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**INCARCERATED VETERANS REHABILITATION AND
READJUSTMENT ACT OF 1989**

HEARING

BEFORE THE

SUBCOMMITTEE ON
COURTS, INTELLECTUAL PROPERTY,
AND THE ADMINISTRATION OF JUSTICE
OF THE

COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES

~~ONE HUNDRED FIRST~~ CONGRESS

SECOND SESSION

ON

H.R. 3453

INCARCERATED VETERANS REHABILITATION AND
READJUSTMENT ACT OF 1989

APRIL 24, 1990

NCJRS

Serial No. 99

MAR 8 1995

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WASHINGTON : 1990

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INCARCERATED VETERANS REHABILITATION AND READJUSTMENT ACT OF 1989

TUESDAY, APRIL 24, 1990

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON COURTS, INTELLECTUAL PROPERTY,
AND THE ADMINISTRATION OF JUSTICE,
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 2226, Rayburn House Office Building, Hon. Robert W. Kastenmeier (chairman of the subcommittee) presiding.

Present: Representatives Robert W. Kastenmeier, Carlos J. Moorhead, and Howard Coble.

Also present: Elizabeth R. Fine, counsel; Charles G. Geyh, counsel; Veronica L. Eligan, clerk; and Joseph V. Wolfe, minority counsel.

Mr. KASTENMEIER. The committee will come to order.

Mr. MOORHEAD. Mr. Chairman.

Mr. KASTENMEIER. The gentleman from California.

Mr. MOORHEAD. I ask unanimous consent that the subcommittee permit the meeting today to be covered in whole or in part by television broadcast, radio broadcast, and/or still photography, pursuant to rule 5 of the committee rules.

Mr. KASTENMEIER. Without objection, that request is agreed to.

OPENING STATEMENT OF CHAIRMAN KASTENMEIER

Mr. KASTENMEIER. Today the subcommittee is holding hearings on H.R. 3453, the Incarcerated Veterans Rehabilitation and Readjustment Act, introduced by Congressman George Brown. This bill would improve the availability of benefits and services to veterans who are in prison or who are on parole.

[The bill, H.R. 3453, follows:]

101ST CONGRESS
1ST SESSION

H. R. 3453

To improve the availability of veterans' benefits and services to veterans incarcerated in Federal penal or correctional institutions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 12, 1989

Mr. BROWN of California (for himself, Mr. EVANS, Mr. JONTZ, Mr. BONIOR, Mr. LANCASTER, Mr. KENNEDY, Mr. PALLONE, Mr. FROST, Mr. OWENS of New York, Ms. PELOSI, Mr. FAUNTROY, Mrs. BOXER, Mr. BUSTAMANTE, Mr. DE LUGO, Mr. HAYES of Illinois, Mr. BRUCE, Mr. RICHARDSON, Ms. LONG, Mr. TOWNS, Mr. BOUCHER, Mr. KOLTER, Ms. KAPTUR, Mr. WOLPE, Mr. TORRES, Mr. TRAFICANT, Mr. ACKERMAN, Mr. HAWKINS, Mr. GEJDENSON, Mr. ATKINS, Mr. MARTINEZ, Mr. DELLUMS, and Mr. WEISS) introduced the following bill; which was referred jointly to the Committees on Veterans' Affairs and the Judiciary

A BILL

To improve the availability of veterans' benefits and services to veterans incarcerated in Federal penal or correctional institutions, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 SECTION 1. SHORT TITLE.

4 This Act may be referred to as the "Incarcerated Veter-
5 ans Rehabilitation and Readjustment Act of 1989".

1 SEC. 2. FINDINGS.

2 The Congress finds that—

3 (1) there are rehabilitation needs unique to incar-
4 cerated veterans which, because of their incarceration,
5 need to be addressed;6 (2) the Readjustment Counseling Program of the
7 Department of Veterans' Affairs could be an effective
8 part of efforts to rehabilitate incarcerated veterans;9 (3) veterans' benefits that incarcerated veterans
10 are entitled to are not being provided on a consistent
11 basis;12 (4) the resources provided by the Readjustment
13 Counseling Program could be beneficial to incarcerated
14 veterans if the Program were utilized to assist veterans
15 released from Federal, State, and local penal institu-
16 tions; and17 (5) incarcerated veterans treated for psychological
18 readjustment problems can be expected to have lower
19 recidivism rates than such veterans who do not receive
20 such treatment.

21 SEC. 3. PURPOSES.

22 The purposes of this Act are to—

23 (1) ensure that the rehabilitation and readjustment
24 needs of incarcerated veterans that are related to mili-
25 tary service are addressed in a coordinated manner by

1 the Department of Veterans' Affairs and the Federal
2 Bureau of Prisons;

3 (2) provide mental health care professionals em-
4 ployed by Federal prisons with the information neces-
5 sary to diagnose and treat incarcerated veterans with
6 mental disabilities, particularly post-traumatic-stress
7 disorder, stemming from their military service;

8 (3) integrate the resources available from the Re-
9 adjustment Counseling Program and veterans employ-
10 ment programs into the parole and probation programs
11 of incarcerated veterans who are released from Federal
12 prisons to promote successful readjustment of such vet-
13 erans into society;

14 (4) provide incarcerated veterans with information
15 relating to veterans' benefits and services;

16 (5) assist incarcerated veterans after their release
17 from Federal prisons in readjusting to society after
18 their incarceration;

19 (6) provide veterans incarcerated in State and
20 local penal institutions with benefits similar to those
21 provided in this Act by encouraging States and local
22 governments to adopt, where applicable, the provisions
23 of this Act; and

24 (7) ensure that veterans incarcerated in Federal
25 prisons receive the benefits and services from the

1 Department of Veterans' Affairs to which they are
2 entitled.

3 SEC. 4. DEFINITIONS.

4 As used in this Act—

5 (1) the term "Assistant Secretary" means the As-
6 sistant Secretary of Labor for Veterans' Employment
7 and Training;

8 (2) the term "Department" means the Depart-
9 ment of Veterans' Affairs;

10 (3) the term "Federal prison" means a Federal
11 penal or correctional institution;

12 (4) the term "incarcerated veteran" means an in-
13 dividual determined to be a veteran under section
14 101(b) who is incarcerated in a Federal prison;

15 (5) the term "prisoner" means an individual incar-
16 cated in a Federal prison;

17 (6) the term "Secretary" means the Secretary of
18 the Department;

19 (7) the term "vet center" means a facility as de-
20 fined in section 612A(i)(1) of title 38, United States
21 Code; and

22 (8) the term "veteran" has the same meaning
23 such term has in paragraph (2) of section 101 of title
24 38, United States Code.

1 TITLE I—INCARCERATED VETERAN
2 ASSESSMENT AND ASSISTANCE

3 SEC. 101. DETERMINATION OF VETERAN STATUS OF
4 PRISONERS.

5 (a) DUTIES OF THE ATTORNEY GENERAL.—

6 (1) IN GENERAL.—The Attorney General shall, to
7 the extent practicable, identify those individuals who
8 may be veterans among those—

9 (A) entering Federal prisons after the effec-
10 tive date of this Act; and

11 (B) who are incarcerated in Federal prisons
12 on the effective date of this Act and who are to
13 remain incarcerated more than 30 days after that
14 date.

15 (2) TRANSMITTAL OF NAMES.—The Attorney
16 General shall, with the consent of the prisoner in-
17 volved, transmit to the Secretary the names and loca-
18 tions of those prisoners identified as possible veterans
19 pursuant to paragraph (1).

20 (3) METHODS OF IDENTIFICATION.—In attempt-
21 ing to identify those prisoners who may be veterans,
22 the Attorney General shall rely only on the records in
23 the possession of the Attorney General, interviews
24 with prisoners, or both.

25 (b) DUTIES OF SECRETARY.—

1 (1) DETERMINATION OF VETERAN STATUS.—

2 The Secretary shall contact those prisoners whose
3 names were transmitted pursuant to subsection (a)(2)
4 within 30 days after the receipt of their names. The
5 Secretary shall inform each prisoner of their ability to
6 have their veteran status determined. Those prisoners
7 requesting such determination shall be supplied with
8 the material needed by the Secretary to make the de-
9 termination.

10 (2) INFORMATION RELATING TO VETERANS' BEN-
11 EFITS.—As soon as practicable after determining the
12 veteran status of each prisoner requesting such deter-
13 mination, the Secretary shall—

14 (A) inform the prisoners of the determination
15 of their veteran status;

16 (B) inform those prisoners who determined to
17 be veterans of their rights and responsibilities
18 with regard to veterans' benefits and services and
19 provide them with the information described in
20 section 102; and

21 (C) if the incarcerated veteran so desires,
22 provide the information described in section 102
23 to those family members designated by the incar-
24 cated veteran.

1 **SEC. 102. INFORMATION REGARDING VETERANS' BENEFITS.**

2 The information referred to in sections 101(b)(2) (B) and
3 (C) shall include—

4 (1) the effect of the incarcerated status of the vet-
5 eran on the receipt of veterans' benefits and services;

6 (2) the ability of dependents of the incarcerated
7 veteran to receive benefits available to dependents of
8 veterans during the period of incarceration of the
9 veteran;

10 (3) the ability to have debt collection actions pur-
11 sued by the Department against the veteran suspended
12 during the time period provided by section 103;

13 (4) the availability of counseling services within
14 the Federal prison, whether provided by the Depart-
15 ment or the Bureau of Prisons;

16 (5) the potential effect on parole considerations of
17 the participation by the veteran in counseling activities;

18 (6) the reasons for any reduction in, or termina-
19 tion of, veterans' benefits resulting from the incarcerat-
20 ed status of the veteran;

21 (7) the ability of the veteran to seek a correction
22 of the military records or a review of the discharge or
23 dismissal from military service of the veteran;

24 (8) services from public and private organizations
25 available to the veteran while incarcerated;

1 (9) the ability of the veteran and dependents of
2 the veteran to appeal the decisions of the Secretary af-
3 fecting the provision of veterans' benefits and services;
4 and

5 (10) other information the Secretary considers
6 appropriate.

7 SEC. 103. SUSPENSION OF DEBT COLLECTION.

8 (a) FEDERAL INMATES.—Within 30 days after the Sec-
9 retary confirms, pursuant to section 101(b), that a prisoner is
10 a veteran, the Secretary shall suspend debt collection activi-
11 ties of the Department against the incarcerated veteran, and
12 the obligation of the veteran to pay for debts owed to the
13 Department, for the duration of his or her incarceration and
14 for a period not to exceed 6 months following his or her re-
15 lease from a Federal prison.

16 (b) STATE AND LOCAL INMATES.—The Secretary shall
17 suspend debt collection activities of the Department against
18 any veteran the Secretary knows is incarcerated in a State or
19 local penal institution, and the obligation of that veteran to
20 pay for debts owed to the Department, for the duration of his
21 or her incarceration and for a period not to exceed 6 months
22 following his or her release from such an institution.

1 **TITLE II—INCARCERATED VETERAN**2 **REHABILITATION COUNSELING**3 **SEC. 201. DUTIES OF THE SECRETARY.**

4 The Secretary, in consultation with the Attorney Gen-
5 eral, shall—

6 (1) provide readjustment counseling services to
7 those incarcerated veterans suffering from mental and
8 psychological disorders stemming from their military
9 service;

10 (2) take measures to ensure that incarcerated vet-
11 erans have the same ability of being adjudicated as
12 having service-connected disabilities as nonincarcerated
13 veterans;

14 (3) designate an employee in each of the regional
15 offices of the Department to act as a liaison between
16 each Federal prison and the Department to coordinate
17 the provision of veterans' services and benefits for in-
18 carcerated veterans;

19 (4) review the physical examinations forwarded by
20 the Attorney General pursuant to paragraph (1)(A)(ii)
21 of section 202 to determine whether the incarcerated
22 veteran is eligible for the benefits provided by the Vet-
23 erans' Dioxin and Radiation Exposure Compensation
24 Standards Act (38 U.S.C. 354 note) or other relevant
25 Federal laws; and

1 (5) ensure that the employee designated pursuant
2 paragraph (3) provides liaison services between families
3 of incarcerated veterans and Federal prisons.

4 **SEC. 202. DUTIES OF THE ATTORNEY GENERAL.**

5 The Attorney General shall—

6 (1) with the consent of the incarcerated veteran—

7 (A) for the purpose of determining eligibility
8 for benefits under the Veterans' Dioxin and Radi-
9 ation Exposure Compensation Standards Act (38
10 U.S.C. 354 note) or other relevant Federal
11 laws—

12 (i) conduct physical examinations on
13 each incarcerated veteran consistent with the
14 protocol utilized by the Department in con-
15 ducting Agent Orange registry examinations;
16 and

17 (ii) transmit such examinations to the
18 Secretary; and

19 (B) as soon as a date has been set for the
20 release of the incarcerated veteran from a Federal
21 prison, transmit the name and location of that
22 veteran to the Secretary; and

23 (2) consistent with the security requirements of
24 each Federal prison, encourage and facilitate the orga-
25 nization within Federal prisons of "self-help" groups

1 and other such programs that may contribute to the re-
2 habilitation of incarcerated veterans.

3 **TITLE III—READJUSTMENT COUNSELING**

4 **EDUCATION**

5 **SEC. 301. DEVELOPMENT OF TRAINING CURRICULUM.**

6 (a) **DEVELOPMENT.**—The Secretary shall develop a
7 training curriculum for use in assisting medical, psychiatric,
8 psychological, and other relevant professionals employed by
9 the Bureau of Prisons in acquiring the expertise necessary to
10 diagnose and treat psychiatric disabilities peculiar to
11 veterans.

12 (b) **AVAILABILITY OF CURRICULUM.**—The curriculum
13 developed pursuant to subsection (a) may be made available
14 to individuals, organizations, governmental agencies, and
15 health facilities interested in the diagnosis and treatment of
16 psychiatric disabilities peculiar to veterans.

17 **TITLE IV—POST-INCARCERATION**

18 **READJUSTMENT SERVICES**

19 **SEC. 401. DUTIES OF THE SECRETARY.**

20 (a) **DUTIES OF THE SECRETARY.**—Upon receipt of the
21 names transmitted to the Secretary pursuant to paragraph
22 (1)(A)(ii) of section 202, the Secretary shall inform those vet-
23 erans of the veterans' benefits and services available to them
24 upon release. This information shall include—

1 (1) the effect of the release of the incarcerated
2 veteran on the entitlement of the veteran to veterans'
3 benefits and services, including those terminated or re-
4 duced at the time of the incarceration of the veteran;

5 (2) the availability of readjustment counseling
6 services under the Readjustment Counseling Program
7 of the Department, including the location of the vet
8 center nearest to where the incarcerated veteran in-
9 tends to reside after release;

10 (3) the availability of additional readjustment serv-
11 ices from State, local, and private agencies and organi-
12 zations in the community in which the incarcerated
13 veteran intends to reside; and

14 (4) the availability of veterans programs adminis-
15 tered by the Department of Labor and the Small Busi-
16 ness Administration.

17 **SEC. 402. DUTY OF THE ASSISTANT SECRETARY.**

18 The Assistant Secretary shall designate a disabled vet-
19 erans' outreach program specialist in each State where a
20 Federal prison is located to serve as a liaison between each
21 Federal prison and the disabled veterans' outreach program
22 in that State.

1 SEC. 403. DUTIES OF THE CHAIRMAN OF THE UNITED STATES
2 PAROLE COMMISSION.

3 The Chairman of the United States Parole Commission,
4 in consultation with the Secretary, shall—

5 (1) integrate, to the extent practicable, the serv-
6 ices available from the Readjustment Counseling Pro-
7 gram of the Department into the parole programs of
8 veterans paroled from Federal prisons; and

9 (2) require that parole officers employed by the
10 Commission who have responsibility for paroled veter-
11 ans establish and maintain contact with appropriate vet
12 center personnel in order to ensure that paroled veter-
13 ans who are eligible to use vet centers are encouraged
14 to do so.

15 TITLE V—STATE AND LOCAL OUTREACH
16 ASSISTANCE

17 SEC. 501. EXTENSION OF BENEFITS TO VETERANS INCARCER-
18 ATED IN STATE AND LOCAL PENAL INSTITU-
19 TIONS.

20 Within 6 months after the effective date of this Act, the
21 Secretary and the Assistant Secretary shall implement a pro-
22 gram to extend, to the extent practicable, the benefits of this
23 Act to State and local penal institutions with respect to vet-
24 erans incarcerated in such institutions.

1 **TITLE VI—MISCELLANEOUS**2 **SEC. 601. REPORT.**

3 The Attorney General, the Secretary, the Assistant
4 Secretary, and the Chairman of the United States Parole
5 Commission each shall submit to the Congress an annual
6 report relating to their activities in implementing this Act.
7 The first report shall be due on the January 1 occurring after
8 the effective date of this Act and each January 1 thereafter.

9 **SEC. 602. EFFECTIVE DATE.**

10 This Act shall be effective 3 months after the date of
11 enactment of the Act.

Mr. KASTENMEIER. Very little attention has been focused to date on veterans in prison. I am very grateful to Congressman Brown for bringing this issue to the attention of the subcommittee. The last set of congressional hearings on incarcerated veterans was held in 1979, I am informed, under the leadership of Senator Cranston in the Senate Committee on Veterans' Affairs.

We have learned a great deal since 1979 about the long-term effects that war has on servicemen, and in particular on veterans of the Vietnam War. There was little understanding a decade ago of post-traumatic-stress disorder or the adverse effects that many Vietnam veterans suffer from exposure to agent orange.

We are still working to compensate Vietnam veterans for these service-related disabilities. In fact, I introduced the Vietnam Veterans Post-Traumatic Stress Disorder Compensation Act, H.R. 794, to assure that veterans who fought in Vietnam can obtain treatment for this disorder.

At the same time, however, we have learned very little about veterans in the criminal justice system. We have limited information about how many of our Nation's prisoners are veterans, when they served in the military, and what benefits or services they need and as veterans are entitled to receive.

We know only that 9,447 Federal prison inmates, over 15 percent of the Federal prison population, are in fact veterans. While there is no current information about the number of veterans in State and local prisons, we do know that over 400,000 Vietnam veterans have been charged with or convicted of a criminal offense, and about 30,000 Vietnam veterans are currently in prison around the country.

Veterans, even if incarcerated, are entitled to benefits and services for once having served their country. This committee is charged with the responsibility to oversee the Federal Bureau of Prisons and to develop Federal correctional policies. In that regard, we must assure that the health and welfare needs of the prison population, including incarcerated veterans, are adequately met.

I am very pleased to hold these hearings today to further our efforts to improve services for our American veterans and to further our correctional policies. I would note that this is the fourth in a series of hearings this subcommittee has held this Congress on corrections.

There are many corrections issues of interest to the subcommittee, including the utility of "boot camp" proposals, the use of military installations for Federal and State prisons, drug treatment programs for inmates, potential for increased use of intermediate sanctions, and the overriding problem of prison overcrowding. To the extent that time permits, we may touch on those issues as well today.

At this point I would like to call our first panel of witnesses. I don't believe Congressman Brown is here, so we will proceed with our first panel. I would like to call forward and introduce our panel of distinguished witnesses from the administration. The first is Mr. J. Michael Quinlan, the Director of the Federal Bureau of Prisons.

Before we continue the introductions, I would like to yield to my colleague, Mr. Moorhead.

Mr. MOORHEAD. Thank you, Mr. Chairman. It is my understanding that, as we commence our hearing today on H.R. 3453, the Incarcerated Veterans Rehabilitation and Readjustment Act of 1989, there are 9,447 veterans incarcerated in the Federal prison system. This is out of an overall Federal prison population of approximately 56,000 inmates. Clearly veterans comprise a significant portion of the Federal inmate population, and in many cases may have problems and needs that are unique to them as a group.

The thrust of H.R. 3453 is to require the Department of Veterans' Affairs, the Bureau of Prisons, and the Department of Labor to establish certain programs for the benefit of incarcerated veterans. As a veteran myself, with several years of active duty and 40 years in the Reserve, I am very concerned about the need for compassionate care of our veterans.

While the goal of this legislation is a laudable one, I must admit that I share, however, the concern that we not go overboard in mandating new programs in this area at the expense of existing programs that may be every bit as meritorious. By the same token, I would not want to do anything that would adversely impact or curtail the Bureau of Prisons' Inmate Financial Responsibility Program, under which the bill encourages inmates to pay court-ordered obligations and debts to the Federal Government while incarcerated.

With veterans we have a special obligation and a special concern. Naturally we want to do everything we can to provide for them, especially the medical care that they need when their health is involved later on in life, after they have served their country. Also we need to provide jobs and so forth for them. But it isn't always possible to help every single one who has gotten into trouble with the law, and many times they have to carry out their obligation to the country as a result of failing to live by the law. Certainly we should try to rehabilitate them while they are in the prison system and try to train them for employment when they get out.

Having said that, Mr. Chairman, I look forward to the testimony of our witnesses, and especially our distinguished colleague from California, George Brown, if he shows up. I am going to miss a lot of today's hearing because I have an important hearing in another subcommittee of Judiciary, but I have read the statements and I will certainly follow the testimony that is given.

Thank you, Mr. Chairman.

Mr. KASTENMEIER. I thank my colleague.

Mr. KASTENMEIER. Well, our first witness is the Director of the Federal Bureau of Prisons, Mr. Quinlan. Naturally, Mr. Quinlan has testified on numerous occasions before this subcommittee, and we always welcome him.

I would also like to greet Benjamin Baer, the Chairman of the U.S. Parole Commission. He has a long and distinguished record of governmental service. We have certainly benefitted from his expertise on criminal justice issues in the past, as we are likely to do so today as well.

Our third witness on the panel is Mr. David A. Brigham, the Director of the Veterans' Assistance Service at the Department of Veterans' Affairs. We are certainly pleased to have the Department of Veterans' Affairs represented as well.

Mr. Quinlan, may we proceed with you? We are delighted to have you back again. You have a brief statement, and you may proceed any way you wish.

STATEMENT OF J. MICHAEL QUINLAN, DIRECTOR, FEDERAL BUREAU OF PRISONS, U.S. DEPARTMENT OF JUSTICE

Mr. QUINLAN. Thank you very much, Mr. Chairman. I am delighted to be back and appreciate the opportunity to testify on H.R. 3453. I would like to submit my testimony for the record and just give you a brief overview of the points I would like to cover.

Mr. KASTENMEIER. Without objection, that will be done, and indeed the printed statements of all witnesses will be accepted for the record. Each may wish to otherwise abbreviate their statements or summarize them, perhaps.

Mr. Quinlan.

Mr. QUINLAN. Thank you very much.

The Incarcerated Veterans Rehabilitation and Readjustment Act of 1989 would have the Department of Veterans' Affairs and the Bureau of Prisons and the Parole Commission work together to identify and assist veterans in Federal prisons. As you say, almost 15 percent of our population are veterans of military service.

One of the key elements of the legislation would be to inform the veterans of their rights under veterans' legislation and to suspend the collection of debts owed to the Department of Veterans' Affairs. In addition, the legislation would have the Bureau of Prisons conduct medical examinations to determine eligibility for benefits under the dioxin, radiation, agent orange exposure programs. Also, it would encourage the development of self-help groups of incarcerated veterans in institutions. Finally, it would have the Bureau of Prisons psychiatrists provide treatment for mental disabilities of veterans.

The bill would also direct the Attorney General to identify veterans in institutions and to transmit that information, if the veteran agrees, to the Department of Veterans' Affairs. The bill also directs the Department of Veterans' Affairs to suspend its own debt collection authority. However, notwithstanding that provision, we would propose and anticipate that we could continue to operate our Inmate Financial Responsibility Program, which assists all inmates in meeting their financial obligations to repay court-ordered debts and obligations and debts to the Federal Government.

The final provision of the bill that I would mention is the fact that the Attorney General is directed to identify to the Secretary of Veterans' Affairs the anticipated release location of a veteran when the release date is known.

As a veteran myself, as Congressman Moorhead mentioned, and also as a veteran of 22 years of military reserve service, I am very sympathetic and empathetic to veterans' issues, and certainly would look forward to working with the subcommittee and the Department of Veterans' Affairs and the Parole Commission on working out viable programs to assist incarcerated veterans.

I would like to also take this opportunity, if I could, Mr. Chairman, and mention the drug treatment programs that are available to all inmates in the Federal Bureau of Prisons. We have recently

identified 47 percent of our male offenders and 30 percent of our female offenders who have a moderate to serious substance abuse history. These substance abuse histories existed prior to incarceration and, for the most part, because we have a very low positive urinalysis rate among incarcerated Federal prisoners, we do not expect that many of these that many of these individuals are able to keep their addictions active while they are in prison, but their addictions remain while incarcerated.

