

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86/2

1331 HESS HB 130 - HB 131

TE # 603 ANCHORAGE

	CURRENT MONTH	FISCAL YEAR-TO-DATE
NUMBER OF VETERANS SEEN		
1A. TOTAL NUMBER OF VETERANS SEEN	197 *	408
1B. NUMBER FOUND INELIGIBLE AT FIRST CONTACT	1	1
1C. NUMBER FOUND INELIGIBLE AFTER READJ. CCUNS.	0	0
1D. TOTAL FOUND INELIGIBLE	1	1
1E. TOTAL ELIGIBLE VETERANS SEEN	196	407
1F. TOTAL NUMBER OF VETERANS OUTREACHED	0	15
NUMBER OF VISITS (MULTIPLE CONTACTS ON ONE DAY COUNT AS ONE VISIT)		
24. IN-OUTREACH CATEGORY	0	14
2A. FOR READJUSTMENT COUNSELING	348	958
2C. FOR REFERRAL	0	3
2D. TOTAL VETERAN VISITS	348	975
2E. COLLATERAL VISITS	113	232
2F. TOTAL VISITS	461	1,207
NUMBER OF CONTACTS		
31. IN-OUTREACH CATEGORY	0	13
3A. FOR READJUSTMENT COUNSELING	475	1,243
3C. FOR REFERRAL	0	3
3D. FOR FOLLOW-UP	1	7
3E. TOTAL CONTACTS	476	1,276
TELEPHONE CONTACTS		
41. WITH VETERANS	226	684
4B. ON BEHALF OF VETERANS	405	1,243
4C. TOTAL TELEPHONE CONTACTS	631	1,927

* INCLUDES 93 NEW CLIENTS

VETS-CENTER of Seattle News

Legal Advice

Vietnam vet attorney, Mr. Lee Raaen, will be at the Vets-Center Wednesday nights from 7pm. to 8pm. beginning October 8th to offer legal advice without charge. This service is being donated by Mr. Raaen to Vietnam vets. It does not include legal representation.

Overview of Vets-Center rap groups

I want to give a discription of the people who come to the Vets-Center and its' pretty hard to generalize. I'd say most of our clients are working and most have some kind of blue collar job like construction trades, truck driving. I've been in most of the rap groups and they're composed of say; a salesman, a lawyer, a truck driver, a carpenter, a plumber, two guys who are unemployed and a 30-year-old student. Most are between 30 and 35-years-old. A couple in each group will be troubled by alcoholism or drugs. Someone might be on a work release from jail, and almost absurdly, a couple of people will be getting divorced.

With regard to Vietnam, most group participants wre in combat. Being in combat increases the likelihood of going through delayed stress reaction. Many people benefit from being in rap groups and a person doesn't have to experience delayed stress to be in a group. There are plenty of common problems that Vietnam vets have encountered when they returned from Vietnam. It is true that the Vets-Center staff encourages combat vets to enter the groups. We find that chances for delayed stress reactuon goes up with months spent in combat in Vietnam.

What gets talked about in rap groups? Vietnam mostly at first. Its sort of a collective free association. Lots of extra ordinary things happened in Vietnam that never got talked about. Probably the most terrifying and horrible didn't get talked about at all. But also funny things and ordinary routine bits of heroism. Names of geography, people, pieces of equipment, slang-terms, descriptions of colors and sounds.

In the later weeks of the group, the discussion leaves Vietnam and moves toward the present, although Vietnam is always the common touchstone. Each group is so different because it depends on the participants to decide what to discuss. Conversation just flows effortlessly and what's important gets talked about.

There's a lot of talk about anger and violence, especially anger at authority and government. Relationships get discussed. Weapons. Politics. Problems getting or keeping a job. Sports. Nightmares. Drugs or alcohol problems. Hatred of Vietnamese. Fear. Depression. Death.

We all agree to keep the conversation confidential. There are no taboo subjects and nobody has to talk. If somebody decides to leave nobody stops him, although it seldom happens that someone leaves unannounced. The group members respect each other.

written by Emmett Early
Seattle Vets-Center

A Decade After Vietnam

'Delayed Stress' Surfaces in Nation's Vets

By JO ANN WENDT

The Vietnam veteran is vibrating again.

Why?

Call it delayed stress. Or, call it the natural thing that happens to a person when he has denied a major experience, when he has refused to talk about it and, instead, locks it away, making it a separate and alienated part of himself.

Setting him vibrating, too, according to vet and peer counselor, Ken Harbart, are current events: Rumblings of a new draft. Hostages in Iran. The shadow of the Bear spreading over the middle East. The influx of Indochinese

refugees, many of whom — the vet suspects — probably fought against him in that blurred and bizarre warfare where friend was not easily distinguished from foe.

Harbart, a physician's assistant at Northern Virginia Psychotherapy Center in McLean, Virginia, and Jeffrey Jay, a psychologist at the center, are co-directing a 12-week educational and therapeutic group session for Vietnam veterans.

A 19-year-old marine when he arrived in Danang in 1966, Harbart functions as support peer in the group. Jay serves as support psychologist, drawing upon his work

with veterans in VA hospitals.

Seven vets comprise the group. In economic and educational status they run the gamut from professional to welfare recipient. But all share one common trait. Reticence. Reticence concerning the Vietnam experience.

"Almost every Vietnam veteran I meet says, 'I've never talked about the war with anyone else.' Many have been carrying the burden of not being able to talk to others about this for the past 10 years," Harbart told *Guidepost*.

Part of the veteran's reticence is tied into the reception he got from the American public when he

returned from the war, Harbart and Jay believe.

Jay told *Guidepost*, "He came back with the expectation of being integrated back into civilian life, of being welcomed back."

Neither happened. The returning vet found himself not a hero but a target, a scapegoat.

Incensed and suffering "corporate guilt" over the Vietnam debacle, the American public viewed the vet with derision and scorn. If the United States had "lost," the Vietnam veteran was a "loser."

Congressional treatment of vets reflected public sentiment. The G.I. Bill was weak. Federal

assistance to start small businesses (so available to vets of other wars) was not forthcoming. VA hospitals were overcrowded and understaffed, and even in those military bastions, says Harbart, the Vietnam vet was shunned and looked down upon as a "loser" or a long-haired "hippie."

He was left with a sense of guilt, a sense of having let his country down and a sense of having been let down by his country. Bitter, the Vietnam veteran "went into the closet," according to Harbart.

(See page 12)

Delayed Stress

(from page 1)

Jay explains, "There's a sealing-off of talking about it. It's avoided. You have a major experience which you keep inside. When you can't talk about it, it becomes a separate, alienated part of yourself. This is what makes people crazy — when there are parts of themselves which they can't deal with."

This reticence has fed into behavior that professionals are recognizing as typical of the Vietnam veteran. Harbart describes the behavior as "a psychic withdrawal from others." Jay sees it as a tendency to isolate oneself, an inability to get close to people.

The goal of Harbart and Jay's group is to crack that isolation, to take the Vietnam experience out of the locked closet and talk about it.

Jay told *Guidopost*, "The goal is not to forget or deny, but to lay it out and take responsibility for one's own actions. And to deal with survivor's syndrome because everyone has some sense of guilt or exaggeration."

Realizing the veteran's ambivalence (his sense of wanting to talk about his major experience, yet not wanting to), Jay and Harbart insisted each group member make a strong contract with the group, a strong commitment to see the 12 weeks through to the finish.

When *Guidopost* talked with Harbart and Jay, the group was in its fifth week. "The Easter Island stone statues," as Harbart described the men in early sessions, were beginning to thaw. They were beginning to demonstrate caring. They were beginning to reach out to each other. The change was not insignificant.

While early sessions focused on unlocking and examining the Vietnam experience, later sessions will include reading assignments, assessment of the media and how the media dealt with the war and its veterans, and assessment of the "peaceniks" and what happened to them.

Close to the ninth week, Harbart and Jay will try something experimental. They'll ask each

person to bring to the group a significant other — wife, friend, close relative.

When the group comes to an end, Harbart and Jay hope the men will have dealt with not only what was "bad" about the Vietnam experience but what was "good" about it. They will have sorted out the full range of emotions that accompanied those experiences. They will have dealt with what Jay calls "the legitimate madness" that typified American behavior in Vietnam.

For example, Jay told *Guidopost*, "Killing someone is a very mixed thing. It's awful! It's terrible! But there's a crazy power to it. For young guys, that's hard to deal with."

Deal with it, they have not.

That's why the Vietnam veteran is vibrating.

All 3 million of him.

Stress Statistics

There are 8.9 million Vietnam Era Vets. . .

• 2.9 million served in Southeast Asia

• 1.6 million served in combat

• 60 percent had problems upon returning

• 30 percent have continuing problems

• Latent problems will peak in 1983-84

• 6,116 are in VA hospitals for mental health care

• More than half of VA mental health ward patients are Vietnam vets

• 70,000 are in state, federal, county prisons

• 200,000 are out on bail, parole, probation

...according to Steve Champlain of Vietnam Veterans of America, Inc.

Cynicism, alienation, anomie linger among Vietnam veterans

WHETHER ARE ABOUT 1.7 million Vietnam veterans who have not made a satisfactory adjustment to civilian life," according to Charles Stenger, Ph.D., Associate Director for Psychology at the Veterans Administration (V.A.) Central Office. Jack Ewalt, M.D., Director of the Mental Health and Behavioral Sciences Services at the V.A., maintains that the uniqueness of Vietnam veterans' problems warrants an unusual approach to helping these individuals. Cynicism, skepticism, and alienation among those who fought in Vietnam, and mistrust of authority and institutions in general, have rendered conventional V.A. treatment programs largely ineffectual in aiding veterans of this most recent era.

Of particular concern is a group, estimated to include as many as 800,000 veterans, who have "dropped out of life." These are men who do not avail themselves of opportunities offered by the V.A., but who show "considerable pathology characterized by social dissatisfaction, anomie, and distrust of the establishment rather than overt psychiatric illness." A preliminary report issued by the Center for Policy Research, a New York-based group commissioned by the V.A. to do a major new study of Vietnam veterans, states that "Most of the men with discernible problems present complaints that do not fall neatly within the delineations of any one standard service delivery system. We especially note the association of work-related difficulties and psychological distress."

Disorganization and discord

Other tentative findings presented in the report, based on a subset of the total 1,380-man sample, include the following indication of the nature and range of Vietnam veterans' problems. "Global complaints" were expressed by approximately 28% of those included in the initial case-by-case analysis. These men were divided into three groups. "Highly disorganized" veterans were those who are usually without jobs or intimate relationships, prone to drug abuse and other ill activities, and "unable or unwilling to assume more than minimal responsibility for themselves." "Erratic" veterans included those who work intermittently and maintain some relationships, though with protracted separations, and "are plagued by substance abuse and traumatic vestiges of their war experience." "Stable" veterans were those who maintain well-regulated life routines, but complain of job difficul-

ties, marital discord, troubling memories from Vietnam and an inability to establish direction in their lives.

Another 48% were characterized as having generally stable life routines while complaining of specific problems such as continuing combat nightmares, short tempers, troubling war memories and drinking problems. Also in this group were a number with "character disorders, distinguished by a self-reported incapacity to feel any sensitivity toward other people." Of those included in the overall analysis, only 24% reported no major complaints.

What differentiates Vietnam veterans from those of other wars? First of all, there was a lack of the usual unit morale and identification: after training, replacement recruits were shipped separately to Vietnam aboard various commercial jets instead of as a group aboard military aircraft. Once there, servicemen were rotated frequently during their tours of duty. Furthermore, there was never an all-out attempt to win the war, front lines did not exist, and hard-won territory was given up voluntarily only to be fought over again. The result was a denial of any sense of purpose or achievement. Moreover, American soldiers transported to foreign soil ostensibly to defend its people often found themselves objects of economic exploitation by those people according to Dr. Stenger. They were also unable to distinguish a friendly civilian from an unfriendly one, or even from a combat troop of the enemy, and thus bore feelings of guilt for the decimation of the civilian population.

"All of this led to severe morale problems, resort to drugs for support, ques-

tioning of the wisdom and the authority of the military leaders and a feeling among many of the troops, as well as a large number of the civilian population at home, that those fighting in Vietnam were 'suckers,'" according to Dr. Ewalt. He added that it is "extremely difficult for most people to acquire a deep and balanced perspective about Vietnam veterans."

Indeed, one of the most frequently voiced complaints of veterans concerning the public's attitude is that they "are confusing the warrior with the war." During an interview, Dr. Stenger recalled an incident in Philadelphia shortly before the end of the war. A parade held to honor the wounded and disabled had to be terminated midway. The injured veterans, riding in open cars, were being stoned by the crowds.

Establishing trust

"Almost every Vietnam veteran experienced some negative signals from at least a part of the society," he said. And while most people didn't respond in that way, they also failed to give any positive recognition or even just appreciation of the veterans' service.

"We recognize that many Vietnam veterans are angry at and alienated from the society that put them through all this, so we've designed a new program which just of all strives to establish personal trust in its clients." Following years of requests by the V.A., Congress recently approved \$9.9 million for a nationwide network of "store-front" counseling centers consisting of 80 four-man teams distributed among all 50 states and concentrated in the urban centers with the largest veteran populations, such as New York and Los Angeles.

The Outreach Program, according to David Huang, Ph.D. program staff assistant, has three basic aims: reaching out to the veterans in a nonclinical setting, pro-



Servicemen were unable to distinguish friendly civilians from the enemy so the possibility of inadvertently killing civilians was great, arousing deep-seated feelings of guilt in them.

viding counseling, and maintaining a referral service. We go and knock at their doors, write letters, put up bumper stickers, walk on the streets and go to the bars, to the places where there is a chance that we can reach these people. We make contact with them and then we start trying to relate to them, to react to their needs as we perceive them. Readjustment counseling consists of direct personal contact, either on a one-to-one basis or in groups. The third part of the program, referral, covers some services that we cannot allow ourselves. There may be psychiatric reactions to the war trauma, such as dreams and flashbacks, which we ourselves don't intend to treat.

Preventive factor

Drs. Ewalt and Stenger expressed the belief that the Outreach Program will have a preventive factor at least insofar as alcoholism and other substance abuse is concerned, and perhaps even tend to cut down the incidence and severity of affective disorders, neuroses and bring schizophrenia to treatment earlier." According to the Center for Policy Research report, "The data suggest that substance use among Vietnam veterans is indeed related to psychological problems or malfunctioning, though not as strongly as some might suspect. Moreover it appears that among 'vulnerable' groups in the population (e.g., blacks and individuals who might be clinically diagnosed as 'deniers'), substance use is more strongly related to psychological disorders than it is among other groups."

Vets helping vets

It is envisioned that the Outreach Program will be in operation for three years, with new clients being accepted only during the first two years and a gradual phasing out taking place during the third. Each of the 86 Outreach teams will have four members: one professional who is either a physician, psychiatric nurse, psychologist or social worker; two technicians with some special training for the program; and one clerical assistant. All team personnel, most of whom will themselves be Vietnam era veterans, will be hired locally, and operation of the Outreach Program will be largely independent of the V.A. Central Office.

"We must help veterans to work through their anger and frustration . . . to re-establish their belief that they are worthwhile and that the system gives a damn about them and can respond," said Dr. Stenger. In the past such specialized help has been virtually nonexistent. The Outreach Program may begin to remedy this situation.



Department
Of Labor

ALASKA VETERAN REPORT 1980

Jay S. Hammond
GOVERNOR

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ALASKA VETERAN REPORT

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State of Alaska**

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**In cooperation with the Employment and Training Administration,
U. S. Department of Labor**

January 1980

**Prepared by:
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LIST OF FIGURES

Figure	Page
1.	3..... Number of Living Veterans, Alaska
2.	4..... Labor Force Status of Vietnam Veterans by Race: Alaska 1976
3.	5..... Total and Veteran Population by Census Division
4.	6..... Characteristics of Job Service Applicants Placed: Alaska (Total and Veterans)
5.	7..... Applicants by Occupation: Alaska - 1978
6.	8..... Marital Status by Age of Veterans: Alaska - 1970
7.	9..... Veterans by Race: Alaska - 1970 and 1976
8.	10..... Analysis of Applicant Population: Alaska
9.	11..... Map, 1970 Census Divisions

APPENDIX

Appendix	Page
App. 1	13..... Gross Migration by Selected Characteristics: Alaska - 1965 to 1970

ALASKA VETERAN PROFILE

Four sources of basic information concerning the status of Alaska Veterans have been utilized in preparation of this report.

