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A REVIEW ARTICLE: VIETNAM, THE VETERANS,  
AND THE VETERANS ADMINISTRATION

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November 1975

The research reported here was supported in part by funds granted to the Institute for Research on Poverty at the University of Wisconsin-Madison by the Department of Health, Education, and Welfare pursuant to the Economic Opportunity Act of 1964. The opinions expressed are solely those of the author.

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## VIETNAM, THE VETERANS, AND THE VETERANS ADMINISTRATION

At the end of every war a nation pauses and anxiously reflects on the manifold difficulties involved in demobilization and the reintegration of millions of returning veterans. For social institutions and for the individual veterans, even under the best of conditions back home, adjustments are vexing and strained. Vietnam was no different. Indeed it was destined to be more troublesome in many respects than prior demobilizations, despite the fact that 12-month rotations from Vietnam mitigated some of the pressures of reintegrating large numbers of returnees over a short period of time. There was no victory to celebrate, and it was an unpopular war beset by violent protests. It was scarred by gross inequities in who fought the war, by widespread media publicity of heavy drug abuse in Vietnam, and by the shocking events surrounding the My Lai affair. Moreover, largely because of the costs of the war, the American economy to which veterans returned in search of jobs, was unable to absorb them very swiftly. Fed by the instant and stereotyped imagery of our visual and printed media, a public ambivalence appeared toward the returning veteran. By 1971 there was a mood strikingly different from the ceremonialism and merriment after World War II, or the more subdued elation and relief after Korea. Norma Wikler, in her study of the political consciousness of Vietnam returnees, makes the point that public uneasiness about the veterans began to appear when there were signs that they might return and cause trouble.<sup>1</sup>

Once large numbers of Vietnam veterans were home, troubles did begin. Complaints began to mount about various problems they were encountering: unemployment, inadequate educational and training benefits, poor medical care, ineffective drug treatment facilities. Some veterans were saying that public neglect was leading to the loss of a whole generation of men.

At the same time, the military posture toward manpower procurement was undergoing substantial change. Partly because of the manpower instabilities experienced in the protracted conflict in Southeast Asia, and partly because of larger changes in the technology of modern defense preparedness, the military was calling for an all volunteer enlisted force with substantially upgraded pay scales and fringe benefits. The Congress complied, and the all volunteer concept became official policy in 1973.

In 1969 when more than one million veterans already had returned from Vietnam, a few books and articles began to appear. By 1972 thousands of pages of Congressional testimony had piled up on the veterans and the role of the Veterans Administration in assisting them. Soon there were more volumes and a flurry of articles in all sorts of scholarly and popular publications. The pace continued into 1973 and 1974 when it began to trail off. (Penthouse Magazine is still running a series on the Vietnam Veteran--"America's Prisoners of Peace"--that began in March, 1974.) This essay is a review of 10 recent publications in this arsenal. They all appeared in print in 1973 or later. Part I deals with books about the Vietnam returnees, what they were purported to be like socially and psychologically. These are Helmer, Bring the War Home; Levy, Spoils of War; Lifton, Home from the War; and Robins, The Vietnam Drug User

Returns. Starr, The Discarded Army and Source Material on the Vietnam Era Veteran are also noted. The former is reviewed directly in Part II, where the focus is on the Veterans Administration and the system of welfare benefits for which it is responsible. Part II also covers Educational Testing Service, Final Report on Educational Assistance to Veterans; Levitan and Zickler, Swords into Plowshares; Levitan and Cleary, Old Wars Remain Unfinished; and The Twentieth Century Fund Report, Those Who Served. Only one work, the Source Material volume, is an edited piece. It is a very thorough and very convenient selection of articles from newspapers, magazines, scholarly journals and government documents about the Vietnam Era veteran. It was assembled by the staff of the Senate Veterans' Affairs Committee at the direction of its Chairman, Senator Vance Hartke.

### I. Popular Images of the Vietnam Veteran

Beginning in 1969, as troop involvement wound down and men began to return home in substantial numbers, one could discern in newspapers and magazines the emergence of a variety of images of what the Vietnam returnees were like. Wikler has a very perceptive chapter reviewing these images, which she divides into the "radical" and the "normal," along political lines.<sup>2</sup> Drawing upon the works under review, I have arranged these images somewhat differently, but the picture is similar.

Scattered throughout the Source Material volume are representative newspaper and magazine articles whose captions portray the components of the images:

"The Invisible Veterans"

"The Vietnam Veteran: Silent, Perplexed, Unnoticed"

"The Veterans--Aliens in Their Land"

"Postwar Shock Besets Veterans of Vietnam"

"Vietnam Vets: An Unpopular War Rubs Off"

"Coming Home With a Habit"

One of the most vivid captions I have seen appeared above a two part article on Vietnam veterans ("a different breed") in a Madison, Wisconsin, newspaper: "Alienation Follows the Horrors of Asia."<sup>3</sup> It is not reprinted (fortunately) in Source Material.

The most powerful and controversial image is illustrated by the Levy book, Spoils of War. It is a series of vignettes that purvey the view of Vietnam veterans so brutalized by their war experiences as to have become "human time bombs" in the words of the Philadelphia Enquirer<sup>4</sup>--men with an uncontrollable capacity for violence. Starr (p. 36) credits Levy with being the principal source for this view, and extensive exploration of the literature suggests Starr is correct. Allusion to the violent veterans, when it appears, invariably refers to Levy's work.

Levy did his three-year study out of the Laboratory of Community Psychiatry at Harvard Medical School. He studied 60 Marine veterans and later 60 Army veterans in the same Boston working class neighborhood. His respondents were not a random sample of veterans. They were gathered from community contacts and referrals. In late 1970, over two years into the study period, and apparently before he interviewed the Army veterans, Levy and his colleague Dr. Gerald Caplan, Director of the Laboratory, testified before Senator Cranston's Subcommittee on Veterans' Affairs of the Committee on Labor and

Public Welfare, which was looking into unemployment and other readjustment problems of Vietnam veterans. They painted a vivid picture of estrangement, brutalization, and dehumanization,<sup>5</sup> which at least some of the subcommittee members found hard to swallow.

At one point Senator Randolph asked Caplan:

...these veterans who return. I have rather felt that you placed them all under one umbrella and say they all return in the same mental attitude....What is the percentage of young people in the United States, let's say young men, that are not in Vietnam but are in the United States, who crack up?

Dr. CAPLAN. Well, first, I don't have the figures, and I wouldn't like to give an estimate on something as important as that. I would be suspicious of any figures you get because I am not familiar with any really adequate way of answering that question from a scientific point of view.

But, Senator. I did not say all veterans were in the same boat with regard to these unpleasant and painful reactions. I said that there are a significant proportion of them who have difficulties. I don't know what that proportion is, because we still haven't been able to conduct the research to answer that question. But enough of them suffer from these reactions to make it not at all difficult to find them as research subjects in an ordinary population in the city. So all I would say is that there is a significant number who have problems, certainly not all....<sup>6</sup>

It is curious that Caplan hesitated to generalize about "something as important as" the number of young men in the U.S. who "crack up," because it is hard to get scientific information, but was quite willing to talk about a "significant proportion" of Vietnam veterans who are prone to violence in the absence of scientific information beyond 60 Boston working class Marine veterans. Levy showed the same lack of inhibition. Later Senator Saxbe quizzed him:

Now, what kind of control group did you establish on this study?

Dr. LEVY. The control group was in effect each succeeding veteran that I spoke to. In other words, I was continually trying to find out whether I was talking to a peculiar instance or whether there was a pattern.<sup>7</sup>

And further along Saxbe asked:

Do you want to generalize from your study of 60 veterans that the characteristics that you have shown are representative of approximately 4 million that have served in this Vietnam era?

Dr. LEVY. I would be cautions about that, naturally. But I think at the same time it is not entirely improbable that one can make such an extension if one is to rely on their testimony, for instance, they describe what seem to be patterns in Vietnam that would indicate that this sort of thing was not uncommon.<sup>8</sup>

The Senators were not alone in their wariness about generalizing.

During his testimony later in the hearings, Professor Charles C.

