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From a Troubled Past to an Uncertain Future: Vietnam Veterans, A Community at Risk: Five-Year Follow-Up Report on the Status of Vietnam Veterans in the Commonwealth of Massachusetts

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**From a Troubled Past to An Uncertain Future: Vietnam Veterans,
A Community at Risk**

Five-Year Follow-Up Report

On the Status of Vietnam Veterans

In the Commonwealth of Massachusetts



The William Joiner Center for the Study of War and Social Consequences

University of Massachusetts at Boston

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**From a Troubled Past to An Uncertain Future: Vietnam Veterans,
A Community at Risk**

**Five-Year Follow-Up Report on the Status of Vietnam Veterans in the
Commonwealth of Massachusetts**

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The William Joiner Center for the Study of War and Social Consequences

University of Massachusetts at Boston

May 1991

The William Joiner Center for the Study of War and Social Consequences was established at the University of Massachusetts at Boston in 1982. The Center is named after William Joiner, a Black Vietnam veteran who served as the university's first Director of Veterans Affairs and died in 1981 of liver cancer believed to be caused by exposure to Agent Orange. In addition to providing academic support and counseling to veterans, the Center conducts policy research and provides advocacy on issues of concern to veterans. The Center is a national repository for documentation on the Vietnam War and promotes scholarship on war and social consequences in addition to sponsoring undergraduate courses.

For further information about this and other related studies, contact: The William Joiner Center for the Study of War and Social Consequences, University of Massachusetts at Boston, Harbor Campus, Boston, Massachusetts 02125-3393, 617 287-5850.

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Executive Summary

This report on the concerns of Vietnam and Vietnam-Era veterans in Massachusetts comes at a critical moment. When the inquiry was initiated in 1988, few people anticipated the precipitous decline in the state and national economy, fewer could have foreseen the rapid sequence of events leading to American entry into another war. As the state fiscal crisis has eroded gains made by veterans over the last 20 years and military service in the Gulf has changed the lives of a new generation of Americans, it becomes all the more urgent to recognize the long-term, multi-generational consequences of war and to affirm the need for a comprehensive program on behalf of veterans. In 1992 Vietnam-Era veterans will become the majority veteran population in this country, a major constituency supporting the need for such a comprehensive program.

The William Joiner Center's follow-up investigation into the status of Vietnam and Vietnam-Era Veterans indicates that, far from diminishing, the physical, psychological, economic, and educational problems faced by Vietnam and Vietnam-Era veterans are becoming more acute and that in many cases these problems extend to the lives of their children. Among the key findings of this study are the following:

- Veterans who served in Vietnam are **twice** as likely as other veterans to have children with birth defects.
- More than 15 years after the war's end, almost **one-third** of all Massachusetts' veterans who served in combat or combat support units still suffer from some form of Post-Traumatic Stress Disorder.
- The rate of unemployment among veterans is **2 percentage points higher** than the state average, and the number of homeless veterans and their families is **increasing**.
- Rates of Post-Traumatic Stress Disorder and unemployment are **significantly higher** among Massachusetts' veterans of color.
- As an **increasing** number of Massachusetts' Vietnam veterans seek to improve their educational status, federal and state funding for veteran's educational programs and financial assistance is **decreasing**.
- Vietnam Veterans earn salaries on **average 6% less** than Vietnam-Era veterans, **are promoted less often**, and are more apt to be underemployed or employed in dead end jobs than Vietnam-Era veterans. Almost **one quarter** of Vietnam veterans report not having received a promotion **in over five years**.
- Vietnam and Vietnam-Era veterans overwhelmingly support increased government spending on education, health care, AIDS research, and programs for youth. **Less than 42%** favor increased spending for defense or space programs.

Many of the findings which follow are alarming; they are cause for grave concern given the fact that many of the programs introduced over the last ten years to address these problems have been eliminated or severely cut.

Of particular significance are the following:

- The elimination of the state's Agent Orange Program, once a model for the country.
- A 50% cut in state support for Outreach Centers which are the major source of support for the state's combat veterans who suffer from PTSD.
- The elimination of the Brad Burns PTSD in-patient ward at Rutland Heights State Hospital, serving veterans with severe PTSD.
- The lack of enforcement or awareness of state affirmative action mandates, protecting Vietnam-Era veterans.
- The loss of job training programs such as the Federal Job Training Partnership Act Title 4c Program.

In the pages that follow, these and other issues are analyzed in greater depth and a program to meet the needs of veterans is presented.

Background

Vietnam and Vietnam-Era veterans in Massachusetts

There are over 8 million Vietnam-Era veterans in the United States (veterans who served in the military between August 5, 1964 and May 7, 1975) and more than 2.5 million veterans who actually served in Vietnam. During the war over 58,000 American soldiers were killed in Vietnam, over 300,000 wounded and 2,500 reported missing in action.

Currently there are more than 170,000 Vietnam-Era veterans who live in Massachusetts, approximately 60,000 of whom served in Vietnam. Casualties from the war include 1,301 soldiers from Massachusetts killed in Vietnam and between 6,000 and 7,000 wounded. Fifty-five Massachusetts soldiers are listed as Missing in Action.

The Special Commission on the Concerns of Vietnam Veterans

In 1982, after hearings on numerous bills which called for the establishment of a body to investigate the issues facing Vietnam veterans in Massachusetts, at the urging of veterans' organizations across the state, and with support from the State Legislature, the Massachusetts Special Commission on the Concerns of the Vietnam Veterans was formed with Senator Francis D. Doris as its chair. The Commission was an appointed body whose membership included: Senator Doris, Senate Chairman; Senator Joseph Walsh; Representative Thomas J. Valley, House Chairman; Representative Angelo Scaccia; Dr. Robert Baughman; James Fitzpatrick; Walter Cotter; Allan Breen; Dr. Richard Ryan; Dr. Louis Bartoshesky; James M. Connolly; Donald Jernigan; and David Finkel.

The purpose of the Commission was to inform the Legislature on the status, needs, and interests of the Vietnam and Vietnam-Era veterans residing in the Commonwealth. To this end, the Commission held hearings in numerous Massachusetts cities and towns,

gathered data from local and national sources, and administered a state-wide survey questionnaire. The final report of the 1983 survey was based on 16,636 responses to the questionnaire. The Commission released the results of its investigation, the first state-wide Vietnam Veterans Profile Study, in December 1983.

At the conclusion of its mission, the Commission requested that a follow-up study be undertaken after five years in order to chart the status of the state's Vietnam-Era veteran community over time and to measure the impact of its 1983 recommendations. In summer 1988, the Joiner Center began the Follow-Up Survey, based on information gathered from numerous federal, state, and local agencies, on discussions with researchers and service providers, and on a questionnaire mailed to Vietnam-Era veterans in Massachusetts.

The Follow-Up Survey

As with the initial survey, Vietnam-Era veterans in the Commonwealth were identified through the "bonus list" (veterans whose service during the Vietnam War was credited to Massachusetts received a bonus of \$200 to \$300, depending on whether they had served in Vietnam or not) which was cross-checked against current addresses on file at the Registry of Motor Vehicles. With the assistance of many Vietnam veteran service providers who participated in discussions held at the Center and served as members of a survey advisory committee, a new and more extensive questionnaire was developed, containing one hundred twenty individual questions to be answered. A special phone line with an "800" number was established to answer questions from veterans; it was staffed for a one-month period following the mailing of the questionnaire.

More than 157,000 questionnaires were sent to Vietnam veterans across the Commonwealth, making this veterans survey one of the largest and most comprehensive ever conducted by any state organization. There were 17,844 respondents to this questionnaire, including 4,703 who had also responded to the 1983 survey. As with the 1983 survey, responses were almost equally divided between Vietnam and Vietnam-Era veterans. In order to guarantee the validity of comparable responses, the 1988 survey followed the multiple-choice format of the 1983 study. However, a number of new questions were added, and space was provided at the end of the questionnaire for each participant's comments. The size of the return in relation to the larger population requires that general statements about the Commonwealth's Vietnam and Vietnam-Era veterans be made with care. However, certain findings appear to mirror those of other research projects, such as the National Vietnam Veterans Readjustment Study of July, 1988, and therefore must be taken as the most reliable indicators to date of the status of the Commonwealth's Vietnam and Vietnam-Era veteran community.

