

World War Adjusted Compensation Act

1304. "Bonus." The World War Adjusted Compensation Act, commonly referred to as the "Bonus Act," passed over the President's veto May 19, 1924, and was amended July 3, 1926. Only the essential portions of the Act are quoted here; administrative provisions are omitted. Amendments of July. 3, 1926, are indicated by brackets.

ACT-TITLE I—DEFINITIONS

SECTION 1. This Act may be cited as the "World War' Adjusted Compensation Act."

SEC. 2. As used in this Act—

- (a) The term "veteran" includes any individual, a member of the military or naval forces of the United States at any time after April 5, 1917, and before November 12, 1918; but does not include
 1. (1) any individual at any time during such period or thereafter separated from such forces under other than honorable conditions,
 2. (2) any conscientious objector who performed no military duty whatever or refused to wear the uniform; or
 3. (3) any alien at any time during such period or thereafter discharged from the military or naval forces on account of his alienage;
- (b) The term "oversea service" means service on shore in Europe or Asia, exclusive of China, Japan, and the Philippine Islands; and service afloat, not on receiving ships; including in either case the period from the date of embarkation for such service to the date of disembarkation on return from such service, both dates inclusive;
- (c) The term "home service" means all service not oversea service;
- (d) The term "adjusted service credit" means the amount of the credit computed under the provisions of Title II; and
- (e) The term "person" includes a partnership, corporation, or association, as well as an individual.

TITLE II—ADJUSTED SERVICE CREDIT

SEC. 201. The amount of adjusted service credit shall be computed by allowing the following sums for each day of active service, in excess of sixty days, in the military or naval forces of the United States after April 5, 1917, and before July 1, 1919, as shown by the service or other record of the veteran: \$1.25 for each day of oversea service, and \$1 for each day of home service; but the amount of the credit of a veteran who performed no oversea service shall not exceed \$500, and the amount of the credit of a veteran who performed any oversea service shall not exceed \$625.

SEC. 202. In computing the adjusted service credit no allowance shall be made to-

- (a) Any commissioned officer above the grade of captain in the Army or Marine Corps, lieutenant in the Navy, first lieutenant or first lieutenant of engineers in the Coast Guard, or passed assistant surgeon in the Public Health Service, or having the pay and allowances, if not the rank, of any officer superior in rank to any of such grades—in each case for the period of service as such;
- (b) Any individual holding a permanent or provisional commission or permanent or acting warrant in any branch of the military or naval forces, or (while holding such commission or warrant) serving under a temporary commission in a higher grade—in each case for the period of service under such commission or warrant or in such higher grade after the accrual of the right to pay thereunder. This subdivision shall not apply to any noncommissioned officer;
- (c) Any civilian officer or employee of any branch of the military or naval forces, contract surgeon, cadet of the United States Military Academy, midshipman, cadet or cadet engineer of the Coast Guard, member of the Reserve Officers' Training Corps, member of the Students' Army Training Corps (except an enlisted man detailed thereto), Philippine Scout, member of the Philippine Guard, member of the Philippine Constabulary, member of the National Guard of Hawaii, member of the insular force of the Navy, member of the Samoan native guard and band of the Navy, or Indian Scout—in each case for the period of service as such;
- (d) Any individual entering the military or naval forces after November xi, 1918—for any period after such entrance;
- (e) Any commissioned or warrant officer performing home service not with troops and receiving commutation of quarters or of subsistence—for the period of such service;
- (f) Any member of the Public Health Service—for any period during which he was not detailed for duty with the Army or the Navy;
- (g) Any individual granted a farm or industrial furlough—for the period of such furlough;
- (h) Any individual detailed for work on roads or other construction or repair work—for the period during which his pay was equalized to conform to the compensation paid to civilian employees in the same or like employment, pursuant to the provisions of section 9 of the Act entitled "An Act making appropriations for the service of the Post Office Department for the fiscal year ending June 30, 1920, and for other purposes," approved February 28, 1919; or
- (i) Any individual who was discharged or otherwise released from the draft—for the period of service terminating with such discharge or release.

SEC. 203.

- (a) The periods referred to in subdivision (e) of section 202 may be included in the case of any individual if and to the extent that the Secretary of War and the Secretary of the Navy jointly find that such service subjected such individual to exceptional hazard. A full statement of all action under this subdivision shall be included in the reports of the Secretary of War and the Secretary of the Navy required by section 307.
- (b) In computing the credit to any veteran under this title effect shall be given to all subdivisions of section 202 which are applicable.
- (c) If part of the service is oversea service and part is home service, the home service shall first be used in computing the sixty days' period referred to in section 201.

- (d) For the purpose of computing the sixty days' period referred to in section 201, any period of service after April 5, 1917, and before July 1, 1919, in the military or naval forces in any capacity may be included, notwithstanding allowance of credit for such period, or a part thereof, is prohibited under the provisions of section 202, except that the periods referred to in subdivisions (b), (c), and (d) of that section shall not be included.
- (e) For the purposes of section 201, in the case of members of the National Guard of the National Guard Reserve called into service by the proclamation of the President dated July 3, 1917, the time of service between the date of call into the service as specified in such proclamation and August 5, 1917, both dates inclusive, shall be deemed to be active service in the military or naval forces of the United States.

TITLE III.—GENERAL PROVISIONS BENEFITS GRANTED VETERANS

SEC. 301. Each veteran shall be entitled:

- (1) To receive "adjusted service pay" as provided in Title IV, if the amount of his adjusted service credit is \$50 or less;
- (2) To receive an "adjusted service certificate" as provided in Title V, if the amount of his adjusted service credit is more than \$50.

APPLICATION BY VETERAN

SEC. 302.

- (a) A veteran may receive the benefits to which he is entitled by application claiming the benefits of this Act, filed with the Secretary of War if he is serving in, or his last service was with, the military forces; or filed with the Secretary of the Navy, if he is serving in, or his last service was with, the naval forces.
- (b) Such application shall be made and filed on or before January [2, 1930,] (1) personally by the veteran, or (2) in case physical or mental incapacity prevents the making of filing of a personal application, then by such representative of the veteran and in such manner as may be by regulations prescribed. An application made by a person other than the representative authorized by any such regulation, or not filed on or before January [2, 1930,] shall be held void.

If the veteran dies after the application is made and before it is filed it may be filed by any person: Provided, however, that if the veteran died between May 19, 1924, and July 1, 1924, without making the application, leaving a widow surviving him, the application may be made by the widow and shall be valid with the same force and effect in every respect as if the application had been made by the veteran.

- (c) If the veteran dies after the application is made, it shall be valid if the Secretary of War or the Secretary of the Navy, as the case may be, finds that it bears the bona fide signature of the applicant, discloses an intention to claim the benefits of this Act on behalf of the veteran, and is filed on or before January [2, 1930,] whether or not the

veteran is alive at the time it is filed.

If the veteran dies and payments are made to his dependents under Title VI, and thereafter a valid application is filed under this section, then if the adjusted service credit of the veteran is more than 10, payment shall be made in accordance with Title V, less any amounts already paid under Title VI.

- (d) The Secretary of War and the Secretary of the Navy shall jointly make any regulations necessary to the efficient administration of the provisions of this section.

TRANSMITTAL OF APPLICATION

SEC. 303.

- (a) As soon as practicable after the receipt of a valid application the Secretary of War or the Secretary of the Navy, as the case may be, shall transmit to the Director of the United States Veterans Bureau (hereafter in this Act referred to as the Director) the application and a certificate setting forth—
 - (1) That a valid application has been received;
 - (2) That the applicant is a veteran;
 - (3) His name and address;
 - (4) The date and place of his birth; and
 - (5) The amount of his adjusted service credit. (Omission.)
 - (6) Upon receipt of such certificate the Director shall proceed to extend to the veteran the benefits provided for in Title IV or V.

SECS. 304-7. Administrative provisions.

SEC. 308.

- (a) No sum payable under this Act to a veteran or his dependents, or to his estate, or to any beneficiary named under Title V, no adjusted service certificate, and no proceeds of any loan made on such certificate, shall be subject to attachment, levy, or seizure under any legal or equitable process, or to National or State taxation, and no deductions on account of any indebtedness of the veteran to the United States shall be made from the adjusted service credit or from any amounts due under this Act.
- (b) As used in this section the term "original credit" means the amount of the adjusted service credit computed under the World War Adjusted Compensation Act before its amendment by this Act, less amounts deducted on account of any indebtedness of the veteran to the United States; and the term "new credit" means the amount of the adjusted service credit computed under such Act as amended by this Act, without such deduction.
- (c) If the veteran is alive at the time of the enactment of this Act and the benefits of the World War Adjusted Compensation Act have been extended to him, then any excess of the new credit over the original credit shall be considered as if it were a separate adjusted service credit and the benefits of such Act shall be extended in respect thereof according to the terms of such Act as amended by this Act.

- (d) If the veteran has died before the enactment of this Act and before making application under section 302 of the World War Adjusted Compensation Act, then if any part of the original credit has been paid to the dependents of the veteran, any remaining part shall be paid as provided in Title VI of such Act as amended by this Act, and any excess of the new credit over the original credit shall be paid in cash in a lump sum to the dependents as provided in Title VI of such Act as amended by this Act.
- (e) If the veteran has died before the enactment of this Act after having made application, then—
 - (1) If the original credit was not over \$50 and the new credit is not over \$50 payment shall be made as provided in subdivision (d).
 - (2) If the original credit was not over \$50 and the new credit is over \$50 then the face value of an adjusted service certificate computed on the basis of the new credit shall be paid to the beneficiary named, or, if the beneficiary died before the veteran and no new beneficiary was named or if no beneficiary was named in the application, then to the estate of the veteran. If in any such case any payments have already been made to the veteran or his dependents, the amount of such payments shall be deducted from the face value of the adjusted service certificate.
 - (3) If the original credit was over \$50 then the face value of an adjusted service certificate computed on the basis of the excess of the new credit over the original credit shall be paid as provided in paragraph (2) of this subdivision.
- (f) Wherever under this Act or the World War Adjusted Compensation Act it is provided that payment shall be made by the Director of the United States Veterans Bureau to the estate of any decedent, such payment, if not over \$500, may, under regulations prescribed by the Director, be made to the persons found by him to be entitled thereto, without the necessity of compliance with the requirements of law in respect of the administration of such estate

SEC. 309. Any person who charges or collects, or attempts to charge or collect, either directly or indirectly, any fee or other compensation for assisting in any manner a veteran, his dependents, or other beneficiary under this Act, in obtaining any of the benefits, privileges, or loans to which he is entitled under the provisions of this Act, shall upon conviction thereof, be subject to a fine of not more than \$500 or imprisonment for not more than one year, or both.

SEC. 310. The decisions of the Secretary of War, the Secretary of the Navy, and the Director, on all matters within their respective jurisdictions under the provisions of this Act (except the duties vested in them by Title VII) shall be final and conclusive.

SEC. 311. Where the records of the War department or the Navy Department show that an application, disclosing an intention to claim the benefits of any provision of this Act, has been filed on or before January 2, 1930, and the application cannot be found, such application shall be presumed, in the absence of affirmative evidence to the contrary, to have been valid when originally filed.

In such case the Secretary of War or the Secretary of the Navy, as the case may be, shall not be required to transmit to the Director the application (as provided in sections 303 and 605) unless a

new application is filed, in which case the new application shall be considered to have been filed on the date of filing of the lost application. (Effective May 19, 1924.)

SEC. 312.

- (a) If satisfactory evidence is produced establishing the fact of the continued and unexplained absence of any individual from his home and family for a period of seven years, during which period no intelligence of his existence has been received, the death of such individual as of the date of the expiration of such period shall, for the purposes of this Act, be considered as sufficiently proved.
- (b) If in the case of any such individual who is a veteran it appears that his application was not made and filed prior to the beginning of such seven-year period, or that although entitled to receive adjusted service pay he did not receive it prior to the beginning of such seven-year period, then his dependents who have made and filed application before the date of the expiration of such seven-year period (if such period began before January 3, 1930) shall be entitled to receive the amount of his adjusted service credit in accordance with the provisions of Title VI.
- (c) For the purposes of subdivision (b) of this section—
 - (1) The widow shall be considered to be dependent within the meaning of section 602, if she was dependent at the beginning of such seven-year period or at any time thereafter and before the expiration of such period. The widow shall be presumed to have been dependent at the beginning of such seven-year period upon a showing of the marital cohabitation.
 - (2) A child shall be considered incapable of self-support, within the meaning of section 602, if incapable of self-support by reason of mental or physical defect at the beginning of such seven-year period or at any time thereafter and before the expiration of such period.
 - (3) The mother or father shall be considered to be dependent, within the meaning of section 602, if dependent at the beginning of such seven-year period or at any time thereafter and before the expiration of such period. If at the expiration of such seven-year period the mother is unmarried or over sixty years of age, or the father is over sixty years of age, such mother or father, respectively, shall be presumed to be dependent.
- (d) In the case of a veteran, if it appears that he is still living, payments to dependents in respect of his death shall cease, and, if he has filed a valid application under the provisions of section 302, any payments already made shall be deducted from the face value of his adjusted service certificate, or from the amount of his adjusted service credit if such credit is not more than \$50. In the case of a dependent, if it appears that such dependent is still living, payments to dependents later in preference under this Act shall cease, and, if such dependent has filed a valid application under the provisions of section 604, the remainder of the payments shall be made in accordance with the provisions of Title VI. (This section effective as of May 19, 1924.)