(1) 1970 Census --

Performed once every ten years, the census is the most complete source of statistical socio-economic information available. The most recent census data is now nine years old. The 1970 census was taken mid-January 1970 in "bush" Alaska and on April 1, 1970 in "non-bush" Alaska and other states. Veteran statistics are derived from the question, "Has he (this person) ever served in the Army, Navy, or other armed forces of the United States?" asked of a 15 percent sample of those censused. This question was not asked of women. Detailed results from the 1980 census will be available by 1982. Until that time, results from the 1970 census will remain the cornerstone of veteran statistics.

(2) U. S. Veterans Administration Reports --

The U. S. Veterans Administration prepares estimates of the number of Veterans by state and county (using actuarial techniques of a national perspective) by incorporating data from various veteran programs. Based upon 1970 census results, these estimates are updated annually. Nationwide estimates such as these are not ordinarily sensitive to rapid fluctuations of Alaska's small population. As a result, Veterans Administration estimates appear to understate growth of the Alaska veteran population during the rapid population increase since the 1970 census.

(3) 1976 Survey of Income and Education (SIE) --

The SIE was performed in the spring of 1976 only and was an extended version of the Current Population Survey which is conducted by the U.S. Bureau of Census annually. Roughly 8,000 persons were surveyed (approximately 1,500 veterans). The

survey reflects conditions prevalent in 1976, a pipeline boom year. The elevated presence of age 20-24 male job seekers and the predominantly urban sample seem to have inflated the veteran count. Survey results are available on a statewide basis only.

(4) Employment Security Automated Reporting System (ESARS) --

ESARS is a federal report generation system which produces reports on job applications and placements made through the local Job Service offices. Job Service may take job orders from and make applicant referrals to any occupation or industry. However, professional and union positions are generally not made available through the Job Service system. As a result, ESARS statistics focus upon only a portion of the total job market. ESARS data is more likely to reflect the activity of younger Vietnam era veterans than those of older World War II veterans for example.

GROWTH OF THE ALASKA VETERAN POPULATION

Growth of the Alaska population between 1970 and 1978 has been rapid, nearly 5 times the comparable U.S. rate. Most of this growth had been due to migration. Less than half of this population growth was due to natural increase (births minus deaths). Between 1965 and 1970, males comprised nearly 70 percent of the growth due to migration in Alaska.* During that interval, roughly 85 percent of all net-migrants were 20 to 24 years of age. Since migrants to Alaska are predominantly young working age males the veteran population may grow rapidly in the state. Due to the factors mentioned above, percentage growth of the Alaska veteran population has probably been greater than that of the general population.

Substantial migration and a lack of good data reduce the accuracy of veteran population estimates. As a result, estimates produced using differing techniques tend to vary significantly.

Listed below are three estimates of the Alaska veteran population size.

Figure 1

NUMBER OF LIVING VETERANS: ALASKA

Number of Veterans	Annual Growth Rate	Source of Figure	Reference Date
39,500		Census	1970
41,000	4%	Vets. Admin.	1977
56,300	5%	1976 SIE**	1978

* See Discussion of Migration in Appendix.

** Survey of Income and Education (recalibrated to 1978).

Tables Introduced

While current data relevant to the population and labor force of Alaska veterans today is relatively scarce, we have drawn together eight concise tables of relevant veteran statistics. Essentially, two main types of data are included in this publication. Population information is the first type. Gathered through census and survey, population data is presented by characteristics such as: age, race labor force status, and marital status. The second type of information presented is characteristics of job service applicants. These characteristics include occupation, age, and race.

The balance of this publication is comprised of eight tables and a map of the 1970 census divisions. Following these is an appendix extracted from our publication Alaska Population in Brief. Inquiries regarding this information should be directed to the Alaska Department of Labor Research and Analysis Section Attn: Steve Harrison 465-4515.

Figure 2

LABORFORCE STATUS OF VIETNAM VETERANS BY RACE:
ALASKA - 1976*

<u>VETERAN STATUS</u>	<u>TOTAL</u>	<u>WHITE</u>	<u>OTHER</u>
Total Vietnam Era Veterans	20,900	17,800	3,200
Aged 20-34 Years	16,800	13,900	2,800
Employed	14,400	12,800	1,700
Unemployed	1,400	600	800
Not in Labor Force	800	500	500

*Source - 1976 Survey of Income and Education

Figure 3

TOTAL AND VETERAN POPULATION
BY CENSUS DIVISION: ALASKA

<u>CENSUS DIVISION</u>	<u>1970*</u> <u>POPULATION</u>	<u>1970*</u> <u>VETERAN</u> <u>POPULATION</u>	<u>1977**</u> <u>TOTAL</u> <u>VETERAN</u> <u>POPULATION</u>	<u>1977**</u> <u>VIETNAM</u> <u>VETERAN</u> <u>POPULATION</u>	<u>1977**</u> <u>OTHER</u> <u>VETERAN</u> <u>POPULATION</u>
TOTAL	300,382	39,490	41,000	15,000	26,000
Aleutian Islands	8,057	463	500	150	350
Anchorage	124,542	17,177	18,770	7,040	11,730
Angeon	481	61	50	20	30
Barrow-North Slope	2,685	369	240	120	120
Bethel	7,579	479	520	240	280
Bristol Bay Borough	944	91	140	90	50
Bristol Bay	3,688	273	240	40	200
Cordova-McCarthy	1,769	364	350	130	220
Fairbanks	45,952	5,378	6,260	2,780	3,480
Haines	1,461	269	210	40	170
Juneau	13,599	2,251	2,120	630	1,490
Kenai-Cook Inlet	14,250	2,318	2,340	740	1,600
Ketchikan	10,041	1,632	1,530	470	1,050
Kobuk	4,434	381	300	120	180
Kodiak	9,409	1,035	1,110	400	710
Kuskokwim	2,275	193	160	-	160
Matanuska-Susitna	6,540	1,162	1,100	240	860
Nome	5,749	610	650	260	390
Outer Ketchikan	1,771	154	160	60	100
Prince of Wales	2,011	459	400	100	300
Seward	2,021	416	410	110	300
Sitka	6,424	922	860	270	590
Skagway-Yakutat	2,037	260	280	100	180
Southeast Fairbanks	4,299	382	340	100	240
Upper Yukon	1,608	279	280	80	200
Valdez-Chitina- Whittier	3,174	565	530	150	380
Wade Hampton	3,917	250	270	120	150
Wrangell-Petersburg	4,913	765	730	190	540
Yukon-Koyukuk	4,752	532	480	150	330

*1970 Census of Population

**Veterans Administration, County Veteran Population - March 31, 1977

Sum of parts may not equal total due to rounding

Figure 4

CHARACTERISTICS OF JOB SERVICE APPLICANTS PLACED: ALASKA
 (TOTAL AND VETERANS)*
 FISCAL YEAR TO DATE SEPTEMBER 30, 1979

<u>CHARACTERISTIC</u>	<u>VETERAN PLACEMENTS</u>	<u>TOTAL PLACEMENTS</u>	<u>PERCENT VETERANS/TOTAL</u>
AGE	3,672	22,895	16%
Under 20	43	5,926	1%
20-21	153	2,903	5%
22-24	521	3,595	14%
25-29	975	4,249	23%
30-39	1,155	3,767	31%
40-44	292	890	32%
45-54	383	1,057	36%
55-64	133	421	32%
65/over	17	78	22%
VETERAN	3,672	3,672	100%
Recently Separated	1,695	1,695	100%
Disabled	200	200	100%
Vietnam Era	1,933	1,933	100%
Special Veteran	451	451	100%
HANDICAPPED	334	649	51%
Physically Disabled	320	620	53%
Mentally Retarded	1	19	5%
Mentally Restored	3	3	100%
ECONOMICALLY DISADVANTAGED	747	1,638	46%
FOOD STAMP	453	593	76%
WELFARE	31	366	8%
CETA	32	128	25%
EMPLOYMENT STATUS	3,672	8,086	45%
Full Time	165	335	49%
Part Time	61	216	28%
Not Working	3,446	7,535	46%

*EMPLOYMENT SECURITY AUTOMATED REPORTING SYSTEM: EXTRACTED FROM
 TABLES O3 AND C03

Figure 5

APPLICANTS BY OCCUPATION: ALASKA
FISCAL YEAR TO DATE, MARCH 31, 1978*

<u>OCCUPATION</u>	<u>VETERAN APPLICANTS</u> vertical percent	<u>TOTAL APPLICANTS</u> vertical percent
TOTAL	100%	100%
STRUCTURAL WORK	27%	17%
PROFESSIONAL, TECHNICAL and MANAGERIAL	18%	12%
SERVICE	11%	14%
CLERICAL, SALES	9%	20%
MACHINE TRADES	2%	5%
BENCH WORK	1%	1%
FARMING, FISHING and FORESTRY	1%	1%
PROCESSING	1%	2%
MISCELLANEOUS	18%	11%
UNKNOWN	12%	17%

*SOURCE: EMPLOYMENT SECURITY AUTOMATED REPORTING SYSTEM

Figure 6

MARITAL STATUS, BY AGE OF VETERANS: ALASKA - 1970*

<u>MARITAL STATUS</u>	<u>YEARS OF AGE</u>										
	<u>ALL AGES</u>	<u>16-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65/over</u>
TOTAL	39,490	3,100	5,101	5,080	5,790	6,427	6,016	4,106	1,930	904	1,036
SINGLE	5,301	1,675	1,094	587	549	446	344	262	99	87	158
MARRIED	31,433	1,359	3,809	4,202	4,861	5,573	5,190	3,498	1,638	673	630
SEPARATED	531	10	55	90	55	78	102	94	--	33	14
WIDOWED	487	7	--	30	21	84	77	66	60	29	113
DIVORCED	2,269	59	108	261	359	324	405	280	133	115	135

*1970 Census of Population

Figure 7

VETERANS BY RACE: ALASKA
(1970 CENSUS AND 1976 SURVEY OF INCOME AND EDUCATION)

<u>VETERAN STATUS</u>	<u>TOTAL*</u>		<u>WHITE</u>		<u>BLACK</u>		<u>OTHER</u>	
	<u>1970</u> <u>CENSUS</u>	<u>1976</u> <u>SIE</u>	<u>1970</u> <u>CENSUS</u>	<u>1976</u> <u>SIE</u>	<u>1970</u> <u>CENSUS</u>	<u>1976</u> <u>SIE</u>	<u>1970</u> <u>CENSUS</u>	<u>1976</u> <u>SIE</u>
TOTAL	39,490	56,300	34,467	49,300	661	1,900	4,362	7,300
VIETNAM ERA	8,524	20,900	7,258	17,800	229	1,000	1,037	2,300
KOREAN WAR	7,736	11,500	6,736	10,200	91	500	909	800
W W II	14,613	15,800	13,094	14,400	237	100	1,282	1,200
W W I	562	200	512	200	5	0	45	0
OTHER SERVICE	6,651	7,800	5,514	6,700	81	400	1,056	700

*Sum of parts may not equal total due to rounding

Figure 8

ANALYSIS OF APPLICANT POPULATION AS OF SEPTEMBER 30, 1978
ALL APPLICANTS*: ALASKA

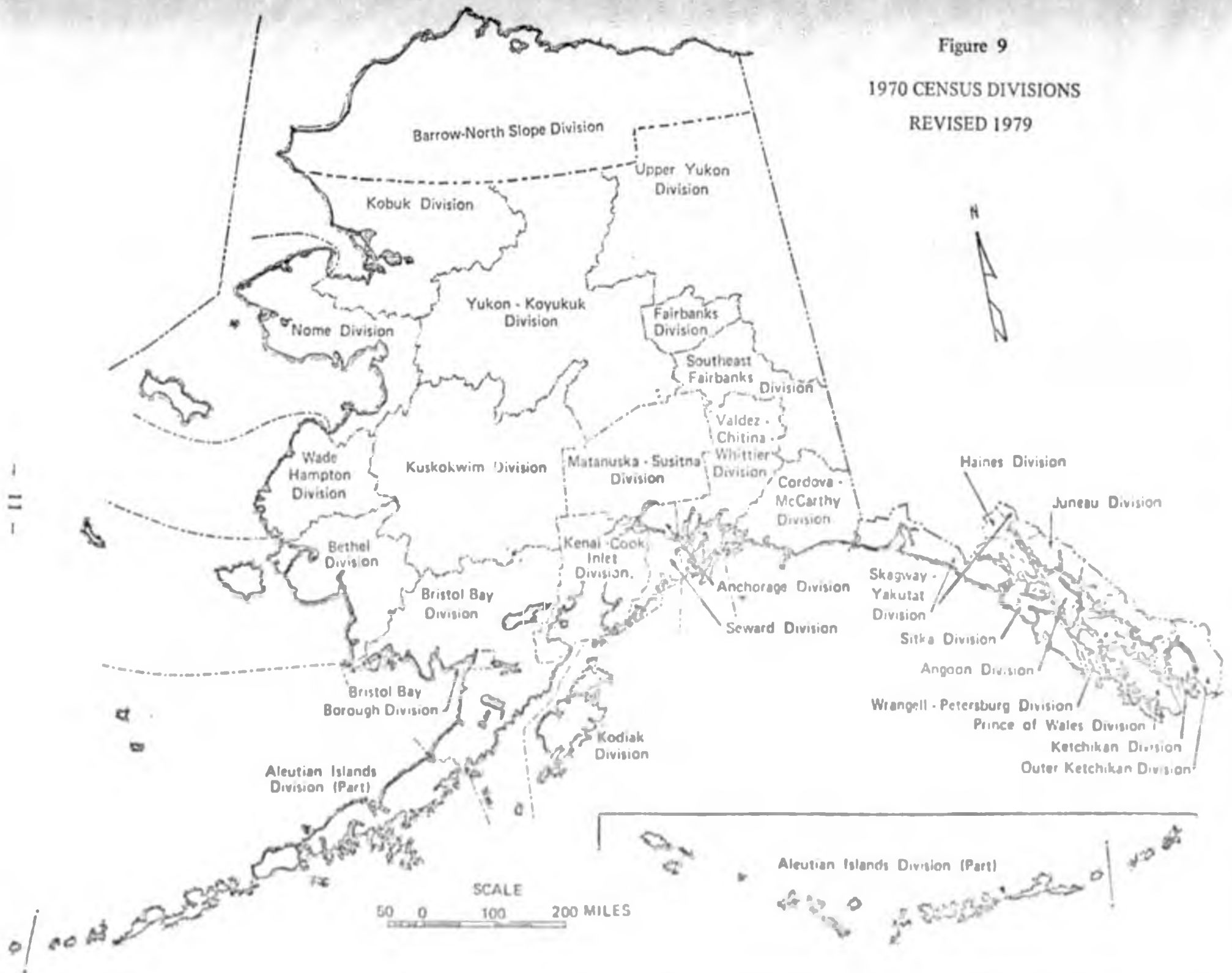
CATEGORY	TOTAL	VETERAN APPLICANTS		
		TOTAL	DISABLED	VIETNAM
AGE/SEX, TOTAL	73,073	14,219	41	6,700
MALE, TOTAL	41,459	13,575	620	6,274
18	1,571	15	0	9
19	1,895	36	1	35
20-21	4,175	318	6	280
22-24	6,517	1,390	37	1,224
25-44	19,352	8,776	382	4,449
45-54	3,000	1,893	122	219
55-64	1,695	1,035	75	46
65/over	363	108	3	8
FEMALE, TOTAL	31,614	644	21	426
18	1,404	2	0	2
19	1,690	2	0	2
20-21	3,761	41	0	39
22-24	5,361	160	5	146
25-44	13,782	367	13	235
45-54	2,188	36	1	0
55-64	1,054	33	1	2
65/over	196	3	1	0
RACE/SEX, TOTAL	73,072	14,227	640	6,703
MALE, TOTAL	41,464	13,581	619	6,277
WHITE	30,420	10,939	519	4,947
ALASKA NATIVE/ AMERICAN INDIAN	6,642	1,183	27	485
BLACK	1,659	728	43	506
ASIAN/PACIFIC	1,316	324	12	149
HISPANIC	736	216	11	123
INA	691	191	7	67
FEMALE, TOTAL	31,608	646	21	426
WHITE	23,615	529	14	338
ALASKA NATIVE/ AMERICAN INDIAN	4,487	23	2	13
BLACK	1,521	62	2	54
ASIAN/PACIFIC	1,036	16	2	11
HISPANIC	521	13	1	9
INA	428	3	0	1

*SOURCE - EMPLOYMENT SECURITY AUTOMATED REPORTING SYSTEM

Figure 9

1970 CENSUS DIVISIONS

REVISED 1979



APPENDIX

MIGRATION^{1/}

When the size and composition of a population changes, these changes may be traced to births, deaths, aging or migration.