Although the Bureau of Prisons has historically provided drug treatment, we are now implementing new approaches that we think are very significant. Two of those elements of the new approaches are comprehensive residential treatment units, and there are five of these that will be implemented this fiscal year. Each of the programs will have 100 inmates involved in them, in a 9-month program which will provide 500 hours of treatment and education.

Then the second element is the three new high-intensity drug treatment programs that will be located at our prisons in Butner, NC, Lexington, KY, and Tallahassee, FL, which will require 1 full year of treatment with state of the art treatment approaches, and an evaluation component that we will be working on with the National Institute of Drug Abuse. The program will be tied into—a very critical part of it will be a 6-month followup program in the community after the completion of the 1-year residential, state of the art treatment program.

We are hopeful that this approach, which research has shown is being offered at the most optimum time in the incarcerated person's program—that is, during the last year or so prior to release. It will offer to offenders the chance to become totally helped or significantly helped with their addiction problem, so that when they are released they will not fall victim to the same pressures and fall into the same habits that they had prior to incarceration.

So we are very excited about the prospects of these two initiatives. I appreciate the opportunity to appear, and I would certainly like to respond to any questions you might have.

Mr. KASTENMEIER. Thank you, Mr. Quinlan.

[The prepared statement of Mr. Quinlan follows.]

PREPARED STATEMENT OF J. MICHAEL QUINLAN, DIRECTOR, FEDERAL BUREAU OF PRISONS, U.S. DEPARTMENT OF JUSTICE

Mr. Chairman and members of the Committee, I appreciate the opportunity to appear before you to discuss the position of the Federal Bureau of Prisons regarding H.R. 3453, the "Incarcerated Veterans Rehabilitation and Readjustment Act of 1989." While consideration of this bill is primarily a matter for the Department of Veterans Affairs, which is well equipped for analysis of this legislation's merits on behalf of the Administration, we make these observations and suggestions insofar as the bill will affect the Bureau of Prisons.

Under this bill, the Department of Veterans Affairs and the Bureau of Prisons would undertake to identify veterans incarcerated in the Bureau of Prisons, and assist them in several ways. These would include informing them of their rights under veterans legislation, suspending collection of debts owed to the Department of Veterans Affairs, conducting medical examinations to determine eligibility for benefits under Dioxin, Radiation and Agent Orange exposure programs, encouraging development of self-help groups of incarcerated veterans, and training Bureau of Prisons professionals to diagnose and treat psychiatric disabilities characteristic of veterans.

The bill also directs the Attorney General to identify veterans incarcerated in Federal prisons and transmit that information, contingent upon the consent of the veteran, to the Department of Veterans Affairs. Identification would be limited to information in the records of the Attorney General and interviews of prisoners. We recommend that all means of identification be permitted, including a computer match of Social Security numbers for this limited purpose. In addition, we suggest that the bill be amended to remove the requirement that the veteran consent to our informing the Department of Veterans Affairs that he or she is incarcerated, because normally, the fact of incarceration is a public record. Requiring consent in this instance would create a unique exception to our normal practice and would create possible problems in releasing the information concerning inmates with psychiatric problems who may have reduced capacity to give informed consent.

The Bill directs the Secretary to inform inmate veterans of "the potential effect on parole considerations of the participation by the veteran in counseling activities". The Bureau might,

under these provisions, be requested to provide a psychological or psychiatric evaluation, to be made available for a parole hearing.

The bill further directs the Department of Veterans Affairs to suspend its own debt collection activity against an incarcerated veteran. We defer to the Department of Veterans Affairs on the desirability of suspending its debt collection activity. We also concur with the Department of Veterans Affairs' determination that incarcerated veterans who can afford to pay should do so. In any event, we do not read this as limiting the Bureau of Prisons' Inmate Financial Responsibility Program, under which the Bureau encourages inmates to pay court-ordered obligations and debts to the Federal government while incarcerated. This program has several salutary benefits for these inmates, including enabling them to demonstrate an increased level of responsible behavior that relates to increased trust and privileges, and reducing the financial burden the inmate will encounter when released. Notwithstanding any provisions of this bill, we anticipate continuing to operate this program with regard to all inmates, assisting them in meeting all financial obligations falling within the purview of the program.

Another provision requires the Bureau of Prisons, "consistent with the security requirements of each Federal prison," to encourage development of self-help groups of veterans. We appreciate the recognition of security concerns contained in this section.

The Attorney General is directed to notify the Secretary of the anticipated release location of a veteran for whom a release date has been set. This can be done in conjunction with other notification that currently is done when prisoners are released.

While we are prepared to develop appropriate specialized programs for incarcerated veterans, we would caution that specific results of treatment in the form of reduced recidivism are hard to predict, since many factors are involved in post-release success or failure. Therefore, we believe the proposed finding in Section 2 of the bill is a difficult one to support. It is difficult to evaluate whether incarcerated veterans who receive psychological treatment for readjustment problems can be expected to have lower recidivism rates than veterans who do not receive such treatment.

In addition to my comments on the proposed veterans legislation, I would like to take the opportunity of this appearance before the Subcommittee to briefly mention another important

program area now receiving a great deal of attention in the Bureau of Prisons. Because of the increased incidence of drug offenders in the Bureau (including many such offenders who are veterans) we are devoting increased resources towards expanding our substance abuse programs.

Within the Bureau presently, 47% of all male offenders and 30% of all female offenders have a moderate or serious substance abuse history. While the Bureau has historically provided treatment programs to inmates since the mid-1960's, new approaches are being explored. Each of the five comprehensive residential treatment units approved for Fiscal Year 1990 will be capable of enrolling 100 inmates into a 9 month program requiring 500 hours of treatment and education. The three new high-intensity pilot programs, which will be offered at Federal institutions in Butner, North Carolina; Lexington, Kentucky; and Tallahassee, Florida, require a year of nearly full-time treatment using "state-of-the-art" knowledge of effective treatment approaches, and an evaluation component developed in coordination with the National Institute on Drug Abuse. We believe this high level of program activity will allow properly motivated inmates to develop the personal resources necessary to remain drug-free upon release.

As I have expressed many times, I appreciate the support of the Congress in helping us to deal with the issues that face our Federal prisons today. I would welcome visits to any of our institutions by the Committee and its staff.

That concludes my formal statement, Mr. Chairman. I would be pleased to answer any questions you or your colleagues may have.

Mr. KASTENMEIER. I would like to now call on the Chairman of the Parole Commission, who also has a very brief statement, I believe.

Mr. BAER. Yes, sir.

Mr. KASTENMEIER. I am pleased to greet Benjamin Baer, who I must say has been a wonderful person to work with and we appreciate his own good work.

**STATEMENT OF BENJAMIN F. BAER, CHAIRMAN, U.S. PAROLE
COMMISSION**

Mr. BAER. Thank you, Mr. Chairman. I am pleased to have this opportunity to appear before you to discuss the U.S. Parole Commission's position regarding H.R. 3453. You have my very brief statement.

Just to summarize, first of all, the Parole Commission is supportive of programs that will assist veterans in both prison adjustment and during any period of supervision in the community.

One section of the bill directs the Secretary to inform inmate veterans of the potential effect on parole consideration, given the participation by the veteran in counseling activities. Our regulations indicate that they may qualify for earlier release under what we call a superior program achievement, a program that is based on program participation in areas such as vocational, educational, industrial, and counseling programs that exist in the Bureau of Prisons. This obviously would include counseling programs specifically for veterans.

In cases where the Parole Commission is concerned with a veteran's ability to live at liberty in the community without violating the law or jeopardizing the public safety, there may be a request for psychological or psychiatric evaluations that might be requested before a parole hearing so that a responsible determination can be made. A recommendation to participate in a counseling program for veterans might result from such an evaluation.

Another section directs the Attorney General to notify the Secretary of the anticipated release location, and the Parole Commission can fulfill this responsibility because the Commission has final authority as to the parolee's place of residence.

Also, another section directs the Parole Commission, in consultation with the Department of Veterans' Affairs, to integrate, to the extent practicable, the services available from the Readjustment Counseling Program of the Department of Veterans' Affairs for released veterans. The Commission would be pleased to work with the Department of Veterans' Affairs to help paroled veterans take advantage of the readjustment counseling program.

The Commission has a provision where cases in need of treatment or who may be resistant to treatment can be ordered to participate in an appropriate aftercare program. This could be utilized with veterans pursuant to 28 CFR 2.40 of the Commission's regulations.

Also, another section, 403[2], directs the parole officers to ensure that eligible veterans use veterans centers and to encourage them to do so. We recommend that this language be modified to change

the words "parole officers" to "U.S. probation officers," and the words "employed by" be changed to "who act as agents of."

The reason for this is that U.S. probation officers act as our agents in supervising parole, special parole, and mandatory releasees. We would encourage probation officers to utilize the resources offered by the Veterans' Administration to allow the Probation Division to effectively supervise veterans over whom we have parole jurisdiction.

In summary, the Parole Commission supports programs and resources that allow for the responsible supervision of persons under our authority. We are constantly striving to improve the quality of resources available and to consider all possible alternatives to effectively manage releasees with our limited resources. But I should say that we cannot suggest that these additional services will measurably affect recidivism rates, even though they may well promote rehabilitation for individual offenders.

That completes my testimony, Mr. Chairman. I will be happy to respond to questions.

Mr. KASTENMEIER. Thank you, Mr. Commissioner.

[The prepared statement of Mr. Baer follows:]

PREPARED STATEMENT OF BENJAMIN F. BAER, CHAIRMAN, U.S. PAROLE COMMISSION

Mr. Chairman, Committee Members, I am pleased to have this opportunity to appear before you to discuss the U.S. Parole Commission's position regarding H.R. 3453.

I INTRODUCTION

This testimony addresses the Parole Commission's proposed role and responsibilities under H.R. 3453. The Parole Commission is supportive of programs that will assist veterans in both prison adjustment and during any period of supervision in the community.

II

Section 102(5) directs the Secretary to inform inmate veterans of "the potential effect on parole consideration of the participation by the veteran in counseling activities".

Pursuant to the Commission's Regulations found at 28 CFR §2.60, some cases may qualify for earlier release under Superior Program Achievement based on program participation in areas such as educational, vocational, industry or counseling programs. This would include counseling programs specifically for veterans.

In cases where the Parole Commission is concerned with a veteran's ability to live at liberty in the community without jeopardizing public safety, requests for psychological or

psychiatric evaluations can be requested for a parole hearing so that a responsible determination can be made. A recommendation to participate in a counseling program for veterans might result from such an evaluation.

Section 302(1)(B) directs the Attorney General to notify the Secretary of the anticipated release location. The Parole Commission can fulfill this responsibility because the Commission has final authority to determine parolees place of residence.

Section 403(1) directs the Parole Commission, in consultation with the Department of Veterans' Affairs, to integrate, to the extent practicable, the services available from the Readjustment Counseling Program of the Department of Veterans' Affairs into parole programs for released veterans. The Parole Commission would be pleased to work with the Department of Veterans' Affairs to help paroled veterans take advantage of the Readjustment Counseling Program. The Parole Commission has a provision, where cases in need of treatment, (and who may be resistant to treatment) can be ordered to participate in appropriate aftercare programs. This could be utilized with veterans pursuant to 28 CFR §2.40(a)&(b) of the Commission's Regulations.

Section 403(2) directs parole officers to ensure that eligible veterans use veteran centers, and to encourage them to do so. We recommend that this language be modified to change "parole officers" to "U.S. Probation Officers" and "employed by" to "who act as agents of". By statute, the U.S. Probation Officers act as our agents in supervising parole, special parole and mandatory releasees (see U.S.C. §3655). We would encourage probation officers to utilize the resources offered by the Veterans Administration to allow the

Probation Division to effectively supervise veterans over whom we have parole jurisdiction.

III SUMMARY

The Parole Commission supports programs and resources that allow for the responsible supervision of persons under our authority. We are constantly striving to improve the quality of resources available and to consider all possible alternatives to effectively manage releasees with our limited resources. However, we cannot suggest that these additional services will measurably affect recidivism rates, even though they may well promote rehabilitation for individual offenders.

Mr. Chairman this completes my formal testimony. I will be happy to respond to any questions.

Mr. KASTENMEIER. Before Mr. Brigham testifies, I think it might be useful, since we have the author of the bill present, for Congressman Brown to give his testimony, if Mr. Brigham does not mind. Perhaps Congressman Brown could pull up a chair right there with our panel of witnesses, as there is plenty of room.

I think for the purpose of the record it would make more sense to have Congressman Brown testify at this point. We are delighted to have our colleague from California, the author of the measure, with us, and we would be glad to hear from you, George.

**STATEMENT OF HON. GEORGE E. BROWN, JR., A
REPRESENTATIVE IN CONGRESS FROM CALIFORNIA**

Mr. BROWN. Thank you very much, Mr. Chairman, and may I apologize for being late? It is the rather unfortunate dilemma of most Congressmen, it seems, and may I apologize to the panel members here for interrupting the smooth flow of their presentation by coming in?

I would like to make a statement, and I have the prepared text which has been submitted to the committee. Let me just add to that statement, which you already have, a brief statement which I hope will serve to explain my deep concern about this issue, as much as anything else.

I spent 8 years on the Veterans' Affairs Committee in the House during the 1960's, during the Vietnam War period. I devoted a great deal of my congressional activities to trying to help those veterans returning from Vietnam and all veterans to make the kinds of adjustments which are needed.

Of course we all recognize that the experience of the Vietnam War was probably the most traumatic experience that any of our large number of veterans in this country have been exposed to, and partly because of the failure of the population as a whole to support that war with any degree of enthusiasm, as they have in most cases with other wars.

In addition to my deep concern for veterans in general and my familiarity with their problems gleaned through these 8 years on the Veterans' Committee and other experiences, I have a similar concern about the problems of those people who are incarcerated. Again, I try not to be too much of a bleeding heart on this matter. I really feel very strongly that society is well served when it does the best job of rehabilitating those people who are incarcerated for any reason.

When you combine the two factors, the factor of service in the military of this country and, for many, service during a very unpopular war, with the problems that go with the removal from society for crimes of one sort or another, you have a very vulnerable population, a population which in my opinion deserves not to be forgotten.

I am not really asking in this legislation that any of the subject veterans receive something that they are not entitled to. What I merely am seeking by this legislation is to facilitate their achieving what they have earned and what the American people and the American Government have provided for in the kinds of services that we render to all veterans.

I am particularly concerned about the Vietnam veteran population in prison because I think there is every reason to think that at least a part of the causes that led them into prison may have been service connected, and by that of course I am referring here to the trauma, the stress which has been recognized almost as an entity, the post-traumatic-stress syndrome which has been identified as the root of the problems of many Vietnam veterans.

If that is the case, I think that we have indeed a special obligation to make sure that these veterans receive that which they are entitled to as veterans. If it should turn out that they are suffering from some form of post-Vietnam War stress, and that stress may have been induced by not only the normal conditions of service but perhaps by such things as exposure to agent orange or something of that sort, it seems to me that we are really doing a great disservice not to make available to these veterans the full range of services, the full range of physical examinations, the full consideration of whether or not they may be entitled to some special treatment as a result of both the stress and perhaps the exposure to agent orange.

This legislation is a beginning effort to achieve that. Now I recognize that it is likely to be imperfect in the form that it is presented to you. I hope that the gentlemen here at the table, who represent the agencies that are responsible for making the system work, can help to make this bill into a form which will do the job that I think that the people of this country, and I hope the Congress, will want to see done.

Give these servicemen, who have suffered in unusual situations, different at least to some degree from what other servicemen have suffered, and whose experience may be at least a part of the cause of their being incarcerated, give them the full range of opportunity to receive the benefits that they are entitled to, the benefits that nonincarcerated veterans receive. I make that plea to you, Mr. Chairman, in the hope that you will see fit to look favorably upon this legislation and, with whatever necessary changes that would make it function best, hopefully get it enacted into law.

I sense that you probably share some of my concerns. I know the members of the committee well enough to know that they are not insensitive to this problem, and I hope we can do something about it.

Thank you very much, Mr. Chairman.

MR. KASTENMEIER. Well, thank you for that presentation describing the purpose of your bill, and indeed your testimony in its printed form will be made part of the record.

[The prepared statement of Mr. Brown follows:]

Testimony of
Congressman George E. Brown, Jr.
before the House Judiciary
Subcommittee on Courts, Intellectual Property, and the
Administration of Justice

April 24, 1990

Mr. Chairman, I commend you for holding this hearing today. I greatly appreciate the opportunity to appear before this subcommittee to express to you my reasons for introducing H.R. 3453, the Incarcerated Veterans Rehabilitation and Readjustment Act.

Millions of American men and women have served their country through military service. Our nation has rightfully taken on the responsibility for providing benefits to those military veterans and their families, including benefits to help veterans overcome any debilitating effects from their military service. Ensuring that our nation offers veterans benefits to all former military personnel and families who are eligible is what this bill is about.

I want to emphasize that this bill is not about excusing incarcerated veterans for their crimes. This bill does nothing to exonerate incarcerated veterans. But the bill does attempt to ensure that all veterans and their families are treated equally in terms of the benefits and rights that they have earned through their military service.

Some of the important services which the Department of Veterans Affairs is charged with providing include medical evaluations to determine if a veteran has a service-connected disability. The DVA is also charged with providing educational and financial support to disabled veterans and their families.

In recent years, our nation has become more aware of the need to provide an additional service to many veterans. A recent study commissioned by the Department of Veterans Affairs found that approximately 15 percent of Vietnam veterans currently suffer from some range of symptoms associated with post-traumatic stress disorder, or PTSD for short. Not only does a veteran and his or her family suffer from the effects of PTSD but so does the community at large, in terms of losing the full productive potential of that veteran.

Fortunately, the treatment for post-traumatic stress used by the DVA through its 196 nationwide vet centers has been quite successful. The lives of thousands of veterans and their families have been improved thanks to the many success stories that vet centers have produced.

Unfortunately, most veterans who are in prison are effectively prevented from receiving or even knowing about many of their rightfully due veterans services, including treatment for post-traumatic stress. For example, if an incarcerated veteran needs to have a medical examination to determine his or her exposure to Agent Orange in order to get on the DVA's Agent Orange registry, he or she currently must pay for guards and transportation to a facility where such an examination can be made. Given that most prisoners receive about one dollar a day in wages, the average incarcerated veteran simply cannot afford such a trip. Instead, the relatively simple Agent Orange tests could be performed by prison medical personnel on site if they were provided with specifically prescribed examination criteria by the DVA.

In terms of post-traumatic stress counseling, currently, some vet center counselors take the initiative and make visits to prisons to help veterans there, but that is the exception rather than the rule. Also, prison officials are inconsistent in the extent to which they allow incarcerated veterans to organize and form the self-help groups that play an integral part in some of the post-traumatic recovery process.

The far reaching success of the vet centers is part of the simple beauty of H.R. 3453. That is, a successful program already exists through which veterans can be helped to overcome PTSD. By simply extending that program into the incarcerated veterans' population, we can fulfill our responsibility to provide equal service to all of our nation's veterans and we can enable incarcerated veterans to readjust from their military service and learn to act responsibly in civilian life.

H.R. 3453 would ^{9,000} require the DVA to give information to all veterans in federal prisons regarding their rights to veterans benefits and the extent to which their imprisonment will affect their benefits. There are approximately 9,000 veterans in federal prisons. Providing some kind of standardized written information to ~~8,200~~ people would seem to be a minor project; to not do so implies that it is acceptable and even preferable to keep some veterans uninformed about their benefits and rights.

H.R. 3453 would also mandate that DVA refrain from debt collection actions against veterans while they are incarcerated and until 6 months after they are released. The reason for this is that while a veteran is in prison, the majority of disability benefits can be reapportioned to his or her family. This enables a family that may have relied on those benefits for basic expenses to continue to meet those expenses while the veteran is in prison and incapable of providing financial support to the family. However, debt collection activities by the DVA often have driven an incarcerated veteran's family to insolvency and seriously harmed a veteran's chances for readjustment after leaving prison. Allowing DVA debt collection to recommence six months after a veteran leaves prison enables a veteran to have a reasonable chance of getting a job and becoming financially resettled before DVA benefits are reduced to make debt payments.

It is possible that DVA will oppose this legislation because they believe its implementation would require resources and staff time that would detract from their other missions. It is not my intention nor desire that other services to veterans or their families suffer in any way because of this legislation. I have always supported giving Veterans Affairs the full resources necessary to carry out its mission and I will continue to do so in the future. What is necessary though is for the Department of Veterans Affairs to accept as an integral part of its mission, the outreach and provision of veterans services to all veterans, including veterans in prison.

I would like to extend to the Department of Veterans Affairs, and to the Justice Department, my willingness to work with them to shape legislation that will make a significant step toward ensuring that incarcerated veterans are provided with the veterans services to which they are entitled. However, for a cooperative effort to succeed it is important that the Department of Veterans Affairs come forward not with reasons why they cannot assist incarcerated veterans but with ideas on what they can do to help.

I believe that with an open mind, some creativity, but most of all, with a commitment to be fair, we can work together to make sure that veterans benefits become accessible to all veterans.

Thank you very much Mr. Chairman and Subcommittee Members.

Mr. KASTENMEIER. As I indicated at the outset, I am sensitive to the problem this legislation seeks to address. I am the House sponsor of a piece of legislation directed specifically at Vietnam veterans who suffer from post-traumatic-stress disorder, and so I recognize that there is such a problem.

As I understand it, you are not suggesting that the penalties for committing a crime in any way be differentially applied to veterans?

Mr. BROWN. In no way whatsoever, Mr. Chairman. That is not the kind of thing which I think is helpful, even in terms of rehabilitation. I have a very strong belief that people have to be responsible for their acts. If they commit a crime, they have to be responsible for it. Even if that crime is committed under the most noble of motives, they still have to suffer the consequences.

Mr. KASTENMEIER. Do we know that veterans, particularly Vietnam veterans, are not receiving benefits or services either while on parole or while incarcerated? To what extent do we know that the bill is necessary, that they are not receiving benefits and services to which they are otherwise entitled?

Mr. BROWN. That seems to be the consensus of all of those that I have spoken to on this issue. As you know, some of the most successful programs involving veterans, and particularly veterans of Vietnam, have been systems of group counseling and informal interaction, which have enabled them to live through or to go through the kinds of problems they have and to work them out in a supportive environment.

The consensus seems to be that that environment is not available and does not exist within the prison system, although I am sure that a lot of prison administrators would like to see that kind of thing happen, because in general that is the approach that you want most prisoners to take in terms of modifying their antisocial behavior. I can't speak to all of the details because I haven't attempted to make, for example, surveys of the situation, but I have talked to an awful lot of Vietnam veterans and I have talked to many who are in prison, and that seems to be the reaction that I am getting.

Mr. KASTENMEIER. Let me say that I am told that your proposed legislation addresses in large part the findings of the Department of Veterans' Affairs Advisory Committee on Incarcerated Veterans. Is that correct?

Mr. BROWN. That is correct.

Mr. KASTENMEIER. If that is correct, then, why has the Department of Veterans' Affairs been reluctant to take any initiative in response to this Advisory Committee recommendation? Perhaps I should ask them, but I will also ask you.

Mr. BROWN. Well, I think the Department of Veterans' Affairs is well aware of the problem. I think that they would like to develop a program which would reach this population, but that they haven't done so and they haven't felt that it has a high priority with the Congress. They don't see any direction for them to give it a high priority.

Obviously there is also a feeling that they are not gifted with unlimited funds and that they have to use those funds on things that may be perhaps more visible than, we will say, the prison popula-

tion. That is very understandable, and yet to my mind this is regrettable, because the needs of those who are not so visible are just as urgent, in many cases more urgent.

I can't see the Department objecting. I think they need guidance and support, though.

Mr. KASTENMEIER. Let me say there may be a political difficulty with the proposition. You will recall, as I do, the large omnibus drug bill that we passed in late 1988. If I am not mistaken, there was a substantial struggle over whether or not benefits, veterans' benefits, would accrue to veterans who were convicted of a drug offense.

Mr. BROWN. Yes.

Mr. KASTENMEIER. I think you remember that struggle, and I think it was satisfactorily resolved, but nonetheless it was a clear, close contest that almost carried the day in the Congress, I regret to say.

