

During World War II he commanded the USS PC 494, USS Doherty, USS Snowden, USS Kyne, and the USS Greer engaged in escort duty in the Caribbean, the Aleutians, Atlantic and Pacific Oceans. When Hunter Killer Groups were established in the Pacific he served as screen commander of Task Group 30.7 while commanding Destroyer Escort Division 72. This Task Group provided anti-submarine protection to the Third and Fifth Fleets and was credited with the destruction of six enemy submarines. Admiral Jackson was awarded the Legion of Merit and the Bronze Star Medals, each with the Combat V.

After the war he served in the Eighth and Thirteenth Naval Districts while on shore duty as director of the Naval Reserve programs in those Districts and commanded the USS Cahaba, fleet oiler on the China Station, and the USS Vermilion an attack cargo ship attached to the Amphibious Force, Atlantic Fleet during his tours at sea.

In 1954-1955 he commanded Destroyer Squadron Ten in the Atlantic Fleet and upon completion of that tour was ordered to the Bureau of Naval Personnel and assigned as Director of the Naval Reserve Division. In 1956 he relieved Rear Admiral Charles Weakley as Assistant Chief of Naval Personnel for Naval Reserve and served on that position until his retirement on 1 October 1959.

Upon his retirement he joined the National Staff of the Reserve Officers Association of the United States as Director of Naval, Marine Corps and Coast Guard Affairs. In 1964 he was appointed Deputy Executive Director while retaining his duties with the Navy, Marine Corps and Coast Guard.

#### ACTION NEEDED TO AUTHORIZE RE-ADJUSTMENT MEDICAL COUNSELING FOR VIETNAM-ERA VETERANS

MR. CRANSTON. Mr. President, on October 1, 1973, letter I received from the Administrator of Veterans' Affairs has reinforced my conviction that the difficulties many Vietnam-era veterans have faced in readjusting to civilian life are of such severity that legislation is urgently needed to authorize the special assistance they need.

This letter cites those factors that had led officials of the VA to the conclusion that "up to 20 percent of Vietnam-era veterans may be facing significant adjustment problems."

These factors include the substantial representation of minority groups among returning servicemen; the high percentage of veterans who were high school dropouts or whose test scores were comparable to dropouts; the low proportion of disadvantaged veterans using educational benefits; a followup study of Vietnam-era drug users, indicating that 18 percent of all veterans in the study were unemployed 6 months or more after discharge; as well as a VA mental health professional estimate that up to 5 percent of Vietnam-era veterans who had been exposed to combat may be facing serious psychological consequences from those traumatic experiences.

As a consequence of these data, an internal memo was developed within the VA outlining a legislative proposal to authorize provision of mental health services to assist Vietnam-era veterans in the process of transition from military to civilian status.

The justification for this proposal states an even higher incidence of serious

readjustment difficulties. The memo states:

Reliable surveys and studies conducted by the military and by VA indicate serious and prolonged readjustment problems exist in approximately one out of five new veterans but, to a lesser degree, were experienced by all.

The report goes on to state the problem as follows:

Since current statutory provisions governing DM&S health care services are tied to an illness rather than preventative health model, only a small proportion of veterans have sought or received these critically needed mental health psychosocial readjustment services. The consequence includes major economic and social cost to society stemming from the failure of these veterans to make effective readjustments, as well as the personal adverse psychological effects on the veterans and their families who served their country during a long and difficult conflict.

Mr. President, the proposal provides clear support for the need for legislation I authored—originally in S. 2108 passed by the Senate in September of 1972—and which has passed the Senate in S. 284 last March, providing for readjustment medical counseling for returning veterans in VA facilities.

The bill is now pending before the House Committee on Veterans' Affairs, specifically the Subcommittee on Health and Hospitals. The subcommittee chairman (Mr. SATTERFIELD) has assured me that he will hold hearings shortly.

