation. The painful paradox is that fighting for one's country can render one unfit to be its citizen.

This is a gruesome, but truthful portrait of severe war wounds in the mind, incurred in actual battle for our country. The men who incurred these wounds have an absolute moral claim on the rest of us to provide treatment for these wounds. This is not a partisan issue. Neither Democrat nor Republican can claim ownership. This is not a reflection of anyone's judgment of whether the Vietnam War was a noble cause or a horrible mistake -- the men who fought it and were injured in it have the same moral claim regardless of the *jus ad bellum*, the justice *of* the war, over which they had no control. One's position in favor or opposed to the American military actions in Vietnam can neither increase nor reduce the claim that war wounded have on the rest of us. This is not a Liberal versus Conservative issue. There are those who openly or silently deny that it is our duty to provide treatment to these men or do not feel this duty weigh on them very heavily. They should consider this: to provide these mental health and other benefits to psychologically injured veterans is the **smart** thing to do in their own self-interest.

Today's testimony concerns three groups of war injured whose moral claim has been rebuffed. The usual perception is that two of these groups have only themselves to blame -- it is their misconduct or criminal behavior that has deprived them of their benefits -- the veterans with "bad paper" discharges and the incarcerated veterans. For both these groups, I shall argue that combat PTSD contributed significantly to their unmilitary or criminal conduct -- *and will continue to do so if it is not successfully treated.*

Incarcerated Combat Veterans:

I speak entirely for myself in this, and no endorsement of my views by John Woods, the Vietnam Veterans of America, or the Department of Vveterans Affairs is claimed or implied.

Prolonged combat can produce not only psychiatric symptoms, it can damage good character. Very ancient teachings, going back to Plato tell us that once good character is formed by good upbringing in childhood, no bad events can damage a good person or his character. Plato's ancient contemporaries, the Athenian tragic poets Sophocles and Euripides said with one voice -- Wrong! When bereavement, betrayal of what's right, and horror have been sufficiently

severe, even the noblest character may crack. However, Plato's view has permeated our culture and common sense. American psychiatry has been notably reluctant to acknowledge that severe trauma can change the personality, despite the compelling evidence to this effect produced by the DSM-IV Field Trials. By contrast, the World Health Organization's 1992 diagnostic manual ICD - 10, acknowledges the entity called "Enduring Personality Change after Catastrophic Experience," which the American Psychiatric Association's diagnostic system refuses to admit. Official American psychiatry institutionalizes Plato's dubious proposition: if bad experience leads someone who was good to do terrible things, it must be because he was secretly flawed from the beginning. He deserves no respect for any previously honorable conduct -- all possibility of respect or consideration has been obliterated by his criminal act.

You may wonder if I am attempting to exculpate criminals who also happen to be combat veterans of their crimes. I have never testified as an expert witness on behalf of a defendant in a criminal trial, nor at a clemency or parole hearing, and probably never will. I am not trying to get anyone off nor get anyone's sentence shortened. However, I want to see these men receive effective treatment for their psychological injuries, first, *because the overwhelming majority will be released from prison within the next five years and are likely to commit further violence if untreated,* and second, because these men suffer continual pain. I work with such men. I know this to be the truth. They suffer pain from their war wounds as surely as a veteran with a piece of shrapnel buried in his spine might be tormented by constant pain. Are we really willing to say that we wash our hands of responsibility for wounds a soldier received in his country's battles -- physical or mental -- when he goes to prison? That's what we now do.

Disavowed Veterans

Whenever I have mentioned the plight of men who have served in harrowing combat, but who have been unable to get VA mental health or pension benefits, the listener's response has almost always been to tell me his favorite "The Biggest Liar I Ever Met" story, or "Doc, you been had by a scammer." Let me say at the outset that I am well aware that there are many scammers and wannabes out there. Neither they nor their motivation interests me. It is shameful and *dangerous* that men who were carefully selected and highly trained, then injured in secret combat operations, and now, largely *because* of their injuries are on the fringes of our society, unable to get mental health treatment or disability pensions, because their combat service is not reflected in their paperwork.

Before I go any further, I want to establish a *prima facia* case that such people exist. I cannot do this from my own personal knowledge, but respectfully submit, with his permission, excerpts from letters to me from Brigadier General Donald M. Schmuck, USMC, (Retired).

> Germane to my comments are, of course, the patterns of my own life. For the record, I am a university graduate with advanced degrees and a retired general officer of Marines. Although in more recent wars I was a senior officer, in both WW II and Korea I served in heavy combat at a level where I was one of the

grunts when it came to hardship and incoming enemy fire, to include hand to hand struggles with knives and grenades in mud and blood--in short, I have "seen the elephant"! Furthermore, I was not always a senior officer--I was once a private and even a corporal in charge of a rifle squad. I was a lieutenant in command of a rifle platoon in 1942 when we went into the South Pacific in WW II. I made captain and rifle company command on Guadalcanal, and led my outfit (which I had trained and taken overseas) through the swamps and jungles of the Japanese occupied Solomons to Bougainville under conditions worse than any combat theater I have since observed--to include Korea, Vietnam, and the Gulf War. I was in the assault on Peleliu where we suffered more battle casualties in a week than similar forces in Vietnam received in years. On Okinawa, the last battle of that war, I was still in there wading the rice paddies and fighting for the ridges with my troops, and still a grunt leader. Then, of course there was Korea, where for 18 months, I was an infantry commander--to include the Chosin Reservoir at 26 below--and I never noticed my foxhole was any less frozen or my C-rations any better than those of my warriors. [24 January, 1994]

With regard to your third group--veterans who can not establish a claim to service in certain types of military operations--we have therein some very difficult problems. I am aware of this situation, and I can state that it is not limited to S.E. Asia, but most assuredly extends over the years to certain activities in World War II and Korea--and in Vietnam and Laos prior to our official participation in that war with American combat elements.

. . . Rather of more profit would be research into the records of the Special Forces at Ft. Bragg--of the Marine Corps Force Recon through the great research center at Quantico--of the combat reports of Ranger LRRP units--and most important, the reports and classified records of MACVSOG if available. The latter organization, the most secretive of all combat units, had their missions assigned not by the high command in Vietnam but by a top level "inner sanctum" in Washington--and the reports of their activities as well as the identity of participating personnel bypassed MACV and were submitted only to the same White House level committee which originated the mission. Some of these activities, along with certain "contingency war plans" which were formulated during the early S.E. Asia period, *in which I personally participated*, might still be considered so delicate as to impinge on national security, and therefore would be buried deep in the limited access faults of the N.S.A. or C.I.A.--if they survived at all after 1975.

My final observation is that all the military organizations mentioned above have very active civilian associations with personal records as to [the] who and where of their combat operations. I suggest they could well be an untapped source of information since they are aware of the paucity of available records covering classified combat duties in several wars. [19 November, 1993, emphasis added]

How many veterans fit this description? The number is probably not large, but how can we be content that there is even a single combat-injured veteran who is denied health and pension benefits because he has been unable to establish his *bona fides?* I do not claim to know how to remedy to this situation. It is not difficult to say what such a remedy should accomplish: It should permit any veteran whose standard paperwork, such as the DD-214, did not reflect the usual *indicia* of combat service, i.e. assignment to the warzone in a combat MOS, to obtain confirmation that he had served in combat operations, and which would be deemed to grant the presumption of truth to the veteran's story for medical and pension purposes. Such confirmation could contain a disclaimer that it neither confirmed nor denied *any* specifics of the veteran's story, if any residual national security worries were to present an obstacle. Eliminating a

declassification dimension to the process would reduce the expense of implementing any such a mechanism. General Schmuck's suggestion that the unit associations could be of use should also surely be explored, such as by granting these associations a defined Service Organization status that permitted them to certify, again for medical and pension purposes, that a given veteran had in fact served in combat operations, whatever his DD-214 may say or not say.

Without being unduly melodramatic, I simply want to remind everyone how *imprudent* it is to drive to the fringes of society these veterans with the kinds of lethal skills that they have acquired through specialized training and combat experience.

Combat Veterans with "Bad Paper" Discharges

What I said before this Committee a year ago still holds: It is shameful that there are battle-injured veterans who are not eligible for VA services and benefits. Most of these veterans with less than Honorable discharges committed offenses *after* combat that caused them to be discharged from military service with what veterans call "bad paper." Most Vietnam combat veterans with "bad paper" committed infractions *as a result* of psychological injuries incurred in their war service. Typical offenses stemming directly from combat PTSD were:

- AWOL or desertion after return to U.S.
- Use of illicit drugs to self-medicate symptoms of PTSD
- Impulsive assaults during explosive rages on officers or NCOs after return to the U.S.

These veterans had no treatment then, and have no treatment now for their Post-traumatic Stress Disorder or for its complications of substance abuse, depression, and violence. They have been profoundly disadvantaged in finding work and comprise a disproportionate fraction of homeless veterans, who make up one-third of all homeless men. [National Coalition for the Homeless, "Heroes Today, Homeless Tomorrow?: Homelessness among Veterans in the United States." 1621 Connecticut Ave., NW, Washington DC 20009, November, 1991. Pp. 6ff.] According to the Director for Shelter Operations of the New England Shelter for Homeless Veterans, a 225-bed shelter in downtown Boston, 25% of the men who have come through the door are combat veterans with bad paper. 3% of Vietnam-era vets have bad paper, and separately, 9% of Vietnam-era service men served in significant combat. The percentage who were *both* has not been published, to my knowledge. Last year, and in the intevening time, the Committee indicated an interest in how many such veterans there are.

Since last year, I have had the good fortune to come in contact with Theodore Hull of the National Archives, who has discovered the relevant data sources that will allow a good estimate of the number of combat veterans who received "bad paper" discharges, at least for the Army during a range of years when the war was at its height. I know Mr. Hull through the Internet -- a discussion list for Vietnam veterans and people interested in the Vietnam War for scholarly and

professional reasons -- an excellent example of how the National Information Infrastructure can help bring citizens and their government together in constructive ways. Prior to this contact with Mr. Hull, I had been told repeatedly that the information that I and the Committee wanted existed only in paper or microfilm files of millions of individual military discharge papers.

As a VA physician, I have never treated a veteran with a Bad Conduct, Undesirable or Dishonorable discharge, because they cannot get through the front door -- they are ineligible for any VA services. Virtually everything I know of this problem comes from accounts of the staff at the New England Shelter for Homeless Veterans where I do staff training as a volunteer.

I was aware, however, that the rod of military justice did not fall with equal weight on every soldier. According to the well-known study by Baskir and Strauss, "A 1972 Defense Department Task Force on Military Justice reported that blacks of comparable education and aptitude who committed offenses of comparable seriousness were receiving much harsher punishments than whites. . . .The NAACP study found that 45% of all less-than-Honorable discharges went to blacks. An Urban League study showed that blacks in the Air Force received Dishonorable Discharges at more than three and one- half times the rate of all airmen." The same lopsided statistics also apply to Hispanic veterans. It has been my honor and privilege to co-author an Op-Ed piece with Congresswoman Waters of this Committee on this subject, that I understand will be published shortly in the *New York Times*. The disproportionate concentration of psychologically injured combat veterans who are ineligible for VA benefits in Congressional districts with large African-American and Hispanic populations has made this a matter of long-term concern to their Representatives in the House. I am proud to be able to add my small efforts to correcting this long-standing problem.

This problem does not call for a study or for an expansion of the existing case-by-case discharge upgrade program. Today I ask Congress for a blanket upgrade of all veterans discharged under less than honorable conditions who have *any* combat decoration: such as Combat Infantryman Badge, Combat Action Ribbon, etc., or obviously any award for heroism, such as the Bronze Star. I have spoken to many Vietnam combat veterans with Honorable Discharges about this, and not one has felt that this would diminish them in any way. Their reactions have all been either "It's about [expletive deleted] time" or "There, but for the grace of God, go I."

An alternative remedy, one which is not as satisfactory in bringing these men home, but a massive improvement over the present situation is this: to revise the Department of Veterans Affairs eligibility criteria to make any veteran who has served in combat unconditionally eligible for health and other benefits

What I propose applies only to combat veterans, who constitute but a fraction of the 566,000 Vietnam-Era veterans with General, Undesirable, Bad Conduct, or Dishonorable discharges. [Lawrence M. Baskir, William A. Strauss. *Chance and Circumstance: The Draft, the*

War and the Vietnam Generation. New York, Vintage Books, 1978. Pp. 218f.] Using the definition as "High Combat Stressor Exposure" from the Congressionally mandated *National Vietnam Veterans Readjustment Study* (*NVVRS*) as the criterion, there are 766,000 Vietnam combat veterans or about 24% of all Vietnam-era veterans. If the same proportion of Vietnam-Era veterans with General, Undesirable, Bad Conduct, or Dishonorable discharges were combat veterans, we are talking about roughly 135,000 veterans, some of whom have already had discharge upgrades and many of whom are dead by suicide, drug-related and violence related causes. *NVVRS* collected self-report data on type of discharge and combat exposure, but cross-tabulation of these data has not been published. Combat veterans with bad paper are characteristically even more mistrustful and more hostile to the government than other Vietnam combat vets (who as a group are quite mistrustful of the government), so we should assume that they are systematically under-represented in the *NVVRS* sample, first because of difficulties in simply finding them and second in terms of gaining their cooperation in the study. It should not be surprising, therefore, that the percentage of veterans with less than General Discharges measured by the *NVVRS* was considerably lower than the percentage derived from the Armed Forces' own reports of such discharges.

I treat veterans with psychological injuries from their war service, and find the situation of veterans with "bad paper" to be as unjust and irrational as if they had been drummed out for failure to stand at attention after their feet had been blown off. Most of these men committed offenses *because* of their combat PTSD.

Pure self-interest should lead us to take this step, even if a sense of justice does not. Between a tenth and a quarter of all incarcerated males are veterans.[2] It costs an average of $25,000 a year for each of these, and this does not include the monetary costs to society of the criminal acts themselves.[3] Unhealed combat PTSD predisposes to criminal justice involvement;[4] and treatment costs but a fraction of the costs to wait for crime to happen and then use the police, courts, and prisons to "treat" it.

Neglected communicable diseases such as tuberculosis impose ever increasing public health risks and costs. Veterans with PTSD are more than five times as likely to be homeless and vagrant than demographically similar civilian controls,[5] thus more effective in spreading

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2 This is a commonly used figure, but the data are very poor on this subject. Incarcerated Vietnam veterans in particular are reluctant to disclose their military records to correctional officials.

3 *NVVRS VII-20-1, -2* 36.8% of veterans with PTSD self-reported six or more violent acts in the preceding year compared to 11.5% of demographically similar civilian controls. *NVVRS* citations are to the separately published volume of Tables of Findings and Technical Appendices, New York, Brunner/Mazel, 1990.

4 *NVVRS VII-21-1, -2* 34% of veterans with PTSD self-reported 2 or more arrests, and 11.5% reported conviction for a felony. The corresponding percentages for demographically similar civilian controls were 6.8% and 4.9%

5 *NVVRS VII-18-1, -2*

communicable diseases. Untreated substance abuse endangers both public health and public safety.

I am not so naive as to think that every combat veteran with bad paper "deserves" an Honorable Discharge. But this is the point of my testimony -- that the terror, grief, rage, and betrayals of prolonged, heavy combat can ruin good character. The damaged character of some combat veterans is a war injury. We are neither just, nor serve our own best interests when we deny these veterans treatment to heal these damages in their character.

To deny *any* combat veteran the physical and mental health services of the VA is not only unjust, it is self-defeating. It is bad public policy. *Let's bring ALL of our combat veterans home NOW.*

Testimony
By:

Michael "Mike" Neely
Director
Homeless Outreach Program
Los Angeles, CA. 90021

To:

Committee on Veterans' Affairs
Subcommittee on Oversight and Invetigations

Honorable Lane Evans - Chairman

May 4, 1994

Good Morning

I am very pleased and honored to be able to be here to speak on behalf of the many thousands of my fellow combatants who are residing on the streets of this country. I have in the past said, "that these men and women are homeless veterans", but as I was preparing this testimony I reflected on how inaccurate that description truly is. A veteran is a person who has served his nation in honor and with dignity and now that their battle is over is respected for their service. Our homeless brothers and sisters are not veterans because their battle is not over, they are not heroes, they are not respected, and they are without honor.

My generation went to service proudly and freely and with the words of President Kennedy echoing in our ears "Ask not what your country can do for you, but what you can do for your country". We believed President Johnson's promises of freedom, opportunity and a Great Society. Yes, we were given the carrot of hope, however, we received the stick of despair.

President Clinton is once again asking us to believe in the carrot of hope but we must examine this carrot more carefully today than we did in the past because as survivors of institutional rape we cannot allow ourselves to be victims again.

We must begin a new era with new ideas for all of the old institutions The process has begun with the new Department of Housing and Urban Development, now we must turn our attention to the Department of Veterans Affairs (V.A.).

The new V.A. should turn its attention to dealing with the very complex problems of today's veterans. These problems include the problems of the homeless, the problems of the unemployed, the problems of minorities, as well as, the problems of women.
The new V.A. should reexamine its mission for the 21st century. The new V.A. should become the agent for change for America's veterans. The new V.A. should be the voice of hope for our hopeless brothers and sisters. The new V.A. should be our ally not our adversary.

How can this be done? What needs to be changed? Can this truly become a reality?
All of the above questions can be answered if we first decide to have the courage to change The only other element is the leadership for change. I believe that courage and

leadership are the reasons that Members of Congress are here. We need your leadership and your courage to make the changes necessary for our new V.A

Where do we begin.

I would like to begin with the most radical of my humble proposals. For many years the V.A. has been providing pensions and disability payments to veterans, as well as, medical care for veterans. This situation has caused us to have not one V.A. but in actuality two V.A.'s both with separate functions and separate rules of operations. This has also caused veterans to also have two bureaucracies to have to navigate and understand.

It is possible for a veteran to be confined in a V.A. medical facility and not receive any V.A. disability payment. However the same person would automatically receive state disability. I only use this example to demonstrate that the V.A. system is not a seamless system of veteran care. I believe that any system of care for the 21st century must separate income maintenance from social welfare I believe that 50 years of integrating social welfare and income maintenance has not worked.

The new V.A. should devote its attention to social welfare for its veteran clients. This should include psychological, social, housing and emergency needs services. I believe that the development of a care continuum for veterans should be created based upon the special needs of the population. This continuum should embrace as many disciplines as possible and include veterans of all eras. The welfare of veterans should be the guiding principle for this new service system.

The function of income maintenance should be transferred to the Social Security Administration. I am not advocating any change in benefit level or any tightening of eligibility requirements. Actually, I would like to see the same standards applied as are currently applied to SSI, SSDI and SSA. I also believe that the funding mechanism could remain the same. I am convinced that this system of income transfer will provide the veterans with improved efficiency, as well as, a single point of contact for income security. The veteran who receives social security and veterans benefits would only have to deal with one agency.

This reorganization can only be accomplished if the internal structure of the V.A. is changed. Earlier, I stated that there was really two V.A.'s, well that is not entirely accurate as the various medical centers and regional offices function rather independently of the V.A. central office. The General Accounting Office pointed this out in its

transitional report on the V.A. The report found this to be one of the very serious problems of the V.A. Central office can issue orders or directives, however, compliance appears to be at the discretion of the medical center directors. A recent example of this non-compliant attitude by medical center directors, is the national summit held by the V.A. on homeless veterans, not more than 5 directors attended the summit. In different parts of the country different rules and standards apply, this makes it particularly difficult for veterans. Veterans deserve a uniform standard of care whether the veteran is in Washington or Tampa.

Without being arrogantly specific I would like to propose that the central office assume the role of strategic planner and compliance center, and that programs be developed on the local level. Each community should develop a community plan for the care of veterans in their locale. This community plan should include all of the needs of the veteran population, not only medical but also social. The plan should be the product of public forums, meetings with veteran service organizations, social service providers, unaffiliated veterans, elected officials and surveys (facilities and streets). This plan must become the foundation of the local care system for all veterans in the community. The local plans should then be sent to VA central office for approval and incorporation into a national veteran strategy.

The local plan should also be the rationale for resource allocation, however the community would also have a level of responsibility to obtain resources to implement the local plan. Non-compliance or failure to make sufficient progress toward the goals of the local plan are areas of accountability for the local centers. This re-organization could also greatly reduce and/or eliminate the role of regional offices.

Our new V.A. will also require some new tools.

Veterans face an issue which every low to moderate income person faces today and that is the inability to own a home. It is truly ironic that the very men and women who fought for the American dream cannot participate in that dream. Historically, the V.A. provided the means to be able to participate in the American dream. Today, the dream of far to many veterans is not to own a home but merely to not have to live on the streets. The V.A. has not been able to help homeless veterans realize their dream. About one-third (1/3) of the homeless population are veterans, but one of the largest homeless programs is not available for most veterans. The Section 8 housing program should include veterans as a priority class of recepient. Even better, a special veterans section 8 housing program should be created and administered directly by V.A. I am pained every time one of my

brothers/sisters call me and say that he/she was just released from theV.A. and he/she is homeless and has nowhere to go. The V.A. needs to be able to provide housing because today, for many we cannot provide homes. Congress must provide the tools to house our veterans and the Veterans Section 8 Housing Program could be that first step.