Mr. BROWN. Yes, and if I may categorize that situation as one in which Members of Congress tend to react with some degree of—you might almost call it hysteria, that is, a sense that they have to do something to curb the drug menace, and if withdrawing benefits from somebody who is convicted of a drug offense will help, they want to do that. If cutting off their ears would do it, they would probably want to do that.

But the fact is, any sophisticated analysis of this problem will show that, as far as Vietnam veterans are concerned, at least a good share of those people got their first indoctrination into the drug culture as a result of their service. It seems anomalous that we would seek to deprive them of the ability to rehabilitate themselves, when to some degree at least society bears the responsibility for their condition.

Mr. KASTENMEIER. Well, I have one last question of my colleague—and you may not have a specific answer, but a ball park answer would be equally acceptable. That is, what sort of costs are we looking at here? I ask that because as soon as the committee takes this up seriously, we are going to be asked that question, and we are interested to know whether you have any sort of feel for what sort of budgetary costs would be necessary to implement the legislation.

Mr. BROWN. Well, you have to start with determining how many veterans would be involved in the population we are talking about. I understand, and I don't have an exact figure, but it may be 10,000, it may be 20,000. I am not sure. I think you have to assume that the cost is going to be a few thousand dollars per veteran.

Mr. KASTENMEIER. In the Federal system I think we are starting with 9,000. What was the figure? We started out by noting that there are 9,447.

Mr. BROWN. Well, let me give you a best guess that the cost of treating those, providing the services to those veterans would probably run from \$10 million to \$50 million a year. That is a broad range, but considering the number of people involved and so forth, I think it is something on that order. I might say that if this program could lead to successful rehabilitation and avoid even a year of incarceration, it would be well worth it.

Mr. KASTENMEIER. But, you couldn't really give us a ballpark figure for costs here?

Mr. BROWN. I would have to know what the Veterans' Administration would say would be the cost of providing that service per individual.

Mr. KASTENMEIER. Yes. We will ask them.

Mr. BROWN. Multiply it by the 9,000-plus individuals.

Mr. KASTENMEIER. I take it my colleague doesn't have any questions?

Mr. COBLE. No questions. I had another meeting, Mr. Chairman. Sorry I am late.

Mr. KASTENMEIER. So we thank you, and I would like to personally commend you, Congressman Brown, for raising this issue. It is, as you say, an issue which doesn't have high visibility and it would be very easy to just forget about, even though I think everybody would conscientiously say yes, there is a problem.

Mr. BROWN. Well, let me again apologize for being late and causing the interruption, and particularly to the other members of the panel, who I think can shed considerably more light on the actual problem and the solution than I can as a well-intentioned Congressman. I can provide a little impetus to focus congressional attention on it, which is what I hope to do, and then I am going to leave it up to them to provide the answers.

Mr. KASTENMEIER. Thank you.

Mr. KASTENMEIER. Now I would like to turn to Mr. David Brigham, who is Director of the Veterans' Assistance Service of the Department of Veterans' Affairs.

Mr. Brigham, you have been very kind to wait your turn, so to speak, and we are delighted to have you here, sir.

STATEMENT OF DAVID A. BRIGHAM, DIRECTOR, VETERANS' ASSISTANCE SERVICE, DEPARTMENT OF VETERANS' AFFAIRS, ACCOMPANIED BY DR. ARTHUR BLANK, DIRECTOR, READJUSTMENT COUNSELING SERVICE

Mr. BRIGHAM. Thank you, Mr. Chairman, for the opportunity to present brief oral testimony today on behalf of the Department of Veterans' Affairs. I am pleased to be accompanied, on my left, by Dr. Arthur Blank, who is Director of the VA's Readjustment Counseling Service. Dr. Blank's Service is the program authority for our nationwide network of vet centers, delivering Readjustment Counseling Program services.

Together, Dr. Blank and I have the opportunity to manage the two VA programs which are most involved in public contact and public service outreach. The legislative proposal which is the subject of this hearing, H.R. 3453, would impact directly on our program efforts.

We find it difficult to express opposition to any proposal which speaks to the possible readjustment and benefits delivery needs of veterans. We certainly do not want to leave the impression that we are insensitive to the concerns and needs of the incarcerated. Rather, we acknowledge the great problem the incarcerated may have and the special challenges which await them upon their release.

Our problems with H.R. 3453 are, more than anything, an expression of the limited resources in terms of people, funds, and time available to both the Veterans' Services Program and the Readjustment Counseling Program. Resource availability, rather than social conscience, is the great determiner of what we can and cannot do.

Almost 2 years ago I realized that our Veterans' Services outreach efforts had declined steadily over a 5-year period. Outreach demand exceeded our ability to fulfill that demand. At that point we decided, for the first time, to set priorities among our numerous outreach constituencies. We decided to put primary emphasis on homeless veterans, on military personnel separating from active duty, and on older veterans and their families.

We chose those groups as priorities because they were either most at risk or most in need of information and claims assistance. That emphasis does not mean that we exclude other groups, including incarcerated veterans, from service. It is, however, a reflection of working difficulties in balancing in-office versus outreach work and in attempting to provide beneficial and comprehensive services to various individuals and groups.

Benefits programs to veterans who are incarcerated are limited by law, as well as by the circumstance of incarceration. Notwithstanding that fact, we have in past years conducted some aggressive outreach to prison facilities, and during recent years Readjustment Counseling staff have made efforts to establish liaison contact with prisons in their jurisdiction and to provide some readjustment counseling services to veterans in prerelease status.

We anticipate efforts will continue on our part to do what we can. Certainly a level of improved information exchange between our Department and the Bureau of Prisons, as well as State and local authorities, can be achieved. Likewise, it is appropriate that we increase efforts and information dissemination on VA benefits and services to incarcerated veterans in anticipation of their return to society.

While we may express difficulty or disagreement with some of the specific provisions of the proposed legislation, we do not argue the merits of helping veterans as they seek to take a productive place in the mainstream of American life.

Thank you, Mr. Chairman, and I will be pleased to respond, along with Dr. Blank, to any questions you may have.

Mr. KASTENMEIER. Thank you very much for that brief statement, and also for the slightly longer statement you submitted for the record.

[The prepared statement of Mr. Brigham follows:]

PREPARED STATEMENT OF DAVID A. BRIGHAM, DIRECTOR, VETERANS' ASSISTANCE
SERVICE, DEPARTMENT OF VETERANS' AFFAIRS

Mr. Chairman and Members of the Subcommittee:

Thank you for offering VA the opportunity to testify this morning on H.R. 3453.

This measure would direct VA, the Justice Department, and the Labor Department to take certain steps to provide services to veterans incarcerated in Federal, State, and local prisons and to assist prison officials at those institutions. We recognize the concern of this measure's sponsors that the needs of incarcerated veterans are not being met in our nation's prisons, and we are sympathetic to the goals of this legislation. As a Department which would be tasked with implementing many of the bill's provisions, however, we would be remiss if we simply expressed agreement with its principles. We must consider the bill's impact on ongoing VA programs and its implications in relation to our other statutory obligations.

Overall, H.R. 3453 would require VA to revise the staffing and funding of several major programs to attempt to assist incarcerated veterans. For example, the bill calls for VA to conduct extensive outreach efforts, suspend debt collection activities, establish new readjustment counseling programs, create staff positions at all regional offices to serve as benefits coordinators, and review records of physical examinations to attempt to determine individuals' eligibility for any benefits.

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In short, the bill would require VA to establish a many-faceted new program. VA is not indifferent to the concerns of the incarcerated veteran. We recognize clearly that more resources could be diverted to attempt to work with the Bureau of Prisons or otherwise assist incarcerated veterans. But mandating that VA establish special programs would inevitably conflict with both existing statutory priorities and VA's ongoing efforts to assist other veterans who enjoy no specific mandate, including the homeless, the elderly, the chronic mentally ill, native American veterans, and others residing in rural areas remote from VA medical centers. All have a claim to VA assistance. We cannot support enactment of legislation which would have the effect of requiring VA to take resources from one group of veterans to augment services to incarcerated veterans.

By way of illustration, section 201(1) would require VA to provide readjustment counseling services to veterans who are incarcerated. By law, the purpose of VA's readjustment counseling program is to assist veterans in readjusting to civilian life, and we simply do not have authority to provide readjustment counseling services to incarcerated veterans until their release or entry into a pre-release program. We believe, moreover, that the prisons should be responsible for ensuring that all prisoners including veterans receive needed services.

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For VA to provide these services would decrease the resources currently available to provide services to other veterans.

It is not clear, moreover, that enactment of this bill would necessarily yield the benefits sought by its sponsors. For example, section 201(4) of the bill would require VA to review all physical examinations of incarcerated veterans forwarded to VA by the Justice Department to determine whether these veterans are eligible for VA benefits and inform them of the benefits and services available to them. Imposing such a requirement, however, will not yield the result apparently sought by this provision. A veteran's physical examination alone does not provide sufficient information for VA to determine a veteran's service-connected status or eligibility for other benefits. We are, of course, not opposed to accepting this information, but requiring VA to review it would not in and of itself eliminate difficulties in delivering benefits to incarcerated veterans.

Overall, these considerations compel us to recommend against the enactment of this measure, and to urge that VA be left with the discretion to meet the needs of its broad constituency in the

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most effective, efficient way possible. We do believe, however, that more can be done by way of sharing our expertise in the treatment of post-traumatic stress disorder with the Bureau of Prisons. This is not an area requiring the enactment of legislation. We have provided such training in the past and believe this is an area in which further efforts can prove fruitful. Similarly, greater coordination among Federal programs could prove helpful in channeling released veterans to VA programs such as our Readjustment Counseling Service.

Mr. Chairman, this completes my formal testimony. My colleagues and I would be pleased to respond to any questions.

Mr. KASTENMEIER. You mentioned "limited by law." You used that term. Does your legal mandate require that you distinguish between veterans in prison and nonincarcerated veterans when providing benefits and services?

Mr. BRIGHAM. It does, in relation to several of the major benefits programs. Specifically, since 1980 we have been charged by law, Mr. Chairman, with identifying veterans who are in receipt of compensation, service connected disability compensation, who happen to be incarcerated on a felony conviction, and to make certain adjustments to their compensation benefits as a result of that.

Essentially, for veterans receiving disability compensation, their benefits are reduced. If they receive at the 20-percent or higher service connected level, their benefits are reduced to the 10-percent payment rate. If they are at 10 percent, their compensation benefits are reduced to one-half of the 10-percent rate.

For a number of years we have been charged with terminating benefits for nonservice connected disability pension after the 61st day of incarceration. In addition, since 1980, education benefits, payment of education benefits under the GI bill, have been restricted to tuition and fees reimbursement only.

So those three major benefits programs are affected legislatively in terms of delivery. Beyond that, we are not charged with a legal mandate to distinguish an incarcerated veteran versus a nonincarcerated veteran.

Mr. KASTENMEIER. With respect to those veterans who may be either on probation or parole, but not actually incarcerated, or in some other facility in which there is a degree of freedom, let's say a halfway house, how do you treat those veterans? Are they also treated differentially in some way?

Mr. BRIGHAM. Generally speaking, no. In terms of prerelease, however, before their actual parole or effective release, the benefits restrictions that I referred to continue to apply. However, in terms of their ability to interact with our programs and their ability to receive direct services in terms of counseling, information dissemination, and readjustment counseling services, there would be no limitation on that except any that may be imposed by the conditions of their particular capacity.

Mr. KASTENMEIER. I understand that in large measure, at least, and this is confirmed by Congressman Brown, that the findings of the former Veterans' Advisory Committee on Incarcerated Veterans are incorporated in his bill. I guess he used the committee's findings as a model to derive much of what is in his bill. Is that true, as far as you can tell?

Mr. BRIGHAM. Yes, and I will also ask Dr. Blank to reply, if you don't mind.

Mr. KASTENMEIER. Yes, of course.

Mr. BRIGHAM. That is actually a product of our Advisory Committee on Readjustment Counseling Services, which has had an operational agenda item on incarcerated veterans and has included an appendix in their report to the Secretary, their recent report to the Secretary on incarcerated veterans' needs. If you have no objection, sir, I will ask Dr. Blank to comment in that regard.

Mr. KASTENMEIER. Dr. Blank.

Dr. BLANK. That is accurate, that the report was recently delivered to the Department, to the Secretary. That in and of itself would account for why there hasn't been any further response as yet from the VA. It has just received it.

Mr. KASTENMEIER. So obviously the position espoused in the committee's report and the position of the Department of Veterans' Affairs is not or need not be the same. Is that correct? That is to say, by recommending against enactment of this measure, the Department of Veterans' Affairs is in a sense repudiating that part of the committee's report relating to the proposed legislation. Is that not correct?

Mr. BRIGHAM. The two are not, from our perspective, in total synchronization. However, that is correct. Advisory committees are representative of distinguished persons from civilian life who serve in an advisory capacity to the Department and to its Secretary. They present, from time to time, both formally and informally, a series of suggestions, initiatives, and observations, some of which are acted upon by the Department and some of which are not.

In general, I think it is fair to say, Mr. Chairman, that we will pay very close attention to their most recent report to which Dr. Blank referred and to the appendix on incarcerated veterans. I would also say, by way of reiteration, that we do not contest the merits of services to incarcerated veterans. We can understand the potential value of direct services and certain benefits to persons who are incarcerated, and particularly to those who are either in a pre-release or parole status, who could benefit by our benefits and services.

Mr. KASTENMEIER. Dr. Blank, Congressman Brown suggested that many of the Vietnam veterans who have had problems—and there are close to 10,000 veterans incarcerated in the Federal prison system alone—have problems that are likely to be service-connected. For example, these veterans may have acquired a drug dependency or suffer from some form of post-traumatic-stress disorder. Would you accept that proposition that Congressman Brown announced?

Dr. BLANK. It is a valid premise for a certain proportion of not only the Vietnam veteran population in general but for that population which is incarcerated.

The extensive national study on PTSD—post-traumatic-stress disorder—and other readjustment problems in Vietnam veterans which was recently carried out by the Research Triangle Institute on contract with the VA provided us with some very hard data about these difficulties in the population in general. We know now, for example, that about 15 percent of all Vietnam theater veterans have diagnosable post-traumatic-stress disorder; that another 15 percent did at some time since the war but no longer do.

We do not have direct data from that study on veterans in prison, because whereas the samples for the study were drawn from random samples from military discharge records, the overall number of theater veterans, Vietnam theater veterans, in prison is sufficiently small that the study couldn't pick up enough to study them. It was less than 1 percent, which is not a surprise, given what other data we have about the number of Vietnam veterans in prison.

The essential point, I think, for purposes here is that a certain segment of the veterans in prison do have PTSD or do have drug problems which are in some substantial way related to their war-time experiences.

Mr. KASTENMEIER. We know that there are 9,447 incarcerated veterans in Federal prison. Does that represent a higher incidence of incarceration than among their nonservice peers? Could we determine whether they have committed felonies to any greater degree than a comparable nonveteran population?

Dr. BLANK. It is my understanding that the rate of incarceration amongst both Vietnam theater veterans and air veterans is lower than that in a comparable nonveteran population.

Mr. KASTENMEIER. Is actually lower?

Dr. BLANK. Yes.

Mr. KASTENMEIER. Notwithstanding their problems?

Dr. BLANK. That is one of the several important statistical parameters in this area. That of course does not detract in any way from the facts of the problems that those who are incarcerated may have.

Mr. KASTENMEIER. I don't want to take too much more time, but I do have just a couple of more questions and then I would like to yield to my colleague.

Mr. Brigham, Congressman Brown would not really know how much the bill might cost. Have you any notion? Can you give us any guidance as to how much the bill might cost in its present form?

Mr. BRIGHAM. Mr. Chairman, we can give you some general reaction in terms of cost estimating, and would suggest that from a basic readjustment counseling standpoint, that the numbers of personnel required to handle Federal cases probably would cause us to expend somewhere in the vicinity of \$3 million or slightly over \$3 million, as what I would refer to as a very modest estimate of service. That is an annual reflection.

The potential expansion to State and local facilities, penal institutions, and to the veteran population in those facilities, obviously could increase our costs. In addition, we have not estimated the specific costs that would be associated with regional office activities in terms of liaison and outreach or claims processing, so I suppose I am suggesting to you, in its most modest estimating terms, that a baseline of \$3 to \$3.5 million per annum cost would be a starting point.

Mr. KASTENMEIER. That is very helpful, and I thank you.

I ask both Mr. Quinlan and Mr. Brigham this: In terms of this legislation, did you check with the Office of Management and Budget, and are you directed by OMB not to support the legislation?

Mr. QUINLAN. No, we are not so directed, Mr. Chairman.

Mr. KASTENMEIER. Had you cleared or checked your position with OMB?

Mr. BRIGHAM. We have not been directed in that regard, Mr. Chairman.

Mr. KASTENMEIER. So the conclusions really are your own—

Mr. BRIGHAM. That is correct, sir.

Mr. KASTENMEIER [continuing]. Rather than another agency's.

I have a couple of more questions, but I am going to reserve those and yield to the gentleman from North Carolina, Mr. Coble.

Mr. COBLE. Thank you, Mr. Chairman. Good to have you all with us this morning.

Mr. Quinlan, given the large number of veterans who are incarcerated in the Federal prison system, have there been studies conducted relating to the recidivism rate of these veterans?

Mr. QUINLAN. Mr. Coble, not to my knowledge. We have several recidivism studies, and I cannot tell you. I will submit that to you for the record, but I do not know whether they differentiate veterans from other types of releasees.

Mr. COBLE. I think that would be interesting if we did know. That is why I asked that.

Mr. Brigham, I am a veteran, as are many of my colleagues, and I have a solidly proveteran voting record, as do many of my colleagues. Having said that—did I read you correctly by concluding that if this measure passes, that it could result in perhaps, for want of a better word, some disadvantageous results to the veterans who are not incarcerated?

Mr. BRIGHAM. I think, all things being equal, sir, that it would. Short of additional resources to support the employment needs of the Veterans' Benefits Administration and the Readjustment Counseling Program to expand outreach and direct services to incarcerated veterans, we would have little opportunity other than to divert resources. Should this be enacted in its current form, we would have little opportunity other than to divert resources from working programs at the present time. To a major extent, that would pull away from effective delivery of services and outreach programs to other high-profile groups and high-need groups. I think the answer is yes.

Mr. COBLE. Do you know what positions, if any, organizations such as the VFW and American Legion have taken regarding this bill?

Mr. BRIGHAM. I do not know on those organizations. We of course are familiar with the Vietnam Veterans of America position. I understand they are testifying today before you. I do not know the positions of the other major organizations.

Mr. COBLE. Mr. Quinlan, back to you. Section 301 of the bill in question provides that the VA or the Secretary develop a training curriculum for the Bureau of Prisons employees to aid or assist them in diagnosing and treating psychiatric disabilities peculiar to veterans. Do the Bureau of Prisons employees need this training, in your opinion?

Mr. QUINLAN. I think it would be very helpful, Mr. Coble. We do currently have one program in existence, to my knowledge, for post-traumatic-stress syndrome for inmates at our Federal penitentiary in Lompoc, CA. Dr. Kerr, a psychologist for the Bureau of Prisons, developed that program a couple of years ago, and I think it has been having a very active experience since that time. But I think it would be very, very helpful to make this a national program, to have some help from the Department of Veterans' Affairs in identifying the proper curriculum for training staff.

Mr. COBLE. Thank you.

Yes, sir?

Mr. BRIGHAM. I wonder, Mr. Coble, if we might take the opportunity to comment on that also? I know Congressman Brown alluded to the fact that we may need to look at some variations on this legislation that might be more workable. In terms of the training opportunity, I do think there is something significant we can do, to some degree with or without legislation. I wonder if Dr. Blank might comment in that regard?

Dr. BLANK. With regard to the topic of training curriculum, just a couple of weeks after this bill was introduced last October, the Society for Traumatic Stress Studies—which is a major mental health professional organization in the traumatic stress field—delivered to the current presidents of the professional societies in psychiatry, social work, psychology, and so on, a training curriculum on post-traumatic-stress disorder which was developed by the society over the last 2 years.

This is not a Department of Veterans' Affairs product; it is a professional society product. However, it is very good, and, we would certainly be very happy to transmit this and try to facilitate its utilization not only in the Federal prison system but at the State and local level, and also to provide some fine-tuning specifically for veterans which would be useful. This is a major educational development in the traumatic stress field which has occurred since the bill has been introduced, and we would be happy to pass that along and introduce that in any way we could.

Mr. COBLE. Thank you, gentlemen.

Thank you, Mr. Chairman.

Mr. KASTENMEIER. I thank my colleague.

Mr. QUINLAN, is it possible for you, if this legislation or something like it were enacted, that you could implement this legislation without great difficulty?

Mr. QUINLAN. I believe so, Mr. Chairman.

Mr. KASTENMEIER. Just theoretically, anyway?

Mr. QUINLAN. Yes.

Mr. KASTENMEIER. What sort of coordination is there, if you can tell us, between the agencies to ensure that incarcerated veterans receive the benefits and services to which they in fact are entitled? Is there any coordination between the Department of Veterans' Affairs and the Federal Bureau of Prisons in that connection?

Mr. QUINLAN. Well, I am embarrassed to admit, Mr. Chairman, that I don't believe there has been a tremendous amount of liaison between our agencies before, certainly not at my level or at the levels of division chiefs in our headquarters. There may well be some liaisons at the local level in the institutions between case-workers and people who are social workers for the Department of Veterans' Affairs. As I was listening to Mr. Brigham testify I was thinking, just exactly as your question suggests, that really there should be greater coordination of programs and contacts between our agencies.

Mr. KASTENMEIER. Well, it occurs to me, particularly in light of what Mr. Brigham and Dr. Blank have said, that there might be a question of what agency should have responsibility for providing medical care for incarcerated veterans with a service-related disability or post-traumatic-stress disorder. I am not sure myself. I

assume that the Bureau of Prisons currently has to cope or deal with that.

Mr. QUINLAN. Yes. Yes, we do, Mr. Chairman.

Mr. KASTENMEIER. But given the expertise developed separately through the Department of Veterans' Affairs, it would seem that they too might have a contribution to make in that connection.

Mr. QUINLAN. Yes, I think a coordinated effort makes a tremendous amount of sense.

Mr. KASTENMEIER. Yes. I asked Congressman Brown if he felt specifically that Vietnam veterans in the Federal Bureau of Prisons were in fact not receiving normal services and benefits to which they would be entitled, quite apart from those specifically directed by law, in which there are certain differentiations made. What is your view on that? Are there services and benefits that your prison population is not receiving, that they might otherwise receive?

Mr. QUINLAN. It is difficult for me to answer that, Mr. Chairman. I believe for the most part that incarcerated veterans in the Bureau of Prisons are receiving the service-connected disability payments and any other educational benefits that they might have earned as a result of their service. I know a number of offenders are able to get involved in college programs in institutions as a result of their credits from the Veterans' Administration. I have no information that leads me to the conclusion that there are those veterans who are not getting benefits they are entitled to.

Mr. KASTENMEIER. Actually, I take it, you do not look at your prison population in terms of whether they are veterans or nonveterans. Can you or can you not tell us whether the profile of those 9,447 veterans is different than the other 50,000 or so inmates that you have, in terms of a general profile of the population?

Mr. QUINLAN. No, I can't tell you at this time, but I would like to look at that data for you and submit that for the record, if there is any differentiation.

Mr. KASTENMEIER. I would like to just ask, as long as you are here, if you don't mind, a couple of questions about whether in terms of the "boot camp" program proposal which we may be taking up again, I understand you are implementing a form of such a program, are you not, with or without specific legislative direction?

Mr. QUINLAN. We are, in fact, yes. Excuse me, Mr. Chairman. We are in the process of developing a concept that we call intensive confinement, that is similar in many regards to what the 14 States that have developed "boot camps" have done, with a couple of exceptions.

Our proposal does not include, our program would not include summary discipline, nor would it include military drill, but it would be highly regimented, with a highly developed, intensive literacy training program and drug treatment program, as well as a rigorous work day schedule, with very few amenities available to the offenders. These would be first offenders, generally, who would be medically qualified for this kind of a program, and we would seek the concurrence of the sentencing judge for the particular participant's involvement in the program before they actually got in-

volved. The program is not yet fully developed to the point where we have given the definite signal or sign to go ahead.

Mr. KASTENMEIER. Well, at least "intensive confinement" as a euphemism appears to be a little more attractive than "shock incarceration," "boot camps," or some of the other terms used, which can only cause people to wonder just what we are up to.