The VA internal memo proposes:

That a law be enacted by which the VA Department of Medicine and Surgery is authorized to provide, during a period of up to one year from the date of discharge from military service, mental health services as required to assist Vietnam veterans in the process of transition from military to civilian status. Also, where warranted, Vietnam veterans already out of service [should] be entitled to such services for a period of one year after the law is enacted.

I am delighted that there is recognition of the need for this authority within the Veterans' Administration. I hope this recognition will spread to the officials at the OMB, as well.

Mr. President, while previous wars have had their psychiatric casualties, the so-called "post-Vietnam syndrome" may well be more pronounced and more frequent in its incidence. And the time lag seems unprecedented. This pattern was first dramatized, insofar as I am aware, at oversight hearings I held in 1969 and 1970 as chairman of the Subcommittee on Veterans' Affairs of the Labor and Public Welfare Committee, and in the last 2 years as chairman of the Subcommittee on Health and Hospitals of the Veterans' Affairs Committee.

As a result of these hearings, I first introduced legislation on June 17, 1971—then included in S. 2091 in the 92d Congress—to make these returning veterans eligible for readjustment medical counseling in Veterans' Administration facilities.

This provision was also included in legislation, called the "Veterans Drug and Alcohol Treatment and Rehabilitation Act," twice passed by the Senate—in S. 2108 last Congress and in S. 284 passed this session on March 6, 1973, by

an 87-to-2 vote. More specifically, it would authorize the Veterans' Administration to provide readjustment medical counseling and appropriate followup care to each Vietnam era veteran with other than a dishonorable discharge upon the veteran's request. The purpose of this provision is to make fully available—and to encourage and facilitate the use of—the full resources of the VA's medical services to those returning veterans who feel the need for professional counseling to help them in their readjustment to civilian life.

Mr. President, I believe that in the sensitive field of psychological or psychiatric counseling, availability and ease of access to such services must be emphasized and all necessary barriers removed. A recently returned veteran should know that help is available, and that if he asks for it his request will be speedily and compassionately honored.

Under present VA law and regulations, a veteran is not eligible for outpatient care unless it is established that he is suffering from a service-connected condition or is in need of hospitalization. Under this new provision, all VA facilities which can assist in readjustment will be made more visible and accessible. The provision of readjustment counseling in all VA facilities under the general direction of the VA Department of Medicine and Surgery—taking full advantage of its skilled staff consisting of some 961 psychologists, 304 psychologists attendants and technicians, 707 psychology trainees, 2,198 social workers, 335 social worker associates, and 479 social work trainees—can be of significant assistance to the successful readjustment of large number of recently discharged veterans.

Recent discussions with professionals acquainted with the VA hospital system illustrate that the cost of such a provision can be severely reduced without a loss in quality by the use of trained volunteers and skilled paraprofessional workers in providing the readjustment counseling and screening.

In addition, current law in title 38, United States Code, provides a presumption of service connection for an active psychosis developed within 2 years of discharge from service. The Senate has twice passed my amendment—also included in S. 2108 and S. 284—to extend this period to 3 years after discharge and to make it applicable to any psychosis rather than only an active psychosis.

Mr. President, I ask unanimous consent that the pertinent provisions from S. 284 be printed in the RECORD, along with explanatory material from the committee report (No. 93-56) following the VA memo and letter to which I referred earlier in my remarks.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

OFFICE OF THE ADMINISTRATION OF  
VETERANS' AFFAIRS,  
Washington, D.C., October 1, 1973.

HON. ALAN CRANSTON,  
Chairman, Subcommittee on Health and  
Hospitals, Committee on Veterans' Affairs,  
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: I am pleased to respond to your letter of August 13 in which you request copies of the memorandum and

studies referred to in the recent series of articles on the Vietnam Era veteran by Mr. Michael Satchell in the Washington Star-News.

A copy of the memorandum is enclosed. It was prepared as a working document by the Mental Health and Behavioral Sciences Service of the Department of Medicine and Surgery in response to an internal request for suggestions concerning possible areas of need for additional legislation not fully met by existing statutory provisions.