SEC. 313. That where any payment under this Act is to be made to a minor, other than a person in the military or naval forces of the United States or to a person mentally incompetent, or under other legal disability adjudged by a court of competent jurisdiction, such payment may be made

to the legally constituted guardian, curator, or conservator of the person entitled to payment, or to the person found by the director to be otherwise legally vested with the care of the person entitled to payment or of his estate. Prior to the receipt of notice by the Bureau that any such person entitled to payment is under such legal disability, payment may be made to such person direct. (Effective May 19, 1924.)]

TITLE IV.—ADJUSTED SERVICE PAY

SEC. 401. There shall be paid to each veteran by the Director (as soon as practicable after receipt of an application in accordance with the provisions of section 302, but not before March 1, 1925), in addition to any other amounts due such veteran in pursuance of law, the amount of his adjusted service credit if, and only if, such credit is not more than \$50.

SEC. 402. No right to adjusted service pay under the provisions of this title shall be assignable or serve as security for any loan. Any assignment or loan made in violation of the provisions of this section shall be held void. Except as provided in Title VI, the Director shall not pay the amount of adjusted service pay to any person other than the veteran or such representative of the veteran as he shall by regulation prescribe.

TITLE V.—ADJUSTED SERVICE CERTIFICATES

SEC. 502. The Director, upon certification from the Secretary of War or the Secretary of the Navy, as provided in section 303, is hereby directed to issue without cost to the veteran designated therein a non-participating adjusted service certificate (hereinafter in this title referred to as a "certificate") of a face value equal to the amount in dollars of 20-year endowment insurance that the amount of his adjusted service credit increased by 25 per centum would purchase, at his age on his birthday nearest the date of the certificate, if applied, as a net single premium, calculated in accordance with accepted actuarial principles and based upon the American Experience Table of Mortality and interest at 4 per centum per annum, compounded annually.

The certificate shall be dated, and all rights conferred under the provisions of this title shall take effect, as of the 1st day of the month in which the application is filed, but in no case before January 1, 1925. The veteran shall name the beneficiary of the certificate and may from time to time, with the approval of the Director, change such beneficiary. The amount of the face value of the certificate (except as provided in subdivisions (c), (d), (e), and (f) of section 502) shall be payable out of the fund created by section 505 (1) to the veteran twenty years after the date of the certificate, or (2) upon the death of the veteran prior to the expiration of such twenty-year period, to the beneficiary named; except that if such beneficiary dies before the veteran and no new beneficiary is named, or if the beneficiary in the first instance has not yet been named, the amount of the face value of the certificate shall be paid to the estate of the veteran.

If the veteran dies after making application under section 302, but before January 1, 1925, then the amount of the face value of the certificate shall be paid in the same manner as if his death had occurred after January 1, 1925

LOAN PRIVILEGES

SEC. 502.

- (a) A loan may be made to a veteran upon his adjusted service certificate only in accordance with the provisions of this section.
- (b) Any national bank, or any bank or trust company incorporated under the laws of any State, Territory, possession, or the District of Columbia (hereinafter in this section called "bank"), is authorized, after the expiration of two years after the date of the certificate, to loan to any veteran upon his promissory note secured by his adjusted service certificate (with or without the consent of the beneficiary thereof) any amount not in excess of the loan basis (as defined in subdivision (g) of this section) of the certificate.

The rate of interest charged upon the loan by the bank shall not exceed, by more than 2 per centum per annum, the rate charged at the date of the loan for the discount of 90-day commercial paper under section 13 of the Federal Reserve Act by the Federal reserve bank for the Federal reserve district in which the bank is located.

Any bank holding a note for a loan under this section secured by a certificate (whether the bank originally making the loan or a bank to which the note and certificate have been transferred) may sell the note to, or discount or rediscount it with, any bank authorized to make a loan to a veteran under this section and transfer the certificate to such bank.

Upon the indorsement of any bank which shall be deemed a waiver of demand, notice, and protest by such bank as to its own indorsement exclusively, and subject to regulations to be prescribed by the Federal Reserve Board, any such note secured by a certificate and held by a bank shall be eligible for discount or rediscount by the Federal reserve bank for the Federal reserve district in which the bank is located.

Such note shall be eligible for discount or rediscount whether or not the bank offering the note for discount or rediscount is a member of the Federal Reserve System and whether or not it acquired the note in the first instance from the veteran or acquired it by transfer upon the indorsement of any other bank.

Such note shall not be eligible for discount or rediscount unless it has at the time of discount or rediscount a maturity not in excess of nine months exclusive of days of grace. The rate of interest charged by the Federal reserve bank shall be the same as that charged by it for the discount or rediscount of 90-day notes drawn for commercial purposes.

The Federal Reserve Board is authorized to permit, or on the affirmative vote of at least five members of the Federal Reserve Board to require, a Federal reserve bank to rediscount, for any other Federal reserve bank, notes secured by a certificate. The rate of

interest for such rediscounts shall be fixed by the Federal Reserve Board. In case the note is sold, discounted, or rediscounted the bank making the transfer shall promptly notify the veteran by mail at his last known post-office address.

(c) If the veteran does not pay the principal and interest of the loan upon its maturity, the bank holding the note and certificate may, at any time after maturity of the loan but not before the expiration of six months after the loan was made, present them to the Director. The Director may, in his discretion, accept the certificate and note, cancel the note (but not the certificate), and pay the bank, in full satisfaction of its claim, the amount of the unpaid principal due it, and the unpaid interest accrued, at the rate fixed in the note, up to the date of the check issued to the bank.

The Director shall restore to the veteran, at any time prior to its maturity, any certificate so accepted, upon receipt from him of an amount equal to the sum of (1) the amount paid by the United States to the bank in cancellation of his note, plus (2) interest on such amount from the time of such payment to the date of such receipt, at 6 per centum per annum, compounded annually.

- **(d)** If the veteran fails to redeem his certificate from the Director before its maturity, or before the death of the veteran, the Director shall deduct from the face value of the certificate (as determined in section 501) an amount equal to the sum of
 - **(1)** the amount paid by the United States to the bank on account of the note of the veteran, plus
 - **(2)** interest on such amount from the time of such payment to the date of maturity of the certificate or of the death of the veteran, at the rate of 6 per centum per annum, compounded annually, and shall pay the remainder in accordance with the provisions of section 501.
- **(e)** If the veteran dies before the maturity of the loan, the amount of the unpaid principal and the unpaid interest accrued up to the date of his death shall be immediately due and payable.

In such case, or if the veteran dies on the day the loan matures or within six months thereafter, the bank holding the note and certificate shall, upon notice of the death, present them to the Director, who shall thereupon cancel the note (but not the certificate) and pay to the bank, in full satisfaction of its claim, the amount of the unpaid principal and unpaid interest, at the rate fixed in the note, accrued up to the date of the check issued to the bank; except that if, prior to the payment, the bank is notified of the death by the Director and fails to present the certificate and note to the Director within fifteen days after the notice, such interest shall be only up to the fifteenth day after such notice.

The Director shall deduct the amount so paid from the face value (as determined under section 601) of the certificate and pay the remainder in accordance with the provisions of section 501.

- **(f)** If the veteran has not died before the maturity of the certificate, and has failed to pay his note to the bank or the Federal reserve bank holding the note and certificate, such bank shall, at the maturity of the certificate, present the note and certificate to the Director, who shall thereupon cancel the note (but not the certificate) and pay to the bank, in full satisfaction of its claim, the amount of the unpaid principal and unpaid interest, at

the rate fixed in the note, accrued up to the date of the maturity of the certificate.

The Director shall deduct the amount so paid from the face value (as determined in section soi) of the certificate and pay the remainder in accordance with the provisions of section sot.

- **(g)** The loan basis of any certificate at any time shall, for the purpose of this section, be an amount which is not in excess of 90 per centum of the reserve value of the certificate on the last day of the current certificate year. The reserve value of a certificate on the last day of any certificate year shall be the full reserve required on such certificate, based on an annual level net premium for twenty years and calculated in accordance with the American Experience Table of Mortality and interest at 4 per centum per annum, compounded annually.
- **(h)** No payment upon any note shall be made under this section by the Director to any bank, unless the note when presented to him is accompanied by an affidavit made by an officer of the bank which made the loan, before a notary public or other officer designated for the purpose by regulation of the Director, and stating that such bank has not charged or collected, or attempted to charge or collect, directly or indirectly, any fee or other compensation (except interest as authorized by this section) in respect of any loan made under this section by the bank to a veteran.

Any bank which, or director, officer, or employee thereof, who does so charge, collect, or attempt to charge or collect any such fee or compensation, shall be liable to the veteran for a penalty of Poo to be recovered in a civil suit brought by the veteran. The Director shall upon request of any bank or veteran furnish a blank form for such affidavit.

- **(i)** The Director of the United States Veterans Bureau is authorized, through such officers and at such regional offices, sub-offices, and hospitals of the United States Veterans Bureau as he may designate, and out of the United States Government life insurance fund established by section 17 of the World War Veterans' Act, 1924, as amended, to make loans to veterans upon their adjusted service certificates in the same amounts and upon the same terms and conditions as are applicable in the case of loans made under this section by a bank, and the provisions of this section shall be applicable to such loans; except that the rate of interest shall be 2 per centum per annum more than the rate charged at the date of the loan for the discount of ninety-day commercial paper under section 13 of the Federal Reserve Act by the Federal Reserve bank for the Federal Reserve district in which is located the regional office, sub-office, or hospital of the United States Veterans Bureau at which the loan is made, [but in no event shall the rate of interest exceed 6 per centum per annum.]
- **(j)** For the purpose of enabling the Director to make such loans out of the United States Government life insurance fund the Secretary of the Treasury is authorized to loan not exceeding \$25,000,000 to such fund with interest at the rate of 4 per centum per annum (beginning on the date the check for each amount loaned to a veteran is paid by the Treasurer of the United States), compounded annually, on the security of bonds held in such fund.
- **(k)** The disbursing officers of the United States Veterans Bureau shall be allowed credit in their accounts for all loans made in accordance with regulations and instructions of the Director.

SEC. 503. No certificate issued or right conferred under the provisions of this title shall, except as provided in section 502, be negotiable or assignable or serve as security for a loan. Any negotiation, assignment, or loan made in violation of any provision of this section shall be held void. If any person is named as beneficiary by the veteran as a consideration for the making of a loan to the veteran by such person or any other person, such naming shall be void.

Any person who accepts an assignment of a certificate or receives a certificate as security for a loan contrary to the provisions of this title, or who makes a loan to a veteran in consideration of the naming by the veteran of such person or any other person as beneficiary, shall be guilty of a misdemeanor and shall upon conviction thereof be fined not more than \$500 or imprisoned not more than one year, or both.

SECS. 505-507. Administrative provision.

Sec. 508. Notwithstanding any other provision of this Act a veteran may, under regulations prescribed by the Director, name more than one beneficiary, and may from time to time, with the approval of the Director, change such beneficiaries. If the Director is unable to ascertain the beneficiary named by the veteran, payment shall be made to the estate of the veteran.

TITLE VI.-PAYMENTS TO VETERAN'S DEPENDENTS ORDER OF PREFERENCE

SEC. 601. If the veteran has died before making application under section 302, or, if entitled to receive adjusted service pay, has died after making application but before he has received payment under Title IV, then the amount of his adjusted service credit shall (as soon as practicable after receipt of an application in accordance with the provisions of section 604, but not before March 1925) be paid to his dependents, in the following order of preference:

- (1) To the widow;
- (2) If no widow entitled to payment, then to the children, share and share alike;
- (3) If no widow or children entitled to payment, then to the mother;
- (4) If no widow, children, or mother, entitled to payment, then to the father.

DEPENDENCY

SEC. 602.

- (a) No payment under section 601 shall be made to a widow if she has remarried before making and filing application, or if at the time of the death of the veteran was living apart from him by reason of her own wilful act; nor unless dependent at the time of the death of the veteran or at any time thereafter and before January 3, 1930. The widow shall be presumed to have been dependent at the time of the death of the veteran upon a showing of the marital cohabitation.
- (b) Payment under section 601 shall be made to a child if
 - (1) under 18 years of age at the time of the death of the veteran, or

- (2) at any time thereafter and before January 3, 1930, incapable of self-support by reason of mental or physical defect.
- (c) No payment under section 601 shall be made to a mother or father unless dependent at the time of the death of the veteran, or at any time thereafter and before January 3, 1930. If at the time of the death of the veteran or at any time thereafter and before January 3, 1930, the mother is 'unmarried or over 60 years of age, or the father is over 60 years of age, such mother pr father, respectively, shall be presumed to be dependent.