Responses from the 1970 census question,^{2/} "Where was this person five years ago?" reveal the significance of migration in Alaska. *Net* migration (persons entering minus persons leaving) comprised nearly one half of the population growth occurring between 1965 and 1970. However, that is only the tip of the iceberg. Approximately 120,000 individuals moved to Alaska between the years 1965 and 1970; yet, almost 100,000 Alaskans left the state over that same period. Thus for every six individuals who moved to Alaska, five individuals left the state.

Nearly 40 percent of the 1970 residents of Alaska had been living outside the state 5 years previous. Since Alaska's population is estimated to be the smallest in the union, numerical changes which might go unnoticed in larger states may be striking statistics in the 49th state. Historically, migration has served as the principal avenue of population change in Alaska.

Significant changes in the balance or imbalance between males and females are usually caused by migration in Alaska. Large fluctuations in the racial composition of Alaska are principally fueled by migration, and much of the distortion of Alaska's age profile is also explained by migration.

The characteristics of migrants to and from Alaska are influenced by the characteristics of the Alaska population and by the characteristics of the population of the states from which most of the migrants originate. Between 1965 and 1970, more males (58 percent) migrated to Alaska than females (42 percent). Taking outmigration into consideration, males claimed an even greater share of growth due to *net* migration (68 percent). The following table displays the characteristics of inmigrants and net migrants in Alaska at the 1970 census. In the lower portion of this table, it is shown that 84 percent of Alaska growth due to migration is concentrated in the 20 to 24 age bracket, and that a net loss of 12 percent occurred in the 45 to 64 age group.

^{1/} Extracted from ALASKA POPULATION IN BRIEF to be released January, 1980. Alaska Department of Labor, Research & Analysis Section.

^{2/} "Where was this person five years ago?" asked of a 15 percent sample of 1970 census respondents.

Appendix 1

GROSS MIGRATION BY SELECTED CHARACTERISTICS:
ALASKA 1965-1970**

Characteristics	Group	Percent of In Migrants	Percent of Net Migration
SEX	MALE	58%	68%
	FEMALE	42%	32%
	TOTAL	100%	100%
RACE	WHITE	92%	97%
	BLACK	4%	3%
	TOTAL	96%	100%
AGE	UNDER 15 YEARS	24%	10%
	15-19 YEARS	8%	5%
	20-24 YEARS	22%	84%
	25-29 YEARS	15%	5%
	30-44 YEARS	23%	16%
	45-64 YEARS	7%	-12%
	65 YEARS AND OVER	1%	- Pk
	TOTAL	100%	100%

* 'Other' not included

** Based upon data from: U. S. Bureau of the Census, Current Population Reports Series P25, No. 70, "Gross Migration by County: 1965 to 1970" pp9, U. S. Government Printing Office, Washington, D. C., 1977.

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IN THE LEGISLATURE
of the
STATE OF WASHINGTON



HOUSE OF REPRESENTATIVES

HOUSE FLOOR RESOLUTION NO. 80-187, by Representatives Bender, Brown, Hughes, Kreidler, McDonald, Nisbet, Pruitt, Schmitt, Scott, Tupper and Van Dyken.

WHEREAS, There are approximately two hundred thousand Washington State residents who are Vietnam era veterans and who, as a class, are manifesting severe problems in adjusting to society after returning from service during the Vietnam era; and

WHEREAS, Vietnam era veterans experience a thirty percent greater suicide rate, a twenty percent unemployment rate, a divorce rate twice that of nonveterans, and make up fifteen percent of all persons incarcerated in the Washington State penal system; and

WHEREAS, At least twenty percent of Washington State Vietnam era veterans are suffering from some form of delayed stress reaction and that is projected to increase to fifty percent by 1985;

NOW, THEREFORE, BE IT RESOLVED, by the House of Representatives, That the House establish a Select Committee on Vietnam Era Veterans Affairs to determine the scope and nature of Vietnam era veteran problems in Washington, and that the committee shall submit a report to the Forty-seventh Legislature setting forth policy options and recommendations regarding, but not limited to:

(1) The nature and scope of the problem and how it affects the mental and physical health of the veteran and his family, job and productivity as a citizen of the State of Washington;

(2) The adequacy of veteran assistance programs including employment security, CITA funding, veterans' preference procedures and presently required outreach programs;

(3) The adequacy and effectiveness of established veterans' organizations and the success of their efforts on behalf of Vietnam era veterans;

(4) The ability and capacity of mental health organizations and health professionals (both private and government) and law enforcement agencies to recognize and deal with situations resulting from veterans' problems involving Agent Orange Exposure and Delayed Stress Reaction;

(5) The level of cooperation and communication between state and federal programs regarding Vietnam era veterans' affairs and whether such programs are effective for Washington Vietnam era veterans;

(6) The need for reorganization or expansion of present programs, personnel, and/or organizations to better serve the Vietnam era veteran;

(7) Potential sources of funding for the services recommended; and

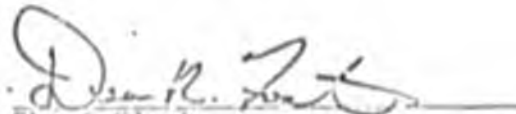
(8) Recommendations, including proposed legislation, to implement the policy options developed by the committee.


BE IT FURTHER RESOLVED, That the Co-Sponsors of the House of Representatives appoint eight members for the Select Committee. The Select Committee shall report its findings to the House of Representatives by January 1, 1961, and the Committee shall exist on January 1, 1961; and

BE IT FINALLY RESOLVED, That copies of this resolution be transmitted by the Chief Clerks of the House of Representatives to the Governor of the State of Washington; the Director of the Veterans Administration; the Director of the Department of Veterans Affairs; the Seattle Veterans Action Committee; the Department of Social and Health Services; the Council on Postsecondary Education; the President, Washington State American Veterans; the President, Washington State American Legion; the President, Washington State Veterans of Foreign Wars; and to the members of the Washington State Congressional Delegation.

ADOPTED March 13, 1960.

We hereby certify this to be a true and correct copy of resolution adopted by the House of Representatives March 13, 1960.


Chief Clerk
House of Representatives


Chief Clerk
House of Representatives



Veterans
Administration

News Release

FOR RELEASE
TUESDAY, JULY 1, 1980

While most Vietnam Era veterans now agree with a majority of the public that America should have stayed out of Vietnam, these same veterans are glad they served their country and would serve again if asked to.

This was among the findings in a survey conducted for the Veterans Administration by Louis Harris and Associates, which was released today by Max Cleland, Administrator of Veterans Affairs. The study was ordered by President Carter ". . .to better understand some of the issues that will continue to confront the Vietnam Era veteran."

The survey reflects strong patriotic feelings on the part of veterans, despite disillusionment with the war and a great deal of bitterness about their treatment after the war. Ninety-one percent of the veterans serving in Vietnam agreed with the statement: "Looking back, I am glad I served my country." Two-thirds of Vietnam veterans say that they would serve again if asked.

The survey also confirmed an advance sample finding that although only one in five Americans still supports America's involvement in the Vietnam war, a great majority of the public has a high regard for the veterans who fought that war.

Cleland said, "It appears that the public is finally separating the war from the warrior. Despite the unfriendly reception the Vietnam veterans received when returning home, which is verified in the survey, this group of veterans is beginning to find some understanding and sympathy among the American people."

There also is evidence that most veterans of the Vietnam Era are adjusting well to civilian life, although there remains much to be done in healing the physical and psychological scars. Cleland said, "The survey underscores the need for efforts such as the VA's new readjustment counseling program for Vietnam Era veterans. Since its authorization by Congress late last year 86 unique 'store-front' Vet Centers have been opened nationally to help those veterans who most need help with readjustment problems," he added.

Louis Harris and Associates interviewed 7,000 persons nationwide between November 1979 and March 1980. They fell into four groups: the general public, Vietnam Era veterans, educators and employers. The surveys are the most thorough and comprehensive ever undertaken of attitudes towards Vietnam Era veterans. An advance sample survey of the general public was released last November.

According to the independent Harris Survey, soldiers who had not completed high school at the time they went to Vietnam

were almost five times as likely to have seen heavy combat as those who had completed college.

Administrator Cleland said, "These same educationally disadvantaged veterans were identified as needing additional assistance in President Carter's message to Congress. Congress is currently considering the President's request to extend the GI Bill time limit to provide educational benefits targeted specifically to strengthen occupational skills of this special group. I urge Congress to pass this legislation to insure these veterans have ample time to pursue this necessary training."

The completed survey also showed that Vietnam veterans feel they have more serious problems than combat veterans of the World War II era, and the public, educators and employers agree. A majority of World War II and Korea veterans also feel Vietnam veterans have more serious problems than combat veterans of earlier wars. Significantly, recognition of the special problems facing Vietnam veterans is greatest among those groups which were most opposed to the war.

The survey also found that while the public and veterans are in substantial agreement that news media have had a significant effect in shaping American attitudes about the veterans, of the Vietnam Era, they differ on whether this effect has been positive or negative. The Vietnam Era veterans feel television news stories have given the American public an unfavorable impression of them. Contrasting that is the view of a substantial majority of the public that they got a favorable impression of those veterans from the television news. Most agree the coverage was realistic.

Other survey findings included:

- Nearly three-quarters of the veterans of earlier wars feel that people their own age gave them a very friendly reception compared to less than half of the Vietnam Era veterans.

- Most of the veterans who served in the Vietnam area said that they experienced moderate or heavy combat conditions while there.

- Three-quarters of the Vietnam Era veterans feel the federal government should be doing more for them. A two-thirds majority of the American public agrees.

- Employers' commitments to hiring Vietnam Era veterans have declined over the decade of the '70s.

- The vast majority of educators report that neither age, nor military experience, nor discrimination has been a problem for Vietnam Era veterans at their schools. They rate the veterans frequently "better" than other students.

- Seven out of 10 Americans favor preferential hiring of veterans for federal jobs. There was nearly equal support for this among women as well as men.

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Women veterans: forgotten by most

By KATHLEEN HENDRIX
The Los Angeles Times

LOS ANGELES — She is 39, friendly and hospitable in spite of the tension in her face, offering tea and a pretty plate of carefully arranged cakes. She had to give it some thought before she agreed to talk of her experiences as an Army nurse in Vietnam and the aftermath. She seldom talks about all that, she explains.

She decided it was best not to use her name, but she did not lack out. The whole subject of women Vietnam veterans and delayed stress syndrome sounded "interesting" to her.

She says "interesting" frequently when referring to Vietnam and once interrupted herself, saying, "Interesting" is maybe not the word but they haven't invented the words for what went on over there."

She honestly cannot recollect if she was for or against the war when she went — "I just sort of wanted to go and nurse, I think." So she went through two months of what she likes to call "basic aggravation" and then spent a year at an Army evacuation hospital in Da Nang, six months in emergency, six on a ward, and says, "After the second day in that emergency room, you look at one more of those boys and you know we were in the wrong place."

All of this is said quickly, in choppy phrases, accompanied at times with a little nervous ruffling as she calls her year in Vietnam "a cram course in living." It gives her sincerity a leaveny, arm's-length quality.

Then she slows down as she gets some distance, describing in detail the "gross cultural shock," the heat, dirt, cockroaches that vividly disturb her even as she recalls them nine years later in her city living room. Beyond the physical hardships, there was the war itself, of course, the long hours in the emergency room, her attempts to keep her sense of humor when her evening's entertainment was pouring herself a long one, sitting on the steps of her booth and watching the gunships battle below Monkey Mountain.

She would go around asking herself "What is going on?" "What?" "Why?" she says, still unable to formulate the overwhelming questions, using her hands and face to supply the missing words. She'd cry, she'd get depressed, she couldn't wait to get home and was tired if she'd ever make it.

When she did get home from Vietnam, she was a nervous wreck, she says after a silence. "Vietnam was really hard on me. I did not bounce well."

There was Vietnam to deal with, a nervous illness in her family and the fact she had yet to come to terms with being divorced, a situation that preceded Vietnam. About 18 months after she was back, she says, she crashed and went into therapy.

"I was just jangled," she said of her overall condition.

She has gotten on with her life and gotten on well. Overall, however, it seems there is much that has not still jangled and in pain.

Therapy was helpful to her, she says, although she never did deal with what went on in the emergency room.

11

They went to war. They did not kill or get killed. They often went through hell, though, and whether they have told them or not, they have their war stories.

Not much is known about the women who served in the military in Vietnam or their whereabouts and conditions now.

Estimates abound, figures varying within and between military departments and the Veterans Administration. Depending on the source, there were 150,000-200,000 women in the military during the years of the Vietnam conflict. Anywhere from 7,000 to 25,000 of them are thought to have served in Vietnam. No one was keeping track, at the time, and now, "the records have been retired," military public affairs personnel tend to say, surrendered to the governor's massive destruction in



VIETNAM



Time hasn't healed wounds

By HOWARD SIMONS
The Washington Post

HANOI — We were on the final approach to the Hanoi airport when the young Western diplomat broke off our conversation and said, "Have a look at the bomb craters as we go down."

There they are. Just a few at first. Then tens of them. Tens more. Then hundreds in every direction. Brown, water-filled mudholes, round like those plastic backyard swimming pools. Five years later and undilled.

The arrival lounge is a shred. Passenger control is lax. Customs is perfunctory. If no one is at the airport to meet you, there is no way to get to Hanoi — more 30 miles away. There are no buses or taxis.

I was met by Nguyen Canh Tan from the press office of the Foreign Ministry. He would be my interpreter, guide and escort for a three-day stay in Vietnam. On the second day I would run into the language barrier:

To Tan I said, "Thank you for arranging today."

"It is not going to rain today," he replied.

12

On the tarmac at the airport are Soviet-made MIG fighter aircraft and captured American F-4s. Vietnamese officials will state that some American equipment is working and some not. A colonel will explain that Soviet military equipment is being used by the Vietnamese army, whereas most American equipment is supplied to the militia. Western intelligence sources say that 60 percent of the American aircraft captured five years ago still is serviceable, a remarkable percentage.

In an interview with Nguyen Co Thinh, Vietnam's foreign minister, he hints darkly that a few years ago representatives for American firms approached him and offered to buy the captured American arsenal of tanks, heavy artillery, helicopters, planes. He provides no names. It is well known that the terms of other nations have sought to buy the equipment despite rumors, there is no evidence that Vietnam has sold its war booty. Thinh says flatly, "We do not want to be an arms dealer."

The evidence of war, not just the last short war or the last long war, is ubiquitous. My interpreter was wounded by shrapnel during a B-52 raid on his army unit; his father was killed fighting the French. My driver's brother was killed in the war against the United States.

As the driver takes you across the one-lane bridge leading to Hanoi, you are reminded it was recently bombed. On the road north from Hanoi, bridges still are down. There are signs painted anti-American war signs. But the bulk of the wall paintings now are anti-Chinese — the new enemy.