The new V.A. must revise its exclusionary priority system. There are many veterans who served with distinction but because of a youthful indiscretion are now excluded from V.A. services. I believe this to be unfair and unjust. The veterans of the Viet-nam era and after were judged by standards set by veterans of Korea and before. I cannot argue that those standards were wrong but the world of those veterans are not my world. The standards of my father are not my standards and my standards are not my son's. I believed a new system of eligibility based upon the acceptable standards of peers should be intiated. Services should be made available to veterans based upon need not upon previous conduct, especially if we cannot with certainty state that the conduct was not precipitated by military service or exacerbated by it.

The problems of minorities must also be addressed by our new V.A., we must begin a new program of cultural and ethnic awareness which will allow the new V.A. to embrace all veterans. We must remember that racism and discrimination have existed in the V.A. for far too long and now it must end.

We must also address the problems of women veterans because the roles of women have changed in the armed forces so the new V.A. must be able to serve their needs. We must bury sexism, racism and classism in the grave of the old era so we can begin anew.

I am very lucky to be able to be here because you see I spent two tours in Vietnam and returned home addicted to drugs. I returned a psychological mess, a tormented, confused and dejected young man. I tried to do the right things. I got a job, got married, even had a son. I did not know that I could not function, I did not know that I needed help. Eventually, I lost everything my job, my wife, my son and finally, my will to live. I have tried to commit suicide on three occassions. Finally, I ended up on the streets of Skid Row, Los Angeles, and I was content to die on those streets. What caused me to change my situation? I realized through the plight of homeless people especially the veterans that all people have worth, even me. I was able to gain sobriety and to come to grips with my war experiences. That was seven and half (7 1/2) years ago. Certainly, I have had a limited measure of sucess, this does not make me special, but it does make me lucky. Let us not come back into into this room seven (7) years from now and talk about the lucky

few let us come back to celebrate the new V.A. for the many special. The veterans of the United States Of America.

Thank You

STAND DOWN FOR VETERANS; CHALLENGES AND OPPORTUNITIES

Testimony of Maceo May
Housing Director
Swords to Plowshares

BEFORE THE
UNITED STATES HOUSE OF REPRESENTATIVES
Subcommittee on Oversight and Investigations
Veterans Affairs Committee

May 4, 1994

I want to thank the Subcommittee for inviting me to testify again on issues concerning our country's veterans. I also want to thank and acknowledge this committee for its perseverance, consistency and unswerving attention to the problems and concerns of those men and women who have served in the military and made extreme sacrifices for all of us.

I will begin by saying to you that, unfortunately, and even with some breakthroughs in the area of resources, we are seeing increasing numbers of veterans in desperate situations. We are also seeing evidence that, as veterans grow older and enter mid-life, their neglected conditions and problems are being exacerbated by mid-life crisis. More veterans who have been barely hanging on, trying desperately to hold on to jobs, housing and stability, are losing their grip and plunging into canyons of despair, homelessness and emotional havoc. We also know that more of these veterans are seeking services as a result of the outreach accomplished through StandDowns.

StandDown, a military term which describes the action of bringing soldiers out of combat, and to an area of safety and security for a respite, was created from the observance that former soldiers were experiencing a number of the elements of combat trying to survive on the streets of America. They exist with limited rations under extreme conditions, they live in the field, and they use protective coloration and the elements of the landscape to avoid detection. In fact, we characterize these veterans as this nation's true missing in action, for they are "MISSING IN AMERICA".

Bob Van Kuren, the former Executive Director of Vietnam Veterans of San Diego, created Stand Down as a result of an idea that took shape on a fishing trip with a close friend. The first Stand Down was held as a chicken feed and attracted almost 100 veterans. Based on this turnout and the problems that veterans articulated, they decided to create a 3 day event which would address some of the problems veteran's were experiencing. Needless to say, it was a success and led to the creation of 35 StandDown events throughout the nation, which have served in excess of 10,000 veterans.

What has been the true purpose and benefits of these events?

* ***They have provided outreach and critical interventions.***

  Even though many veterans are existing in an urban area, they are often isolated. Isolated from services because of a reluctance to encounter what they believe will be negative experiences in seeking help, or , in some cases, because they are too impaired to negotiate services. Isolated quite often from other homeless people and society in general. As a result, outreach (embodied in the nurturing and caring environment of Stand Down events, and conducted by other veterans), has been invaluable in connecting with these veterans.

The StandDown group leader program was designed to provide interventions in the lives of men who have become apathetic, defeated; who have all but given up. These interventions were designed as jump starts - a dramatic effort to get the veteran to think about his situation, to engender some hope into his life and help him to begin to believe in himself again.

They have worked well. In fact, a number of interventions have been immediately life saving. Others have repatriated veterans with their families. Additionally, this effort has resulted in many veterans enrolling in treatment or seeking out rehabilitative services after StandDown events were held. We have provided transitional housing services to a small number of veterans in our residential programs, but have been unable to facilitate a significant number wanting services because of funding limitations.

* ***They have demonstrated the magnitude of veterans needing help, and the problems veterans face.***

Over 10,000 veterans have sought help through these nationwide events. More than 60% reported alcohol and other drug problems. Over 30% reported psychological problems, and close to 70% have reported medical problems of some kind. The average length of time homeless is about two years and the average length of time without employment is about 3 years.

* ***They have raised awareness amongst the public about the plight of a large number of our nation's veterans.***

StandDowns have generated almost as many volunteers as veteran participants. High school and college students (many of whom knew little about Vietnam and veterans) have enthusiastically given of their time for these events. Through these volunteer efforts, the average citizen has become more knowledgeable about our nation's veterans. Groups of citizens in some communities have dedicated time and money to create resources on a more permanent basis after their StandDown events.

* ***Community service providers and public agencies such as: the Dept of Labor, DoD, HUD, DVA, and local governments have been sensitized to the issues of veterans. Moreover, they have become cognizant of, and experienced an effective and coordinated method of service delivery to this population.***

Community based organizations, taking the lead, have organized and coordinated an incredible array of public and community organizations in bringing services to StandDown events. They have clearly demonstrated their capacity and ability to construct comprehensive service delivery systems involving important providers of services to veterans.

WHAT WE'VE LEARNED

CHALLENGES

These events are hugely successful in terms of outreach and providing respites for the three day period. They have even enjoyed a fair amount of success in making interventions. However, the challenge is to sustain the motivation and hope engendered during the event by having resources that will endure after the closing ceremonies. It is a sad thing indeed to witness the dashed hopes and reemergence of cynicism when we're not able to provide the level of services that Stand Down suggests because of inadequate resources (especially in the area that is most critical -

residential support through emergency, transitional and supportive housing). During a national StandDown conference, held here in Washington, most attendees agreed that after-assessment of their events revealed similar findings..

While there is genuine acknowledgement of, and gratitude for the support of the DVA, Dept of Labor and other agencies, these events are resource intensive, especially in the area of logistical support. Lead agencies find there is a willingness amongst most to volunteer, but struggle and consider it almost miraculous to have obtained material such as tents, cots, blankets, and power generation. Often organizers have felt the entire event was jeopardized because commitments in these areas did not materialize until the last minute.

OPPORTUNITIES

* **Development of comprehensive service systems based on the StandDown model that takes advantage of a team and partnership approach.**

  In the planning stages of these events, the expertise and role of each player is defined and agreed upon. For example: The Dept of Veteran Affairs, a major and enthusiastic participant in this event, brings to the table their considerable experience and expertise in medical and acute mental health services. Community based agencies bring to the table those social rehabilitative services, including employment, legal and residential services, that assist the veteran in transitioning and re-integrating back into the community. Likewise other community and public agencies contribute their unique expertise in areas that complete the comprehensive nature of the services provided at StandDown.

* **Because of the significant volunteer participation and community awareness, an opportunity is created to involve more of the private sector in helping to address this problem.**

  Congress and the Executive branch are in key positions to enlist the help of the private sector. The theme of personal responsibility, so eloquently advocated by President Clinton, should also apply to the corporate sector in helping to address the problems of men and women who have served this nation.

* **Complete a legitimate and thorough assessment of the needs of veterans throughout the country.**

  The National Coalition for Homeless Veterans, through suggestions made at a national StandDown conference, is willing to further these efforts by putting together the most complete picture this nation has of the plight of homeless veterans. The coalition can design a data collection instrument that would be used by some 40 sites doing StandDown this year. Thus, data collection can be standardized, collected through a centralized location, evaluated, and a legitimate assessment can be produced.

* **The StandDown concept can also be used to address the problems of our youth who are engaging in combat on our streets - especially black youth.**

  A three day encampment involving veterans and youth could be the genesis of a dialogue and a mechanism to reach these young people where other methods have failed.

RECOMMENDATIONS

As these events have matured over the course of six years, we have gained valuable insight, and that insight is offered in the form of the following recommendations.

* **Create through legislation, comprehensive programs based on the StandDown model. Some may say that comprehensive programs has been created through the V.A. What I'm suggesting here is that legislation include the opportunity for community based agencies (who are often the lead organizers and coordinators of StandDowns), to directly operate these proposed programs.**

  StandDown, created in 1988, has probably been one of the longest demonstration projects in history, and it should be the **standard** for service delivery to homeless veterans. I don't think there is any doubt that lead agencies (predominantly community based and veteran specific), have proven their ability to bring together and coordinate an incredible array of services, and agencies to address the problems of homeless veterans.

* **Former, closing and under-utilized military bases are tailored made for this type of comprehensive program. We are proposing legislation that would give priority to programs designed to serve veterans in this manner.**

  It must be remembered that veterans, during the course of their enlistment, often played a large part in maintaining base facilities. Moreover, is it simply stated that: given the nature of these environments, who is better suited and deserving.

* **Until, hopefully, there is no longer a need for StandDowns, provide the means by which agencies of the Federal government can dedicate resources - especially logistical resources - to the StandDown effort.**

  Agencies such as the National Guard, DOD and VA should be able to coordinate resources like tents, cots, water buffaloes, generators, etc through, perhaps, administrative remedies to existing restrictive statues. Rather than these agencies trying to provide piecemeal resources on a reactionary basis, a package of these resources could be created and stored, ready to distribute to sites. In order to efficiently distribute the package, StandDown event dates could be coordinated on a statewide and national basis.

In closing, I am reminded of a statement made by an individual which has always struck me. That statement was: people are often willing to accept a complex error rather than the simple truth. To turn that phrase: it seems that, when addressing the needs of veterans, many choose to accept a complex neglect rather than reasoned solutions.

I again thank you for inviting me here to day to provide testimony, and I hope my contribution has been of some value to this committee as it continues to address the problems and needs of our nation's veterans.

Breaking the Cycle of Homelessness Among Veterans

Testimony before the
House Committee on Veterans' Affairs
Oversight and Investigations Subcommittee

4 May 1994

On behalf of the
National Coalition for Homeless Veterans

Presented by
Richard Fitzpatrick
Executive Director

I come before you this morning with a heavy heart. At times I may be faulted for being overly optimistic about the prospect of breaking the cycle of homelessness among veterans. But today, I'm frustrated, depressed, angry and doing my best to fight back the temptation of being cynical.

Today, it is my sad duty to report to you that things aren't getting better for homeless veterans – they're getting worse. And it is with deep regret that we are forced to conclude that our natural ally in the battle against homelessness, the Department of Veterans Affairs, has dropped the ball again...and again...and again.

The euphoria and the grand rhetoric of the February Homeless Veteran Summit has died away – but so have hopes of homeless veterans and those who endeavor to give them a helping hand. We supported the Summit. More than 700 concerned Americans came to Washington, D.C. (mostly at their own expense) and gave Secretary Jesse Brown a standing ovation for his call for a plan to end homelessness for the quarter of a million men and women who served their country in the armed forces.

We believed the message that it was a 'new day' where the VA would enter into a partnership with the nearly two hundred community based programs who are already working to break the cycle of homelessness for veterans. We believed that the VA would listen and learn from our experience and would work in collaboration with us. We believed that these words would be translated into action by the vast and rich VA system. "No government program can solve this problem alone" said Secretary Brown. We couldn't agree more.

One of stated goals of the Summit was "to set the stage for dramatic new progress to end homelessness among veterans...." That was then; this is now.

The conference is over. Everyone has gone home. It is now May. There is no "dramatic progress." There is no progress. Things are actually getting worse

During the Summit, the Secretary reported on implementation of the Congressionally mandated "Homeless Veterans Grant/Per Diem Program." He said the draft regulations would be published in the *Federal Register* during March with the expectation of making grants in September. But the VA didn't submit their regulations in March...or in April...and now we're told it won't happen in May. This means, for all practical purposes, that there won't be a program this fiscal year. Which means that when this lovely summer has gone

and the cold returns, thousands of homeless veterans will suffer needlessly due to the inability of the VA bureaucracy to come up with a plan to disperse $5 million dollars.

We believe the program should be funded at least ten-fold over this year's budget. But how do we make the case to the Appropriations committee that we need more money, when the VA can't spend the money Congress has ready given them? Mr. Chairman, you and your colleagues performed a noble service by passing the enabling legislation. I'm sure you can feel the frustration as our enthusiasm and hopes fade away.

Last December media attention to the tragic death of Yetta Adams (a homeless woman who died on a bench in front of H.U.D.) reminded us that the issue becomes more dangerous in the winter months. Since Ms. Adams' death, **at least a half-dozen homeless veterans in the District of Columbia lost their lives to the cold.** These individuals received none of the fanfare of Yetta Adams, perhaps because they chose less illustrious locations for their demises. Perhaps, however, the deaths of these homeless veterans are symptomatic of a larger societal denial of the existence of homeless veterans. Are we, as a nation, too ashamed to admit that those who fought to preserve our republic are now warmed only by the steam rising from city grates; steam that is emitted from the buildings where those who work and live can do so safely because of the sacrifices of our veterans? These veterans received better nutrition in trenches and jungles where all food had to be airlifted in than they do today, standing in line for the next meal at a local shelter, soup kitchen, or meal truck.

With Public Law 102-590, we saw a ray of hope. With the VA's bungling of its implementation, we see the needless waste of more veterans' lives.

One of the reasons the Summit was so well received was that it seemed to be the first visible sign of the VA's willingness to collaborate with community providers and organizations. And this seems to us to be just what the House and Senate Committees on Veterans' Affairs had in mind when you passed section 107 of Public Law 102-405 requiring the VA to (1) identify public and private homeless programs; (2) determine homeless veterans' needs and (3) develop local coordination plans with local providers.

Once again, we regret to report that the VA has made no visible progress on this effort. During the final hour of the Summit, Secretary Brown and his special assistant for homeless issues, Dale Renaud, made calls for the continuation of the work and enthusiasm of the summit. They specifically talked about a series of local, VA Medical Center based "summits" which would do much to meet the requirements of PL 102-405. Our organization went so far as to propose an intensive, hands-on project to help the VA implement these needed local linkages. They have ignored our suggestions.

Again, during the final euphoria of the Summit, Sec. Brown pledged to convene a national advisory board made up of a cross-section of those who attended the Summit to keep the spirit of cooperation from the Summit alive. Nearly two and a half months later, no such advisory group has been assembled and the momentum has been lost.

Literally dozens of specific suggestions came out of the Summit's work groups – suggestions that could make real, tangible improvements in the lives of homeless veterans. We do not know of one that has been initiated.

It is with deep regret and much anguish, that **we feel obligated to call for a legislative investigation of the VA's homeless efforts**. *The current leadership of these efforts are decent, honorable, and well-meaning* individuals who have failed to make any tangible headway in marshaling the VA's efforts to fight to end homelessness among veterans. A passive style does not serve the Secretary – or this cause well. We applaud the Secretary for having created the position of "Homeless Czar" (a suggestion our group has been promoting for two years) but feel it requires a take-charge kind of individual. We need someone who can stand up and rock the boat of the VA bureaucracy until the needs of homeless veterans are paid attention to.

This issue is as serious as life and death. It is critical that Congresses Homeless Initiative be implemented **this fiscal year**; that each VA Medical Center holds a "mini summit" with local service providers; and that a national advisory committee be convened to work with the VA (and other federal agencies) on implementing needed reforms to help homeless veterans help themselves. And we feel the commanding officer of the VA's homeless initiatives must be the best, most effective, most persuasive, most articulate, most committed, most experienced advocate available. Further, we stand ready and able to assist in any each of these efforts.

With all of this attention to the efforts (or lack of same) at the Department of Veterans Affairs, we do not want to suggest that the VA is the only agency that should be helping to meet the needs of homeless veterans.

For example, unquestionably the Department of Housing and Urban Affairs needs to be brought into the process to resolve this crises. The current leadership at HUD should be applauded for its grasp of the homeless problem in general and its innovative steps to deal with it. Their budget proposal for next year is realistic and will have a positive impact on the problem. The ability of Assistant Secretary Andrew Cuomo to get a $25 million homeless initiative approved, in the *Federal Register,* review proposals and commit money all within a few months of Yetta Adams' death should serve the VA as a shining example that **things can get done expediently and without getting mired in bureaucracy!**

We only wish HUD had little more recognition of the need for veteran specific programs. For example, earlier this year funds were awarded for "Innovative Homeless Programs" with less than **2%** going specifically to serve the **30% to 35%** of the homeless who are veterans. And this is not due to a lack of effort on the part of local veteran programs; a substantial number of community-based veteran programs made proposals. It may now be necessary to require that an appropriate percentage of HUD homeless funding be set-aside for programs that specifically serve veterans and their families.

While we are faced with frustrations and disappointments on a number of fronts, I want to take a moment to point out one small but shining star – one federal program that is working: the Department of Labor's Homeless Veteran Reintegration Project (HVRP). With a tiny budget ($5 million for 27 programs spread across the country) and a minuscule staff, this program can document that it has helped tens of thousands of formerly homeless veterans break they cycle of homelessness and become productive, tax-paying citizens. We applaud Assistant Secretary of Labor for Veterans Employment and Training Preston Taylor and his dedicated staff, and urge the funding of this program to its full authorized level.

We are submitting with this testimony more than 20 specific steps that the federal government can take to help. We ask for your review and support of these initiatives.

First, let me take a moment to reiterate the basics: while *one in ten* Americans are veterans, *one in every three* of the homeless are veterans. Every night, 250,000 homeless veterans are without what you and I call a home. Because people move into and out of homelessness, half a million veterans are homeless on an annual basis. These men and women have served us in peacetime and in war, sacrificing their youth, and in many cases their limbs, to protect our country. And now, when they are weak and weary, they are ignored by the very institutions they fought to protect.

How ironic it is that on the grounds of Lafayette Park, in the front of the White House, as many as sixty homeless men and women set up camp each night. And a majority of them honorably served their nation in the U.S. military. How do they feel about the leader of the free world sleeping only a few hundred yards away? It certainly doesn't provide the same warmth as an extra blanket. And how bitter the reality that our President, within shouting distance of this group of Lafayette Park homeless veterans, can commit the armed forces – and billions of dollars of taxpayer resources – to another war at a moment's notice – yet he seems to lack the ability to make a frontal assault on the issue of homelessness among those who heroically fought the Cold and not-so-cold Wars.

Would a homeless veteran choose to risk his or her life again without a guarantee that their government would be there for them afterward? The startling answer is: **yes!** For these men and women love their country. Unfortunately, right now, it seems like an **unrequited love**.

The fastest growing group of homeless veterans is from the **post-VietNam** era; and, specifically, the veterans of **Desert Shield** and **Desert Storm**. Too many of those who marched down the streets of our cities in "Welcome Home" parades are now *sleeping on those streets*.

I don't have to point out to the men and women in this room that there are homeless veterans in our nation's Capital. I doubt that there is a person here who hasn't already seen a homeless veteran this morning. Even the President cannot jog through our city streets without encountering single, homeless adults. The President has said that the individuals he sees and talks to during his morning runs are "100% veterans". And yet, there is no consistent ownership of this issue.

Many homeless veterans, particularly those who served in VietNam, have been ignored by "the system"; some have even been treated with hostility. We seldom treat veterans with the dignity and respect that they deserve. The result? They further isolate themselves, further complicating their existing medical and mental health problems. **The downward spiral continues**, until the once-employable, skilled and sociable individual becomes far removed from society and, sometimes, from what we call reality.

While **this Administration has done far more than any in the past** to admit our responsibility to veterans, we have not systematically reached out to identify them, nor have we tried to understand or serve their unique needs. Homeless veterans do not count in this country, because we don't count them. No one segment of federal or state or city government keeps track of homeless veterans. The VA medical facilities do not keep track of the number of clients who are homeless, and frequently discharge a veteran who clearly has no place to live. Additionally, traditional homeless shelters rarely keep track of whether or not a client is a veteran. The result is that we have a serious gap in the system and now know very little about an important and growing problem.

Years ago, our country constructed Old Soldier's Homes for retired veterans. Today, there is no federal initiative to house or serve those who served our country. The first step is to identify those in need of the help, so that their needs can begin to be addressed. Then, we must begin to define the appropriate mechanism for the delivery of those services.

Many veterans have needs particular to their circumstances. Other homeless people who are not veterans do not have the same needs. As long as the veterans are not identified, their special needs will not be addressed. Further, the specific physical and psychological challenges facing the combat veteran are well-beyond the service capability of the shelter or soup kitchen.

These symptoms are correlated with symptoms of anxiety, depression, and mania, symptoms which have often been treated by the mental health community without recognition of their relationship to PTSD, resulting in the veteran with PTSD not receiving the appropriate type of treatment. In addition to the special mental health needs of the homeless veteran, a veteran typically suffers from higher rates of unemployment than the rest of the adult male population (up to 2 percentage points higher unemployment rate). These special needs are not and will not be addressed by a homeless care system geared toward the non-veteran homeless. **So, what does work?** What is there that is successful in resolving these problems and getting veterans (and their families) back into mainstream society?