Moskos, Jr., of Northwestern University, and author of American

Enlisted Men,<sup>9</sup> stated:

I would like to make a passing remark about the so-called killer instinct that veterans are alleged to bring back after serving in combat. There is not one shred of data or evidence that support that proposition that veterans come back with a higher rate of this killer instinct. Then you should not forget that even in Vietnam only 15 percent of all soldiers are actually frontline combat soldiers and this proportion is even dropping in recent times. If one prorates in 1970 the total number of men under fire with the total number of men in uniforms, less than 3 percent of all people in uniform in 1970 are actually in combat, and even among that 3 percent, there is no evidence of a killer instinct.<sup>10</sup>

So much for the brutalization hypothesis. One does not hear much about it anymore. Levy claims to have had requests for assistance from veterans, their families and their lawyers, from "every type of background in all parts of the country" (p. viii) after he gave his Senate testimony. However, the nation, at least so far, does not appear to have been terrorized by exploding veterans. Nor did anyone take seriously, thank the Lord, Levy's suggestion that returning Vietnam troops be put through a special "boot camp in reverse" to unlearn their violence proneness.<sup>11</sup>

A related image of the Vietnam veteran is illustrated in Lifton's book, Home From the War. Lifton says that the Vietnam veteran is confused, guilt-ridden and depressed by his immoral behavior in the cause of a corrupt and depraved war. Lifton is a prominent psychiatrist at Yale University who has written numerous volumes among which is an award winning book, Death in Life: Survivors of Hiroshima. Lifton writes from extensive experience with antiwar veteran rap groups and studies of the My Lai episode, which included intensive interviews with participants. But antiwar and My Lai veterans do not a universe make. His neo-Freudian conclusions suffer from the same lack of inhibitions to generalize that we saw in connection with the brutalization image. Lifton feels all Vietnam veterans suffer these problems, as does the society at large. The theme runs throughout the book. At the 1972 annual convention of the American Psychiatric Association, during the discussion period of the panel in which he delivered a paper on rap groups, Lifton was asked what distinguishes a prowar veteran from an antiwar veteran. His answer (which he labeled a "guess") was that both groups have similar issues of guilt and rage to resolve over the dirty business with which they cooperated, but that the former group, the prowar veterans, buries it whereas the latter group, the antiwar veterans, confronts death and guilt.<sup>12</sup> Failing to confront guilt, of course, means maladjustment and the prospect of future acting out of the disturbance. In this regard Lifton comes close to the brutalization image. However, he is more guarded in his predictions. In fact, he could hardly be wrong because he covers himself on all sides:

...we can expect various kinds of psychological disturbances to appear in Vietnam veterans, ranging from mild withdrawal to periodic depression to severe psychosomatic disorder to disabling psychosis. Some are likely to seek continuing outlets for a pattern of violence to which they have become habituated.... Similarly, many will hold onto a related habituation to racism and the need to victimize others. Any of these patterns may appear very quickly in some, but in others lie dormant for a period of months or even years and then emerge in response to various internal and external pressures.<sup>13</sup>

Just about the only way Lifton could err is if Vietnam veterans manifested absolutely no deviant behavior ever. In that unlikely event they would be "deviant" by any reasonable standards of comparison to the male civilian population of the same age.

Of course, as stated this is not a readily testable proposition. But by any reasonable behavioral test one can point to contradictory findings. In a study of 577 Vietnam Army returnees contrasted with 172 non-Vietnam Army men on the same garrison post, Jonathan Borus found no significant differences between the two groups in incidence of maladjustment.<sup>14</sup> Robins, in her study of a random sample of returnees (N=470) found they showed no more treatable psychiatric problems than other soldiers, and they showed no sign of more disciplinary problems than other veterans (The Vietnam Drug User Returns, p. 46).

Lifton's writings and lectures, like Levy's, have captured little continuing attention into the present.<sup>15</sup> Neither has been very prominent because, I suspect, their dire predictions about visible and spectacular behavioral problems among the three million Vietnam returnees now living in American society have not come true.

A third image of the Vietnam veteran is the returnee alienated from people and from society. On a simpler level this image is

reflected in one variation or another of the popular news article where the "gung ho" youth goes off to fight what turns out to be a wretched and unpopular war, and returns to find the country has changed, there is no work to be found, and he is watched guardedly by his fellow Americans. He is "disillusioned and cynical."<sup>16</sup> At a deeper level the veteran is seen as becoming alienated in the Marxist sense of subjective disaffection, rejection of government, and ultimately, politicization into radical, even revolutionary, activity. The book by Helmer most closely reflects the latter view. Unlike the other works under review, Helmer's book is a lengthy and complex, indeed, in places a tangled, sociological treatise. I found the book exasperating, but at the same time, the most provocative of the materials under review. Helmer is cavalier with data, loose with concepts, and bold with unsubstantiated assertions, but his basic argument is sociologically intriguing. Helmer begins with three "samples" of 30 veterans from whom he obtained extensive survey interviews. Group I, the "straights," were all members of Veterans of Foreign Wars in Boston and other parts of the Northeast. They were selected from lists of names supplied by "friendly" post officials and from "random" sampling of members taken at varying times when they happened to be at the post. Group II, the "addicts," were selected as they "randomly became available" by appearing at a Boston methadone center or by admission to a Boston area VA program or clinic, or through veteran addicts who volunteered to do interviews with other addicts who they knew were not in a program. Group III, the "radicals," were members of Vietnam Veterans Against the War in Boston, and were chosen so as to include only active members.

Helmer presents data on these 90 respondents in well over 150 simple, descriptive, number and percent tables which allow comparisons of the three groups. No tests of significance are shown. No other analytic techniques are applied. In conjunction with these cross-tabulations, Helmer presents an intricate explanation of the evolution of alienation among these men. It is not presented in any one place; I have tried to piece it together from 300 pages of text.

Prior to service these 90 men were quite similar. All came from conventional working class families. None held strong political beliefs about the war or service. None were radicals or drug addicts. They were drafted or joined to avoid the draft. During training there were no differences, and once assigned to Vietnam there were no major differences in the conditions they faced. All three groups had similar exposures to combat. Differences began to emerge after first combat experiences. Addicts and radicals came to have more respect for the enemy and for civilians, and more often to feel the war was unwinnable and unjustifiable than did the straights. What caused these attitudinal differences to emerge? To answer this Helmer draws upon the primary group, that social concept so often applied in military sociology since the American Soldier studies during World War II. Very quickly, after arrival in Vietnam, Helmer says, the men became identified with one of two mutually exclusive groups--the "juicers" or the "heads." The former were characterized by drinking and the latter by drug use. "Straights were juicers and no juicer was a head. Addicts and radicals were heads, and heads could not also be juicers" (p. 187). There was no selectivity of men into one or the other group. The sorting took place by happenstance, a product of the

random assignment of men to units and to barracks replacing men who rotated back home or were permanent losses as casualties of the war. "...[T]he process by which the men sorted themselves into primary groups seems almost pure spontaneity" (p. 188). Helmer likens the process to Rosa Luxemburg's spontaneous mobilization of revolutionaries from a mass base of workers, rather than through the Leninist idea of recruitment by a vanguard elite. The men themselves were "silent" about why they became juicers or heads (p. 190), presumably because it was done unconsciously.

The juicers and the heads became primary group identities and provided ideologies that affect the way the men perceived what happened to them day-by-day, and the way they evaluated the purpose of American military presence in Vietnam. The real deprivations and frustrations of Vietnam were the same for all, but the two groups provided different contexts for subjectively experiencing these deprivations. Drugs symbolized heads' solidarity against booze, rednecks, straights, and lifers. Beer symbolized the juicers' solidarity around the enlisted men's club, whorehouse raids, gang rapes, arson, shooting civilians, and fights with blacks. This identity was the first stage of a development in which the men were ideologically and behaviorally transformed into compliers with military rules and discipline and noncompliers:

...[O]ur data cannot be indicative of the full power of the primary group variable in the process of ideological mobilization...without it... the working class soldier in Vietnam would not have reached the point of noncompliance that he did, and noncompliance in itself, where it occurred, would not have been followed by considerable ideological change, formal opposition to continuation of the fighting, and within the limits of the circumstances, active revolt against the military. (p. 199)

By active revolt Helmer means fragging, a behavior presumably carried out almost entirely by heads.

Head and juicer groups were broken for the men when they departed from Vietnam for other assignments or for separation. During the period of reassignment, the heads group was reestablished for most radicals and some addicts at bases in Japan, Europe or continental United States through affiliation with the radical antiwar activists who set up units around military installations. This was especially true for the radicals who disproportionately reenlisted. Inclined toward antiwar sentiment, radicals sought such affiliations, and their radical perspectives were sharpened. Straights by and large did not get reassigned, but were separated after Vietnam, and, hence, missed this further socialization to radicalism. Most addicts also were separated soon after Vietnam. How can their behavior be explained? Helmer admits he cannot explain why these men became addicts, some during and some after service:

There can be no satisfactory sociological explanation of why the men of Group II became addicts--that is, men who spend more of their waking hours under the influence of a narcotic than they did anything else. I can specify the social factors associated with the onset of addiction and also its social consequences insofar as these are commonly shared. But these do not make theories of motivation, and in a study of this kind the psychological and physiological elements of the situation are simply beyond reach. (pp. 237-238)

The social fact associated with onset of drug use, says Helmer, was the marihuana crackdown by the military command in Vietnam in 1969-70. Group II men came to Vietnam right after that, when heroin was substituted for marihuana. Helmer also suggests that addiction, like head and juicer recruitment, was "spontaneous," by men ready for mobilization.

Upon separation from service juicers and heads had different experiences that further influenced their behavior. Radicals found that they now had little in common with their working class families, especially over feelings about the war. Tensions developed, and the men moved out of the house. In time they found their ideological home, VVAW. Straights, on the other hand, returned to families with whom they had no trouble. However, they found that the friends they had left were more "headlike" now--voicing antiwar sentiments and using drugs. Straights sought new friends closer to their conservative views, and they found them at the VFW.

In order for radical activism to emerge, says Helmer, two conditions had to exist. First, local ties to family and friends had to be destroyed. Second, there had to be a civilian counterpart of the heads' primary groups. "...[R]adicals came to satisfy both of these conditions; the addicts only the first" (p. 219). Addicts were too preoccupied feeding a habit to participate in organized militant activism, although they agreed with it in principle.

Thus, VFW served to integrate the straights into civilian life, recreating the juicers' primary group, and supporting their ideological position on the war. For the radicals, VVAW was a continuation of the heads group they left in service. In the last chapter Helmer comments on the fate of alienation and radicalism. In their activism the radicals came to reject violence as a political response at home. They did not, in principle, embrace nonviolence, but in VVAW opted for reform, not revolution. Given the reformist stance of VVAW, Helmer predicts that true radicals ultimately would take to underground activism.