PAYMENT IN INSTALLMENTS

SEC. 603. The payments authorized by section 601 shall be made in ten equal quarterly installments, unless the total amount of the payment is less than \$so, in which case it shall be paid on the first installment date. No payments under the provisions of this title shall be made to the heirs or legal representatives of any dependents entitled thereto who die before receiving all the installment payments, but the remainder of such payments shall be made to the dependent or dependents in the next order of preference under section 601. All payments under this title shall be made by the Director.

APPLICATION BY DEPENDENT

SEC. 604.

- (a) A dependent may receive the benefits to which he is entitled under this title by filing an application therefor with the Secretary of War, if the last service of the veteran was with the military forces, or with the Secretary of the Navy, if his last service was with the naval forces.
- (b) Applications for such benefits, whether vested or contingent, shall be made [and filed] by the dependents of the veteran on or before January ID, 19303; except that in [the] case of the death of the veteran during the six months immediately preceding such date the application shall be made [and filed] at any time within six months after the death of the veteran. Payments under this title shall be made only to dependents who have made [and filed] application in accordance with the provisions of this subdivision.
- (c) An application shall be made [and filed]
 - (1) personally by the dependent [if sixteen years of age or over,] or
 - (2) in case physical or mental incapacity [or legal disability] prevents the making [or filing] of a personal application, then by such representative of the dependent and in such manner as the Secretary of War and the Secretary of the Navy shall jointly by regulation prescribe. An application made [or filed] by a person other than the representative authorized by such regulation shall be held void.
- (d) The Secretary of War and the Secretary of the Navy shall jointly make any regulations necessary to the efficient administration of the provisions of this section.

SEC. 605.

- (a) As soon as practicable after the receipt of a valid application the Secretary of War or the Secretary of the Navy, as the case may be, shall transmit to the Director the application and a certificate setting forth—
 - (1) That a valid application has been received;
 - (2) The name and address of the applicant;
 - (3) That the individual upon whom the applicant bases his claim to payment was a veteran;
 - (4) The name of such veteran and the date and place of his birth; and
 - (5) The amount of the adjusted service credit of the veteran. (Omission.)
- (b) Upon receipt of such certificate the Director shall proceed to extend to the applicant the benefits provided in this title if the Director finds that the applicant is the dependent entitled thereto.

ASSIGNMENTS

SEC. 606. No right to payment under the provisions of this title shall be assignable or serve as security for any loan. Any assignment or loan made in violation of the provisions of this section shall be held void. The Director shall not make any payments under this title to any person other than the dependent or such representative of the dependent as the Director shall by regulation prescribe.

DEFINITIONS

SEC. 607. As used in this Act—

- (a) The term "dependent" means a widow, widower, child, father, or mother;
- (b) The term "child" includes (1) a legitimate child; (2) a child legally adopted; (3) a stepchild, if a member of the veteran's household; (4) an illegitimate child, but, as to the father only, if acknowledged in writing signed by him, or if he has been judicially ordered or decreed to contribute to such child's support, or has been judicially decreed to be the putative father of such child;
- (c) The terms "father" and "mother" include stepfathers and stepmothers, fathers and mothers through adoption, and persons who have, for a period of not less than one year, stood in loco parentis to the veteran at any time prior to the beginning of his service; and
- (d) The term "widow" includes "widower."

SEC. 608. If the veteran died while in the service and before July 1, 1919, and if an adjusted service credit has been or is, after this section takes effect, certified to the Director, then the sum of \$60 shall be paid in a lump sum to the dependents of such veteran in the same manner as is provided in sections 601 and 602 of this Act.

SEC. II. This Act shall not invalidate any payments made or applications received under the World War Adjusted Compensation Act before the enactment of this Act. Payments under awards heretofore or hereafter made shall be made to the dependent entitled thereto regardless of change in status, unless another dependent establishes to the satisfaction of the Director a priority

of preference under such Act as amended by this Act. Upon the establishment of such preference the remaining installments shall be paid to such dependent, but in no case shall the total payments under Title VI of such Act (except section 608) exceed the adjusted service credit of the veteran.

TITLE VII-MISCELLANEOUS PROVISIONS

SEC. 701. Administrative provisions.

SEC. 702. Whoever knowingly makes any false or fraudulent statement of a material fact in any application, certificate, or document made under the provisions of Title III, IV, V, VI, or VII, or of any regulation made under any such title, shall, upon conviction thereof, be fined not more than \$1,000, or imprisoned not more than five years, or both.

SEC. 703. Administrative provisions.

SEC. 704. Whoever falsely makes, forges, counterfeits, or alters, or causes or procures to be made, forged, counterfeited, or altered, or willingly aids or assists in falsely making, forging, counterfeiting, or altering an adjusted service certificate issued under authority of this Act, or whoever passes, utters, publishes, or sells, or attempts to pass, utter, publish, or sell, any such false, forged, counterfeited, or altered certificate, with intent to defraud the United States or any person, or whoever has in possession any such falsely made, forged, counterfeited, or altered certificate, with intent to unlawfully use the same, shall be punished by a fine of not more than \$5,000 and imprisonment not more than fifteen years.

The Secretary of the Treasury is hereby authorized to direct and use the Secret Service Division of the Treasury Department to detect, arrest, and deliver into the custody of the United States marshal having jurisdiction any person or persons violating any of the provisions of this section.

SEC. 705. Whenever it appears to the Director, by evidence clear and satisfactory to him, that any adjusted service certificate has, without bad faith upon the part of the person entitled to payment thereon, been lost [or destroyed,] and such adjusted service certificate is identified by number and description, he shall under such regulations and with such restrictions as to time and retention for security or otherwise as he may prescribe, issue a duplicate thereof of like value in all respects to the original certificate and so marked as to show the original number of the certificate lost, [or destroyed,] and the date thereof.

The lawful holder of such certificate who makes application for a duplicate shall (omission) file in the United States Veterans Bureau a bond in a penal sum of the face value of such lost, [or destroyed] certificate, with two good and sufficient [sureties], residents of the United States, to be approved by the Director, with condition to indemnify and save harmless the United States from any claim upon such lost, [or destroyed,] certificate; except that a duplicate certificate shall be issued without the requirement of a bond when it is shown to the satisfaction of the Director that the original certificate,

- (1) before delivery to the veteran, has been lost, destroyed, wholly or in part, or so defaced as to impair its value, and
- [(2) after delivery to the veteran, has, without bad faith upon the part of the person entitled to payment thereon, been partially destroyed or defaced so as to impair its value, is capable of identification, and is surrendered by such person to the Veterans Bureau.]

SEC. 7. This Act shall not invalidate any payments made or applications received, before the enactment of this Act, under the World War Adjusted Compensation Act, as amended. Payments under awards heretofore or hereafter made shall be made to the dependent entitled thereto regardless of change in status, unless another dependent establishes to the satisfaction of the Director a priority of preference under such Act as amended. Upon the establishment of such preference the remaining installments shall be paid to such dependent, but in no case shall the total payments under Title VI of such Act, as amended (except section 608), exceed the adjusted service credit of the veteran.

WWII Veterans and the G.I. Bill

A. Background

President Franklin Roosevelt wanted to provide postwar assistance programs that assisted the poor, as well as veterans, with the difficult transition from war to peace time. Veterans' organizations, led by The American Legion, started what would be a strong lobby for decades, and got Congress to limit FDR's proposal only to veterans of military service. The bill almost died, when the Senate and House, which agreed on the education and home loan benefits, disagreed on the unemployment benefits.

Created to prevent a repeat of the Bonus March of 1932 (veterans marched on Washington D.C., and those that remained were kicked out of the city by U.S troops), avert another depression, and put an end to the ongoing confusion regarding veterans' benefits that had been used as a political football since the end of WW I (when discharged servicemen got \$60 and a train ticket home), the Servicemen's Readjustment Act of 1944, commonly known as the G.I. Bill of Rights, became law on June 22, 1944. P.L. 78-346, 58 Stat. 284m.

President Franklin D. Roosevelt's Statement on Signing the G.I. Bill
June 22, 1944

This bill, which I have signed today, substantially carries out most of the recommendations made by me in a speech on July 28, 1943, and more specifically in messages to the Congress dated October 27, 1943, and November 23, 1943:

1. It gives servicemen and women the opportunity of resuming their education or technical training after discharge, or of taking a refresher or retrainer course, not only without tuition charge up to \$500 per school year, but with the right to receive a monthly living allowance while pursuing their studies.
2. It makes provision for the guarantee by the Federal Government of not to exceed 50 percent of certain loans made to veterans for the purchase or construction of homes, farms, and business properties.
3. It provides for reasonable unemployment allowances payable each week up to a maximum period of one year, to those veterans who are unable to find a job.
4. It establishes improved machinery for effective job counseling for veterans and for finding jobs for returning soldiers and sailors.
5. It authorizes the construction of all necessary additional hospital facilities.
6. It strengthens the authority of the Veterans Administration to enable it to discharge its existing and added responsibilities with promptness and efficiency.

With the signing of this bill a well-rounded program of special veterans' benefits is nearly completed. It gives emphatic notice to the men and women in our armed forces that the American people do not intend to let them down.

By prior legislation, the Federal Government has already provided for the armed forces of this war: adequate dependency allowances; mustering-out pay; generous hospitalization, medical care, and vocational rehabilitation and training; liberal pensions in case of death or disability in military service; substantial war risk life insurance, and guaranty of premiums on commercial policies during service; protection of civil rights and suspension of enforcement of certain civil liabilities during service; emergency maternal care for wives of enlisted men; and reemployment rights for returning veterans.

This bill therefore and the former legislation provide the special benefits which are due to the members of our armed forces -- for they "have been compelled to make greater economic sacrifice and every other kind of sacrifice than the rest of us, and are entitled to definite action to help take care of their special problems." While further study and experience may suggest some changes and improvements, the Congress is to be congratulated on the prompt action it has taken.

B. Primary Benefits Provided to WW II Vets

Key provisions: (a) education and training; (b) loan guaranty for homes, farms or businesses; (c) unemployment pay; and (d) \$300 in "mustering out" pay.

1. Education and Training

Veterans received money for tuition, living expenses, books, supplies, and equipment for higher education. Before the G.I. Bill, college was available to less than 15% of the population. In the peak year of 1947, veterans accounted for 49 percent of college admissions, and by the time the original GI Bill ended in 1956, almost half of the 16 million WWII veterans had participated in an education or training program. Universities benefited as well, developing new lasting programs in agriculture, mining, and others similar courses that were previously taught informally.

2. Loan Guaranty for Homes (and federal guaranteed loans of up to \$2k at 4% interest)

Low interest, zero down payment home loans, enabled millions of families to move into suburban homes, which prior to the war had been occupied mostly by the wealthy upper class. From 1944-1952 the V.A. backed nearly 2.4 million loans for veterans.

3. Unemployment Pay

52-50 clause enabled former servicemen to receive \$20 a week for 52 weeks, while they were looking for work, although most quickly found a job or pursued higher education. This was the most controversial part of the bill, but only 20 percent of the funds set aside were used.

C. Current Events

VA Guarantees 20 Millionth Home Loan

VA announced it has guaranteed 20 million home loans since its home loan program was established in 1944 as part of the original GI Bill of Rights for returning World War II Veterans. The 20 millionth loan was guaranteed for a home in Woodbridge, Va., purchased by the surviving spouse of an Iraq War Veteran who passed away in 2010.

<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2400>

Among the millions of Americans who have taken advantage of the bill are former Presidents George H.W. Bush and Gerald Ford, former Vice President Al Gore and entertainers Johnny Cash, Ed McMahon, Paul Newman and Clint Eastwood.



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Vietnam Veterans Readjustment Problems

The Etiology of Combat-Related Post-Traumatic Stress Disorders

by Jim Goodwin, Psy.D.

Published by DISABLED AMERICAN VETERANS National Headquarters P. O. Box 14301 Cincinnati, OH 45214

INTRODUCTION

Most Vietnam veterans have adjusted well to life back in the United States, following their wartime experiences. That's a tribute to these veterans who faced a difficult homecoming to say the least.

However, a very large number of veterans haven't made it all the way home from the war in Southeast Asia. By conservative estimates, at least half a million Vietnam veterans still lead lives plagued by serious, war-related readjustment problems. Such problems crop up in a number of ways, varying from veteran to veteran. Flashbacks to combat... feelings of alienation or anger... depression, loneliness and an inability to get close to others... sometimes drug or alcohol problems... perhaps even suicidal feelings. The litany goes on.

In its efforts to help these veterans, the 700,000-member Disabled American Veterans (DAV) funded the FORGOTTEN WARRIOR PROJECT research on Vietnam veterans by John P. Wilson, Ph.D. at Cleveland State University. That research resulted in formation of the DAV Vietnam Veterans Outreach Program to provide counseling to these veterans in 1978. With 70 outreach offices across the United States, this DAV program served as a model for the Veterans Administration (VA) Operation Outreach program for Vietnam era veterans, which was established approximately a year later.