I certainly think the self-imposed limitations on your intensive confinement program are well indicated here. I would not think that you would want to go too far afield. I don't know what the Congress will ultimately pass, or with what wisdom, but I suspect that these programs are not necessarily the answer to all of our problems. It might be helpful to a certain population for a certain period of time.

Well, I am going to stop here because I think we could go on and on. There are scores of other issues related to the principal proposition and the legislation before us that we might well direct again, either by letter or otherwise, to solicit your further views as we develop thoughts on the proposal before us, as represented by the bill that Congressman Brown has introduced.

I want to thank Mr. Quinlan, as always, for his contribution this morning. Certainly Chairman Baer, it is a delight to greet him, and I certainly want to thank Mr. Brigham and Dr. Blank for their contributions today. Thank you, gentlemen.

Mr. KASTENMEIER. Our final witness this morning is Mr. Wayne Smith. Mr. Smith is the director of Membership for Vietnam Veterans of America. Mr. Smith, himself a Vietnam veteran, has been very involved in providing assistance and support for incarcerated veterans and their families. He is accompanied this morning by Mr. Arthur J. Woods, the executive director of Vietnam Veterans Resource and Service Center in Dallas, TX.

Gentlemen, we appreciate your appearing this morning. Mr. Smith, you may begin. In any event, if you wish to deliver your statement, which is not really a long one, or if you want to summarize, either way.

STATEMENT OF WAYNE F. SMITH, NATIONAL MEMBERSHIP DIRECTOR, VIETNAM VETERANS OF AMERICA, INC., ACCOMPANIED BY ARTHUR JOHN WOODS, EXECUTIVE DIRECTOR, VETERANS SERVICE AND RESOURCE CENTER, DALLAS, TX

Mr. SMITH. I do have a summary, Mr. Chairman.

The Vietnam Veterans of America deeply appreciate this invitation to present our views on H.R. 3453. We would also like to thank you for your efforts on behalf of Vietnam veterans with post-traumatic-stress disorder.

Regarding our credentials to effectively address H.R. 3453, the Vietnam Veterans of America have some 3,800 members who are incarcerated, and 35 incorporated VVA chapters located in Federal, State, and local penal institutions throughout the United States. I might add that among the members of our incarcerated chapters, they are composed of some prison staff members, a warden, and in one case a former Lieutenant Governor. Finally, within our corpo-

rate structure VVA has a standing Committee on Incarcerated Veterans and a National Liaison for Incarcerated Veterans.

Mr. Chairman, it is necessary for me to put a human face on the people whom this proposed legislation will affect, and put into perspective the fact that some of these veterans are people like my colleague, John Woods of Dallas, TX. Currently John serves on the VVA national organization's standing Committee on Incarcerated Veterans.

Shortly after his honorable discharge from the military, John had a series of arrests and convictions for which he was incarcerated on multiple occasions. During his last stay in a correctional facility, he became active in a VVA incarcerated chapter, and following his release he relied extensively on his experiences to provide assistance to other incarcerated veterans.

In his current capacity as executive director of the Vietnam Veterans Resource Center in Dallas, TX, he is an accredited veterans' service benefit representative. In addition to his assisting veterans with their dealings with the VA, he also assists prison facilities with parole and prerelease counseling for veterans. We have asked John to be with us today to answer any questions that you might have regarding the value of programs to assist incarcerated veterans.

In another example, a former incarcerated Vietnam veteran, Emanuel Heard, obtained his high school equivalency while in prison, and upon release he graduated from college. Emanuel went further by entering graduate school and earning a master's degree. This same veteran ultimately was hired by the VA's Readjustment Counseling Program—commonly known as the vet centers—and in addition to his regular duties, he successfully returned and provided counseling at the very prison—Lorton Correctional Facility—where he was once held as a prisoner and incarcerated.

With respect to the VA statement to this committee by Mr. Brigham, we are both puzzled and perplexed. The fact is, VA has no policy as it pertains to incarcerated veterans, and their statement today suggests that they do not wish to formulate a policy on their own. In their statement, VA seems to have deliberately overstated the effect of H.R. 3453 and other VA programs.

We are not fooled by VA today because we know the limits of what this legislation would accomplish. Hopefully you are not fooled, either. After all, what VA has said in 3½ pages of sweeping generalizations on the merits of the bill, it strongly suggests that there is a need for clear direction from Congress.

Sir, I would like to also make one brief comment. That is, within the prison structure and within the veterans centers there are occasions when vet centers and their personnel go to prisons and offer the counseling that this legislation proposes. It tends to be arbitrary, and/or the initiative of a particular vet center counselor and/or team leader. What this legislation hopefully will do is put a form which the VA and the Federal Bureau of Prisons will follow.

Thank you.

Mr. KASTENMEIER. That concludes your presentation?

Mr. SMITH. Yes, it does, sir.

Mr. KASTENMEIER. Thank you for that brief report.

[The prepared statement of Messrs. Smith and Woods follows:]

PREPARED STATEMENT OF WAYNE F. SMITH, NATIONAL MEMBERSHIP DIRECTOR, VIETNAM VETERANS OF AMERICA, INC. AND ARTHUR JOHN WOODS, EXECUTIVE DIRECTOR, VETERANS SERVICE AND RESOURCE CENTER, DALLAS, TX

Mr. Chairman and members of the Subcommittee, the Vietnam Veterans of America, Inc. (VVA) appreciates this opportunity to present its views on HR. 3453, the Incarcerated Veterans Rehabilitation and Readjustment Act of 1989. Before going into the details of this legislation, it seems appropriate to offer some comment on the VVA's credentials regarding the issues associated with incarcerated veterans. Currently there are 35 active VVA Chapters of incarcerated veterans located in federal, state and local penal institutions around the nation. Additionally, over the years, VVA has had contact with an estimated 10,000 incarcerated veterans, who have inquired about information, services and membership. We have also had countless numbers of contacts by family members of incarcerated veterans.

In each of the states where we have three or more active chapters, there are state organizations of the VVA in which our top state officials are elected by the VVA members in their state. Two of these State VVA organizations, Missouri and Massachusetts, have Presidents who are incarcerated veterans. On our national headquarters staff, we employ one individual, Edward Fallon, full time to maintain a liaison with our incarcerated chapters and we organize legitimate assistance for incarcerated members.

Some of our incarcerated chapters count as members a variety of prison officials including guards who are Vietnam veterans. In one incarcerated chapter we have a Warden and a former LT. Governor, who are members of the incarcerated VVA

chapter. In the institutions where our chapters are permitted to be active, the veterans involved often meet in quasi-self help support groups to attempt to do their own healing from their wartime experiences. Often these chapters become cohesive entities within the overall prison environment and act as a stabilizing influence on the overall prison community. At times, when prison disturbances have taken place, our chapters have served to calm the environment and assist in bringing these disturbances to a positive resolution.

Moreover, a variety of former prisoners who have been active members of incarcerated VVA chapters have gone on to lead highly productive lives. One such individual is Arthur John Woods of Dallas, Texas. We are pleased to make him part of our witness team for today's hearing. Currently, John serves on the VVA national organization's Standing Committee on Incarcerated Veterans.

Shortly, after release from the military, John had a series of arrests and convictions for which he was incarcerated on multiple occasions. During his last stay in a correctional facility, he became active in the VVA incarcerated chapter and following release he relied extensively on his experiences to provide assistance to incarcerated veterans. In his current capacity as Executive Director of the Vietnam Veterans Resource and Service Center in Dallas, he is an accredited veterans benefits service representative.

In addition to assisting veterans with their dealings with the VA, he also assists prison facilities with pre-release and pre-parole counseling. On some occasions, prison facilities have invited him to organize the coordination of presentations by representatives of other government programs such as the Job Training Partnership Act (JTPA), Targeted Job Tax Credit and other local programs of potential benefit to individuals about to be released from penal facilities. Mr. Woods has also written a book the VVA is about publish which details the programs and agencies that can be relied upon to assist incarcerated veterans. We have asked John to be with us for today's hearing to answer any questions you might have concerning the value of programs to assist incarcerated veterans.

In another example, a former incarcerated Vietnam veteran, Emanuel Heard obtained his high school equivalency, while in prison and later entered and graduated from college, entered Graduate School and obtained a Masters Degree. This same veteran was ultimately hired by the VA's Veterans Readjustment Counseling Program (Vet Centers) and in addition to his regular duties, he successfully returned to provide counseling as a professional therapist and positive role model at the very prison where he was once incarcerated.

Mr Chairman, both Messrs. Woods and Heard clearly benefited from the positive peer support they received from other Vietnam veterans through self help efforts. We in VVA are convinced that countless numbers of incarcerated veterans could also be rehabilitated with the implementation of this

proposed legislation.

Mr. Chairman, the VVA has worked very closely with the author of the legislation at hand, Representative George Brown, in order to develop what we believe is a long overdue approach to offering systematic assistance in addressing the legitimate needs of incarcerated veterans. In offering the benefit of our experience with incarcerated veterans to Representative Brown's efforts, we have been painstakingly careful to prevent anything in this bill from being construed as "soft on criminals". Instead, this bill simply proposes to offer the counseling, treatment and guidance that veterans in need of readjustment assistance ought to receive in order to be balanced, productive citizens. We firmly believe that offering the assistance contained in this legislation will help to reduce recidivism among incarcerated veterans by offering some of the same readjustment assistance that has improved the lives of non incarcerated veterans, some of whom have service-connected disabilities. This, we believe, will become most evident among those incarcerated veterans afflicted with, but as yet undiagnosed, Post Traumatic Stress Disorder.

From a public safety as well as a public policy perspective, it must be understood that it makes far more sense to assist veterans prior to release from prisons than it does to await release and take our chances. An inmate veteran fully aware of VA-provided benefits and counseling programs as well as employment programs for veterans operated by the

Department of Labor (DoL) has to be said to be better prepared for release than an inmate veteran released without such preparation. Similarly, an inmate veteran with a carefully designed post-release plan of action for continued counseling, benefits application and employment assistance stands a better chance of staying out of trouble than an inmate veteran released without such a plan.

The bill itself is aimed at federal prisons and, as such, focuses its requirements on the Federal Bureau of Prisons along with the VA. Other agencies involved such as DoL are expected to play important but lesser roles. In being limited to federal prisons, we have made a concerted decision to offer state and local prison systems an opportunity to emulate what we believe can be a workable model for dealing with incarcerated veterans.

In internal discussions within the VVA, the possibility of forcing state and local prison systems to adopt this bill's prescribed approach by withholding federal assistance as a provision of the legislation was discussed and set aside in favor of supporting a bill that, if enacted, should produce a workable program approach that sells itself.

Title I of HR. 3453 requires that any individual in a federal prison who is a veteran be identified as such and that the names of these individuals be transferred to the VA. The VA, in turn, is then required to advise these veterans of what their status as prisoners means relative to receipt of benefits. In this connection, the VA is also required to

advise incarcerated veterans of their options. For example, current law requires near total suspension of disability compensation payments, but allows the incarcerated veteran to apportion the withheld amount to a spouse. Currently, the VA offers no information to these veterans advising them of the apportionment option.

Sadly, in this regard, the VA has no policy whatsoever on incarcerated veterans. What services we are aware of that the VA provides to the incarcerated veteran are limited to psychological readjustment counseling informally provided by individuals employed in VA "Vet Centers" around the country. When these services are provided, there is usually no record of the activity because there is no officially approved VA Central Office-approved policy.

Title II of this bill would remedy the absence of a VA policy on psychological readjustment counseling for incarcerated veterans by requiring the counseling to be provided. Additionally, incarcerated veterans would be permitted to be given VA medical examinations to determine military service-related disabilities. Apart from this, if an incarcerated veteran believes his or her medical problems are related to exposure to Agent Orange in Vietnam, it is impossible to secure an Agent Orange exam or be placed on the VA's Agent Orange registry. This bill would remedy these shortcomings and others by requiring the VA to designate employees in VA benefits offices and Vet Centers as incarcerated veterans liaisons charged with coordinating

services and benefits.

Title III of the bill would augment Title II by requiring the VA to develop a training curriculum for use by prison facilities and other interested parties in acquiring the knowledge and expertise needed to identify, diagnose and treat psychological readjustment problems such as Post Traumatic Stress Disorder. The rationale here is based on an understanding that some prison facilities, for whatever reason, may object to outsiders entering their facilities and the fact that the VA's resources may be too limited to do all of the counseling and treatment needed.

Title IV of the bill is designed to address pre-release issues. One of these is the provision of information on benefits that may be available upon release. Knowledge of where the nearest VA Vet Center is located is one example. Another is the extent to which these individuals could avail themselves of employment and training programs operated through the DoL. This title also permits the U.S. Parole Commission to require veterans to avail themselves of local Vet Centers for counseling as a condition of parole.

Title V of the bill requires the VA to make available to state and local prison systems whatever information it generates for federal prisons if requested to provide this information. As suggested at the outset, nothing here requires state and local facilities to participate although the availability of assistance to state and local prison systems is designed to provide strong encouragement.

The final title, title IV, contains reporting requirements on an annual basis so that further monitoring of the success or failure of the overall incarcerated veterans initiative can be accomplished. With this information, further adjustments or improvements can be considered.

In conclusion Mr Chairman, we believe HR. 3453 to be a balanced approach to providing needed services to incarcerated veterans. Specifically, we believe this bill has struck and appropriate balance between the need to hold perpetrators of criminal conduct accountable while recognizing that legitimate services provided to incarcerated veterans can be expected to reduce repeat offenses. Naturally we hope you agree.

Mr Chairman, that concludes our statements.

Mr. KASTENMEIER. What particular obstacles have you run up against with respect to reaching veterans in Federal prisons, if any?

Mr. SMITH. Well, typically, sir, it tends to be by word of mouth that veterans who are incarcerated will hear about us. We have had some 10,000 contacts over the history of the organization by incarcerated veterans and their family members, incidentally, who have called us asking for information. This is at the disadvantage of these same people contacting the VA to inquire as to what rights and/or benefits they have.

I might also add, sir, that some of these same incarcerated veterans were incarcerated before 1980, that is, before the enactment of the Vietnam Era Veterans Readjustment Act and the vet centers program. Additionally, it was frankly before the recognition of post-traumatic-stress disorder as a diagnosis.

John Woods might wish to comment in terms of some of the accessibility.

Mr. KASTENMEIER. Mr. Woods.

Mr. WOODS. The accessibility, Honorable Chairman—and I do appreciate this opportunity—I face, especially in dealing with the Federal Bureau of Prisons, is that I am allowed to enter the institution, different institutions within the system, at different times, whether incorporated or nonincorporated, perhaps forming chapters of VVA entities, to reach the veterans and deal with the benefits programs and to help them avoid alternatives of debt overpayment demand collections by the VA on their disability compensation and such, then, shortly after I get into the system, and the organization gets solid, productive and in working order, the prison system then expels me from reentering the institution until a later date and time, for no real apparent reason that I can find.

One of the big issues that I am dealing with here, is almost one-fifth of the total veteran prison population, I believe, is also in the States of Texas, Louisiana, Oklahoma, and New Mexico. This is also a VA region, which is also a VVA region. I have a very asser-tive program of going into State and Federal prison systems, and the immediate dealing is to notify the prisoners coming into each system, that are veterans drawing compensation, of their rights and entitlements.

For instance, Mr. Brigham spoke of how the veteran is allowed, if perhaps he were previously receiving 20 percent or more compensation for a service-connected disability, he is then dropped to a 10-percent ratio while he is in the prison system. However, the family can appropriate the remainder of that disability compensation. In other words, if an individual was drawing 100 percent compensation for a physical disability when he committed his crime, and he enters the penal system on a felony conviction, his family—survivors, so to speak—could be drawing 90 percent of his disability compensation while he remains incarcerated.

There is no system by which the VA, nor by the Department of Justice, nor the Federal Bureau of Prisons is to notify these veterans that this apportionment is an entitlement. Therefore, what is happening is, there is a 60-day grace period once an individual is convicted of a crime, in which he is required by law to repeat to the DVA of his incarceration—however, this is not public informa-

tion for the individual veteran to find, available upon entering the panel system—that he is required to notify the VA that he has been convicted and is incarcerated. If his family qualifies as “dependent” upon the disability VA compensation that he had been reviewing, such as he had been paying over 50 percent of their financial necessities, they can legally appropriate that money.

Well, what happens now is, the individual is going beyond that 60 days limitation and the family then is notified by the VA that he is in default by not having notified the VA of his incarceration, and he is then suspended, and then there is an overpayment demand issued by the VA and his family is faced with a great financial burden. Normally what is happening in Texas and Louisiana, I find, is that these families are then forced to go on welfare programs, food stamp programs, and there is a great deal of burden placed on the family.

As Mr. Quinlan said, they have a financial, an inmate financial responsibility program, initiated by the Department of Justice, in which, they are required to pay their Federal debts. That is true, but the thing is, this is actually placing a secondary financial burden on the family, which did not commit the crime which resulted in the individual being in prison.

The family, on welfare, food stamps and such, all of a sudden the wife, who may be working, her income taxes may be assessed or attacked by the Government in the collection of this debt, while the inmate is working at a very minimum amount of money. It starts at 11 cents per hour, up to \$1.10 per hour, while he is in the prison industry program.

He wants to send the majority of that money home to assist his family financially. However, the Department of Justice is assessing the majority of that money. In some cases inmates are working 40 to 50 hours a week in Federal prison industries and they are only allowed to keep \$15 to \$30 a month of their pay at perhaps \$1.10 an hour. That is creating an unnecessary, undue burden on the family.

Mr. KASTENMEIER. The bill itself deals with the Federal Bureau of Prisons. What if any is the difference in circumstances for veterans, and Vietnam veterans in particular, incarcerated in State or local institutions as opposed to Federal? Do you find that there is any substantial difference in their benefit level or their accessibility to counseling or contact with you or others, in Federal as opposed to in State prisons?

Mr. SMITH. Again, sir, there seems to be no data in terms of how many incarcerated veterans there are. I think there are some 650,000 prisoners throughout the United States.

I would submit that we speculate today that the number of incarcerated Vietnam veterans has reduced. The war has been over for 15 years, and many of these men have certainly gotten out of prison. We like to think some of what VVA has done in terms of providing support, referrals, and counseling, that they have in effect been able to avert returning to the facility.

But the truth of the matter is that we have been contacted by prison psychologists asking for information. We have been contacted by a warden who wanted to form a VVA chapter in the Jefferson City, Missouri Penitentiary, after hearing of another chapter

that we have that had a real stabilizing effect on the prison population.

But unfortunately, sir, we don't have the data. Typically, the question is not asked upon admission, if this person is a veteran or not.

Mr. KASTENMEIER. So at this point you cannot determine whether there is a difference in how a veteran is accommodated with respect to any benefits or other services between State and Federal prison. You can't determine or you haven't been able to determine that there is a difference.

Mr. SMITH. Well, with respect to VA, I do not think the VA makes a distinction in terms of a prisoner, be he in a State facility or a Federal facility. Typically, as Mr. Woods indicated, these veterans are not informed what their rights are or benefits are or not, so the access to treatment does not seem to make any difference, sir.

Mr. KASTENMEIER. I would also be curious as to whether any of the other veterans' organizations have shown any interest in this problem, other than Vietnam Veterans of America. Do you know whether DAV, AMVETS, or any of the other veterans' organizations have shown any interest in this question?

Mr. SMITH. Well, frankly, the Stars and Stripes was good enough to carry a four-part series on the issue of incarcerated veterans about 1½ years ago, and the reporter at the time did obtain comments from AMVETS, DAV, and I believe VFW, sir. These were State departments; these were not the national organization. The short answer is, we do not know what the opinion of the national organization is.

Mr. KASTENMEIER. Well, one of the problems, and I think sort of a recharacterization of the Department of Veterans' Affairs views, as I understand it, is that they in the abstract are not opposed to further aid in terms of services to federally incarcerated veterans, but they apparently see it as a problem of resource allocation. Given the fact that there may be cutbacks in veterans hospitals or in this or that other program or service, they are not interested at the moment in undertaking any further commitment of services without the cost element being involved.

Apparently this may be reflected by some of the veterans' organizations, too, that in the abstract wouldn't oppose helping incarcerated veterans, but would only support a concrete proposal if they felt it wouldn't diminish resources available to them or to others under existing programs. Is that not one of the problems you see?

Mr. SMITH. Well, frankly, sir, the Vet Centers program, as we understand it, it is extremely cost-effective. We tend to believe that with the proposed legislation for PTSD, to expand the mission of VA to address the more recently discovered greater numbers of veterans with PTSD, we think that this program, the proposal of H.R. 3453, could be absorbed within that context.

Moreover, there are, as Dr. Blank indicated, forums by which professional psychiatrists and medical doctors do gather, and presentations could be made with respect to agent orange in addition to the post-traumatic-stress disorder evaluations. I might finally say that the legislation calls for the Federal Bureau of Prisons physi-

cians to be trained by VA physicians to develop a protocol for the agent orange registry, just access, so we think that the costs are very modest.

The long run, sir, is that eventually most of these veterans will be released from prison, and we suspect that eventually the costs for treatment and services will be simply passed along.

Mr. KASTENMEIER. Well, certainly the \$3 million price tag suggested by Mr. Brigham is not that overwhelming in terms of a national figure. However, given the present budget situation, I suppose it may be a problem. But when considering that we have given priority to so many, many other far more costly commitments, this does not seem to be that extraordinary.

Mr. SMITH. Could I embellish on that, Mr. Chairman?

Mr. KASTENMEIER. Mr. Woods.

Mr. WOODS. Yes. I would like to suggest something that I have identified in Texas, Louisiana, Oklahoma, and Arkansas very recently, and it deals with—Mr. Quinlan suggested that 47 percent, I believe it was, of the Federal prison population has some sort of extraordinary drug or chemical dependency problem which led to their criminal behavior. Mr. Brigham suggested, as did Dr. Blank, that many of these veterans had a drug-related problem as well as a psychological problem prior to their criminal behavior pattern.

What is happening here, and what the VA has done on the outside for the free world veteran, is they have a dual disorder treatment program where an individual with chemical or substance abuse problems is detoxed, goes through a chemical dependency program, then goes into a psychological program for PTSD, which will theoretically resolve the issues which led to chemical dependency.

As Mr. Quinlan said, the drug usage or the alcohol abuse usage in the prison system is very limited. They had a small number of positive urine tests, of those that were tested by random in the prison system. Therefore, what I would suggest is that those veterans, by their own statement 9,447, which is almost one out of every five inmates in the Federal system, are basically drug-free veterans. The drugs and the psychological problems probably contributed highly to that criminal behavior pattern.

So they are becoming drug-free while they go into the system—although not totally, as I can tell you this from firsthand experience. In the prison system there are drugs, and they can be made available, however, the majority of those veterans that had those dual disorders in their criminal behavior pattern are drug or chemical-free while incarcerated. There is no program set forth by any agency to deal with the emotional problem which led to the chemical dependency and criminal behavior during the veterans' incarceration.

What the VA is doing out in the free world, in their different medical centers, is detoxing them and then working on that psychological behavior problem before they go into perhaps a criminal behavior pattern.

What I would like to suggest is, maybe you would like to look at the number of those veterans that went into a prison system and a psychological problem, that were drug- or chemical-free during the course of their incarceration, then were released without the bene-

fit of psychological counseling while they were in the system, and then became a burden to the VA medical centers when they became again substance abusers and were going back.

So there is a cost to be found that I feel needs to be identified and appreciated. If we don't take care of them while they are in the prison system, with that perhaps \$3.5 million expansion of budget, then the burden and cost is going to fall on the VA medical centers upon their release, when they go back into chemical dependency or substance abuse, and they still have not resolved the issues from their Vietnam war experience.

Mr. KASTENMEIER. Well, I want to, in conclusion, commend the efforts that you and your organization have made to maintain a counseling service with respect to incarcerated veterans, and also your interest in supporting legislation of this sort, an improvement in terms of what the Government itself can do, apart from your own organization.

That is all the questions I have today, and that concludes the hearings on the bill H.R. 3453, Incarcerated Veterans Rehabilitation and Readjustment Act of 1989. The committee stands adjourned.

[Whereupon, at 11:40 a.m., the subcommittee adjourned, to reconvene subject to the call of the Chair.]

APPENDIXES

APPENDIX 1.—LETTERS, ETC., FROM WITNESSES

FACT SHEET DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS FOR VETERANS ON PAROLE

As a veteran on parole there are some facts about Department of Veterans Affairs (VA) benefits you may be interested in knowing.