What follows is a discussion of the 1988 survey findings, indicating the significant physical, psychological, economic, and educational factors and issues which now confront the Commonwealth's Vietnam veterans and those who serve them. This data will be presented on an issue-by-issue basis, and will include a review of the original recom-

mendations of the 1983 Commission and their implementation. Where appropriate and necessary, other recent material relevant to each issue will be presented; finally, new recommendations based on the present data will be made.

Agent Orange

Agent Orange is the most common term for several types of herbicides used by the U.S. military during the Vietnam War. These herbicides contained various levels of dioxin, a powerful carcinogenic and mutagenic chemical compound linked to skin disease, cancer, and birth defects. Vietnam veterans and their allies in the scientific community maintain that exposure to Agent Orange has had debilitating health effects both for the soldiers who were in sprayed areas and for their children, a position that various government agencies and the chemical corporations insist cannot be verified. Recently, federal legislation has attempted to address some of the issues of Agent Orange, but still the battle lines between veterans and veterans advocates on the one side and the federal government and chemical companies on the other continue to be drawn. This situation has severely inhibited any institutional responses on behalf of dioxin victims and their children.

The Commission Report

The Commission recommended that an accurate screening program be designed and implemented throughout the Veterans Administration Medical Center (VAMC) system and that the VA should start planning for increased cancer care capability. These recommendations were not implemented. The Commission further recommended the establishment of a state Agent Orange Program under the Office of the Commissioner of Veterans Services.

The Commonwealth's Agent Orange Program

The Commission concluded that information about Massachusetts Vietnam veterans' exposure to Agent Orange and the resulting health consequences warranted further research and recommended that a state-wide Agent Orange Study be carried out by the Massachusetts Commissioner of Veterans Services. A line item appropriation of \$350,000 created an Agent Orange program, operating out of the Office of the Commissioner of Veterans Services, with a mandate to conduct research, provide counseling services, and advocate for veterans who claimed they had been exposed to Agent Orange. This was an important initiative, making Massachusetts a pacesetter. An advisory committee for the Agent Orange program included Joseph Bangert, Dr. John Constable, Dr. Matthew Meselson, Dr. Arnold Schechter, Christopher Gregory, Dr. Ralph Timperi, Dr. Bruce Boynton, and Dr. Robert Baughman.

Three studies were conducted under the auspices of this program: 1. a mortality study that showed the cancer rate among Vietnam combat veterans in Massachusetts was disproportionately high. 2. A behavior study, conducted by McLean Hospital. 3. An adipose tissue/blood plasma sample study done in conjunction with the University of Umea, Sweden, that found elevated levels of dioxin in fat tissue even 20 years after exposure.

The program provided outreach and information and referral services for veterans and their families both in Massachusetts and nationally. In 1987, in cooperation with the William Joiner Center, the Agent Orange Program co-hosted an international conference on Agent Orange bringing together representatives from similar programs in more than twenty-five states, and scientists from around the world (see below).

The Commonwealth's Agent Orange Program mandated to the Office of the Commissioner of Veterans Services had a major impact nationally and was responsible for several major initiatives in terms of policy making, legislation and new directions in scientific research. However, in 1989, funding for the Agent Orange Program was eliminated.

The 1987 Agent Orange Conference

Concern over the findings of the first Vietnam Veterans Profile Study led the Joiner Center to convene an international conference on the Agent Orange issue in February, 1987. Leading scientists in the field of dioxin research from around the world met with Vietnam veterans representing diverse communities in the United States, as well as federal and state officials, to discuss current research and assess the medical, economic, social, and political implications of the Agent Orange issue, concluding that Agent Orange represented a major health issue and continuing legacy of the Vietnam War. The proceedings of this conference were published in 1990 by the Joiner Center, *Agent Orange: Medical, Scientific, Legal, Political and Psychological Issues*, Paul Atwood, ed. (William Joiner Center, Boston, 1990).

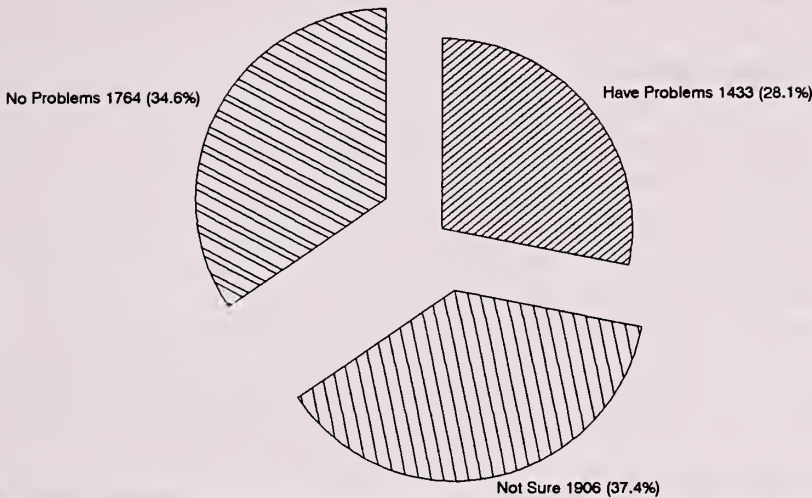
The Agent Orange Court Settlement

A class-action suit on behalf of Vietnam veterans against chemical companies manufacturing Agent Orange was settled out of court in 1984 and the settlement was finalized in 1988. In the case, veterans and their advocates argued that corporate records would reveal prior knowledge of Agent Orange's toxicity within the chemical industry and lay the foundation for a court ruling fixing damages and compensation to the victims. But the chemical companies (Dow, etc.) successfully blocked disclosure by claiming proprietary rights on the documents and by affirming that a competitive advantage would be lost if "trade secrets" were made public. Without a full airing of evidence, many veterans felt it was not possible for them to make the case necessary to secure adequate compensation for injuries.

In the settlement, two funds were established. In the first, \$180 million was set aside to compensate veterans and their families who suffered from cancers relating to exposure. The second, or "class assistance fund," set aside \$50 million to support programs that would benefit the class of Vietnam veterans as a whole. These funds are administered directly by a court-appointed Special Master in New York.

The court's no-fault finding has meant veterans suffering from cancer and/or their next of kin may be eligible for one-time individual payments of \$5,000 to \$12,000. Veterans and their next of kin filing claims have expressed dissatisfaction with what they believe is inadequate compensation for the damage done to them. The special fund for ser-

Medical Problems Related to AO Exposure
Vietnam Veteran Respondents



ices to the class of veterans and their children created by the court has emphasized projects providing direct services in its funding priorities. Funds cannot be employed to support further research. Several projects in Massachusetts have received funding from the court.

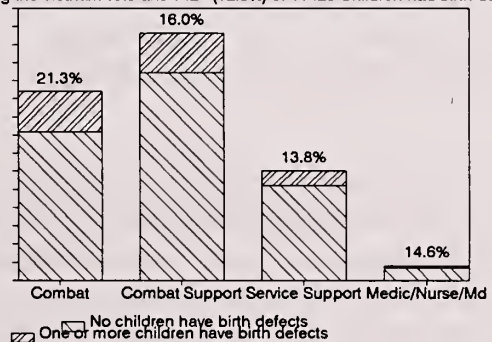
The Follow-Up Survey

Responses to a number of questions concerning Agent Orange included in the survey questionnaire point to the on-going difficulties that many Vietnam veterans see as linked to the issue of exposure to chemical defoliants. Of all Vietnam veteran respondents 28.1 % said they had medical problems related to Agent Orange, 37.4% said they were unsure, while only 34.6% categorically stated they had no medical problems associated with exposure to Agent Orange.