Hanoi, Hanoi, is remarkably unwarred. It is a rich little poor city. Its wealth is in architecture: a southern French villa style with an Oriental patina. Parts of Hanoi are stunningly beautiful. Most of French Hanoi is various shades of yellow and green. Land, municipal growth requirements the architecture and the color of French Hanoi. The best villas have been given to Vietnam's friends — the Russians, East Europeans, Chinese. New-oriented construction has been built to a minimum; the Chi Minh's restaurant and the new parliament building, both on Ho Chi Square, are the two last — or worst — examples.

On Tran Hung Vuong Avenue, where some of the most handsome villas are now empty in the Army Museum, is the Army Museum, displaying the military equipment used and captured in the war.

13

A reconstruction student on his way to Hanoi to visit his divorced parents for the holidays says, "Well, here we are, a nation of time."

Women Vietnam veterans

Continued from Page E-1

St. Louis. The informal consensus seems to be, however, that there were far fewer than 50,000 of them, and that the majority were in medical positions, especially nursing.

They came home, usually spent another six months to a year in service before being discharged and then disappeared into civilian life. Increasingly, however, there is question about how thoroughly or well they have been able to readjust to peacetime, American society and themselves.

Of those comparative few who have surfaced as Vietnam veterans with past or present problems related to the war, it is apparent that delayed stress syndrome is not necessarily a man's disease.

The syndrome — mild or severe delayed reactions to the stress of war — includes depression, flashbacks, nightmares, guilt, anxiety attacks, suicidal tendencies, migraine headaches, spontaneous anger, alcohol or drug abuse, inability to concentrate, inability to maintain relationships, avoidance of intimacy.

The syndrome is not peculiar to Vietnam. People come out of all wars suffering similar reactions. It is generally if not universally, acknowledged however that the circumstances of the war in Vietnam exacerbate it: an undeclared war played out in no-win conditions against a hard to define or identify enemy; an unpopular and increasingly unjustified war to many Americans; the absence of a unifying commonly accepted ideology that would justify one's presence or actions in Vietnam; an inglorious retreat; and anything but a hero's welcome upon coming home.

To these general conditions must be added, for the women who were there, the nature of their jobs, the fact they were women in a war, and that they are reacting as women now.

Shed Meshad saw the problems coming for women while he was over there. He was a social work/psychology officer with the Army in Vietnam and has been working with Vietnam era veterans as a clinical social worker with the Veterans Administration ever since, currently as regional director of the VA's Operation Outreach program of distressed Vet centers. He worked with and around women in Vietnam and he has contacted a number of them, individually and in groups, since his return.

Women in Vietnam were officers, and as such not allowed to fraternize with enlisted men, he said recently at his office at the VA hospital in Los Angeles.

"Then you see all the time-

ery," Meshad said of the nurses. "You're far away from you. You can hear it but you never go there. It creates an unknown. It really affects you. It's the twilight zone and you keep seeing people come in bits and pieces...."

"You'd get angry, but you can't go out and shoot a war on, you can't punch somebody out, you can't go get drunk. I'm not saying women never do but generally they did the 'woman thing.' Hold it in as appropriate."

□

Shirley Van Devanter starting a new chapter in her life. Several of them in fact. She came out of the closet. She went through a phase of being the "care giver" she said, listening to the men talk rather than talk herself. She talked enough however, that VVA, a private organization that is an advocate for legislation, benefits and programs for Vietnam veterans, realized there were problems for women veterans that were not being addressed. They asked her to head a new unit.

The problems are not totally behind her, she said, but she has "worked through a great deal" and no longer reacts if a nightmare comes back.

Van Devanter is in "phase one" of her job as women's director of VVA now, she said — trying to track down women Vietnam veterans. How many are there? Where are they? How are they?

She wants the VVA to explore women veterans' knowledge and use of GI benefits, she said, and their overall experience with the VA. She wants to see an investigation of the effects of exposure to Agent Orange on women and their offspring. And she is determined to see that help is provided for the psychological problems she is convinced many are suffering.

The rap groups developing at the VA-sponsored distressed Vet centers for Vietnam veterans seem one appropriate method of beginning to work on the problem, she said. However, the ones in existence are staffed by men and geared more to their specific combat-related problems.

Not every woman who served in Vietnam regards herself as a victim of delayed stress nor thinks she needs therapy. Chris McGinley Schneider is one veteran who feels she handled Vietnam as well as could be expected and has successfully readjusted to the rest of her life.

That does not mean that she thinks being a 23-year-old nurse at the evacuation hospital in Vietnam and then coming home to hear a neighbor complain-

Combat stress: Vets are losing inner battles

by Rick Anderson
Times staff reporter

An estimated 60,000 of them have drug or alcohol problems.

At least 20,000 are unemployed.

More than 400 are in prisons and jails.

From 20 to 25 kill themselves each year.

They rate high in divorce, and low in education.

Some are black. Some are crippled. All are a minority.

They are the Vietnam veterans of Washington State.

And, for many of them, there is a whole new war to wage — the fight against Delayed Stress Syndrome.

Of the approximately 200,000 Viet vets in the state, an estimated 40,000 have some form of the syndrome, a chronic personality disorder that results from the stress of fighting in, or enduring the aftermath of, America's 11-year bloodletting in Southeast Asia.

"The more we learn about delayed stress in vets, the less we seem to know," said Hugh Walkup of the Seattle Veterans Action Center.

A recent compilation by the King County Medical Examiner's office showed that almost half the young and middle-aged men who committed suicide in the county the past two years were Vietnam veterans. An unsubstantiated estimate nation-wide is that 30,000 Vietnam vets have taken their lives, more than died in the war itself.

Some authorities now say there are signals that afflicted vets may be turning their anger outward, towards the society they think has made them the symbols and scapegoats of the long, losing cause. And the number of the afflicted is also expected to grow.

According to a recent state legislative report:

"At least 20 per cent (of the 200,000) Washington State Vietnam-era veterans are suffering from some form of delayed stress reaction, and that is projected to increase to 50 per cent by 1985 (as new cases are discovered or revealed)."

Coupled with recently proposed Reagan administration cut-backs in veteran-outreach programs that deal with stress reaction, officials wonder about the future not only of the victims of the disorder, but its affect on a society that fails to deal with it.

(Details C &.)



Staff illustration by Rob Covey



"Thoughts by a Young Veteran"

The years others knew as youth, I spent learning th. meaning of Death.
The times others spent learning to love, I passed hoping to live
through endless nights.
The moments others remember as laughs in classrooms, I remember as
terror in the jungle.
The instants of pleasure taken for granted by others, I remember as
forgotten hopes,--long ago crushed by the reality of war.
The unfulfilled dreams of others are yet to be thought by me since I
am in search of my elusive youth, looking for years lost in
combat, which are no more---and will never be.

APRIL 13, 1981

I WOULD LIKE TO THANK THE COMMITTEE FOR CALANDERING HB 130. I SPONSORED THIS BILL FOR MANY REASONS, BUT PRIMARILY BECAUSE I'VE BECOME AWARE OF AN INCREASINGLY EVIDENT PROBLEM THAT EFFECTS, EITHER DIRECTLY OR INDIRECTLY, A SIZABLE PERCENTAGE OF ALASKANS - THE VIETNAM SYNDROME OF POST-TRAUMATIC STRESS.

THERE IS AN ESTIMATED POPULATION OF 15,000 TO 20,000 VIETNAM VETERANS IN ALASKA. NOT ALL OF THESE HAVE READJUSTMENT PROBLEMS, BUT MANY DO, AND IT IS BECOMING INCREASINGLY EVIDENT THAT THIS IS A DELAYED STRESS - WHICH THE NUMBER OF CASES IS INCREASING. THE STATISTICS ARE ALREADY IN THAT VIETNAM ERA VETERANS EXPERIENCE A THIRTY PERCENT GREATER SUICIDE RATE, A TWENTY PERCENT UNEMPLOYMENT RATE, A DIVORCE RATE TWICE THAT OF NON-VETERANS, AND MAKE UP FIFTEEN PERCENT OF THE PRISON POPULATION.

A RECENT REPORT BY THE NATIONAL INSTITUTE OF MENTAL HEALTH AND THE VETERANS ADMINISTRATION HAS URGED PROGRAMS ADDRESSED IN THIS BILL - "WELL TRAINED VETERANS PEER COUNSELING".

I HOPE YOU AGREE, AS I DO, WITH THE AUTHOR OF THIS REPORT, THAT, VIETNAM VETERANS ARE BEING USED POLITICALLY WITHOUT ANY SERIOUS EFFORT TO ADDRESS THE PROBLEMS THEY HAVE AND THAT WE HAVE WITH THEM. . . . IT IS TIME TO ATTEND TO THEIR NEEDS.

POSITION PAPER / Department of Health & Social Services

POSITION PAPER

HOUSE BILL NO. 130

"An act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective data".

House Bill 130 appropriates from the general fund 165.0 to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for training and technical assistance to mental health, crises, drug and alcohol programs to Vietnam era veterans and families experiencing post-traumatic stress disorders. The sum of 100.0 is appropriated from the general fund to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for payment as a grant to Vietnam Veterans/Alaska Inc., for a Vietnam Veteran post-traumatic stress disorder outreach program based on the United States Veterans Administration model. The sum of 50.0 is appropriated from the general fund to the Department of Health and Social Services for work in cooperation with the Department of Labor, the Department of Community and Regional Affairs, the Alaska Court System, and the Department of Education, Division of Vocational Rehabilitation to gather data for the identification of Vietnam era veterans receiving state services relating to post-traumatic stress disorder.

It is estimated that Alaska has over 20,000 Vietnam era veterans. During the month of January 1980, approximately 56 Vietnam veterans were served in Alaska community mental health clinic. Research studies conducted on Vietnam era veterans find that 40-60% of these veterans experience some form of acute, chronic, or cyclical form of POST TRAUMATIC STRESS DISORDER (PTSD). The 1980 Diagnostic and Statistical Manual of Mental Disorders includes for the first time the Post-Traumatic Stress Disorder. It is defined as a group of symptoms following a psychological traumatic event that is generally outside of the range of usual human experience (military combat, rape or assault, floods and earthquakes). Characteristic symptoms involve re-experiencing the traumatic event (dreams, recollections), numbing of responsiveness, reduced involvement with the external world, sleep disturbances, guilt about survival, and memory impairment.

One of the current successful recovery process methods for the PTSD is the veteran and a mental health professional preferably with Vietnam war experience. The methods employed in these rap groups vary from the traditional individual and group psychotherapy since the focus is not on individual pathology but on a process of recovery of shared meaning.

The recent acknowledgement of the existence of the PTSD and the young age of the Vietnam veteran make this group excellent candidates for preventive interventions. However, before such interventions take place mental health, drug abuse, and alcohol programs have to be aware of this new syndrome. The identification and proper management of crisis and preventive interventions require training and technical assistance to the existing mental health and alcohol/drug treatment delivery system.

The Division of Mental Health and Developmental Disabilities endorses the provisions of HB 130 that attempt to provide training and technical assistance, data collection, and support programs based on the United States Veterans Administration outreach programs to Alaska's Vietnam era veterans.

Recommended by: Verner Stillner, M.D., M.P.H.
Verner Stillner, M.D., M.P.H.
Director, Division of Mental Health and Developmental Disabilities

Date: 2/17/81

Approved by: Heien D. Beirne
Heien D. Beirne, Commissioner
Department of Health & Social Services

Date: 3/24/81

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Drumbeat Surge in Viet Force Is Unlik

By FRED S. HOFFMAN
Associated Press Staff Writer

WASHINGTON (AP)—Although another large increase seems probable, U.S. officials discount the likelihood of any dramatic immediate reinforcement of U.S. troops in South Viet Nam to counter the mounting infiltration of North Vietnamese soldiers.

The key to the pace of the buildup, which some say may be an eventual doubling of the present 15,000 U.S. fighting men in South Viet Nam, is the progress made in developing the port system and other facilities to receive the additional troops and to support them once they are in the country.

Work on the pivotal Cam Ranh base on the Vietnamese coast is moving ahead on a two-shift-a-day basis but even at that tempo, engineer officials say it will be quite a while before this and other new ports are in high gear.

Airfields Pushed
Priority construction also is being pushed on new airfields to handle heavier Air Force operations in prospect.

No reasonable official at the post will stand behind any

specific figure as the goal for Viet Nam.

Secretary of Defense McNamara, who Tuesday from a short Viet Nam, hasn't yet had latest findings in a President Johnson's view has the final say. The ultimate order reinforcement will be the actions of the Congress—especially in view of the past year's show that managers have had to be lifted again.

May Go to 200
Some speculation is rife in Viet Nam circles that the force will rise to 200,000 or 300,000. Probably, the event could mean even higher.

Not counted in present 15,000 are 10 to 20,000 Navy men in Fleet units in South waters.

Gradually, the Army is pushing a greater and U.S. ground effort in

Three months ago U.S. 33,000 soldiers in the South there are 100,000.

Marine manpower in Viet Nam has remained steady over the past months. But the 20,000 on the ground are nearly 30 per cent of corps.

Training Accelerated
Both ground fighting and training as part of all national military in motion last summer.

Now Army units are turning out new basic trainees at the Marine centers are nearly 7,000 from last month.

Enlistments are up all the services, and is taking in about 10,000 this month.

Draft calls are very main about this, it could go higher if the needs growing out of Nam war become acute.

Manpower plans at the need to beef up U.S. forces worldwide by 50 to a total just below 500,000, and by the need conscripts, the sick, whose enlistments as active duty expire.

Military authorities pipeline of replacement Nam is in good shape.

IS-Nam To
At present, the Department is holding month tour for army Viet Nam. By spring, rate problems even recently projected build—it may be that to station officials may face the question of Viet Nam duty 1 months to avoid last summer men from here.

When the buildup program last summer weighed whether a military overhaul, added to secure men the services through draft and intensified.

In all probability hold off on any new as long as they can.

The strategic reserve troops and Marine United States has in the Viet Nam War.

One Division
A total of two full divisions and a brigade led support units, drawn into the South conflict.

The Marines have division left in the of a division normal California has been ward and is largely in



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ORIGINAL.

POSITION PAPER

HOUSE BILL NO. 130

4.13.81

"An act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective data".

House Bill 130 appropriates from the general fund 165.0 to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for training and technical assistance to mental health, crises, drug and alcohol programs to Vietnam era veterans and families experiencing post-traumatic stress disorders. The sum of 100.0 is appropriated from the general fund to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for payment as a grant to Vietnam Veterans/Alaska Inc., for a Vietnam Veteran post-traumatic stress disorder outreach program based on the United States Veterans Administration model. The sum of 50.0 is appropriated from the general fund to the Department of Health and Social Services for work in cooperation with the Department of Labor, the Department of Community and Regional Affairs, the Alaska Court System, and the Department of Education, Division of Vocational Rehabilitation to gather data for the identification of Vietnam era veterans receiving state services relating to post-traumatic stress disorder.

It is estimated that Alaska has over 20,000 Vietnam era veterans. During the month of January 1980, approximately 56 Vietnam veterans were served in Alaska community mental health clinic. Research studies conducted on Vietnam era veterans find that 40-60% of these veterans experience some form of acute, chronic, or cyclical form of POST TRAUMATIC STRESS DISORDER (PTSD). The 1980 Diagnostic and Statistical Manual of Mental Disorders includes for the first time the Post-Traumatic Stress Disorder. It is defined as a group of symptoms following a psychological traumatic event that is generally outside of the range of usual human experience (military combat, rape or assault, floods and earthquakes). Characteristic symptoms involve re-experiencing the traumatic event (dreams, recollections), numbing of responsiveness, reduced involvement with the external world, sleep disturbances, guilt about survival, and memory impairment.

One of the current successful recovery process methods for the PTSD is the veteran and a mental health professional preferably with Vietnam war experience. The methods employed in these rap groups vary from the traditional individual and group psychotherapy since the focus is not on individual pathology but on a process of recovery of shared meaning.