COMPENSATION FOR DISABILITY - VA compensation is payment for disability(ies) incurred in or aggravated during military service. Veterans must have been discharged or separated under other than dishonorable conditions to be eligible for VA compensation. Compensation payments to incarcerated veterans are reduced while they are in prison. However, once a veteran is released from prison, VA may resume compensation payments. Reinstatement after release from incarceration may be based upon the degree of severity of the service connected disability(ies) at that time. Release from incarceration includes participation in a work-release or halfway house program, parole and completion of the sentence. Payments may be resumed effective the date of release if we receive notice within one year of the release date. Otherwise, payments will resume effective the date the notice of release is received in VA.

PENSION - VA pension is for wartime veterans with limited income who have been discharged under other than dishonorable conditions after 90 days or more and who are permanently and totally disabled. Veterans 65 years of age or older and not working are considered permanently and totally disabled. Pension payments are discontinued to veterans while incarcerated. VA pension payments may be resumed upon release from incarceration if the veteran again meets VA eligibility requirements. The rules for the effective date in resuming pension payments are the same as the above rules for compensation.

VET CENTERS (READJUSTMENT COUNSELING SERVICES) - Veterans who served on active duty during the Vietnam era may be provided counseling to assist them in readjusting to civilian life. Readjustment counseling services include a general assessment to ascertain whether the veteran has identifiable social or psychological problems stemming from military service. Readjustment counseling services also include individual counseling, group counseling, and family counseling. If the services requested by the veteran are beyond the authorized mission of the readjustment counseling program, the veteran requesting such services will receive support and assistance in obtaining the needed services.

EDUCATIONAL ASSISTANCE - There are a number of different VA education benefit programs based upon the period of service and/or your participation in the program. The following is an explanation of some of those education programs:

VEAP (POST-VIETNAM ERA VETERANS EDUCATION ASSISTANCE PROGRAM) - If you entered service on or after January 1, 1977, and participated in the

voluntary contributory program while on active duty, VA may pay you benefits while you pursue an approved program of education. Maximum is 36 months or the number of months contributions were made, whichever is the lesser. Participants have 10 years from the date of last discharge or release from active duty within which to use these benefits.

MONTGOMERY G.I. BILL-ACTIVE DUTY - If you entered service after June 30, 1985, and agreed to the reduction from your military pay while on active duty, VA will pay you benefits while you pursue an approved program of education. Maximum is 36 months. You must begin your course in time to finish in 10 years from the date of discharge from active duty or 10 years from the date you completed 4 years service in the Selected Reserve, whichever is appropriate.

MONTGOMERY G.I. BILL-SELECTED RESERVE - If you are a member of the Selected Reserve, including the National Guard, after June 30, 1985, who enlisted, reenlisted, or extended an enlistment for 6 or more years or an officer who has agreed to serve 6 years beyond any other obligated service, VA may pay you benefits while you pursue approved training. Maximum is 36 months. You must complete your course within 10 years from the date eligibility began or the date of separation from the Selected Reserve, whichever is later.

VOCATIONAL REHABILITATION - If you have a disability which either began or worsened during active duty, you may be eligible for vocational rehabilitation services to assist you to overcome your employment handicap and better handle day-to-day living activities. As part of rehabilitation program, VA may pay for your tuition, fees, books, tools, and other program expenses as well as provide you a monthly living allowance. Once you have taken part in a vocational rehabilitation program, VA will assist you to get a job.

REVIEW OF DISCHARGES - Each military service maintains a Discharge Review Board with authority to make changes in discharges that were not awarded by a general court-martial or for medical reasons. The VA will provide you general advice and application forms if you wish to seek an upgrade in your military discharge.

EMPLOYMENT ASSISTANCE - If you apply for Federal employment you may be eligible for five-point preference on initial applications. Disabled veterans may be granted 10-point preference. State Employment/Job Service offices also provide priority assistance.

HOME LOAN GUARANTY - VA home loans are made by private lenders such as mortgage companies, credit unions, banks and savings and loan associations. To qualify for a VA home loan you must have available home loan entitlement and must have satisfactory credit and sufficient income to repay the loan and meet other expenses and obligations. You must also occupy or intend to occupy the property as your own home within a reasonable period of time after closing the loan.

BURIAL BENEFITS - The VA is authorized to furnish an American flag to drape the casket of a veteran whose military service was other than dishonorable. An allowance not to exceed \$300 may be paid toward burial and funeral expenses of deceased veterans who were, at the time of death, entitled to receive pension or compensation, or would have been entitled to receive compensation but for the receipt of military retired pay. Eligibility is also established when death occurs in a VA facility to which the deceased was properly admitted. A plot or interment allowance, not exceeding \$150, also may be paid if the wartime veteran is not buried in a national cemetery. Where the death is service connected, burial allowance up to \$1,500 is payable in lieu of the basic burial and plot interment allowances.

MEDICAL BENEFITS - VA provides a wide range of medical care benefits including help for alcoholism and other drug dependency to service-connected veterans and to nonservice-connected veterans who meet certain eligibility criteria. Eligibility for hospitalization is divided into categories. Within these categories, eligibility assessment procedures, based on income levels, are used for determining whether nonservice-connected veterans are eligible for cost-free VA medical care.

INSURANCE - Veterans separated from service on or after April 25, 1951, who are granted a service-connected disability may apply to VA for up to \$10,000 life insurance coverage at standard insurance rates within 1 year from the date VA notifies the veteran that the disability has been rated as service-connected. For complete information on VA insurance benefits, write to the VA Insurance Center, P. O. Box 8079, Philadelphia, PA 19101 or telephone toll-free by dialing 1-800-669-8477.

To obtain more information about these and other VA benefits, you should contact your nearest VA regional office. Toll-free telephone service is available to all our regional offices, if you would like to call and speak with a veterans benefits counselor.

DEPARTMENT OF VETERANS AFFAIRS (VA)
REGIONAL OFFICE ADDRESSES AND
TOLL-FREE TELEPHONE NUMBERS

VA Regional Office
474 S. Court St.
Montgomery, AL 36104
* 1-800-392-8054

VA Regional Office
235 E. 8th Ave.
Anchorage, AK 99501
1-800-478-2500

VA Regional Office
3225 N. Central Ave.
Phoenix, AZ 85012
* 1-800-352-0451

VA Regional Office
Building 65, Ft. Roots
P. O. Box 1280 (Mail Only)
North Little Rock, AR 72115
* 1-800-482-5434

VA Regional Office
Federal Building
11000 Wilshire Blvd.
West Los Angeles, CA 90024
* 1-800-352-6592

VA Regional Office
2022 Camino Del Rio North
San Diego, CA 92108
* 1-800-532-3811

VA Regional Office
211 Main St.
San Francisco, CA 94105
* 1-800-652-1240

VA Regional Office
44 Union Blvd.
P. O. Box 25126
Denver, CO 80225
* 1-800-332-6742

VA Regional Office
450 Main St.
Hartford, CT 06103
* 1-800-842-4315

VA Regional Office
1601 Kirkwood Highway
Wilmington, DE
* 1-800-292-7855

VA Regional Office
941 N. Capitol St., NE
Washington, D.C. 20421
872-1151

VA Regional Office
144 1st Ave. S.
St. Petersburg, FL 33701
* 1-800-282-8821

VA Regional Office
730 Peachtree St. N.E.
Atlanta, GA 30365
* 1-800-282-0232

VA Regional Office
PJJK Federal Bldg.
300 Ala Moana Blvd.
P. O. Box 50188
Honolulu, HI 96850
* 1-800-232-2535

VA Regional Office
Federal Bldg. & U.S. Courthouse
550 W. Fort St., Box 044
Boise, ID
* 1-800-632-2003

VA Regional Office
536 S. Clark St.
P. O. Box 8136
Chicago, IL 60680
* 1-800-972-5327

VA Regional Office
575 N. Pennsylvania St.
Indianapolis, IN 46204
* 1-800-382-4540

VA Regional Office
210 Walnut St.
Des Moines, IA 50309
* 1-800-362-2222

VA Regional Office
Bld. Office Park
901 George Washington Blvd.
Wichita, KS 67211
* 1-800-362-2444

* The Toll-free Telephone Numbers For These Regional Offices Are Due To Change In The Near Future. Please Consult Your Telephone Directory Under U. S. Government, Department Of Veterans Affairs.

VA Regional Office
600 Martin Luther King, Jr. Place
Louisville, KY 40202
* 1-800-292-4562

VA Regional Office
701 Loyola Ave.
New Orleans, LA 70113
* 1-800-462-9510

VA Regional Office
Togus, ME 04330
* 1-800-452-1935

VA Regional Office
31 Hopkins Plaza
Federal Building
Baltimore, MD 21201
* 1-800-492-9503

VA Regional Office
John Fitzgerald Kennedy
Federal Building
Government Center
Boston, MA 02203
* 1-800-392-6015

VA Regional Office
Patrick V. McNamara
Federal Building
477 Michigan Ave.
Detroit, MI 48226
1-800-827-1996

VA Regional Office & Insurance Ctr
Federal Bldg., Fort Snelling
St. Paul, MN 55111
1-800-692-2121

VA Regional Office
100 W. Capitol St.
Jackson, MS 39269
* 1-800-682-5270

VA Regional Office
Federal Building
1520 Market St.
St. Louis, MO 63103
* 1-800-392-3761

VA Regional Office
Fort Harrison, MT 59636
* 1-800-332-6125

VA Regional Office
5631 S. 48th St.
Lincoln, NE 68516
1-800-827-6544

VA Regional Office
1201 Terminal Way
Reno, NV 89520
1-800-992-5740

VA Regional Office
275 Chesnut St.
Manchester, NH 03101
* 1-800-562-5260

VA Regional Office
20 Washington Place
Newark, NJ 07102
1-800-242-5867

VA Regional Office
Dennis Chavez Federal Bldg.
U.S. Courthouse
500 Gold Ave., S.W.
Albuquerque, NM 87102
* 1-800-432-6853

VA Regional Office
Federal Building
111 W. Huron St.
Buffalo, NY 14202
* 1-800-462-1130

VA Regional Office
252 Seventh Ave. at 24th St.
New York City, NY 10001
1-800-827-8954

VA Regional Office
Federal Building
251 N. Main St.
Winston-Salem, NC 27156
1-800-642-0841

VA Regional Office
655 First Ave., North
2101 North Elm St. (mail only)
 Fargo, ND 58102
1-800-342-4790

VA Regional Office
Anthony J. Celebrezze Federal Bldg.
1240 E. 9th St.
Cleveland, OH 44199
1-800-827-8272

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VA Regional Office
Federal Bldg.
125 S. Main St.
Muskogee, OK 74401
* 1-800-482-2800

VA Regional Office
Federal Bldg.
1220 SW 3rd Avenue
Portland, OR 97204
* 1-800-452-7276

VA Regional Office
& Insurance Center
P. O. Box 8079
5000 Wissahickon Ave.
Philadelphia, PA 19101
1-800-869-8387

VA Regional Office
1000 Liberty Ave.
Pittsburgh, PA 15222
* 1-800-242-0233

VA Regional Office
U. S. Courthouse & Fed. Bldg.
Carlos E. Chardon St.
San Juan, PR 00936
1-800-462-4135

VA Regional Office
380 Westminister Mall
Providence, RI 02903
1-800-322-0230

VA Regional Office
1801 Assembly St.
Columbia, SC 29201
* 1-800-922-1000

VA Regional Office
P.O. Box 5046
2501 W. 22nd St.
Sioux Falls, SD 57117
1-800-952-3550

VA Regional Office
110 9th Ave., S.
Nashville, TN 37203
* 1-800-342-8330

VA Regional Office
2515 Murworth Dr.
Houston, TX 77054
* 1-800-392-2200

VA Regional Office
1400 N. Valley Mills Dr.
Waco, TX 76799
* 1-800-792-3271

VA Regional Office
P.O. Box 11500
Federal Bldg.
125 S. State St.
Salt Lake City, UT 84147
* 1-800-662-9163

VA Regional Office
White River Junction, VT 05001
* 1-800-622-4134

VA Regional Office
210 Franklin Rd., SW
Roanoke, VA 24011
* 1-800-542-5826

VA Regional Office
Federal Bldg.
915 2nd Ave.
Seattle, WA 98174
* 1-800-552-7480

VA Regional Office
640 Fourth Ave.
Huntington, WV 25701
* 1-300-642-3520

VA Regional Office
5000 W. National Ave., Bldg 6
Milwaukee, WI 53295
* 1-800-242-9025

VA Regional Office
2360 E. Pershing Blvd.
Cheyenne, WY 82001
1-800-442-2761

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Department of
Veterans Affairs

VA BENEFITS FOR INCARCERATED VETERANS

COMPENSATION FOR DISABILITY

The VA can pay you limited compensation if you were disabled by injury or disease incurred in or aggravated by active duty service in line of duty. If you were awarded compensation after October 1, 1980, your compensation will be paid as follows:

- (1) Veterans rated 20 percent or more disabled are limited to the rate payable for 10 percent disability;
- (2) All others are limited to one-half of the 10 percent rate.

Once a veteran is released from prison, compensation payments may be reinstated based upon the severity of the service connected disability(ies) at that time.

PENSION

Veterans in receipt of VA pension will have payments terminated 61 days after imprisonment for a felony or misdemeanor. Pension payments may be resumed upon release from prison if the veteran again meets VA eligibility requirements.

APPORTIONMENT TO DEPENDENTS

The VA may apportion all, or part of the amount of the compensation or pension benefit payments which the imprisoned veteran is not receiving and pay it to a spouse or children based upon their need. Either the incarcerated veteran or his/her dependent(s) may request an apportionment by sending to the VA a written statement requesting an apportionment.

INSURANCE

Incarceration in itself does not deprive an individual of VA insurance benefits. If you had National Service Life or Veterans Group Life Insurance coverage and it has lapsed, you may be able to reinstate it provided you meet the necessary requirements. Veterans Group Life Insurance may be available to you provided you had Servicemen's Group Life Insurance at the time you were released from active duty. You must apply for it within 120 days from the date of release from active duty and meet necessary requirements.

BURIAL BENEFITS

An allowance not to exceed \$300 may be paid toward burial and funeral expenses of deceased veterans who were, at the time of death, entitled to receive pension or compensation. A plot or interment allowance, not exceeding \$150, also may be paid if the wartime veteran is not buried in a national cemetery.

REVIEW OF DISCHARGE

Each military service maintains a Discharge Review Board with authority to make changes in discharges that were not awarded by a general court martial or for medical reasons. The VA will provide you general advice and application forms if you wish to seek an upgrade in your military discharge.

TO OBTAIN ADDITIONAL INFORMATION CONCERNING THESE AND OTHER VA BENEFITS, YOU MAY WRITE TO:

Department of Veterans Affairs
Veterans Assistance Service (27)
810 Vermont Avenue, NW
Washington, DC 20420



U.S. Department of Justice
United States Parole Commission

Office of the Chairman

5550 Friendship Blvd.
Chevy Chase, Maryland 20815

August 20, 1990

Honorable Robert W. Kastenmeier
Chairman
Subcommittee on Courts, Intellectual
Property, and the Administration
of Justice
2138 Rayburn House Office Building
Washington, D.C. 20515-6216

Dear Congressman Kastenmeier:

I am pleased to report that on July 17th representatives from the Department of Veterans' Affairs, Division of Probation, Bureau of Prisons and Parole Commission met to discuss the needs of veterans who are in prison or on parole.

The meeting was extremely productive and demonstrates that through interagency cooperation problems can be resolved simply by collaboration and better communication. In this case, in the opinion of the agency members involved, an expensive new legislative program is not needed.

We agreed that there is clearly a need to better publicize veterans benefits and apportionment opportunities for incarcerated veterans and parolees.

To accomplish this, the Veterans Assistance Service will prepare a 'fact sheet' listing in brief the services available to incarcerated and released veterans and other general information. This 'fact sheet' will be sent to both the Bureau of Prisons and the Probation Division for distribution.

The Bureau of Prisons will disseminate to each of their facilities a 'fact sheet' prepared by the Department of Veterans' Affairs which will provide a central office address at the Department of Veterans' Affairs where incarcerated veterans can write to obtain additional information on services and benefits.

The Probation Division will disseminate to each of its 93 districts the 'fact sheet' as well as addresses of the 58 VA Regional Offices and a toll free number where released veterans can obtain information on services and benefits.

Concerning needed counseling for incarcerated and released veterans, Probation expressed their willingness to put released veterans in contact with veterans counselors in the community.

The Bureau of Prisons pointed out that they have trained professionals who provide counseling to all inmates who are in need of such services, including veterans.

In conclusion, the agencies involved will continue to work together to meet the needs of incarcerated and released veterans. We believe that through our efforts at the July 17th meeting the major concerns raised in the proposed legislation have been answered.

We will continue to keep you advised of our progress and appreciate the opportunity to work with you.

Sincerely,


Benjamin F. Baer
Chairman

BFB:jle

cc: Carlos J. Moorhead
Ranking Minority



U.S. Department of Justice
United States Parole Commission

Office of the Chairman

5550 Friendship Blvd.
Chevy Chase, Maryland 20815

May 30, 1990

Honorable Robert W. Kastenmeier
Chairman
Subcommittee on Courts,
Intellectual Property, and
the Administration of Justice
2138 Rayburn House Office Building
Washington, D.C. 20515-6216

Dear Congressman Kastenmeier:

This is in response to your letter of May 3, 1990 regarding benefits and services for incarcerated veterans. I have taken the initiative to speak with representatives from the Bureau of Prisons and it is our intent to meet informally with all of the agencies effected to discuss Veterans' concerns. We will address the programs and services currently available and hopefully identify additional resources that may be available.

Please be assured we will keep you informed of the results of our meeting and any further actions which develop.

Sincerely,


Benjamin F. Bael
Chairman
U.S. Parole Commission

BFB:jle



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, D.C. 20534

September 21, 1990

Honorable Robert W. Kastenmeier
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Kastenmeier:

On August 10, 1990, I provided you with an interim response to the questions posed during my testimony before the Subcommittee on Intellectual Properties, Courts and the Administration of Justice regarding HR 3453, the Incarcerated Veterans Rehabilitation and Readjustment Act of 1989. You requested data from the Bureau comparing veteran and non-veteran offenders. The enclosed table gives you a thorough profile of both veteran and non-veteran inmates. I believe that this comprehensive description will provide you with some insights into the differences as you deliberate HR 3453.

In addition to the comparative features outlined in our August 10 letter, this new data provides us with some additional insights. For example, the veteran is almost exclusively male; has a tendency to be housed in a security level one institution and does not have disciplinary problems in comparison to the non-veteran. The drug and alcohol history for veteran is significantly higher, however, than the non-veteran. On a positive note, there are fewer prior commitments for the veteran than the non-veteran. Also, there appears to be fewer veterans entering our system, as indicated by the percentage of time served.

I trust this information is helpful and once again I would like to thank you for the opportunity to have appeared before the Subcommittee and to have testified on veterans issues.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Michael Quinlan", is written over the typed name and title.

J. Michael Quinlan
Director

Veterans in the Federal Bureau of Prisons
Inmate Population

On June 30, 1973 about 32 percent of the Bureau of Prisons inmate population had a history of military service. As of June 1990, about 15 percent (9,343) of BOP inmates were veterans. Veterans vs. non-veterans are described below. (See Table.)

Age: Veterans are older, on the average, than non-veterans.

Sex: As expected, veterans are almost exclusively male.

Race: Veterans are more likely to be white than non-veterans.

Ethnicity: Veterans are less likely to be Hispanic than non-veterans.

Offense: Veterans are less likely than non-veterans to be committed for a drug offense, but veterans are more likely than non-veterans to be committed for robbery.

Institution Security Level: Veterans are slightly more likely than non-veterans to be housed in a minimum security institution.

Location: Institutions with more than 250 veterans are Atlanta, El Reno, Lewisburg, Leavenworth, Milan, and Sheridan.

Disciplinary Reports: Non-veterans are slightly more likely than veterans to have had at least one disciplinary report within the past year, based on BP-15 data.

Highest Grade Completed: Veterans are better educated (more likely to have completed the 12th grade) than non-veterans.

Drug/Alcohol Involvement: Veterans are slightly less likely than non-veterans to have had a history of drug or alcohol abuse.

Veterans and non-veterans are very similar in terms of prior commitments, inmate security level, mental stability, history of violence, and percent of time already served. In addition, a study of a sample of federal inmates released in 1978 reveals no significant differences in recidivism and post-release employment success of veterans and non-veterans.

L. Christopher Eichenlaub
Harriet M. Lebowitz
Office of Research and Evaluation
June 18, 1990

Description of Federal Prisoners,
by Military History (June 1990)

		<u>Veterans</u>	<u>Non-Veterans</u>
Average Age		42.5 years	35.3 years
Sex - Male		99.6 %	91.2 %
Race - White		72.8 %	65.6 %
Hispanic		9.7 %	30.0 %
Offense - Drug		37.2 %	51.1 %
Offense - Robbery		18.1 %	11.8 %
Inmate Security Level -	1	47.3 %	43.1 %
	2	12.7 %	15.0 %
	3	14.9 %	17.0 %
	4	19.2 %	19.5 %
	5	4.6 %	4.3 %
	6	1.5 %	1.2 %
Institution			
Security Level -	1	28.9 %	21.9 %
	2	12.8 %	13.0 %
	3	16.1 %	17.0 %
	4	19.4 %	17.4 %
	5	8.6 %	8.0 %
	6	0.7 %	0.7 %
	Admin.	13.6 %	22.1 %
History of			
Violence - None		62.1 %	65.2 %
Mental/Psychological			
Stability - Unfavorable		1.9 %	1.5 %
Completed 12th Grade		70.8 %	49.3 %

	<u>Veterans</u>	<u>Non-Veterans</u>
No Drug/Alcohol Involvement	19.9 %	13.0 %
No Alcohol Abuse History	62.8 %	67.2 %
No Marijuana Abuse History	60.4 %	56.7 %
No Narcotic Abuse History	64.9 %	60.1 %
No Hallucinogen Abuse History	88.7 %	89.7 %
No Barbiturate Abuse History	89.7 %	90.6 %
No Stimulant Abuse History	83.0 %	83.2 %
No Disciplinary Reports within the Last Year	79.2 %	74.1 %
No Prior Commitments	41.7 %	45.8 %
Percent of Time Served		
0-25 %	31.2 %	36.0 %
26-75 %	52.8	50.4
76-90 %	12.5	10.2
91 % +	3.4	3.4

U.S. Prisons Must Answer 'Veterans' Needs Through Therapy And Counseling

BY WAYNE SMITH

It is an axiom of history that the further a nation gets from a traumatic event, the more capable its people become of dealing with that event. But the axiom, if it ever existed, hardly seems to apply in the case of Vietnam veterans. Since the official end of the Vietnam era, on April 30, 1975, the incidence of what psychologists have come to call Post-traumatic Stress Disorder has actually increased. Indeed, according to a recent study released by the U.S. Centers for Disease Control—in Atlanta, Georgia—15 percent of all Vietnam veterans, numbering some 470,000 individuals, suffer from some form of PTSD. More pertinent, and frightening, is the realization that more Vietnam veterans have died as a result of alcohol-related car accidents and suicides than actually died in Vietnam.

The fact of the matter remains; Vietnam is still with us, still alive in those who fought that war and who continue to attempt to grapple with its effects each and every day.

Like most other maladies, PTSD is best described by its symptoms. Those suffering from PTSD experience loss of sleep, nightmares, emotional withdrawal, depression, and substance abuse. More specifically, some statistically small—but significant—number of PTSD sufferers relive their wartime experiences, suffering episodes of violence that they have associated with their experiences. The general nature of PTSD should not be used to dampen its critical impact. While each of us has gone through periods of sleeplessness, depression, and emotional withdrawal—often associated with a traumatic event in our own lives—those who suffer from PTSD as a result of a wartime experience are subject to continual bouts of these symptoms that cannot, of themselves, be alleviated.

Let me make this point clear. Survivors of the Holocaust, children of alcoholic parents, automobile-crash survivors, and rape victims all suffer from PTSD. But, according to clinical psychologists, Vietnam veterans suffer the symptoms of PTSD far worse than any of these cases—primarily because Vietnam veterans have not benefited from the support network that these groups have enjoyed. This is not to denigrate the experiences of any class of people who have suffered traumatic events, but only to note that the suffering of Vietnam veterans has been consistently exacerbated by society's rejection of them. This last, all-important point was made during a recent conference on PTSD and substance abuse held in Albany, New York. During that conference, a number of noted psychologists reasserted the central problem of treating PTSD in America today: the absence of a clear support network in which Vietnam veterans can share their experiences and deal with the emotional trauma of having served in America's most controversial war.