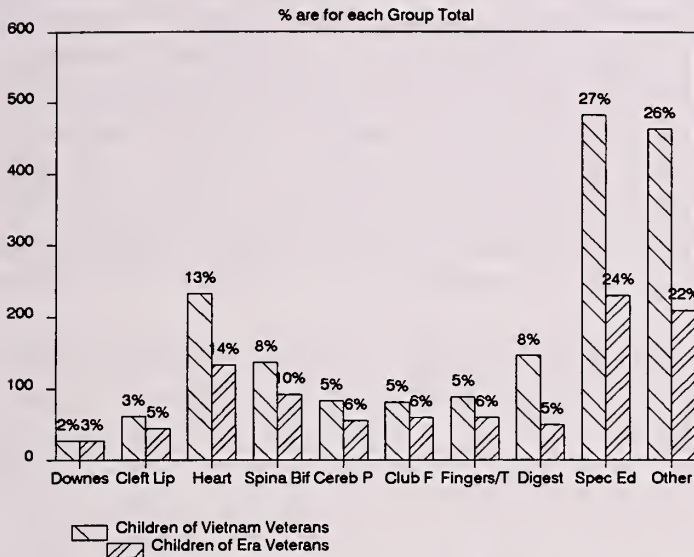
These percentages increased among respondents who were sure they were in sprayed areas. 3,191 (38.9%) among Vietnam veteran respondents reported being stationed in sprayed areas. Of these, 1,226 (38.4%) cited medical problems which they felt could be related to exposure to dioxin. A smaller number (771) indicated that they were certain they had come into **direct** contact with Agent Orange (sprayed or handled); a larger percentage of respondents in this group (62.2%, or 495) said they felt they had related medical problems. Of the range of possible health difficulties now associated with exposure to Agent Orange, 69% cited skin conditions, while 6% had some form of cancer.

In addition to effects of dioxin exposure on veterans themselves, the 1988 data confirmed the 1983 study in showing that the children of veterans are also at risk. This

Exposure to the field and Children with Birth Defects
Among the Vietnam veterans 1424 (12.5%) of 11426 Children had birth defects



Children by Birth Defect



nam veterans who responded to the survey, 1,424 (12.5%) had one or more birth defects.

Comparing such figures with those of Vietnam-Era veterans, who did not serve in country and are unlikely to have come into contact with Agent Orange, the survey shows that 627 (10.9%) of those Vietnam-Era veterans with children had at least one child with one or more birth defects. The families of Vietnam-Era veterans contained a total of 12,530 children; 771 (6.15%) had one or more birth defects. These figures show that a child born to a Vietnam veteran's family was twice as likely as a child born to a Vietnam-Era veteran's family of having some form of birth defect.

Conclusion

An argument can be made that, in a time of shrinking budget resources, as the biological clock for Vietnam veterans continues to tick, that no new research projects should be launched on the health consequences of exposure to Agent Orange. In fact, several notable institutions involved in the matter have already reached that conclusion. In 1988, the CDC dropped in-progress studies on Agent Orange and will initiate no new investigations of the problem. The VA's Special Agent Orange Project has been subsumed into another bureaucratic entity studying environmentally related health questions. And the Special Master administering the Agent Orange court settlement has stipulated that money placed at the disposal of the class cannot be employed for research purposes.

It would be understandable if veterans' advocates reached a similar conclusion, not because all there is to know about the health consequences of exposure to dioxin has been uncovered (the reproductive consequences in particular require more analysis), but because "further research" most likely constitutes a political dead end. Additional results, no matter how dramatic, are not likely to overcome institutional resistance, nor to persuade researchers whose skepticism does not serve veterans well. While new research inches forward, the generation of veterans in question is year-by-year disappearing.

possibility has been raised in a number of studies, including those conducted by the National Center for Disease Control (CDC), which have noted an increased danger of particular forms of birth defects (most notably spina bifida and oral clefts) that accompany high levels of exposure. The 1988 survey indicates that 1,095 (19.7%) of the Vietnam veterans with children had at least one child with one or more birth defects. Of the 11,426 children born to Viet-

However, the data on the record, some of which is summarized above, is already powerful enough to create a strong presumption in favor of veteran claimants. We would recommend that these veterans and their children be extended the benefit of the doubt and that strong measures be made to meet their needs. A similar assumption guided legislation introduced by Senator John Kerry, passed and signed by the President in early 1991. This bill defines non-Hodgkins lymphoma, soft tissue sarcomas, and chloracne as service-related health problems and stipulates that veterans suffering from non-Hodgkins lymphoma and soft tissue sarcomas shall be eligible for disability payments and that veterans with chloracne shall be eligible for partial benefits.

Unfortunately, the legislation does not address the reproductive consequences of exposure to Agent Orange, as manifested in birth defects and learning disorders among the children of Vietnam veterans. Though some forms of neurological problems and learning disabilities in children have been linked to parental exposure to dioxin, most of the evidence provided thus far has been anecdotal in nature. Other aspects remain in an even deeper obscurity. For example, Dr. Erwin R. Parson, a leading expert on combat-related psychological difficulties faced by Vietnam veterans, has pointed out that the emotional stress among veterans caused by anxiety over the possibility of Agent Orange exposure and its effects may serve to create a home environment which can prove harmful to the children of these veterans.

The issue of Agent Orange remains a difficult and persistent problem for Vietnam veterans and their families. In a very important way, it represents a health problem of epidemic proportions: 28.1% of Vietnam veterans and 12.5% of their children report medical problems they believe to be related to Agent Orange. The issue of compensation must still be resolved by the court and the federal government. At the state level, Agent Orange must be seen as an enduring health legacy of the Vietnam War which will continue to affect veterans and their children for years into the future. The state must be encouraged to organize resources across the Commonwealth to address the present and future impact. This should include at a minimum funding for a State Agent Orange Program to offer outreach, education, and referral services to veterans and their families as well as development of a strategy to address Agent Orange as a major public health issue.

Post-Traumatic Stress Disorder

The Discovery of PTSD

A better understanding of "Post-Traumatic Stress Disorder" among healers throughout American society is among the most notable achievements of the Vietnam veterans movement. Awareness of the psychological costs of combat dates back at least to the Civil War, but the language employed to capture this phenomenon (e.g., "shell shock," "battle fatigue") marginalized and belittled the pain it was intended to signify. Research and advocacy, especially by veterans, forced an enlargement of this conception, and in 1979 the VA established its Operation Outreach program in 100 storefront locations

across the nation, including four in Massachusetts. In 1980 the Diagnostic and Statistical Manual of Mental Disorders (DSMS), issued by the American Psychiatric Association, recognized PTSD for the first time. The VA responded by identifying PTSD as a compensable service-connected condition and establishing treatment centers around the country as well as a national research center.

The Commission Report

The Commission Report recommended the state establish its own system of Outreach Centers based loosely on the model of federal Outreach Centers. Even before the Commission issued its final report, state-funded centers in Roxbury and Fitchburg were established; nine other state centers were eventually opened, including 3 bilingual centers in Boston, Worcester, and Springfield. Through the efforts of the Commission and local veterans groups, a network of 11 Vietnam Veteran Outreach Centers was established across the state.

Though coping with the long-term effects of PTSD among the state's Vietnam veterans was a major focus of these centers, it was generally understood that this would be undertaken within the context of comprehensive attention to the variety of problems that veterans seeking assistance would present. Rehabilitation techniques were based upon the concept of peer counseling, on the assumption that veterans would be more forthcoming when working with someone of similar experiences and background. However, in order to ensure that veterans would gain maximum benefit from the peer counseling approach, an independent study commissioned by the Office of the Commissioner of Veterans Services (OCVS) strongly recommended that the staff of these centers receive on-going professional training.

As the Commission noted in its 1983 report, many veterans were critical of VA Medical Centers and Regional Offices placing restrictions on services and activities of the the federal Outreach Centers. Further, these Centers were seen to continually operate without long-term commitments to refunding.