The recent acknowledgement of the existence of the PTSD and the young age of the Vietnam veteran make this group excellent candidates for preventive interventions. However, before such interventions take place mental health, drug abuse, and alcohol programs have to be aware of this new syndrome. The identification and proper management of crisis and preventive interventions require training and technical assistance to the existing mental health and alcohol/drug treatment delivery system.

The Division of Mental Health and Developmental Disabilities endorses the provisions of HB 130 that attempt to provide training and technical assistance, data collection, and support programs based on the United States Veterans Administration outreach programs to Alaska's Vietnam era veterans.

Recommended by: Verner Stiller, M.D.
Verner Stiller, M.D., M.P.H.
Director, Division of Mental
Health and Developmental
Disabilities

Date: 2/17/81

Approved by: Heleen D. Beirne
Heleen D. Beirne, Commissioner
Department of Health & Social
Services

Date: 2/24/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 130
 Title "An Act making special appropriations to establish programs...post-traumatic stress dis-
 Requested by Commissioner's Office Date 2/18/81 order

II. FISCAL DETAIL

Agency Affected Dept. of Health & Social Services
 Program Category Affected Mental Health and Developmental Disabilities
 BRU, Program, or Subprogram(s) Affected _____
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Fund Source)						
	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						
	-0-	-0-	-0-	-0-	-0-	-0-

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. DATE Feb. 19, 1981 PREPARED BY *Thomas R. Bean*
 AGENCY Division of Mental Health & Dev. Disabilities
 PHONE 465-3370
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) M&B Approval *W. H. Stewart* Date 2/20/81

5 copies

March 24, 1981

The Honorable Donald Clocksin
Chairman
Committee on Health, Education &
Social Services

Dear Mr. Chairman:

I am writing to formally request a hearing on House Bill 130: "An Act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective date."

As you know, HJR 11: "Recognizing the service of Vietnam war veterans and calling on the Federal government to establish programs benefiting those veterans", passed the House unanimously. It addressed some very real, pertinent, and important problems facing veterans of the Vietnam war. In conjunction with this resolution was the issuance of a report by the National Institute of Mental Health and the Veterans Administration. As you can see from the enclosed articles, Vietnam veterans as a whole "are plagued by significantly more problems than their peers." These problems range from alcoholism, drug abuse, medical and psychological problems, and involvement in violent crimes.

The Department of Labor estimates that there are between 15,000 and 20,000 Viet Nam veterans in Alaska, the vast majority being men. That constitutes a very significant percentage of the adult male population. With the proposed elimination of aid by the Federal government, I feel we should look into state participation.

I hope you will agree, as I do, with Robert Laufer, who directed the Vietnam report "that it is time to attend to their needs."

Thank you very much for your consideration.

Sincerely,

H. Pappy Moss

POSITION PAPER / Department of Health & Social Services

6 Copies
1/27/80

POSITION PAPER

HOUSE BILL NO. 130

"An act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective data".

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Recommended by: Verner Stillner, M.D., M.P.H.
Verner Stillner, M.D., M.P.H.
Director, Division of Mental Health and Developmental Disabilities

Date: 2/17/81

Approved by: Helen D. Beirne
Helen D. Beirne, Commissioner
Department of Health & Social Services

Date: 2/24/81

PROPOSAL FOR IMPLEMENTATION OF
HB 130

This bill appropriates \$165,000 to establish a training and technical assistance account to assist mental health, crisis, drug and alcohol programs to identify post-traumatic stress disorder (PTSD) in Vietnam veterans and to identify and treat veterans and their families affected by the disorder.

IMPLEMENTATION PLAN

A. Training conference: Statewide training would be offered through three training workshops to be held in Anchorage, Juneau, and Fairbanks. Transportation would be paid for four people from each mental health district or sub-district. This should include one person from mental health, one Vietnam vet (chosen by the Vietnam veterans organization if possible), and two people from alcoholism and crisis programs (this may include domestic violence workers). Additional care givers or vets could come at their own expense.

The workshop would be a 'professional' training experience. It would focus on:

1. Identification of PTSD, the history and symptoms.
2. Impact of PTSD on the individual, family, and community.
3. Approaches to treatment including rap groups, individual, marital and family therapy. (This would include the use of demonstrations such as the running of an actual rap group.)
4. Other related issues such as the effects of exposure to agent orange.
5. Work sessions to determine what can be done in individual communities. We would sponsor a recognized authority to run the workshop.

B. Local Programs: A Vietnam veteran (with counseling credentials and experience) would be hired to travel around the state to interested communities. He would stay in a community for approximately three weeks and while there would:

1. Advertise a series of meetings for Vietnam veterans at which PTSD and available services would be discussed.
2. Begin a rap group, co-leading it with a local mental health professional. The group would meet 2-3 times while he was in the community and would continue with the guidance of the mental health professional when he departed.

3. Provide training and consultation for the clinic staff and other interested community people in PTSD and related issues.

In order to facilitate this program in the community, minigrants would be made available to cover costs associated with advertising the group and other services and setting up the group.

(While this is written as if one person would do all of the traveling, it might be more appropriate for 2 vets to share this position, working the rest of the time in the center in Anchorage or at some other place).

COSTS

A. Summary:

The costs of this program would be approximately as follows:

Transportation for workshop participants	37,000
Workshop expenses	12,000
Workshop speakers	15,750
Traveling veteran/consultant	70,250
mini grants	<u>30,000</u>
	165,000

Any money not spent in these categories could go towards the cost of materials development. This would include developing radio and TV spots and training manuals to be distributed around the state.

B. Cost Detail

1. Transportation for workshop participants:

approximately cost/person airfare	250.00
3 days per diem @ 67/day	201.00
Cab, etc.	<u>10.00</u>
TOTAL	461.00

4 people from 20 districts @ \$461/person \$36,880

2. Workshop expense, room rental, food, brochures, training material:

\$4000/workshop X 3 workshops = \$12,000

3. Workshop facilitators (speakers)

cost per person:

transportation and per diem:	1,000
honorarium	<u>750</u>
total	1,750

3 facilitator for 3 conferences @ 1750 each = \$15,750

4. Traveling veteran/consultant

Salary at Clinician III (range 21) level = 39120
fringe @ 26.7% 10445

Travel and per diem:

to 15 communities X 300 airfare = 4500

per diem:

Average \$75 per day X 15 communities
18 days/community = 20,000

Total cost for consultant = 70,000

5. Mini grants:

\$2000 minigrants to 15 communities = 30,000

Vietnam's legacy of stress affects female vets, too

By GEORGIA DULLEA
The News' Staff Writer

NEW YORK — In the spring of 1979, a stern woman at a volunteer firehouse in West Long Beach, N.Y., Lynda Van Devanter, a guest in a nearby house, began to scream. The last time she had heard that wailing noise was with an Army nurse in the control building of South Vietnam. It was directed to her as one of the red-shirt girls that sprayed riot-control gas over the protesters.

"This is not Vietnam, this is Long Beach," she told herself, over and over, and yet she could not prevent herself from crawling combat-style out to the living room to find out what had happened.

Van Devanter had been back from Vietnam for eight years before her first flashback. Until then she saw no connection between her war experiences and the previous depression of her civilian life. She later cries that she was drinking heavily and crying continuously and had been unable to hold a job or form a close relationship with a man.

"At one point I was on unemployment and food stamps and in therapy," Van Devanter recalled the other day. "I never told my therapist I was in Vietnam. That's how deeply I buried it."

Mental health workers in the Veterans Administration's readjustment counseling program for Vietnam veterans fear stories like this every day. The difference is that women are now being treated. At a time when the program administrator's budget cutters are pressuring that the program be scrapped, the women who served in Vietnam are beginning to "crawl out of the closet," the counselors say, and into the forefront counseling centers around the country.

Of the estimated 125,000 women who served in the armed forces in the Vietnam era, 7,000 of them were stationed in Vietnam, according to Defense Department records. By far the largest number, 4,000, were members of the Army medical corps. Typically, the women signing up at the veterans' counseling centers nowadays are nurses.

Like the men who came for treatment when the first centers began operating in 1968, many of the women are said to be suffering from the disorder known as delayed stress syndrome. They are experiencing the same feelings of dejection, anxiety, guilt and alienation, the same painful flashbacks.

For instance, a Texas nurse, Chae Shulking, keeps reliving a scene in which she is forcing forward a soldier. The wounded are being brought off or stretchers. A soldier's head falls from one of the stretchers. She looks to

pick up the head and finds a foot inside. "I was in one of those M.A.S.H. hospitals and I know the kind of trauma those nurses went through," said Shad Moshad, a former Army social work and psychology officer, sitting at his desk in a Los Angeles VA hospital.

As a retired director of the counseling program, Moshad has treated more than 200 women who are Vietnam veterans. He dismisses the argument, advanced by some, that their war stress was far less severe than that of men because they did not see combat.

What they saw in those operating rooms was an overwhelming procession of "the bits and pieces of people," as he put it, arriving from distant battlefields. What they felt, working 12-hour shifts in a kind of "twilight zone" removed from the war, yet dealing with its effects, was a sense of eeriness, of helplessness and anger. Because they were women, he said, "they could not go out and shoot a gun or punch somebody in the nose or get drunk."

"A lot of them reacted real early," Moshad went on, "but they were made to hold it in, which is contrary to a woman's nature. Women are usually pretty much out front with their emotions. They weren't allowed this in Vietnam and when they come home it was the same thing. Nobody wanted to hear their stories. Until now, no."

Why are they speaking out now, six years after the fall of Saigon? Moshad and other counselors give most of the credit to Van Devanter.

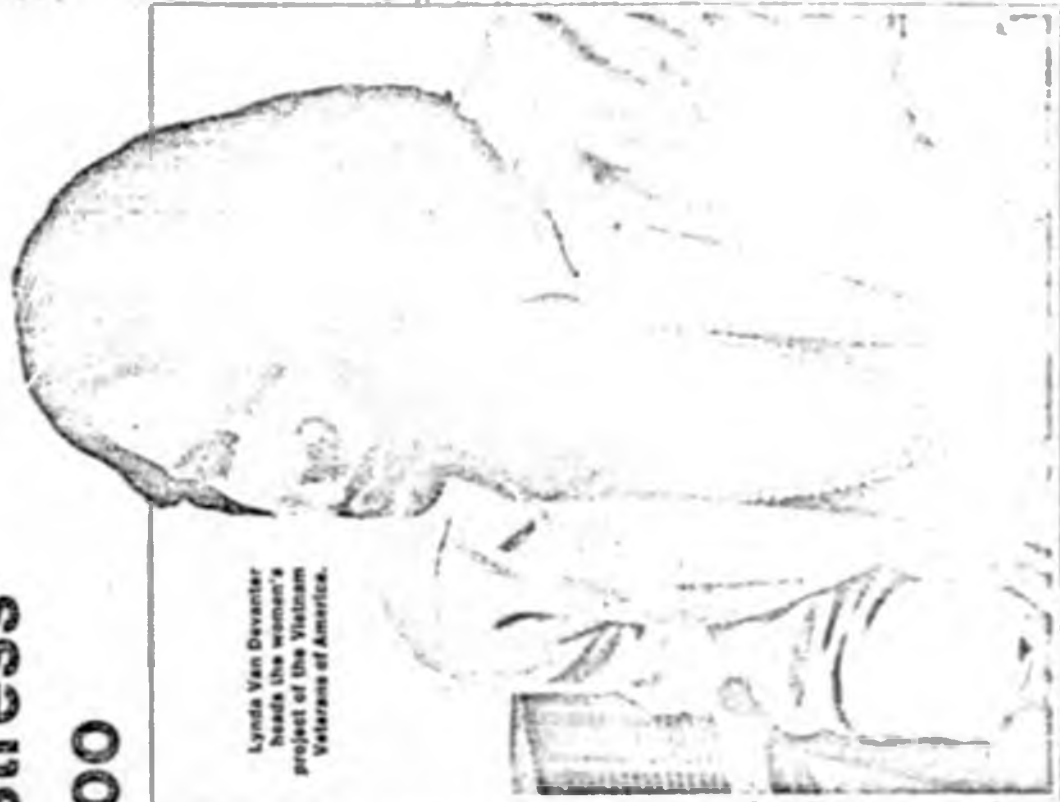
Seven months ago, the 35-year-old former surgical nurse, who has a bachelor's degree in psychology, went through the counseling program, a process known as "walking through Vietnam." Since then she has visited scores of storefront centers, training counselors there to deal with the special needs of women and urging references in these organizations, such as Marine Unit of Durham, N.C., and Charlotte Chapter of the American Legion.

Van Devanter has an even more ambitious vision: As head of the women's project of the Vietnam Veterans of America, which is based in Washington and has a membership of 6,000, she is trying to raise funds for a comprehensive study of the unique to women who are veterans of Vietnam.

In 1976, she has received a \$3,000 grant from the Playboy Foundation, and she said, "I've been turned down by some of the best foundations in the country, including the Mc Foundation. We are just not a very popular cause."

If the veterans of Vietnam are a "forgotten minority," as they have been called, the women

Lynda Van Devanter heads the women's project of the Vietnam Veterans of America.



who served as nurses there are the "most forgotten" in Van Devanter's view. She says the women complain that no women have been included in studies on Agent Orange, the toxic herbicide that was used extensively in the war as a defoliant, although some refuse to have children for fear of birth defects. She said the women also complain that veterans' hospitals

are generally not equipped to treat their needs — for example, that the hospitals have no obstetrical or gynecological clinics.

According to one study Van Devanter cited, women have been slow to make use of their GI Bill of Rights benefits because they were so wary they were entitled to them.

The Troubled Vietnam Vet

and spilled over into the media. Last week, under thinly veiled pressure, it scrubbed its TV show, released its donors from their pledges and went out of business. "I hope they'll stay involved," a relieved Reagan man said—but not too closely or aggressively next time.

Reagan and his recovery program, as it happens, have found allies aplenty in corporate America prepared to help without being prompted or pushed. John Swearingen, chairman of Standard Oil of Indiana, sent a letter to his stockholders endorsing the package in passionate tones—"The future of the nation is at stake"—and urging them to write their congressmen in its support. Boston's First National Bank dropped a plug into its newsletter, between some tips on spring house painting and a promo for the New England Aquarium, and will mail it to 300,000 depositors with their next statements. Dow Chemical urged its 22,000 employees in a mailer to "make your views known" to the Hill. W.R. Grace & Co. bought full-page ads in three newspapers defending Reagan's tax proposals. Eddie Chile, a septuagenarian Ft. Worth oil millionaire who has done more than 200 "I'm mad" radio commercials attacking Washington liberals, changed his run for Reagan and Reaganomics. "I'm not mad," his latest spots proclaim. "I'm glad."

More Than Sizzle: But the most imposing lobby of all may be the Budget Coalition, a germinating ad hoc alliance of hundreds of businesses and business associations including the U.S. Chamber of Commerce, the National Association of Manufacturers, the National Federation of Independent Business and the blue-chip Business Roundtable. They tested power together shellacking Big Labor in a series of lobbying wars three years ago and are regrouping now in Reagan's service, with high-tech computer and telecommunications capabilities that make his now defunct coalition of friends look like a cottage industry by comparison. "They were the sizzle," said an operative in the new group. "We are the steak."

There was a measure of political risk for Reagan in the enthusiasm of Big Business for a program he has doggedly advertised as equitable to everybody. The embattled Democratic left has already seized on it as an attack line and fired some opening rounds against what Edward Kennedy called an effort by the privileged to "sell the Reagan plan like soap." But the President showed little inclination to turn away support, from the boardrooms or anywhere else. He is fighting to keep his honeymoon alive at least long enough to see his programs safely through to passage—a struggle in which he will need all the help he can get.

