During World War II he commanded the USS PC 494, USS Doherty, USS Snowden, USS Kyne, and the USS Free engaged in escort duty in the Caribbean, the Atlantic, and the Pacific Oceans. When Hunter Killer Groups were established in the Pacific he served as senior commander of Task Group 30.7 which engaged in the destruction of six enemy submarines. Admiral Jackson was awarded the Legion of Merit and the Bronze Star Medals, each with the Combat "V" device.

After the war he served in the Eighth and Thirteenth Naval Districts while on shore duty as director of the Naval Reserve programs in those communities. USS Cahaba, a fleet oiler in the China Station, and the USS Vermillion an attack cargo ship attached to the amphibious force, Atlantic, accompanied him on tours at sea.

During the Korean War, he commanded Destroyer Squadron Ten in the Atlantic Fleet and upon completion of that tour was ordered to the Bureau of Naval Personnel and assigned as Director of the Naval Reserve Division. In 1955 he relieved Admiral Charles Weakley as Assistant Chief of Naval Reserve for Naval Reserve and served in that position until his retirement on October 1, 1956.

During this new assignment he joined the National Staff of the Reserve Officers Association of the United States as Director of Naval, Marine Corps and Air Force Affairs. He was appointed Deputy Executive Director while retaining his duties with the Navy, Marine Corps and Coast Guard.

ACTION NEEDED TO AUTHORIZE RE-ADJUSTMENT MEDICAL COUNSELING FOR VIETNAM-ERA VETERANS

Mr. CRANSTON. Mr. President, Mr. President, an October 1, 1973, letter I received from the Administrator of the Veterans Affairs had reinforced my conviction that the difficulties many Vietnam-era veterans have faced in readjusting to civilian life are of such severity that legislation is urgently needed to authorize the special assistance they need.

This letter cites those factors that had led officials of the VA to the conclusion that "up to 20 percent of Vietnam-era veterans may be facing significant adjustment problems.

These factors include the substantial representation of minority groups among returning servicemen; the high percentage of veterans who were high school dropouts; the low proportion of disadvantaged veterans using educational benefits; a follow-up study of Vietnam-era drug users, indicating that 14 percent of these veterans in the study were employed 6 months or more after discharge; as well as a VA mental health professional estimate that up to 5 percent of Vietnam-era veterans who had been exposed to combat may be facing serious psychological consequences from those traumatic experiences.

As a consequence of these data, an internal memo was developed within the VA outlining a legislative proposal to authorize provision of mental health services for Vietnam-era veterans in the process of transition from military to civilian status.

The justification for this proposal states an even higher incidence of serious readjustment difficulties. The memo states:

Reliable surveys and studies conducted by the military and by VA indicate serious and widespread problems faced by Vietnam-era veterans, with approximately one out of five new veterans but, to a lesser degree, were experienced by all.

The report goes on to state the problem as follows:

Since current statutory provisions governing DMES health care services are tied to an illness rather than a preventative health model, one can readily see the serious consequences. These have not been sought or received these critically needed mental health psychosocial readjustment services. The consequence includes major economic and social costs to society stemming from the failure of these veterans to make effective readjustments, as well as the process of transition from military to civilian status and their families who served their country during a long and difficult conflict.

Mr. President, the proposal provides clear support for the need for legislation I authored—originally in S. 2108 in December of 1972—and which has been passed the Senate in S. 284 Ist March, providing for readjustment counseling for returning veterans in VA facilities.

The bill is now pending before the House Committee on Veterans' Affairs, specifically the Subcommittee on Health and Hospitals. The subcommittee chairman (Mr. SATTERFIELD) has assured me that he will promptly.

The VA internal memo proposes:

That a law be enacted by which the VA Department of Medicine and Surgery is authorized to provide, during a period of up to 3 years after discharge, service from military service, mental health services as required to assist Vietnam veterans in the process of transition to civilian status. Also, where warranted, Vietnam veterans already out of service (should) be entitled to such services for a period of one year after the law is enacted.