The proposal was based on the general principle that any transition period imposes a variety of stressful adjustment problems on those involved and on the assumption that, while this has occurred after every period of service, reentry may be a more difficult process for the Vietnam Era veterans because they are younger as a group, issues surrounding the Vietnam Conflict are more complex, and our society is changing at a more rapid pace.

The proposal also reflected the judgment that veterans who had experienced pre-service adjustment problems, such as those common to minority groups and high school dropouts, face more serious reentry difficulties, as well as those traumatized by exposure to the death and destruction of war. Rather than a special study as Mr. Satchell erroneously reported, the conclusion that up to 20% of Vietnam Era veterans may be facing significant adjustment problems was based on the following information:

Approximately 20% of Vietnam veterans and servicemen are from minority groups. (DoD and VA estimates);

Approximately 16% of Vietnam Era veterans and servicemen are high school dropouts and approximately 30% of Vietnam Era servicemen with high school diplomas had Armed Forces test scores comparable to dropouts. (Report of President's Committee on the Vietnam Veteran, 1970);

Smaller proportions of disadvantaged veterans are using educational benefits (approximately one out of four in contrast to nearly two out of three of non-disadvantaged veterans). (VA Information Bulletin 24-73-3);

Survey conducted for VA by Louis Harris Associates indicated alienation is particularly evident among non-white and those with less than high school education. (A Study of the Problems Facing Vietnam Era Veterans: Their Readjustment to Civilian Life, October 1971);

Follow-up study of Vietnam drug users, sponsored by the Special Action Office for Drug Abuse Prevention in cooperation with the Department of Defense, Department of Labor, National Institute of Mental Health, and the Veterans Administration, indicating that 18% of all randomly selected Vietnam veterans in the study period were still unemployed six months or more after discharge. The rate was much higher for educationally or culturally disadvantaged veterans. (SAODAP Monograph, Series A, Number 1, April 1973, Executive Office of the President)

A paper presented by Dr. Jonathan Borus, Research Psychiatrist, Walter Reed General Hospital, indicating that returnees from overseas duty who were still in military service were showing significant reentry problems and that this was greater for those who had not completed high school and/or pre-service adjustment problems as well as those who had seen extensive combat. (American Journal of Psychiatry, August 1973)

I would like to point out that Mr. Satchell apparently confused the estimate that 20% of Vietnam veteran population may have reentry problems with the entirely separate estimate by VA mental health professionals that up to 5% of those Vietnam veterans who had been exposed to combat may be facing serious psychological consequences from those traumatic experiences

Thank you for the opportunity to look into this matter for you.

Sincerely,

DONALD E. JOHNSON,  
Administrator.

[Proposed legislation, July 1973, Mental Health and Behavioral Sciences Service]  
TRANSITIONAL PREVENTIVE MENTAL HEALTH SERVICES FOR NEW VETERANS

INTRODUCTION

After every war the great majority of veterans are young adults who must go through a critical period of transition from military to civilian life. The impact of absence from home, of exposure to different living conditions, life styles, and cultures, and of personal physical and psychological trauma, is such that readjustment is a highly complex process. The difficulty of this process has been markedly greater for the Vietnam veteran because of the controversial nature of the Vietnam Conflict and of the rapid social-economic changes that occurred in his absence. Reliable surveys and studies conducted by the military and by VA indicate serious and prolonged readjustment problems exist in approximately one out of five new veterans but, to a lesser degree, were experienced by all.

Since current statutory provisions governing DM&S health care services are tied to an illness rather than preventive health model, only a small proportion of veterans have sought or received these critically needed mental health psychosocial readjustment services. The consequence includes major economic and social cost to society stemming from the failure of these veterans to make effective readjustments, as well as the personal adverse psychological effects on the veterans and their families who served their country during a long and difficult conflict.