There are local programs in 38 states and the District of Columbia. These community-based homeless veteran service providers are as varied as the areas of the country and individuals that they serve; they include barracks-style and transitional housing; residences specifically for vets suffering from Post Traumatic Stress

Disorder; food distribution programs for needy veterans and their families; and veteran service counseling centers and day-time drop-in vet centers. The programs are run by non-profit and for-profit organizations; housing coalitions; Veteran Service Organizations; and local, state, and federal agencies. A number of community-based organizations are contracted by or in collaboration with the VA.

There are a number of common traits that exist among these Community Based Programs (CBOs). Most are veteran-helping-fellow-veteran programs. There is a commitment to help those who are willing to help themselves within a structure that promotes discipline and self-reliance, characteristics of the military lives the veterans once led. These programs are not traditional shelters. They provide a hand up, not a hand out. The veterans must be willing to work and often, to adhere to a strict set of rules or boot camp-style of discipline and service. Finally, many programs also have a component of community service.

Perhaps the most important feature of many of these programs is the follow-up that they provide. The veteran is assisted through each phase of recovery. A thorough evaluation of the individual is done and the root causes of his or her homelessness are assessed. What follows is a comprehensive continuum of care beyond merely assisting him or her with housing and other basic needs. The veteran is connected with a case manager who will continue to monitor progress; he/she is provided with job training and counseling, with self-sufficiency as the ultimate goal; and is made aware of the benefits to which he/she is entitled as a veteran. Thus, the program stays with the veteran as he or she takes all the steps toward full re-integration into society.

This kind of continuing care is what truly breaks the cycle of homelessness and prevents the revolving door scenario, which drains the resources of the VA and all levels government. Furthermore, not only do our programs lessen the burden placed on general homeless service providers and VA-run programs, but the programs themselves are cost-effective. Most are able to provide services at a fraction of the cost of those run by the VA. Community-based organizations are unhampered by the vast bureaucracy of a large, government institution. Given what they are accomplishing on a shoe-string budget, one can only imagine the success they would have given an increase in funding.

One such community-based organization is Swords to Plowshares which has been serving veterans in San Francisco since 1974. Although homelessness was not the main problem when Swords opened its doors, 85% of the current clientele is homeless. Swords to Plowshares offers a full continuum of care to veterans, including: one-on-one counseling; intervention and referral for PTSD, alcohol and drug abuse, relapse prevention, coping and life management skills; benefits advocacy; job preparation and placement; legal services relating to military discharge and VA benefits problems; and transitional housing in the only veteran-specific community-based program in the San Francisco Bay Area. Over 1,000 veterans receive services each year.

An example of a younger program for homeless veterans is the Gulf Coast Veterans Foundation, a non-profit community-based organization established in 1992 in Pensacola, Florida. Services provided include: shelter; food; clothing; substance abuse and mental health care; counseling; assistance obtaining housing, employment; and government benefits; education; and training. The first shelter for single male veterans was opened by Gulf Coast in January 1993 and is on donated property. Gulf Coast has secured two properties through the Resolution Trust Corporation (RTC) which will house single male veterans. It is also the recipient of two homes under the Department of Veterans Affairs Homeless Provider Lease Pilot Program; these homes are used to provide housing for veterans with families. Gulf Coast has an all-volunteer staff and has not been able to meet the demand of referrals from other agencies due to lack of beds. The demand for services reflects the fact that veterans are drawn to areas where military facilities are located and reciprocally, the downsizing of the military is contributing to the number of homeless veterans. Numerous military facilities of all branches of the U.S. Armed Forces are located along the Gulf Coast.

The successful model of the one-stop shop, providing a comprehensive range of services for homeless veterans is also working on a smaller, temporary scale in the form of StandDowns. This growing grassroots volunteer effort originated in southern California in 1988 when the concept of StandDown was adapted for

homeless veterans. StandDown is the military terminology for a brief period of time in which a soldier leaves an active combat area in order to rest and regain strength. It was adopted by Robert Van Keuren and Dr. Jon Nachison, VietNam veterans from San Diego who launched the first StandDown event there in 1988.

StandDowns give homeless veterans a weekend of safety and security where they can sleep in barracks-style tents, receive nutritious meals, health care, clothing, and an in-depth needs assessment. Job and substance abuse counseling, legal assistance and a wide range of other supportive services are available on site. It is a quick, effective and dramatic way to gain access to the continuum of care.

Since then, StandDown events have been staged by more-and-more community-based groups around the country each year. They are put on with support from veterans' organizations, local VA centers, National Guard and Reserve units, corporate sponsors, and hundreds of volunteers in cities from Anchorage and Dallas to Cincinnati and Boston. For 1994, at least 50 StandDown are planned. StandDowns provide an opportunity for the vets to enjoy a time of relative safety, to access needed services and to plan for a transition from homelessness. While not a cure for homelessness, StandDowns offer a stepping stone to more permanent efforts to deal with the problem.

StandDown Home in Houston, Texas serves as an example of a permanent effort that resulted from the increase in community awareness of the homeless veteran problem that typically follows a StandDown. After a StandDown was held in Houston, volunteers got together and established a home, currently housing 12 veterans. Lost Sheep Ministries, the non-profit organization that sponsored the home, acquired a repossessed VA property and the veterans themselves did the renovations. After a local TV. station broadcast a report on the home, people from the community formed a line down the street to donate furniture. The organization has now acquired a second house and is looking for a small apartment complex or a motel to help them meet the needs of the substantial number of homeless veterans in the Houston area. Whether or not they can do this without any government grants is questionable.

As the community support for StandDown Home demonstrates, homeless veteran programs tend to weather the current tide of NIMBYism. The voluntary service component of many programs also facilitates better relations with the community. Veterans living at the Tour of Duty Home in Pittsburgh, a non-profit organization that primarily serves minority vets, give back to the community by participating in a Mentor Program; they visit local public schools and reach out to fatherless boys. The program also teaches Ancient African History to minority veterans, strengthening their cultural and self awareness.

In Richmond, VA, the veterans living at VietNam Veterans Base Camp, three homes started by a formerly homeless veteran, go out into the streets every night to feed vets still living on the streets.

A group that focuses on feeding veterans is the Veteran Family Service Corporation in Baldwin Park, California, which distributes food to 1600 veterans and their families a month. The program distributes over 5,000 pounds of food a month and is entirely funded by local donations. Although their hope is to open a transitional house in the community and to establish such food distribution programs across the country, efforts to receive any kind of government funding have been unsuccessful.

All of these programs are open to any veteran, which raises another important issue concerning homeless veterans. Unlike the VA, many community-based programs are open to any veteran, including those with less than honorable discharges. The issue of being able to serve all veterans, including those with 'bad paper', is a particularly difficult one when dealing with many VietNam era veterans.

Our contact with homeless veteran service providers also shatters the myth that homelessness is an urban problem. In Las Vegas, Nevada, the staff of The Key Foundation, a non-profit organization, go out into the desert on a weekly basis to find and feed homeless vets. A StandDown there last year drew 2,000 people. In Southern Oregon, local search and rescue units were used in spreading the word about the local StandDown,

by going into the forests and other isolated areas where homeless vets are known to live; 450 homeless vets emerged to attend the event and receive services. Such innovative outreach methods are typical among community-based organizations.

At a recent national training conference on StandDowns, sponsored by NCHV, a representative of Palmetto State Base Camp, Inc. (PSBCI) in Columbia, S.C. , showed slides of tents formerly inhabited by 'bushmen' in local woods; the efforts of Palmetto State were successful in drawing the men out of their isolation and into a home. The success of the group demonstrates that the model of veteran-helping-veteran works. The group sponsored the StandDown in Columbia which served over 400 homeless veterans; the VA Regional Office estimates that there are as many as 500 homeless veterans in the Midlands. The goal of PSBCI is to provide transitional housing for homeless veterans along with a program designed to make them self-sufficient but they are in need of funding. The group was founded by two VietNam veterans and two from Desert Storm. The president of the board is a VietNam veteran who struggled for years with substance abuse and mental health problems; at the age of 51, he has overcome his difficulties thanks to the intervention of concerned veterans and is currently enrolled in college where he maintains a 3.5 and his work with PSBCI is credited as work-study.

As is the case with many vet-helping-vet CBOs, the lines between service providers and the homeless veterans being served are not so clearly drawn. A number of service providers are one step away from homelessness themselves and many programs we have been in contact with are in danger of closing due to a lack of government funding. Several prospective transitional housing programs, such as one in West Virginia that would have been called "Freedom House" have failed due to a lack of support and funding.

Nevertheless, there is a ground swelling of positive, effective and efficient programs that are spontaneously coming into existence throughout the country. And this is happening with little assistance or nurturing from the federal agencies. Just think what could happen if the full resources of the federal government were marshaled to not replace but assist these community-based programs.

It is our contention that not only is the government failing to solve these problems but it is not the appropriate means by which the needs of the vast majority of our country's homeless veterans should be met.

It is through our 160 or so community based, veteran-helping-veteran programs – and nearly 100 more in the planning stages – that America can resolve this problem. We are now stepping forward to take care of our own. Overseas, we tried to never leave our wounded on the battlefield. We can do no less at home. **We are not a permanent special-interest group. We are working to put ourselves out of business by getting this job done.**

However, this does not let Congress off the hook. There are a great many things you can do. A number of these concepts were defined and recommended by the *Speaker's Task Force on Homelessness* in their recent report to the House.

We've broken down our proposals by Department.

The Department of Defense

The Landing Party

When defense installations are closed and turned over to local communities, the first program on each base should be a contingent of homeless veterans assigned the task of maintaining, securing and cleaning up the facilities. After all, who knows better how to run the infrastructure of these facilities than the soldiers and sailors who served there in the past? The environmental and ballistic clean-up operations are ideal programs

which not only provide tasks the government is going to have to do anyway, but also are excellent training programs that would result in high-paying job skills.

We appreciate DoD's concern for getting the local communities involved in the decision making process of how these installations should be used. Our concern is that there be a requirement that local veteran groups be involved in that process. No one has a more legitimate claim to participate in the decisions related to the ultimate utilization of military bases that those who served on them.

We strongly back a concept defined by *Swords to Plowshares*, a veterans advocacy group in San Francisco, that proposes the establishment of Homeless Veteran Academies on closed military installations. We support the efforts of Dr. Robert Alexander and *Role Models America, Inc.* for the development of excess military properties in Florida for a National Youth Corps Academy utilizing homeless veterans as support staff and mentors for the nation's troubled and drop-out youths.

Barges & Tenders

Homeless veterans in coastal communities could be served by the use of surplus U.S. Navy Barracks Barges and Tenders. The barges can sleep hundreds of individuals and the tenders are floating workshops. The ability of community-based organizations to obtain such ships and utilize them could result in a quick, effective and appropriate full-service, floating program that could stay in one location until a permanent program was established and then move to another community. The D.O.D. should be required to negotiate with interested non-profit homeless veteran programs for the transfer and transportation of unneeded barracks barges and tenders for use in providing services to homeless and jobless veterans.

Veteran Priorities

When the decisions are made related to the disposal of Defense Department properties (such as furniture, sleeping bags, clothing, machinery, etc.) certain groups have a high priority established. We believe that community-based homeless veteran providers deserve the same priority as ROTC, Boy Scout and Red Cross units. We ask that we be established as such a priority group and not have to buy at market prices from state agencies those items that were purchased by the military for use by these same people who are now homeless.

The Department of Health and Human Services

Getting the Lead Out

Lead abatement and asbestos detection and removal are key public health issues throughout much of the country. There is a significant lack of properly trained individuals and firms with skills in the management and abatement of these dangerous problems. Funds should be made available for CBOs to train homeless veterans in the skills of site testing, abatement methods, and waste disposal procedures. These opportunities should lead not only to potential employment but to create entrepreneurial opportunities for these vets to begin businesses of their own and employ other vets in helping to erase these health hazards.

Securing Social Security Benefits

A substantial number of homeless veterans can be qualified for social security disability programs. Unfortunately, the extensive amount of documentation paperwork necessary to qualify is difficult for individuals who have no address or phone numbers to acquire. Further, few local homeless providers are knowledgeable about the benefits that are available to the veterans in their programs. We propose that a national effort be undertaken by Social Security, through a contract with a non-profit program, to educate local service providers on how to reach homeless veterans and provide them with the benefits for which they are eligible.

The Department of Housing and Urban Affairs

Getting the share veterans have earned

The current leadership at HUD should be applauded for its grasp of the homeless problem and its innovative steps to resolve it. Their budget proposal for next year is realistic and will have a positive impact on the problem.

Unfortunately, there seems to be little recognition of the need for veteran specific programs. For example, earlier this month funds were awarded for "Innovative Homeless Programs" with less than **2%** going specifically to serve the **30% to 35%** of the homeless who are veterans. And this is not due to a lack of effort on the part of local veteran programs; a substantial number of community-based veteran programs made proposals. It may now be necessary to require that an appropriate percentage of HUD homeless funding be set-aside for programs that specifically serve veterans and their families.

In this year's budget process, the Administration is proposing to "block-grant" homeless funding at the community level, rather than making the determinations in Washington. If this takes place, it is vital that the mandated local planning process be required to include local veteran service providers.

Not all veterans are in veteran programs

There is such an irony in the current situation: tens of thousands of veterans are jobless and homeless and hungry and in desperate need of help while our government has established a remedy - and it is vastly underutilized.

The Department of Veterans Affairs offers benefits to veterans which can provide up to $20,760 per year tax-free, in addition to all medical, psychological, and dental care as well as vocational, educational and rehabilitative services. These benefits are considerably more generous than those offered through either state or local social service agencies.

Many states and some cities also have funds available exclusively for needy veterans and their families. Additionally, there is a massive network of thousands of Veteran Service Organizations (American Legion, AMVETS, VFW, DAV, VVA, etc.) who have funding opportunities for veterans in need.

Why are these generous resources overlooked? After substantial research, we have found that case managers and shelter operators in non-veteran programs simply are not aware that they exist. When the veteran-specific benefits are ignored, the community loses out because:

- Homeless-designated funding serves fewer clients as veterans consume *homeless* resources rather than *veteran* benefits
- Veterans languish on the streets and in shelters because they are not given the intensive services designed for their specific needs
- The community loses out on productive members of the economy and polity
- Social services receive fewer net dollars since VA benefits are an entitlement, whereas other homeless service dollars (both national and local) are usually granted on a competitive basis

We have proposed to HUD a pilot project that can help to alleviate these problems by teaching homeless service providers in Washington, DC to identify a homeless veteran and to connect him or her with the appropriate services. After that program is implemented and evaluated, five other cities would be sites for regional training and would receive the same benefit - building knowledge. Simultaneously they would build cooperative bridges of understanding among providers through their shared experience in training. An added benefit of the training session geared specifically toward the needs of the homeless veteran is that it would coalesce a group of advocates interested in the homeless veteran which can live on as a sustaining force within the community long after the training is finished. "Train the trainer" sessions would develop a national network of advocates who are knowledgeable and eager to spread their knowledge. Many communities can benefit, as will many homeless veterans. We request the immediate funding of this valuable project.

Stand Up for StandDown

In 1993, an estimated 10,000 homeless veterans found rest and safety, a variety of services and a helping hand, at more than 35 innovative programs called "StandDowns".

Almost as important is the incredible increase in a community's awareness of the plight of the one-third of the homeless who are veterans which takes place with a StandDown. When 500 homeless vets show up at one time in Minneapolis, MN or in St. Petersburg, FL, the public begins to recognize that there is a real problem of homelessness among veterans StandDowns are not the solution to homelessness but they are an opportunity to create an atmosphere conducive to change and recovery. It is not a hand-out but a hand-up, extended by a grateful, caring community.

In order to enhance the efforts of StandDowns to fill this void and reach the thousands of displaced veterans across the country in order to bring them into the existing continuum of care at the appropriate point, we propose the creation of a StandDown '94 assistance and enhancement effort and request funding to implement it.

By assisting no- and low-income veterans to attend one of these events and acquire the untapped resources to which they are entitled, and by offering them access to the supportive and rehabilitative services they need, we will be increasing their long-term economic independence.

These programs can enable thousands of veterans (rural, suburban and urban) to get into a system that provides housing, counseling for drug and/or alcohol addiction, federal and state veteran and SSI benefits, and access to job training and placement opportunities. It goes beyond the symptoms and gets to the causes of their homelessness.

This veteran-helping-veteran program combines our unique expertise in veteran issues and benefits and our ability to establish trust and rapport with veterans with the proven StandDown technique to access the supportive services they need to move on to economically viable lives, contributing to the economic vitality of our country.

We gratefully acknowledge the on-going support of local StandDowns by the Department of Veterans Affairs and Department of Labor's HVRP program. We request specific funding from HUD for the technical assistance and support of the development of these innovative and successful programs.

1-800-VET HELP

We propose the establishment of a national referral clearinghouse and crisis line that would enable homeless and at-risk veterans anywhere in the U.S.A. to have an immediate (over the phone) needs assessment. Following this assessment, these veterans would then receive the appropriate services and transitional housing (when needed), with the goal of moving on to permanent housing and self-sufficiency.

The basic program concept is simple. 1-800-VET-HELP would assist homeless veterans and their families in defining their problems and linking up with housing and supportive services in their community or anywhere elsewhere through an on-line, national computerized database.

The basic promotional message could be simple: ***if you are a veteran and are homeless or in danger of becoming homeless, call this number***. The secondary message is: *if you know of a veteran who needs help, share this number with them.*

1-800-VET-HELP would fill a serious national service and information void. It would enable highly trained veterans to help other veterans locate shelter, find services and cope with crisis situations in a rapid and accurate manner.

As a result of a massive, national outreach effort, thousands of homeless veterans and their families will be brought into the existing continuum of care at the appropriate point. This will:

- increase the ability of the provider community to reach out to vulnerable veterans who have so far been ignored by the system;
- help prevent homelessness among veterans by facilitating intervention which will allow them to stay in their existing residence;
- increase the total level of resources dedicated to the service of the homeless by replacing resources used to serve homeless veterans with veteran specific benefits; and
- establish a national, central point of emergency information and referral.

24 Hour Coverage Highly trained veteran professionals would staff 1-800-VET-HELP 24 hours a day, 365 days a year to provide homeless veterans with immediate assistance accessible at no charge, from any telephone in the U.S.A.

Since no one understands a veteran as well as another vet, phone lines would be staffed by fellow veterans – primarily those who have previously been homeless – permitting a non-threatening, comfortable atmosphere for vulnerable homeless veterans to access.

National Services Database 1-800-VET-HELP can create a comprehensive, computerized directory of services to assist veterans in locating local housing and supportive services. This on-line database would be updated continuously and provide the only national picture of available housing and service resources to serve homeless veterans, their families and those in danger of becoming homeless.

While such a database would be created with veterans in mind, it would, by necessity, detail **the entire homeless continuum of care**. This would be the *only such national source of information* on the total system in place, both public and private, for homeless prevention, outreach, assessment, shelter, services, transitional services and housing. The benefits to the system as a whole to have such data available are substantial.

We strongly urge the funding of this project by HUD.

Capacity Development Project

Most homeless veteran groups are born as a result of the charitable instincts of civic-minded individuals, sometimes without the underlying infrastructure of a sound organization. These initiatives often respond to a heartfelt need to provide services, without regard to the institutional ability to meet the need. The results of our survey demonstrate that people want to *do something*, they just don't know *how* to do it. Without a sound organizational foundation, initiatives can fail. But they don't need to. With the help of our attention to their structural needs, these efforts can be accomplished without requiring each local program to "re-invent the wheel," wasting precious financial resources on basic development needs.

We propose to train current homeless veteran providers as well as potential homeless veteran providers on the basics of organizational structure and development, strategic and business planning, and other professional management techniques. We would create a basic organizational development manual and model materials and regional training programs.

The purpose of this effort would be to improve the quality, quantity and variety of services provided for homeless veterans by developing the capacity of service providers to better plan, develop and manager their operations. We believe that an organizational development handbook and training will achieve that purpose and fill in the gaps in the continuum of care for homeless veterans. We request funding from HUD for this effort.

The Department of the Interior

Lost in the Wilderness

The ability to locate individuals in need of help in the county's national parks is of an ever-increasing demand. Veterans of military training and action have those very skills. A specific program should be initiated for homeless veterans to be trained and utilized for search and rescue missions in our national parks.

The Department of Labor

Jobs for Vets

The Homeless Veterans Reintegration Project (HVRP) of the Veterans' Employment and Training Service is providing a substantial amount of service with a minimal budget. HVRP provides the key element missing from most homeless programming: job placement.

HVRP should be utilized as the central coordinating point of all job training programs for homeless veterans. Its funding should be at least doubled from its current level of $5.5 million and it should provide inter-agency coordination and direction of all work creation programs. Furthermore, its funding should be a specific line-item going directly to VETS rather than lumped in with other Education and Training Administration funds.

The Department of Transportation

Flag Waving

We propose a number of pilot projects where homeless veterans are guaranteed jobs as flag persons on highway construction sites. For a period of at least six months they should be employed, housed and given a small living stipend while the rest of their earnings are saved for use for housing deposits and other living costs when their participation in the program is over. This should be done in conjunction with local, community-based groups who would provide the full continuum of care the vets might need.