This, put briefly, but I believe accurately, is Helmer's thesis. The problem is that his data are incapable of supporting this formidable edifice. It takes countless heroic leaps of faith to get from the data to the post hoc interpretations. Rarely is a table a direct support of an assertion. His 90 veterans are not subsamples of the universes to which he wishes to generalize. Retrospective answers are open to doubt, and by respondents as firm in their convictions as are these men--given the way they were selected--hindsight feelings are very suspect. Moreover, close to half of the straights are Marines who joined up, trained, and shipped out together, many on the buddy system. Helmer either ignores or dismisses these technical problems as he dauntlessly pursues his theory. In the end he has glossed over serious gaps in his explanation, and he succumbs to myths about the war that are untenable. I can only comment here on the more egregious among them.

First, Helmer does not explain the dynamics of primary group processes. The two primary groups are black boxes. We are not told what is in them. Where did juicers and head groups come from? What characterized them aside from alcohol and drugs? Why did one elicit honorable and the other abject behavior? I do not question that there were juicers and heads in Vietnam. The terms are not Helmer's; similar aggregates of men existed during the Korean conflict, and in more recent years among troops stationed in Europe, and perhaps elsewhere. One properly can question whether the universe of Vietnam troops were divided between the two, and it taxes the sociological imagination to believe that there was no selectivity into them. It is obscurantism to assert that propinquity led to

spontaneous identity. Rosa Luxemburg was not concerned to explain alternative choices by the depressed working class. In reaction to Leninist centralism she maintained that revolutionary action and creative leadership would emerge among the masses through continued political education, but without the organizational assistance of advanced sectors of the party. Vietnam did not create such conditions. Helmer has posed a theory that requires explanation of the dynamics of group identification, and the way in which group experiences led to ideological commitments and attitudes. An intriguing sociological explanation remains critically incomplete. He cannot provide the explanation from the data he has accumulated. More important, he cannot provide it, I suggest, because the distinctiveness he implies is not there to begin with. Head and juicer identities, real as they were for some men, were partial or nonexistent for most. They were not intense or inclusive primary groups, and, therefore, they could not guide world views as thoroughly as Helmer would have us believe. The juicer-head distinction is useful, and could yield insights into behavior in Vietnam, but elevated to such prominence, it is an exaggeration of reality.

Second, Helmer makes assertions about the role of drugs in Vietnam that are unwarranted. He claims that psychiatric casualties were significantly lower than during World War II because of drugs "that transformed individually experienced stress into collective grievance" (p. 199, footnote 53). It is true that the incidence of psychiatric problems in combat were substantially lower in Vietnam than during either World War II or the Korean conflict.<sup>17</sup> It is a fact, as Bourne has emphasized, that many drugs can provide physiological relaxation from stress, and this is reflected in the

variety of reasons men gave for using drugs.<sup>18</sup> Alcohol has the same effect, and undoubtedly for many in Vietnam drugs replaced alcohol. But there is no evidence I have seen that drug use was a primary factor in ameliorating psychiatric distress. There is common agreement that the 12 month rotation period was the most important reason. In addition, combat in Vietnam was less intense and less sustained than in prior wars. Soldiers did not spend long periods in trenches or foxholes, and they were rarely under continuous bombardment by artillery or airplanes. Moreover, they had more of the small luxuries of life in Vietnam, and the time to enjoy them insofar as that was possible back in camp, in Saigon, or during rest and recuperation leave.<sup>19</sup> Vietnam combat was no picnic, but neither was it the hell of World War II or even Korea. Drug use was very high in Vietnam, a fact that is explored further below. But it is inaccurate to assert that drugs were the primary agent in holding down psychiatric casualties.

Helmer also suggests, as noted above, that the marihuana crack-down in Vietnam drove men to use harder drugs, especially heroin. He is not the only writer to make this argument.<sup>20</sup> Indeed, it is an obvious, almost reflexive, response by social scientists who are inclined to look for replacements in social behavior under conditions of legal control. But the argument also assumes that the military (using dogs to detect the smell of marihuana, burning fields, imposing stiff penalties for use, etc.) has been more effective than civilian authorities in curbing the traffic in drugs. The available evidence does not bear this out. Robins' data show that 70 percent of a sample of men in Vietnam right after the crack-down said marihuana was always available, and 22 percent more said it

was usually available. Only eight percent said it was scarce (pp. 25-26). The Harris survey reported similar, high figures from a sample of veterans, in Vietnam about the same time. Three-fourths judged marihuana was very accessible. Another 12 percent judged it was somewhat accessible. Only two percent said "not at all."<sup>21</sup> These bits of evidence are not an ideal test, but they do cast doubt on the replacement thesis.

Third, Helmer implies, in various places through the book, that the Vietnam War was fought by a "poor man's army" (p. 3), heavily black and largely "New Standards" men. Helmer's own respondents were hardly poor. They were, by and large, from solid working class families.<sup>22</sup>

There is evidence that during the Vietnam Era, liberalized acceptance standards and draft deferment policies operated to reduce upper middle class participation, and to increase the proportion from lower strata.<sup>23</sup> There is also evidence that casualty rates were higher for blacks, and they were probably higher for lower class whites.<sup>24</sup> But these facts do not justify the conclusion that a lumpen proletariat was shipped to Vietnam.

Acceptance standards were relaxed between 1963 and 1965, and again in 1968. Despite this, overall entrances to the Army were at or only a percentage point above black representation in the population. The differences begin to show when entrances are separated into inductions and enlistments by race. Black inductions are above black population representation in most years between 1961 and 1968 from one to six percentage points, whereas black enlistments are usually at or below black population representation during the

same period. In short, blacks were drafted beyond their presence in the population during much of the Vietnam War. Relaxed standards played the major role but they had to be coupled with student and occupational deferments to get the effect.<sup>25</sup> But even with this obvious bias, military acceptance standards still excluded 31 percent of all youths, and 72 percent of black youths.<sup>26</sup> These exclusions at the bottom precluded the creation of a poor man's army. The exclusions at the top guaranteed that it would look more like a working class army.

It also was impossible for New Standards men to comprise very much of the fighting force in Vietnam. There simply were not enough of them. New Standards men were military entrants who would have been disqualified under regular mental and physical standards. They came in with Project 100,000, which was launched in 1966 by then Secretary of Defense Robert McNamara, to rehabilitate some of America's disadvantaged youths. The program was the military's contribution to the war on poverty. It was always controversial, and, ultimately, not terribly successful.<sup>27</sup> It was terminated by Congress in 1971. However, the quotas of New Standards entrants already had begun to fall substantially during the previous two years in all the services as they prepared for the advent of the all-volunteer military.<sup>28</sup>

Between 1966 and 1971, about 350,000 New Standards men entered the services.<sup>29</sup> Attrition ran about 10 percent,<sup>30</sup> leaving 315,000 to serve out their tours of duty. If all these men went to Vietnam, an unlikely event, they would represent 13 percent of the active force. If all of them saw combat, also unlikely, they would represent 21 percent of the combat troops. More realistic, but liberal, estimates

would be something closer to seven or eight percent of all Vietnam troops, and perhaps 11 or 12 percent of combat troops. These are high estimates, pulled from very **rough** calculations. There are no published data to draw from. I have calculated on the high side because the evidence is clear that New Standards men were heavily black (40 percent), and ended up disproportionately in combat MOSs (37 percent).<sup>31</sup> Although we do not have data on what proportion saw duty in Vietnam, it is reasonable to assume that it was higher than for any regular entering cohort.<sup>32</sup>

If these estimates are even close to correct, they may be grounds for grave concern about the fate of New Standards men, with casualties undoubtedly disproportionate to their representation in the military. But surely the figures do not suggest that these men were a major component of the Vietnam force.

Fourth, Helmer implies that many heads, presumably a substantial number of the Vietnam returnees after the addicts were separated out, were politicized into radical antiwar activity. The weakness of sustained opposition by an antiwar faction does not fit with this view. Organized militant action was sporadic and short-lived. Antiwar militancy has been diffused further since the last troops left Southeast Asia; the takeovers of South Vietnam and Cambodia by Communist regimes have all but killed the opposition. Veterans appear to be more concerned with GI benefits than with antigovernment actions. There is one study that suggests a conclusion the reverse of Helmer's. In 1970-71 Wikler studied political consciousness among 140 veterans who returned from Vietnam to the San Francisco Bay Area. She concluded that the majority of the men remained pre-political thinkers. Once home the commonest response was dissipation of

political consciousness, not radicalization.<sup>33</sup> A second study also casts doubt on the politicization theme. Jennings and Markus studied 328 veterans who were part of a panel interviewed prior to service (1965) and after separation (1973). They reported that while military service overall had little impact on political orientation, men with Vietnam service more often adopted a "non-active citizenship norm."<sup>34</sup>

An inevitable conclusion is that Helmer's work suffers from the same malady that overcame Levy's and Lifton's: exaggeration in the service of a sense of outrage about American military action in Vietnam.

A fourth image of the returning Vietnam veteran is as a drug-hooked GI, wasted by a habit that he innocently picked up using potent narcotics from Southeast Asia, a habit he developed searching for relief from the pains of Vietnam. Some of the journalistic accounts are reprinted in Source Material (pp. 237-245; 257-262). They provide vignettes about discontented men in treatment centers, and they describe the uneasiness among authorities about the growing, but unknown extent of the problem. There were others that painted more somber pictures of men, some in medical units, some not, all unfit for regular employment and viewed suspiciously by their friends and families.