Additionally, many veterans criticized the specific procedures employed by the VA to deal with PTSD. The VA program of psychological rehabilitation is based on the traditional clinical model, in which patients are assigned to mental health professionals for treatment. The relationship between the veteran and the VA staffer is consequently hierarchical: the mental health worker is empowered by the institution to categorize the veteran and recommend treatment. Under these conditions, veterans stated that they often felt at risk when discussing their difficulties with staff members of the VA. These feelings were sometimes compounded by differences in the socio-economic status of veterans and VA professionals. Some veterans noted that procedures may also be insensitive to the traditional resistance of Vietnam combat veterans to the basic concept of psychological trauma and the consequent stigmatizing effects. They don't want to be labeled as "crazy."

The National Vietnam Veterans Readjustment Study

The Congressionally-mandated National Vietnam Veterans Readjustment Study reported in 1988 that 481,000 men (15% of all men in Vietnam) and 716 women (10.0% of all women in Vietnam) were determined to currently suffer from some degree of Post Traumatic Stress Disorder as a result of their experience in war. Overall, 40% of Vietnam veterans have suffered from PTSD at some time in their lives. The study also found Blacks and Hispanics to suffer higher incidence of PTSD: 23% among Blacks; 27% among Hispanics.

The National Center for PTSD

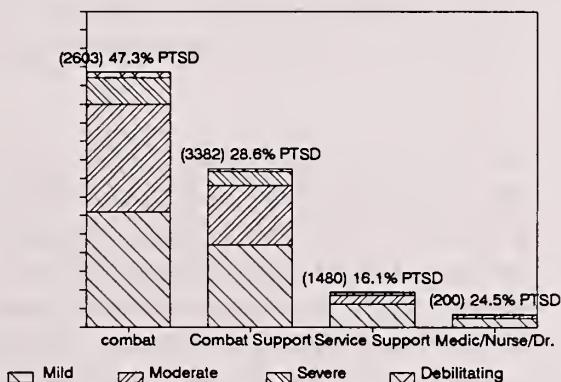
In 1990, the Veterans Administration designated four sites as centers for research activity under the collective title of The National Center for PTSD. VA facilities in New Haven, CT, Palo Alto, CA, White River Junction, VT, and Jamaica Plain, MA were the sites selected. The designation of Jamaica Plain as a lead research facility, along with the creation of the Massachusetts PTSD Network, has helped foster a better climate within the state and the nation wherein PTSD can be examined and discussed with the serious attention it deserves as a national and international health issue.

The Follow-Up Survey

In the survey of Massachusetts Vietnam veterans, 23.5% of all Vietnam veteran respondents claimed to have suffered from some degree of PTSD. This figure is higher than that found in the National Readjustment Study. As would be expected for veterans with service in Vietnam, PTSD increased dramatically depending on branch of service, combat exposure, and the experience of being wounded. Additionally, while the degree of combat exposure had only a modest effect on mild and moderate stress disorders, its effect on severe and debilitating forms of PTSD was significant; 53.3% of those with severe PTSD had direct combat experience, while 34.3% were from combat support units. Likewise, for those wounded in Vietnam, the percent having suffered some degree of PTSD jumped to 60.8%. Being wounded also increased the severity of PTSD reported.

Perhaps the most telling information to emerge from the survey relates to the continuing effects of PTSD on the lives of Vietnam veterans. 15 years after the end of the war, 32.5% of the Vietnam veterans who had been in direct combat, combat support, or had been wounded stated that they still suffer from PTSD. Moreover, these figures increase by 10-20% for veterans of color. The greater the exposure to combat, the greater the incidence of PTSD, and the greater the severity.

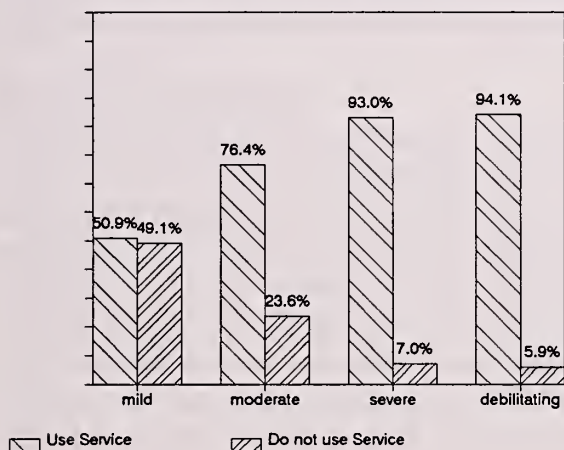
Current PTSD by Combat Exposure



Utilization of Outreach Centers and PTSD

Data from the Joiner Center's 1988 survey supports earlier testimony of veterans and service providers by demonstrating that the use of the state's Vietnam Veterans Outreach Centers was not in fact based on veterans perceptions of problems with PTSD, but was generally precipitated by other, more material concerns. For example, the number of visits to the Outreach Centers was highly correlated to the occurrence and extent of unemployment: 45.3% of the respondents who experienced a lengthy period of unemployment utilized the centers, and the rates increase in a linear fashion the more times respondents were unemployed. Additionally, just over 61% of those with disabilities used Outreach Center services, and the greater the disability the more apt the veteran was to visit the center.

Use of Vet Center increases with severity of PTSD



This finding is complemented by the compilation of figures by the OCVS summary report on Vietnam veterans initiatives for the fiscal year 1989 and 1990. In this two-year period, the 10 Outreach Centers collectively fielded over 25,000 phone inquiries, had direct contact with over 26,000 veterans, and exchanged over 21,000 pieces of correspondence.

However, the downturn in the Massachusetts economy has resulted in the demise of this important veteran's

program. The Veterans Outreach Program budget was initially \$1,023,619 for fiscal year 1989/90, but was cut to \$948,619 before the year was over. In fiscal year 1990/91, while the outreach program was allocated \$800,000, all funding for state Outreach Centers was eliminated in November 1990. At present, many centers are attempting to stay open, on a part-time basis at least, by employing a range of fund-raising techniques, including raffles and direct solicitation for operating funds from both the public and private industry. The Commonwealth has restored some funding for the centers.

Conclusion

As is the case with Agent Orange, PTSD remains a major public health issue; and with 23.5% of all Vietnam veterans claiming to suffer to some degree from PTSD, it too may be described as epidemic in proportions. All evidence suggests that PTSD is a lifelong issue affecting both the veteran and his or her family. Again, a mustering of resources at the state level must be brought to bear to develop a strategy for the future. At the very least, those institutions which are most sought out and most able to serve these veterans should be adequately funded: the Brad Burns unit at the Rutland Heights State Hospital should be reopened and the state's Outreach Centers should be fully funded.

Employment

The Commission Report

The 1983 Commission Study found Vietnam and Vietnam-Era veterans reporting an unemployment rate of 11.8%. This rate was more than 4 percentage points above the national average (7.1% for males 35-55). Among Massachusetts veterans who were employed, almost a quarter of those reporting (24.6%) worked in the public sector (9.0% federal; 4.9% state; 10.7% local). This relatively high participation rate in the public sector may be seen as reflective of the commitment to public service which veterans carry forward into civilian life, as well as efforts the public sector makes to recruit veterans. The original commission report, however, was critical of enforcement and public knowledge of the Vietnam Veterans Readjustment Act and other recruitment and affirmative action measures for Vietnam-Era veterans, advocating more aggressive measures be undertaken at state and federal levels.

The Follow-Up Survey

The Follow-Up Survey, conducted during the peak of the economic boom in Massachusetts, showed both encouraging and discouraging trends. Overall, unemployment was down compared to 1983, but Vietnam and Vietnam-Era veterans still reported unemployment at rates 2 percentage points higher than their peers at the time of reporting (9.2% vs. 7.2%). In spite of efforts through such programs as FJTPA Title 4C, still veterans employment continues to lag, suggesting more support may be needed. The Outreach Centers until recently have provided a major source of support in assisting Vietnam veterans in finding employment. Recent proposals to defund federal government support for the Disabled Veteran Outreach Program (DVOP) to assist veterans finding employment through state employment offices make the services of the Outreach Centers all the more significant. However, as has been pointed out, these centers are being severely cut or closed.