Clinically, the readjustment problems these veterans suffer were designated as Post Traumatic Stress Disorders in the American Psychiatric Association's DIAGNOSTIC & STATISTICAL MANUAL III (DSM III). Counseling psychologists working with Vietnam veterans in the DAV and VA outreach programs emphasize that these disorders are not mental illnesses. Rather, they are delayed reactions to the stress these veterans—particularly combat veterans—underwent during the war in Southeast Asia.

The nature of post-traumatic stress disorders among Vietnam veterans is described in this paper by Jim Goodwin, Psy.D. Himself a Marine Corps veteran of Vietnam combat, Dr. Goodwin worked as a volunteer counselor in the DAV Vietnam Veterans Outreach Program while doing graduate work at the University of Denver's School of Professional Psychology. Following these studies, Dr. Goodwin rejoined the Armed Forces and is now a captain on active duty with the U.S. Army.

The material presented here is a condensation of Dr. Goodwin's chapter in POST-TRAUMATIC STRESS DISORDERS OF THE VIETNAM VETERAN: OBSERVATIONS AND RECOMMENDATIONS FOR THE PSYCHOLOGICAL TREATMENT OF THE VETERAN AND HIS FAMILY.

Edited by Tom Williams, Psy.D., this book was published by the nonprofit Disabled American Veterans as a guide to counseling professionals who are working with or interested in the problems of Vietnam veterans. Due to limited quantities, the complete book has been made available chiefly to psychiatrists, psychologists and other mental health counseling professionals. It is hoped that Dr. Goodwin's paper will provide all of the information on post-traumatic stress disorders needed by veterans, their families, and the general public.

A final note: Gerald R. Ford, when he was President of our country, asked the American public to put Vietnam behind them and forget it. I can think of no Presidential injunction that has been more effective. As a Vietnam War veteran, myself, I believe it's both healthful and necessary to put the bitterness and dissension of the war years behind us. But to forget the Vietnam War, its troubled veterans, and their families would be unforgivable. Sherman E. Roodzant National Commander Disabled American Veterans

RECOLLECTIONS

What price must the heart pay to live and love? Say you long hot days ahead without a kind word—days when fear will tear your insides apart – but one must go for duty calls... so very far away.

My heart is numb, my brain reels—yet no tears. Another friend is laid to rest. God rest his soul this brave man. Keep him safe for we'll meet again—at another time, in another place. Hot sun, endless hours grant me some respite from loneliness. Sharp rattle, orange streaks across the black sky—a sensation of torn steel, woven with hot flesh and blood beside me. God! God whatever God you be, speed my soul on its way but not in endless eternity. Thoughts of home come to me—don't let me go; please no—I'm afraid!

A cold refreshing wind penetrates my bones—what a strange place this be. I hear familiar voices that have long passed from existence—I see faces—faces of friends long since dead. I realize now what has happened and where I am, yet I am happy with those whose names are carved in stone amidst the grass of a place called Arlington.

Please don't weep for me for I no longer worry about what tomorrow brings... for me it brings a much needed rest... a rest forever.
by: George L. Skypeck Captain, U.S.A. 12/71

THE ETIOLOGY OF COMBAT-RELATED POST-TRAUMATIC STRESS-DISORDERS

BY: Jim Goodwin, Psy.D.

"My marriage is falling apart. We just don't talk any more. Hell, I guess we've never really talked about anything, ever. I spend most of my time at home alone in the basement. She's upstairs and I'm downstairs. Sure we'll talk about the groceries and who will get gas for the car, but that's about it. She's tried to tell me she cares for me, but I get real uncomfortable talking about things like that, and I get up and leave. Sometimes I get real angry over the smallest thing. I used to hit her when this would happen, but lately I just punch out a hole in the wall, or leave and go for a long drive. Sometimes I spend more time on the road just driving aimlessly than I do at home.

"I really don't have any friends and I'm pretty particular about who I want as a friend. The world is pretty much dog eat dog, and no one seems to care much for anyone else. As far as I'm concerned, I'm really not a part of this messed up society. What I'd really like to do is have a home in the mountains, somewhere far away from everyone. Sometimes I get so angry with the way things are being run. I think about placing a few blocks of C-4 (military explosive) under some of the sons-of-bitches. A couple of times a year, I get into fights at bars. I usually pick the biggest guy. I don't know why. I usually get creamed. There are times when I drive real crazily, screaming and yelling at other drivers.

"I usually feel depressed. I've felt this way for years. There have been times I've been so depressed that I won't even leave the basement. I'll usually start drinking pretty heavily around these times. I've also thought about committing suicide when I've been depressed. I've got an old .38 that I snuck back from Nam. A couple of times I've sat with it loaded, once I even had the barrel in my mouth and the hammer pulled back. I couldn't do it. I see Smitty back in Nam with his brains smeared all over the bunker. Hell, I fought too hard then to make it back to the World (U.S.): I can't waste it now. How come I survived and he didn't? There has to be some reason.

"Sometimes, my head starts to replay some of my experiences in Nam. Regardless of what I'd like to think about, it comes creeping in. It's so hard to push back out again. It's old friends, their faces, the ambush, the screams, their faces (tears)... You know, every time I hear a chopper (helicopter) or see a clear unobstructed green treeline, a chill goes down my back; I remember. When I go hiking now, I avoid green areas. I usually stay above timber line. When I walk down the street, I get real uncomfortable with people behind me that I can't see. When I sit, I always try to find a chair with something big and solid directly behind me. I feel most comfortable in the corner of a room, with walls on both sides of me. Loud noises irritate me and sudden movement or noise will make me jump.

"Night is hardest for me. I go to sleep long after my wife has gone to bed. It seems like hours before I finally drop off. I think of so

many of my Nam experiences at night. Sometimes my wife awakens me with a wild look in her eye. I'm all sweaty and tense. Sometimes I grab for her neck before I realize where I am. Sometimes I remember the dream; sometimes it's Nam, other times it's just people after me, and I can't run anymore.

"I don't know, this has been going on for so long; it seems to be getting gradually worse. My wife is talking about leaving. I guess it's no big deal. But I'm lonely. I really don't have anyone else. Why am I the only one like this? What the hell is wrong with me?"

The above description of one Vietnam veteran's problematic lifestyle, more than ten years after the war in Southeast Asia, is unfortunately not an unusual phenomenon.

THE EVOLUTION OF POST-TRAUMATIC STRESS DISORDER

It was not until World War I that specific clinical syndromes came to be associated with combat duty. In prior wars, it was assumed that such casualties were merely manifestations of poor discipline and cowardice. However, with the protracted artillery barrages commonplace during "The Great War," the concept evolved that the high air pressure of the exploding shells caused actual physiological damage, precipitating the numerous symptoms that were subsequently labeled "shell shock." By the end of the war, further evolution accounted for the syndrome being labeled a "war neurosis" (Glass, 1969).

During the early years of World War II, psychiatric casualties had increased some 300 percent when compared with World War I, even though the preinduction psychiatric rejection rate was three to four times higher than World War I (Figley, 1978a). At one point in the war, the number of men being discharged from the service for psychiatric reasons exceeded the total number of men being newly drafted (Tiffany and Allerton, 1967).

During the Korean War, the approach to combat stress became even more pragmatic. Due to the work of Albert Glass (1945), individual breakdowns in combat effectiveness were dealt with in a very situational manner. Clinicians provided immediate onsite treatment to affected individuals, always with the expectation that the combatant would return to duty as soon as possible. The results were gratifying. During World War II, 23 percent of the evacuations were for psychiatric reasons. But in Korea, psychiatric evacuations dropped to only six percent (Bourne, 1970). It finally became clear that the situational stresses of the combatant were the primary factors leading to psychological casualty.

Surprisingly, with American involvement in the Vietnam War, psychological battlefield casualties evolved in a new direction. What was expected from past war experiences — and what was prepared for — did not materialize. Battlefield psychological breakdown was at an all-time low, 12 per one thousand (Bourne, 1970). It was decided that use of preventative measures learned in Korea and some added situational manipulation which will be discussed later had solved the age-old problem of psychological breakdown in combat.

As the war continued for a number of years, some interesting additional trends were noted. Although the behavior of some combatants in Vietnam undermined fighting efficiency, the symptoms presented rare but very well documented phenomenon of World War II began to be reobserved. After the end of World War II, some men suffering from acute combat reaction, as well as some of their peers with no such symptoms at war's end, began to complain of common symptoms. These included intense anxiety, battle dreams, depression, explosive aggressive behavior and problems with interpersonal relationships, to name a few. These were found in a five-year follow-up (Futterman and Pumpian- Mindlin, 1951) and in a 20-year follow-up (Archibald and Tuddenham, 1965).

A similar trend was once more observed in Vietnam veterans as the war wore on. Both those who experienced acute combat reaction and many who did not began to complain of the above symptoms long after their combatant role had ceased. What was so unusual was the large numbers of veterans being affected after Vietnam. The pattern of neuropsychiatric disorder for combatants of World War II and Korea was quite different than for Vietnam. For both World War II and the Korean War, the incidence of neuropsychiatric disorder among combatants increased as the intensity of the wars increased. As these wars wore down, there was a corresponding decrease in these disorders until the incidence closely resembled the particular prewar periods. The prolonged or delayed symptoms noticed during the postwar periods were noted to be somewhat obscure and few in numbers; therefore, no great significance was attached to them. However, the Vietnam experience proved different. As the war in Vietnam progressed in intensity, there was no corresponding increase in neuropsychiatric casualties among combatants. It was not until the early 1970s, when the war was winding down, that neuropsychiatric disorders began to increase. With the end of direct American troop involvement in Vietnam in 1973, the number of veterans presenting neuropsychiatric disorders began to increase tremendously (President's Commission on Mental Health 1978).

During the same period in the 1970s, many other people were experiencing varying traumatic episodes other than combat. There were large numbers of plane crashes, natural disasters, fires, acts of terrorism on civilian populations and other catastrophic events. The picture presented to many mental health professionals working with victims of these events, helping them adjust after traumatic experiences, was quite similar to the phenomenon of the troubled Vietnam veteran. The symptoms were almost identical. Finally, after much research (Figley, 1978a) by various veterans' task forces and recommendations by those involved in treatment of civilian post-trauma clients, the DSM III (1980) was published with a new category: post-traumatic stress disorder, acute, chronic and/or delayed.

HOW THE VIETNAM EXPERIENCE DIFFERED FROM PREVIOUS WARS AND SUBSEQUENTLY PREDISPOSED THE COMBATANT TO THE POST-TRAUMATIC STRESS DISORDER: DELAYED AND/OR CHRONIC TYPE

When direct American troop involvement in Vietnam became a reality, military planners looked to previous war experiences to help alleviate the problem of psychological disorder in combat. By then it was an understood fact that those combatants with the most combat exposure suffered the highest incidence of breakdown. In Korea this knowledge resulted in use, to some extent, of a "point system." After accumulating so many points, an individual was rotated home, regardless of the progress of the war. This was further refined in Vietnam, the outcome being the DEROS (date of expected return from overseas) system. Every individual serving in Vietnam, except general officers, knew before leaving the United States when he or she was scheduled to return. The tour lasted 12 months for everyone except the Marines who, known for their one-upmanship, did a 13-month tour. DEROS promised the combatant a way out of the war other than as a physical or psychological casualty (Kormos, 1978).

The advantages were clear: there would not be an endless period of protracted combat with the prospect of becoming a psychological casualty as the only hope for return to the United States without wounds. Rather, if a combatant could just hold together for the 12 or 13 months, he would be rotated to the United States; and, once home, he would leave the war far behind.

The disadvantages to DEROS were not as clear, and some time elapsed before they were noticed. DEROS was a very personal thing; each individual was rotated on his own with his own specific date. This meant that tours in Vietnam were solitary, individual episodes. It was rare, after the first few years of the war, that whole units were sent to the war zone simultaneously. Bourne said it best: "The war becomes a highly individualized and encapsulated event for each man. His war begins the day he arrives in the country, and ends the day he leaves" (p. 12, 1970). Bourne further states, "He feels no continuity with those who precede or follow him: He even feels apart from those who are with him but rotating on a different schedule" (p. 42, 1970).

Because of this very individual aspect of the war, unit morale, unit cohesion and unit identification suffered tremendously (Kormos, 1978). Many studies from past wars (Grinker and Spiegel, 1945) point to the concept of how unit integrity acts as a buffer for the individual against the overwhelming stresses of combat. Many of the veterans of World War II spent weeks or months with their units returning on ships from all over the world. During the long trip home, these men had the closeness and emotional support of one another to rework the especially traumatic episodes they had experienced together. The epitaph for the Vietnam veteran, however, was a solitary plane ride home with complete strangers and a head full of grief, conflict, confusion and joy.