PROPOSAL

That a law be enacted by which the VA Department of Medicine and Surgery is authorized to provide, during a period of up to one year from the date of discharge from military service, mental health services are required to assist Vietnam veterans in the process of transition from military to civilian status. Also, where warranted Vietnam veterans already out of service be entitled to such services for a period of one year after the law is enacted.

COMMENT

Since approximately 6½ million Vietnam veterans are already out of service, the major demand would stem from the 2 million still in service. It is anticipated that this process would involve from four to six individual therapeutic sessions and be requested by 25% of the eligible veterans.

COST

\$30,000,000 based on a maximum of six therapeutic sessions for 500,000 Vietnam veterans.

S. 284

A bill to amend chapter 17 of title 38, United States Code, to require the availability of comprehensive treatment and rehabilitative services and programs for certain disabled veterans suffering from alcoholism, drug dependence, or alcohol or drug abuse disabilities, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this act may be cited as the "Veterans Drug and Alcohol Treatment and Rehabilitation act of 1973".

Sec. 3. Section 602 of title 38, United States Code, is amended by—

(1) striking out "an active" and inserting in lieu thereof "a"; and

(2) striking out "two years" both times it appears therein and inserting in lieu thereof "three years".

Sec. 4. (a) Subchapter II of chapter 17 of title 38, United States Code, is amended by adding after section 612 a new section as follows:

"§ 612A. Eligibility for readjustment medical counseling

"The Administrator, subject to the provisions of section 3103 of this title and within the limits of Veterans' Administration facilities, shall furnish readjustment medical counseling and appropriate followup care and treatment under this subchapter to any person who served in the active military naval, or air service during the Vietnam era and was discharged or released therefrom with other than a dishonorable discharge and who requests such counseling in order to assist such person in readjusting to civilian life following his discharge or release from the Armed Forces. The Administrator, in cooperation with the Secretary of Defense, shall take appropriate action, as provided in section 241 of this title, to insure that all veterans eligible for assistance under this section are advised of their eligibility for such assistance and are encouraged to take full advantage thereof."

(b) The table of sections at the beginning of chapter 17 of such title is amended by inserting immediately below

"612. Eligibility for medical treatment."

the following:

"612A. Eligibility for readjustment medical counseling."

PSYCHIATRIC CARE AND READJUSTMENT MEDICAL COUNSELING

The Committee was convinced by extensive testimony developed at hearings on veterans readjustment conducted by the Subcommittee on Veterans Affairs at the end of the 91st Congress and hearings on this legislation in the 92d Congress and by medical evidence that significant numbers of Vietnam era veterans who are not addicts have nevertheless suffered severe psychiatric problems. These problems are frequently of a subtle nature and do not always manifest themselves soon after discharge. Therefore, the reported bill provides that a psychosis which arises within three years after discharge, rather than an active psychosis which arises within two such years (as at present), will be presumed to be service-connected. The effect of this is to authorize the provision of unlimited outpatient care for veterans meeting these criteria of disability.

In 1951, section 602, containing the original active psychosis presumption, was added to title 38 by Public Law 82-239. The House-passed bill—H.R. 320—had included a three-year period for active psychosis and the Senate reduced it to two years—(S. Rept. No. 749, 82d Cong., 1st Sess. 1951).

The Committee is of the view that the same justification underlying the original provision for active psychoses arising from World War II and the Korean conflict should be applied to the types of psychiatric conditions which seem to characterize the Indo-China War. The purpose and rationale of section 602 were described in the 1951 House and Senate committee reports as follows:

"The Committee is of the opinion that the bill is fully justified in view of the difficulty medical science has in tracing the exact causes of psychoses. The additional presumptive period would authorize service connection in many meritorious cases which are barred under existing law. The presumption is of course rebuttable when there is affirmative evidence to the contrary... (H.R. Rept. No. 239, 82 Cong., 1st Sess. 2 (1951)).

"It is generally recognized that the disease of psychoses is not only an individual prob-

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