The Department of Veterans Affairs

Homeless vets; vetless homes

It is ironic that at the same time so many veterans are homeless, the VA owns tens of thousands of empty, repossessed homes.

We propose that the VA establish a task-force charged with developing a workable plan within 100 days to utilize guaranteed home loan distressed property inventory and make these homes available to community-based organizations and local units of government to renovate and use for providing services to homeless veterans.

Members of our organization are working with the Resolution Trust Corporation (RTC) to assist them in providing affordable housing to veterans. It seems logical that the same services could be utilized for VA properties. Furthermore, since the VA has the ability to finance the sale of property to individual vets, it should also be able to finance the sale of properties to not-for-profit corporations which are of, by and for vets.

Plan for Discharge Planning

Many of those who provide services on a daily basis to homeless veterans believe that the existing poor discharge planning practices and procedures of the Veterans Administration are a significant contributing factor for up to 15% of the homelessness of former VA patients.

The results of the new GAO study which looks into the VA's discharge planning should be studied and the input of local service providers sought out. Necessary procedural changes should be implemented as soon as possible.

Contracting with the VA

The ***Homeless Veterans Comprehensive Service Programs Act of 1992*** (Public Law 102-590 11/10/92) established a program for the Department of Veterans Affairs to make grants to non-profit and public entities for a specific set of homeless veterans services. This past year the ***VA, HUD and Independent Agencies Appropriations*** (H.R. 2491) conference report included $8 million for this purpose.

This is the single most important legislation ever passed to help homeless veterans. Important not in size but in concept and precedent. The VA has failed miserably in its effort to implement sections 3 and 4 of this act – the parts that provide funding for local programs. They have set aside $5.2 million for the 160+ community based programs (an average of $32,500 annually each) – while keeping $2.8 million for VA 's own multi-service centers.

Even this minuscule amount of money could be leveraged by our local programs and much good will come of it. However, there are three things to keep in mind:

1) If the funding process isn't complete this year, the winter will come with no new hope for this country's veterans – the money will lapse to the general fund and the will of a large majority of Congress will be thwarted.

2) The enabling legislation contains some detailed and **restrictive language** that will temper the potential benefit. Specifically, the amount and nature of the local match requirements limit the ability of small and newly formed groups from applying. The nature of any local match should be redefined to allow the sum of the continuum of care services to be used as "match."

The statutory requirement that local facilities meet VA building code inflates the cost of building renovation with no justification. Of course our programs should be required to comply fully with all local and state safety and building codes, but why should they have to meet a higher requirement?

3) This year's (1995) budget should reflect the depth of the problem and the success of local groups in solving it. **A ten-fold increase** – to $52 million – would not be unrealistic and would make massive improvements in the delivery of services – and yet still be only 1% of the VA's annual budget.

Furthermore, it is essential for the local, community-based groups to have a chance to be aware of the available funding and have a timely response capability so that they can create viable plans and grant applications. Therefore, the VA should utilize a small percentage of the total to contract for technical assistance from a not-for-profit organization with substantial experience in the area of providing services to exclusively to homeless veterans. This would allow self-reliance-based veterans groups to demonstrate their capacity to meet the legislation's intent and criteria. The successful models of homeless veteran service providers already in existence would be used to give a helping hand to the emerging community based groups.

Bonus Drugs for Fun & Profit

Approximately 40% of homeless veterans have current prescriptions for pharmaceutical drugs, nearly half of which are scheduled drugs. Due to a lack of inter-linked computer communications, veterans are able to acquire prescriptions in each VA hospital they visit. For example, there are 6 VA medical centers in the Massachusetts/New England area. Some vets have been known to obtain prescriptions for powerful medications from each of those 6 centers. This leads to not only personal substance abuse but also to the illicit sale of these narcotics.

The VA needs to immediately begin a computer data base and communications system similar to those of existing commercial drug stores that track an individual's prescription record.

A Weekend High

The VA utilizes methadone maintenance as a means of dealing with certain users of hard drugs. While this group only comprises 6% to 8% of the homeless veterans, they comprise a major portion of the problem of illicit drug sales. As with the prescription drugs, vets have the ability to acquire methadone at more than one VA facility as well as to gain it at private, non-governmental methadone maintenance programs. Due to the fact that VA methadone programs are closed on weekends, on Fridays vets are given their Saturday and Sunday dosages. This makes it tempting to over-use or sell those drugs and then go to a private program on Saturday and Sunday for their regular dosages.

The VA needs to do an immediate re-evaluation of its existing methadone program and determine (1) if it needs to exist and (2) how its operations can be more realistically handled.

Taking Care of Our Own

While there are hundreds of thousands of veterans who are jobless, there is a substantial need within the VA for medical aides and orderlies, particularly those who can relate well to veteran patients.

The VA should establish on-site training programs at VA medical centers to teach (through classroom and OJT) homeless veterans to become medical aides and orderlies. The vets would be given room, board and a small stipend during the training.

Buy Vet

The VA is one of the largest purchasers of goods and services in the country.

We would like to see a high-level task force assembled and given the responsibility to develop new ways to encourage the VA's use of goods and services provided by veteran-owned for-profit companies and veteran-specific not-for-profit organizations. Special attention should be paid to the role the National Cemetery System can play in this effort.

Death & Dying

There are few things more tragic than a veteran who dies alone on the streets or in a VA hospital.

We strongly urge the creation of a number of hospice pilot projects that would combine the assets of our community-based non-profit homeless veteran programs with the existing services of a nationally accredited local hospice and a local VA Medical Center.

VETS with AIDS

Across the country, we are finding more than ten percent of homeless veterans to be HIV Positive.

There needs to be a major effort by the VA to look into this crisis. Individuals from homeless veteran CBOs should be a part of that team. Working with representatives of the AIDS community, there should be a number of pilot, collaborative programs for homeless HIV positive vets. Furthermore, community based organizations should have the ability to work with VA educational staff to increase AIDS awareness and prevention among homeless vets and veteran care-givers.

TV Training

The VA has very sophisticated in-service training programs for its employees. Many are implemented using satellite broadcasts and video tapes.

Community based organizations should be granted permission to monitor VA training broadcasts and receive training materials so that our local, non-profit staffs can take advantage of the VA's major investment in continuing education. Also, the resources of our programs' personnel could be utilized by the VA's training staff to provide our unique insight into ways to work with homeless veterans.

Once a veteran; always a veteran

The Delimiting Date for use of veteran's educational benefits effectively prohibits the substantial majority of currently homeless veterans from utilizing their earned benefits. We believe that legislation should be passed to allow veterans who are certified by the VA as being homeless to be able to access the full range of benefits for college or vocational schools that they were previously due.

Federal Emergency Management Agency

Even though FEMA states that it makes special emphasis on the identification of and assistance to veterans, our analysis of their recent budgets show that less than **1/10 of 1 per cent of their budget** went to veteran activities. We recommend that there be a designated veteran representative on FEMA's national and local allocation boards.

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DELIVERING COST EFFECTIVE SERVICES TO HOMELESS VETERANS: OPPORTUNITIES AND CHALLENGES PRESENTED BY HEALTH CARE REFORM AND BASE CLOSURES

Testimony before the
House Committee on Veterans' Affairs
Oversight and Investigations Subcommittee

4 May 1994

Presented by
Michael Blecker
Executive Director

The Problem

- There is a crisis of homelessness among veterans. Veterans make up over 30% of the homeless population nationwide - 250,000 veterans are homeless on any given night in urban, suburban and rural communities throughout the country.

- Pressures from health care reform and the federal budget deficit will change the way the VA delivers services. The GAO Report on Veterans Affairs Issues (December 1992) projects that employer mandated health insurance will lower the demand for inpatient care at VA facilities by 20%, while universal coverage would reduce demand by 50%.

- The VA provides services to homeless veterans under its Division of Medicine and Surgery. The VA's medical model for service delivery inflates the cost of personnel and programs.

- The VA has a resistance to contracting out for services. For example, earlier this year Congress passed legislation in the form of Public Law 102-590, appropriating funds for the VA to contract with CBOs for homeless services. The funds must be spent by the end of the fiscal year, but as yet they have not been published in the Federal Register for the initial public comment period.

The Solutions

- Homeless veterans need residential treatment, transitional housing programs, and affordable housing above all other services.

- Community-based, veteran-specific agencies can play a vital role in helping the VA meet its mission. As peers of the vets they serve, these providers are more responsive, culturally sensitive and cost-effective than federal agencies. As nonprofit agencies, CBOs can leverage an innovative array of public and private resources, and thus a comprehensive range of services, not available to government

institutions. CBOs can offer aggressive, professional claims and discharge upgrade assistance that the VA cannot, securing for veterans such exits from homelessness as a meaningful monthly allowance or vocational rehabilitation.

- On the federal level, the VA must actively develop a system for contracting with CBOs, as DOL and HUD have successfully done. The key to cost-effective services will be cooperation between the VA and local non-profits, rather than competition or duplication of services. *A mechanism must be put in place to monitor the VA's progress in contracting out with CBOs and to hold them accountable for their failure to do so.*

- The current downsizing of the military and resulting base closures represent a unique resource for homeless vets. These closures present opportunities for new programs and housing resources to be developed *outside of the inner city*. Partnerships between the VA and CBOs will be essential to the success of these programs. Federal agencies, such as the VA, have first priority in identifying buildings on these facilities. The VA could provide medical care and oversight. The CBOs can bring their flexibility, rapport with the veterans, and cost-effective services to the projects.

Swords to Plowshares' Experience

Since 1974, Swords to Plowshares has been providing a full range of services to veterans in San Francisco, including employment and training, counseling, legal advocacy and housing programs.

Twenty years ago, Swords was formed to meet the needs of the most disadvantaged veterans: the urban underclass, minorities and others from the VietNam-era who were particularly hurt by the deficiencies of veterans benefits, from the GI bill to health care. Today, we still serve this needy population, many of whom now find themselves homeless.

Recently Swords to Plowshares has been working closely with local VA staff, focusing on the impending closure of several Bay Area military facilities. Both parties recognize the special resource these bases represent, especially in terms of vital housing stock. The work opportunities on the bases and their location away from the problems of the inner city make these ideal settings for recovery.

After three successful StandDown encampments for homeless vets, Swords and the local VA have learned that we are most cost effective when we each do what we do best. At StandDown, that meant the VA providing medical and other services, with Swords serving as the sponsoring agency, coordinating other public providers, supplying peer counselors, and soliciting donations and volunteers from the private sector.

When developing programs and housing on military bases, doing what we each do best will mean the VA providing access to the facilities, medical care, oversight and contracting with CBOs for peer-oriented services. In turn, CBOs can work with a variety of federal, state, and local founders to design innovative, comprehensive programs for homeless vets. Swords has expanded on the StandDown model to design an Academy program for homeless veterans, similar to the Job Corps program. The Academy is ideally suited to be housed on a military base and to be funded by a range of public and private resources, including the VA.

Swords is one of the few CBOs nationwide to have a contract with the VA for transitional housing. Over the last five years this contract has enabled Swords to change

the lives of over 250 vets with a success rate of 65% who have gone on to live independently. Our local HCHV program recognizes Swords' strengths and has been meeting with us regularly in an effort to increase contract bed referrals to our program and improve the quality of service to homeless veterans in our area; the extent of their ability to contract with us is limited, however, by the VA's budget priorities.

Earlier this year, San Francisco was designated as a VA Comprehensive Care Center for homeless vets. It is the hope of all of us serving veterans in need that these new monies will mean a much needed increase in residential care and transitional housing, and not a duplication of existing services.

Conclusions

The disadvantaged veterans served by CBOs will continue to be dependent on the VA after health care reform is enacted. It is crucial that changes to the system not overlook this deserving population of veterans in need.

The closure of military bases around the country presents a special opportunity to provide what homeless veterans need most: residential care, transitional housing programs, permanent housing and job opportunities.

The VA is charged with serving these veterans. But other federal agencies, such as DOL and HUD also bear responsibility. CBOs can contract with a broad array of federal agencies to provide a continuum of care in a cost-effective manner.

To make the best use of precious resources, especially military base facilities, the VA should:

- contract and collaborate with community agencies who are already working with homeless veterans, especially residential programs;
- not duplicate existing services, nor neglect regional responsibility to under-served areas;
- be monitored and held accountable for their performance in these areas.

A new approach to service delivery must accompany changes to the VA health care system. **Community-based, residential care programs are the most cost-effective means to transition homeless veterans to self-sufficiency.**

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ABOUT SWORDS TO PLOWSHARES

Background

Swords to Plowshares has been serving veterans since 1974. Born out of the pain and dislocation of the Vietnam war, services have focused on the unmet needs of veterans. Swords has a well-deserved reputation for effective advocacy, for expertise and compassion in working with a hard-to-serve population, and for dedication to serving the truly needy.

Program Services

Swords to Plowshares provides a full continuum of services to veterans: emergency referrals; one-on-one counseling, intervention and referral for PTSD, alcohol and drug abuse, relapse prevention, coping and life management skills; benefits advocacy; coordinated referrals to VA and community social service and treatment programs; job preparation and placement; legal services relating to military discharge and VA benefits problems, and in some cases, direct legal representation before the VA and Review Boards; and transitional housing in the only veteran-specific community-based program in the San Francisco Bay Area. Over 1,000 veterans receive services each year.

What makes Swords unique is the ***continuum of services***, the ***vets-helping-vets approach to providing services***, and the fact that ***services are provided in a community setting***.

Swords' principal office is located at Sixth and Market Streets in San Francisco, at the crossroads of the Tenderloin and South of Market areas where homeless people "live" and congregate. This initial outreach presence in one of the worst parts of the city is balanced by Swords' new transitional housing facility in a stable residential area of town, far removed from the Tenderloin.

Housing – Current and Future

Homelessness was not the main problems when Swords opened its doors in 1974, however, now 85% of the clientele is homeless. Homelessness is time-consuming and debilitating, making it nearly impossible to address problems of physical and mental health, substance abuse, and employment. Healing, rehabilitation and reintegration are more likely to occur in a stable and supportive residential environment.

Swords has operated Northern California's only veteran-specific housing since 1989, in the form of a transitional housing program for homeless veterans who are being released from residential drug, alcohol, and or PTSD treatment programs. This short-term program is funded through fees from the Veterans Administration. On Veterans Day, Swords will dedicate two new residences purchased with a grant from HUD, and matching funds from the City and County of San Francisco. This transitional program allows veterans who are discharged from the short-term program and from other residential treatment to benefit from up to two years of supportive residential services.

Beyond Stand Down

Swords has held three successful Stand Downs since 1991, and it is clearly time to move beyond a three-day event to more permanent solutions to homelessness. Swords is actively pursuing the creation of a Veterans Academy at one of the local military bases being closed. Utilizing the clarity, focus, and comraderie of the military model, the Academy will build on the pride and common experience of the veterans to reintegrate them to the community.

For further information, contact: Michael Blecker, Executive Director, (415) 247-8777

STATEMENT OF

ENLISTED WOMEN VETERANS GROUP

Presented By

INGRID E. SAREMBE

Before The

HOUSE SUBCOMMITTEE ON VETERANS AFFAIRS FOR OVERSIGHT AND INVESTIGATION

On

H.R. 3013

A CENTER FOR WOMEN VETERANS IN DEPARTMENT OF VETERANS AFFAIRS

MAY 4, 1994

Mr. Chairman, members of the House Subcommittee on Veterans Affairs for Oversight and Investigation. We welcome this opportunity to support H.R. 3013 which creates in the Department a Center for Women Veterans, and a Director as head of the Center for Women Veterans.

I am speaking on behalf of a group of Enlisted Women Veterans who have been together for one year. Most of us have not spoken about our experience as members of the Armed Forces. We do not identify ourselves as veterans because we are made to feel invisible as members of an all male dominated veterans community. We feel the Department of Veterans Affairs has created a condition of defacto segregation. The DVA has created a climate that is hostile to women veterans and it has the effect of denying us our rights.

We are seeking our rights! We are seeking full emancipation as women who served our country in time of war. We are proud to have served! It is now 1994 and still there is no one woman inside the DVA, nor one Center that has authority to respond to Women Veterans Affairs. We are asked to deal with a male dominated institution that is very often hostile and unsympathetic to our experiences in the military.

We are met with obstruction to our request for benefits. What is more damaging, however, is the open hostility we encounter as women vets who are suffering from the effects of sexual trauma injuries!! This segregates us from other vets and allows the DVA to continue the Policy of an Invisible Force begun in the Armed Forces. For example injuries incurred while on active duty are further aggravated by the service. The behavior towards women who bring such injury to the unit commander's attention makes women the Prime Suspect!! Women are the object of interrogation, psychiatric examination, or

termination from active duty with other than honorable discharge. This blatant harassment aggravates a very serious traumatic injury. There is a process of collusion here, the Armed Forces makes a determination about the active duty woman and the DVA makes the same determination without regard to the evidence submitted on behalf of the woman veteran.

This can and must be changed. A very important step in that change is to include women in all areas of the DVA. To begin this process women need a permanent Women Veterans Center in the DVA and a Director who will have hands on policy and implementation authority. This climate cannot be changed by the stroke of a pen alone. Policy can and will be changed with vets helping vets, not as enablers, perpetuating a sense of helplessness among women veterans, but by the empowerment of women vets helping other women vets.

Untreated sexual trauma injuries be they physical, spiritual, emotional and/or mental worsen the aftermath of military service for women who now feel a deep sense of hopelessness and despair. Adjustment to civilian life becomes a life threatening force. Women dissolve into isolation as they seek refuge from the ongoing dreams, illusions, fantasies, flashbacks and depressions that are a part of PTSD - Post Traumatic Stress Disorder.

The last 27 years of my life have been a tragedy for my family and me. The aftermath of my service life left me and my injury to the stressful forces of everyday living, eventually leading me down the path of homelessness and many times near homelessness. PTSD is a major cause of homelessness among veterans. Substance abuse is a common problem, but problems related to women specifically are not being considered, for example eating disorders, sexual dysfunction, suicide, depressions or a workaholic/perfectionist attitude as a defense against the terrors of being alone and invisible. Just as our brother vets,

women vets do not trust the DVA. The realization that PTSD among women veterans is not being addressed sufficiently and access to care is limited to having a diagnosis of service connected PTSD, leaves women questioning the process.

Question: how do women get diagnosed with PTSD if they are not seen by any DVA medical facility? This is the responsibility of the government!! Providing diagnosis and treatment is the job of the DVA, not women veterans!! Even so women vets must work together with the DVA to get care and benefits for all women veterans. Because of the very special nature of these traumas and injuries, women veterans who have gone through the terror of being sexually assaulted and abused in the military are in a special needs category.

These injuries go undetected by a VA reluctant to look for them. Women on active duty do not report them. If a woman reports this, she can expect to be injured again. Suppose a soldier goes to a field hospital with gunshot wounds, and is treated for this injury with another gunshot wound, the outrage would be immediate and overpowering. Yet women are brutally subject to this type of re-injury in the military. If this condition is not treated, the effects become permanently disabling. Add to this condition the obstruction by the DVA and the possibility of recurrence of the trauma and the cycle goes on without interruption. The treatment format the DVA has consists of two items women must go through. One: PROVE YOU WERE INJURED. Two: PROVE IT WAS ON ACTIVE DUTY.

The effects of PTSD are well known inside the VA so it shouldn't be hard to diagnose, further the issue of service connection shouldn't be difficult to show if the burden of proof were lifted. This is gender biased! Male veterans must show a presumption of service connection, such as POW internment or unit history and campaign medals. The DVA has to look at this issue of proof in light of the history of women in the Armed Forces as detailed in the report to

Congress on the Tailhook Affair. In its deliberations on PL 102-585 Title One the Congress stated its concern about women who are not afforded legal protection because there did not exist a formal reporting mechanism, or a reluctance to use reporting mechanisms when they existed for women in the military.

We are asked to individually prove a hostile climate existed. This is a large population of veterans with special needs that goes unidentified by a male dominated DVA. There exists now an institutional bias in claims and benefits. Treatment has been withheld and compensation not considered. It is time for the DVA to grant claims on evidence provided by Vet Centers and non VA treatment centers. The DVA has no established claims process in the area of Sexual Trauma in the Military. Where is the burden of proof the DVA has in this area. Can the DVA prove the documentation it asks for ever existed. Can it prove that the Armed Forces have any such records available for review. The DVA has a duty to assist the veteran. Can it show that any documentation about this population exists or ever existed. this is not the same reporting as in combat injuries for example.

Women must be given a seat at the table, fully emancipated and, equal in all respects to their brother vets. To begin this healing process there must be in the DVA a Women Veterans Center and a Director permanently established as part of the DVA. A strong woman veteran advocate is needed in the DVA to direct the Women Veterans Center. This is a strong first step in bringing services to women vets. Vets helping vets and vets working with the DVA can change the outlook for all veterans. We are seeking our rights. We are seeking our full partnership alongside our brother vets, for we have also served the nation and we are proud to have served.

The Enlisted Women Veterans Group has no membership dues or fees. We are a volunteer group who have been together for one year. We are informal and reach our decisions by consensus. We are in support of Women Veterans. Women's issues must be given a voice within the DVA. A major area of activity is our support of the passage of H.R. 3013.

Included in this testimony are written statements from women veterans. A biographical statement is included.