Vietnam Veterans of America has taken a number of steps to help deal with the problems posed by PTSD. The most notable step was the passage of the Vietnam Veterans Readjustment Counseling Act of 1979, which led to the establishment of national veterans' centers. These 181 storefront counseling centers have become a nexus for the healing process that must take place if PTSD is to become a malady of the past.

Unfortunately, Vietnam veterans who are currently serving time in the nation's penal institutions do not have access to these vet centers and do not enjoy the type of camaraderie that psychologists deem necessary to begin dealing with the problems posed by PTSD. The problem faced by the nation in dealing with its incarcerated veterans and their reactions to their wartime experiences seems, at least at first glance, almost overwhelming. A recent study indicated that fully 29,000 Vietnam veterans now reside in state and federal prisons; 37,500 have been paroled; 250,000 remain under probationary supervision; and 87,000 are awaiting trial. All told, some 400,000 Vietnam veterans are in trouble with the law—a rate of some 20 percent of all Vietnam veterans, therefore, have failed to adjust to civilian life as a result of their experiences in Vietnam.

Continued on Page 23

JEED THERAPY

Continued from Page 21

To be blunt, the one area where there is great hope of dealing with the problems of readjustment is the precise area not available to incarcerated veterans. Incarcerated Vietnam veterans cannot go to vet centers; incarcerated veterans do not have access to counselors who are familiar with PTSD nomenclature; and incarcerated Vietnam veterans often do not have the network of fellow veterans available to whom you can at least talk and with whom they share some fundamental experiences. Even these seemingly enormous handicaps, it is likely that incarceration actually exacerbates the problems attendant to SD, making it even more difficult for a Vietnam veteran to reacclimate himself to life in America.

I don't want to sound overly pessimistic. I believe there is hope for incarcerated veterans and for their eventual reclamation to society, or I would not be serving as membership director for Vietnam Veterans of America. But the solutions I offer are more inoffensive and certain, less technical than those offered by the host of psychologists that have dealt with its issue in the past. Let me offer, therefore, these observations:

First, in order to address the problems of incarcerated veterans and PTSD, we—and he administrators at prison institutions—must first be willing to acknowledge that an institution's veteran population has special needs and special problems—and also contribute in special ways. By virtue of being Vietnam veterans, it is likely that they have suffered even greater duration and greater trauma than the vast majority of a prison's population. It's time for prison administrators to listen to their Vietnam veteran population and to seek outside psychological help for these incarcerated veterans.

Second, it's time to tell the truth about the Vietnam War. It is simply no longer possible to dismiss the traumatic impact of the Vietnam War and its aftermath; the war divided the nation, divided families and even, if truth be known, divided individuals against themselves. Prison officials must educate themselves about the facts of the war to better understand those who underwent its trauma. The vast majority of those who served in Vietnam were volunteers from working-class backgrounds who believed doing their duty was honorable. In essence, they did not seek deference by reason of chance or circumstance. Further, of those who were combatants, few had any marketable skills that could have enhanced their meaningful readjustment. In point of fact, most Vietnam veterans faced spathy, ridicule, or in some cases, hostility, once their tour of duty ended.

Third, prison administrators should be willing to promote "rap sessions" among Vietnam veterans on their experiences of the war. At present, large numbers of Vietnam veterans who are incarcerated have taken this initiative by themselves. They have formed VVA chapters to work in the prison and in surrounding communities in an attempt to bring the problems of veterans to the attention of others. In some significant cases, the work of incarcerated VVA chapters has been recognized as a type of volunteerism that this nation still sadly lacks. In Missouri, New York, and Virginia, VVA chapters formed in state and federal prisons have become a beacon

for community service, thereby not only helping those on the outside who need help, but giving those on the inside the self-esteem so necessary to overcoming the problems of PTSD. In one of our 24 incarcerated VVA chapters nationwide, not only is the warden a chief advocate for the chapter, but the staff psychologist (also a VVA member) has become a service representative who can assist veterans in receiving disability and compensation remuneration from the VA.



VVA membership director Wayne Smith

It is difficult for me to speak with any kind of technical expertise in this area. Obviously, I am not a doctor or a psychologist, but I have worked with incarcerated veterans from across the nation on a number of projects. I have seen what works—and what doesn't. From this experience, I can say with some justification that I think it's incumbent on prison administrators to try to identify problem areas for Vietnam veterans and to take steps to help that part of the prison population address those problems. Allowing veterans to organize themselves inside the prison system, seeking out counseling help for them, and aiding them in projects of their own aimed at getting "back in the world" need not be a painful or consuming process. Above all, prison administrators must be urged to allow veterans to do this for themselves.

I can point to a number of successful programs that veterans have used to help them deal with the war—programs that have benefited their communities and even the penal system.

In Massachusetts, a VVA member has won a presidential citation for establishing Project Wake-Up. This extraordinary program, operated with the full cooperation of prison officials, uses Vietnam veterans to educate high school students of their civic responsibilities. The sessions, conducted by inmates with area students, are blunt—but effective. "We're not heroes, we're losers," one incarcerated veteran recently told a group of students—and his message wasn't lost. By openly communicating with prison officials and elected leaders, incarcerated veterans in Massachusetts are aiding their communities and learning that they can offer something to a society which had, in the wake of their Vietnam service, shunned them.

This type of program is being replicated nationwide. In Texas, for example, Vietnam veterans in the state prison system have founded VVA chapters dedicated to

community service; they have enlisted the aid of outside experts in dealing with the problems of PTSD; and they have established support groups to help those newly incarcerated veterans deal with their feelings about the Vietnam War. In Missouri, a similar support group—with many of the same goals—has worked diligently with prison officials to identify incarcerated veterans and to bring them into self-help therapy groups. The work has paid off—one of the most effective leaders of VVA in recent years was the head of a chapter in the Missouri prison system, and he now serves as a VVA state chairman, an extraordinarily responsible position within the organization for which I work.

I would be less than honest, however, if I were to claim that the recommendations I have given here are a panacea for the problems faced by Vietnam veterans. They aren't. Nor do I wish to overemphasize the special needs that they have. I must note that the vast majority of those who served their country did so without anticipating that society owed them anything. They were called by duty; they served with loyalty; and they need no apologies. But, for those who have been unable (for whatever reason) to deal with their experiences in that war, programs and policies that are both forward-thinking and unique need to be put in place by responsible officials. A good start can come from those veterans who are presently incarcerated. Understanding and a willingness to allow them to share their experiences—to volunteer their time to their communities—can give them new hope and a means of dealing with the symptoms that, in the worst case, manifest themselves as PTSD.

All too often, prison administrators ignore prisoner needs: All effects have a cause that demands treatment

Specific recommendations—a wish list if you will—would include a program that establishes PTSD clinics in the prison system, clinics that are staffed by volunteer medical officials with the training necessary to give the needed help to the incarcerated Vietnam-veteran population. Such medically trained personnel should be able to identify the symptoms of PTSD and prescribe a regimen of treatment. Such medical professionals, I can attest, often prescribe seemingly unscientific treatments that can, and have, rebounded to the benefit of penal institutions—recommendations that include the establishment of veterans' groups, that spur volunteerism on the part of a prison population, that lead to the education of other inmates, and that reinforce democratic and societal values. In essence, programs that increase a Vietnam veteran's self-esteem are often the very programs that prove most effective in returning a Vietnam veteran to his rightful place in a society that he helped defend.

Continued on Page 23

APPENDIX 2.—LETTERS, ETC., FROM GOVERNMENT AGENCIES



U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

1.2 APR 1990

Honorable Robert W. Kastenmeier
 Chairman, Subcommittee on Courts,
 Intellectual Property, and the
 Administration of Justice
 House of Representatives
 Washington, D.C. 20515

Dear Mr. Chairman:

This is in response to your request for comments on H.R. 3453, the "Incarcerated Veterans Rehabilitation and Readjustment Act of 1989". We have reviewed the legislation and must defer to the Department of Veterans Affairs for analysis of the merits on behalf of the Administration. However, we make these observations and suggestions insofar as the bill will affect the Bureau of Prisons and the Parole Commission.

Under this bill the Department of Veterans Affairs and the Bureau of Prisons would undertake to identify veterans incarcerated in the Bureau of Prisons and assist them in various ways. These would include informing them of their rights under veterans legislation, suspending collection of debts owed to the Department of Veterans Affairs, conducting medical examinations to determine eligibility for benefits under Dioxin, Radiation and Agent Orange exposure programs, encouraging development of self-help groups of incarcerated veterans, and training Bureau of Prisons professionals to diagnose and treat psychiatric disabilities peculiar to veterans.

Section 101(a)(1) of the bill directs the Attorney General to identify veterans incarcerated in Federal prisons and requires that this information is to be transmitted with the consent of the veteran to the Department of Veterans Affairs. Identification would be limited to information in the records of the Attorney General and interviews of prisoners. We recommend that all means of identification be permitted. This could include a computer match of social security numbers for this limited purpose. In addition, we suggest that the bill be amended to remove the requirement that the veteran consent to our informing the Department of Veterans Affairs that he or she is incarcerated. Normally, the fact of incarceration is a public record. Requiring consent in this instance would create a unique exception to our normal practice and would create possible

problems in releasing the information concerning inmates with psychiatric problems who may have reduced capacity to give informed consent.

Section 102(5) directs the Secretary to inform inmate veterans of "the potential effect on parole considerations of the participation by the veteran in counseling activities." We note that the participation in counseling would not have any adverse effect on parole considerations in most cases. In some cases, participation could qualify the veteran for an earlier release on the basis of "superior program achievement." See 28 C.F.R. §2.60. The Parole Commission might, if there were a concern about the ability of the veteran to live at liberty without jeopardizing the public welfare, request that a psychological or psychiatric evaluation be made available for a parole hearing; if such a veteran were participating in counseling activities under the Act, that information could be a positive factor in the parole determination.

Section 103 of the bill directs the Department of Veterans Affairs to suspend its own debt collection activity against an incarcerated veteran. We defer to the Department of Veterans Affairs on the desirability of suspending its debt collection activity. However, we do not read this as limiting the Inmate Financial Responsibility Program of the Bureau of Prisons. Under that program the Bureau of Prisons encourages inmates to pay court ordered obligations and debts to the federal government while incarcerated. This has several salutary benefits for the inmate including demonstrating an increased level of responsible behavior warranting increased trust and privileges and reducing the burdens the inmate will encounter when released. We anticipate continuing to operate this program with regard to all inmates and all court ordered or federal obligations.

Another provision of the bill, section 202, will require the Bureau of Prisons to conduct physical examinations of inmate veterans to determine eligibility for benefits under the Veterans Dioxin and Radiation Exposure Compensation Standards Act or other federal laws. Additional funding will be required for the Bureau of Prisons if these programs require a large number of examinations. Also in section 202 is the provision that the Bureau of Prisons, "consistent with the security requirements of each Federal prison," encourage development of self-help groups of veterans. We appreciate the recognition of security concerns contained in this section.

Section 202(1)(B) directs the Attorney General to notify the Secretary of the anticipated release location of a veteran for whom a release date has been set. This can be done in conjunction with other notification that currently is done when prisoners are released.

Section 403(1) directs that the Parole Commission, in consultation with the Veterans Department, integrate, to the extent practicable, the services available from the Readjustment Counseling Program of the Veterans Department into the parole programs of paroled veterans. The Commission would be pleased to work with the Veterans Department to help paroled veterans take advantage of the Readjustment Counseling Program. We note only that paroled veterans could not be compelled to participate in any such activities unless the conditions of the Commission's statute at 18 U.S.C. §4209 were met: i.e., that a condition of parole requiring a paroled veteran to avail himself of such service(s) was "reasonably related to the nature and circumstances of the Offense; and the history and characteristics of the parolee." The Commission does impose special mental health aftercare conditions in appropriate cases, and such programs could be used in that situation.

Section 403(2) directs that parole officers act to ensure that paroled veterans who are eligible to use veterans centers are encouraged to do so. We would suggest a technical change to the language: the phrase "parole officers employed by the Commission" should be changed to "United States Probation Officers who have responsibility for paroled veterans..." This change will reflect the operational reality that the Parole Commission does not directly employ "parole officers"; rather, United States Probation Officers employed by the U.S. Courts act as the agents of the Commission to supervise federal parolees, pursuant to 18 U.S.C. §3655.

While we are prepared to develop appropriate specialized programs for incarcerated veterans, we would caution that specific results in the form of reduced recidivism are hard to predict. Therefore, we believe the proposed finding in Section 2 of the bill is a difficult one to support. It is difficult to evaluate whether incarcerated veterans who receive psychological treatment for readjustment problems can be expected to have lower recidivism rates than veterans who do not receive such treatment.

We hope the above observations are helpful.

The Office of Management and Budget has advised this Department that there is no objection to the submission of this report from the standpoint of the Administration's program.

Sincerely,

Bruce C. Navarro

Bruce C. Navarro
Acting Assistant Attorney General

cc: Carlos J. Moorhead
Ranking Minority Member

Bureau of Justice Statistics Bulletin

Veterans in Prison

In November 1979, about a fourth of all State prisoners were veterans of military service.¹ Among the total of 65,500 veterans in such prisons—

- 19,300 served in the pre-Vietnam era.
- 39,300 served in the Vietnam era (August 1964-July 1973); of this number, only 13,000 had been on duty in Southeast Asia.
- 6,000 served in the post-Vietnam era; of these, 1,200 were serving time for a crime committed while in the service.

Veterans in State prisons at that time were as well educated as veterans in the general population, but they were much more likely to have received a less-than-honorable discharge. Typically, they had been convicted of a violent crime and were serving a lengthy sentence.

At the time of the offense for which they were convicted, more than a fourth were under the influence of drugs, but more than half had been drinking.

Vietnam veterans

There has been a special interest in the number and characteristics of Vietnam veterans who are in prison. Data from the survey can only partially address these topics. The survey was a snapshot at a moment of time, November 1979. At that moment, the median age of Vietnam veterans in prison was 23, and they had been out of the service for an average of 8 years.

It is impossible to know how many Vietnam-era veterans were imprisoned and released before the survey took place. Similarly, some veterans have entered prison since the survey, but

¹In April 1980, Federal prisons housed 4,823 veterans representing 1 of every 3 Federal prisoners, but the era in which they served is not available.

October 1981

On October 16, 1978, the Bureau of Justice Statistics, then the National Criminal Justice Information and Statistics Service (NCJISS) of the Law Enforcement Assistance Administration, received a Presidential directive to collect information on incarcerated veterans. Nothing was known then about Vietnam veterans in prison. Estimates of their numbers varied widely. Information about the circumstances of their confinement was virtually nonexistent.

The unique nature of the war in Vietnam and the controversy surrounding it produced a very different homecoming for Vietnam veterans than for veterans of earlier conflicts. Many experienced serious adjustment difficulties leading, it was felt, to a greater likelihood of incarceration. Specific information on incarcerated veterans was needed to develop programs and policies shaped to their circumstances.

In response to the Presidential directive, NCJISS included a series of questions on military service and veterans' status in its second quinquennial Survey of Inmates of State Correctional Facilities. This survey

and its companion Census of State Correctional Facilities were conducted in November 1979 for NCJISS by the U.S. Bureau of the Census. The survey, which consisted of personal interviews with a stratified random sample of 12,000 prisoners in State facilities across the country, gathered information on the present offense and length of sentence, criminal history, drug and alcohol history, personal and family characteristics, employment, education, and income. The Census of State Correctional Facilities was conducted through mail questionnaires for all facilities operated by State departments of corrections; it measured inmate population by sex, race and ethnicity, physical conditions of the facility including degree of security, capacity and overcrowding, prison staff, health care and inmate programs.

This bulletin is the first presentation of data from these two sources. Future bulletins will cover other topics from the 1979 prison census and inmate survey.

Benjamin H. Renshaw III
Acting Director

their numbers are probably not as large as those who served time prior to the survey, because Vietnam-era veterans are beginning to leave the age groups from which prison populations are primarily drawn.

At the time of the survey, Vietnam-era veterans who served in Southeast Asia made up less than 3 percent of the inmates of State prisons. Only about a third of the prisoners who were veterans of the Vietnam era actually saw duty in Southeast Asia, a smaller proportion than in the general population. This is surprising since it had

been assumed that this group would have felt most acutely the difficulties of transition to civilian life.

Veteran characteristics

On the whole, veterans were less likely than nonveterans to be in prison.² This was true for all pre-Vietnam and Vietnam-era veterans under age 23. Only a among inmates under 23 did veterans make up a nigger

²Comparative data for veterans and nonveterans are derived from the U.S. Department of Justice, Bureau of the Census, Administration, 1979 Annual Report.

proportion than they did in the same age group in the general population. Even so, veterans made up only 1.1 percent of these younger prisoners. Five of every nine of the younger veterans in prison served during the Vietnam era; the other four served later. The younger veterans from the Vietnam era were quite young—under 21—during that era.

At the time of the survey, the age ranges of the three imprisoned veteran groups overlapped somewhat, but their average ages were quite different. The median age for—

- Pre-Vietnam veterans was 45, which is close to the median age (48) of all veterans and of all Korean War veterans
- Vietnam-era veterans was 28, closest to that of nonveteran inmates
- Post-Vietnam veterans (all volunteers) was 22.

Compared to other veterans in State prisons, pre-Vietnam veterans were—

- Less likely to have graduated from high school
- More likely to have been incarcerated previously
- Likely to have been serving a longer sentence
- More likely to have been separated or divorced.

Each of these factors is primarily a function of their greater age.

Compared to pre-Vietnam veterans in State prisons, Vietnam and post-Vietnam veterans were—

Table 1. Number and percent of veterans in State prisons, by era of service, 1979

	Number	Percent
Total	274,364	100.0
Veterans	45,283	16.5
Served in	39,342	14.3
Vietnam-era	12,937	4.7
Elsewhere	26,405	9.7
Pre-Vietnam-era	19,499	7.1
Post-Vietnam-era	5,006	1.8
Nonveterans	208,519	76.0
Not available	492	0.2

- Less likely ever to have married
- More likely to have used drugs.

Education

Regardless of age, as a group veterans in prison share many traits. They also share most of these traits with nonveterans. A striking exception is education.

Veterans in prison are much better educated than nonveteran prisoners. To some extent, this is a function of age, but it also reflects the educational entry requirements of the military services. Among State prisoners, 80 percent of all veterans but less than 40 percent of all nonveterans have completed high school. Among post-Vietnam veterans, who on the average were 4 years younger than the nonveterans, 55 percent had completed high school.

Veterans in prison are as well educated as veterans who are not in

prison. The median educational attainment of veterans in prison was 12.3 years; that of veterans outside prison was 12.6 years.

Minorities

Among nonveterans in prison, minority groups were highly over-represented; veterans in prison were much less so. About 30 percent of the nonveterans but only 33 percent of the veterans were black. About 10 percent of the nonveterans but only 7 percent of the veterans were Hispanic. (Among Vietnam-era veterans, blacks and whites were equally likely to have served in Southeast Asia.)

Type of discharge from service

In the way they left military service, veterans in prison parted dramatically from veterans in the general population. More than 30 percent of all servicemen receive an honorable discharge. This was true for only 30 percent of the veterans in prison.

Roughly 40 percent of veterans in State prisons received less-than-honorable discharges, but for those who served in Southeast Asia the percentage was 30.

The large number of less-than-honorable discharges among veterans in prison was undoubtedly related to their criminal history while in the military. A fourth of the veterans were serving or had previously served time for an offense committed in the military. A fifth of the post-Vietnam veterans were currently serving time for a crime committed in the military. Vietnam-era veterans who were on duty in Southeast Asia were no more likely than other veterans to have been sentenced for a crime committed in the military.

Pre-arrest income

The high rate of less-than-honorable discharges plus the substantial minority to come out of the service with a conviction surely added to the employment difficulties experienced by veterans prior to incarceration. About 14 percent of the veterans reported no income for the year prior to their arrest. Among those who did have an income, it averaged \$7,861, somewhat more than the pre-arrest income of nonveterans but well below the median income of all males (\$10,372).

Job history

A fourth of the veterans in prison

Veterans in State prisons, by age and era of service, 1979

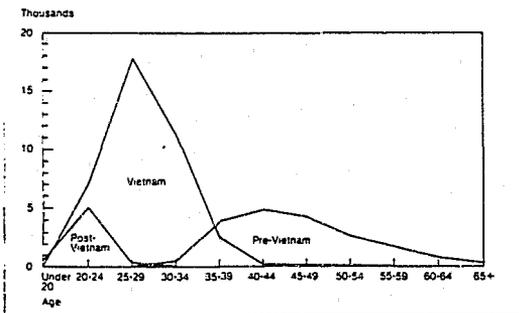


Figure 1

were without a job at the time of arrest. Well over half of this group (but three-fourths of the pre-Vietnam veterans) were not even looking for work. It is not known whether the large number not even looking for work had quit out of discouragement, were unable to work, or were engaged in illegal activities.

The 1979 unemployment rate for veterans in the general population was 3.4 percent, but this comparison is quite rough because joblessness at time of arrest cannot be translated into an unemployment rate in the conventional use of the term; the veterans in prison were arrested at various times over a span of many years. Nevertheless, these veterans had been loosely attached to the job economy.

Crimis

Most veterans in State prisons were convicted of a violent crime. In this, they resembled nonveterans. A violent crime was the principal offense of 80 percent of all inmates regardless of veteran status. A third of both veterans and nonveterans were in prison for a property crime. Drug and public order offenses each were the chief crime of 3 percent of both groups.

Among specific crimes, veterans were more likely than nonveterans to have been convicted of murder, rape, or assault but less likely to have been convicted of robbery or burglary.

Table 1. Veterans and nonveterans in State prisons, by age and sentence length, 1979

Characteristic	Pre-Vietnam veterans	Vietnam veterans	Post-Vietnam veterans	Nonveterans
Black	23	15	15	2
Hispanic	7	2	2	2
Not working at time of arrest	24	26	19	20
Convicted of violent crime	31	40	32	22
Regular heroin user	13	23	10	10
Heavy daily drinker	27	18	11	10
Less than honorable discharge	19	44	33	10
Disabled	10	13	2	10
Age (median years)	43.3	23.5	32.1	34.4
Maximum sentence (median years)	11.3	19.1	7.4	11.4

White veterans were more likely than white nonveterans to be serving time for a violent offense (37 vs. 49 percent). Veteran status made no difference for blacks; two-thirds of both groups had been convicted of a violent crime. White veterans appeared to have been slightly less likely than white nonveterans to have committed a drug offense, but there was no apparent difference among blacks. The same proportions of white and black veterans were serving time for a public order offense.

Era of service played little part in the type of crime for which veterans were serving. In all three groups, the proportion convicted of violent crime was similar. However, post-Vietnam veterans were more likely than other veterans to have committed a property crime and less likely to have committed a drug offense.

Sentences

As a group, veterans were serving longer terms than nonveterans. Once more, the difference is probably due to their relatively older years. Older prisoners tend to be serving longer sentences because those long sentences have held them in prison while persons their age with shorter sentences have done their time and been released. To a limited extent, this same phenomenon shows up in the pattern of life-in-prison sentences. About 12 percent of the Vietnam-era veterans, 17 percent of the pre-Vietnam veterans, but only 2 percent of the post-Vietnam veterans were serving life sentences.

Criminal careers

There were no major differences in the criminal careers of veterans in the three eras:

- A fourth of all veterans had committed a crime while in the service.
- About a fourth of each group had served time before they entered the service, but in some cases the crime was a misdemeanor and the sentence was served in jail rather than prison.
- A third of all imprisoned veterans had been on probation at least once before age 20. The percentages for each group were pre-Vietnam 17, Vietnam 36, and post-Vietnam 45.

Prior incarceration

As another consequence of veterans' age differences, the following had been incarcerated prior to their current sentence:

- 50 percent of the post-Vietnam veterans
- 80 percent of the Vietnam-era veterans
- 73 percent of the pre-Vietnam veterans.