A drug abuse literature has accumulated on the Vietnam soldier.<sup>35</sup> It is not a large literature, but it is diffuse and often contradictory, but no more so than the drug abuse literature on the United States generally. Much of the writing on drugs and youth in the United States is devoted to favored explanations of the cause of addiction, followed

by cures consistent with the theories. For every theory of cause and cure there are critiques that purport to show them wrong or inadequate. Starr briefly reviews the history of drug abuse in the United States, and he endorses the theory, simply put, that America created the contemporary drug problem by labeling it and driving it underground, whereas England took the more sensible step of treating drug abusers in low-cost clinics, and thereby avoided widespread addiction and the secondary deviance that has followed from the American approach. My limited familiarity with the literature suggests that this view is not universally accepted. However, it is not my intention to enter this arena of debate. It is impossible to resolve the goodness of any explanation, and no treatment of addiction, to my knowledge, has been terribly effective. My concern is primarily with understanding, insofar as it is possible, the extent of drug abuse in Vietnam, and the consequences of it for the returning veterans. For this purpose, The Vietnam Drug User Returns, by Lee Robins, is the most insightful research available. Starr, who is usually more careful, wrongly dismissed this study as unreliable because it was based on interviews with veterans (p. 151) who, presumably, would not be honest out of fear of losing benefits or for other reasons. He apparently saw only a Department of Defense release about the study, which announced that most heroin users in Vietnam gave it up after returning home, and that the readdiction rate was so small as to not add substantially to the drug problem in the United States. (A New York Times article on the Defense Department release is reprinted in Source Material, pp. 257-258.) The release was, as Starr charges, self-serving, but it was a reasonably accurate statement of findings from Robins' interim report. (The interim report is reprinted in Source Material, pp.

262-289. The final report differs from the interim report primarily in detail.)

The Robins study was not a Defense Department project. It was undertaken by the Special Action Office for Drug Abuse Prevention, with joint funding by the Departments of Defense and Labor, the National Institute of Mental Health, and the Veterans Administration. Interviewing and preliminary data processing were carried out by the National Opinion Research Center. Respondents were Vietnam enlisted returnees in September, 1971. They served in Vietnam during the period of heaviest heroin use. Two samples were studied. The first, a general sample, consisted of 470 men randomly selected from the close to 14,000 returning that month. The second, a drug positive sample of 495 men, was randomly drawn from approximately 1,000 men found drug positive in the urine screening when departing from Vietnam. In 1972, eight to 12 months after their return, the men were interviewed and asked for urine samples. At the same time their military records were abstracted and their names sought among VA claims files. Cooperation was remarkably high. Ninety-six percent of those interviewed "readily agreed" to be interviewed; interviews were completed for 95 percent; urine samples were granted by 92 percent. Many questions about discreditable events were answered accurately. For example, 97 percent of those with records of heroin use in Vietnam admitted it on the interview (pp. 13-16). Concordance was not always so high, but there was no evidence of patterned concealment or evasion. There is no reason to seriously question overall validity. Moreover, the rate of urine positives for narcotics was very close to the respondents' own reports. Three

percent expected to have positive urines, and two percent did (p. 15). There were problems, of course, but generally the results appear to be as reliable and valid as any comparable survey research on sensitive topics.

The data reveal that illicit narcotics use was extremely high in Vietnam. Forty-three percent of the general sample used narcotics at least once (p. vii). Sixty-two percent of narcotics users were regulars (p. 31). Only 11 percent of the sample had been exposed to these drugs before Vietnam service (p. 21). Thirty-three percent of the sample began use of narcotics in Vietnam for the first time, and 19 percent began regular use. Let us assume that these proportions held across some three million men who served in Vietnam. That would suggest that 800,000 men were regular narcotics users in Vietnam, or 27 percent of those who went over. About 570,000 picked up regular use in Vietnam. Further assume that one-fourth of these new regular users would have been "at risk" anyway, and would have become regular users had they not served in Vietnam. This probably is a liberal estimate, since most men by age 20 who would have used drugs very likely had done so before assignment to Vietnam. That would still leave over 427,000 introduced to regular narcotics use in Vietnam, or 14 percent of the men who served there. Even if we reduce this figure by half to adjust for the fact that hard drug use was less prior to 1970, it is a very high proportion.

What about drug use just before departure from Vietnam and after return to the United States? Robins estimates that 10.5 percent of the general sample was drug positive at the time of departure from Vietnam (p. ix). This figure is based on urine screening at

time of departure and adjusted for possible errors. Again assume that this figure held over the three million men who served in Vietnam. That means 315,000 men could have returned to the U.S. positive for illicit drugs. Of course, many of these would have been caught in the screening once it began, and detoxified. However, Robins reports later in the volume that detoxification did not prove very effective for this group (p. 61). They were no less likely to use narcotics and use them heavily after Vietnam than a comparable group of users who had not been detected and detoxified. Moreover, there was no evidence that placement in an Army treatment center after returning to the states made a difference in later narcotics use (p. 67). She further notes that ten percent reported using a narcotic since returning, but only two percent of the general sample continued use of drugs up to time of interview (p. 57). Again generalizing, that would come to 60,000 continuing users. This estimate might well be too conservative because it excludes those who did not admit use in the interview. This would appear to be a small bias. However, the figure is also inflated because drug use was less in the earlier years. On balance the estimate is probably not out of line.

The above figures speak only to drug use, not addiction. Robins estimates that since returning from Vietnam about one percent had been readdicted (p. viii). Twenty percent reported symptoms of addiction in Vietnam (p. viii), a figure that is double the pickup rate on the departure urine screening.<sup>36</sup> Of those who began narcotics use in Vietnam, 93 percent stopped altogether after service (p. 81). Two-thirds, however, did use some other drugs, especially marihuana (p. 82). Among men introduced only to marihuana in Vietnam, 86 percent never used it on return (p. 82).

Clearly drug use in Vietnam was very widespread, and addiction was by no means trivial. Vietnam service introduced thousands to hard drugs who likely would not have been exposed. Given these facts, the extent of remission after leaving Vietnam is striking. It should not be interpreted to mean drug abuse in Vietnam has left no problems. Clearly it has. Robins found that men who used narcotics in Vietnam and continued after return had significantly more arrests, psychiatric treatment, unemployment, and divorce than nonusers (p. 73). And even allowing for high preservice exposure to drugs among these men, they carried a heavy burden of social adjustment from having been in Vietnam. But the high remission rate does suggest that the problems are not overwhelming. There are not masses of drug-crazed veterans loose menacing the nation. Of course, it remains to be seen whether the remissions hold up over time. Robins has now completed a second follow-up, which reveals that the low rate of narcotic dependency does continue after three years.<sup>37</sup>

The abatement of hard drug use once stateside suggests, as Starr and others have noted,<sup>38</sup> that most users in Vietnam were able to re-equilibrate once out of that milieu. In Vietnam, drug use was accepted and sociable, and drugs like heroin were cheap, pure (which allowed smoking rather than injection), and easy to procure. Allowing for the fact that many shifted to softer drugs once home, still the important point is that most men did not define themselves as part of the stateside drug scene, and were not willing to pay the economic and social costs imposed on drug users in American society.

These findings suggest that there is something to the juicer-head distinction as a limited description of collective behavior in

Vietnam. Other evidence in Robins' report reinforces this conclusion. Prior to Vietnam, drug and alcohol intake were highly correlated for the men. In Vietnam the correlation reversed. After Vietnam the correlation became positive again. Another supporting fact is that first narcotics use occurred very early in Vietnam. Sixty percent of users began within the first two months, and usually before first combat experiences. Both facts suggest that drug use was a reaction to being in Vietnam, and being in contact with a certain cluster of other men. It apparently was not a reaction to the trauma of combat.

Robins' data on best preservice predictors of drug use in Vietnam do not support Helmer's argument about lack of selectivity into the primary groups. Preservice use of marihuana was the strongest predictor of use of drugs in Vietnam. Also important was being a first-term enlistee (as opposed to draftee) and having a preservice history of narcotic or amphetamine use. When being under 21 years of age, having an arrest history preservice, a truancy history preservice, and unemployment at time of induction are added to the equation, 36 percent of the variance in drug use is explained (p. 41). However, these variables did not predict heavy drug use in Vietnam. The same seven variables explained only nine percent of the variance (p. 42), which suggests that, once in Vietnam, background attributes were predisposing, but immediate social and environmental conditions took over as determinants of extent of involvement with drugs. Primary group interaction surely played some part in encouraging or retarding drug use, but it is not immediately obvious how, or what social processes operated.