Ingrid E. Sarembe Medical Corpsman USWAC 1966-67
General Discharge under Honorable Conditions,
Diagnosed with a severe personality disorder no help
ever given. First contact with VA was in 1992 due to
severe health crisis. Am now being seen at SF Vet Ctr

Patricia A. (Northrop) Ahlstrand USAF 29 Aug. 69
23 Sept. 76 066-44-3657 Honorable Discharge SSgt/E-5
Admin. Specialist, Photographic Dark Room Tech.
43 year old Vietnam Era Veteran

Karen Anderson 346-42-9990 US Navy March 74 - May 75
Boot Camp: Florida Tech School: Great Lakes Ill.
Studied to become a corpsman

Sgt. Linda D. Alexander 70 - 72 USAF

M. L. Woodruff Coast Guard V. T. S.

To the Congressional Committee on Sexual Trauma to Military Women

I was asked to tell my story - a story that has controlled my every moment of life, so much so that even my sleep is disturbed by the evasive memories of yesterday.

Japan 1972. I experienced sexual harassment and trauma on a daily basis. I went to my First Sergeant and was told to go to bed with my commanding officer and he would leave me alone. I sought help, daily, to no avail. I had become the joke of the base.

I took leave to go to the American Embassy where I filed a report. I called a friend at my duty base who informed me there was going to be an investigation and everyone was really angry. When I returned to the base, I was charged with prostitution and shown a statement (signed by 13 men I had never met) stating I had been running an immoral business. Although my commanding officer tried to force me into this line of work with visiting officers, I refused. My punishment for refusing and for filing charges was to be locked up for 90 days with approximately 100 criminally insane Vietnam combat vets. During this incarceration, I was sexually traumatized daily while officials watched and laughed. I was put on birth control pills. My husband found me via the Red Cross. He was stationed in another country and had not been informed of my situation.

I was labeled schizophrenic and because of this, I lost my children in a custody battle since the court would not believe the military could make such a mistake. Although I have 14 letters from 14 different psychiatrists and psychologists stating I was never schizophrenic, the VA refuses to acknowledge this, nor will they change my records to reflect the proper diagnosis of service connected PTSD due to sexual trauma.

My whole life has been affected by this misdiagnosis/cover up. It made me an incredible (hysterical) woman. Because of this, I use two different names - one for VA purposes and one for professional purposes - because of the stigma attached to this type of discharge. Although I have achieved academic success and professional status, I still must hide this shame under the guise of two different names.

I am proud to have served my country in its time of need. I am proud I said "NO" to being forced into unwanted sex acts. But the price to myself and to my children was (and still is) a great price to pay. Lily Adams of the San Francisco Veterans Outreach Program is helping me put my life together again. My vet sisters, who have similar stories to mine, have formed a support group for each other. We are putting the broken pieces together and are getting on with our lives. I feel we deserve the same compensation for service connected disability our brother vets receive for their PTSD because we both fought in a war for our survival and we all served our Time In Hell.

Sgt Linda D. Alexander 70-72

Interestingly enough, the woman I replaced at my Japan base has the same story.

Karen Anderson 346-42-9990 US Navy March 74 - May 75
Boot Camp: Florida Tech School: Great Lakes, Ill.

When I decided to go into the service, I thought it was an opportunity to provide a better future for my children and myself. Boot camp went off without too much trouble except for a fall the second day and two or three subsequent episodes of my bad (R) knee going out without any warning.

I got to Great Lakes very hopeful and expecting all kinds of challenges to overcome and to excel. In kind, what I got was continual harassment of a sexual nature on a daily basis. Flirting with everyone hopefully discredited rumors that I was gay. That reality got to be too much to handle for me, especially after an aborted assault by one of our own or by any one of the drug dealers who came onto the base each and every pay day.

News of rapes and rape attempts came down from headquarters. There was a murder in one of the barracks. Drugs and/or dealers seemed common place. Great Lakes, Illinois, where I studied to become a corpsman, was an open and unsecured part of the base. As a woman, I always had to be vigilant, fearful, etc. Eventually, before I left Great Lakes, I became involved with a petty officer whom I knew to be impotent, but at least he kept me safe from most of the vultures.

Here it is 1994, almost 20 years since I got out of service and my whole life is a screwed up mess. I've been homeless since 1989, fairly alienated from my family unless I'm trying to buy their approval , haven't been able to hold a job for more than 14 months and my personal life is totally out of synch.

My mistrust and dislike of men because of what happened to me has left me with a self-loathing. The men always managed to convince me that there was something wrong with me. The VA, basically run by men for male veterans, has left me, a sister veteran, anxious and afraid because of their lack of support, compassion and recognition of we as female veterans. We are due all the respect and benefits afforded our male counterparts.

We, as women vets should no longer have to be exposed to indifference, aggressive behavior and the sexual innuendoes men so often use to deal with us.

Even though I've had suicidal thoughts while in and out of the service because of the treatment I received as a female vet, with the support of my counselor, Lily Adams (SF Vet Center) and our very special women's group, I've managed to keep my suicidal thoughts at bay.

Patricia A. (Northrop) Ahlstrand USAF 29 Aug 69-23 Sept 76
066-44-3657 Honorable Discharge SSgt/E-5

Basic Training: Lackland AFB, Texas
Tech Schools: Keesler AFB, Mississippi - Admin Specialist
Lowry AFB, Colorado - Photographic Dark Room Tech
Permanent Party Assignments: Ent AFB/Pete Field, Colorado
Naha AB, Okinawa
Grand Forks AFB, North Dakota

I am a 43 year old Vietnam Era veteran who has been asked to write about some of my experiences in the military, namely the sexual assaults I've endured.

I worked at my first permanent party base under a female, civilian supervisor. Several months had passed when TSgt Russell P. Seel was assigned to replace her. I had been an Outstanding Honor Graduate from tech school and was progressing quite satisfactorily with the OJT required for my next promotional grade. At this time, I was an 18 year old Airman First Class (E-3). For some reason, TSgt Seel decided I was not progressing satisfactorily with my OJT and ordered me to participate in private tutoring with five other of his subordinates at his home. The day arrived for the first tutoring session and all of a sudden "the other five subordinates" had to back out, yet I was still required to go to his apartment with him alone. No tutoring took place.

Upon arrival at his apartment, I was offered a drink (Crown Royal) and that's the last thing I remember until I regained consciousness to find him fucking me on the hallway floor. Somehow, I found the strength to push him off me, sending him slamming against the wall. I stood up to dress only to find my uniform blouse had been torn and my slacks had been ripped. I tried to leave his apartment at that point, but he wouldn't allow me to go. I was able to escape only after he fell asleep.

I was so afraid to go to work the next day, but I had to because you can't just walk away from an offensive or threatening situation in the military, never to return, as you can in civilian life. AWOL and desertion are very serious offenses, punishable by discharge or imprisonment. I had to face him daily and was forced to participate in several months more of sexual encounters to include witnessing the rape of another WAF by his roommate because TSgt Seel wouldn't allow me to go to her rescue.

I didn't know I could go to anyone to stop his advances. I didn't know I could refuse to have sex with him. The only thing that put an end to this sexual torture and trauma was my assignment to another base. Yet, that wasn't the end of sexual assault and rape for me in the military.

I was subjected to it again by another supervisor, Donald E. Birts, MSgt (now deceased), at Grand Forks AFB. MSgt Birts continually came to me while I was on duty as the alert photographer at the base Photo Lab. I tried to fight him off the first time to no avail. He chased me through the Photo Lab, picked me up, carried me back to the alert photographer's bed, I'd get away and the same scenario was repeated over and over until I finally gave in out of sheer exhaustion. The first time was a rape. Each subsequent time was practically a repeat of the first in that he was my supervisor and could make things hell for me if I failed to submit. I could not leave the Photo Lab to get away from him because I could have been charged with deserting my assigned duty station without authorization.

At one point, I was sent to Scott AFB, Illinois to participate in a 28 day residential alcohol treatment program. Lt. Col. Edward Bailey (who had performed my abortion two years earlier) discovered I was in the program and looked me up. Before I knew it, we were having sex on the floor of his office and continued to do so several times more.

I was then sent on to Sheppard AFB, Texas for further counselling following the alcohol treatment program. During my stay at Sheppard AFB hospital, one of the psych techs raped me in my room, one evening, while the other staff were off duty. I had my first suicide attempt two days after that assault.

I was subsequently kicked out of the Air Force and have been unable to hold a job since. I have had twenty employers in seventeen different career fields. I am currently on social security and have not had a job since August 90.

I have not been able to maintain a relationship with anyone else. My marriage has failed and I have lost a daughter to the child welfare system. I was homeless for two years because I could no longer participate in the world as I perceived it. I now have an apartment, but continually find myself longing to go back to living in my van.

I have had seven more suicide attempts since my discharge from the Air Force and have been hospitalized for many extensive periods of time. To this day, I have difficulty justifying my existence on this planet. It has become a never ending, day to day struggle for me to maintain my sanity and to refrain from any further suicide attempts. Only now, after 17 years as a veteran, has a safe environment been provided for me to discuss and process my military experiences in a healthy way. That is the San Francisco Vet Center's therapy group for women sexually assaulted in the military.

I am also a survivor of years of incest with my father, two brothers and three male cousins. Through my individual and group therapy at the vet center, I have learned that I've been suffering from PTSD practically all my life and that my experiences in the military profoundly exacerbated this condition within me. Only now am I beginning to understand why I didn't have the tools to defend myself in the military and why my life has taken the turn it has. Only now am I beginning to see a glimmer of light at the end of the tunnel and am beginning to accept my life as one worth living, not one I must end. Had it not been for this program, I'm convinced I would still be a lost soul and would surely have succeeded in committing suicide.

We women veterans need HR 3013!

Thank you,

Patricia A. Ahlstrand
25 April 94

Sexual Harassment

Editor — I departed the military a few months ago after years of sexual harassment. I too tried for years to get help before I was sexually assaulted. The more I tried to get help, the worse it became. That is why when I saw the front page of The Chronicle last week, I could not believe my eyes. Was it a misprint? ("Admirals Face Discipline Over Sex Assault Probe")? Maybe there is a God after all! Then I realized and became so sorry that Specialist Alexis Martinez Colon ("Woman Soldier Harassed to Death?") didn't hang in there to see that there is some justice. If not for us, at least for the 26 women at the Tailhook Convention.

For those who have to stand alone, don't! Try not to be found alone when you know that the person who is harassing you is going to be around. If you have to say "no" more than once, you're in big trouble. And when you go see a military civil rights officer, and/or your commanding officer, please, always take a friend as a witness. As soon as you "rock their boat" (just ask that the person leave you alone; you've tried, and they won't) and the "seas start to get really rough" (more harassment, assault), then don't hesitate to get outside help. There are domestic violence, rape/rape prevention and other hotlines to help women (including women from the military). You don't have to be alone. It took me so long to find that out, and it can become a tragedy for some women who depend on a system that "takes care of its own."

M. L. WOODRUFF
San Francisco

Mr. Chairman, Honorable Committee Members,

My name is Antonio Molina Cabrera, President/CEO of "El Universal Newspaper" in Boston, Massachusetts, an Hispanic weekly journal serving the communities of Massachusetts, Rhode Island and New Hampshire. I am a vietnam veteran, who served in the United States Marine Corps during some of this country's most difficult times. The Cuban Missile Crisis, President Kennedy's Assassination, and last but not least the war in Vietnam.

I was conferred the dubious honor, by the Viet Cong, of being the first Hispanic wounded in that conflict in April of 1965. After spending over 3 months in VA hospitals from Japan to the West Coast to the East Coast I was honorably discharged.

The last official words said to me by a Lt. Col. were "a job well done marine" "you have made your country proud of you". That was in 1965, those words are engraved in my mind to this day.

28 years later, my colleague 1st Sgt. Gumersindo Gomez, Executive Director of the Puerto Rican Veterans Association of Massachusetts, came before this honorable body to advocate for assistance for veterans from our community.

His major argument was the fact that Hispanic Veterans have been devoid of economic empowerment because of the lack of access to technical assistance and the total neglect of the V.A. towards us!

Here we are a year later before the same body going over the same issues, requesting the same opportunities that other honorable American Veterans have been able to obtain.

I come to you as a Vietnam Veteran, who has had to continuously struggle during the past 30 years with my small businesses because of my inability to access the power structure of our system to achieve some means of economic stability for myself and my businesses.

In order for any of us small business owners to obtain a loan with SBA guarantee, we must first have attained a certain level of success. That being the case, an SBA loan becomes academic. If we can survive without it during the hard times, then obviously there is no need later!

But many have been the small Hispanic businesses that have failed because a "helping hand was not there when they need it most". The back bone of this great nation is precisely our small businesses, particularly as they provide more job opportunities especially for minorities, than any other sector of the economy. We must strengthen and continue to nurture the notion of small business development. We should, and must help the Veteran Community in order for them to feel useful to their families and to society.

We Hispanics continue to have the highest unemployment rate in the nation. We continue to be the poorest community. We continue to receive the least benefits from the VA and other agencies of the Federal Government yet we continue to serve our Country with fervor and pride!

I want to reaffirm very strongly that our Veterans Small Business Community can be a strong advocate for our society. We can be self sufficient. We can be a catalyst for economic empowerment for our respective communities. But we need your support, we cannot do it alone. I strongly urge this honorable body to advocate for us with the VA and SBA as well as other federal agencies such as the Department of Housing and Urban Development (HUD). It is in your power to do so. It is in the nations best interest to do so. I truly want to believe that what I was told 30 years ago by a US Marine Lt. Col. was really meant. That my country is as proud of me as I am of my country!

THANK YOU!

Servicemembers Legal Defense Network
★ P.O. Box 53013 ★ Washington, DC 20009 ★ (202) 328-3244 ★ Fax: (202) 328-0063 ★

Testimony of Michelle M. Benecke
Co-Director, Servicemembers Legal Defense Network

Committee on Veterans' Affairs
Subcommittee on Oversight and Investigations
U.S. House of Representatives

May 4, 1994

Good morning and thank you, Chairman Evans and Members of the Subcommittee on Oversight and Investigations, for the opportunity to testify on legal issues of particular concern to gay, lesbian and bisexual veterans.

My name is Michelle Benecke. Along with my colleague Dixon Osburn, I am an Executive Director of Servicemembers Legal Defense Network, the sole national organization existing to provide legal assistance for military members harmed because they are, or are perceived to be, gay, lesbian or bisexual. I am an attorney and a veteran, having served on active duty for over six years as an Army Air Defense Artillery officer before attending Harvard Law School.

As an initial matter, we should note that the gay veterans constituency of the Committee on Veterans' Affairs and the Veterans Administration is substantial. Last year's debate over gays in the military revealed that numerous gay citizens have served their country honorably and well. Exit polls conducted in the last Presidential election found that approximately eight percent of veterans who voted are indeed gay or lesbian.[1] I think you will find that the gay

[1] According to Murray Edelman, Director of Voter Research and Surveys (VRS), which conducts exit polls for ABC, CBS, CNN and NBC, the polls conducted by VRS found that gay men are 3% of the 18-44 age group of male veteran voters; lesbians are 8% of female veterans 18-44. In the younger age group of 18-29, gay men are 8% of veteran men; lesbians are an even larger proportion of female veterans in the younger age group.

veterans community is not only a community that deserves attention but that it can be a substantial resource as well.

While the primary mission of Servicemembers Legal Defense Network (SLDN) is to serve active duty military members, we receive numerous calls from gay veterans needing assistance. They share the concerns of their straight counterparts, with whom they have served in every branch of our armed forces.[2] My comments today, however, will focus primarily on those issues that have a disproportionately negative impact on gay veterans. These areas include Department of Defense (DOD) recoupment actions against veterans discharged for homosexuality; DD Form 214 annotations regarding homosexuality; discharge characterizations; and, health issues.

Recoupment of Scholarships and Bonuses

Issues

SLDN's recent cases indicate that the Department of Defense has reinstated efforts to recoup scholarships and bonuses from veterans who have been discharged for homosexuality, a practice it gave up in 1988 under the Bush Administration.

DOD's tactics in pursuing gay veterans for recoupment have produced severe consequences. Among others, the IRS has dunned veterans' tax rebate checks and DOD has reported veterans to private collection and credit agencies, thus ruining their credit ratings or forcing them into bankruptcy. As a direct result, some of these veterans currently are facing the specter of homelessness; many have already been turned down for consumer credit; some

[2] See generally, Randy Shilts, Conduct Unbecoming (1993); Allan Berube, Coming Out Under Fire (1990); Mary Ann Humphrey, My Country, My Right to Serve (1990).

have even lost their student loans and, thus, their only chance to improve their lot in life through education.

Those veterans who have contacted DOD in an attempt to ascertain the reason for recoupment and to contest DOD's actions have run into a bureaucratic brick wall. In one typical case, a veteran sent five letters and made numerous phone calls to DOD regarding its actions. DOD's only response, before dunning his tax check and turning his case over to a private collection agency, was to issue three form letters demanding repayment of the entire debt in one lump sum.

Pentagon spokesperson Lieutenant Colonel Doug Hart contends the military's renewed efforts to recoup funds from gay veterans protects the military from fraud by those who know they are gay when they enter service.[3] As a factual matter, this claim does not withstand scrutiny, as DOD is seeking recoupment from numerous veterans who did not come to acknowledge their sexual orientation until well after their entry into service.

More importantly, gay veterans appear to be the only category of personnel from whom DOD seeks recoupment for reasons unrelated to job performance. The veterans we are assisting are ready and, as shown by their excellent service records, more than able able to serve their country. It is the actions of DOD, and not these veterans, that has prevented their continued service.

Recommendations

We think former Defense Secretary Richard B. Cheney had it right when he agreed this

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[3] Hanna Rosin, "The Fallacy of 'Don't Ask, Don't Tell,'" *The New Republic*, May 2, 1994; John Lancaster, "Discharged and Dunned," *The Washington Post*, March 11, 1994, at A23.

practice was "vindictive" and, according to Randy Shilts' groundbreaking book, Conduct Unbecoming, ordered the Joint Chiefs of Staff to back off.[4] Shortly after Secretary Cheney reportedly gave his order, DOD ceased all recoupment actions against Rob Bettiker, Jim Hollobaugh and Dave Carney, three gay former ROTC students.[5]

Annotations on DD Form 214

Issues

A major problem confronting gay veterans is the DOD practice of annotating DD Form 214 with the reason for an individual's discharge. This annotation system has a devastating impact on gay veterans discharged for homosexuality, as it effectively "outs" them for life. The consequences are particularly harsh in the area of employment, as numerous civilian employers, including law enforcement and government agencies, typically require veterans to present a copy of their DD Form 214 with employment and benefits applications. As a result, gay veterans discharged for reasons related to homosexuality experience significant job discrimination, often in the very fields for which military service has best prepared them. It is cruelly ironic, in light of the "don't ask, don't tell" policy's emphasis on sexual orientation as a "personal and private matter" and the mandate of silence it imposes on gay military members, that the United States Government is the largest "outer" of gay people in our nation.

Current annotation practices are particularly ignoble in light of the circumstances that typically have led to the military's discovery and discharge of homosexuals. Many of the over 17,000 gay military members discharged from the service because of homosexuality during the

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[4] Randy Shilts, supra note 2, at 709.

[5] Id.

last decade are victims of forced outing by military investigators. The military's investigations of gay, lesbian and bisexual servicemembers have been -- and continue to be -- characterized by particularly offensive investigatory techniques. These have included threatening personnel with discharge and imprisonment if they did not confess and implicate other servicemembers, denying them access to attorneys, threatening one Navy Petty Officer with the loss of custody of her six-month old child, locking an Air Force Sergeant in a broom closet for over ten hours to solicit a confession and denying him access to the toilet, and attaching sensors to an Army Lieutenant's head with pins instead of the customary tape to test for "neurological damage," causing blood to pour down his face.[6] The military ban has even led to the discharge and resignation of heterosexuals, particularly women accused of being lesbians in retaliation for rebuffing men's sexual advances and reporting sexual harassment.[7]

Recommendations

There are several alternatives to existing annotation practices. Ideally, the government could remove the reason for discharge from all DD 214 forms, while retaining the characterization of service. Obviously, it would be necessary to apply this option across the board, in an even-handed manner, in order to alleviate the present situation. Failing that, the cases involving gay military members could be reported as discharges for the "convenience of

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[6] See generally, Randy Shilts, Conduct Unbecoming: Gays and Lesbians in the U.S. Military (1993); Michelle Benecke & Kirstin Dodge, Military Women in Nontraditional Job Fields: Casualties of the Armed Forces War on Homosexuals, 13 Harv. Women's L.J. 215 (1990); Scott Shuger, American Inquisition: The Military vs. Itself, The New Republic, Dec. 7, 1992, at 23.

[7] See Shilts, supra, at 622, 637, 640, 650-54, 658, 671; Benecke & Dodge, supra, at 229-31.

the government," or other general category, as is presently done for a wide array of other reasons for discharge. Alternatively, the government could list individuals' character of service and reason for discharge only in cases involving misconduct, such as abuse of a special position of trust or the use of force to cause serious bodily injury, whether committed by gay or straight individuals. None of these options would preclude DOD from maintaining an internal annotation system for reenlistment or any legitimate purpose. In general, however, we see no credible justification for the current forced outing of gay, lesbian and bisexual veterans through annotations or coding schemes on external documents such as the DD Form 214.

Discharge Characterizations

Issues

The area of discharge characterizations poses significant problems for gay veterans. One of the most troublesome and pernicious issues in this area is the lack of parity in the treatment of gay, compared to straight, personnel.