PETER GOLDMAN and ELEANOR CLIFT, THOMAS M. INFANTE, JAMES DOYLE and BICH THOMAS in Washington and bureau reports

There are nights even now when Dan Spranger dreams of Vietnam. It is 1969 again: he is back with his buddies at Tiger Lair, a Ninth Infantry Division firebase in the Mekong Delta. They are laughing as they load the mortars, fire and load again. Spranger watches the mortar rounds arc upward, sees them fall and explode in a nearby hamlet. The villagers run screaming from their hootches, but they are not Viet Cong: they are women and children, Americans—and there, trapped in the barrage, are his wife and baby daughter. Like many dreams, it is a mixture of fantasy and reality, a metaphor for Spranger's fear that his family is among the casualties of the war. They

Its symptoms, ten and even fifteen years after the vet's return, are rage, guilt, flashbacks, nightmares, panic, depression and emotional numbing. Although it is more prevalent among black combat veterans, the researchers showed that Vietnam syndrome can afflict all races, all income groups and all personality types—even those who, because of their stable family backgrounds, were once thought unlikely to develop chronic stress.

Prodded by veterans' complaints and mounting evidence that such delayed reactions to the war were indeed common, Congress two years ago appropriated \$20 million to finance 91 storefront counseling

centers nationwide. This year, funding for the centers is on the hit list proposed by budget director David Stockman. The cutback, and Stockman's deferment from the draft in 1968-69, provoke many veterans to fury. "This is the one meaningful program for Vietnam veterans," says John Terzano of the Vietnam Veterans of America. "We've been slapped in the face by a guy who was hiding out in divinity school" during the war. The vets' allies in Congress are fighting to preserve the funds—and last week, the veterans' affairs committees in both houses agreed to restore funds for the centers.

Cooks: The Vietnam veterans' special burden, as angry returnees have insisted for years, was the nation's wholesale refusal to welcome—much less honor—those who served in the only war America has lost. Veterans were treated as "baby killers or drug freaks," says Dr. Jack Ewalt, a psychiatrist who is assistant chief of



Storefront help in San Francisco: 'I wake up screaming'

are: Spranger, 32, has lost his job, he and his wife are divorcing, and his daughter has congenital deformities he thinks may be the result of his battlefield exposure to Agent Orange.

Spranger is one of thousands of Vietnam veterans still haunted by the nation's longest and least-wanted war—and his dark dreams, like the slow disintegration of his life, bespeak his continuing inability to make a separate peace. According to a disturbing new study* by the Center for Policy Research in New York City, more than a third of those who saw heavy combat in Vietnam suffer from what is now recognized as "post-traumatic stress disorder," a pervasive emotional reaction that is often known as the "Vietnam syndrome."

*Legation of Vietnam Comparative Assessment of Veterans and Their Peers

mental-health services for the Veterans Administration, and the public's hostile indifference gave the vets little support for purging especially brutal memories. Spranger, proudly returning to his home in Detroit in the months before Kent State, was stunned by the hostility he encountered. He clammed up, telling acquaintances he had served his hitch as a cook. "At least," he says, "no one could ask me if I had killed any kids or women." Others complained of being rushed home without any time to decompress. "On Thursday I was in Vietnam," says Angel Almudina, a vet who runs a counseling center in New York City. "On Friday I was drinking beer on 109th Street."

The VA, backed by studies showing that 80 per cent of the war's veterans had made successful transitions to civilian life, was

NATIONAL AFFAIRS

slow to provide special programs for the troubled minority, and some of its officials still question the need. "There is a great deal of feeling that this program has performed its function," says a VA spokesman in New York, referring to the imperiled counseling centers. And some VA doctors, convinced that most vets traumatized in the war were predisposed to stress reactions by unstable family life during childhood, refused to concede the very existence of a Vietnam syndrome. "You'd be amazed at the number of guys who have been counseling at the VA and the subject of combat was never brought up," says Regg McCaw, a former 101st Airborne medic who works in a San Francisco counseling center. "When a vet brings it up, the psychiatrist says, 'That's all very interesting—now let's get back to your childhood.'"

Stable: The notion of a lasting stress reaction is now accepted by leading psychiatrists—and the new five-volume study, based on 1,380 interviews across the nation shows the Vietnam syndrome is more prevalent than previously believed. A crucial finding: the persistence of stress depends much more on the veteran's exposure to combat than on the emotional stability of his childhood. In light combat, soldiers from disadvantaged backgrounds did develop more psychological problems than their buddies who had more stable upbringings. But in heavy combat all such differences disappeared: soldiers from stable backgrounds were just as likely to report delayed stress symptoms as veterans from the least

stable homes. The study also found that combat-related stress is largely concentrated among veterans who served after 1968, when American involvement intensified and dissent became a powerful force at home.

To the VA's Ewalt, the Vietnam syndrome is much the same as "shell shock" among World War I doughboys or "combat fatigue" among veterans of World War II. But this time, he says, "it has a tendency to come on later, and as far as we can tell, there have never been so many cases"—up to 700,000 of the nation's nearly 3 million Vietnam veterans, by his estimate. Still, Ewalt says, "the idea that every Vietnam vet is a ticking time bomb or a druggie is simply not true."

But for those vets still suffering from the trauma of Vietnam combat, the problems are often acute. Arlen Tibbetts, an ex-marine who counsels vets in San Francisco, recently found one vet, an alcoholic, living in the weeds below San Francisco's Bay Bridge. "He said he felt more comfortable in the bush," Tibbetts said. "In his mind, he never left Vietnam." Brooklyn vet Steven Cytrynszewski, 32, is also still fighting the war. He has flashbacks, nightmares and bouts of panic. "I smell the sulfur from the ammunition and I feel the heat from the sun," he says. "Sometimes I wake up screaming 'Incoming rounds!' When I drive along a road with trees on both sides, I don't look at the road, I look at the trees. I'm looking for snipers."

Like many veterans, Cytrynszewski is critical of the VA's regular programs and enthusiastic about the counseling centers the vets run themselves. "Nobody laughs

at me," he says. "If I tell them I hit the ground when I hear sudden noises, they say they do, too." The centers' simple premise is that talk is the first step to exorcising the past. One anguished vet told Dr. John Caknipe, chief counselor at Detroit's Flight of the Phoenix center, about a hand-to-hand night battle that wiped out his unit. When dawn came, he found himself surrounded by the grotesquely mutilated bodies of his men and 36 wounded Vietnamese, all without hope of medical aid. In despair, he shot and killed all 36; his superiors ordered him never to tell what he had done. "When he finally broke," Caknipe says, "he cried for three hours. Then he stood up and said, 'I feel light . . . I feel light.' And he left."

Betrayal: Despite their support in Congress, the veterans have little assurance that their funding will survive the labyrinthine budget process—and the prospect of closing the storefront centers has already revived their sense of betrayal by an uncaring nation. The study's authors, who found the vets' approach can help, urge continued support for "well-trained veteran peer counseling." Vietnam veterans are "used politically without any serious effort to address the problems they have and that we have with them," says sociologist Robert Lauffer, who directed the study. "Our report suggests that it is time to attend to their needs." By doing so, the corollary seems to be, America can at last begin its own long-deferred reckoning with Vietnam.

TOM MORGANTHAU with STEVEN SHABAD in New York, MARY LORD in Washington, JACOB YOUNG in Detroit and GERALD C. LUBENOW in San Francisco



Diane Walker



John Francis—Forsess



Wally McNamee—Forsess

Nancy's Ups and Downs

It was an up-and-down week for Nancy Reagan, but if anyone had to take a spill, better the First Lady than the Reagans' 22-year-old son, Ron, who danced for the first time at New York's Metropolitan Opera House in a performance to benefit the Joffrey Ballet. Ron, a member of the Joffrey training company, kept his balance in "Unfolding," an "abstract neoclassical" ballet, and was rewarded with a bravura hug from his mother at intermission. Three days later, at

a visit to St. Ann's Infant Home in Hyattsville, Md., the First Lady was bowled over by the greeting of a 5-year-old named Brian, who rushed to hug her when she crouched for a greeting. "That's all right," she reassured the youngster. "I thought you were being affectionate." She was inspecting one of her favorite projects, the federally funded Frater Grandparent Program. All was dignity, however, at the glittering Kennedy Center premiere of "The Little Foxes," where Nancy had a warm chat with the wife of Sen. John Warner of Virginia—the star of the show, Elizabeth Taylor.

M.E.N., Inc.
(Men Emerging Now)
211 4th Street, Room 304
Juneau, AK 99801
April 10, 1981

Representative Don Clocksin, Chairman
House Health, Education and Social
Services Committee
Capitol Building
Juneau, AK 99801

Dear Representative Clocksin
and Committee Members

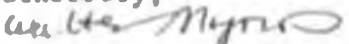
This letter is to register our complete support for House Bill 130, in its effort to establish services for Vietnam Veterans experiencing delayed stress reactions.

M.E.N., Inc. is a counseling program for men in crisis and particularly for men in violent relationships. We have been in operation for approximately seven (7) months. In that time period we have found that a substantial portion of our clients are Vietnam Veterans who have manifested symptoms of the post-traumatic stress syndrome. The symptoms that we have encountered in our clients include: self-destructive behavior (including suicidal feelings), emotional numbing, high anger levels, low self-esteem, social isolation, and difficulties establishing intimate relationships. For those clients where data is available, 70% are Vietnam Veterans suffering from various aspects of the stress disorder.

At this time, no specialized services exist to deal with the unique needs and problems of Vietnam Veterans. It can only be expected that a relatively small percentage of men suffering from the post-traumatic stress syndrome will utilize traditional mental health and other community counseling services. Without some form of direct outreach to this target population, a large number of men suffering from this problem will go undiagnosed and untreated. Similarly, there is a need for mental health professionals and other community agencies to receive training in recognizing and treating individuals and families affected by the stress disorder.

Finally, it should be noted that the issue of services to Vietnam Veterans experiencing delayed stress is a local and statewide problem, and not merely a Federal issue. Federal programs for Veterans are geared towards traditional needs in such areas as hospitalization and education. When Vietnam Veterans act out stress with coping mechanisms such as violence and alcoholism, the problem has a grave impact on our local and statewide communities.

There is a pressing need for local support mechanisms to be set up to assist Vietnam Veterans and their families to cope with the pervasive effects of delayed stress. We encourage the Legislature to act swiftly in approving this very important bill.

Sincerely,

Walter Majoron, Director

State of Alaska



Department of Commerce and Economic Development

Certificate

The undersigned, as Commissioner of Commerce and Economic Development, of the State of Alaska, hereby certifies that duplicate originals of the Articles of Incorporation of Vietnam Veterans of Alaska (VV/A)

duly signed and verified pursuant to the provisions of the Alaska Nonprofit Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY the undersigned, as such Commissioner of Commerce and Economic Development, and by virtue of the authority vested in him by law hereby issues this Certificate of Incorporation of

Vietnam Veterans of Alaska (VV/A)

and attaches hereto a duplicate original of the Articles of Incorporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and
affixed my official seal, at Juneau, the Capital, this
15th day of January A.D. 1981



Charles R. Webber
CHARLES R. WEBBER
COMMISSIONER OF COMMERCE
AND ECONOMIC DEVELOPMENT

ARTICLES OF INCORPORATION FOR VIETNAM VETERANS OF ALASKA (VV/A)

We, the undersigned residents of the State of Alaska, being nineteen (19) years or more of age, do hereby associate ourselves together for the purpose of forming a corporation under the statutes of the State of Alaska.

Article One
NAME

The name of the corporation shall be Vietnam Veterans of Alaska (VV/A), and its location shall be 4501 Dredge Lake Ave., City of Juneau, Borough of Juneau-Douglas, State of Alaska.

Article Two
DURATION

The period of duration of this nonprofit corporation shall be until 11 November, 1984, unless otherwise terminated by affirmative vote of the corporation membership. ✓

Article Three
PURPOSE CLAUSE

The business and purpose of this corporation shall be to advocate for and act as spokespersons on behalf of the Alaskan Vietnam Veteran, Vietnam-era Veterans and their families. To achieve this purpose, the following goals are established:

Goal #1: To advocate through the Alaska State Legislature for the creation of a Vietnam Veterans Counseling Program for Southeastern Alaska, and the rest of the State of Alaska.

Goal #2: To create heightened awareness and involvement by Vietnam Veterans and the public to the issues of the Vietnam Veteran. These are specifically defined as:

- a. Employment
- b. Service connected counseling
- c. Continuance of Federal veterans benefits
- d. Discharge review
- e. Representation in the political sphere

FILED FOR RECORD
STATE OF ALASKA

JAN 15 1984

DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

Article Four
NONSTOCK CORPORATION

The corporation shall be nonstock, and no dividends or pecuniary profits shall be declared or paid to the members thereof.

Article Five
DIRECTORS

The number of Directors constituting the initial board of directors of the corporation is seven (7), and the names and addresses of the persons who are to serve as initial directors are as follows:

Paul Davis, 570 Seatter St., Juneau, Ak.

John Rear, Box 497, Douglas, Ak.

Allen D. Blume, 4501 Dredge Lake Ave., Juneau, Ak.

Kris Krestensen, 504-B Kennedy St., Juneau, Ak.

Mike Luque, 826 Calhoun, Apt. #7, Juneau, Ak.

Steven Hale, 319 Carol Way, Apt. B, Juneau, Ak.

Jim Benka, 1003 B Street, Juneau, Ak.

Article Six ELECTION OF DIRECTORS

The manner in which the directors are to be elected by the members is as follows: At the biennial general membership meeting in December of each year.

Director vacancies may be filled by general membership vote during the biennial general membership meeting in June of each year.

Article Seven CORPORATE OFFICERS AND THEIR FUNCTIONS

The general officers of the corporation shall be Chairman, Vice-chairman for Finance, Vice-chairman for Communication, Vice-chairman for Organization, Vice-chairman for Employment, Vice-chairman for Legal Affairs, and Vice-chairman for Disabled Veterans.

The principal duties of the chairman shall be to preside at all meetings of the members and the board of directors and to have a general supervision of the affairs of the corporation. The chairman shall designate a member to preside over the general membership meetings, in the event he (the chairman) is unable to attend any such meeting.

The principal duties of the vice-chairman for finance shall be to keep an account of all monies, credits, and property of any and every nature of the corporation which shall come into his hands, and to keep an accurate account of all monies received and disbursed and of proper vouchers for monies disbursed, and to render such accounts, statements, and inventories of monies received and disbursed and of money and property on hand, and generally of all matters pertaining to his office, as shall be required by the board of directors.

The principal duties of the vice-chairman for communications shall be to countersign all deeds, leases, and conveyances executed by the corporation, affix the seal of the corporation thereto and to such other papers as shall be required or directed to be sealed, and to keep a record of the proceedings of the board of directors, and to safely and systematically keep all books, papers, records and documents belonging to the corporation, or in any way pertaining to the business thereof, except the books and records incidental to the duties of the vice-chairman for finance.

The vice-chairman for communications shall also act as primary liaison

to the legislature of the State of Alaska, and shall be responsible for appropriate publicity and public information programs.

The board of directors may provide for the appointment of such additional officers as they may deem for the best interest of the corporation.

Not more than two members of the board of directors may be veterans of the Vietnam-era, who have not seen service in the Southeast Asian theater.

Whenever the board of directors may so order, any two offices, the duties of which do not conflict, may be held by one person.

The officers shall perform such additional or different duties as shall from time to time be imposed or required by the board of directors, or as may be prescribed from time to time by the bylaws.

Article Eight ELECTION OF OFFICERS

The officers shall be elected by direct vote of the general membership of the Vietnam Veterans of Alaska.

Article Nine MEMBERSHIP REQUIREMENTS

The method and conditions on which members shall be accepted and discharged or expelled shall be as follows:

"Membership in the Vietnam Veterans of Alaska is open to all Vietnam Veterans (including those with service in any area of Southeast Asia and adjacent waters) and Vietnam-era veterans, without distinction to race, sex, creed or national origins, save that military service shall have been with a branch of the United States military."

It is not a condition of general membership that documentation of prior service be presented. However, by request of ten (10) percent of the general membership, or formal request of the executive committee, a member may be requested to submit proof of prior service.

Article Ten REGISTERED AGENT

The registered agent for Vietnam Veterans of Alaska is Mr. Charlie Deach, d.b.a. Charlie's Marine, P.O. Box 303, Douglas, Alaska 99824.