One final finding from the Robins study is worth reporting. Overall, the majority of the men showed remarkably little apprehension about their drug problem, in contrast to the alarm manifested in the Congress, the press, and ostensibly in the public at large. Few felt their drug use was deleterious. Only 10 percent of users felt drugs had hurt them; even in the drug positive sample only 31 percent felt it was a harmful experience (p. 43). Moreover, few drug users expressed interest in treatment--one percent of the general sample and five percent of the drug positive sample (p. viii). This did not appear to result, as Starr suggests, from being "turned off" by how the military handled drug abuse, or by the VA "hassle." Those treated were generally satisfied with the treatment (pp. 43, 67). Nor were they opposed to drug screening. Ninety percent favored urine checks, and 78 percent even favored surprise urine checks (p. 88). They did not feel drug use was a reason for punishment or denial of benefits, nor did they feel it was a reason for special services. Eighty-one percent favored honorable discharges for drug users who performed well; 53 percent favored medical discharges for those who performed poorly; 82 percent felt no special VA benefits should exist for drug users (pp. 88-89). These findings suggest that most men did not see drugs as a serious problem. If men functioned well, drugs were "OK". If men did not function, they had problems comparable perhaps to alcoholics, and treatment was called for. This nonchalance or matter-of-fact perspective appears in part to be age linked. Only the older, career NCOs depart from the above opinions, but the separation is not great. It would be difficult to pin a very clear juicer-head dichotomy on these findings. There remains a gap in our understanding of an important social process.

In the above discussion of images of Vietnam veterans, my remarks have been highly critical. They should not be interpreted as insensitivity to the wrongfulness and the anguish of the Vietnam War. Vietnam was American vainglorious intemperance. Political opposition precluded the launching of an aggressive, offensive war, and national pride, in the face of a tenacious and indefatigable jungle enemy, prompted us to lash out with all the technical military superiority we could muster short of nuclear holocaust. At that reluctant point of withdrawal into Vietnamization we were already hip deep in miscalculation and blind indulgence. The consequences have been appalling at home and abroad. As a nation we have suffered dearly in social and economic terms. Although quite unheralded, Vietnam also added a good measure of damage to the reputation and the stability of the military.

Nor do I mean to dismiss the frustration and hardship inflicted on American soldiers in Vietnam, and the difficulty of their adjustment once home. They faced the trying conditions of limited combat offensive composed mainly of search and destroy operations, of green junior officers and senior NCOs, and of at least lingering doubts and some skepticism about the purpose of the war. They faced a perplexing situation where allies were viewed with contempt and distrust, and where it often was impossible to separate foe from friend. Some men yielded to cruelty and inhumane behavior, some to fragging. All of these conditions made the Vietnam war different from other wars this nation has fought. Ultimately and fundamentally, however, it was the same in one way. As in all wars, men had to face the fear of death and disfigurement. All these facts notwithstanding, some of the works under review--Levy's, Lifton's, Helmer's--are too often mere caricatures. The passions of indignation against an

unjust and immoral war elicited overreactions that do justice neither to the veterans they characterize nor to responsible scholarship.

## II. Veterans' Benefits and the Veterans Administration

There are two quite remarkable facts about the Veterans Administration that are rarely noted. First, VA operates unobtrusively within the Executive Office of the President. The VA chief is called an Administrator, not a Secretary. He does not have cabinet status as do the Secretaries of Defense, or Health, Education and Welfare. Nevertheless, VA oversees one of the largest budgets of any Federal agency. In fiscal year 1975 veterans' benefits and services will come to an estimated \$15.5 billion, which is just under five percent of the entire Federal budget (and does not include the very substantial budget for retirement and disability payments to career military personnel, which is administered by the Department of Defense). Only national defense, public welfare, medical care, and interest on the national debt account for larger portions of Federal outlay.<sup>39</sup> As Starr said, "...the VA has been an administrator's dream: high in budget, low in visibility" (p. 49). Second, the programs VA administers are referred to as "benefits and services" to veterans. They are never referred to as a separate system of public welfare, but for the most part that is exactly what they are. The VA is in the business of disbursing funds and running programs for veterans and their dependents or survivors which include transfer payments or in-kind benefits in medical care, education, training, rehabilitation, unemployment assistance, counseling, housing, life insurance, and cemetery and burial assistance. About any way this vast system is

viewed, it represents an enormous Federal investment. For example, veterans' educational readjustment benefits are 20 percent of all Federal outlays for education; VA funds for medical care are 10 percent of all Federal health programs (including Medicare and Medicaid); veterans' income security benefits are six percent of all Federal outlays for income security; veterans' disability payments are 24 percent of all Federal benefits to the disabled. VA is even a substantial consumer of crime reduction funds--four percent of the Federal outlays, primarily for narcotics rehabilitation and control.<sup>40</sup>

In many areas the veterans' system parallels public welfare, and it is often held to be preferable to comparable public assistance to nonveteran citizens. The existence of this veterans' welfare system creates problems of equity in American public welfare, problems that could become more acute as World War II veterans reach retirement, the military becomes an all volunteer force, and the general welfare system becomes more adequate and comprehensive. We are indebted to the authors of five of the books under review for describing the veterans' system of welfare benefits and for evaluating it in comparison to the public assistance program. Description and evaluation are not altogether new. But they were done only twice before, once by the Bradley Commission<sup>41</sup> during the Eisenhower Administration, and more recently, on a lesser scale, by Gilbert Steiner in his excellent book, The State of Welfare.<sup>42</sup> The books under review reflect a new level of interest in and concern about veterans' benefits and services in light of the end of the draft and of the Southeast Asia conflict, and in recognition of the broader concern with establishing an adequate and humane income security program for all Americans.

Indeed, one of the books, Those Who Served, is an appraisal with recommendations by a task force appointed for just these reasons. It was a blue ribbon committee of the Twentieth Century Fund, chaired by Robert Finch, Secretary of HEW under President Nixon, and included, among others, Robert Ball, former Social Security Commissioner, William Driver, President Johnson's VA Administrator, and Michael March, a former staff member in the Bureau of the Budget who worked closely with the Bradley Commission. The task force was fortunate to have as rapporteur a highly regarded economist, Michael Taussig of Rutgers University. Taussig's background paper is a very valuable evaluation, succinct and to the point. Also included are two books that overlap somewhat in coverage by Sar Levitan and his associates. Levitan is a labor and welfare economist, and a peripatetic reviewer of Federal poverty and manpower programs. His two books provide much of the basic information necessary to comprehend the range of Federal investments in veterans' assistance. But they are, by and large, general, laudatory works, not detailed critical evaluations. The Discarded Army by Paul Starr, compensates in part for Levitan's restraint. It is a Nader Report, and like other works from Nader's Center for the Study of Responsive Law, it is written in a blunt and petulant style. There are places where Starr cannot resist romanticizing the Vietnam veterans. But overall, Starr's book is reasoned and balanced. Starr is thoroughly familiar with his subject. He has done more observation and interviewing in the field and more searching in Congressional hearings and other government documents than most of the authors.

The critical distinction in veterans' assistance is between the service-connected and the nonservice-connected programs. There is little controversy over the former; a storm rages in Congress when anyone suggests tampering with the latter. The largest part of service-connected assistance is income security payments for injuries or illnesses incurred or aggravated by active service. Service-connected compensation is the largest item in the veterans budget, \$4.6 billion, or 30 percent of the total.<sup>43</sup> With recent Congressional increases, VA now pays compensation ranging from \$32 monthly for a 10 percent, to \$584 monthly for a 100 percent disability to a single veteran. Dependency allowances are added for disabilities of 50 percent or more.<sup>44</sup> Full, lifetime medical care is also available to veterans with service-connected disabilities in the 171 hospitals, 209 outpatient clinics, 84 nursing homes and 18 domiciliaries operated by VA.<sup>45</sup> The veterans' medical care complex is probably the largest health system in the world run for a category of the population rather than the entire society. Recent legislation extends free medical care to wives and children and surviving dependents of deceased veterans with service incurred disabilities.

The principle of providing service-connected benefits is secure. Congress has been generous, and the VA has been, by and large, liberal in certifying disabilities. This is made easy because the presumption of disability is built into the law and precedent. In addition, veterans' organizations like the American Legion work as intercessors in behalf of veterans pressing compensation claims. This role has a long tradition and is encouraged by VA. The Twentieth Century Fund Task Force found the service-connected benefits and services basically

sound. Its recommendations had to do with systematizing the disability rating process and providing automatic inflation escalators rather than periodic Congressional increases (pp. 14-17).

No such widespread agreement exists about nonservice-connected veterans' benefits. Controversy is greatest over the \$2.7 billion pension program. Although not as large as compensation outlays, pensions are a substantial cost, some 17 percent of the veterans budget. Pensions are a means-tested poverty program in which the disabled and aged qualify if incomes fall below \$3000 for single or \$4200 for married veterans. The maximum payment is \$160 a month for single, and \$172 a month for married veterans.<sup>46</sup> The program also provides death pensions to widows and surviving children. Pensioners also qualify for social security benefits, and VA must count 90 percent of social security and other retirement income in calculating pensions. In addition to pensions, veterans are provided free medical care for nonservice-connected problems if they are pensioners, aged, or "medically indigent," and VA medical facilities are available to serve them. Medical indigency is defined rather liberally, so that if the cost of needed care would leave the veteran financially strained, he is deemed qualified. This is a form of catastrophic medical insurance for veterans. The consequence has been that very little VA medical care goes for service-connected health problems. Only one in six patients receive hospital treatment for service-connected disabilities (Levitan and Clearly, p. 170); 80 percent of the resources of the VA medical system are used for the treatment of nonservice-connected health problems (Those Who Served, p. 27).