The standard for discharge characterizations for all military members is to base the characterization on one's overall record of service, absent aggravating circumstances surrounding the underlying cause for discharge. Significant discrepancies in the treatment of gay and straight personnel exist in practice, however, and often result in loss of veterans benefits. Many commanders have given, and continue to give, less than honorable discharges to gay military members, notwithstanding their superb service records. In two recent cases, for example, servicemembers with military records meriting an honorable discharge were instead recommended for less than honorable characterizations merely for stating that they are gay. Some commanders erroneously believe that the regulations require harsh treatment of gay

personnel, while others seek to misuse the discharge characterization system to punish gay military members. In response to unfounded threats of an other than honorable discharge, often made in cases involving private, off-base, consensual sexual activity, many servicemembers accept general discharges, even though their military records suggest that an honorable discharge would be warranted.

Lack of parity in the regulations themselves has also been a significant problem. One of the most blatant examples concerns the criteria for other than honorable discharges. Unlike their straight counterparts, gay veterans discharged prior to 1982 for consensual, private sex were given other than honorable discharges.[8] Current provisions governing other than honorable discharges for homosexual acts remain entirely inconsistent with the sorts of bases on which an other than honorable discharge is generally allowed. The Air Force list of general bases is typical and includes, among others, the use of force to produce serious bodily injury or death, acts or ommission that endanger the security of the United States, and deliberate acts or ommissions that seriously endanger the health and welfare of other persons. A private kiss on base between consenting adults of the same gender, which can result in an other than honorable discharge, is just not in the same category. Heterosexual acts on base, and even on ships and planes, do not result in an other than honorable characterization. In practice, it is a rare occurence when they result in <u>any</u> action.

Additional issues concern the significant number of gay veterans with general discharge characterizations. Many military members are erroneously told by their military command at

[8] Today's regulations provide for an honorable or general characterization in such cases, based on the military member's record of service.

the time of discharge that they are ineligible for other benefits and, thus, do not try to obtain them. The stigma attached to homosexual-related discharges further discourages veterans from seeking discharge upgrades and benefits.

Recommendations

Discriminatory discharge characterizations are responsible for a large number of benefits problems confronting gay veterans. This is particulary true for military members who are given unwarranted general discharges and thus lose all educational benefits under the Montgomery GI Bill. We urge the committee to take all steps possible to address with DOD the unequal treatment of gay military members regarding discharge characterizations. Consistent with the provisions of DOD Directive 1332.14, DOD should make it crystal clear to commanders that discharge characterizations are to be performance-based and that gay servicemembers, like their straight counterparts, should be awarded a fully honorable discharge lacking hard evidence that requires any lesser grade. Statements of sexual orientation or instances of gay acts not involving aggravating circumstances, alone, should not consitute such evidence, as they do not for heterosexuals.

There are several specific steps that also can be taken by the Veterans Administration that would alleviate at least some of the consequences of the lack of parity in military regulations and the discharge characterization process. First, given that the standard today is to award honorable or general discharges in like cases, pre-1982 gay veterans who received other than honorable discharges for consensual, private sex and related matters should have the opportunity for a case-by-case review of their benefits status. Similarly, we recommend a case-by-case review of general discharges awarded to gay veterans, given the strong record

indicating that significant numbers of gay servicemembers have been pressured by their commands, through the unwarranted threat of other than honorable discharges, into accepting general discharges even though their records and the evidence suggest that an honorable discharge is warranted.

Second, the high level of misinformation that surrounds homosexual-related discharges merits a strong outreach effort aimed at providing gay veterans with accurate information regarding discharge upgrades and eligibility for benefits.

Health Issues

Issues

Among numerous veterans health issues, three particularly impact on gay, lesbian and bisexual veterans. The first is the significant disparity in medical treatment, as well as the knowledge and sensitivity of staff, regarding HIV-related illnesses and breast cancer that exists among VA hospitals. Breast cancer, as you may be aware, manifests a higher incidence in lesbians. A second issue concerns the improper use of medical information regarding the HIV status of veterans during boards for correction of military records.

Third, we are aware of numerous cases where, as in cases involving women who report sexual harassment, psychological notations have been used as a punitive measure against gay individuals. One of the most frequent abuses is erroneously to label gay people as having personality disorders. Evidence from these cases suggests that at least some practitioners intentionally use this tactic to stigmatize gay people in their search for civilian employment and to avoid awarding VA benefits for other medical disabilities.

Recommendations

In response to the health concerns of lesbians, gay and bisexual veterans, we make three recommendations. At a minimum, a panel of health experts in HIV-related matters and breast cancer should be convened to study and make recommendations on the issue of disparate treatment within and among VA hospitals. With regard to medical records, HIV-related information should be kept confidential and private so that it cannot be used during boards for correction of military records. Given the frequency with which practitioners label gay veterans as mentally ill and the extreme consequences of this practice, we recommend a case-by-case review of all such psychological notations.

Conclusion

To conclude, let me again thank Chairman Evans and the Members of the Subcommittee on Oversight and Investigations for the opportunity to speak today on behalf of Servicemembers Legal Defense Network. Lesbian, gay and bisexual veterans comprise a large constituency and a valuable resource for the Committee on Veterans' Affairs and the Veterans Administration. We look forward to working with the Committee and the Veterans Administration on issues affecting veterans, especially those of particular concern to lesbian, gay and bisexual veterans.

THE NEW REPUBLIC

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• Hanna Rosin: "Don't Ask, Don't Tell" Betrayed

The fallacy of "Don't Ask, Don't Tell."

THE BAN PLAYS ON

By Hanna Rosin

Senior Airman Robert Wilson did something last December he now describes as "really stupid," because it ended his military career. Fighting boredom on the night shift, he wrote a letter to a friend on his office computer at Base Mildenhall in London, telling him that he had broken up with his boyfriend Jimmy and describing a pick-up scene at a gay bar. He deleted the letter that night, but another airman retrieved it and gave a copy of it to the base commander. No one had asked Wilson if he was gay, and he never told anyone, but the military pursued. The commander waited until the following Friday at 4:30 p.m., when the barracks were full, to send two investigators to search Wilson's room. There they found the proof they needed: a copy of Randy Shilts's *Conduct Unbecoming*, about the history of gays in the military; a copy of *M.X.*, a gay magazine; a tape of a PBS miniseries on gay life in San Francisco in the '70s; a letter consoling a friend who is HIV-positive; and the real gem—Wilson's diary, in which he mentions other gay servicemen by their nicknames (he refused to identify them). In February the commander recommended a less-than-honorable discharge, stripping Wilson of his veteran's benefits. It was upgraded to honorable when Wilson agreed to waive his right to a trial.

All this happened after last July's announcement of the new "Don't Ask, Don't Tell, Don't Pursue" policy for gays in the military, which President Clinton called a "major step forward" that would "end the witch-hunts." While critics complained that the ban wasn't lifted, even they hailed the policy as "a real advance for civil rights" and predicted a "drastic reduction in homosexual prosecutions" (as TNR put it). In fact, the new policy has turned out to be a reworded version of the old, and in some ways it has made things worse. It has *not* decreased the number of discharges for homosexuality; in fiscal year 1993, including eight months in which the new policy was in effect, there were 773 discharges, compared with 708 in fiscal year 1992. It has *not* created a climate in which heterosexuals and homosexuals are treated equally; to date, no straight servicemembers have been investigated for consensual sodomy or prostitution. And its attempt to end the witch-hunt by shifting the focus from "status" to "conduct" has been totally ineffectual.

In selling its policy to gay rights groups in July, the administration brandished the status/conduct distinction as a critical change. "Sexual orientation is considered a personal and private matter," then-Defense Secretary Les Aspin announced at the July press conference. Conduct violations, he added, will be investigated "regardless of whether the person is homosexual or heterosexual." While both notions are part of the Department of Defense rules, they are contradicted by other parts and are violated in practice. The rules include an exception that gay activists call "Queen for a Day": "if the conduct is a departure from your usual behavior"—if you're not really gay—then the conduct is excused. They define as homosexual conduct hand-holding, kissing and, more important, statements declaring your status, which make you guilty until you prove you have never acted or intend to act on your attractions. Drinking at gay bars, marching in gay parades and reading gay literature are actions that the rules specify are not evidence of homosexual conduct, yet as Defense Secretary William Perry acknowledged in his confirmation hearing, these actions can be used as evidence "if a reliable person observed behavior that he or she believes amounts to a nonverbal statement that the servicemember is a homosexual." In other words, if someone sees you go to a gay bar, assumes you're gay and reports it, a commander can launch an investigation.

In reality, the focus on conduct has led to nothing more than creative phrasing of questions, and in some cases it has backfired by inviting more intrusive probes. In one case, investigators got around two restrictions—one against status investigations and one against asking the accused to name other homosexuals—by asking the servicemember to drive them by the homes of servicemen he knew had engaged in gay conduct. Two of the men whose homes he drove by are now under investigation. An Air Force captain in Fayetteville, North Carolina, got around the gay bar exception by putting all the gay bars in the area on the list of "off-limits establishments"—a list normally reserved for businesses known to cheat servicemembers, like disreputable mechanics. Last month two agents claiming to be doing a routine security investigation visited a male friend of a serviceman who had accepted the Navy's early retirement plan. Instead of asking if the servicemember was gay, they asked if the two were romantically involved and if they had sodomized or masturbated each other. They then went to all the gay bars in the area with a picture of the servicemember and asked bartenders if they knew him. Subsequently, the servicemember's security clearance was pulled, and he is now being court-martialed—even though the new rules expressly forbid information from a security clearance investigation to be used in a discharge proceeding.

What most undermines the new policy's potential are inadvertent and third-party disclosures, which can expose even the most carefully closeted servicemember. The new rules forbid inquiries based on "rumor, suspicion or capricious claims concerning a member's sexual orientation," but this has not stopped some overzealous commanders. The Servicemembers Legal Defense Network (SLDN) cites these scenarios: a servicemember investi-

gated after an anonymous phone call to his base commander; another investigated because he had taken notes on homosexuality for a class; another investigated after police searched his roommate's belongings for drugs and found a letter on his side of the room mentioning homosexuality. And as cases like Robert Wilson's show, commanders continue to solicit information about other servicemembers during investigations, a clear violation of rules that limit inquiries to "factual circumstances directly relevant to the specific allegations."

Worse, gay servicemembers have nowhere to turn for counseling. Conversations with psychiatrists and clergy are not protected; in fact, professionals have a duty to report admissions of homosexuality. There is also no protection from harassment. A servicemember who complains to his commander about threats against him because he is gay could be discharged. And servicemembers in military courts are afforded few luxuries of civilian jurisprudence. There are no exclusionary rules, so evidence illegally obtained can be used, and refusing to answer questions is considered an admission of guilt.

DOD spokesman Doug Hart insists the rules are applied in an "evenhanded" manner and that no abuses occur. When I recounted specific incidents, he said they were "impossible." What about servicemembers asked to turn in others? "You can't ask about other people. It's explicit in the new directives," Hart said. "It didn't happen." In December DOD proudly announced that the discharge figure for fiscal year 1993 showed a drop of nearly sixty from 1992. But that figure omitted the 115 servicemembers whom DOD wanted to dismiss but couldn't because of an injunction issued in a case that challenged the gay ban. In October—one week after the fiscal year ended—the Supreme Court overturned the injunction, and all 115 were discharged.

In another disturbing trend, the Pentagon has tried to recoup scholarships and bonuses from nine servicemembers discharged for homosexuality—a practice it gave up in 1988. In one case, Eric Fenner received a $4,500 bonus after graduating from training at a Navy nuclear power plant in 1992. By that time he realized he was gay but thought "Clinton might change things." When he later disclosed his homosexuality to a chaplain, he was discharged. The next summer he got a letter from the Defense Financial Services asking for $2,046 back. In another case, the Army is trying to collect $24,000 of a ROTC scholarship from Michelle Keenan, who was discharged in March after she disclosed her homosexuality. "The military can't have it both ways," says Michelle Benecke, an executive director of the SLDN. "The military rewarded them with scholarships and they want to stay. They were kicked out against their will, for reasons unrelated to their performance." Hart says it is "entirely appropriate" for DOD to recoup funds, and claims the practice protects the military from fraud by those who know they are gay. Yet in 1988, according to *Conduct Unbecoming*, even former Defense Secretary Dick Cheney agreed the policy was "vindictive" and privately ordered commanders to back off.

One positive result of the debate over the new policy is that injunctions blocking its implementation have left a handful of people serving openly and with distinction, disproving the military's claim that cohesion would be destroyed if the gay ban were lifted. After being thrown out of the Navy in January 1993 one hour after telling his commander he was gay, Lt. Dirk Selland filed suit challenging the ban's constitutionality and was reinstated; he has now served openly as a gay man for a year and was recently promoted. "It's terrific," says Selland. "I even danced with the commander's wife." Marine Sgt. Justin Elzie came out on ABC's "World News Tonight" on January 29, the day Senator Sam Nunn forced Clinton to back off his promise and institute a six-month interim policy, and was discharged soon after. In October, after challenging the ban in court, he was reinstated; he is now the only openly gay servicemember in the Marines, and he has been recommended for a promotion.

Meanwhile, on April 4 Judge Eugene Nickerson of New York barred DOD from dismissing six servicemembers in the first legal challenge to the new policy, arguing that it went no further than the old in safeguarding homosexuals. "The new policy isn't worth the paper it's written on," Elzie says. "Every day we serve and there's no bad morale, we're showing it's a big mistake." •

THE NEW YORK TIMES, MONDAY, MAY 9, 1994 Page A1

GAY TROOPS SAY THE REVISED POLICY IS OFTEN MISUSED

POLARIZED ATMOSPHERE

New Rules Are Being Used to Ferret Out Homosexuals, Rights Advocates Say

By ERIC SCHMITT

Special to The New York Times

WASHINGTON, May 7 — In its first two months, the Clinton Administration's policy on homosexuals in the military has not made life easier for many gay servicemen and women and in some ways has made it worse, gay service members and their advocates say.

The policy, nicknamed "Don't ask, don't tell, don't pursue," was meant to allow homosexuals to serve without fear of persecution if they kept their sexual orientation private.

But advocates for homosexual rights and homosexual service members interviewed around the country say a number of commanders are misusing the broad new authority granted under the policy to ferret out homosexuals.

In addition, while a few gay servicemen and women said they felt the new policy had improved conditions, most of those who were interviewed said it had instead polarized attitudes toward homosexuals and had shifted the burden of proof to the service member if accused of engaging in homosexual acts.

The evidence on discharge proceedings is preliminary and largely anecdotal. The services have dismissed more than 125 people for homosexuality since the new rules took effect on Feb. 28. Most cases involve people who wanted to get out and who received administrative discharges.

But a senior Defense Department official, who spoke on condition of anonymity, acknowledged that the Pentagon had concerns about reports of "overaggressive enforcement" and had started efforts to prevent what he said could be widespread violations.

Some lawmakers have also heard complaints that commanders were bending the policy. "The early signs aren't great," said Representative Barney Frank, a Massachusetts Democrat who is one of two openly gay members of Congress.

More broadly, gay members of the services say that last year's bitter battle over the issue has unsettled the atmosphere of grudging, unofficial tolerance that prevailed in some parts of the military under the old ban. Rather than creating an understanding, they say, the debate hardened animosities against homosexuals.

"It used to be ambiguous, but now everyone has had to take sides," said a Navy lieutenant commander in the Washington area, who like most of the dozen gay service men and women interviewed did so on the condition of anonymity.

Under the compromise policy Congress and the Clinton Administration approved last year, military officials are not allowed to ask troops about their sexual status or start investigations without credible information of homosexual acts. The goal was a policy in which people were punished for homosexual conduct, or for actions that called attention to their orientation, rather than for simply being homosexual. Homosexual conduct is defined as a homosexual act, a statement demonstrating "a propensity or intent to engage in homosexual acts" or a homosexual marriage.

Mr. Clinton, who had campaigned for President on a promise to end the ban, defended the compromise by saying it would end witch hunts against homosexuals who were serving without openly displaying their sexual orientation.

But several marines in Okinawa, South Carolina and North Carolina, now under investigation or facing discharge, have charged that their commanders bent the new rules to begin the proceedings. The marines and their lawyers say the commanders seized on questionable information or intimidated co-workers of marines whom commanders suspect are gay into making accusations.

"The new policy is actually worse because it leaves more responsibility at the commander's discretion, but a lot of investigations start with homophobic commanders," said Sgt. Justin Elzie, a gay marine at Camp Lejeune, N.C., who has filed suit to block the military from discharging him.

'Following the Letter'

A Marine Corps spokesman, Chief Warrant Officer Bill Wright, said that he was unaware of any violations in enforcement and that he was "very confident that commanders are following the letter of the policy."

Some homosexuals in the military say the policy has helped in small but meaningful ways. "If a male friend calls, I don't have to feel threatened anymore," said a 44-year-old Air Force lieutenant colonel based in Colorado. "I always had some concern when that happened before."

But the consensus among most troops — heterosexual and homosexual — is that last year's painful debate produced a policy that in practice differs very little from the old one, a simple ban on homosexuals.

The main point, they say, is the new policy's presumption that anyone who says that he or she is gay is engaging in homosexual acts or is likely to do so. In theory, the soldier has a right to rebut this presumption, but senior Pentagon officials acknowledge that would be difficult.

"It's the same policy, just different words," said a marine corporal in South Carolina who said his command is trying to discharge him based on a statement from his doctor that the marine considered himself to be homosexual and associated with other homosexuals.

Commanders Have Discretion

The provision giving commanders broad discretion to start an investigation was intended to give them new leeway for deciding *not* to act. Commanders are also required to have credible information of homosexual conduct from trustworthy sources. Simply going to a gay bar or reading a gay publication, for instance, is not grounds for an inquiry.

But many advocates for homosexual rights say the rules still leave plenty of leeway for any commander interested in hunting out homosexuals.

"There's greater sensitivity at the higher echelons of the Pentagon to live up to the promises of the new policy, but at the base level there's still a drive to ferret out anyone suspected of being gay," said Nancy Russell, a retired Army lieutenant colonel who is president of the Gay, Lesbian and Bisexual Veterans of America.

Take the case of a 20-year-old female marine lance corporal in North Carolina whose supervisor summoned co-workers while the marine was away and demanded to know if

Servicemembers Legal Defense Network provided much of the background research for this article. The attorneys quoted are part of SLDN's Legal Network.

anyone in the unit was homosexual, according to the marine's lawyer, Lida Savonarola, a former Army lawyer in private practice in Illinois.

One of the marine's co-workers said he had seen her kissing another woman in a car. A second marine said he had seen her dancing with another woman at a local night club. A formal investigation followed, and the command is deciding what steps to take next, Ms. Savonarola said.

A Career Is Ended

In another case, a marine sergeant based in Okinawa said investigators have accused his friends of having homosexual sex with him. He denies this. "They've asked my friends, 'Have you seen him with females? Do you think he is fairyish?' " the marine said in a telephone interview.

Outnumbered by the complaints heard on military bases are some positive reviews of the new rules.

"I worry less about my involvement in gay organizations," said a doctor in North Carolina. "If someone found out about it, there's no clear way to rout me from the Army."

On the day of Bill Clinton's inauguration, Lieut. Dirk Selland of the Navy told his commander that he is gay. He has since battled with Navy lawyers, finally obtaining a Federal court order allowing him to stay at his supply job in Norfolk, Va., until his suit against the policy is resolved.

But Lieutenant Selland said his immediate commanders and co-workers had supported his effort. "My command is great," the lieutenant said, "and I've been recommended for promotion twice since I came out. Every day I serve as an openly gay officer, the harder it will be to enforce this policy."

But some other highly regarded gay troops say it is not worth the wait. "I'm getting out because I don't want to put with any of this anymore," said a gay airman in North Carolina.

THE NEW YORK TIMES **EDITORIALS/LETTERS** TUESDAY, MAY 10, 1994

Pursue the Gay-Baiting Commanders

The Administration's new policy toward homosexuals in the military was given the pithy title of "don't ask, don't tell, don't pursue" — signifying a willingness to tolerate gay men and lesbians as long as they kept quiet about their sexual preferences. But bigoted commanders are pursuing homosexuals with a vengeance that appears to violate both the spirit and letter of the law. There is one sure way for Commander in Chief Clinton and the Pentagon to stop this betrayal of the new policy: punish any commander who defies it, severely.

The new policy — a compromise hammered out by the Administration, the Joint Chiefs of Staff and Congress — falls far short of President Clinton's original goal of allowing homosexuals to serve openly. Instead, it bans homosexual conduct and tolerates gay service members only if their orientation remains covert.

The policy did provide that recruits would no longer be questioned about homosexuality when applying to enter the armed services (don't ask). But, once in uniform, gay service members are expected to keep their homosexuality private (don't tell). Otherwise, they are presumed to be engaging or likely to engage in homosexual acts, and thus subject to dismissal.

In what was billed as an important effort to mitigate the past climate of fear and hostility, commanders were expected to take a more relaxed attitude toward undeclared homosexuality. Instead of launching witch hunts to find homosexuals and expel them from the military, they were to investigate only when credible evidence of homosexuality was brought to their attention. In general, the policy was "don't pursue."

But now, it turns out, some commanders are pursuing more vigorously than ever, according to a report by Eric Schmitt in yesterday's Times. In a North Carolina case, for example, a female marine is under investigation, her lawyer says, because her supervisor summoned co-workers and demanded to know if anyone in the unit was homosexual. Two male marines said they had seen her kissing or dancing with another woman. Soliciting such testimony seems just the kind of active pursuit that is supposedly forbidden under the new policy.