An encouraging sign is that more Vietnam and Vietnam-Era veterans reported working in the public sector in the most recent survey. Overall the figures show an increase of almost 30%, up from 9.2% in 1983 to 12.5% in 1988 for the federal government, from 5% to 6.8% for the state, and from 10.7% to 13.7% for local levels of government.

As may be seen there were gains for veterans in all public service areas of employment. The executive order granting Vietnam-Era veterans affirmative action status in mid-1983 may have been instrumental in providing entry into the state system for many of these new employees. 38% of those veterans answering the questionnaire were aware of this executive order. 70% of those working in state government said they were aware of the measure and over 30% of those (30.4%) said they were helped by affirmative action.

These figures may be encouraging, but when only 70% of those employed by the state are aware of measures the Commonwealth has passed to protect them, and only 30%

of those employed by the state said they were directly helped by such measures, problems clearly remain in the circulation of this vital information and the perception of the effectiveness of the state's affirmative action programs as they relate to Vietnam veterans. There may be further cause for alarm: if this increase in hiring of veterans in public sector positions between 1983-1988 is accurate, then this group may be among the most vulnerable to the layoffs currently underway at federal, state, and local levels.

Work and Economic Mobility

In the survey, 38.8% of Vietnam veterans reported working in professional/technical positions; 43.7% of Vietnam-Era veterans reported being employed in these same positions. 17.7% of Vietnam veterans and 19.5% of Vietnam-Era veterans reported being in management positions.

As is evident the survey shows a greater participation in blue collar and trades employment among Vietnam veterans. Combining the figures from above, a total of 56.5% of the Vietnam veterans and 63.2% of the Vietnam-Era veterans were in professional/technical or managerial positions. Vietnam veterans had greater representation proportionally than Vietnam-Era veterans in the blue collar professions.

Vietnam veterans report earning on an average 6% less than their Vietnam-Era veteran peers.

Promotion and job satisfaction as well as employment remained an issue for the respondents. Roughly one third (33.2%) of the respondents reported that their job status had not improved in the last five years. 37.0% of the Vietnam and 34.4% of the Vietnam-Era veterans indicated that their employment status had not improved in five years. Those in the managerial and professional/technical fields showed the most improvement, followed by those in the construction industry. But almost a quarter of the respondents (24.2%) reported not having received a promotion in the past five years.

Conclusion

Despite affirmative action programs and federal and state employment assistance programs, Vietnam and Vietnam-Era veterans still remain unemployed in greater rates than their non-veteran peers. Vietnam veterans as a group earn less than their Vietnam-Era veteran peers, are more apt to be employed in trades, are less likely to receive promotions, and experience longer periods of unemployment when unemployed.

Much has been made of a nation's gratitude to its veterans, but in this most tangible area, some degree of discrimination appears to be at work. More stringent enforcement of affirmative action guidelines must be put in place; special outreach efforts by employers in the private and public sectors must also be undertaken; and increased funding of jobs and job training programs under the FJTPA must be provided. The close relationship between unemployment and PTSD has been amply documented. At a time when many Vietnam veterans, particularly those in public service, may be losing

their jobs, the Outreach Centers created to assist them through such transitions are threatened with closure, creating a clear formula for disaster.

Small Business

The Commission Report

The Commission survey in 1983 revealed that 5.6% of the respondents indicated an interest in small business. In public hearings and a special hearing on employment, the Commission found that the vast majority of Vietnam veteran-owned small businesses were too small to be assisted by either the Small Business Administration (SBA) or state programs under the Department of Commerce and various other agencies. These agencies tended to focus on healthy, relatively mature small businesses. Though the definition of small business includes all businesses employing from 1 to under 500 people, the actual floor for financial assistance is for businesses employing no less than 50 people.

In 1985-1986, the Joiner Center managed a Veterans Small Business Program for the Office of the Commissioner of Veterans Services. That effort included a survey of veteran-owned small businesses in the Commonwealth. The data corroborated what the Commission had noted three years earlier, i.e. that Vietnam veteran small businesses were micro small businesses - start-ups and part-time ventures employing under 12 people. Most knew their particular business, but needed assistance with business management. The OCVS/Joiner Center Program provided small business management classes and workshop assistance for over 200 small businessmen who served in Vietnam or during the Vietnam-Era.

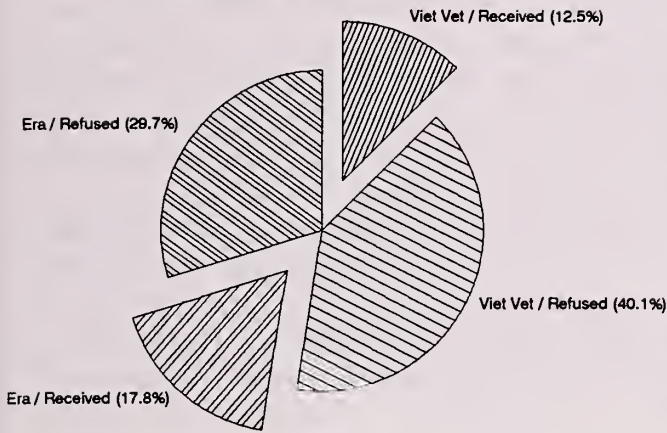
The Follow-Up Survey

Vietnam and Vietnam-Era veteran participation in small business increased dramatically between 1982-1988. The Follow-Up Survey shows 2,657 (14.9%) of the Vietnam and Vietnam-Era veterans who responded indicated that they were currently involved in operating either a full or part-time small business. The percent of total family income generated from the small business ventures was reported as follows: 23.1% earned 25% or less from the small business; 13.9% earned between 26 and 50%; 10.4% earned between 51 and 75%; 52.6% earned between 76 and 100%. Slightly over 76% of small business owners reported employing under five people and 10% employed between 5 and 10 people.

Vietnam and Vietnam-Era veterans in small business reported generating \$74,340,511.64 in taxable income for the Commonwealth for 1988. Utilizing a mean income and projecting that to the other 640 businesses (respondents who did not answer income questions), Vietnam veteran-owned small businesses are estimated to have generated a total of \$97,928,973.23 in taxable income for the Commonwealth.

Institutional assistance may have increased the participation of these veterans in small business. Over 9.2% (1,582) of the total Vietnam and Vietnam-Era respondents reported seeking assistance in one form or another from the SBA. Of the 1582, just

Formally Applied to SBA for Assistance



over half (796 - 51.7%) served in Vietnam. However, only 686 (43.4%) reported receiving the counselling assistance they sought; 46.4% of these were Vietnam veterans, 53.6% served during the era. Eventually 2.4% of the respondents formally applied for financial assistance at one time or another to the SBA. 52.2% were Vietnam veterans and 49.8% were Era veterans. Just under a third of all those, 119 veterans (30.6%) received the loan. Of these, 47 (41.2%) were Vietnam veterans while 58.8% served in the era.

In sum of the 204 Vietnam combat veterans who applied for assistance only 47 (23.7%) of those who applied received the loan. Era veterans fared better; of the 187 who applied, 67 or 37.4% received the loan.

Conclusion

Again, the profile posed by the Follow-Up Survey was obtained at a period of relative economic prosperity in the Commonwealth. The relative increase in entrepreneurial activities by Vietnam veterans during this period may now be severely jeopardized by the current recession. These new businesses, small and marginal in many cases, are the types of businesses most at risk in the current economy. Some obvious measures, however, should be taken to protect these gains.

- To encourage veteran owned small businesses, a 10% state and local contract percentage should be set aside for Vietnam veteran small businesses.
- The state should develop and implement an entrepreneurial development program which will make a special outreach effort to Vietnam and Vietnam-Era veterans.

Housing

The Commission Report

During its lifetime the Commission was able to establish a priority for Vietnam veterans with regard to the 1983 MFHA housing bond package lottery and fuel assistance program. In addition, as a result of the public hearings in general, the special hearing on housing, survey data, and a number of interviews the Commission report of 1983 made six recommendations with regard to housing policy for veterans in Massachusetts. Unfortunately these recommendations were not implemented by the administration.