Nonservice-connected pensions and medical services are controversial because they make veterans a privileged category on no other basis than having served during wartime. Pensions parallel social security and Aid to Families with Dependent Children, but have few of the oppressive features of them. As Levitan points out, a dual welfare system is created in which the one for the general population is based on Elizabethan Poor Law, and the other is not (Levitan and Cleary, p. 1). This is precisely what the veterans' lobby sought to win and works vigilantly to preserve. The American Legion developed an elaborate rationale for pensions as "delayed compensation," a cost of conducting war. Veterans who need the compensation draw upon it not as charity, but in appreciation of past service.<sup>47</sup> The desirable features of these benefits were summed up by Steiner:

The veterans' program usually pays better and comes easier. Unlike most public assistance beneficiaries, recipients of veterans' pensions are not conditioned to believe that they are a drag on society, are not subject to investigation to insure that their claim continues to be valid, are presumed to be telling the truth, are assisted in making a claim by a large network of volunteers and of agents of governmental units other than the unit paying the benefit, are not obliged to account for their spending behavior, may have significant amounts of income from other sources, are able to move freely without jeopardizing their benefits, and are not badgered to get off the rolls. Added to all this is an administrative agency instructed by law to be and naturally disposed to be sympathetic; a finely tuned congressional committee preoccupied with the problems of veteran population but also sensitive to the importance of avoiding excesses; a financing system that depends exclusively on appropriations from federal general revenue without the need for any state participation whatever and an appeals procedure that keeps disputes within the family, handles them informally, and strives to find an interpretation that will permit a favorable ruling.<sup>48</sup>

These advantages are stressed often by economists. Levitan is no exception. Indeed, he goes substantially farther, and argues that veterans' benefits can serve as a model for the reconstruction of

public welfare in America. Veterans' assistance, says Levitan, has virtually eliminated poverty among veterans and their surviving dependents, and although the system is far from perfect, it shows that we could develop a means-tested program that is efficient and operates with due regard for the dignity of the individual (Leivtan and Cleary, pp. ix-x, 27). I find it difficult to accept Levitan's conclusion. The reasons can be found in Taussig's essay and Starr's book.

First, a welfare system must be evaluated on a series of criteria. Taussig lists five basic criteria for evaluating cash transfers: (a) adequacy of benefits; (b) cost-effectiveness; (c) horizontal equity; (d) preservation of incentives; and (e) absence of stigma (Those Who Served, p. 88). As previous discussion reveals, veterans' pensions receive high marks on preservation of incentives and absence of stigma. Because of the large number of exclusions in determining countable income, disincentives to work are minimized; because pensions are recognized as a right of "those who have borne the battle," there is no serious problem of stigma. But pensions receive low marks on the other three criteria. Today veterans' pensions are not adequate by themselves to maintain single veterans or families above the poverty line. They have not been adequate for a long time, and this has not been a serious problem only because few veterans have depended solely on pensions for subsistence. Over 80 percent of pensioners have substantial incomes from social security and other retirement sources. Thus, pensions do not serve the very poor. As a poverty reduction program they are not cost-effective because substantial amounts of cash benefits go to nonpoor recipients. For the same

reason veterans' pensions are not equitable. Families and individuals equally placed with respect to incomes and needs are not treated equally. What we are left with, then, are pensions that are not demeaning and do not discourage work effort, but which are seriously defective as a direct and efficient solution to poverty. Moreover, it is not at all clear how one goes about convincing Congress and American voters that all the poor should be treated so liberally as to become "honorary veterans" to use Taussig's simile (p. 91). Short of this, there would appear to be nothing to recommend veterans' pensions as a model means-tested, cash transfer program for all Americans.

Second, the other major part of the veterans' welfare package, health benefits, also has serious defects. Veterans' medical facilities hardly comprise a model system of health care. VA hospitals are rather inaccessible for veterans, compared to other health facilities, with the consequence that only about one in four eligible veterans uses them. VA hospitals also suffer serious personnel shortages and experience difficulty in attracting quality medical staffs. These are particularly acute problems in the one-half of hospitals not affiliated with medical schools. However, medical school affiliations is no unmixed blessing. (Ask most anyone who recently has been a patient in a teaching hospital.) VA health facilities cannot do preventive care and are not set up to do comprehensive family care. In 1973 widows and dependent children were granted medical care privileges, but few have exercised them. Finally, VA hospitals either duplicate other community health services, or, worse, have vital facilities not available to nonveterans. These disadvantages are noted in Starr (pp. 71-112). Taussig also touches on many of them

(pp. 115-124). Starr stresses another defect which I suspect he greatly exaggerates. He claims that because VA hospitals are so heavily committed to the provision of chronic care to older veterans, the care of disabled Vietnam veterans suffers. He provides a few examples, which show that Vietnam veterans have high discharge rates against medical advice in some of the hospitals, but it is not evident that the practice is widespread, or is a product of inadequate facilities and care (p. 73). I have seen no evidence that Vietnam veterans receive less adequate care than other veterans, or that large numbers are dissatisfied with treatment. The Harris survey does not support this claim.<sup>49</sup> Starr is correct about VA medical facilities being heavily committed to providing long term care, particularly to those with psychiatric and alcohol problems. Indeed, veterans' hospitals probably have a better overall record of reaching the poor and minorities than do veterans' pensions. Nevertheless, there is still a real question as to whether VA should be in the business of nonservice-connected treatment at all. It is not an easy question to resolve. VA claims that it would be impossible to sustain medical facilities at a reasonable level of quality and efficiency if it only provides service-connected care. This undoubtedly is true. Moreover, the line between service and nonservice ailments blurs as veterans age. But one logically might ask if VA is to move into comprehensive care, which it cannot do under present legislation, what remains to justify a separate veterans health system? These problems and many others raise serious doubt about whether VA should be in the medical care business at all today. Few in Congress or out, including the Twentieth Century Fund Task Force, have been

willing to tackle this controversial and complex issue. But the day of reckoning must come if Congress is to enact national health insurance legislation. As Taussig notes, a fully developed national health insurance program would preclude the survival of the VA hospital system in anything like its present form (Those Who Served, p. 125). The important point is that few, if any, thoroughly familiar with needed health services in America would offer VA medical care as a model for the emerging health care system.

Although I question Starr's charge of inadequacy of medical care for Vietnam veterans, his criticism of veteran's educational benefits are properly directed. Education assistance is the major part of the readjustment benefits which veterans receive after separation from service.<sup>50</sup> It has since Post-World War II been recognized as one of the best parts of veterans' assistance. But starting in 1969, Vietnam veterans and some veterans' organizations began complaining that the GI Bill was inadequate, especially when compared to the level of support available after World War II. This is not an issue that is easily resolved, because the program has changed, the value of education has changed, and the relative cost of education has changed. In 1969 the basic stipend for an unmarried veteran was \$130 a month, and only about 20 percent of veterans were participating in the program. This was substantially below the participation rate after World War II when it was estimated to be 50 percent (Starr, p. 258). Given the emerging concern at the time about alienated and forgotten veterans, this fact was a cause for alarm in Congress and among some in the Executive Office of the President, especially Daniel P. Moynihan, who had just become President Nixon's assistant

for urban affairs. The Congress increased the basic stipend to \$170 a month in 1970, and then to \$220 a month in 1972, each time on the basis of at least some evidence that stipends were insufficient to reasonably cover tuition, books and supplies, and living expenses. There has been a persistent problem of determining an adequate level because the legislation does not commit the government to coverage of total educational expenses. The theory of educational readjustment, presumably, is that the government assists the veteran to pick up where he left off by providing reasonable assistance for him to "catch up" to where he would have been had he not been required to serve. Participation rates showed progressive increases over the period 1969 to 1973, with clear spurts of growth after each rise in benefit level.<sup>51</sup> By 1973, 46 percent of eligible veterans were enrolled in authorized education and training programs (Starr, p. 228). During most of this time VA argued that Vietnam Era educational benefits were as high as World War II and Korean Conflict levels, or higher. The veterans in the programs claimed they could not make ends meet, and the low levels of support discouraged participation. There was more heat than fact in everybody's arguments. However, by 1973 calculations were being made, and it was becoming increasingly clear that even the 1972 stipends were not entirely competitive with World War II levels. Starr saw it (p. 228); so did Levitan (Levitan and Zickler, p. 52). To settle the controversy, and to assist the Congress in planning future assistance levels, the Senate Committee on Veterans' Affairs, chaired by Senator Vance Hartke, wrote into the Readjustment Assistance Act of 1972 (Public Law 92-540) a directive to the VA Administrator and his Advisory Committee on Education and

Rehabilitation to contract for an independent study which would compare educational programs in the Vietnam Era with the programs available after the Korean Conflict and World War II. The report was due in late April, 1973. In early April the VA Administrator informed the Congress and the President that there would be a delay. It was not until May, 1973 that requests for proposals were sent out. Educational Testing Service was awarded the contract in late May, and was required to deliver the final report in late August, a mere three months later! Final Report on Educational Assistance to Veterans: A Comparative Study of Three G.I. Bills was the result of that study. The full directive mandated that the study compare the three periods with regard to administration, participation, safeguards against abuse, adequacy of benefit levels, scope of programs, and information and outreach efforts (Final Report, p. 1). Educational Testing Service did not submit a study that was comprehensive with regard to all these elements. It could not with a three month deadline. VA rejected the report, claiming that findings and conclusions "bore no apparent relationship to the purpose of the study as outlined in the contract, and that the Report contained certain inaccuracies and . . . other errors of both omission and commission" (Final Report, p. iii). The real problem was that VA did not agree with the basic findings. ETS made minor changes in a revised final draft, and VA submitted a rebuttal for the Congressional hearings on the report.<sup>52</sup>