In another case, a Marine sergeant on Okinawa says investigators have falsely accused his friends of having homosexual sex with him. That kind of heavy-handed inquisition smells suspiciously like the old witch hunts that are supposedly outlawed under the new policy.

If these cases are as presented, they constitute outrageous defiance of a carefully constructed policy. The best way to end these witch hunts is to turn the hunt around. Whenever there are credible reports that any commander has launched an unwarranted investigation into the sexual preferences of a service member, let the Pentagon launch an investigation into possible misconduct by the commander. Failure to follow orders is the gravest of all threats to military discipline.

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Statement of Gay, Lesbian & Bisexual Veterans of America before the Subcommittee on Oversight and Investigations of the Committee on Veterans' Affairs, U.S. House of Representatives May 4, 1994

The following written statement is submitted by Nancy A. Russell, National President of Gay, Lesbian & Bisexual Veterans of America, on behalf of the Board of Directors and members, in addition to oral testimony presented this date.

Gay, Lesbian & Bisexual Veterans of America (GLBVA) wishes to reiterate the points of concern raised in previous testimony before this Subcommittee, by the late LTC David Eckert, USAF (ret.), Beth Harrison and Alan George Stephens in 1992[1], and by Aldo O. Rodriguez in 1993[2], all of whom are (or were) members of local organizations affiliated with GLBVA. *We deeply regret that many, if not all of the concerns our colleagues brought to the attention of the Subcommittee, remain matters of equal or greater concern today.*

First and ever foremost among those concerns, is the continued ban on service in the United States Armed Forces, by generous and decent American citizens who are lesbian, bisexual or gay.[3] Without mincing words, this on-going program of government-sanctioned, unwarranted discrimination and abuse will surely be viewed in later years as a national disgrace. Taken individually or collectively, the implications and consequences of this ban do now and always will constitute a black mark on the national history, and a betrayal of those tenets which are the very basis of the American Republic. It is in the best interests of furthering the American ideals of freedom and fairness that this program of discrimination be ended immediately. Negative presumptions about a person's capacity to serve in any respect are made on the bases of ascribing motives and patterns of conduct that are generally without basis in fact, and of ignoring immutable traits of personality and character, traits which are of no real consequence in assessing an individual's proven ability or willingness to provide skills, dedicated leadership and years of service when viewed in the absence of misunderstanding, willful disinformation and bigotry. That such assumptions are made at all, is deplorable. That such assumptions are *encouraged* as a programmed, directed and intended basis for determining any aspect of national policy is despicable. In view of the tenor of the recent debate on the military ban, that anyone entrusted with leadership for the nation should continue to beat such a dead horse as a means of accruing political power, and that our political leaders welcome the support of special interest groups with agendas that are antithetical to the American political legacy of tolerance, diversity of thought, and respect for the individual *based on the merits of that individual*, is frightening beyond our ability to describe.

We who served the nation, who answered the call to its defense asking no more than an equal share of its freedoms, and who lovingly bore the consequences, do not rest in comfort on blithe assurances that the nation and its heritage of liberty will always survive and that the nation will always increase in its blessings of social, material, political and spiritual benefit unless those who cleave to the American ideal continue making those difficult and sometimes ultimate sacrifices on its behalf. That willingness to sacrifice can only be sustained by an equal willingness on the part of others to acknowledge it, and by offering in return an equal share in the national bounty.

We view the ban, the consequences of the ban, and the evident political and social agenda underlying the ban and its advocates as a grave threat to the American ideal. In the absence of destructive action by one group of people, no other group or individual has any right whatsoever

to proscribe the participation of others in the labors, the harvests and in the defense of American life and liberty. The tacit acceptance of suggestions by military or political public servants that contributing to the national defense is a privilege and not a basic obligation of all beneficiaries is rubbish. When America truly believes that it can dismiss the proffering of service and sacrifice of a full 10% of its citizens in contributing to the national defense for reasons based only on untruths, transient political advantage, and purported science that is perverted by selectivity, distortion and misrepresentation of fact, then truly America faces a much graver threat to its well-being from within, than any posed from without our borders.

When the leaders of a society can, on one hand, make specific and concise statements that an individual's sexual orientation is irrelevant to his or her capacity to participate and contribute, and on the other hand initiate, support and characterize discrimination based on sexual orientation as an 'honorable compromise,' and when leaders, thinkers and advocates acquiesce in the emplacement of a re-packaged version of the same old bigotry as before and call it progress, then the nation stands in grave, immediate need of emergency attention to its political, social and spiritual health.

Members of Congress, we did not serve once in America's defense with the intent to give up on her after our uniforms grew old in storage.

The issue of the military ban has now moved from the legislative venue to the judicial. The same President who credited the American gay community with a large measure of success in his election, now orders his Justice Department to pursue those citizens, if they continue to serve the nation in uniform, with a vigor that has astonished even the military legal authorities. The present Administration is credited by some for employing a handful of lesbians, bisexuals and gay men. The same Administration has contrived, *and now compounds its shame by defending in the courts* a policy leading to the dis-employment and life-long branding as unfit, of thousands of other citizens. We do not know when, but we know we will win on this issue; this is because we will not allow the battle to close until we have made a lasting victory.

The victory we seek is not for our community's gain alone. When the sanctity of the liberty of one individual is threatened, history has proven that the sanctity of freedom everywhere is at risk.

Although we are informed we have but ten printed pages to make our case, we take this opportunity to record the names of some of our many heroes who have fought, and some who continue to fight (in uniform and out) on behalf of liberty for all Americans, *without asking what kind of Americans they might be*. We name the names of Cliff Arnesen, Raelani Azada-Madsen, Barbara Baum, Miriam Ben-Shalom, Michele Benecke, Vernon Berg, Rick Buchanan, Mike Bustamante, Greta Cammermeyer, Christopher Camp, Rabbi John Cutler, Dennis Delia, Tanya Domi, Jim Dronenburg, Zoe Dunning, David Eckert, Justin Elzie, Tere Frederickson, Michael Gary, Beth Harrison, Jim Holobaugh, Kitt Kling, German Lopez, Leonard Matlovich, Thomas Paniccea, Johnnie Phelps, the Rev. Dusty Pruitt, Bud Robbins, Chuck Schoen, Dirk Selland, Joseph Steffan, Karen Stupski, Tracy Thorne, Perry Watkins, Dr. Fran Watson, Ed Westrick, Archie Wilson, Jim Woodward. Thousands more unnamed American heroes have served to ensure the simple freedoms they, themselves do not yet have the full measure of. Their names and sacrifices must rest heavily on the American conscience as they whisper of freedoms lovingly bled for, dreamed about, cherished, awaited.

In the best interests of all concerned, we suggest to the nation and its leaders that the inevitability of progress on this issue demands we address ourselves to its accomplishment in the most expeditious manner. In direct contravention of statements by those who oppose progress on this issue, we further suggest that the Armed Forces may actually represent the most appropriate place for this progress to begin. There is no other venue within the American society in which a policy can be implemented and appropriate education and training be carried out as a matter of course. We believe, too, that our military leaders must agree that when competent leadership on any given issue is even so much as offered, our service members have a

demonstrated capacity to respond positively, anticipate needs and provide for their accomplishment. Revisionist historians, attempting to frame the recent debate on gays in the military in a historical context, have utterly failed to provide accurate and complete exposition of how President Truman's Executive Order[3] to racially integrate the Armed Forces laid a necessary foundation for equally necessary progress, albeit difficult and inconsistent, on racial integration throughout the American society. This process was begun in the military community as a consequence of Truman's directive, and remains a point of pride, despite that much remains to be done on this and other such issues. Inferences that this possibility for progress is impossible to repeat are an insult and a discredit to the intelligence, the competence and good intentions of our colleagues in uniform, to which we will not subscribe.

This is no so-called 'social experimentation,' or making inappropriate use of the national defense as a proving ground. Those who suggest that is the case are dissembling. We are Americans, and it is right to look for the best of each other. Since we have historically expected our military services to meet a higher standard of leadership and performance, it would be inconsistent to say they should not be expected to lead on this issue. Those gay Americans who have served, and whose ranks grace our organization with their honor, courage and pride, know something about the issue of national defense. Nothing so motivates a dedicated and educated soldier, airman, marine or sailor than the knowledge and understanding of the contribution they make to full freedom.

Perhaps we listened too closely when, in basic training and afterward, we were taught about leadership. The Administration, the Congress and the military establishment have suffered us all an utter and costly failure of leadership thus far, on this issue. The existence of this ban has a demonstrable and directly attributable cost in human lives and suffering as well as a financial cost, all of which are unnecessary, unjustified by anything said thus far and, therefore, shameful. We lay these costs, *particularly the human ones*, flatly at the feet of our national leaders who, with few exceptions, have refused to move the nation forward.

In simple point of fact, for those who wish this issue to go away, and desire those of us who advocate on it to shut up, <u>it would make as much sense to wish that America had no more children as it does to wish that we will abandon any single one of them</u>. We have sadly concluded that the damaging effects of this discrimination will take a long time to eradicate; therefore the simple sense of incurring no further damage to our society and its people is, to us, plainly clear. *This, then, and until <u>all</u> the troops are welcomed home in a true spirit of freedom and respect, remains the underlying basis of our programs, whatever they may be, and however long they shall last, until such time as the ban on military service by our sisters and brothers is lifted and all traces of it and its causes are removed.*

Discussion of Issues Pertaining to Veterans Rights, Benefits, Programs and Services With Occasional Reference to Implications Consequent to the Military Ban

What follows is our discussion and recommendations on a range of issues relating to veterans concerns, with a view towards sustaining and contributing to our members' status as military veterans, and for the benefit of all veterans irrespective of membership in this organization, their personal circumstances or orientation.

Reform of the Uniform Code of Military Justice. The Uniform Code of Military Justice (UCMJ) in present form, is outmoded, and provides for abuses of basic concepts of American law beyond any necessity for a modern military. When Stephen Decatur strode the deck of USS Constitution in the 19th Century, it was likely necessary to convey such now-inordinate amounts of power over the lives of service members to their commanding officer. However, in the last decade of the 20th Century, with the availability of modern communication and transportation a matter of pride within the Armed Forces, the service member in peacetime should not, under any circumstances, be subjected to the prospect of punishment without immediate recourse to

common rules of evidence and the aid of qualified legal counsel who do not depend on the approval of the prosecuting agency for their livelihood. Short of combat situations or other national peril, those whose service provides the very basis for guaranteeing American justice and fairness are no less, and may even be thought to be especially deserving of fairness in manner and procedure of hearings, when they face charges.

It is time to take a look at Article 134 of the Code, the so-called 'General Article.' Any average soldier or sailor can tell you that regardless of the legalese in which the Article is written, its true meaning, and too often its actual usage is nothing other than "whatever we don't have a specific Article to get you with, we hereby get you with this one.' Attached as Exhibit A is the second page of a Plan of the Day from the Naval Nuclear Power School, Naval Training Center, Orlando, FL. We respectfully draw the Subcommittee members' attention to Item 3. CO'S NJP. (Commanding Officer's **Non-Judicial** Punishment), the findings and sentence for an offense prosecuted under Article 134. The offense in question is "Bringing discredit to the armed forces by urinating through the springs of a bed." The guilty sailor forfeited $50.00 in pay for two months for such an offense. If any Member of Congress should be motivated to offer us an explanation of the basis, clarity and defensibility of such a bizarre charge, we are eager to hear it.

We specifically request an account of the number of cases in which the UCMJ's so-called 'sodomy article' (Article 125, UCMJ) has been applied where heterosexual conduct is in question, as compared to the number of instances where homosexual conduct is alleged. There is no language in the article limiting its application to instances of alleged homosexual conduct. However, we strongly suspect that a comparison of statistics regarding its application for punitive purposes will demonstrate that it is almost exclusively used as a weapon against gay service members.

We specifically request the Congress to direct the Department of Defense to provide figures for so-called homosexual discharges for the years since 1990 (the last year covered in the GAO report), to include every discharge where reference to a service member's actual or alleged homosexuality or homosexual conduct is made, and that the statistics be broken down to reflect character of discharge given. Veterans advocates have alleged, and we believe it is probable that recent publicity and debate regarding the military ban may have resulted in an increase in Department of Defense efforts to identify and take punitive action against service members on the basis of actual or perceived homosexual or bisexual orientation.

We urge the Congress to immediately amend Article 125, the 'sodomy' article, of the Uniform Code of Military Justice. The private *consensual* activities of adults are no business of the government at any level, or the military as a government agency. However, we recommend with equal urgency that an amended Article 125 proscribe all acts of sodomy in cases involving violence or coersion, and that it be specifically and inclusively worded to address such instances in homosexual *and heterosexual* situations. We believe that the aggregate statistical information regarding acts of rape, assault, sexual harassment and other such offensive acts demonstrate the need for strong statements and means of addressing this problem which appears more among heterosexual members of the Armed Frrces than elsewhere. Further, we request that a program be created and fully funded to immediately strike all disciplinary actions from all service records, taken on the basis of Article 125, where violence or coercion was not present, and to review and upgrade all discharges given on the basis of such disciplinary action.

We are particularly concerned about use and misuse of the UCMJ, and its effects on active duty personnel because this has a direct effect on the character of the service member's discharge and consequently, entitlement to veterans benefits. When the Code is used as a means of building a non-adjudicated record of alleged offenses to construct a case for discharging a member the commanding officer dislikes, which we believe constitutes abuse of the military disciplinary system, the service member invariably suffers long and short-term consequences that are unsupported by factual findings.

Modification of Separation Documents. Considering the above, we recommend changes to separation regulations and forms, specifically DD Form 214 (Armed Forces Report of Transfer or Discharge). The discharged service member receives parts 1 and 2 of the multi-part form. The remaining parts are forwarded to various military activities to record the separation and other information pertaining to the close of the member's military service and records.

Page 1 of the form is a shortened page, not containing the blocks describing character of discharge, separation and re-enlistment eligibility codes, and narrative statements about the reason for discharge. Page 2, the page a veteran is typically asked to produce as evidence of service when seeking civilian employment with veteran preference, or in seeking veterans benefits through various government agencies, does contain the above-referenced information. Especially in cases of discharge where homosexuality, even in the absence of alleged disciplinary infractions, is recorded as the reason for separation, the veteran is publicly, unnecessarily and unreasonably branded in a pejorative manner.

We have made our position regarding the ban clear. It is logical to draw conclusions from our positions that we regard homosexuality or bisexuality as immutable and therefore 'value-neutral' traits. There exists a body of scientific research that supports this statement, to the extent that for decades all reputable scientific authorities have accepted this as a demonstrable fact. We also acknowledge that this fact must still be addressed within existing realities in our society, of misunderstanding, intentional misrepresentation and plain bigotry. Therefore, the service member whose acknowledged or alleged homosexuality or bisexuality is stated on DD Form 214, faces a likely prospect of discriminatory response wherever it is necessary for that veteran to present the form to others.

When one reviews the heretofore suppressed Department of Defense research on the subject of homosexuality in the military[5], the entire body of research (prepared by an agency typically hostile to gays) supports our claim that public reference to a service member's purported homosexuality on the DD Form 214 is made with the intent to foster discriminatory retaliation after the close of the service member's military career. The Defense Department has the means to retain all the statistical information it could possibly need without recording such information on the service member's copy of the DD Form 214. Although, as the above-cited reports and other materials document, the overwhelming majority of discharges for alleged homosexuality are under honorable conditions, this insistence on publicly and perpetually branding the veteran with pejorative statements continues as a routine procedure. Since the military's own research, statements and representatives are on record as saying the ban should not be viewed as suggesting any inherent unworthiness of the service members who suffer under it, we wonder why personnel policies, procedural manuals and related forms have remained in effect, perpetuating this 'scarlet letter' processing for separation.

Is it any wonder, then, that gay veterans have deep apprehensions which inhibit seeking the benefits they have earned, when seeking such benefits has the effect of "outing" them within their communities in ways which may cost them their personal comfort and security, housing, employment, credit, and other ordinary functions of life heterosexuals are given based on criteria not including their sexual orientation. Less than a dozen states have prohibitions on discrimination in such areas as are mentioned above. When disclosure of sexual orientation is intentionally or even inadvertently made by presentation of a DD Form 214 with such references, a full 10% of the American veteran community, perhaps minus those who live in states where anti-gay discrimination is now proscribed, are at immediate and direct risk for deprivation of veterans benefits. Since state laws do not apply in the federal venue, those who live in states where anti-discrimination statues are in effect may face a lesser but still very real and immediate probability of the same problems in securing the benefits their service entitles them to, since discrimination by care providers in the federal venue is not yet illegal.

For the above reasons, we urgently recommend modification of separation policies, procedures and forms, specifically including the DD Form 214, to alleviate this on-going problem.

Orientation for Department of Veterans Affairs Employees and Volunteers. With direct reference to the problems stated above, we urge an immediate, comprehensive and mandatory program of orientation for all employees of the Department of Veterans Affairs, and volunteers who work at DVA facilities who have direct or indirect responsibilities for providing service to individual veterans. Such orientation should address issues of human sexuality and the care giver's obligations to provide care and services in a value-neutral, non-discriminatory, non-judgmental manner. Where the opportunity exists, individual or groups of veterans who are identifiable as advocates on behalf of bisexual, gay and lesbian veterans should be directly involved in creating and effecting such orientation programs.

Such an orientation will mitigate the problems mentioned above, but only in part until the federal government changes its entire range of policies to prohibit anti-gay discrimination. However, to wait until such a change takes place will continue to put many veterans at significant risk for denial of benefits based on prejudice by the individual service provider, or provision of benefits inappropriate to the real needs of the veteran *because the veteran is so apprehensive about disclosing aspects of her/his personal history that may have a direct bearing on the need for care.*

Funding Sources for Veterans Health Care. In these days of critical funding shortages government-wide, the excesses of waste documented in the 1992 GAO Report, "Defense Force Management[6]" exacerbate our national fiscal problems without need or logical basis. Recent analyses of statistics available through 1990 in the GAO report suggest that personnel replacement costs for each officer ($120,772 per individual in 1990) and enlisted person ($28,226) result in an average waste of some $25 million annually (conservatively calculated) in federal funds. However, making strict use of GAO figures, the actual dollar amount for 1990 is a somewhat greater amount, $27,417,184. We point out that the GAO report includes no statistics for so-called homosexual discharges for the Coast Guard, any Reserve component or National Guard units. We further add that the report acknowledges the actual number of officer separations for homosexuality to be under-reported since in many such instances, officers are allowed to resign their commission "for the good of the service" without annotations reflecting homosexuality as the basis for such action. These 'hidden' gay discharges are unavailable for statistical study, skewing the overall figures further. *We insist that the on-going waste of funds for such reasons cease immediately, and that any such funds be made immediately available for veterans' health care and benefit programs.*

It is critical to note that the GAO study developed statistics for recruiting replacement personnel **only through basic training**. This means that for each veteran of, for instance, six years of military service, professional skills development, leadership ability and training, figures specified in the report provide for replacement of such an individual only with a raw recruit. The report analysis (page 4) also acknowledges the necessity to factor in then-unavailable out-processing and court-related costs. Considering the above, GAO personnel acknowledged in 1992 that they concur with our conclusion the report may be off by so much as a factor of ten in its cost estimates.

This ups the ante, using the conservative calculations referred to above, to $250 million - *a quarter billion dollars* - thrown away each year, funds that could be put to use with the prospect of significant return by such worthy programs as the Department of Veterans Affairs Vocational Rehabilitation Program for veterans with service-connected disability who face employment difficulty upon return to the civilian work force.

Considering the fact that the most recent statistics cited in the GAO report are for 1990, and factoring in the significant costs incurred for litigation related to the ban (*with the certainty of litigation continuing until the ban is lifted; please be assured that we will see this is the case*) the waste of federal, or better, taxpayer money, becomes ridiculous in proportion to any alleged benefit to be had in spending the money as it is presently being spent.

Sexual Harassment and Racial Discrimination in the Military. GLBVA joins with those who

have increasing concerns about sexual harassment in the military. In light of the recent Tailhook scandal in particular, we have no faith in Department of Defense statements that sexual harassment is being adequately addressed by the Armed Services. We believe that the recent statements of General Karl Mundy, Commandant of Marines, demonstrate, too, that prejudice based on race, and discrimination based on such prejudice, remain an institutionally sanctioned problem within certain areas of Department of Defense activity.

We urge the creation and full funding of an independent investigative unit with authority to require the cooperation of military officials at all ranks, in addressing allegations of sexual harassment and racial discrimination.

Further, we request that existing definitions of sexual harassment, and all policies and training devolving from prohibition of sexual harassment in the military, be expanded to include prohibition of harassment by service members of any individual or groups of individuals on the basis of actual or perceived sexual orientation.

Outreach to Veterans. As if the long-time existence of military discrimination against gay military members weren't enough to foster a sense of alienation among gay veterans, the vicious and intentional misrepresentations of our conduct, motives and character of service by public and private individuals during the recent debate on the military ban exacerbated an already serious sense of apprehension among vets who may be bisexual, lesbian or gay to come forward to claim their rights as veterans. The American people have, as a nation, often remarked about how the nation owes its veterans a debt of gratitude that cannot be repaid. We believe the nation can and should begin to repay a part of that debt by rectifying the serious problems of alienation existing within the community of veterans represented by GLBVA. Discrimination based on sexual orientation pervades the American society. The effects of that discrimination render the gay veteran who may be disabled, unemployed or otherwise disadvantaged particularly vulnerable.

