

VETERANS' HEALTH CARE AMENDMENTS  
ACT OF 1977

HEARING

BEFORE

SUBCOMMITTEE ON  
HEALTH AND READJUSTMENT

OF THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

IN SENATE THE CONGRESS

FIRST SESSION

ON

S. 1693 and H.R. 6502

APRIL 22, 1977

Printed for the use of the Committee on Veterans' Affairs



If you would now proceed in whatever fashion and order you choose, but please be quite brief in summarizing verbally whatever prepared statements you have.

**TESTIMONY OF DR. ALAN L. BERMAN, ASSOCIATE PROFESSOR OF  
PSYCHOLOGY, AMERICAN UNIVERSITY**

Dr. BERMAN. Senator Cranston, if I may read my summary, it's very short.

I've been asked here today to share with you the results of a recently completed research study of the psychosocial consequences of the Vietnam war among our surviving veterans.

This project was initiated and carried out under my supervision by Mr. Jan Scruggs, himself a veteran of Vietnam, while Mr. Scruggs was a graduate student at American University.

It is only proper, therefore, that he communicate his findings directly to you. I do wish, however, to take this opportunity to share briefly with you my perspective on the magnitude of this problem.

As a practicing psychotherapist, my work brings me into contact daily with a variety of consequences and effects of stress. Much of my practice could be characterized as educational in that I view my task as that of teaching and assisting in the adoption of modes of coping and problem solving, which are more adaptive and effective than other, inefficient, anxiety heightening rather than anxiety reducing, and oftentimes, self-destructive choices such as depressive withdrawal, the use of alcohol or drugs, or suicidal behavior.

The ability to cope with stress is dependent on many factors; most notably one's ego strength or self-esteem, a history of positive experiences in facing and resolving conflict, and the availability of a supportive and nurturant system of interpersonal and societal contacts.

Prolonged or intense stress, however, can challenge the coping strategies available to any of us.

The Vietnam war and the post-Vietnam American society to which our soldiers returned represent such prolonged and intense systems of stress perhaps unparalleled in our history.

To begin with, war, voluntarily or involuntarily, steals the late adolescent, young adult male from the sociocultural fabric of peers and family, and demands his reidentification with the military community.

The developmental task of forming an adult identity and career perspective is now delayed, or perhaps more honestly transformed to that of soldier, warrior.

In prior American military involvements, the nature and purpose of the war and the concurrent support and pride at home, made this identification meaningful. The nature of our Vietnam involvement, which I have no intention of trying to review here, made the task of our soldiers primarily those of survival (that is, avoiding death) and discharge.

Reentry into civilian life began with what was absent. There were no victory parades, there was no hullabaloo, there was no hero status to be enjoyed, there was no societal conduit to ease readjustment.

Unemployment was high. We were angry at and distrustful of our leadership. As a nation, we responded to the stress and turmoil of the

Vietnam war by heaping indifference and neglect on our representatives to that war. This is guilt by association, and our data reflects that those least desirous of the association suffer the most.

It is not surprising, then, that Vietnam returnees have begun to give evidence of significant problems, direct sequela to the continued stresses produced by inadequate job opportunity, inadequate support services, and exposure to psychic trauma surrounding sometimes massive exposure to death.

We are only now beginning to observe and study the significance of these effects on what as a group has been our youngest ever corps of veterans. There's precious little substantive research yet available.

What Mr. Scruggs is about to share with this committee while not unflawed scientifically, is one of the first major attempts to employ confidential and standardized research techniques to assess the readjustment difficulties of these veterans.

I hope fervently that the testimony you hear today makes some contribution to our national readjustment to these problems. Thank you.

Chairman CRANSTON. Thank you very much.

**TESTIMONY OF JAN C. SCRUGGS, MONTGOMERY COUNTY DEPARTMENT OF SOCIAL SERVICES**

Mr. Scruggs. Senator Cranston, I'm pleased to share with you the results of my research on the psychosocial implications of Vietnam military duties.

The Vietnam conflict was unique in the way that it was carried out as well as the societal context to which our veterans returned.

Our youngest ever corps of veterans, therefore, were subjected to pressures unparalleled in American history. The national turmoil surrounding the war made one's status as a Vietnam veteran a rather dubious distinction at best.

The dissent that the war caused in the United States as well as the rather negative media-created stereotype with returning veterans, facilitated little in the way of public support or sympathy for those coming home from Vietnam duty.

There has probably been no aspect of the war that's been more exploited, least understood, and officially neglected than the readjustment problems of Vietnam returnees.

On November 20, 1973, a Veterans' Administration letter published in the Congressional Record stated that one out of five Vietnam veterans were experiencing serious and prolonged personal problems which were experienced to a lesser degree by all.

When we consider only the 2 million or so Americans who went to Vietnam, this means that perhaps 400,000 or more young men experienced personal difficulties which would have been avoided, I assume, had they not served their country.