Homelessness

The problem of homelessness has been a burden that has disproportionately affected our nation's veterans. Veterans from the Civil War, World War I, World War II, Korea,

and Vietnam have all shared in this unfortunate experience. In the past several years however, certain trends among the homeless population have come to light which are alarming. In a hearing held by the U.S. House of Representatives Committee on Veterans Affairs on October 23, 1989, Congressman Joseph P. Kennedy III reported that, of an estimated homeless population of 2.5 million people in the United States, about one-third of that number (or just over 800,000 men, women, and children) are veterans and their dependents. Officials from the U.S. Department of Veterans Affairs provided further statistics indicating that the average homeless veteran is 43 years old, which suggests that the majority of homeless veterans are men and women who served in America's Armed Forces during the Vietnam War era. This information is corroborated in a study done by Brian Matchett of homeless veterans in Massachusetts released in 1988, which found that 59% of the state's homeless veterans had served during that conflict.

The committee also heard testimony that has particular relevance to the problem of homeless veterans in the Boston area. Smith Jenkins, Jr., Director of the Department of Veterans Affairs (DVA) Boston Medical Center, outlined the services being provided to some of Boston's homeless veterans under the DVA's Homeless Chronically Mentally Ill Program, stating that more than half of the homeless veterans seen by DVA workers in this program are Vietnam-Era veterans. Based on information gathered at the Center, Jenkins estimated that currently more than one thousand homeless veterans are located in Boston alone; other sources put the number of homeless veterans in the area even higher. The New England Shelter for Homeless Veterans estimates that there are 1,500 to 2,000 homeless veterans in the Boston-area.

The opening of The New England Shelter for Homeless Veterans in 1989 marked an important step forward in providing services for homeless veterans. Located at the former VA Court St. facility, the Shelter provides 150 beds and has 70 Single Room Occupancy units under construction.

The Veterans Benefits Clearinghouse has also undertaken major projects to provide services including 30 units of permanent and transitional housing for homeless veterans.

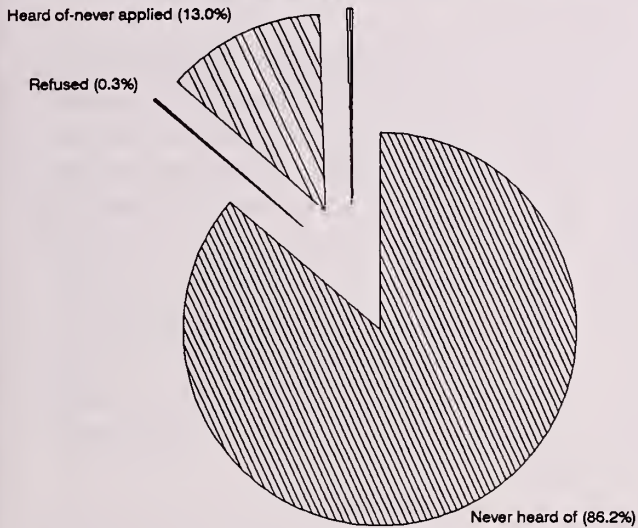
The problems of affordable housing and shelter remain critical issues as more and more veterans are forced onto the margins.

The Follow-Up Survey

In the Follow-Up Survey, 76.6% of the Vietnam veterans and 80.2% of the Vietnam-Era veterans reported owning their own home. The large number of homeowners among respondents may be attributed to the use of Registry of Motor Vehicle lists to identify veterans who collected bonuses twenty years ago. Among Vietnam veterans other housing options showed 19.1% rented, 3.8% resided with their parents, and .5% were homeless. Among Vietnam veterans these figures for home ownership were lower for minorities in general (66.9%), Hispanics (60.0%) and Blacks (55.9%) in particular.

KNOWLEDGE / PARTICIPATION IN THREE STATE PROGRAMS

Knowledge of Chapter 707; Chapter 705; MFHA (as an average)
Received (0.5%)



One of the keys to finding adequate housing is knowledge of available programs. Knowledge of state and federal assistance programs was equally low among both Vietnam and Vietnam-Era veterans. Only 56.9% were aware of the GI Home Loan program; 20.5% of the Veterans responding had made use of it.

Additionally, only 12.5% and 11% of the respondents had heard of the state's chapter 707 and 705 programs and less than a quarter of one percent ever applied for relief through those programs.

The state's MFHA program was more well known; 4,688 veterans (28.6%) had heard of it; another 176 veterans (1.1%) had applied and received assistance.

Knowledge/awareness of federal housing programs was more widespread among the respondents. 5,099 (31.4%) had heard of the Section 8 program; 148 (1.0%) applied; 90 or .6% received the assistance. Under 25% had heard of either the 234 or 236 FHA programs; one percent or less applied and .7% or less receive the assistance. 5,668 (35%) had heard of the Farmers Home Loan; 1.1% applied for assistance and .9% received it.

Conclusion

One striking characteristic of these veteran homeowners is the relatively few who have benefited from federal or state programs designed to benefit veterans. Public perception often visualizes a rich panoply of benefits that await veterans after leaving service. The GI Home Loan Guarantee Program is often held out as the epitome of this benefit package. Yet, the overwhelming majority of respondents were unaware of this program and chose other routes to home ownership. This would suggest a need for updating and restructuring of relevant programs as well as an increased effort to outreach eligible veterans for subsidized housing. Finally, there is a clear need for increased support for programs to prevent and address the issues of homelessness.

Military Service

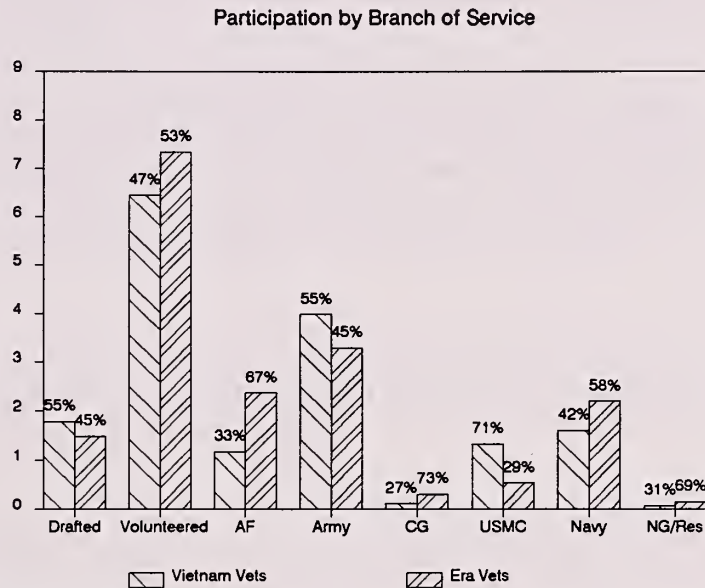
The Follow-Up Survey

Of those responding to the survey, 48.3% were Vietnam Veterans and 51.7 were Vietnam-Era veterans; 19.2% were draftees and 80.8% were volunteers. Draftees were

more likely to have served in Vietnam: 54.7% of draftees served in Vietnam as opposed to 46.8% of those who volunteered.

As would be expected the greatest representation of forces in Vietnam were among Marine and Army veterans. Of Marines surveyed 71.4% had served in Vietnam; 54.7% of Army respondents had served in Vietnam; 42.1% of Navy; 32.9% of Air Force; 31.3% of National Guard; and 27% of Coast Guard.

Of those who served in Vietnam 33.3% described their duty as combat; 44.4% as combat support; 19.7% as service support; and 2.6% as medic/nurse/or doctor.



Of those who served in Vietnam 11.3% had been awarded the Purple Heart. Of those who served in Vietnam 22.4% reported receiving disabilities from the Veterans Administration. The majority of these disabilities (58.5%) were under 30%.