I am delighted that there is recognition of the need for this authority with the Veterans' Administration. I hope this recognition will spread to the officials at the OMB, as well.

Mr. President, in previous wars have had its psychiatric casualties, the so-called "post-Vietnam syndrome" may well be more pronounced and more frequent in its incidence. And the time lag seems unexplained. This pattern was first dramatized, insofar as I am aware, at oversight hearings held in 1969 and 1970 as chairman of the Subcommittee on Veterans' Affairs of the Labor and Public Welfare Committee, and in the last 2 years as chairman of the Subcommittee on Health and Hospitals of the Veterans' Affairs Committee.

As a result of these hearings, I first introduced legislation on June 17, 1971—then included in S. 2091 in the 92d Congress—to make these returning veterans eligible for readjustment mental counseling in Veterans' Administration facilities.

This provision was also included in legislation, called the "Veterans Drug and Alcohol Treatment and Rehabilitation Act," twice passed by the Senate— in S. 2108 last Congress and in S. 284 which passed this session on March 6, 1973, by an 87-to-2 vote. More specifically, it would authorize the Veterans' Administration to provide readjustment medical counseling and assistance to Vietnam-era veterans with other than a dishonorable discharge upon the veteran's request. The purpose of this provision is to make it fully available and to encourage the use of the resources of the VA's medical services to those returning veterans who need the feel for professional counseling to help them in their readjustment to civilian life.

Mr. President, I believe that in the sensitive field of psychological or psychiatric counseling, availability and ease of access to such services must be emphasized and all necessary barriers are to be removed. A recently returned veteran should know that help is available, and that if he asks for it his request will be speedily and compassionately honored.

Under present VA law and regulations, a veteran is not eligible for outpatient care unless it is established that he is suffering from a service-connected condition or is in need of hospitalization. Under present law, the VA is unable to authorize VA medical services which can assist in readjustment will be made more visible and accessible.

The provision of readjustment counseling in all VA facilities under the general direction of the VA Director, Office of Medicine and Surgery—taking full advantage of the skilled staff consisting of 961 psychologists, 394 psychologists attendants and technicians, 707 psychology trained social workers, 335 social workers, 479 social work trainees—can be of significant assistance to the successful readjustment of large numbers of necessary barriers are removed. Recent discussions with professionals acquainted with the VA hospital system illustrate that the cost of such a provision can be severely reduced without loss in quality by the use of trained volunteers and skilled paraprofessional workers in providing the readjustment counseling and screening.

In addition, current law in title 38 United States Code is a presumption of service connection for an active psychosis developed within 2 years of discharge from service. The Senate has twice passed my amendment—also included in S. 2108 last Congress—to extend this period to 3 years after discharge and to make it applicable to any psychosis rather than only an active psychosis.

Mr. President, I ask unanimous consent that the pertinent provisions from S. 284 be printed in the Record, along with explanatory material from the committee report (No. 53-56) following the VA internal memo and letter to which I referred earlier in my remarks.

There being no objection, the material was ordered to be printed in the Record, as follows:

CEASED TO THE ADMINISTRATION OF VETERANS' AFFAIRS, WASHINGTON, D.C., OCTOBER 1, 1973

HON. ALAN CERSTEN, Chairman, Subcommittee on Health and Hospitals, Committee on Veterans' Affairs, U.S. Senate, Washington, D.C.

Dear Mr. Chairman:

I am aware that you have requested to respond to your letter of August 13 in which you request copies of the memorandum and
Thank you for the opportunity to look into this matter for you.

Sincerely,

DONALD E. JOHNSON,
Administrator.

[Proposed legislation, July 1973, Mental Health and Behavioral Sciences Service]

TRANSCITIONAL PREVENTIVE MENTAL HEALTH SERVICES FOR NEW VIETNAM VETERANS

After every war the great majority of veterans are young adults who must go through a critical period of transition from military to civilian life away from home, or exposed to different living conditions, life styles, and cultures, and of personal physical and psychological trauma, which is such that readjustment is a highly complex process. The difficulty of this process has been markedly greater for the veteran because of the controversial nature of the Vietnam Conflict and of the rapid social-economic changes that occurred in his absence. Reliable surveys and studies conducted by the military and by VA indicate serious and prolonged readjustment problems exist in approximately one out of five new veterans, but, to a lesser degree, were experienced by all.