Drugs and alcohol

Compared with nonveteran prisoners, veterans in prison were slightly less

Veterans and nonveterans in State prisons, by age, 1979

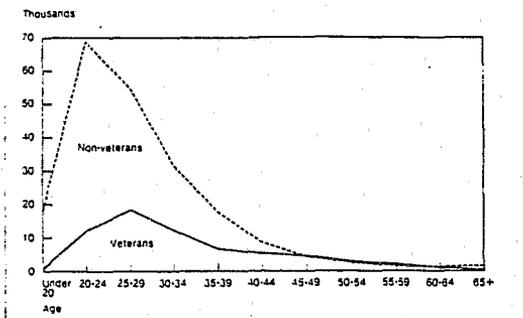


Figure 2

prone to drug abuse and slightly more prone to alcohol abuse:

- About 73 percent of the veterans and 40 percent of the nonveterans had used some drug at least once in their lifetime.

- About half the veterans and somewhat more than half the nonveterans (48 vs. 36 percent) had used drugs regularly (at least once a week).

- A fifth of each group had used heroin regularly.

However, veterans were less likely than nonveterans to have been under the influence of drugs at the time of their offense.

Among State prisoners, Vietnam-era and post-Vietnam veterans were far more likely to have used drugs than pre-Vietnam veterans, who for the most part came of age before the advent of the drug culture. A large majority of the Vietnam-era and post-Vietnam veterans used marijuana, but 25 percent of the Vietnam-era veterans used heroin vs. only 10 percent of the post-Vietnam veterans. Vietnam-era veterans who served in Southeast Asia were only slightly more likely to have used heroin than other Vietnam-era veterans. All in all, a fourth of the Vietnam-era veterans, a fifth of the nonveterans, and a tenth of the veterans of other eras had used heroin regularly at some point in their lives but not necessarily while in the service.

A fourth of all veterans in State prisons, including a third of Vietnam-

era veterans, had developed a drug or alcohol problem while in the service. Most of these had served during or after the Vietnam era. Half developed a drug problem, a third developed an alcohol problem, and a sixth had problems with both drugs and alcohol.

Drugs played a more important role in the lives of nonveterans than of veterans, but the reverse was true for alcohol. This held up even for the post-Vietnam veterans, who on the average are younger than the nonveterans. About 40 percent of the post-Vietnam-era veterans, 33 percent of the Vietnam-era veterans, and 23 percent of the pre-Vietnam-era veterans reported themselves to have been heavy daily drinkers. Nonveterans were no more likely than pre-Vietnam veterans to be heavy drinkers. Vietnam-era veterans stationed in Southeast Asia drank no more heavily than others who served during that era. Fully half

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October 1981, NCJ-79232

of all veterans had been drinking just prior to their crime. The comparable figure for nonveterans was only slightly less.

Branch of service

Among all veterans in State prisons, 39 percent had been in the Army, 13 percent in the Marine Corps, 14 percent in the Navy, 9 percent in the Air Force, and a small number in the Coast Guard. Former Marines were the most likely to have served during the Vietnam era and to have been in the combat zone.

Service-related disability

About a tenth of all veterans in State prisons had been officially recognized by the Veterans Administration as having a service-related disability. Veterans who had served in Southeast Asia were more likely than the other imprisoned veterans to be disabled.

Other bulletins

Previous Bureau of Justice Statistics bulletins cover the topics of Measuring Crime, February 1981, The Prevalence of Crime, March 1981, Prisoners in 1980, May 1981, Capital Punishment 1980, July 1981, and Prisoners at Midyear 1981, September 1981. To obtain copies of these reports or to be added to the bulletin mailing list, write to the Bureau of Justice Statistics, Washington, D.C. 20531.

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Bulletin

February 1981



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

APR 27 1990

The Honorable Robert W. Kastenmeier
Chairman, Subcommittee on
Courts, Intellectual Property, and
the Administration of Justice
House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is in response to your letter of February 8, 1990, requesting VA's views on H.R. 3453 a bill "[t]o improve the availability of veterans' benefits and services to veterans incarcerated in Federal penal or correctional institutions, and for other purposes." Enclosed please find a copy of our report on H.R. 3453, to Chairman, G. V. (Sonny) Montgomery, of the Committee on Veterans Affairs.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Edward J. Derwinski".

Edward J. Derwinski

Enclosure
EJD/er



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

APR 27 1990

The Honorable G.V. (Sonny) Montgomery
Chairman, Committee on
Veterans' Affairs
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

We are pleased to respond to your request for our views on H.R. 3453, a bill "to improve the availability of veterans' benefits and services to veterans incarcerated in Federal penal or correctional institutions, and for other purposes."

This measure would direct VA, the Justice Department, and the Labor Department to take certain steps to provide services to veterans incarcerated in Federal, State, and local prisons and to prison officials at those institutions. We recognize the concern of this measure's sponsors that the needs of incarcerated veterans are not being met in our nation's prisons. This bill, however, would require VA to give special priority and benefits to incarcerated veterans. Its enactment would, in our view, dilute VA's ability to meet existing statutory priorities and mandates which it must provide to service-connected and other veterans. For this and other reasons discussed below we oppose enactment of H.R. 3453.

Overall, H.R. 3453 would require VA to reorient the focus, staffing, and funding of several major programs to attempt to assist incarcerated veterans. For example, the bill calls, in very prescriptive terms, for VA to conduct extensive outreach efforts, suspend debt collection activities, establish new readjustment counseling programs, create staff positions at all regional offices to serve as benefits coordinators for the incarcerated and their families, and review records of physical examinations to attempt to determine individuals' eligibility for any benefits.

In short, H.R. 3453 would require VA to establish a many-faceted program without any real evidence that any of its components would yield positive results. Clearly, more resources could be diverted to attempt to work with the Bureau of Prisons or otherwise assist incarcerated veterans. But mandating that VA establish special programs would inevitably undermine both existing statutory priorities and

2.

The Honorable G. V. (Sonny) Montgomery

VA's efforts to assist other veterans who enjoy no specific mandate, including the homeless, the elderly, the chronic mentally ill, native American veterans, and others residing in rural areas remote from VA medical centers. All have a claim to VA assistance, and VA should be left with the discretion to meet those needs in the most effective and efficient way possible. Enactment of this bill would disserve those other veterans without offering any assurance that it sets a sound framework to serve the needs of the incarcerated. Thus, we strongly recommend against its enactment.

We are unable to project the full fiscal impact of enacting H.R. 3453, but advise that costs to our medical care programs alone would exceed \$3.4 million in the first fiscal year and some \$15 million over five years.

The expression of views reflected above serves to summarize VA concerns. We enclose a more detailed analysis to provide additional comments on specific provisions of the bill.

The Office of Management and Budget advises that there is no objection from the standpoint of the Administration's program to the submission of this report on H.R. 3453 to the Congress.

Sincerely yours,

Edward J. Derwinski

Enclosure
EJD/er

ADDITIONAL COMMENTS ON H.R. 3453

Section 101(b) of this bill would require the Justice Department to send VA the names of those prisoners who may be veterans. VA would then be required to contact those prisoners within 30 days and inform them of their ability to have their veteran status determined. VA would be required to provide prisoners who are veterans with a long list of facts regarding their veteran status including the potential effect on parole considerations of their participation in counseling, the services of public and private organizations available to them, and their ability to appeal VA decisions affecting the provision of benefits and services. VA has limited resources for the type of outreach that this provision would require. This provision would restrict VA's flexibility to target these resources to reach other groups of veterans who may be more in need, e.g., homeless veterans. Moreover, the need for outreach to incarcerated veterans has not been demonstrated.

Section 103 would require VA to suspend the following:

- debt collection activities against incarcerated veterans and
- incarcerated veterans' obligations to pay debts owed to VA

while veterans are incarcerated and for 6 months after their release. VA currently is frequently required to terminate payments of VA compensation and pension to incarcerated veterans. 38 U.S.C. §§ 505, 3113. Some incarcerated veterans, however, still receive VA benefits. Others may have substantial personal assets. We believe that those incarcerated veterans who can afford to pay should do so. We do not believe that incarcerated veterans need this special treatment.

Section 201(1) would require VA to provide readjustment counseling services to veterans who are incarcerated in Federal prisons and who are suffering from mental and psychological disorders stemming from their military service. By law, the purpose of VA's readjustment counseling program is to assist veterans in readjusting to civilian life, and we simply do not have the authority to provide readjustment counseling services to incarcerated veterans until their release or entry into a pre-release program. 38 U.S.C. § 612A(a).

2.

Section 201(2) would also require VA to take measures to ensure that veterans incarcerated in Federal prisons have the same ability of being adjudicated as having service-connected disabilities as non-incarcerated veterans. VA already accepts responsibility for assisting veterans in developing their claims. In some cases, however, a veteran's own personal investigation might be better than even the best assistance VA could provide. Unfortunately, such personal investigation is not possible in the case of incarcerated veterans. VA also cannot undertake the additional expense and burden of holding hearings in prisons, which may be some distance from VA facilities.

Section 201(3) and (5) would require VA to designate a VA employee in each VA regional office to act as a liaison between Federal prisons and VA to coordinate the provision of veterans' services and benefits for incarcerated veterans and to provide liaison services between families of incarcerated veterans and Federal prisons. Once again, this provision presents a question of priorities. VA lacks the resources to provide this service. It is not clear, in that connection, that diverting staff as would be required would sufficiently benefit the incarcerated to warrant their loss from ongoing benefit delivery.

Section 201(4) would require VA to review physical examinations of incarcerated veterans forwarded to VA by the Justice Department to determine whether these veterans are eligible for VA benefits and inform them of the benefits and services available to them. Imposing such a requirement, however, will not yield the result apparently sought by this provision. A veteran's physical examination is not sufficient information for VA to determine a veteran's service-connected status. We are of course not opposed to accepting this information, but requiring VA to review it would not in and of itself eliminate all difficulties in delivering benefits to incarcerated veterans. We thus oppose this mandate.

Section 301 would require VA to develop a training curriculum for Bureau of Prisons employees to assist them in diagnosing and treating psychiatric disabilities peculiar to veterans. VA may make it available to other individuals and institutions interested in diagnosing and treating these

3.

disabilities. We do not believe the development of such a curriculum is necessarily the most effective vehicle through which VA can convey its special expertise in treating post-traumatic stress disorder. Nor is legislation required. VA staff have in the past provided training to clinicians serving penal institutions. We believe this is an area in which further efforts could prove fruitful.

Section 501 would require VA and the Labor Department to implement a program to extend, to the extent practicable, the above benefits to veterans in State and local penal institutions. We do not support extending the above benefits to State and local prisons and prisoners for the same reasons we do not support extending them to Federal prisons and prisoners.

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON



APR 17 1990

The Honorable Robert W. Kastenmeier
Chairman, Subcommittee on
Courts, Intellectual Property, and
the Administration of Justice
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

We received your letter of February 8, 1990, requesting VA's views on H.R. 3453, a bill "To improve the availability of veterans' benefits and services to veterans incarcerated in Federal penal or correctional institutions, and for other purposes." We have already formulated our views on this bill in response to a request from Chairman Montgomery of the Committee on Veterans Affairs. Our views are currently being reviewed by the Office of Management and Budget for clearance.

We will forward our views on H.R. 3453 as soon as possible. Thank you for your patience in this matter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Edward J. Berwinski".

Edward J. Berwinski

EJD/er

TO: Mr. Robert Jones, Chair, DVA Advisory Committee on Readjustment Problems of Vietnam Veterans

FROM: Richard Danford, *Chairman*, Task Force on Incarcerated Veterans

SUBJECT: FINAL REPORT

DATE: November 14, 1989

On February 23, 1989, my colleague, Marty Comer, and I received the following assigned tasks regarding incarcerated veterans: (1) to determine the need for readjustment services for incarcerated veterans and to provide specific recommendations concerning the type, need, and eligibility for services; (2) to determine the need for DVA outreach services to incarcerated veterans; and (3) to provide recommendations concerning early intervention in the arrest cycle; i.e., crisis team intervention development at municipal levels/liaison/training needs.

In sum, the recommendations given below reflect facts, opinions, and comments from approximately 400 respondents, which include responses to two surveys and responses gathered from approximately 200 criminal justice organizations and individuals. Though the results of this report cannot be considered reliable and valid according to traditional research definitions, the findings do indicate some strong trends and opinions held across the United States about the incarcerated veteran population.

Summary and Recommendations

1. If the DVA is to become knowledgeable about incarcerated veterans, a structured research effort, utilizing existing resources, must be developed. Currently the 50 states and individual institutions within those states all collect different data regarding this special population. Currently no one seems to know how many veterans are incarcerated in the United States or who those veterans are; i.e., their status and needs. A rough estimate indicates approximately 30,000 in-country veterans are incarcerated in the United States. Another 30,000 have been released from prison, and there may be up to 300,000 on probation or parole. One composite, based on limited data, projects that the vast majority of both in-country and era veterans who are incarcerated have honorable discharges, are often first-time offenders, commit their crime at a later age, and receive longer sentences for crimes committed by non-veteran offenders. Once again, because of the individual reporting systems in each Department of Corrections throughout the United States, the data are unclear. One need is overwhelmingly clear; that is, that the DVA should develop additional research and that the vast majority of criminal justice professionals believe that assistance should be given to incarcerated veterans.

2. Two professional research organizations might be considered to collect further data for the DVA. The American Corrections Association (ACA) is the national organization of corrections and has a highly professional research department. In addition, the Contact Agency of Lincoln, Nebraska, has been in the field of criminal justice research for approximately 15 years and could assist in developing a wide range of data from prisons, jails, and volunteer organizations that interact with the incarcerated.

3. An intervention strategy at the jail level should be considered. Most people incarcerated in prisons came through a local jail system, and intervention at that level might allow the veteran with problems to be reached while he or she is still serving a local sentence in a familiar community.

4. The surveys clearly indicate that the incarcerated veterans need PTSD evaluation and treatment. The DVA could develop working agreements with Federal and State Departments of Corrections to utilize DVA staff, where appropriate, to design and implement PTSD counseling groups within the prison system.

5. At a more basic level, incarcerated veterans need to be allowed to meet and develop as "self-help" groups. The DVA might assist nationally the development of incarcerated veterans groups by providing a model program that could be utilized in any prison or jail system. Part of that model would be assistance with training for institutional correctional officers and counseling staffs. This training and development of local working "self-help" models could take place through the existing Vet Center programs, given the proper resources for such work. The model that seems most effective is a pre-release model that assists veterans and institutional staffs in understanding veterans, their problems, their benefits, and their available resources upon release.

6. The DVA should urge Federal and State prison systems to join the effort to upgrade the literacy level of veteran inmates prior to their return to the community.

7. Medical maintenance, benefits, and information for inmates and their families are needed for incarcerated veterans. DVA medical personnel could be involved in the assessment of current prison medical practices as they relate to veterans who need medical treatment as part of their rehabilitation.

8. This Committee could develop an interagency task force to study the issues of incarcerated veterans. The task force could be made up of the Department of Veterans Affairs, Justice Department, Vietnam Veterans of America, American Bar Association, American Medical Association, Federal Bureau of Prisons, State Corrections representatives, and other service organizations, as desired.

History and Procedures

Prior to the February 23, 1989, meeting of the Advisory Committee on Readjustment Problems of Vietnam Veterans, hereinafter referred to as the "Committee," a meeting was held with Dr. Leonard Cohen of the Jacksonville Vet Center in which we discussed generally veterans in prison. Dr. Cohen was the advisor to a prison-based veterans group called Project Base Camp. Project Base Camp had been collecting data regarding veterans in prison for a period of two years. Attached is a progress report from Project Base Camp, dated February 8, 1988, which outlines the relationship between Project Base Camp and the Jacksonville Vet Center. That report, attached as Appendix A, also includes the first six months' findings of the incarcerated veteran project. I have included the Project Base Camp data, as the data represents some 300 responses from veterans and veteran organizations across the country to inquiries made by Project Base Camp.

On April 22, 1989, a survey regarding incarcerated Vietnam veterans, attached as Appendix B, was sent to approximately 190 Vet Centers and to 100 criminal justice organizations throughout the United States. On May 9, 1989, the Vet Centers nationally were informed to disregard the survey, as it did not follow the survey rules and regulations developed by the Central Office of the DVA. However, by the time the survey was cancelled, 101 responses (29 percent) had been received from around the United States. An interim report from those data was developed for the Committee and is attached as Appendix C.

A second survey was mailed only to Vet Centers in June, 1989, following the instructions of the Central Office of the Vet Center program, and is attached as Appendix D. Prior to this mailing, the survey was reviewed by members of the Committee. Responses from the Committee were reviewed, and the survey was modified accordingly. This second survey was mailed in June, and 83 responses (45 percent) were received. It should be noted that the final recommendations included in this report reflect the data collected from Project Base Camp as well as from the first and second surveys.

This very broadly based effort, though not empirical research, does represent an opinion poll of the present status of existing programs for incarcerated veterans and collects ideas and suggestions for developing a more comprehensive effort for this special population. Further, it is possible that, between Survey 1 and Survey 2, a very high percentage of Vet Centers responded, though no effort was made to verify which Centers responded and which did not.

Acknowledgements

Obviously this is not the work of one person, and I would like to take the time to thank Marty Comer, my associate on this

project and fellow Committee member. In addition, thanks go to the Jacksonville Vet Center and to Dr. Leonard Cohen, the staff sponsor of Project Base Camp, and to the incarcerated veteran members of Project Base Camp at Baker Correctional Institution in Olustee, Florida.

Findings

The findings from Survey 2, not previously presented to the Committee, are given below. The results of Survey 1 were given to the Committee as an interim report, dated May 22, 1989.

Question 1. Overwhelmingly, respondents felt that the DVA should provide services to incarcerated veterans. Out of the 83 responses, 77 (93 percent) answered "yes" to the question, "Should the Department of Veterans Affairs provide outreach services to incarcerated Vietnam veterans?" In explanation, comments such as the following were received: incarceration may be the result of their combat; they are still veterans even if incarcerated; we need to deal with readjustment issues related to the Vietnam experience before prison release; some of the incarcerated are chemical free for the first time in years, providing an opportune moment for counseling; there is a strong need for awareness of benefits and services.

Question 2. When asked, "What are the 3 most important needs of incarcerated veterans?," the most frequently cited needs were PTSD evaluation and treatment; medical maintenance; benefits information for inmates and their families; and pre-release plans and support after release. Other responses included substance abuse treatment, education and job training, problem solving skills, anger management skills, and accepting responsibility for their lives.

Question 3. To the question, "What agencies, if any, should provide outreach to incarcerated veterans?," the number one response was Vet Centers. Other organizations mentioned were VAMCs, all county, state and federal veterans service providers, to include volunteer veterans service organizations.

Question 4. Responses were overwhelmingly "yes" to the question, "If you responded 'yes' to Question 1, should one of those services be a self-help group?". A total of 66 (86 percent) answered "yes"; only 10 (14 percent) answered "no".

Question 5. When asked how the "self-help" group should be structured, there was some confusion regarding the term "self-help" group. Most respondents felt that an outside facilitator was needed, but the presence of such a facilitator caused some respondents to remark that the group was no longer a "self-help" group. The ideal, assuming appropriate resources were made available, was for Vet Centers to provide therapists to act as facilitators. Respondents were about evenly divided on whether the group should be "self help" or a therapy group that turned

into a "self-help" group. Suggestions were made that such groups be organized by length of time remaining to be served, by combat/non-combat status, and by other group needs as identified. These responses probably indicate that the make-up of such groups should be individually determined by the unique features of the prison and community resources.

Question 6. When asked what the goals of a "self-help" group should be, the most frequent responses were reintegration of the veteran into society, pre-release help and support, PTSD issues, processing of war trauma, acceptance of responsibility, stress management, anger control, avoidance of recidivism, development of a life-action plan, and effecting behavioral changes generally.

Question 7. When asked if the services in the previous question should be provided primarily by the Vet Centers, 48 (62 percent) responded "yes"; 21 (27 percent) responded "no". The most frequently expressed concern stated by the group answering "no" related to the stated lack of available resources in Vet Centers to deal with a larger population than that already being served. Many respondents felt the Vet Centers should be involved, but expressed the need for additional funding. There was consensus in the belief that Vet Centers were only one agency that should be involved. Other agencies mentioned most frequently were state vocational rehabilitation, departments of social services, departments of labor and welfare, DVA mental health centers, and the American Red Cross.

Question 8. In response to the question of whether corrections officers and other corrections staff should be trained by the DVA in the problems of Vietnam veterans, 77 (93 percent) said "yes". Only 3 (4 percent) said "no".

Question 9. With regard to whether the DVA should review its current policy regarding benefits to incarcerated veterans, 63 (76 percent) said "yes"; 13 (16 percent) said "no". Comments to the question were as follows: restrictions shouldn't apply to families of veterans, disabled vets need services whether incarcerated or not, and that confusion exists on all levels on medical benefits of the incarcerated. Questions were posed about the difference between benefits earned before or after committing a crime, about retired veterans who go to prison after receiving benefits, and about honorable/dishonorable discharges.

Question 10. The following chart seeks to provide responses to the question of whether PTSD is considered in each of the responding states in conviction, probation, parole, and sentencing.

	Yes	%	No	%	Sometimes	%
Conviction	40	48	20	24	4	5
Probation	43	52	17	20	4	5

-6-

Parole	38	46	21	25	5	6
Sentencing	42	51	17	20	5	6

The comments generated by Question 10 are not reported because the wording of the question and the diversity of criminal laws combined to produce no meaningful data.

Question 11. When asked if the DVA should include within its current research and development structure a system for gathering, reviewing, and evaluating data about incarcerated Vietnam veterans, an overwhelming 71 (86 percent) answered "yes"; 11 (13 percent) answered "no". Those answering "yes" to the question reported that demographic data should be gathered on a national basis to determine who the incarcerated veterans are, what the status of their discharges are, and the status of present benefits to each incarcerated veteran.

Question 12. When asked what statistics or other data Vet Centers had on incarcerated Vietnam veterans in their city/county/state, 83 percent indicated "none." Some of the responses were as follows: DD 214s, ethnicity, marital status, educational level, dates of service, types of discharge, and types of crime. A Vet Center in Pennsylvania reported that numbers related to PTSD treatment in state prisons were available, as the state had mandated such treatment in all state prisons. A Vet Center in Lincoln, Nebraska reported ethnicity of prison population and number of Vietnam vets out of total vets. A center in New Hampshire reported statistics from 1979-84 relating to high chemical dependency in the Vietnam vet population. Two other Centers, one in New Jersey and one in California, reported they were beginning to collect demographics on incarcerated veterans.

Question 13. This question asked those Centers working with inmate veteran self-help groups to describe in percentages the approximate racial breakdown of those self-help groups. There was no response to that request by 46 (55 percent), perhaps indicating there were no self-help groups. The lack of response could also indicate no statistics were kept or available. Of the 31 responses (37 percent) to the question, the following information was gleaned and reported in percentage form.

	<u>White</u>	<u>Black</u>	<u>Hispanic</u>	<u>Other</u>
Mean	49.52	38.79	7.98	3.68
Median	50.00	33.00	5.00	0.00
Mode	50.00	30.00	10.00	0.00

Appendix A

TO: Ms. Gayle Chisholm, Team Leader, Jacksonville Vet Center
 Mr. O. J. Phillips, Jr., Superintendent, Baker Correctional
 Institution

FROM: Leonard W. Cohen, Vocational Rehabilitation Specialist,
 Jacksonville Vet Center

	Military Unit	DC #
Franklin Gale	1st Sig Bn 63 Sig 5th SF	080490
James Smith	2nd SOG 5th Special Forces	138797
Gavin Brown	1st Bn 503 173rd Air Assault Bde	09560
Rodney Lechert	2nd BN 503rd 1st (AV) CA Bn	1025
Serafin, Rosa	2nd Bn 3/10 SFG	40217
John Romano	1st Ass Bde 229 AHC	181352
Ralph Pennington	NAR TU Glen View NAS	102631

SUBJECT: 6-MONTHS PROGRESS REPORT/PROPOSAL: PROJECT BASE CAMP

DATE: February 8, 1988

Project Base Camp is a Florida behind-the-walls community service project designed to assist Vietnam era veterans in locating community resources to help their re-entry into society upon release from prison or jail. A Vietnam era veteran is a person who served on active duty between August 4, 1967 to May 7, 1975.

Project Base Camp was developed through an effort of the Jacksonville Vet Center and was approved by the Superintendent of Baker Correctional Institution. It was the premise of the project that there were many Vietnam era veterans in Florida prisons and jails who have not been identified and are unaware of the services available to them. The unique aspect of the project is that this is an effort of incarcerated veterans attempting to locate other incarcerated veterans.

Because of the nature of the Vietnam conflict and the negative attitude of communities around the country regarding the conflict, Vietnam veterans tended to suppress their feelings about the war and about themselves. This project contends that there are many unidentified incarcerated veterans in Florida and throughout the United States who are not utilizing the services provided locally and nationally to veterans. The purpose of this project then is to link incarcerated veterans with those services.