What did ETS find? On the central question of the relative adequacy of benefits, ETS concluded: "In general, the 'real value' of the educational allowance available to veterans of World War II was greater than the current allowance being paid to veterans of the

Vietnam Conflict when adjustments are made for the payment of tuition, fees, books and supplies" (p. 7). VA claimed that this interpretation was improper, given the facts.<sup>53</sup> Taussig clarifies the situation (Those Who Served, pp. 105-106), and in the process reveals a serious shortsightedness (my assertion, not his) in VA's reasoning. The difference has to do with the tuition level that is used in the calculation. If average tuition in public colleges and universities is used, veterans in 1973 were about as well-off as World War II veterans. If average tuition in private colleges is used in the calculation, these veterans were much worse off. Since 80 percent of veterans today attend public institutions, VA simply concluded that most were doing as well as their World War II comrades. ETS, however, went on to reason, from a human capital investment perspective, that today's benefits are a much smaller proportion of average earnings in America than they were after World War II. Therefore, a veteran at a public institution may be as well off in adjusted dollar terms as his World War II counterpart, but his residual benefits are substantially below World War II levels relative to the average earnings and the standards of living of young men for the two periods. As Taussig points out, most economists would interpret this to mean that today's veterans have not received benefits equal to the World War II level, because they must bear higher foregone earnings costs in order to make educational investments in their futures. (Those Who Served, p. 106). But there is another flaw in VA's reasoning. It presumes that the 80 percent of veterans attend public institutions voluntarily. ETS presents findings that suggest the reverse. GI Bill participation rates vary by states, and those states with the most highly developed low-cost public systems, such

as California, have the highest participation rates. It should come as no surprise that veterans seek to stretch their checks as far as possible to more adequately cover subsistence after tuition. How many are discouraged from attending private institutions, or for that matter, higher cost public institutions, because monthly payments do not cover adequate subsistence after tuition? One-half of World War II veterans attended private institutions. Thus, as much as 30 percent of today's veterans might be "priced out" of the private education system or the higher tuition public schools. Being "priced out" is a problem in the present GI Bill that did not exist in the World War II version, because then VA paid tuition directly to educational institutions up to a maximum of \$500 per student. Congress dropped the direct tuition plan in the Post-Korean Conflict Bill, because there had been abuses by some educational institutions. As Taussig notes, it would be reasonably easy to devise a plan for tuition supplements not open to serious abuses (Those Who Served, p. 108). Nevertheless, VA has put itself on record as opposed to the idea of variable tuition allowances on the grounds that differential costs of education are not the responsibility of the Federal Government.<sup>54</sup>

In late 1974 the Congress passed Public Law 93-508, which increased educational benefits to \$270 a month for a single veteran retroactive to September, 1974. This was a 23 percent increase and the largest since World War II. The ETS Report was responsible at least in part for providing the Hartke Committee the leverage in marking up a bill substantially more liberal than the House version. President Ford vetoed Public Law 93-508 as "inflationary," and the Congress

responded by overriding his veto by overwhelming margins---394 to 10 in the House and 90 to 1 in the Senate.<sup>55</sup> By December, 1974, 102 months into the Vietnam Era entitlement period, the participation rate hit 52 percent,<sup>56</sup> already above the World War II level, and before Public Law 93-508 had begun to affect enrollments. One can expect that the participation rate this school year will continue upward.

This controversy illustrates certain structural weaknesses in the Veterans Administration as an agency involved in the delivery of social benefits to a substantial segment of the population. Starr is basically correct when he says that "[t]he structure of the VA system is more a product of its external political environment than its internal professional judgement" (p. 75). Starr made this comment about medical services, which I do not think are the weakest link in the VA system, but the comment is generally applicable. VA is a veterans' aid system by older veterans and predominantly for older veterans. It was formed by the peculiar demographic and political facts of the past 35 years. It is a product of the timing and size of military commitments to World War II, and the concomitant growth of benefits and the VA civil service after the War. VA programs grew in response to political pressures; there was no careful, rational planning, even after the Bradley Commission Report. VA was pressed into its present-day form by presidential politics in placating the World War II veterans' lobby that has been more effective in protecting its original bounty than in urging fresh, innovative programs, and by the fiscally conservative, but narrowly pro-veteran ideology of the powerful House Veterans' Affairs Committee under

Representative Olin Teague. The Senate had no Committee on Veterans' Affairs until 1970. Its Chairman, Senator Vance Hartke, has begun to challenge the preeminence of the House Committee since Teague stepped down. Hartke was instrumental in the passage of the 1974 legislation that centralized Congressional budget review of veterans' affairs, which means, as Taussig notes, that Congress will now be forced to face the thorny questions of inequities and priorities between veterans, and nonveterans' welfare programs (Those Who Served, p. 59).

But Congressional action along these lines will only substitute for, not solve the problem of the VA. VA is tied too closely to the veterans' lobby on the one side and the Office of Management and Budget on the other. It has never been defined as an independent and active program planning agency. Since its inception it has been cast in the role of a passive conduit of programs mandated by the Executive Office and the Congress. Thus it does not have, as does HEW, and as did OEO, internal offices for planning and evaluation research that can seriously and objectively consider programs in relation to comparable society-wide benefits and in cost effectiveness terms. Taussig and the Twentieth Century Fund Task Force saw this flaw and made specific recommendations about program evaluation. But they are unlikely to occur under present conditions.

No unit of government is ever free of politics. But there are forms of insulation from politics that make it possible for an agency to recruit a talented professional staff and with integrity and intelligence to criticize and plan its own programs. VA does not have that insulation and that capacity, and as a consequence it

cannot adequately play a creative role in the emerging debate over how veterans' benefits will fit into the larger welfare system of this nation.

## NOTES

<sup>1</sup>Norma Juliet Wikler, "Vietnam and the Veterans Consciousness: Pre-Political Thinking among American Soldiers," unpublished Ph.D. dissertation, University of California, Berkeley, 1973, p. 8.

<sup>2</sup>Ibid., pp. 1-29.

<sup>3</sup>Capital Times (Madison, Wisconsin), 22 February 1971.

<sup>4</sup>Catherine Breslin and Mark Jury, "America's Human Time Bombs," The Philadelphia Enquirer, Today, 20 August 1972. Quoted in Starr, p. 36.

<sup>5</sup>U.S., Congress, Senate, Committee on Labor and Public Welfare, Subcommittee on Veterans' Affairs, Unemployment and Overall Readjustment Problems of Returning Veterans, Hearings...91st Congress, 2nd Session (Washington, D.C.: U.S. Government Printing Office, 1971), pp. 38-58 and 204-218 (Y4.L11/2: Un2/3).

<sup>6</sup>Ibid., p. 54.

<sup>7</sup>Ibid., p. 210.

<sup>8</sup>Ibid., pp. 210-211.

<sup>9</sup>Charles C. Moskos, Jr., The American Enlisted Man: The Rank and File in Today's Military (New York: Russell Sage Foundation, 1970).

<sup>10</sup>U.S. Senate, Unemployment and Overall Adjustment, p. 342. For similar views, see Starr, p. 36.

<sup>11</sup>U.S. Senate, Unemployment and Overall Readjustment, p. 208.

<sup>12</sup>"Discussion," 1972 Annual Convention of the American Psychiatric Association, Audio-Digest Foundation, Psychiatry, Vol. 1, No. 5 4 September 1972 (tape cassette).

<sup>13</sup>Robert Jay Lifton, "The Scars of Vietnam," Commonweal, 20 February 1970. Reprinted in Source Material on the Vietnam Veteran, p. 874.

<sup>14</sup>Jonathan F. Borus, "Incidence of Maladjustment in Vietnam Returnees," Archives of General Psychiatry (30 April 1974): 554-557.

<sup>15</sup> An early work by Polner, a social historian, leaned heavily on Lifton's views. See Murray Polner, No Victory Parades: The Return of the Vietnam Veteran (New York: Holt, Rinehart and Winston, 1971). Chaim F. Shatan, a psychoanalyst at New York University, who also has experience with veterans' rap groups, held views very similar to Lifton's. Shatan called it "Post Vietnam Syndrome," a term that has been used widely to refer to a variety of adjustment problems. See Chaim F. Shatan, "Post-Vietnam Syndrome," New York Times, 6 May 1972.

<sup>16</sup> See for example, Haynes Johnson, "The Veterans--Aliens in Their Land," Washington Post, 27 January 1971; "The Vietnam Vet: 'No One Gives a Damn'," Newsweek, 29 March 1971. Both are reprinted in Source Material on the Vietnam Era Veteran, pp. 37-39; 48-51.

<sup>17</sup> William S. Allerton, "Army Psychiatry in Viet Nam," in Peter G. Bourne (ed.), The Psychology and Physiology of Stress, With Reference to Special Studies of the Viet Nam War (New York: Academic Press, 1969), pp. 1-17.

<sup>18</sup> See Robins, p. 32; and the Louis Harris Survey, U.S., Congress, Senate, Committee on Veterans' Affairs, A Study of the Problems Facing Vietnam Era Veterans on Their Readjustment to Civilian Life, Committee Print No. 7 (Washington, D.C.: U.S. Government Printing Office, 1972), pp. 169-171 (Y4. V64/4: V67/2).