Many of those who served helped in some way deceive or mislead our political system, to say the least. Much of the burden of the actual fighting in Vietnam fell upon the sons of the working class and the racial minorities.

The need for soldiers was far in excess of the supply. The decision that lowered the entrance requirements to meet the military's needs

brought many men into the service who were psychologically unprepared.

This is not to imply, however, that anyone could have been psychologically prepared for the peculiar nature of Vietnam combat operations. But I feel this factor to be a very important consideration in our understanding of the war's unprecedented effects on its participants.

Before hearing briefly some of the project's major findings, I would like to describe the method of study that we employed; the advantages and drawbacks; and to differentiate it from others you will hear described today.

Vietnam veterans on the campuses of several Washington, D.C., area universities were given 600 questionnaires. Each questionnaire contained 61 items, and included were 4 standardized attitude scales.

As such, this is one of the first studies to go beyond mere clinical observations to obtain data from the veteran population. We did not seek a control sample of nonveterans and instead decided to compare subsamples of veterans to each other.

There were combat veterans, noncombat veterans, and Vietnam era veterans. The Vietnam era veterans were those who were in the military that did not see service in Vietnam itself.

Lastly, I should note that the veterans sampled were matriculated in college. Therefore, are among the more actualized of our Vietnam veterans.

The conservative implication then is that any significant results obtained by our study are likely to be magnified were we to look at veterans who were unable to take advantage of the GI bill.

Completed questionnaires were received from 233 veterans. Three-quarters were Caucasian and the average age of the sample was about 28 years.

Among the results we found, which reached the significance level of 0.05 or greater—that means basically that a 1 in 20 probability of occurring by chance exists for the following: Veterans who served in a combat role in Vietnam presently display less trust in people, are more likely to approve of violence, and are more likely to be politically alienated and believe that their military experience has caused them psychological difficulties. Twenty-nine percent of this group are currently divorced or separated, twice the rate of noncombat veterans.

Veterans who served in units which suffered a greater than 25 percent casualty rate—that's killed and wounded—showed the greatest degree of political alienation and are 11 times as likely to report experiencing current combat dreams as those in units suffering no casualties.

Draftees are less likely than enlistees to express pride in their military service, and more likely to have low self-esteem.

Veterans who believe that their service in Vietnam has caused psychological problems do have less self-esteem, feel less pride in their military service, and are more likely to have participated against the war.

Nonwhite veterans are more likely than white to feel their service has caused them psychological problems.

Incidentally, only one black combat veteran did not feel that the war had caused him psychological difficulties.

The implications of these data are that there are strong and consistent relationships between combat experience and the returning veterans trust in people, alienation from national leadership, and comfort with themselves.

These findings are consistent with those of other clinical researchers, most notably, psychiatrist Robert J. Lifton, who in his book, "Home From the War," argues forcefully on the basis of his therapeutic work with antiwar veterans that these soldiers were very adversely affected by their experiences.

Lifton, and others, went on to state that those in the greatest need of professional help were least likely to seek it from the resources available through the Veterans' Administration.

Among those veterans in our sample who felt that their military service had caused them some psychological problems, the majority, 52 percent, held a negative attitude toward seeking help from the VA, tending to confirm Lifton's assertion.

With the new administration's support, with the new leadership at the helm of the VA, and with passage of legislation such as Senate bill 1693, I trust that a new marriage between our Vietnam veterans in need of rehabilitation and the Government services from which they are presently so alienated can be arranged.

Thank you, Mr. Chairman.

Chairman CRANSTON. Thank you very much.

#### TESTIMONY OF DR. JOHN P. WILSON, CLEVELAND STATE UNIVERSITY

Dr. WILSON. Mr. Chairman, I'm pleased to be here today to testify in front of this Committee. I'm also pleased to represent, in a sense, the over 400 veterans which I have interviewed along with my assistant in the past 2 years.

I want to tell you something about our study which was called the Forgotten Warrior Research project funded by the Disabled American Veterans Association, and conducted at Cleveland State University in Cleveland, Ohio.

For the last 2 years we have interviewed over 400 veterans of the Vietnam era who were typically between the ages of 17 to 25 when they performed their military service.

Our sample was constructed to be a representative one that included both combat and noncombat veterans of all races, socioeconomic groups and branches of the military who served in Vietnam and elsewhere between the years 1962 and 1973.

During these interviews, which lasted 4 hours for each man—sometimes longer—we questioned the men about themselves and their experiences in the military. Each man also completed an extensive questionnaire, also standardized as was Mr. Scruggs', which included biographical and demographical information, a set of standard psychological tests that measure motivation, moral reasoning and values, as well as a set of specially constructed questions designed to assess six areas of experience pertinent to his current state of emotional readjustment, identity integration and ideological beliefs.

Very briefly, these areas of experience included the personality attributes and adjustment of the individual; for example, drug use