Minority Veterans

The Commission Report

The Commission noted the level of black participation in combat arms (according to the research of one military scholar, the percentage of Blacks in combat was 28.6% in 1967), and the negative consequences of project 100,000 (40% of whom were Blacks brought into the military and given none of the training promised and were not allowed to reenlist). It also noted that for many Black veterans any positive benefits which might accrue as a result of their veteran status were generally not forthcoming. The Commission held a hearing at the Harriet Tubman House of Boston on May 11, 1982. Minority veterans testified about the lack of services to the minority community and characterized the state and city delivery systems as both insensitive and unresponsive.

The Commission recommended monies for the establishment of the Veterans Benefits Clearinghouse of Roxbury and recommended full funding for the following year. Further, the Commission stressed that special outreach efforts be made to the minority veterans community with regard to funding initiatives (block grant monies, etc.). In addition, there was a recommendation that Upward Bound-style programs be established at Roxbury Community College, UMass, and Springfield Technical Institute, and that culturally orientated brochures be developed which clearly outline the services available for Hispanic veterans and that various agencies increase their bilingual staff. The

Commission also acknowledged some of the difficulties faced by women veterans and recommended through the Congressional delegation that the Veterans Administration include women in their PTSD studies, and initiate changes to accommodate the increasing number of women with veteran status.

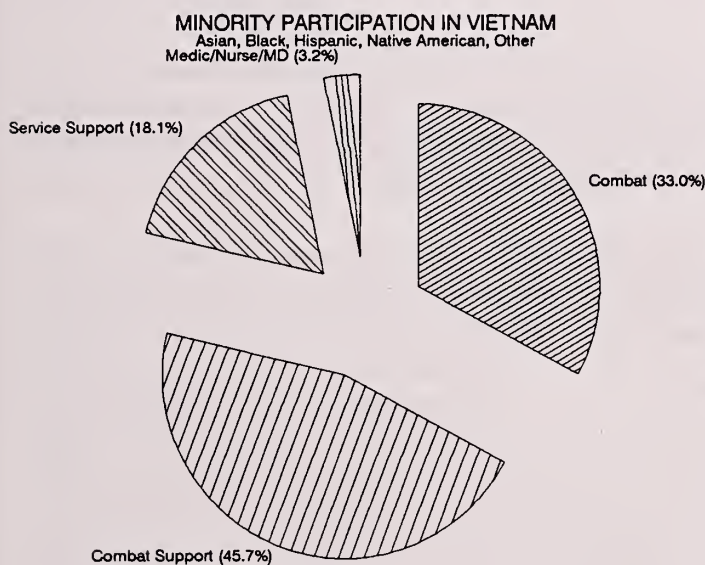
In light of the recommendations above, funding was generated for the minority veterans center in Roxbury; some years later one was established for the Hispanic community. As noted above, however, state funding for all the community-based veterans Outreach Centers was cut on November 15, 1990. The VA has included women in PTSD studies, particularly under the leadership of Dr. Jessica Wolfe at the Jamaica Plain VA.

The Follow-up Survey

The Follow-Up Survey had a very small sample of minorities. Only 6.7% of the respondents to the survey were from minority communities. Only 178 (1%) of the respondents were black. Of those, 93 (52%) served in Vietnam.

In line with the experience of black veterans nationally, blacks reported higher participation in direct combat positions. Altogether, 43.5% of the black veterans in the survey who served in Vietnam were in combat units and an additional 39.1% were in

combat support units. The corresponding rates for all respondents were 32.8% for Combat and 44.4% for combat support. 48.0% of the minority veterans who served in Vietnam claimed to have experienced PTSD at some time; the figure was 38.7% for all veterans. Increased levels of PTSD among Blacks reported in the survey corresponds with national findings and has been linked to increased exposure to combat and lack of access to institutional support upon their return to the U.S.



claimed to currently have PTSD problems. This is at a rate greater than that reported nationally.

Conclusion

There remains a clear need to give priority to addressing the needs of minority veterans. Throughout the history of this country, Blacks, Hispanics, and Asian-Americans have demonstrated their courage and willingness to make sacrifices in times of war. Unfortunately, these sacrifices have not brought corresponding gains, and in the case of Viet-

nam, where evidence seems to point to a lack of gains made by veterans, these veterans in particular have been hard hit. At a minimum the following should be implemented.

- A special needs assessment within the minority veterans community should be conducted and appropriate recommendations made.
- Funding should be reestablished for the two minority veterans Outreach Centers.

Education

The Commission Report

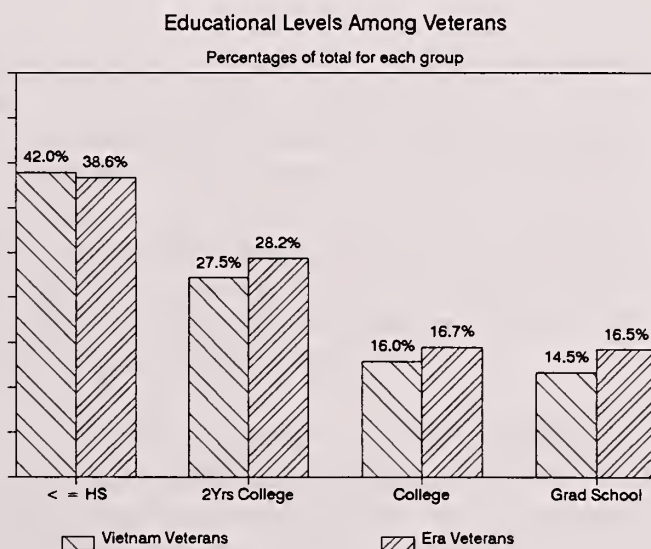
In its final report the Special Commission noted that the use by Vietnam veterans of educational benefits provided by the GI Bill was a controversial issue. On one hand, the Veterans Administration claimed that Vietnam veterans were the most highly educated of any previous era of veterans. On the other hand, advocates claimed that although many Vietnam veterans had used the GI Bill, far fewer had successfully completed college and obtained a degree. In fact, those with lower educational attainment levels prior to military service, those veterans most likely to benefit from educational benefits, were the veterans least likely to use their benefits. The focus of the Commission was to get a picture of the educational status of Vietnam veterans and examine their needs for the future.

The Commission noted that one of the principal problems confronting the veterans was that educational needs were changing with the economy. Not only were higher levels of traditional education needed, but these had to be complemented with multiple skills in order for the veteran to become competitive with his peers.

The Commission noted and recommended support for the several legislative efforts introduced to assist veterans in the Commonwealth. In addition it noted and recommended support for the UMass/Boston's Veterans Upward Bound Program and William Joiner Center; extension of the delimiting date at state institutions; and support through the Congressional delegation for several pieces of legislation pertaining to the extension of the delimiting date.

The Follow-up Survey

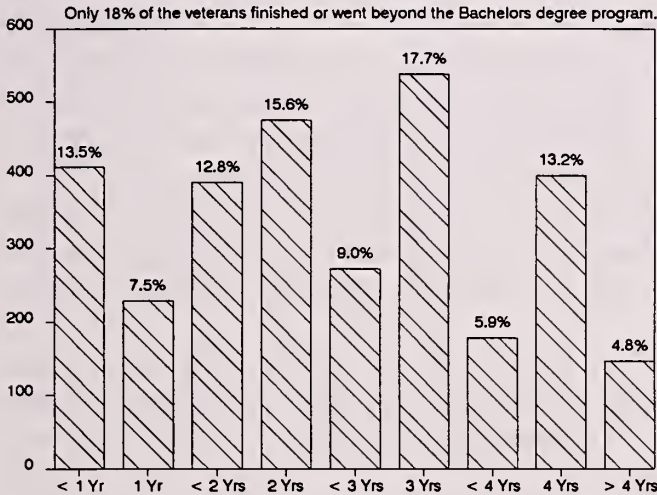
As of 1988 respondents had completed the following highest levels of schooling: Grade School, 4.0%, Some High School, 5.0%, High School, 31.5%, 2 Yrs College, 27.7%, College Grad, 16.3%, Grad School, 15.5%.