Since current statutory provisions governing DMAS and VA services are tied to an illness rather than to preventive health or mental health care, mental health services for veterans and their families served their country during a long and difficult conflict.

PROPOSAL

That a law be enacted by which the VA Department of Medicine and Surgery is authorized to provide, during a period of up to one year from the date of discharge from military service, mental health services are required to assist Vietnamese veterans and their families, re-adjusting to civilian life in the process of transition from military to civilian status. Also, where warranted Vietnamese veterans already out of service be eligible to such services for a period of one year after the law is enacted.

COMMENT

Since approximately 81% of Vietnam veterans are already out of service, the major demand would stem from the 2 million still in service. It is anticipated that this process would involve periodic in-service training of six individual therapeutic sessions and be required by 20% of the eligible veterans.

COST

$300,000,000 based on a maximum of six therapeutic sessions for 500,000 Vietnam veterans.

S. 284

A bill to amend chapter 17 of title 38, United States Code, to require the availability of comprehensive treatment and rehabilitative services and provisions to provide mental health care for all Vietnam era veterans suffering from alcoholism, drug dependence, or alcohol or drug abuse disabilities, the purposes be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this act may be cited as the "Veterans Drug and Alcohol Treatment and Rehabilitation Act of 1973".

Sec. 3. Section 602 of title 38, United States Code, is amended by striking out "two years" both times it appears thereof and inserting in lieu thereof "three years".

Sec. 4. (a) Subchapter II of chapter 17 of title 38, United States Code, is amended by adding after section 612 a new section as follows:

"§ 612A. Eligibility for readjustment medical counseling"

(1) The Administrator is subject to the provisions of section 3103 of this title and within the limits of Veterans' Administration facilities and capable of performing counseling and appropriate follow-up care and treatment under this subchapter to any person who served in the active military, naval, or air service during the Vietnam era and was discharged or released therefrom with other than a dishonorable discharge.

(2) The table of sections beginning the beginning of chapter 17 of this title is amended by inserting immediately below the following:

"612A. Eligibility for readjustment medical counseling,"

PSYCHIATRIC CARE AND READINGJUSTMENT SERVICES

The Committee was convinced by extensive testimony developed at hearings on veterans readjustment conducted by the Subcommittee on Veterans Affairs of the 95th Congress and hearings on this legislation in the 96th Congress and by medical evidence that significant numbers of Vietnam era veterans who are not addicts have nevertheless suffered severe psychiatric problems. These problems are frequently of a subtle nature and do not always manifest themselves soon after discharge. Therefore, the reported bill provides that a psychosis which would otherwise be readjustment counseling rather than an active psychosis which arises within two such periods, shall be readjustment counseling. The effect of this is to make readjustment counseling possible in some cases and remove from service-connected the diagnosis of a psychosis which has arisen within two years of discharge. The House-passed bill—H.R. 390—had included a three-year period for active psychoses and the Senate reduced it to two years—(S. Rept. No. 746, 96th Cong., 1st Sess., 1979).

The Committee is of the view that the same justifications underlying the original provision for active psychoses arising from World War II and the Korean conflict should be applied to the types of psychiatric conditions which seem to characterize the Indochina War. The purpose and rationale of section 3103, as described in the 94th and Senate committee reports as follows: "The Committee is of the opinion that the bill is fully justified in view of the difficulty situation where service has ceased as the cause of psychoses. The additional presumptive period would authorize service connection in many meritorious cases which are now barred by the aging law. The presumption is of course rebuttable by affirmative, evidentiary evidence to the contrary . . . (H.R. Rept. No. 239, 92nd Cong., 1st Sess. 2 (1971)). It is generally recognized that the disease of psychoses is not only an individual prob-