Article Eleven AMENDMENTS

The articles may be amended in the manner provided by statute at the time of amendment.

Article Twelve INCORPORATORS

The names and addresses of the persons forming this corporation are as follows:

Paul Davis
Paul Davis

570 Seatter St., Juneau, Ak.

Allen D. Blume
Allen D. Blume

4501 Dredge Lake Ave., Juneau, Ak.

Charlie Deach
Charlie Deach

P.O. Box 303, Douglas, Ak.

Kris Krestensen

504 B, Kennedy St., Juneau, Ak.

Article Thirteen
BYLAWS

The conditions and regulations of membership and the rights and other privileges of the classes of membership shall be determined and fixed by the bylaws.

Bylaws are subject to ratification by vote of the general membership, and will be carried by simple majority vote. Amendments and modifications shall be subject to majority considerations of two-thirds vote of the general membership.

Article Fourteen
LIMITATION ON MEMBERS LIABILITY

The private property of the members of this corporation shall not be liable for its corporate debts.

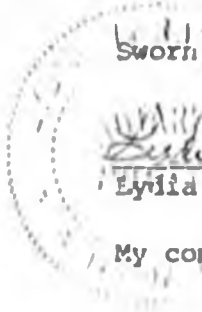
Article Fifteen
PROHIBITION AGAINST ENCUMBERING PROPERTY

This corporation shall never mortgage or place a deed of trust or other lien on any of its properties for any purpose, nor shall it, save for current expenses, incur indebtedness at any time during its term of existence.

Article Sixteen
DISTRIBUTION OF ASSETS UPON DISSOLUTION

In the event, and as anticipated, of the dissolution of this corporation, or in the event it shall cease to carry out the object and purposes herein set forth, all the business, property, and assets of the corporation shall go and be distributed to such nonprofit charitable corporation, municipal corporation, or corporations, as may be selected by the board of directors of this corporation so that the business properties and assets of the corporation shall then be used for, and devoted to, the purposes of carrying a nonprofit veterans organization. In no way shall any of the assets or property of this corporation, or the proceeds of any of the assets or property, in the event of dissolution, go or be distributed to members, either for the reimbursement of any sums subscribed, donated, or contributed by such members, or for any other such purposes, it being the intent in the event of the dissolution of this corporation, or upon its ceasing to carry out the object and purposes herein set forth, that the property and assets then owned by the corporation shall be devoted to the Veterans of Foreign Wars, Disabled American Veterans or Veterans Administration Vietnam Veterans Outreach Program as determined by the board of directors.

Sworn and subscribed before me on this 14th day of Jan 1981.


Lydia V. Randolph
Lydia V. Randolph

My commission expires 5-24-84

BY-LAWS VV/A

1. All business conducted by the organization will be done under Roberts Rules of Order (Newly Revised).
2. Officers of the Corporation will be elected to one year terms of office, subject to votes of "confidence" which may be requested during the biennial meeting.
3. The fiscal year for the Corporation shall coincide with the calendar year (1 Jan. to 31 Dec.)
4. The Corporation shall hold biennial meetings, one in June and the other in December. The December meeting will be for the election of officers, but is not limited to that topic.
5. Checks will be signed by two members of the Executive committee, of which three signatures will be authorized. These members being, the Chairman, the Vice-Chairman for Finance, the Vice-Chairman for Communications.
6. Membership in VV/A is open to all Vietnam Veterans (including those with service with U.S. Forces in any area of South East Asia Theater) and Vietnam Era Veterans.
7. It is a requirement for service on the Executive committee that persons seeking election show by presentation of appropriate documents their qualifications to serve.
8. VV/A does not recognize auxiliary and/or affiliate chapters, but may extend this privilege if approved by the general membership.
9. Effective November 11, 1984 the organization known as Vietnam Veterans of Alaska (VV/A) shall cease to exist. By recommendation of the Executive committee or request by ten (10%) percent of the membership the issue of continuance may be placed on the meeting agenda and shall be considered. The issue of continuance shall be placed on the agenda for each biennial meeting.
10. Dues for membership in Vietnam Veterans of Alaska (VV/A) will be \$5.00 yearly.

Vietnam Veterans/Alaska, Inc.

Working Budget: FY 82

Personnel:

1 Executive Director/Counselor:	\$25,000/yr
2 Paraprofessional co-therapists:	17,000/yr. each
1 Secretary/Researcher:	12,500
Personnel benefits:	<u>17,875</u>
TOTAL	\$89,375

Equipment:

1500 sq. ft. (store front) office x \$1.25/sq. ft.	18,000
Office operations/equipment:	<u>2,500</u>
TOTAL	\$20,500

Travel:

Haines, Skagway, Sitka, Wrangell, Petersburg, Ketchikan	<u>\$10,000</u>
--	-----------------

Operations Total:

\$129,875

↓
Ave. 7135.7

ALASKA

STATE LEGISLATURE

MEMORANDUM

TO: Billy Berrier
Director
Legal Services

FROM: Pete Kelley
Administrative Assistant
Rep. Moss

SUBJ: CS changes to HB 130

Please prepare two committee substitutes for HB 130 to reflect the following changes:

1. Page 1, Line 22:

The sum of \$50,000 is appropriated from the general fund to the Office of the Commissioner, Department of Health and Social Services to develop a full needs assessment, in conjunction with other executive agencies, of the Alaskan Vietnam veteran; and gather data on the capability of state information systems to identify and track on this special class of citizens.

The second CS should reflect the above change, and the following:

1. Page 1, Line 29: NEW SECTION FOUR

The sum of \$600,000 is appropriated from the general fund to a special contingency fund established in the DSHS, Div. of Mental Health and Developmental Disabilities, to assume operational funding for Veterans Administration Outreach Centers in Anchorage, Fairbanks, Kenai and Wasilla.

2. NEW SECTION FIVE

In the event that federal funding for programs listed in Sec. 4 is re-instated, the unexpended and unobligated portions of this appropriation shall immediately lapse into the general fund.

3. Sec. Six: EFFECTIVE DATE

Sec. Four of this act shall take effect on 1 October 1981.

4. Sec. Seven. (Renumber from existing Sec. 4).

Potential Language

Add-on: Sec. 3:

Office of Information
Systems

4. 13. 81

HTS 130

Dr. Vasan Stillman -

21 M^H clinics in state
uniqueness of V.N.V

Walter magazine rep. { MEN, etc
 } all network on domestic, + international

Chao search - ch. of Bd of V.V.HK

Mike Lacey - ch. of org. comm V.N.V

Paul Davis -

John Bison - AD labor - yes

Pat Marshall -

Gerry Shipman - no. analyst for all H.P.S
see part 3 of HTS 130

4.13.81 HTB 130

John Richards - vet.

% Volunteers vs DRAFT?

Al Blume -

just like a legislative aide -
Doesn't understand what 3-4
minutes means.

HP

131

COMMITTEE REPORT

HOUSE

2/6/81

FURTHER: FINANCE

(5)

Date: March 30, 1981

Mr. Speaker:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had HB 131

"An Act increasing state aid for health facilities and hospitals; and providing for an effective date."

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for HB 131 same title
 new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING DO PASS

[Signature]

MEMBERS HAVING OTHER RECOMMENDATIONS:

[Signature]

[Signature]
 CHAIRMAN

Alaska
State
Hospital
Association

319 Seward St., Juneau, Alaska 99801 (907) 586-1790

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Pres. Secy
Linda Barbara Moore
Executive Director
Juneau

Business Exec.
Jim Haugen
Executive Director
Juneau

Secretary/Treasurer
Ann Pevsner
Executive Director
Juneau

Member at Large
Commission
Juneau

Executive Director
Dennis L. DeWitt
Juneau

March 16, 1981

The Honorable Don Clocksin
State House of Representatives
Pouch V, State Capitol Building
Juneau, Alaska 99811

Dear Representative Clocksin:


The Alaska State Hospital Association wishes to indicate our strong support for HB 131. It is our highest legislative priority for 1981.

It is unfortunate that health facility revenue sharing was passed over last year when other forms of revenue sharing were increased. As a result many health facilities which were in difficult financial situations are in desperate shape this year. We believe HB 131 would prudently assist health facilities in Alaska and by its design, would offer greatest assistance to those most often in need of such assistance.

I have enclosed a copy of our probable testimony, a copy of "Inflation Report" and a summary sheet indicating the financial and occupancy status of several hospitals.

We would respectfully request your favorable consideration of HB 131.

Sincerely,


Dennis L. DeWitt
Executive Director

cc: E.J. Haugen, Alaska State Representative
Michael Beirne, Alaska State Representative
Bette Cato, Alaska State Representative
Jim Duncan, Alaska State Representative
Terry Martin, Alaska State Representative

TESTIMONY BEFORE THE HOUSE HESS COMMITTEE

MARCH 17, 1981

SUPPORT FOR HOUSE BILL 131

President
Sally Barbara Mason
Ketchikan General Hospital
Ketchikan

President Elect
Tom Wingen
Falmouth Memorial Hospital
Falmouth

Secretary/Treasurer
Ron Pavellas
Alaska Hospital & Medical
Center
Anchorage

Immediate Past President
& Chairman
Providence Hospital
Anchorage

Executive Director
Dennis L. Dwyer
Juneau

THE ALASKA STATE HOSPITAL ASSOCIATION STRONGLY SUPPORTS HOUSE BILL 131. THE INCREASE IN THE LEVEL OF THE MINIMUM GRANT TO HEALTH FACILITIES FROM \$75,000. TO \$250,000. IS VITAL TO THE SURVIVAL OF SEVERAL HEALTH FACILITIES IN ALASKA AND NECESSARY FOR THE ASSURANCE OF APPROPRIATE LEVELS OF CARE IN A VAST MAJORITY OF HEALTH FACILITIES SERVING ALASKA. THE OPERATIONAL REVENUE SHARING PROGRAM BEGAN IN 1972 AT A MINIMUM LEVEL OF \$50,000 AND HAS SINCE BEEN INCREASED ONLY TO \$75,000. AT THE SAME TIME COST OF OPERATION OF HEALTH FACILITIES HAVE INCREASED MARKEDLY.

IN THE YEARS SINCE 1972, HEALTH FACILITIES HAVE EXPERIENCE INFLATIONARY PRESSURES NOT EXPERIENCED BY THE REMAINDER OF THE ECONOMY. HEALTH FACILITIES WERE THE LAST INDUSTRY RELEASED FROM SALARY LIMITATIONS UNDER THE ECONOMIC STABILIZATION PROGRAM OF THE NIXON ADMINISTRATION AND AS A RESULT HAVE EXPERIENCED SUBSTANTIVELY GREATER PRESSURE TO BRING EQUITY TO EMPLOYEE WAGES.

HEALTH FACILITIES ARE HIGH ENERGY USERS. THE INCREASE IN THE COST OF FUEL OIL HAD HAD APPROXIMATELY 400%. ELECTRICITY AND DIESEL FUEL HAVE EXHIBITED SIMILAR INCREASES. THE COST OF FUEL IN CORDOVA BETWEEN FEBRUARY 1979 AND FEBRUARY 1980 ALMOST DOUBLED IN JUST THAT SINGLE YEAR.

PAGE TWO

OFTEN INCREASES ASSUMED TO UNRELATED TO HEALTH FACILITIES HAVE HAD A MARKED IMPACT ON HOSPITALS, FOR EXAMPLE, THE INCREASE IN SILVER PRICES CAUSED THE PRICE OF X-RAY FILMS, WHICH CONTAIN SILVER, TO SKYROCKET. THE PRICE OF PETROLEUM IMPACTS NOT ONLY FUEL COSTS BUT ALSO THE COST OF MANY PLASTIC DISPOSABLE ITEMS WHICH ARE NECESSARY IN A HEALTH FACILITY.

THE FACT THAT THE COSTS OF OPERATING A HEALTH FACILITY HAVE INCREASED DRAMATICALLY CAN NOT BE DEBATED. ATTACHED IS A COPY OF "INFLATION REPORT" PUBLISHED BY THE AMERICAN HOSPITAL ASSOCIATION WHICH DEMONSTRATES NOT ONLY THE INCREASES IN HOSPITAL CHARGES BUT THE INCREASES IN BASIC SUPPLY COSTS TO HEALTH FACILITIES. HEALTH FACILITIES IN ALASKA HAVE BEEN ATTEMPTING TO LIMIT THE INCREASES IN OUR COSTS OF OPERATION BUT AS YOU CAN SEE, WE HAVE NOT BEEN GETTING A GREAT DEAL OF HELP.

THE NEXT QUESTION IS WHETHER OR NOT THERE CONTINUES TO BE A NEED FOR STATE ASSISTANCE TO HEALTH FACILITIES. INDEED THERE IS. THERE IS NO TRADITIONAL PUBLIC GENERAL HOSPITAL SYSTEM IN ALASKA. THAT FUNCTION IS SERVED BY HOSPITALS THROUGHOUT THIS STATE. CURRENTLY, IT IS FUNDED THROUGH INCREASED "BAD DEBTS" OR OFFSET BY DIRECT ASSISTANCE FROM THE TAX BASE OF THE GOVERNMENTAL ENTITY IN WHICH JURISDICTION THE FACILITY WAS BUILT. THIS FUNDING IS ORDINARILY AN AMOUNT IN EXCESS OF THE CURRENT REVENUE SHARING GRANT WHICH THE STATE SENDS TO HEALTH FACILITIES THROUGH THE MUNICIPALITIES. AN INCREASE IN REVENUE SHARING TO HEALTH FACILITIES THEN, WILL BE NOT ONLY ASSISTANCE TO THE HEALTH FACILITY, BUT ALSO DIRECT PROPERTY TAX RELIEF.

PAGE THREE

CURRENTLY, AT LEAST 10 HOSPITALS ARE RECEIVING LOCAL TAX FUNDS FOR SUPPORT IN ADDITION TO STATE REVENUE SHARING SUPPORT.

MOST HEALTH FACILITIES IN ALASKA ARE SMALL AND, BECAUSE OF REGIONAL ISOLATION, HAVE RELATIVELY LOW OCCUPANCY LEVELS. OCCUPANCY LEVELS ARE AVERAGES AND DO NOT REFLECT HIGH WEEKEND OCCUPANCY IN POPULAR WEEKEND AREAS SUCH AS SEWARD NOR NEAR HIGHWAY FACILITIES SUCH AS PALMER OR SEASONAL VARIATIONS IN COMMUNITIES SUCH AS CORDOVA. BECAUSE A HEALTH FACILITY IS A 24 HOUR 365 DAY PER YEAR OPERATION THERE IS A TREMENDOUS STAND-BY COST WHICH OFTEN CAN NOT BE MET BY PATIENT REVENUES. STILL, THERE IS A NEED FOR FACILITIES IN OUR SMALLER ISOLATED COMMUNITIES.

THE STATE DEPARTMENT OF HEALTH REQUIRES MINIMUM SQUARE FOOTAGE, TYPES OF EQUIPMENT AND PERSONNEL FOR LICENSURE. WHILE WE SUPPORT MOST LICENSURE STANDARDS, WE MUST ALSO NOTE THAT THERE IS A COST ATTACHED TO THOSE REQUIREMENTS. WE BELIEVE THAT THE BASIC MINIMUM ANNUAL OPERATIONAL COSTS FOR A HOSPITAL IN ALASKA IS APPROXIMATELY \$800,000. IT APPEARS TO THE ALASKA STATE HOSPITAL ASSOCIATION THAT A FLAT RATE OF \$250,000., APPROXIMATELY 30% OF THE BASIC ESTIMATED ANNUAL OPERATIONAL COST, WOULD VIABLY MAINTAIN THOSE FACILITIES CURRENTLY IN GREATEST NEED.