For every Vietnam combatant, the DEROS date became a fantasy that on a specific day all problems would cease as he flew swiftly back to the United States. The combatants believed that neither they as individuals nor the United States as a society had changed in their absence. Hundreds of thousands of men lived this fantasy from day to day. The universal popularity of short-timer calendars is evidence of this. A short-timer was a GI who was finishing his tour overseas. The calendars intricately marked off the days remaining of his overseas tour in all manner of designs with 365 spaces to fill in to complete the final design and mark that final day. The GIs overtly displayed these calendars to one another. Those with the shortest time left in the country were praised by others and would lead their peers on a fantasy excursion of how wonderful and carefree life would be as soon as they returned home. For many, this became an almost daily ritual. For those who may have been struggling with a psychological breakdown due to the stresses of combat, the DEROS fantasy served as a major prophylactic to actual overt symptoms of acute combat reaction. For these veterans, it was a hard-fought struggle to hold on until their time came due.

The vast majority of veterans did hold on as evidenced by the low neuropsychiatric casualty rates during the war (The President's Commission on Mental Health, 1978). Rates of acute combat reaction or acute post-traumatic stress disorder were significantly lowered relative to the two previous wars. As a result, many combatants, who in previous wars might have become psychological statistics, held on somewhat tenuously until the end of their tours in Vietnam.

The struggle for most was an uphill battle. Those motivators that keep the combatant fighting — unit ESPIRIT DE CORPS, small group solidarity and an ideological belief that this was the good fight (Moskos, 1975) — were not present in Vietnam. Unit ESPIRIT was effectively slashed by the DEROS system. Complete strangers, often GIs who were strangers even to a specific unit's specialty, were transferred into units whenever individual rotations were completed. Veterans who had finally reached a level of proficiency had also reached their DEROS date and were rotated. Green troops or "fucking new guys" with almost no experience in combat were thrown into their places. These FNGs were essentially avoided by the unit, at least until after a few months of experience; "short timers" did not want to get themselves killed by relying on inexperienced replacements. Needless to say, the unit culture or ESPIRIT was often lost in the lack of communication with the endless leavings and arrivals.

There were other unique aspects of group dynamics in Vietnam. Seasoned troops would stick together, often forming very close small groups for short periods, a normal combat experience noted in previous wars (Grinker and Spiegel, 1945). Some groups formed along racial lines due to lack of unit cohesion within combat outfits. As a seasoned veteran got down to his last two months in Vietnam, he was struck by a strange malady known as the "short timer's syndrome." He would be withdrawn from the field and, if logistically possible, would be settled into a comparatively safe setting for the rest of his tour. His buddies would be left behind in the field without his skills, and he would be left with mixed feelings of joy and guilt. Interestingly, it was rare that a veteran ever wrote to his buddies still in Vietnam once he returned home (Howard, 1975). It has been an even rarer experience for two or more to get together following the war. This is a strong contrast to the endless reunions of World War II veterans. Feelings of guilt about leaving one's buddies to whatever unknown fate in Vietnam apparently proved so strong that many veterans were often too

frightened to attempt to find out what happened to those left behind.

Another factor unique to the Vietnam War was that the ideological basis for the war was very difficult to grasp. In World War II, the United States was very clearly threatened by a uniformed and easily recognizable foe. In Vietnam, it was quite the opposite. It appeared that the whole country was hostile to American forces. The enemy was rarely uniformed, and American troops were often forced to kill women and children combatants. There were no real lines of demarcation, and just about any area was subject to attack. Most American forces had been trained to fight in conventional warfare, in which other human beings are confronted and a block of land is either acquired or lost in the fray. However, in Vietnam, surprise firing devices such as booby traps accounted for a large number of casualties with the human foe rarely sighted. A block of land might be secured but not held. A unit would pull out to another conflict in the vicinity; and, if it wished to return to the same block of land, it would once again have to fight to take that land. It was an endless war with rarely seen foes and no ground gains, just a constant flow of troops in and out of the country. The only observable outcome was an interminable production of maimed, crippled bodies and countless corpses. Some were so disfigured it was hard to tell if they were Vietnamese or American, but they were all dead. The rage that such conditions generated was widespread among American troops. It manifested itself in violence and mistrust toward the Vietnamese (DeFazio, 1978), toward the authorities, and toward the society that sent these men to Vietnam and then would not support them. Rather than a war with a just ideological basis, Vietnam became a private war of survival for every American individual involved.

What was especially problematic was that this was America's first teenage war (Williams, 1979). The age of the average combatant was close to 20 (Wilson, 1979). According to Wilson (1978), this period for most adolescents involves a psychosocial moratorium (Erickson, 1968), during which the individual takes some time to establish a more stable and enduring personality structure and sense of self. Unfortunately for the adolescents who fought the war, the role of combatant versus survivor, as well as the many ambiguous and conflicting values associated with these roles, led to a clear disruption of this moratorium and to the many subsequent problems that followed for the young veterans.

Many men, who had either used drugs to deal with the overwhelming stresses of combat or developed other behavioral symptoms of similar stress-related etiology, were not recognized as struggling with acute combat reaction or post-traumatic stress disorder, acute subtype. Rather, their immediate behavior had proven to be problematic to the military, and they were offered an immediate resolution in the form of administrative discharges, often with diagnoses of character disorders (Kormos, 1978).

The administrative discharge proved to be another method to temporarily repress any further overt symptoms. It provided yet another means of ending the stress without becoming an actual physical or psychological casualty. It, therefore, served to lower the actual incidence of psychological breakdown, as did the DEROS. Eventually, this widely used practice came to be questioned, and it was recognized that it had been used as a convenient way to eliminate many individuals who had major psychological problems dating from their combat service (Kormos, 1978).

When the veteran finally returned home, his fantasy about his DEROS date was replaced by a rather harsh reality. As previously stated, World War II vets took weeks, sometimes months, to return home with their buddies. Vietnam vets returned home alone. Many made the transition from rice paddy to Southern California in less than 36 hours. The civilian population of the World War II era had been treated to movies about the struggles of readjustment for veterans (i.e. *The Man In The Grey Flannel Suit*, *The Best Years of Our Lives*, *Pride of The Marines*) to prepare them to help the veteran (DeFazio, 1978). The civilian population of the Vietnam era was treated to the horrors of the war on the six o'clock news. They were tired and numb to the whole experience. Some were even fighting mad, and many veterans came home to witness this fact. Some World War II veterans came home to victory parades. Vietnam veterans returned in defeat and witnessed antiwar marches and protests. For World War II veterans, resort hotels were taken over and made into redistribution stations to which veterans could bring their wives and devote two weeks to the initial homecoming (Boros, 1973). For Vietnam veterans, there were screaming antiwar crowds and locked military bases where they were processed back into civilian life in two or three days.

Those veterans who were struggling to make it back home finally did. However, they had drastically changed, and their world would never seem the same. Their fantasies were just that: fantasy. What they had experienced in Vietnam and on their return to their homes in the United States would leave an indelible mark that many may never erase.

THE CATALYSTS OF POST-TRAUMATIC STRESS DISORDERS FOR VIETNAM COMBAT VETERANS

More than 8.5 million individuals served in the U.S. Armed Forces during the Vietnam era, 1964-1973. Approximately 2.8 million served in Southeast Asia. Of the latter number, almost one million saw active combat or were exposed to hostile, life-threatening situations (President's Commission on Mental Health, 1978). It is this writer's opinion that the vast majority of Vietnam era veterans have had a much more problematic readjustment to civilian life than did their World War II and Korean War counterparts. This was due to the issues already discussed in this chapter, as well as to the state of the economy and the inadequacy of the GI Bill in the early 1970s. In addition, the combat veterans of Vietnam, many of whom immediately tried to become assimilated back into the peacetime culture, discovered that their outlook and feelings about their relationships and future life experiences had changed immensely. According to the fantasy, all was to be well again when they returned from Vietnam. The reality for many was quite different.

A number of studies point out that those veterans subjected to more extensive combat show more problematic symptoms during the

period of readjustment (Wilson, 1978; Strayer & Ellenhorn, 1975; Kormos, 1978; Shatan, 1978; Figley, 1978b). The usual pattern has been that of a combat veteran in Vietnam who held on until his DEROS date. He was largely asymptomatic at the point of his rotation back to the U.S. for the reasons previously discussed; on his return home, the joy of surviving continued to suppress any problematic symptoms. However, after a year or more, the veteran would begin to notice some changes in his outlook (Shatan, 1978). But, because there was a time limit of one year after which the Veterans Administration would not recognize neuropsychiatric problems as service-connected, the veteran was unable to get service-connected disability compensation. Treatment from the VA was very difficult to obtain. The veteran began to feel depressed, mistrustful, cynical and restless. He experienced problems with sleep and with his temper. Strangely, he became somewhat obsessed with his combat experiences in Vietnam. He would also begin to question why he survived when others did not.

For approximately 500,000 veterans (Wilson, 1978) of the combat in Southeast Asia, this problematic outlook has become a chronic lifestyle affecting not only the veterans but countless millions of persons who are in contact with these veterans. The symptoms described below are experienced by all Vietnam combat veterans to varying degrees. However, for some with the most extensive combat histories and other variables which have yet to be enumerated, Vietnam-related problems have persisted in disrupting all areas of life experience. According to Wilson (1978), the number of veterans experiencing these symptoms will climb until 1985, based on his belief of Erickson's psychosocial developmental stages and how far along in these stages most combat veterans will be by 1985. Furthermore, without any intervention, what was once a reaction to a traumatic episode may for many become an almost unchangeable personality characteristic.

DEPRESSION

The vast majority of the Vietnam combat veterans I have interviewed are depressed. Many have been continually depressed since their experiences in Vietnam. They have the classic symptoms (DSM III, 1980) of sleep disturbance, psychomotor retardation, feelings of worthlessness, difficulty in concentrating, etc. Many of these veterans have weapons in their possession, and they are no strangers to death. In treatment, it is especially important to find out if the veteran keeps a weapon in close proximity, because the possibility of suicide is always present.

When recalling various combat episodes during an interview, the veteran with a post-traumatic stress disorder almost invariably cries. He usually has had one or more episodes in which one of his buddies was killed. When asked how he handled these death when in Vietnam, he will often answer, "in the shortest amount of time possible" (Howard, 1975). Due to circumstances of war, extended grieving on the battlefield is very unproductive and could become a liability. Hence, grief was handled as quickly as possible, allowing little or no time for the grieving process. Many men reported feeling numb when this happened. When asked how they are now dealing with the deaths of their buddies in Vietnam, they invariably answer that they are not. They feel depressed; "How can I tell my wife, she'd never understand?" they ask. "How can anyone who hasn't been there understand?" (Howard, 1975).

Accompanying the depression is a very well developed sense of helplessness about one's condition. Vietnam-style combat held no final resolution of conflict for anyone. Regardless of how one might respond, the overall outcome seemed to be just an endless production of casualties with no perceivable goals attained. Regardless of how well one worked, sweated, bled and even died, the outcome was the same. Our GIs gained no ground; they were constantly rocketed or mortared. They found little support from their "friends and neighbors" back home, the people in whose name so many were drafted into military service. They felt helpless. They returned to the United States, trying to put together some positive resolution of this episode in their lives, but the atmosphere at home was hopeless. They were still helpless. Why even bother anymore?

Many veterans report becoming extremely isolated when they are especially depressed. Substance abuse is often exaggerated during depressive periods. Self medication was an easily learned coping response in Vietnam; alcohol appears to be the drug of choice.

ISOLATION

Combat veterans have few friends. Many veterans who witnessed traumatic experiences complain of feeling like old men in young men's bodies. They feel isolated and distant from their peers. The veterans feel that most of their non-veteran peers would rather not hear what the combat experience was like; therefore, they feel rejected. Much of what many of these veterans had done during the war would seem like horrible crimes to their civilian peers. But, in the reality faced by Vietnam combatants, such actions were frequently the only means of survival.

Many veterans find it difficult to forget the lack of positive support they received from the American public during the war. This was especially brought home to them on the return from the combat zone to the United States. Many were met by screaming crowds and the media calling them "depraved fiends" and "psychopathic killers" (DeFazio, 1978). Many personally confronted hostility from friends and family, as well as strangers. After their return home, some veterans found that the only defense was to search for a safe place. These veterans found themselves crisscrossing the continent, always searching for that place where they might feel accepted. Many veterans cling to the hope that they can move away from their problems. It is not unusual to interview a veteran who, either alone or with his family, has effectively isolated himself from others by repeatedly moving from one geographical location to another. The stress on his family is immense.

The fantasy of living the life of a hermit plays a central role in many veterans' daydreams. Many admit to extended periods of isolation in the mountains, on the road, or just behind a closed door in the city. Some veterans have actually taken a weapon and attempted to live off the land.

It is not rare to find a combat veteran who has not had a social contact with a woman for years — other than with a prostitute, which is an accepted military procedure in the combat setting. If the veteran does marry, his wife will often complain about the isolation he imposes on the marital situation. The veteran will often stay in the house and avoid any interactions with others. He also resents any interactions that his spouse may initiate. Many times, the wife is the source of financial stability.