Statistics have demonstrated that a shocking proportion of the homeless in America are military veterans. Other studies have also demonstrated that HIV infection and AIDS are problems of immense proportions for homeless Americans. These facts suggest that advocacy and community-based action programs on behalf of such individuals or groups are insufficient so far, to alleviate the problems. Looking at these two facts concurrently, this suggests that there is a high probability of overlap, and that it is likely that HIV and AIDS are matters of particular concern for the homeless veteran, since s/he constitutes such a large fraction of a population already known to face this problem to an unusually large degree.

We urge the Congress to facilitate, and provide funding opportunities for, further expansion and/or creation of veterans outreach and advocacy programs, focusing on groups of veterans at particular disadvantage **including lesbian, bisexual and gay veterans**.

Summary of Recommendations for Action

In summary, we respectfully recommend to the Congress that the following steps will best provide for the needs of active, reserve and veteran members of the United States Armed Forces:

1. Lift the ban on military service by lesbian, bisexual and gay American citizens immediately.

2. Reform the Uniform Code of Military Justice to provide ironclad guarantees of full due process, and representation by legal counsel not subject to inappropriate influence for all service members, in the absence of combat or other national peril.

3. Rewrite or remove the "General Article" (Article 134) to prevent its misuse as an undefined 'catch-all' Article under which the service member can be subjected to vindictive command action.

4. Initiate and fully fund a study to develop statistical information relating to the application of the UCMJ 'sodomy' article, to determine actual raw numbers of its application in disciplinary proceedings, and a ratio between its application in instances of alleged heterosexual misconduct and instances where homosexual conduct is alleged.

5. Direct the Department of Defense to provide annual statistics for the years 1991-1993 regarding homosexual discharges, broken down by character of discharge.

6. Rewrite Article 125 of the UCMJ to remove any reference or applicability to private, consensual adult activities, and also to proscribe and provide punishment for acts of sodomy, with specific language mandating equal applicability in heterosexual or homosexual situations, when committed through violent or other coercive actions.

7. Review and upgrade all discharges on the basis of prosecution citing Article 125 of the UCMJ, where violence or coercion was not demonstrated. Remove all service record references to disciplinary actions taken on the basis of Article 125, absent violent or coercive behavior.

8. Immediately direct the modification of military separation policies, procedures and related forms to remove reference to homosexuality on, at a minimum, the separating service member's copies of DD Form 214, providing full funding for full accomplishment at the earliest possible opportunity.

9. Direct the Department of Veterans Affairs to immediate create and implement an orientation program, with full funding provided, regarding human sexuality and the responsibilities of care providers to function in a value-neutral, non-judgmental manner, requiring participation by all DVA staff and volunteers with responsibilities for providing veterans care; require the participation of lesbian, gay and bisexual veteran advocates in program development and implementation.

10. Prohibit any further use of federal funds for investigative, disciplinary or separation action in any instance where the sole basis for such action is the service member's sexual orientation except where it pertains to documented, adjudicated conduct involving violent or coercive behavior.

11. Transfer funding equal to those amounts now being spent on investigation, disciplinary and/or separation action on the basis of sexual orientation from the Department of Defense to the Department of Veterans Affairs.

12. Create and fully fund an independent investigative unit with authority to require the cooperation of military officials at all ranks, in addressing allegations of sexual harassment and racial discrimination.

13. Expand existing definitions of sexual harassment, and all policies and training devolving from prohibition of sexual harassment in the military, to include prohibition of harassment by service members of any individual or groups of individuals on the basis of actual or perceived sexual orientation.

14. Facilitate and provide funding opportunities for further expansion and/or creation of veterans outreach and advocacy programs, focusing on groups of veterans at particular disadvantage including lesbian, bisexual and gay veterans.

ENDNOTES

1. United States House of Representatives, One Hundred Second Congress. Community-Based Veteran Service Organizations, Hearing Before the Subcommittee on Oversight and Investigations of the Committee on Veterans' Affairs, House of Representatives, One Hundred Second Congress, Second Session, May 6, 1992, Serial No. 102-38. Washington, DC: U.S. Government Printing Office, 1992.

2. United States House of Representatives, One Hundred Third Congress. Health Care, Economic Opportunities and Social Services for Veterans and their Dependents - A Community Perspective. Hearing Before the Subcommittee on Oversight and Investigations of the Committee on Veterans' Affairs, House of Representatives, One Hundred Third Congress, First Session, May 5, 1993, Serial No. 103-10. Washington, DC: U.S. Government Printing Office, 1993.

3. In the interests of brevity and inclusiveness, throughout this text any reference to persons within the single categories of lesbian, gay or bisexual is intended to refer to all such categories inclusively, unless specifically noted otherwise.

4. Presidential Executive Order 9981, July 26, 1948.

5. Department of the Navy. Report of the Board Appointed to Prepare and Submit Recommendations to the Secretary of the Navy for the Revision of Policies, Procedures and Directives Dealing with Homosexuals (the so-called "Crittenden Report"). Washington, DC: Department of the Navy, 1957.

McDaniel, Michael A. Preservice Adjustment of Homosexual and Heterosexual Military Accessions: Implications for Security Clearance Suitability (PERS-TR-89-004). Monterey, CA: Defense Personnel Security Research and Education Center, 1989.

Sarbin, Theodore R., Ph.D. and Kenneth E. Karols, M.D., Ph.D. Nonconforming Sexual Orientations (PERS-TR-89-002). Monterey, CA: Defense Personnel Security Research and Education Center, 1988.

The above are cited with inclusion of all relevant memoranda, and including the 1993 RAND Report commissioned by the Department of Defense (bibliographic citation information unavailable).

6. United States General Accounting Office. Defense Force Management: DOD's Policy on Homosexuality. United States General Accounting Office (GAO/NSIAD-92-98). Washington, DC: United States General Accounting Office, 1992.

United States General Accounting Office. Defense Force Management: Statistics related to DOD's Policy on Homosexuality. United States General Accounting Office (GAO/NSIAD-92-98S). Washington, DC: United States General Accounting Office, 1992.

NOTES: (cont'd)

3. CO'S NJP. Commanding Officer's Non-judicial Punishment was held on Friday, 3 June 1977 and awarded the following punishment:

Viol. UCMJ, Art. 86 - UA for 18 hours.
AWARDED: Reduced to pay grade E-3.

Viol. UCMJ, Art. 92 - Violating a lawful written regulation by not completing the required A-hours assigned him.
AWARDED: Reduced to pay grade E-3.

Viol. UCMJ, Art. 92 - Violation of a lawful written regulation by going through an Emergency Fire Door.
Viol. UCMJ, Art. 134- Bringing discredit to the armed forces by urinating through the springs of a bed.
AWARDED: Forfeiture of $50 pay per month for 2 months.

4. SPEED LIMITS. In accordance with NTCORLINST 5560.1C, all vehicle operators must comply with posted speed limits while operating on board NTC, McCoy Annex and Hospital Area.

NTC (Including Hospital):	10 MPH in Parking Lots
	25 MPH unless otherwise posted
	5 MPH passing Marching Troops
McCoy Annex:	15 MPH in Parking Lots
	30 MPH unless otherwise posted

Pedestrians always have the right of way and all traffic must yield to them at crosswalks. Violations are recorded and accumulated points will result in loss of base driving privileges.

5. SAVINGS BOND FACTS: TAX ADVANTAGES - Interest on Savings Bonds is exempt from all state or local income or personal property taxes. Interest from Savings Bonds is subject to Federal Income taxes, but interest need not be reported for tax purposes until Bonds are cashed. Additional tax advantages are available for children's education and for retirement.

J. E. BROOKS
CWO2, USN
ADMIN OFFICER

EXHIBIT A

CONCERNS AND OPINIONS OF VIETNAM ERA VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATION

OF THE

COMMITTEE ON VETERANS AFFAIRS

HOUSE OF REPRESENTATIVES

MAY 4, 1994

THE NATIVE AMERICAN

VIETNAM VETERANS;

THEIR PAST, PRESENT AND FUTURE

AS REPORTED BY

DR. EDWIN STRONG-LEGS RICHARDSON

PENOBSCOT INDIAN OF
THE EASTERN ABENAKI CONFEDERACY

The Native American Vietnam Veteran; Their Past, Their Present and Their Future

I. THEIR PAST.

A WARRIOR SOCIETY

The Native American has always been a strong, brave and adventurous person who has prided himself in his culture, rich in myths and legends. Many have heard of the greatness of Chief Joseph and the fact that his skill in escape and evasion is studied at West Point. They stand erect with pride at the suggestion that the blood of Crazy Horse is in their veins. Each has heard of the Battle of the Little Big Horn and about Chief Sitting Bull and all of the other great heros. They know that they are of a Warrior Society.

COMBAT IS A TIME TO BE A REAL NATIVE

Of the over 86,000 Native Americans who were in Vietnam it was a chance to show with pride that he was truly of the **Great Warrior Society**. Consequently, over 95% of that group volunteered for Vietnam.

THE NATIVE AMERICAN IN VIETNAM

And so it was in Vietnam. Vietnam was a time to be a **warrior.** Not a killing, hateful, hell-be-damned kind of person; not a time to be sadistic and cruel; not a time to curse the enemy; and certainly not a time to glamorize the blood, misery and death. **Vietnam was time to be a member of the Warrior Society.** It was a time to be courageous, to absorb personal pain and spend time thinking and caring for others, and a time to show compassion.....even compassion for the enemy. This too is a part of the life of the Native Americans.

This is where we came from.

II. THEIR HERE AND NOW.

SELF DETERMINATION

Under the **Native American Programs Act of 1974, Public Law 93-644**, as amended, the BIA and ANA and others have major program goals to: 1) **assist** tribal and village governments, Native American institutions and local leadership to **exercise control and decision making** over their own resources: 2) **foster the development** of stable, diversified local **economies and economic activities** which will **provide jobs, promote** economic well-being, and **reduce dependency** on public funds and social services; 3) **support** local access to, control of, **and coordination of services and programs** which safeguard the health and well-being of people, and which are **essential to a thriving and self-sufficient community.**

EPA ACTIVITIES ON RESERVATIONS/VILLAGES

The **Environmental Protection Agency (EPA) Activities** on Indian Reservations and Inuit (Eskimo), Aleut, Hawaiian and Pacific Rim Villages has been diffuse, at times wordy, and even confusing. There appears to be a conscientious effort at cleaning up what the Federal Government may have generated; and yet, at the same time it is not eager to advise the Tribes **about the shady, deceitful, and self-serving approaches** of the corporate world to dump

hazardous wastes in reservations and villages.

In November, 1984, EPA issued an **Indian Policy and Implementing Guidance** in which it is committed to work with Indian tribes, recognizing that tribal governments are the primary parties for setting standards, making environmental policy decisions and managing environmental programs on reservations. The Agency is further committed to encourage and assist Indian tribes in assuming regulatory and program management responsibilities. The EPA has focused on four major areas:

(1) .....**clarifying** the role of tribal gvernments in environmental protection;

(2) **increasing communication** ..... in order to strengthen their understanding .....;

(3) working to incorporate ..... a ..... **broader management structure** .....; and,

(4) providing **direct support** for tribal environmental **protection activities.**

It is because of this fourth point that it is necessary for EPA to act as a source of expertise, advice, and become a "joint partner" in the control of hazardous wastes and protect the people.

The EPA feels that some of it's **HIGHLIGHTS** include:

1. **The Office of Air and Radiation which** is developing the **Indian Air Quality Regulations.**
2. **An Indian Training Program for tribes.**
3. **Public Law 101-495, the Tribal Environmental General Assistance Act in FY 92.**
4. **In FY 92 $5.8 million in the form of 88 Multi-Media Grants to 134 tribes.**
5. **The Office of Water providing nearly $18 million in implementation, technical assistance and grants to the tribes.**
6. **27 scholarships with the American Indian Sciences and Engineering Society.**

MINORITY HEALTH PROBLEMS

The **Minority Health Initiative** as related in the publication **National Minority Health Conference** sponsored by **the Agency for Toxic Substances and Disease Registry (ATSDR)**, and published by the Princeton Scientific Public Co., Inc., Princeton, NJ 1990, (seen on page 3):

> "**The Division of Health Studies** supports the **Minority Health Initiative** .....working with the **Indian Health Service** to evaluate methylmercury exposures among **Fond du Lac Band** members in MN, to studying cancer mortality among the **Puyallup Nation** near Commencement Bay Site in WA.... ...potential hazards of the **Navajo Nation** associated with uranium mines near Bluewater, NM."

And as appears on pages 37-50 (ibid) an indepth discussion of hazards posed by the abandoned **uranium mines on the Navajo Nation** where the reverence of the Indian people for Mother Earth often clash with the destructive tendencies of the industrial society. During World War II, the Korean War, and the Vietnam War, Indians were working these mines without protective clothing, protective facilities, or bioremediation of these hazardous wastes. Following the Vietnam War some of our returning heroes were sent to work in these mines!

As mentioned in this publication:

"The Navajo Nation contains several hundred abandoned uranium mines that

> pose a severe threat to human health and the environment. Contaminants from those sites are migrating off-site though air, surface water, and groundwater pathways. .....foods grown on and around the sites are contaminated and those foods present another source of potential human exposure. Because they have easy access to the sites, humans and animals are at high risk of on-site exposure to contaminants via ingestion and inhalation. The sites also contain many physical hazards, such as open shafts, pits, boreholes and unsafe structure."

Also, we note that the analyses of ore from uranium mining areas have documented the presence of heavy metals such as arsenic, barium, copper, chromium, lead, manganese, moloybdenium, selenium, uranium and vanadium. Other contaminants are: radon, radium, bismuth, thorium and polonium. The toxicity of heavy metals and radionuclides in these mines are well documented! A study by **Hans, Eadie and O'Connell (1981)** found residents living approximately 20 meters from the mine wastes! The residents also **consume sheep that graze on the contaminated soil.....while children are known to play on and around the piles of mine waste! The Vietnam Veterans, when they returned from Southeast Asia, used the mine waste material to construct home and pave roads. The companies NEVER stopped to (1) de-ionize the area, (2) notify the workers of the hazards, (3) bury the wate material which incidently has the highest levels of gamma radiation, (4) fence off the area, (5) warn the residents with signs, (6) study illness to the workers and their families, (7) notify the EPA, (8) set up health facilities, (9) provide any insurance for the workers, nor (10) pay the families in dollars or kind for their loved ones who have suffered and died!**

From WW II through the 1980s the American Indians and Alaskan Natives were vulnerable to environmental contaminants. There were **several thousand waste dumps on Indian lands.** These were **unmonitored, unmanaged, open dumps; and furthermore, pesticides, chemicals and other waste materials** were also put in these dumps!

Approximately 80% of all Indian people in the U.S. have been living in **substandard conditions** because of **poverty, environmentally related illnesses**, inadequate housing and as **Bill F. Pearson, PE of the Minority Health Initiative** states on page 29 (ibid). **".....health statistics for this population were comparable to those in Third World countries."**

III. THE FUTURE.

ECOLOGY

We look forward to a great continuation of the **Vice President Al Gore's** billion dollars **"Superfunds"** not to just study, but to **STOP hazardous dumping** on Reservations and Native Villages and we look forward to **Energy, EPA and LABOR** working in harmony to cease the dumping, spilling and seepage of chlorine, coal, copper, heavy metals, lead, oil, uranium and all other toxic agents on our Native Lands!

It is necessary that our **Veterans** work closely with all **Native Americans** in the control of anything that is hazardous. We must see that MORE is done to check for **Polychlorinated Biphenyls (PCB)** on Reservations and Villages. We must be ever alert and work together with **ALL OF NATIVE AMERICAN COUNTRY! The *Indian* RED ALERT** reported the **Exxon Copper and Zinc Mine at Mole Lake in Wisconsin** was injurious to the **Menominee Tribe,** but it **was also** injurious to the **Potawatomi Indian Community** in **Crandon, WI which lived even**

closer. It would appear that, in the future, each Reservation and Village needs an **Environmental Impact Advisory Committee** and each must have access to other agencies and leaders.

As Governor Wilfred Pehrson of the **Penobscot Tribe** stated:

> **"The Land, Air and Water, and the Living Creatures which inhabit these realms, are interwoven with and essential to human life. Man may take what is needed, even that which will add to his comfort and enjoyment of life. The taking must be done, however, with a sense of respect and responsibility. For mankind to use up or poison the natural resources upon which he depends is not only unlawful, but suicidal."**

EDUCATION

The **Department of Education reports** some of the real concerns of **Indian Education** are: (1) improved college financing, (2) availability of funding and grants, (3) the need to remove restrictions imposed by the Federal and state governments, (4) inform the Native Americans of the grants available, continuing concern for drop-outs, (5) a need to make college economically feasible, and provide an ombudsman for Native Americans at every college with Native American enrollments. We look forward, in the future, to the implementation of Dr. Edwin Strong-Legs Richardson's **Resolution, UP-GRADING NATIVE AMERICAN OPPORTUNITIES IN EDUCATION** presented before this **Sub-committee on Oversight and Investigations, Committe on Veteran's Affairs, U. S. House of Representatives, May 8, 1991 to permit all tribal or village enrolled Native Americans to attend any Land Grant Institution of Higher Education tuition free.**

EMPLOYMENT---LABOR

More of our people are entering the professional ranks of doctors, health care providers, medical technicians, nurses, social workers, psychologists, college professors, teachers, and administrators. Some are going into politics such as **Senator Ben Nighthorse Campbell from MT and Congressman Ben Reifel from SD.** Some have reached great heights in sports like: **Jim Thorpe, Johnny Bench (baseball), Orville Moody (golf), Billy Mills (Olympic runner), Roman Gabriel and Mark Rippen (football). *With unemployment on the Reservation and Villages between 40-98%, we have to continue to look forward to improving opportunities for employment.***

HEALTH

As J. Thomas Burch, Jr. Chairman of the **National Vietnam Veterans Coalition** states, "Let us rethink our strategy and perhaps change our tactics. ..... What remains to be done is to properly utilize this support on behalf of our fellow vets in a positive and constructive way." As he has suggested, there is a greater need for lobbying efforts, and so is there for **Native American Health and Human Services Programs.** At the very time that **President and Mrs. Clinton** are advocating a Health package for **everyone** they are **reducing the funding for the Indian Health Service!** Indians in the past refer to this as **"speaking with a forked tongue".**

Therefore we are hopeful that adequate funding will be reinstated for Native Americans. The critical aspect of this is the fact that at one time there was a backlog of **222 surgical cases on the Rosebud Indian Reservation with only 50% of the staff available.**

We are also hopeful that an **Indian Desk** will be established in all possible Health and Human Services areas to include in the **Office of Alternative Medicine** of the **National Institutes of Health.**

INTERIOR

FEDERAL MINE SAFETY

We hope **Vietnam Veterans** will recognize that total community involvement is needed in increasing mine safety, and, as happened the **Four Corners Area Power Plant**, insist on reducing some **6,000 pounds of flying ash per hour which was belching down** on Native Americans! We trust that more will be done for **Veterans, uranium miners,** and **others** who are dying of **Agent Orange, cancer, silicosis, leukemia** and other diseases, for little has been done to aid or compensate them or their families. For example, **Paiute Indians** from southern **Nevada** where involved in **atmospheric testing of atomic bombs** in the desert. **There were some 235 tests!**

We will continue to work closely with **Congressional Leaders** like **Pete Domenici, Daniel Inouye, John McCain, Bill Richardson** and others concerned with the **Uranium Miners Compensation Act** and other in the **Departments of Heath Human Services, Labor, Justice, and the Federal Mine Safety and Health Review Commission.** We trust that in the future the Tribes and Villages will check every avenue and every agency that may be of help to them. For example, it was necessary to get in touch with the **Tennessee Valley Authority (TVA)** to clean up an inactive **uranium mill** in **Edgemont, SD.**

ASSOCIATIONS/FOUNDATIONS/MUSEUMS

In addition to many professional associations and an increasing number of foundations, Native Americans now have some hope for a Native American National Museum under the Direction of Richard West. Every effort is being made to erect a museum and not a mausoleum. We applaud the recent trend of returning human remains to their Native Ancestral Lands.

TRANSPORTATION/INTERSTRUCTURE

One of the many problems on the Reservations and Villages remain that of inadequate interstructure. Reservation roads are simply car and wagon tracks across the countryside. These are often impassable and become a real problem in a medical emergency. In some of the remote Villages, especially in Alaska, the only mode of transportation to a hospital is by air. Bush pilots are not always available and during inclement weather a person may die be-fore being airlifted "outside".

VETERANS AFFAIRS

The Indian Health Service Hospital and the Veterans Administration Hospitals are often the only recourse left to Native Americans who are unable to afford medical insurance. When VA Centers are located in areas of the country where there are Native Americans, and where the

staff is Native American, services have bben tailored to meet the needs of the Native population. Such has been the case at the VA Centers in Sturgis, SD, Minneapolis, MN, and Albuquerque, NM where they have established Sweat Lodges, Indian Alcoholic Counselors, and Pow Wows for the Vietnam Native American Veterans. The problem with the Indian Health Service Hospitals has been one of both funding and staffing. Some of the hospitals have been on the edge of closure because of a lack of trained physicans and nurses.