WE HAVE SURVEYED OUR MEMBER FACILITIES AND ARE FINDING THAT WITH A VERY FEW NOTABLE EXCEPTIONS, THERE IS VERY LITTLE VARIABLE COST IN ALASKA HOSPITALS. BECAUSE OF THE SIZE OF FACILITIES, THEY TEND TO BE

PAGE FOUR

DOWN TO MINIMUM NUMBER OF PERSONNEL POSSIBLE. THE PERSONNEL CAN ACCOMODATE MORE PATIENTS, BUT WITOUT A NURSE ON THE NIGHT SHIFT FOR EXAMPLE, WE COULD NOT OPERATE THE HOSPITAL. THE NURSE IS NECESSARY WHETHER THERE IS ONE PATIENT OR 8 PATIENTS.

SIMARLY, BECAUSE OF SIZE, IT IS DIFFICULT TO ENJOY ANY ECONOMY OF SCALE OR VOLUME IN EQUIPMENT USAGE AND SOMETIMES IN PURCHASING POWER. THE ASSOCIATION SPONSORS AND SUPPORTS TWO GROUP PURCHASING ACTIVITIES IN ALASKA TO ASSIST WITH THIS PROBLEM, ONE WITH THE SISTERS OF PROVIDENCE AND ONE WITH HEALTH AND HUMAN SERVICES, INCORPORATED. WHILE THIS ASSISTS, IT IN NO WAY TOTALLY SOLVES THE PROBLEM.

WE HAVE READ AND GENERALLY ACCEPT THE REPORT DELIVERED TO THE LEGISLATURE ON HOSPITAL AND HEALTH FACILITY OPERATION AND CONSTRUCTION ASSISTANCE DATED FEBRUARY 1, 1981 BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES AS IT RELATES TO CONSTRUCTION ASSISTANCE. AS THE REPORT RELATES TO OPERATIONAL ASSISTANCE WE VIEW THE DEPARTMENT'S POSITION PAPER ON HB 131 AS AN ADDENDUM TO THAT REPORT WHICH WE UNDERSTOOD AS SUPPORT.

WE BELIEVE THAT HB 131 MERITS YOUR FAVORABLE CONSIDERATION AND SUGGEST THAT, ESPECALLY IN VIEW OF THE FACT THAT THIS IS THE ONLY MUNICIPAL REVENUE SHARING PROGRAM NOT INCREASED IN 1980, IT IS VITALLY IMPORTANT THAT THIS MEASURE BE ENACTED THIS YEAR.

WE HAVE ATTACHED A LIST OF HOSPITALS AND OPERATING LOSSES OR GAINS FOR YOUR REVIEW.

Route: _____

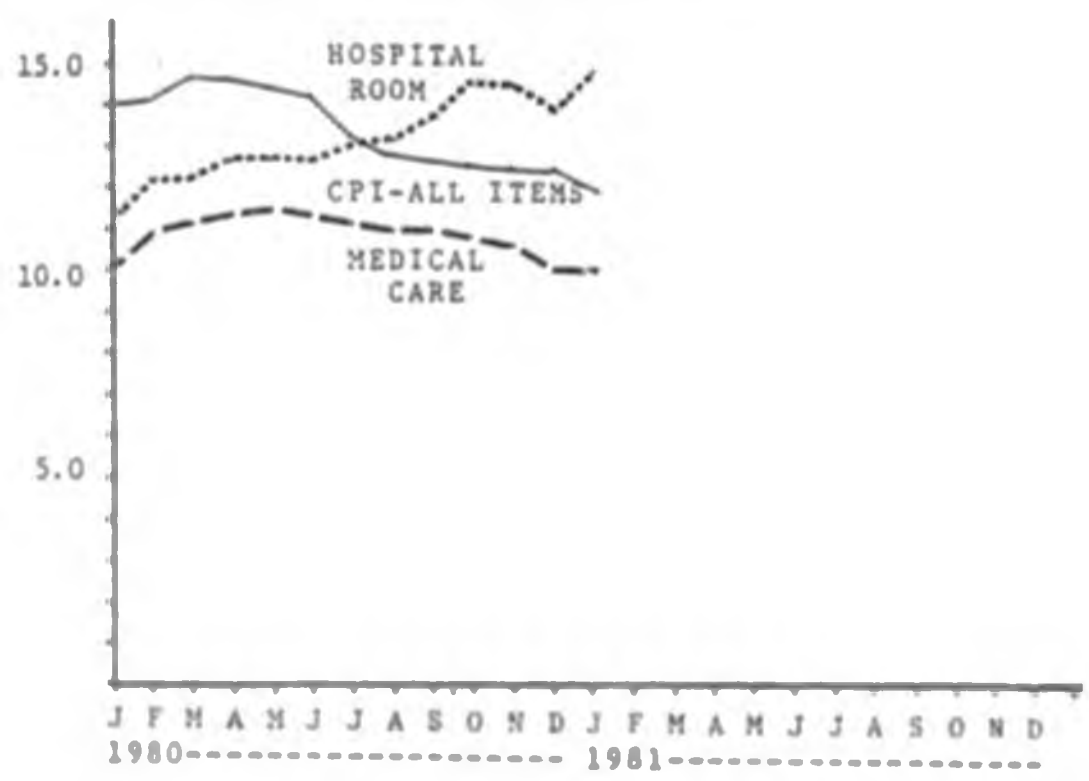
INFLATION REPORT

Office of Policy Studies

American Hospital Association • 840 N. Lake Shore Drive • Chicago, Illinois 60611 • (312) 280-6469

For Additional Information call (312) 280-6469

Percent Change from Same Month Previous Year



January-to-January comparisons show the overall medical care component continuing to increase at a rate below the CPI-All Items.

- Medical care increased 10.1 percent compared to the 11.7 percent increase in the CPI-All Items; the hospital room component increased 14.2 percent, while the services less medical care component increased 14.0 percent.

The items showing the largest January-to-January increases were:

- Energy (16.4 percent)
- Fuel and other utilities (14.7 percent)
- Shelter (13.7 percent)
- Transportation (13.4 percent)

The medical care component (1.1 percent) and hospital room charge (1.7 percent) of the CPI increased at more rapid rates than the CPI-All Items (1.1 percent) between December 1980 and January 1981 (seasonally adjusted).

INFLATION REPORT
January 1981

I. Consumer Price Index - Sources of the January Increase

A. December-to January Increase

Between December 1980 and January 1981, the CPI-All Items increased 0.8 percent (unadjusted). By category:

- Energy increased 3.1 percent
- Transportation increased 1.4 percent
- Medical Care increased 1.3 percent
- Housing increased 0.8 percent
- Food and Beverages increased 0.8 percent
- Apparel and Upkeep decreased 1.5 percent

On a seasonally adjusted annual basis, Energy increased at a 37.2 percent rate, Transportation increased at a 21.6 percent rate, Housing increased at a 9.6 percent rate, Food and Beverages showed no increase and Apparel and Upkeep declined at a 2.4 percent rate. Medical Care increased at a 13.2 percent annual rate, and Hospital Room increased at a 20.4 percent annual rate.

B. Twelve-Month Increase

Between January 1980 and January 1981, the CPI-All Items increased 11.7 percent. This is slower than last month's 12-month change, and represented the ninth consecutive month during which growth decelerated or was stable compared to the prior month. Since last December:

- Energy^a increased 16.4 percent
- Transportation increased 13.4 percent
- Housing increased 12.9 percent
- Food and Beverages increased 10.1 percent
- Medical Care increased 10.1 percent
- Apparel and Upkeep increased 5.9 percent

II. Increases in the Medical Care and Hospital Components

A. December-to-January Increases

In January, the Medical Care component increased 1.1 percent, while the CPI-All Items increased 0.7 percent, on a seasonally adjusted basis.

- Physicians Services increased 1.3 percent (seasonally adjusted)
- Hospital Room Charges increased 1.7 percent and Hospital and Other Medical Care Services increased 2.0 percent (seasonally adjusted)

^aEnergy is a special CPI index and includes elements from several of the major categories.

B. Twelve-Month Changes (January 1980 - January 1981)

The medical care component continues to increase at a rate below the CPI-All Items.

- Medical Care continues to increase less rapidly (10.1 percent) than the CPI-All Items (11.7 percent). The rate of increase in medical care has remained below the CPI-All Items since December 1978.
- Hospital Room increased 14.8 percent, reflecting the build-up of inflationary pressures on hospital costs and the delay in adjusting hospital room charges until the start of the January fiscal year in one-third of the nation's hospitals.
- Hospital and Other Medical Care Services increased 15.0 percent.
- Physicians' Services increased 10.9 percent.

III. Long-Term Trends

Table 1 compares movement in selected CPI components for the last 12 months with longer term trends. In the last five years, the CPI has increased at a compounded annual rate of 9.3 percent. During this period, hospital room charges increased, on average, 12.2 percent and medical care 9.6 percent.

The CPI-All Items and components such as Transportation, Housing and Energy are now increasing above their levels of recent years. The medical care components are not rising as rapidly above their long-term trends. In the past 12 months, medical care increased 10.1 percent, while the CPI-All Items less Medical Care increased 11.8 percent.

Table 1
Average Compounded Percent Changes in Selected CPI
Components January-to-January Periods

	1976-81	1980-81
All Items	9.3	11.7
Food and Beverages	7.7	10.1
Transportation	10.9	13.4
Housing	10.0	12.9
Shelter	11.3	13.7
Fuel & Other Utilities	11.0	14.7
Energy	15.6	16.4
All-Items less Medical Care	9.3	11.8
Medical Care	9.6	10.1
Physicians' Services	9.6	10.9
Hospital Room	12.2	14.8

Source: CPI Detailed Report, January 1976 and January 1981; Oral Communications, Bureau of Labor Statistics

IV. Producer Prices Indexes - Future Inflationary Trends

In the 12-month period ending January 1981, the Finished Goods Index (FGI) rose 12.0 percent compared to a 13.1 percent increase in the 12 months ending January 1980. Lower rates of increase occurred in all major components, except finished consumer foods.

	January-to-January comparison % increase		December-to-January seasonally adjusted change
	1979-80	1980-81	
	Finished Goods	13.1	
Finished Consumer Goods	14.5	12.1	0.8
Finished Consumer Foods	5.1	8.0	0.0
Finished Goods (excluding foods)	15.8	13.8	1.1
Intermediate Materials	17.7	8.6	1.2
Crude Materials	14.1	7.3	-1.0

In the December-to-January period, the FGI increased 0.9 percent, compared to 0.6 percent in December 1980. Finished goods excluding foods, which is considered indicative of underlying inflationary pressure, increased 1.1 percent in January compared to a 0.9 percent increase in the previous month.

Attachment 1

CPI Figures-- January 1981 Data

	Index value Jan. 81 ¹	Unadjusted percent change		Seasonally adjusted ² percent change	
		From Dec. 80	From Jan. 80	From Dec. 80	Annual rate
CPI-U (All Items)	260.5	0.8	11.7	0.7	8.4
All items less medical care	259.2	1.7	11.8	0.7	8.4
Services	287.7	1.1	13.7	0.9	10.8
Services less medical care	284.2	1.1	14.0	1.1	13.2
Medical care	279.5	1.3	10.1	1.1	13.2
Medical care commodities	176.7	0.9	10.1	0.9	10.8
Medical care services	302.1	1.4	10.1	1.2	14.4
Physicians' services	283.9	1.3	10.9	1.3	15.6
Hospital & other medical care services ³	144.5	2.0	15.0	2.0	24.0
Hospital Room ⁴	453.8	2.3	14.8	1.7	20.4
Other hospital & medical care services	143.7	1.6	15.2	1.6	19.2
Food & beverages	261.4	0.8	10.1	0.0	0.0
Transportation	264.7	1.4	13.4	1.8	21.6
Housing	279.1	0.8	12.9	0.8	9.6
Shelter	300.1	0.5	13.7	0.6	7.2
Fuel & other utilities	296.7	2.3	14.7	2.1	25.2
Apparel & upkeep	181.1	-1.5	5.9	-0.2	-2.4
Energy ⁵	381.7	3.1	16.4	3.1	37.2

Source: Oral Communications, Bureau of Labor Statistics, Washington, DC

NOTE: The CPI for All Urban Consumers (CPI-U) is based on the expenditure patterns of all urban residents, about 80 percent of the population.

¹1967=100, unless otherwise noted.

²Seasonally adjusted data not available for all items

³December 1977=100

⁴Previous title, Semi-Private Room

⁵Energy is a special CPI index including elements from several major categories. The elements are: gasoline, motor oil, fuel oil, coal, gas and electricity.

ATTACHMENT 2

Comparative Movement of Selected CPI Components
Percent Change From Same Month Previous Year

	1980											
	J	F	M	A	M	J	J	A	S	O	N	D
CPI-U All Items	13.9	14.1	14.7	14.7	14.4	14.3	13.2	12.8	12.7	12.6	12.6	12.4
All Services	14.5	15.0	16.1	15.9	17.3	18.1	16.1	14.7	14.2	14.1	14.1	14.2
Medical Care	10.1	10.9	11.2	11.4	11.5	11.4	11.1	11.0	11.0	10.9	10.7	10.0
Physicians Services	9.2	10.1	10.4	10.7	11.1	11.3	10.7	10.4	10.4	10.5	10.8	11.0
Hospital and Other Medical Care Services	11.3	12.1	12.3	12.6	12.8	13.1	13.7	14.2	14.6	14.8	15.1	14.5
Hospital Room	11.1	12.3	12.3	12.6	12.7	12.7	13.1	13.3	13.8	14.6	15.6	13.9

	1981											
	J	F	M	A	M	J	J	A	S	O	N	D
CPI-U All Items	11.7											
All Services	13.7											
Medical Care	10.1											
Physicians Services	10.9											
Hospital and Other Medical Care Services	15.0											
Hospital Room	14.8											

Source: Oral Communication, Bureau of Labor Statistics, Washington, DC

Attachment 3

Bureau of Labor Statistics Indexes

The Consumer Price Index measures the rate of increase in the prices of a fixed assortment of goods and services purchased by urban consumers.

The Finished Goods Index (FGI) measures price increases for commodities that are ready for sale to the ultimate user, including businesses or individuals. Together with the Indexes for Intermediate Goods and Crude Materials which measure prices at less complete stages of production, the FGI replaces the Wholesale Price Index. These three indexes are useful as guides to future price movements at the retail level and are considered indicative of the underlying rate of inflation in the economy. Accelerating rates of increase in these indexes lead to the expectation of accelerating increases in the prices of consumer goods and, subsequently, to expectations of rising hospital costs.

The Medical Care component of the CPI measures the rate of increase in prices charged by hospitals, physicians and other health care providers. The medical care component is broadly defined, and does not adjust for changes in intensity of services. Consequently, it often overestimates the rate of increase in medical care prices. The medical care component consists of medical care commodities and medical care services.

Medical Care Commodities included only Drugs and Prescriptions until December, 1977 when other medical supplies were added.

Medical Care Services account for about 83 percent of the medical care component. These services include mainly: (1) Professional Services, (2) Hospital and Other Medical Care Services, and (3) Health Insurance (unpublished).

The Hospital and Other Medical Care Services (HMC) Index replaces the Hospital Service Charge Index which was in the unrevised CPI. Its component are:

- A. Hospital Room
- B. Other Hospital and Medical Services
 1. Hospital Ancillary Services (unpublished)
 2. Emergency Room (unpublished)
 3. Nursing and Convalescent Home Care Services (unpublished)

HOSPITAL	EXPENSES OVER REVENUE LOSS (GAIN)	DAILY SERVICE CHARGE	OCCUPANCY Rate	LENGTH OF STAY
Alaska Hospital	2.5 Million	220.00	53.6%	4.7
Bartlett (Juneau)	-0-	190.00	46.2	4.2
Central Peninsula (Soldotna)	(210,000)	195.00	56.4	3.2
Cordova	120,907	195.00	28.5	3.7
Kodiak	155,426	215.00	43.9	2.8
Petersburg	135,000	190.00	21.0	3.0
Seward	211,000	190.00	10.0	2.7
Sitka	251,000	190.00	42.9	4.3
South Peninsula (Homer)	240,000	195.00	79.0	2.8
Valdez	374,438	210.00	13.4	2.5
Valley (Palmer)	354,297	180.00		
Wrangell	130,593	190.00	24.0	3.4
Norton Sound	276,901			

*Rate ?
or*