RAGE

The veterans' rage is frightening to them and to others around them. For no apparent reason, many will strike out at whomever is near. Frequently, this includes their wives and children. Some of these veterans can be quite violent. This behavior generally frightens the veterans, apparently leading many to question their sanity; they are horrified at their behavior. However, regardless of their afterthoughts, the rage reactions occur with frightening frequency.

Often veterans will recount episodes in which they became inebriated and had fantasies that they were surrounded or confronted by enemy Vietnamese. This can prove to be an especially frightening situation when others confront the veteran forcibly. For many combat veterans, it is once again a life-and-death struggle, a fight for survival.

Some veterans have been able to sublimate their rage, breaking inanimate objects or putting fists through walls. Many of them display bruises and cuts on their hands. Often, when these veterans feel the rage emerging, they will immediately leave the scene before somebody or something gets hurt; subsequently, they drive about aimlessly. Quite often, their behavior behind the wheel reflects their mood. A number of veterans have described to me the verbal catharsis they've achieved in explosions of expletives directed at any other drivers who may wrong them.

There are many reasons for the rage. Military training equated rage with masculine identity in the performance of military duty (Eisenhart, 1975). Whether one was in combat or not, the military experience stirred up more resentment and rage than most had ever felt (Egendorf, 1975). Finally, when combat in Vietnam was experienced, the combatants were often left with wild, violent impulses and no one upon whom to level them. The nature of guerrilla warfare — with its use of such tactics as booby trap land mines and surprise ambushes with the enemy's quick retreat — left the combatants feeling like time bombs; the veterans wanted to fight back, but their antagonists had long since disappeared. Often they unleashed their rage at indiscriminate targets for want of more suitable targets (Shatan, 1978).

On return from Vietnam, the rage that had been tapped in combat was displaced against those in authority. It was directed against those the veterans felt were responsible for getting them involved in the war in the first place — and against those who would not support the veterans while they were in Vietnam or when they returned home (Howard, 1975). Fantasies of retaliation against political leaders, the military services, the Veterans Administration and antiwar protesters were present in the minds of many of these Vietnam combat veterans. These fantasies are still alive and generalized to many in the present era.

Along with the rage at authority figures from the Vietnam era, these veterans today often feel a generalized mistrust of anyone in authority and the "system" in the present era. Many combat veterans with stress disorders have a long history of constantly changing their jobs. It is not unusual to interview a veteran who has had 30 to 40 jobs during the past 10 years. One veteran I interviewed had nearly 80 jobs in a 10-year span. The rationale quite often given by the veterans is that they became bored or the work was beneath them. However, after I made some extended searches into their work backgrounds, it became apparent that they felt deep mistrust for their employers and coworkers; they felt used and exploited; at times, such was the case. Many have had some uncomfortable confrontations with their employers and job peers, and many have been fired or have resigned on their own.

AVOIDANCE OF FEELINGS: ALIENATION

The spouses of many of the veterans I have interviewed complain that the men are cold, uncaring individuals. Indeed the veterans themselves will recount episodes in which they did not feel anything when they witnessed the death of a buddy in combat or the more recent death of a close family relative. They are often somewhat troubled by these responses to tragedy; but, on the whole, they would rather deal with tragedy in their own detached way. What becomes especially problematic for these veterans, however, is an inability to experience the joys of life. They often describe themselves as being emotionally dead (Shatan, 1973).

The evolution of this emotional deadness began for Vietnam veterans when they first entered military boot camp (Shatan, 1973). There they learned that the Vietnamese were not to be labeled as people but as "gooks, dinks, slopes, zipperheads and slants." When the veterans finally arrived in the battle zone, it was much easier to kill a "gook" or "dink" than another human being. This dehumanization gradually generalized to the whole Vietnam experience. The American combatants themselves became "grunts," the Viet Cong became "Victor Charlie," and both groups were either "KIA" (killed in action) or "WIA" (wounded in action). Often, many "slopes" would get "zapped" (killed) by a "Cobra" (gunship), and the "grunts" would retreat by "Shithook" (evacuation by a Chinook helicopter); the jungle would be sown by "Puff the Magic Dragon" (a C-47 gunship with rapid-firing mini-gatling guns).

The pseudonyms served to blunt the anguish and the horror of the reality of combat (DeFazio, 1978). In conjunction with this almost surreal aspect of the fighting, psychic numbing furthered the coping and survival ability of the combatants by effectively knocking the aspect of feelings out of their cognitive abilities (Lifton, 1976). This defense mechanism of survivors of traumatic experiences dulls an individual's awareness of the death and destruction about him. It is a dynamic survival mechanism, helping one to pass through a period of trauma without becoming caught up in its tendrils. Psychic numbing only becomes nonproductive when the period of trauma is passed, and the individual is still numb to the affect around him.

Many veterans find it extremely uncomfortable to feel love and compassion for others. To do this, they would have to thaw their numb reactions to the death and horror that surrounded them in Vietnam. Some veterans I've interview actually believe that if they once again allow themselves to feel, they may never stop crying or may completely lose control of themselves; what they mean by this is unknown to them. Therefore, many of these veterans go through life with an impaired capacity to love and care for others. they have no feeling of direction or purpose in life. They are not sure why they even exist.

SURVIVAL GUILT

When others have died and some have not, the survivors often ask, "How is it that I survived when others more worthy than I did not?" (Lifton, 1973). Survival guilt is an especially guilt- invoking symptom. It is not based on anything hypothetical. Rather, it is based on the harshest of realities, the actual death of comrades and the struggle of the survivor to live. Often the survivor has had to compromise himself or the life of someone else in order to live. The guilt that such an act invokes or guilt over simply surviving may eventually end in self-destructive behavior by the survivor.

Many veterans, who have survived when comrades were lost in surprise ambushes, protracted battles or even normal battlefield attrition, exhibit self-destructive behavior. It is common for them to recount the combat death of someone they held in esteem; and, invariably, the questions comes up, "Why wasn't it me?" It is not unusual for these men to set themselves up for hopeless physical fights with insurmountable odds. "I don't know why, but I always pick the biggest guy," said the veteran in the transcript at the beginning of this chapter. Shatan (1973) notes that some of these men become involved in repeated single-car accidents. This writer interviewed one surviving veteran, whose company suffered over 80% casualties in one ambush. The veteran had had three single-car accidents during the previous week, two the day before he came in for the interview. He was wondering if he were trying to kill himself.

I have also found that those veterans who suffer the most painful survival guilt are primarily those who served as corpsmen or medics. These unfortunate veterans were trained for a few months to render first aid on the actual field of battle. The services they individually performed were heroic. With a bare amount of medical knowledge and large amounts of courage and determination, they saved countless lives. However, many of the men they tried to save died. Many of these casualties were beyond all medical help, yet many corpsmen and medics suffer extremely painful memories to this day, blaming their "incompetence" for these deaths. Listening to these veterans describe their anguish and torment... seeing the heroin tracks up and down their arms or the bones that have been broken in numerous barroom fights... is, in itself, a very painful experience.

Another less destructive trend that I have noticed exists among a small number of Vietnam combat veterans who have become compulsive blood donors. One very isolated and alienated individual I interviewed actually drives some 80 miles round-trip once every other month to make his donation. His military history reveals that he was one of 13 men out of a 60-man platoon who survived the battle of Hue. He was the only survivor who was not wounded. this veteran and similar vets talk openly about their guilt, and they find some relief today in giving their blood that others may live.

ANXIETY REACTIONS

Many Vietnam veterans describe themselves as very vigilant human beings; their autonomic senses are tuned to anything out of the ordinary. A loud discharge will cause many of them to start. A few will actually take such evasive action as falling to their knees or to the ground. Many veterans become very uncomfortable when people walk closely behind them. One veteran described his discomfort when people drive directly behind him. He would pull off the road, letting others pass, when they got within a few car lengths of him.

Some veterans are uncomfortable when standing out in the open. Many are uneasy when sitting with others behind them, often opting to sit up against something solid, such as a wall. The bigger the object is, the better. Many combat veterans are most comfortable when sitting in the corner in a room, where they can see everyone about them. Needless to say, all of these behaviors are learned survival techniques. If a veteran feels continuously threatened, it is difficult for him to give such behavior up.

A large number of veterans possess weapons. This also is a learned survival technique. Many still sleep with weapons in easy reach. The uneasy feeling of being caught asleep is apparently very difficult to master once having left the combat zone.

SLEEP DISTURBANCE AND NIGHTMARES

Few veterans struggling with post-traumatic stress disorders find the hours immediately before sleep very comfortable. In fact,

many will stay awake as long as possible. They will often have a drink or smoke some cannabis to dull any uncomfortable cognition that may enter during this vulnerable time period. Many report that they have nothing to occupy their minds at the end of the day's activities, and their thoughts wander. For many of them, it is a trip back to the battle zone. Very often they will watch TV late into the mornings.

Finally, with sleep, many veterans report having dreams about being shot at or being pursued and left with an empty weapon,, unable to run anymore. Recurrent dreams of specific traumatic episodes are frequently reported. It is not unusual for a veteran to reexperience, night after night, the death of a close friend or a death that he caused as a combatant. Dreams of everyday, common experiences in Vietnam are also frequently reported. For many, just the fear that they might actually be back in Vietnam is very disquieting.

Some veterans report being unable to remember their specific dreams, yet they feel dread about them. Wives and partners report that the men sleep fitfully, and some call out in agitation. A very few actually grab their partners and attempt to do them harm before they have fully awakened. Finally, maintaining sleep has proven to be a problem for many of these veterans. They report waking up often during the night for no apparent reason. Many rise quite early in the morning, still feeling very tired.

INTRUSIVE THOUGHTS

Traumatic memories of the battlefield and other less affect- laden combat experiences often play a role in the daytime cognitions of combat veterans. Frequently, these veterans report replaying especially problematic combat experiences over and over again. Many search for possible alternative outcomes to what actually happened in Vietnam. Many castigate themselves for what they might have done to change the situation, suffering subsequent guilt feelings today because they were unable to do so in combat. The vast majority report that these thoughts are very uncomfortable, yet they are unable to put them to rest.

Many of the obsessive episodes are triggered by common, everyday experiences that remind the veteran of the war zone: helicopters flying overhead, the smell of urine (corpses have no muscle tone, and the bladder evacuates at the moment of death), the smell of diesel fuel (the commodes and latrines contained diesel fuel and were burned when filled with human excrement), green tree lines (these were searched for any irregularity which often meant the presence of enemy movement), the sound of popcorn popping (the sound is very close to that of small arms gunfire in the distance), any loud discharge, a rainy day (it rains for months during the monsoons in Vietnam) and finally the sight of Vietnamese refugees.

A few combat veterans find the memories invoked by some of these and other stimuli so uncomfortable that they will actually go out of their way to avoid them. When exposed to one of the above or similar stimuli, a very small number of combat veterans undergo a short period of time in a dissociative-like state in which they actually reexperience past events in Vietnam. These flashbacks can last anywhere from a few seconds to a few hours. One veteran described an episode to me in which he had seen some armed men and felt he was back in Vietnam. The armed men were police officers. Not having a weapon to protect himself and others, he grabbed a passerby and forcefully sheltered this person in his home to protect him from what he felt were the "gooks." He was medicated and hospitalized for a week.

Such experiences among Vietnam veterans are rare, but not as uncommon as many may believe. Many veterans report flashback episodes that last only a few seconds. For many, the sound of a helicopter flying overhead is a cue to forget reality for a few seconds and remember Vietnam, reexperiencing feelings they had there. It is especially troublesome for those veterans who are still "numb" and specifically attempting to avoid these feelings. For others, it is just a constant reminder of their time in Vietnam, something they will never forget.

REFERRALS FOR HELP

As already discussed, post-traumatic stress disorders result in widely varying degrees of impairment. When a single veteran (whether bachelor or divorced) with the disorder requests help, I refer him to a group of other combat veterans. The reasons are twofold. First, the veteran is usually quite isolated and has lost many of his social skills. He has few contacts with other human beings. The group provides a microcosm in which he can again learn how to interact with other people. It also helps remove the fear, prevalent among these veterans, that each individual veteran is the only individual with these symptoms. In addition, many of the veterans form close support groups of their own outside the therapy sessions; they telephone each other and help each other through particularly problematic episodes.

Second, the most basic rationale for group treatment of these veterans is that it finally provides the veteran with that "long boat ride home" with other veterans who have had similar experiences. It provides a forum in which veterans troubled by their combat experiences can work their feelings through with other veterans who have had similar conflicts. In addition, the present symptoms of the disorder are all quite similar, and there is more reinforcement in working through these symptoms with one's peers than in doing it alone.