Utilization of the GI Bill

Approximately two-thirds of the veterans reported using the GI Bill for schooling. The use of the GI Bill was relatively equal among Vietnam and Vietnam-Era veterans, 67.1% and 65.1% respectively. While 68.6% of respondents reported degree objectives, less than 10% (9.6%) received four years of support under the GI Bill. In fact, more than one fifth (21%) of the respondents reported using the GI Bill for less than one year. Almost one-half (46.6%) received less than two years of benefits.

VIETNAM VETERANS UTILIZING THE GI BILL FOR A DEGREE PROGRAM



As has often been pointed out, historically Vietnam and Vietnam-Era veterans have made good use of the GI educational benefit. High participation rates, however, are undermined by low completion rates as the figures above indicate. Since for almost all Vietnam and Vietnam-Era veterans, GI Bill Educational benefits expired in 1989, those veterans seeking to continue their educations are left to depend largely on state programs.

The heightened fiscal crisis has affected veterans along with other students. For example, for students at state colleges and universities such as UMass/Boston in fall 1990, tuition per semester went up from \$756 to \$967, and in spring 1991 curriculum support fees jumped from \$200 to \$600. With the addition of fees for athletics, health, activities, and ID cards, plus now-mandatory medical insurance, the total cost of a full-time semester at UMass/Boston is close to \$2,000, a figure that has doubled since spring 1988.

These changes have created a growing financial and bureaucratic nightmare for students, veterans and others. For example, prior to 1982, GI Bill benefits did not have to be declared on financial aid forms, but cutbacks and attacks on entitlement programs have gradually eroded this benefit. First, it was the Vietnam-Era tuition waiver which, in response to a Massachusetts Board of Regents directive, is now counted as an "outside scholarship" and has been subtracted from financial aid payments for several years now. When the tuition waiver for Vietnam veterans was passed by the legislature it had been intended as an incentive for veterans to continue their education. It was not intended as a scholarship subject to a means test which it has become.

In fall 1990, colleges for the first time counted veterans' vocational rehabilitation benefits, educational benefits paid to disabled veterans, as outside scholarship assistance and deducted this sum from estimated expenses in calculating need. Consequently, for veterans with service-connected disabilities, including those incurred in Viet-

nam, support for college education has been cut. Even the IRS does not regard disability payments as taxable income.

Colleges also count National Guard tuition waivers as outside scholarships. Both Guards and Reserves train one weekend a month and two weeks in summer, and both receive training pay and VA benefits, but since 1978 the Guard has enjoyed the recruiting advantage of providing a tuition waiver. Many students who joined to help finance their college educations are finding that this benefit has been nullified by cuts in university financial aid support.

Conclusion

The decisions made by veterans to enroll in college are often not clear cut yes/no propositions, as they would be for "traditional" undergraduates. When economically pressed in times such as these, full-time veteran students with jobs often switch to part-time student status and increase their work hours, or they drop out to work full-time and save money before reapplying. These flexible devices prolong the time necessary for a college education, but they have enabled many veteran students to cope with economic difficulties and to continue their educations.

Such tactics are now less effective than in the past. Part-time student status today is more expensive than full-time status was in 1989-90, and the recession has eliminated many part- and full-time work opportunities.

Veterans seeking to pursue their educational goals are currently in trouble. If the tuition waiver program for veterans is both an incentive and a reward for service and for pursuing a higher education upon completion of service, it must not be subjected to a means test or counted as income for scholarship purposes, nor should disability payments.

Public Participation

The Commission Report

The issue of public participation was not directly addressed by the commission in 1983.

The Follow-Up Survey

At the suggestion of members of the veteran community, questions relating to Vietnam and Vietnam-Era veteran opinion on particular issues affecting both the community at large and the veteran community were included in the questionnaire. There are a few notable exceptions in listing of priorities between Vietnam and Vietnam -Era veterans on these issues.

For Vietnam veterans the greatest priority issue remains the POW/MIA issue. This issue ranks third, after employment and education for Vietnam-Era veterans. The other two significant discrepancies relate to Agent Orange and PTSD, which Vietnam-Era

veterans rank lower as priorities than Vietnam veterans. Clearly, exposure to combat and Agent Orange in Vietnam plays a significant role in explaining these differences.

Greatest Priority	Vietnam	Vietnam-Era
POW/MIA	83.7	75.9%
Employment	80.6	82.3%
Education	77.5%	81.1%
VA Health Care	73.5%	70.2%
Agent Orange	71.3%	52.6%
PTSD	63.1%	49.9%
Housing	62.5%	63.4%
Public Image	61.0%	49.1%
Small Business	48.0%	42.4%
Judicial Review	33.1%	50.4%
Bad Discharge	15.0%	15.1%

Regarding participation in local organizations, the findings were equally interesting. Over 86% of Vietnam veterans are registered voters, 53% as independents, 34% Democrats, and 12% Republicans.

Vietnam and Vietnam-Era respondents represent an active, if diverse social group who participate in the political process. Perhaps more surprising were responses relating to government spending on particular issues ranked according to: "the government spent far too little" to "far too much" on them. Responses are ranked according to responses stating the government spends too little on these programs.

Support for Government

Spending	Vietnam	Vietnam-Era
Children	94%	94%
Crime	90%	90%
Education	89%	89%
Health	89%	89%
Hunger	89%	88%
Homelessness	86%	85%
Environment	85%	85%
Aids Research	84%	85%
Alcohol and Drug Rehab	79%	80%
Space	46%	48%
Defense	43%	41%

Final Comments and Recommendations

If anything, the evidence of this report shows that those who bore the greatest burdens during the Vietnam War continue to bear the greatest burdens after. Vietnam veterans continue to suffer greater health problems, to have lower educational attainment, and to earn less than their Vietnam-Era veteran peers. In addition, the data suggests that the greater the veteran's exposure to combat, the greater the likelihood of such problems, and the greater their potential severity. For the first time, this report shows these problems do not simply go away; they are carried forward into future generations.

Vietnam Veterans have always been resourceful and this study portrays a diverse and socially active constituency well-rooted in the community. Vietnam veterans responding to the survey remain true to their own histories, and issues such as the POW/MIA issue and Agent Orange, which do not affect the majority of Americans directly, remain the most important issues for Vietnam veterans. However, Vietnam veterans join their Vietnam-Era veteran peers in expressing overwhelming support for education, health, and social welfare issues.

Unfortunately, the issues of health, education, and social welfare relating particularly to Vietnam veterans remain unaddressed within our society. Small programmatic gains were made in the 1980's. The dedication of the Vietnam Veterans Memorial in Washington, D.C., as well as dedication of memorials in cities and towns around the country brought greater public awareness. The Commonwealth's Special Commission on the Concerns of Vietnam Veterans, like similar commissions in other states, made great strides to move from awareness of issues to understanding and redress. But in recent years, even these gains have been eroded and in some cases eliminated.

As the information presented in this study shows, Vietnam veterans are a population at risk. Agent Orange and PTSD present problems of almost epidemic proportions whose effects can spill over into all areas of life. In order to assist in beginning a comprehensive attempt to address these issues the following is recommended:

The Commonwealth convene a task force bringing together leaders in public health, mental health, housing, employment, education, veterans services and disability care from both public and private sectors to formulate strategies to address these issues.

In the meantime, until such a strategy is devised, at a minimum we recommend:

- The state Outreach Center system be maintained and fully funded.
- The state Agent Orange Program be refunded to provide a needs assessment and program recommendations regarding families of veterans who may be affected or have a child affected by Agent Orange.
- Strict monitoring and enforcement of state affirmative actions guidelines pertaining to Vietnam-Era veterans be initiated.
- Vietnam-Era veterans be targeted for state transitional and permanent housing programs.
- A special needs assessment be done in minority communities, with appropriate recommendations made.

As part of this process, the Joiner Center will convene a series of roundtable discussions of policy issues to follow-up on the findings of this report.

Finally, we would like to thank all those who have assisted in this project. Most of all, the more than 17,000 Vietnam and Vietnam-Era veterans who responded to the survey with their comments.

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Kevin J. Bowen, Ph.D., Co-Director

David Hunt, Ph.D., Co-Director