It should be noted, however, that the responses men give are not uniformly high for relief of stress as the primary reason for drug use. In the Harris survey "boredom" outranked "pressures," "escape," or other more direct tension-producing causes. The Robins study shows "boredom" in third place after "more tolerant of Army rules and regulations," and "less homesick and lonely." This was in response to an open ended question. When asked directly "less bored" ranked first. Thus, it is not at all clear that drug use was a direct response to the pressures of service in Vietnam such as combat. Indeed, most drug users began before their first combat experiences, as Robins notes. However, one might argue that this merely shows drug use during the build-up of tensions in anticipation of combat. There is no way to resolve this dilemma from the data available. For what it is worth the Harris Survey shows that 40 percent of men serving in Vietnam agreed that drugs made it easier for men to tolerate abuse from officers, but only 15 percent agreed that the only way to face the killing and violence of combat was to use drugs. Twenty-five percent agreed that without drugs military life would have been unbearable (p. 171).

<sup>19</sup> See Allerton, "Army Psychiatry"; Peter G. Bourne, Men, Stress and Vietnam (Boston: Little, Brown, 1970), pp. 27-46; Moskos, The American Enlisted Man, pp. 134-156.

<sup>20</sup>C. R. Sanders, "Doper's Wonderland. Functional Drug Use by Military Personnel in Vietnam," Journal of Drug Issues 3 (1973): 65-78. Starr also implies that the crackdown created a shift from smoking marihuana to smoking heroin (p. 116), and the GAO suggests it "may" be a factor. See U.S., General Accounting Office, Drug Abuse Control Activities Affecting Military Personnel, Department of Defense; Report to the Congress by the Comptroller General of the United States, B164031(2) (Washington, D.C.: General Accounting Office, 1972), p. 14 (GA1.13: D84/6).

<sup>21</sup>A Study of the Problems, p. 173.

<sup>22</sup>Helmer argues from family income figures that one in three came from a "severely deprived environment" (p. 58). Neither the income breakdown nor other background characteristics support this claim. Moreover, levels of education, and rates of utilization of GI Bill benefits especially in Groups I and III do not suggest that these are highly disadvantaged youths (pp. 58, 225). Indeed, middle class would seem to be a better title for many, despite their subjective identifications.

<sup>23</sup>See James W. Davis, Jr. and Kenneth M. Dolbeare, Little Groups of Neighbors: The Selective Service System (Chicago: Markham Publishing Co., 1968); Bernard D. Karpinos, "Mental Test Failures," in Sol Tax (ed.), The Draft (Chicago: University of Chicago Press, 1967), pp. 35-53.

<sup>24</sup>Moskos, The American Enlisted Man: p. 116; Steven L. Canby, Military Manpower Procurement: A Policy Analysis (Lexington, Mass.: Lexington Books, D.C. Heath & Co., 1972), pp. 72-248; M. Zeitlin, K. G. Lutterman and J. W. Russell, "Death in Vietnam: Class, Poverty, and the Risk of War," Politics and Society 3 (Spring 1973): 313-328; John Willis, "Variations in State Casualty Rates in World War II and the Vietnam War," Social Problems 22 (April 1975): 558-567.

<sup>25</sup>Canby, Military Manpower, pp. 67-72.

<sup>26</sup>Ibid., p. 35.

<sup>27</sup>Starr provides an accurate and succinct review of Project 100,000 on pp. 184-197.

<sup>28</sup>See U.S., Congress, House, Committee on Appropriations, Subcommittee on Department of Defense, Department of Defense Appropriations for 1972, Hearings...92nd Congress, 1st session (Washington, D.C.: U.S. Government Printing Office, 1971), Part 3, pp. 86-87, 525-526, 786-787, 993, 1152; Part 9, pp. 577-582 (Y4. Ap6/1: D36/5 972/3).

<sup>29</sup> Ibid., p. 87.

<sup>30</sup> U.S., Department of Defense, Secretary of Defense, Assistant Secretary of Defense (Manpower and Reserve Affairs), Project One Hundred Thousand: Characteristics and Performance of "New Standards" Men (Washington, D.C.: Department of Defense, 1969), p. 66.

<sup>31</sup> Ibid., pp. 14, 32.

<sup>32</sup> Canby, Military Manpower, p. 35.

<sup>33</sup> Wikler, "Vietnam and the Veterans' Consciousness," Thinking Among American Soldiers, pp. 315-334.

<sup>34</sup> M. Kent Jennings and Gregory B. Markus, "Political Participation and Vietnam-Era War Veterans: A Longitudinal Study," University of Michigan, unpublished paper, n.d., p. 14. The authors also reported on participation in public protests by period of service, but were not able to separate respondents by tour in Vietnam due to small numbers. Protest activity was highest among those who served during the later periods (1969-70 and 1971-73). Many of them had engaged in antiwar protest in an earlier, civilian period (p. 25).

<sup>35</sup> Much of it is summarized in Congressional hearings. See U.S., Veterans Administration, Department of Medicine and Surgery, The Vietnam Veteran in Contemporary Society (Washington, D.C.: U.S. Government Printing Office, 1972), pp. iv, 160-194 (VA 1.22: 11-22); Helmer lists numerous studies on pp. 328-330; also see Starr, pp. 134-166.

<sup>36</sup> Lee N. Robins, Darlene H. Davis, and David N. Nurco, "How Permanent Was Vietnam Drug Addiction?" American Journal of Public Health 64, Supplement (December 1974): pp. 38-42.

<sup>37</sup> Lee N. Robins, "Veterans' Drug Use Three Years After Vietnam," unpublished paper, Department of Psychiatry, Washington University School of Medicine, St. Louis, Missouri, 1975, p. 17.

<sup>38</sup> Starr, pp. 150-151; Jonathan F. Borus, "Reentry I. Adjustment Issues Facing the Vietnam Returnee," Archives of General Psychiatry 28 (April 1973): 505.

<sup>39</sup> U.S., President, Office of Management and Budget, The United States Budget in Brief, Fiscal Year 1976 (Washington, D.C.: United States Government Printing Office, 1975), pp. 49-50 (PrEx 2. 8/2: 976).

<sup>40</sup>U.S., President, Office of Management and Budget, Special Analyses: Budget of the United States Government, Fiscal Year 1976 (Washington, D.C.: U.S. Government Printing Office, 1975), pp. 140, 195, 198, 203, 207-208 (PrEx 2. 8.5: 976).

<sup>41</sup>U.S., President's Commission on Veterans' Pensions, Veterans' Benefits in the United States, Findings and Recommendations, (Washington, D.C.: U.S. Government Printing Office, 1956) (Pr 34.8: V64).

<sup>42</sup>Gilbert Y. Steiner, The State of Welfare (Washington, D.C.: The Brookings Institution, 1971) pp. 237-279.

<sup>43</sup>U.S., President, Office of Management and Budget, The Budget of the United States Government, Fiscal Year 1976 (Washington, D.C.: United States Government Printing Office, 1975), p. 144 (PrEx 2.8: 976).

<sup>44</sup>U.S., Congress, House, Committee on Veterans' Affairs, Veterans' Benefits: Title 38, United States Code 314 (1970 ed.), Committee Print No. 167 (Washington, D.C.: U.S. Government Printing Office, 1974), p. 62.

<sup>45</sup>The Budget of the United States Government, Fiscal Year 1976, p. 146.

<sup>46</sup>U.S., Congress, Veterans' Benefits, sec. 521, pp. 86-87.

<sup>47</sup>For a description of the theory, see Steiner, The State of Welfare, p. 242.

<sup>48</sup>Steiner, The State of Welfare, pp. 239-240.

<sup>49</sup>A Study of the Problems, p. 243.

<sup>50</sup>Other readjustment benefits (excluding services for the disabled) include home, farm and business loans, job counseling, reemployment rights, veterans' preferences in civil service employment and manpower training programs, job placement, and unemployment compensation based on service. Activities related to employment are carried out by the Department of Labor through its state employment service offices. See U.S., Congress, Veterans' Benefits, Ch. 37, 41, 42, and 43. Unemployment compensation for veterans is contained in Title 42-United States Code (Title XV of the Social Security Act).

<sup>51</sup>U.S., Veterans Administration, Department of Veterans Benefits, Veterans' Benefits Under Current Educational Programs, Bulletin DVB IB 20-75-3 (Washington, D.C.: U.S. Government Printing Office, 1974), p. 20.

<sup>52</sup>VA's rebuttal does not appear, unfortunately, with the Senate Committee Print of the Final Report. It is Veterans Administration Analysis of Findings and Conclusions; presented in Chapter 1 of a 1973 Report: U.S., Congress, House, Committee on Veterans' Affairs, Educational Assistance to Veterans: A Comparative Study of Three GI Bills, Committee Print No. 85 (Washington, D.C.: U.S. Government Printing Office, 1973) (Y4. V64/3: ED 8.23).

<sup>53</sup>Ibid., pp. 30-34.

<sup>54</sup>Ibid., p. 43.

<sup>55</sup>David E. Rosenbaum, "Congress Overrides Veto of Veterans' Benefits Bill," New York Times, 4 December 1974.

<sup>56</sup>U.S., Veterans Administration, Veterans' Benefits, pp. 23, 55. VA gives a participation rate of 55.7 percent, but it is inflated by close to 539,000 active duty service personnel who qualify for educational assistance. Many come under the Predischarge Educational Program (PREP). Most training by active duty service personnel is through correspondence courses. I subtracted them from the total to get a figure of 52.2 percent participation for veterans.