The group situation is appropriate for most degrees of the symptoms presented. The especially isolated individuals will often be quite frightened of the initial group session. When challenged by questioning the strength that brought them to the initial interview,

however, they will usually respond by following through with the group. Those with severely homicidal or suicidal symptoms are best handled in a more crisis-oriented, one-to-one setting until the crisis is resolved. I refer these veterans to an appropriate emergency team, with the expectation directly shared with the veteran that he will join the group as soon as the crisis has abated.

Veterans who are presently married or living with a partner present a somewhat different picture. Their relationships with their partners are almost invariably problematic. Frequently, a violent, explosive episode at home created the crisis that brought the veteran in for counseling in the first place. When such is the case or there is a history of battering of the partner, it is extremely important to refer the veteran and his partner to a family disturbance counseling center. The consequences of this continued behavior are obvious. In addition, a referral for the veteran to a group with other combat veterans is appropriate. The partner of the veteran may find some understanding of her plight and additional support from a woman's group created specifically for partners of Vietnam combat veterans.

Other veterans who are married or living with a partner may not be experiencing so serious a problem. However, the partners are often detached from one another; they just seem to live under the same roof, period. Referral of the veteran to a combat veterans group and referral of the partner to a partners of Vietnam veterans group is important.

Some veterans and their partners will jointly attend the screening session. Both are troubled by what has been happening and often want to enter marital therapy together immediately. In my experience, the veteran finds it extremely difficult in the beginning of therapy to deal with interactional aspects with his partner when other past interactions with traumatic overtones overshadow the present. When these traumatic experiences do surface, the partner is often unable to relate. Therefore, it is much more beneficial, in my opinion, to allow the veteran time with other combat veterans in a group. In the meantime, suggest a woman's support group for partners of Vietnam veterans for the spouse. Here she would receive additional support as well as an understanding of post-traumatic stress disorders. Sometime thereafter, marital therapy, couples group therapy or family therapy may be appropriate.

Many veterans with post-traumatic stress disorders, in addition to the symptoms already described, also have significant problems due to multiple substance abuse. In my experience, those veterans who have habitually medicated themselves have compounded the problem. Not only do they experience many of the symptoms already described, but the additional symptoms of chronic multiple substance abuse and alcoholism may mask the underlying reasons for self-medication as well. Therefore, these chronic syndromes, which perpetuate themselves through addictive behavior, must be dealt with first. Then a more accurate picture of the underlying problem will result, and an appropriate referral can be made.

Except for some help with an immediate crisis upon being first interviewed during the screening session, the combat veteran struggling with the symptoms of post-traumatic stress disorder, chronic and/or delayed, benefits most from group interaction with his combat peers. Throughout this paper I have emphasized the individual, solitary aspect of the war for each veteran. The aftermath of the war has followed in kind. Now, with the help from the DAV Vietnam Veterans Outreach Program and the VA's Operation Outreach (Vet Center) program, models have been established for reintegrating troubled Vietnam veterans with themselves and their society. Helping the community to recognize the problem and directing the veteran to the specialized services of the community have given the veteran struggling with this disorder a means of "coming home."

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Foreclosure-related materials:

1. Democratic Staff Report, *Fighting on the Home Front: The Growing Problem of Illegal Foreclosures Against U.S. Servicemembers*.

<http://democrats.oversight.house.gov/images/stories/FULLCOM/712%20soldier%20forum/Report%20--%20Fighting%20on%20the%20Home%20Front%2007-12-11.pdf>

2. VA circulars 26-11-5 (loan mods) and 26-10-6 (VA-HAMP) and the VA Servicer Guide (which explains foreclosure and modification procedures for VA loans).

http://www.benefits.va.gov/HOMELOANS/circulars/26_11_5.pdf

http://www.benefits.va.gov/HOMELOANS/circulars/26_10_6.pdf

http://www.benefits.va.gov/homeloans/docs/va_servicer_guide.pdf

3. News story regarding various actions against all the major servicers for illegally foreclosing on service members and overcharging them interest. Chase is the most recent to settle and they agreed to provide some additional benefits to active duty personnel. For more info see

<http://www.dailyfinance.com/2012/08/02/capital-one-bank-deployed-soldiers-foreclosure/>.

**Klamath County
Veterans Treatment Court
Policy and Procedure
Handbook**

November, 2010

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1. Steering Committee

Veteran's and social service organizations, health, government and the community at large gathered in 2010 to form the Klamath County Veterans Treatment Court. Representatives of these constituencies comprise the Steering Committee and meet regularly for program review.

2. Treatment Team

The operational core of the Klamath County Veterans Treatment Court is the Treatment Team. Treatment personnel ally with justice system personnel to coordinate and deliver physical, mental and behavioral health services to veteran defendants. The Oregon Judicial Department, the U.S. Veterans Administration, Klamath County District Attorney's Office, Klamath Defender Services, Community Corrections, Law Enforcement, Veterans Service Organizations representatives and community volunteers collaborate to develop responses to the veteran's needs and behavior. This system of coordinated response, reinforced by judicial mandate, defines the operation of the Klamath County Veterans Treatment Court.

3. Mission Statement

The mission of the Klamath County Veterans Treatment Court is to restore honor, wellness and responsibility to the veteran and to promote public safety through judicial supervision and treatment services.

Motto: *Bringing hope and restoration to those who served.*

4. Goals and Objectives

Goals:

1. To reduce recidivism of veteran treatment court participants to 15% as measured against the recidivism rate of Oregon's offender population in general.

As of November 1, 2010, the Oregon Department of Corrections reports felony convictions for persons within three years of release from prison, irrespective of age, race gender, original offense or treatment services provided, at a rate of approximately

30%. The similarly assessed rate for probationers within three years of beginning probation is approximately 25%.

2. To improve the lives of justice involved veterans by ameliorating presenting substance abuse, mental and physical health, and social problems.
3. Seventy-five percent of those participating in the Klamath County Veterans Treatment Court will successfully complete their programs.

Objectives:

1. Ensure justice involved veterans access necessary health and social services available through the Veterans Administration, the Veterans Benefit Administration and local community based sources via judicial mandate.
2. Achieve veteran accountability for enrolling in and effectively utilizing necessary health and social services by regular judicial supervision of the veteran's participation in those services. Judicial supervision features incentive responses for compliance and sanctions for non-compliance.
3. To employ the nationally recognized, evidence based treatment court model of judicial intervention, with fidelity to the 10 Key Components of Drug Courts modified for the unique characteristics of the veteran acquired by service in the military. To provide each veteran with a veteran peer mentor for community support.

5. Model

The Klamath County Veterans Treatment Court is a hybrid of several adjudicatory processes. Participants may enter into a diversion agreement, conditional discharge or post-conviction relief case settlements. These options are determined on a case by case basis through negotiation between the defense attorney and the district attorney.

6. Target Population

The target population consists of veterans charged with criminal offenses who present with diagnosed substance abuse and/or mental health disorders.

7. Eligibility and Disqualification Criteria

Offender qualifiers: The eligible participant in the Klamath County Veterans Treatment Court must be at least 18 years of age, a resident of Klamath County, have his or her veteran status confirmed by the Department of Veterans Affairs, have a diagnosed substance abuse or mental health problem and have the capacity and willingness to participate in the court as evidenced by voluntary acceptance of the plea negotiation leading to entrance.

Offender disqualifiers: Veterans not meeting the qualifiers described above and/or those veterans separated from military service because of a dishonorable or bad conduct discharge, those diagnosed with refractory personality disorders, those participating in a medical marijuana program, or those referred by jurisdictions outside Klamath County.

Offense qualifiers: Veterans charged with a misdemeanor or felony offense not disqualified as described below.

Offense disqualifiers: Measure 11 charges, sex offenses or commercial drug offenses.

8. Entry Process

The entry process is initiated by the veteran defendant, normally through his or her defense counsel. An application for veteran status confirmation and request for contact from a Veterans Justice Outreach (VJO) Specialist begins the entry process. The applications are available at law enforcement agencies, the jail, Community Corrections, the courthouse and at the offices of defense bar members. The application is transmitted to the VJO by facsimile. Upon receipt of the application, the VJO will confirm the applicant's veteran status, meet the veteran, execute a release of information for mutual exchange of information with the treatment team and initiate clinical assessments. Subsequent to the filing of the criminal case, the veteran defendant, whether pro se or through his/her attorney, may file with the court a Notice/Request for Admittance into Veterans Court. This request will transfer the case to the Veterans Court docket for review. The motion is granted or denied after review and recommendation by the court treatment team. If denied, the case will be returned to the originally assigned judge for further proceedings. Up to 30 days after entry, the defendant may "opt out" of the program, in which case the defendant's guilty plea is withdrawn and the case returned to the originally assigned judge.

The policy of the Klamath County Veterans Treatment Court is to promote awareness of the program and referrals from all agents of intervention within the criminal justice system. From law enforcement at time of arrest through all pre-trial stages of case adjudication, opportunity for the veteran defendant to apply for the program is present. In the event the veteran defendant is denied entry to the program, the application process will nonetheless have served to connect the defendant with the VJO for services.

9. Treatment Protocol

The screening tool used by Veterans Affairs is the Brief Addiction Monitor (BAM). Virtually all veterans enrolled in veterans court receive a full alcohol, drug and mental health assessment according to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders). If a Substance Use Disorder diagnosis is obtained, the level of treatment will be determined by ASAM PPC-2R criteria and the veteran will be treated accordingly. If more intensive treatment is necessary than can be obtained in Klamath Falls, the veteran may be transferred to an inpatient facility for a period of time and then return to Klamath Falls for ongoing aftercare/maintenance. Treatment recommendations are a work in progress and can be increased or lowered at any time based on the needs of the veteran.

10. Program Phases

Klamath County Veterans Treatment Court participants will move through the program in five phases. Each phase consists of both common and distinct expectations of participant behavior and performance. The phase structure incorporates proximal and distal progress markers as the participant undergoes changes resulting from the treatment process.

Phase I – Engagement

This phase emphasizes participant orientation to and engagement in the activities prescribed by the individualized treatment plan. The participant is expected to attend and engage in all scheduled treatment appointments. The participant will appear at court review hearings weekly. The participant meets the probation officer as directed. The participant meets the Veterans Service Officer to review present benefits and apply for other benefits for which he or she may be eligible. If substance abuse is diagnosed, the participant submits to random, observed toxicology testing at minimum twice per week. The participant is introduced to and meets with his or her veteran peer mentor at least once during this phase. The participant must demonstrate a minimum of 14 consecutive days of compliance with Phase I requirements before moving to Phase II.

Phase II – Action

Phase II continues the activity expectations of Phase I with the expectation of positive treatment progress. If substance abuse is diagnosed, the participant is expected to abstain from the use of alcohol and unprescribed controlled substances as evidenced by negative toxicology screens. The participant will use veteran peer mentor support when needed. The participant will continue work on benefits. Upon the court receiving consistent, positive treatment progress reports, the participant may move to Phase III.

Phase III – Skill Development

In this phase, the participant will continue to demonstrate positive treatment progress. Additionally, the participant will devote attention to needed life skills and social supports such as education, employment and housing. The stable, positive progress expected from the participant in this phase decreases court reporting frequency to every other week. Upon substantially completing prescribed treatment activities, the participant may move to Phase IV.

Phase IV – Maintenance

The participant continues to verify sobriety by negative toxicology tests. In Phase IV, the participant will achieve life skill and social support goals. Stability and maintenance of wellness are expected of participants in this phase. Court reporting is reduced to once a month. To complete this phase, the participant will have resolved all acute health and social problems. Chronic problems will be satisfactorily stabilized. The participant will be able to appropriately self-manage his or her life. Completion of this phase is marked by a court graduation ceremony.

Phase V – Aftercare

In Phase V, the participant reports to the court monthly until completion of the time period specified in the participant's legal order for release from court jurisdiction. The participant will continue to demonstrate healthy independent living. The participant may enter a Veterans Treatment Court Alumni group.

Phase movements are accompanied by Certificates of Accomplishment handed out in court to participants.

11. Incentives and Sanctions

Incentives are responses to compliance, perceived as positive by the participant, handed out by the treatment court and intended to both reward and reinforce the compliant behavior. Incentives include:

- Reduction of ordered fines and community service work
- Judge recognition before peers
- Gift cards
- Mementos
- Phase movement

Incentives may be applied broadly in a pre-determined programmatic manner and may also be individualized mindful of meaningfulness to the participant.

Sanctions are responses to non-compliance, perceived as negative by the participant, handed out by the treatment court as a direct result of the non-compliance. Sanctions are intended to discourage future non-compliance and include:

- Increased reporting to the court and/or probation officer
- Promptly assigned community service work
- Thinking reports
- Curfew restrictions
- Electronic home monitoring
- Work Release Center stay
- Jail time

Sanctions should be individualized and bear a direct relationship to the specific non-compliant behavior. Increases in treatment level may be necessary in response to some forms of non-compliance (e.g. relapse) and are **not** considered sanctions.

See appendix for a full list of possible incentives and sanctions.

12. Graduation Criteria

To graduate from the Klamath County Veterans Treatment Court, the participant will have successfully completed Phase IV of the program. The participant may remain under court jurisdiction for some time after graduation until the end of the time period specified in his or her legal order.

13. Termination Criteria

A Klamath County Veterans Treatment Court participant may be unsuccessfully terminated from the program if, while participating, he or she is charged with a Measure 11 offense, a commercial drug offense, a sex offense or any offense punishable by prison. Persistent and prolonged non-compliance with treatment directives and court orders as well as absconding supervision for more than 30 days are grounds for termination. The participant may be terminated if he or she engages in violent, threatening or criminal behavior which endangers the welfare of co-participants, of KCVTC personnel, or threatens the integrity of the court program. Termination decisions are made by the court treatment team and ordered by the Court.

14.Evaluation Design

Data gathered from the Oregon Judicial Information Network and the Oregon Treatment Court Monitoring System is the foundation for program evaluation. Outcomes measured by these data collection tools gauge program effectiveness through comparison with comparable veteran and non-veteran populations. Criminal recidivism and rate of access to veteran benefits are primary measures.

15.Ethics and Confidentiality

The Klamath County Veterans Treatment Court works with protected health information. Thus, it is subject to, and operates in compliance with the provisions of CFR 42 Part 2 and those of the Health Insurance Portability and Accountability Act (HIPAA). Information sharing is an essential function of the Klamath County Veterans Treatment Court, and such is accomplished in accordance with all applicable rule and law.

Gus Solomon Inns of Court
Talk November 20 , 2012
World Trade Center – 1st floor conference room

Closing Presentation Handouts

Topic #1	General Veterans' (and USDVA) issues
Topic #2	Common claims against the USDVA
Topic #3	Veterans Law theory re Compensation claims
Topic #4	Flow of a VA compensation case (not unique timeline)

Presentation by:
Doug MacEllven
d.k.macellven@comcast.net

Topic #1: General Veterans' (and USDVA) issues

(Suicide Hotline: 1-800-273-Talk; 400,000 calls; 15,000 lives saved)

- I. **Homeless vets**
 - A. 5 year USDVA plan to lessen homeless vets problem
 - B. case management to provide job training, housing, & counseling
 - C. Concentrations of homeless vets (national count in January)
 - Urban – West Burnside
 - Suburban – wooded areas near stores
 - Forests - they see you; you don't see them (100 -200 in coast range): map
- II. **USDVA claims backlog**
 - A. 1 million cases backlogged; goal= catch up by 2015
 - B. 1st time claims (age range: 18 – 93); ½ are Vietnam War vets
 - C. Time range to resolve each case: 8 months to 8 years
- III. **Female vets**
 - A. 7500 served in Vietnam; 200,000 Iraq/Afghanistan
 - B. Women's health center at Portland VA Hospital
- IV. **Who is a vet?**
 - A. Eligible for VA benefits: "other than dishonorable discharge"
 - B. Oregon National Guard VA eligibility: discharge after being called to Federal service (e.g., deployment overseas).
- V. **General veterans' benefits (www.va.gov)**
 - A. USDVA **Compensation** (service-connected illness/injury): \$1 Billion tax-free for Oregon vets; surviving spouses also; \$125-\$3000/month tax-free
 - B. USDVA **Pension**: war-time service / vets & surviving spouses; \$9-1800
 - C. Miscellaneous:
 - **GI Bill** education (1-888-GIbill1) & Vocational Rehab (ages 18- 70's)
 - **National Cemetery** system (Willamette national, etc); spouses too
 - **Home loan** guaranty from USDVA (can be lower rate for vet borrower)
 - **VA Medical** system (Hospital by OHSU; categories for eligibility; clinics)
 - **Records**: National Personnel Records Center (St. Louis); DD-214
 - D. **Oregon Dept of Veterans Affairs (ODVA)** – Salem & Portland:
Assistance with USDVA claims; Oregon Veterans Home (nursing home; The Dalles & now Lebanon); emergency assistance; *direct home loans*
 - E. **Claims assistance** (claims filed against the USDVA):
 - USDVA Regional Office (1st & Main building in Portland): 1-800-827-1000
 - ODVA Portland (1st & Main building in Portland): 503-412-4777
 - Washington County veterans office: 503-846-3060
 - Multnomah County veterans office: 503-988-3620
 - Clackamas County veterans office: 503-650-5631
 - Columbia County veterans office: 503-366-6580
 - American Legion, Veterans of Foreign Wars; Disabled American Veterans

Topic #2 Common claims against the USDVA

- I. **Pension** (20% of claims filed)
- For vets & surviving spouses; lessens asset drain if in Assisted Living.....
Examples: \$1000/mo single vet -*basic*; \$2000/mo vet & spouse – *aid & attendance*
 - Vet had war-time service (vet in Germany during Vietnam; not if shot in Grenada)
 - Unable to *sustain gainful employment* if <65 (& few assets); age 65 & older is just..
 - Means tested:
 - - less than \$80,000 in non-home assets
 - - “net” income (after medical deductions) -> monthly income low?
- II. **Compensation** common issues claimed (80% of claims filed are for “comp”)
- Most common: **hearing loss** & tinnitus
 - 10 – 30% of claims include: **Post Traumatic Stress Disorder (PTSD)**
See 1 page diagnostic checklist in DSM-IV
Note: PTSD can arise from:
 - Being part of or witnessing combat incidents
 - Involved in or witnessing wartime/peacetime accidents.
 - Military sexual trauma (rape, ...) against women or men
 - TBI: **Traumatic Brain Injury** (mild to severe)
 - **Agent Orange** (Vietnam, Korea, U.S.) list of illnesses: 38 CFR 3.309(e):
 - Diabetes
 - Prostate Cancer
 - Lung cancer
 - Ischemic heart disease
 - 13 total
- III. Cluster of issues by era
- Vietnam
 - hearing loss
 - PTSD
 - Joints (knees, ...)
 - (agent orange) – diabetes & Secondary conditions
 - Asbestosis (Navy,..)
 - Hepatitis C (combat medic)
 - Iraq/Afghanistan & Gulf War (1990’s)
 - Hearing loss
 - PTSD
 - TBI (Iraq/Afghanistan – IED’s)
 - Joints (knees, ...)
 - Gulf War Syndrome (symptom clusters; no diagnosis)
 - Korea & WWII
 - Hearing loss
 - PTSD
 - Cold weather injuries/illnesses
- Coast Guard rescue swimmer: arthritis / depression / ...

Topic #3 Veterans Law theory re Compensation claims

1. Lawyers may be paid for vet law work after a Notice of Disagreement filed
2. It is all federal law: 38 USC & 38 CFR
3. **Resources:** www.va.gov ("Federal Benefits for Veterans, Dependents, and Survivors")
 - LexisNexis (Matthew Bender): Veterans Law Manual (2000 pages)
 - LexisNexis: Federal Veterans Laws, Rules & Regulations (38 USC & 38 CFR) - both books plus CD – about \$140 annually
 - Oregon State Bar CLE: Veterans Law: Representing Former Service Members and Their Disability Claims (March 14, 2008)
 - Covers about 200 separate points (County Service Officers handle about 180 of these points)
4. How **different** from other areas of law?
 - Burden of proof: "*as likely as not*" – 50%-50%
 - No *statute of limitations* – have reversed VA denials from the 1940's
5. To receive Compensation, you must satisfy the **3 elements** for "*service-connection*" of your illness/injury:
 - 1) Present diagnosis of illness (e.g., diabetes) or injury (bad knee)
 - 2) documented event in service
 - 3) medical opinion linking present diagnosis to event in service
6. **5 ways** in which **service-connection** arises:
 - 1) **Direct** – e.g., fall & hit knee on training run
 - 2) **Aggravation** – e.g., Army accepted your damaged knee; now worse
 - 3) **Presumptive** – exposed to hazard (e.g., agent orange); now ill (e.g., diabetes); VA presumes you are now ill because you exposed years ago
 - 4) **Secondary** – e.g., have diabetes from Korean agent orange exposure but now 5 years later you have peripheral neuropathy
 - 5) **38 USC 1151 claim:** o.k. upon leaving military, but had bad result from VA hospital operation (can sue in federal tort claim action also)
7. Retro payments; disability %'s; unemployability; surviving spouses
 - a) **Disability %'s** (all disabilities combined) – single vet, tax-free monthly:
Note: if any %, then can get into VA health system without means test.
10%- \$125 / 20% - \$250 (voc rehab also) / 30% - \$390 / 40% - 4560 (OR partial prop tax exempt also) / 50% - \$800 (Category 1 at VA hospital) / 60% - \$1000 / 70% \$ 1275 (can apply for unemployability also) / 80% - \$1475 / 90% - \$1660 / 100% - \$2770 (might be "permanent & total" – has implications)
 - b) **Unemployability:** If at 70%, 80%, or 90% - You can be paid at 100% if you cannot sustain substantially gainful employment due to your VA disabilities.
 - c) **Retroactive payment:** Lump sum paid after claim approved (from date of claim to approval). Approval may not come for years, yielding retro payments of: \$500 - \$5000 most common; to \$50,000 frequent; to \$100,000 sometimes; \$100,000+ rare

Topic #4: Flow of a VA compensation case (not unique timeline)

Day 1: Vet walks into your county veterans' office and says he is over income to get into the VA health system, but he understands that if his hearing loss is service-connected, he could get small compensation and VA health system enrollment. Claim is filed for hearing loss on **VA Form 21-526**, and you tell vet to obtain hearing exam to submit

3 months: VA sends vet a "*Development letter*" stating what is needed.

You also claim residual of **rheumatic fever** suffered in the Army 50 years ago

4 months: VA schedules **C& P exam**. Examiner concludes that hearing loss is "**likely as not**" service-connected

7 months: Vet receives VA Rating Decision awarding **10%** for **hearing loss** & a **retro** of \$750.

8 months: VA schedules C&P exam; examiner concludes that his present symptoms are not a result of his Army documents rheumatic fever in the 1950's.

12 months: VA issues **Rating Decision** denying rheumatic fever

2 years: Vet was working in the hurricane clean-up in the Gulf Coast; came back to discuss denial. One year after denial is deadline to file an appeal (**Notice of Disagreement** – i.e., NOD)

3 years: Vet obtains a private opinion linking his current symptoms to the rheumatic fever.

3 ½ years: Decision Review Officer (**DRO**) Hearing at Portland VA Regional VA Office (**PVARO**). DRO says that VA C&P examiner had benefit of reviewing the entire vet's military & VA file. Denies claim (accepts VA examiner over private opinion)

3 years & 7 months: VA (DRO) issues a **Statement of the Case** (SOC) denying the claim but attaches a blank **Form 9** (must submit within 60 days of claim dies) saying that you want to appeal to the Board of Veterans Appeals (**BVA**). Vet files Form 9.

4 years: Vet has enrolled in VA medical system. Obtains VA 'Progress note' showing that the treating VA physician suspects that the vet's symptoms are linked to rheumatic fever.

Physician's supervisor enters note saying that it might be from another cause. You submit this.

4 ½ years: VA again denies by issuing a Supplemental SOC. Says doctors' phrasings do not amount to "likely as not statements". Case remains on appeal to BVA.

5 years: Vet has had bad dreams for years, and he finally seeks help in counseling. Counselor determines PTSD from witnessing multiple crashes on an aircraft carrier. File a **PTSD claim**.

5 years to 5 years & 8 months: VA processes but denies the PTSD claim from events 50 years ago. You file a NOD.

6 years & 8 months: BVA hearing by video link to **Veterans Law Judge** in Washington, D.C.

7 years & 4 months: BVA to send the case to University of Alabama Medical School for an opinion.

7 years & 5 months (VA has split vet's file): DRO Hearing at PVARO re PTSD – denied

7 years & 8 months: U of Ala opinion linking residuals to rheumatic fever. BVA judge finds "*service-connection*" and **remands** to PVARO for C&P exam to set disability %'s.

8 years: Rating Decision setting rheumatic fever symptoms at **50%** (combined 55% - rounds to 60%)

8 years & 2 months: DRO denies the PTSD claim. You file Form 9 anticipating a BVA hearing at the 11 year point.

8 years & 3 months: Vet is diagnosed with **Depression secondary** to fever residuals; claim filed.

9 years: After the usual process, he is rated at 50% depressed (**combined** 78%; rounds to 80%)

9 years & 1 month: Vet struggles with his own business; due to all his conditions, has not cleared more than the federal poverty rate in net income in last 3 years. Files for "**individual unemployability**" (I/U).

9 years & 8 months: VA denies the I/U claim, but the Rating Specialist has said that each condition by itself does not make him unemployable. County Service Officer sees this as an error by the VA. Contacts the VA Compensation supervisor, who refers matter to a senior rater.

9 years & 10 months: VA **Rating Decision** awarding 100% based upon I/U.

10 years: You withdraw the PTSD claim as you figure that the Depression is worse than the PTSD (can't receive comp for both mental conditions – take the worse).

10 years & 1 month: County Service Officer decides to retire.