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Project Base Camp, which consists of six to fifteen Vietnam era veterans at Baker Correctional Institution, attempted to reach incarcerated veterans by writing to Jaycee groups throughout the State of Florida, asking the Jaycees at each institution to have the incarcerated veterans write back to Project Base Camp, at which time their letters would be answered and resource information would be given. The Jaycees were chosen, as they are a nationally recognized behind-the-walls self-help group with approximately 700 chapters nationally. Because of the long history of U. S. Jaycees in criminal justice activities, it was felt that, with encouragement on a state-wide and national basis, incarcerated veterans would come forward and identify themselves.

A proposal was signed by the Superintendent of Baker Correctional Institution, the lead psychologist at Baker Correctional Institution, and Leonard Cohen of the Jacksonville Vet Center. The proposal allowed a veterans group to develop at Baker for the purpose of gathering data on incarcerated inmates and providing resource material to those veterans in answer to their letters. Return mail was directed to Leonard Cohen's address rather than through institutional mail to encourage inmates to respond.

Project Base Camp sent letters to institutions throughout the State of Florida and to approximately one hundred resource agencies in the United States. One hundred forty-two letters were received from incarcerated veterans. Although only one hundred letters were sent to potential resource groups, apparently those letters were shared which resulted in the receipt of approximately two hundred letters in this category. An analysis of the mail from incarcerated veterans indicated the following areas of concern: benefits for Vietnam veterans (100%), medical treatment availability at VA hospitals (60%), and availability of resource information about community services for Vietnam veterans after leaving prison (35%). Some of the concerns more generally indicated in the individual inmate correspondence were related to how to start a self-help veterans group within their institution, how to expand their correspondence to other incarcerated veterans, and how to identify post traumatic stress syndrome (PTSD) and receive treatment for it within the Department of Corrections.

In correctional institutions throughout the United States, there needs to be a clear purpose and understanding of the Vietnam veteran and his or her problems as they relate to institutional adjustment. Organizations, both inside and outside of prisons, were very supportive of the institution's effort to develop a veteran self-help group and provided names of veteran self-help groups behind the walls. There appear to be self-help groups for veterans at most major institutions throughout the United States. However, there is a continual re-inventing of the wheel with no common organization, status, or purpose.

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February 8, 1988

The project started on May 20, 1987, with two-hour biweekly meetings. From the onset, the meetings developed an additional purpose. On the one hand the meetings were counseling sessions where inmates had an opportunity to interact with each other, discuss Vietnam issues under the direction of a group facilitator, and develop counseling skills themselves through assisting other inmates with problems of adjustment. In addition, as already discussed, the sessions were used to develop mailings, review incoming material, and discuss special issues of concern to the incarcerated veteran.

Developmentally, the Project Base Camp participants moved from incarcerated veterans who had not shared their Vietnam feelings and experiences with anyone to incarcerated veterans who share openly with each other and who have a positive desire to contribute to the lives of others as resource people. In addition, the veterans of Project Base Camp have become resources to other incarcerated veterans and non-veterans in the Baker Correctional Institution. Many of the Project Base Camp veterans state improvement in their daily lives and can identify specific areas of improvement.

The development of a veterans group as a counseling group can be most important to the correctional institution in that inmates who understand themselves make a better adjustment to the period of incarceration. The basis of all developmental programs in institutions is that 95 percent of all inmates return to the community from which they came. Any positive development in the institutional system better prepares the inmate for reintegration into the community. The Florida Department of Corrections reported in June, 1987, that approximately 20 percent of the inmate population of 33,000 had previous military experience. If self-help groups for veterans enable even a small percentage of them to make a more positive adjustment to institutional life by understanding and coping with their problems, a major contribution to the State of Florida will have been made.

Recommendations:

- (1) That Project Base Camp continue with both a counseling format and a research component. However, the research component should have the approval of the Florida Department of Corrections.
- (2) That Project Base Camp develop a self-help resource manual at no cost to the Department of Corrections. This manual would be available to veteran inmates and counseling departments throughout the Department of Corrections and would identify resources both locally and nationally for use by inmates and staff.
- (3) That the Department of Corrections explore the need, if any, to formalize a system to develop ideas for service delivery to incarcerated veterans of the Vietnam era.

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February 8, 1988

- (4) That discussions be held with interested veterans' support organizations and inmate support organizations to develop an on-going continuum of activities that would deliver pre-release services for eligible Vietnam veterans.
- (5) As a pilot project, establish an office to conduct studies and develop resource material for institutions and correctional organizations. This experimental pilot program could be operated by already existing volunteer veterans organizations.
- (6) That the Project Base Camp model, as a self-help group, be presented to the Florida Department of Corrections to encourage the development of a self-help model for pre-release veterans in institutions in Florida.

Appendix B

Vet
Center

255 Liberty Street
Jacksonville, FL 32202
April 22, 1989

SURVEY REGARDING INCARCERATED VIETNAM VETERANS

No one knows how many Vietnam veterans are in the United States prison system or what services, if any, these inmates are receiving. A subcommittee of the VA Advisory Committee on Readjustment Problems of Vietnam Veterans has been mandated to gather information about issues relating to incarcerated Vietnam veterans. We are asking you, as a person knowledgeable about issues relating to the incarcerated, to share your expertise and insight with the subcommittee by responding to questions on the enclosed survey.

The primary goal of the survey is to determine if there is a need for the Veterans Administration to provide services for incarcerated veterans. Any data you can provide would be helpful to the subcommittee in developing its recommendations which will be reported back to the VA in June, 1989. Your input is absolutely vital in developing valid and reliable data about incarcerated veterans.

This is a plea for you to write or telephone Dr. Leonard Cohen at the Jacksonville Vet Center by May 15, 1989. Dr. Cohen is assisting the subcommittee in collecting and displaying the information and can be reached at the address given above or by calling 904-791-3621 between the hours of 7 a.m. to 3 p.m., E.D.T. Dr. Danford can be reached at 904-630-3917. We look forward to working with you on this project.

Richard Danford Jr.
RICHARD DANFORD, Ph.D., CHAIR
SUBCOMMITTEE ON INCARCERATED
VIETNAM VETERANS

Leonard Cohen
LEONARD W. COHEN, Ed.D.
JACKSONVILLE VET CENTER

SURVEY OF ISSUES RELATED TO
INCARCERATED VIETNAM VETERANS



Please return your response to the following questions to Dr. Leonard W. Cohen, Vet Center, 255 Liberty Street, Jacksonville, FL 32202 or call 904-791-3621 by MAY 15. Use back of sheet if additional space is needed, or attach additional sheets to the survey.

1. Should the VA provide outreach services to incarcerated Vietnam veterans? Yes No

2. If yes, what services are most important to the incarcerated veteran while in prison and when he/she returns to the community?

3. Should one of those services be a self-help group?
 Yes No

4. If yes, what should the design of that group be?

5. If services should be provided, should they be provided through the Vet Centers operating across the U.S.?
 Yes No

Comments: _____

6. Should corrections officers be trained in the problems of Vietnam veterans through the existing outreach services of the VA? Yes No

Comments: _____



-2-

7. In your opinion, should the current policy be reviewed regarding benefits to incarcerated veterans?

Yes No

Comments: _____

8. What role, if any, does the presence of Post Traumatic Stress Disorder (PTSD) play in parole decisions in your state about incarcerated Vietnam veterans?

9. In your opinion, should the VA include within its current research and development structure a system for gathering, reviewing, and evaluating data about incarcerated Vietnam veterans? Yes No

Comments: _____

If you wish to receive a copy of the results, please sign below and provide the requested information.

_____ (name)

_____ (title)

_____ (agency)

_____ (address)

_____ (city/state/zip)

_____ (telephone)

Appendix C

TO: Mr. Robert Jones, Chair
Advisory Committee on Readjustment Problems
of Vietnam Veterans

FROM: Richard Danford and Marty Comer
Subcommittee on Incarcerated Vietnam Veterans

SUBJECT: INTERIM REPORT

DATE: May 22, 1989

Recently I sent each of you a copy of the survey on Vietnam veterans which was mailed to approximately 350 individuals and organizations associated with criminal justice/incarceration issues, including all Vet Centers, around the country. Actual mailing lists are available and will be submitted with the final report in August, 1989. The survey and cover letter were mailed on April 24, 1989; and, as of this date, sufficient time has not elapsed to receive all expected responses. Response rate to date has been good, both from returned forms and from telephone calls. The final report will contain a complete analysis of the survey.

The Jacksonville Vet Center assisted in providing the Subcommittee with collection of data. In addition, Project Base Camp, an incarcerated veterans group at Baker Correctional Institutional in Olustee, Florida, provided us with data previously collected over the past two years. The Project Base Camp survey was designed as a "behind the walls" community service project to locate community-based resources for incarcerated veterans for use upon their return to the community. A report on that effort is included.

Our Subcommittee was charged with the following reporting responsibilities: (1) to determine the need for readjustment services for Vietnam veterans, (2) to provide specific recommendations for the types of services needed, (3) to determine the need for VA outreach services for Vietnam veterans, and (4) to provide recommendations concerning early intervention in the arrest cycle. Each of these items will be dealt with fully in the final report. The purpose of this report is to provide interim feedback about survey responses throughout the country.

Of the responses received, early trends emerge as follows:

- (1) The Veterans Administration, through its existing structure, should provide outreach services to incarcerated Vietnam veterans.
- (2) Education regarding benefits for Vietnam veterans, medical treatment for eligible veterans, resource data for veterans returning to the community, assistance in forming self-help groups, and counseling to staff and inmates on issues like PTSD and Agent Orange were reported as being the most important services needed by this group.

(3) The development of self-help groups is one of the most important services that can be provided.

(4) The group should be designed around an educational and counseling model and should be open to all veterans. The focus should be on veteran issues for the incarcerated and community issues for the incarcerated in pre-release status. Goals for the group would include group recognition and status, easier adjustment to the additional stress of the prison environment, and development of pre-release resources for veterans. Veterans would receive information about veterans benefits, common problems of veterans of the Vietnam era like PTSD, and community resources to use while in prison and when released. Through the self-help group process veterans can learn problem solving skills, how to interact, how to receive and give support to others, and a better understanding of themselves and their Vietnam experiences. They will learn the problems they have are similar to the problems of others, and together they can solve the difficulties of incarceration which may have been magnified by the Vietnam experience.

(5) The Vet Centers should provide outreach services to veterans who are incarcerated. It should be noted that the Vet Centers have limited staff available, and outreach services to prisons are time consuming and are additional burdens on their budgets. The outreach services can be other than that of contact with incarcerated veterans, such as staff training for prison staff, training for selected veteran inmates who could lead groups, developing VVA groups within prisons, and developing group material for veterans like pamphlets on PTSD, on pre-release problems and resources, and for prison staff on issues of incarcerated veterans.

(6) Corrections officers should be trained in the problems of Vietnam veterans. The more corrections people know about their prison population, the more able they are to work effectively with the inmates they are to supervise. Most institutions have corrections officers who are themselves Vietnam veterans, and training provided to corrections officers would allow them to assist in the facilitation of self-help groups and the provision of resources to pre-release veterans and would provide the officer a better understanding of the problems related to combat experience, like PTSD.

(7) The current policy regarding benefits for the incarcerated should be reviewed by the VA. The March 25, 1989, Department of Veteran Affairs brochure, entitled Federal Benefits for Veterans and Dependents, states:

Veterans in prison may still be entitled to certain VA benefits. For further information, write or call the nearest VA office listed in this booklet. Prisoners may also get information from prison officials.

Current policy appears to be confusing because very few inmates or prison officials have up-to-date benefits information. The vast majority of comments from inmates and outreach staff state that, if a person served honorably or is honorably retired, they should receive their benefits earned in military service. This is a very complicated issue, but the overwhelming opinion is that the current policy should be reviewed.

In sum, response to the survey to date is a clear indication of the timeliness of the inquiry and of the degree of interest on a national level. There have been many compliments on the part of the respondents which express appreciation for addressing this very complicated subject. Responses are coming from all areas of the U.S. and appear to be similar in content. The differences appear to be in the views of the State Departments of Corrections and the ways in which they see self-help groups on state-by-state bases. A complete report to include analyses of the data will be provided to the Committee in August, 1989.

Appendix D

Survey of Issues Related to
Incarcerated Vietnam Veterans

Please answer the following questions in relation to your experiences at the vet center. Use back of sheets or attach additional sheets to the survey if you need additional space in which to write.

1. Should the Department of Veterans Affairs (VA) provide outreach services to incarcerated Vietnam veterans? Yes No

(Please explain your answer above.) _____

2. What are the 3 most important needs of incarcerated veterans?

3. What agencies, if any, should provide outreach to incarcerated veterans?

4. If you responded "yes" to Question 1, should one of those services be a self-help group? Yes No

5. If "yes," how should the group be structured?

6. If you responded "yes" to Question 4, what should the goals of a self-help group be?

7. If you responded "yes" to Question 1, should the services be provided primarily by the Vet Centers operating across the U.S.? Yes No
Whether answer is "yes" or "no", if other agencies should be utilized, please specify:

8. Should corrections officers and other staff be trained in the problems of Vietnam veterans through the existing outreach services of VA? Yes No

9. Should VA review its current policy regarding benefits to incarcerated veterans? Yes No
(Please explain your answer above.) _____

10. In your State is the presence of war-related Post Traumatic Stress Disorder (PTSD) considered in:

a. Conviction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Probation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Parole	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Sentencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Please comment if you answered "yes" to any of above.) _____

11. Should VA include within its current research and development structure a system for gathering, reviewing, and evaluating data about incarcerated Vietnam veterans?

Yes No If yes, what data should be gathered? _____

12. What statistics or other data do you have on incarcerated Vietnam veterans in your City/County/State? Please furnish any significant data: _____

13. If you are working with inmate veteran self-help groups, please describe the approximate racial breakdown of the following within your groups? (percentages)

White _____ Black _____ Hispanic _____ Other _____

APPENDIX 3.—ADDITIONAL LETTERS, ETC.

DAVID S. OWENS, JR.
Commissioner



Deputy Commissioners
Administration
LEE T. BERNARD II
Programs
ERSKIND DERAMUS

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PENNSYLVANIA 17001-0598

April 23, 1990
(717)975-4941

The Honorable Robert W. Kastenmeier
Committee on the Judiciary
Congress of the United States
House of Representatives
2138 Rayburn House Office Building
Washington, DC 20515-6216

Dear Representative Kastenmeier:

Thank you for the invitation to comment on H.R. 3453 the "Incarcerated Veterans Rehabilitation and Readjustment Act of 1989." Please let us preface our comments by stating the role Pennsylvania Department of Corrections has taken in providing services to veterans. Although the Department has always provided individual and group counseling and medical services to all inmates, a group of Vietnam veterans in 1982 filed a suit in Federal court asking for services to provide for their special needs, primarily treatment for emotional trauma resulting from their war experiences and examination and evaluation for conditions allegedly attributed to Agent Orange exposure. The Department took a proactive approach which resulted in a cooperative program with the Veterans Administration to provide initial in-house medical examinations for Agent Orange registry and an independent treatment program for Post Traumatic Stress Disorder. These programs were determined to be fair, adequate, and reasonable by U. S. District Court for the Eastern District of Pennsylvania on July 15, 1988 by Justice Louis J. Pollak (Carter, et al v. Jeffes et al 82-3821). The procedure for Agent Orange Registry Physical Examination was established in 1984 and the PTSD Treatment Program in 1986.

Regarding H.R. 3453 we concur in general with the proposed legislation to provide and/or improve the availability of benefits and services to veterans while they are incarcerated.

Title I, Sec. 101 (a). We agree the correctional system should identify veterans and potential recipients of benefits or services.

Title I, Sec. 101(b)(1). We strongly adhere to verification of veteran status through submission of the DD 214 Certificate of Release or Discharge from active duty or the completion of Standard Form 180 Request for Military Records by the inmate. (Refer to pre-evaluation and evaluation section of our program.) We have found that some inmates have forged their military records to show service in Vietnam when they actually were in Europe or not out of the U.S. and we have even had a few who represented themselves as veterans who were never in military service. We strongly urge that records flow directly from the Department of Veterans' Affairs and/or Military records to the prison officials when requested. While we feel that the individual inmate should take responsibility to initiate such requests for records and services, we equally believe there is a need for a consistent and expedient way to acquire these documents. Our experience has been a waiting period from two to six months for records. Filing of second requests has been necessary at times. We feel there is a need for the Department of Defense and Department of Veterans' Affairs to establish a better method for inmate veterans and prison staff to acquire verification records.

Title I, Sec. 101(b)(2). We would support informing veterans or their families of their benefits. However, we strongly feel that if they are informed that procedures must be established between the correctional administrators and the Department of Veterans' Affairs whereby administrative and financial responsibilities can be met.

Title I, Sec. 102. We support veteran inmates receiving the benefits they are entitled to receive, however, we feel consistency is very important. In regards to medical treatment and counseling, we have always attempted to provide services for all inmates but strongly feel that the Department of Veterans' Affairs shares responsibility for some, if not all, of these services for inmate veterans which are necessary due to the inmate's military experience. Again we refer to our PTSD Treatment Program and Agent Orange Registry examination agreement. However, this is only two programs. Concerns and conflicts continue to arise over other areas, for example, in some cases the VA refused to accept reports or diagnosis by our staff who were licensed physicians or psychologists. For the most part, physical evaluation for causes other than Agent Orange have not been accepted. If this bill and title is accepted, workable procedures must be established. It seems to be a past practice of the VA that veterans must be seen by a VA authorized practitioner at an approved site which created considerable difficulty both from a financial and security standpoint for correctional systems. The end result usually was no services from the VA and a very angry inmate because there was no way the inmate could go to the designated evaluation site.

We strongly adhere to the concept of dual or multiple diagnosis and treatment, as well as continuity of care. Our experience with incarcerated veterans has been a need to deal with physical problems, emotional trauma from military experience, drug/alcohol addiction or abuse and other personality disorders. We feel the bill needs to address services while the inmate is incarcerated, during parole or pre-release to a half-way house while under sentence and eventual release after completion of sentence. In some states like Pennsylvania, the parole and correctional agencies are separate and distinct. Parole agencies have required inmates to participate in programs, in order to be considered for

release, which were not available, were overcrowded, or the inmate wasn't a viable candidate by correctional agency standards. Therefore, procedures must address these potential interagency problems to assure equity of veterans services. We believe that services can and should be provided in prison as in free society and can be delivered by public and private organizations. (However, a word of caution is suggested. When we began our PTSD treatment program we found there was a wide range of interpretations of PTSD, even when using the American Psychiatric Association Diagnostic and Statistical Manual III and IIIR. Some practitioners even refused to accept PTSD as a recognized diagnosis. Therefore, we required that our psychiatric consultants not only had professional credentials but a working knowledge of PTSD and experience working with veterans, military hospitals, or trauma victims. We provided training for all of our staff prior to implementing the treatment program. We also provided ongoing annual training.)

Although the Department of Corrections does not take an inmate veteran advocacy role, we do believe in assisting the veteran with paper work and make referrals to benefit counselors to file claims and requests for discharge upgrading. While our experience in receiving assistance from Vet Centers and state veterans agencies has been positive, the service has been sporadic, and in some rural areas very difficult to acquire. We suggest this bill address this need and assure that benefits/services counselors be made available to all correctional facilities throughout the United States.

Title I, Sec. 103. We have no opinion on the suspension of debt collection.

Title II, Sec. 201. We concur with this section in its entirety. As previously indicated, we do provide a three phase counseling program and Agent Orange preliminary examinations via an agreement with our regional VA office. We want to reiterate the need for consistency and procedures which hopefully this bill will address. With the occasional change of VA district directors and other personnel, we have to reargue the need for services and the procedure which had been in use. We also refer to the National Vietnam Veterans Readjustment Study 1988 in response to Public Law 98-160 which reported that "15.1 percent of male Southeast Asia theater veterans are current cases of PTSD" and "an additional 11.1 percent currently suffer from partial PTSD." You will note that in our PTSD treatment program, we do not require formal diagnosis but only that the inmate "demonstrate some of the symptoms listed as diagnostic criteria for PTSD in the DSMIII-R." (1. Awareness and Education Phase, C. Pre-evaluation, 3. Admission.) This is an area that needs to be made clear in the bill or procedures, otherwise inmate veterans who need help may be omitted by definition or required diagnosis.

Title II, Sec. 202. We subscribe to correctional administrators taking a proactive role in providing inmate veterans special services. However, we strongly recommend that reasonable standards for qualification and competency be established for evaluation and treatment personnel at both the Veterans' Affairs and Correctional Department level. We also believe that services requiring special examinations and tests beyond the normal and regular services of the correctional facility should be provided by the Veterans' Affairs Department. In situations where the VA, due to security needs of corrections and/or location, is unable to provide the special service directly but these services are available in the community, we recommend the VA reimburse the

correctional facility for the services provided by the community. We support the establishment of staff conducted treatment programs, staff monitored "self-help" groups, and affiliation with recognized veterans organizations monitored by correctional staff, i.e., Vietnam Veterans of America, Veterans of the Vietnam War, American Legion.

Title III, Sec. 301 (a). We strongly concur with this section. We were fortunate to have the cooperation of the VA regional directors at the time we developed the programs in 1984 and 1986. From the inception of our PTSD treatment program staff training has been provided annually by VA personnel from area Veterans Administration Medical Centers in central Pennsylvania, Vet Center team leaders throughout our state, and surrounding states, and the recently created Vietnam Veterans Health Initiative Commission (VWHIC) of the PA Department of Health. We highly recommend Dwight Edwards, Director VWHIC and prior Vet Center team leader and Claudia DeWane, Vet Center team leader both in Harrisburg, PA. They and their associates have been extremely helpful as training staff and training program coordinators.

Title III, Sec. 301 (b). We would suggest that under availability of curriculum you add state and county correctional systems for clarity.

Title IV, Sec. 401 and 402. We concur with this section in its entirety. Our staff makes every effort to help arrange contacts with Vet Centers, job opportunity centers, etc. when the inmate is approaching parole. However, we highly recommend established liaison and service procedures throughout the United States to improve on this greatly needed service.

Title II, Sec. 403. We believe in continuity of care and therefore support a procedure including parole. However, we refer to our comments under Title I, Sec. 102 regarding the need for a procedure to assure that there can be interagency cooperation among corrections, parole, veterans affairs agencies, and other community resources.

Title V, Sec. 501. We concur with this section. We feel that the Pennsylvania Department of Corrections has taken the lead in this area by providing Agent Orange Registry preliminary medical examinations, a PTSD treatment program, soliciting the services of local Vet Centers, and assisting the inmates with the necessary paperwork to apply for benefits or services. We have shared our experience with several other states and provided the generic form of our Department PTSD treatment program manual to those who requested it. The Vietnam Veterans of America, in addition to assisting in forming "self-help" groups in some state prisons, has shown interest in our program and has asked for permission to distribute it throughout the United States. We are also in the process of submitting a manuscript based on the program method to a professional journal. We could certainly make use of any additional assistance this Bill may make available to us.

There is a financial factor involved which we feel the Department of Veterans' Affairs and Congress need to recognize. We feel the Department of Veterans' Affairs should consider reimbursing the state or local correctional facilities for their expenses involving veterans services.

You may be interested in noting that while there seemed to be an opinion among some, especially Vietnam veterans, that there are significant numbers of incarcerated veterans we have not found that to be the case. A 1979 report by the US Department of Justice, Bureau of Justice Statistics found that 23.7 percent of the reporting states inmate population was veterans of all eras. National statistics including the Bureau of Justice Statistics, National Vietnam Veterans Readjustment Study, PA Department of Corrections and New Jersey Department of Corrections have found or estimated the number of Southeast Asia in country veterans in prison to be between less than one to 4.7 percent. Again not a significant number requiring or requesting services. While our programs grew out of the needs of incarcerated Vietnam veterans, we do believe the services should be provided equally for all qualified incarcerated veterans. Our Department's veterans support groups attempt to provide benefit counseling and referrals for those veterans of all eras.

Title VI, Sec. 601. We concur. We suggest quality control and program monitoring. We recommend that there be a program coordinator for the state correctional departments at the state central office level to administer the programs within the correctional system and act as liaison with the Department of Veterans Affairs and other appropriate agencies.

In conclusion, it is our opinion that incarcerated veterans currently have limited access to necessary medical, psychological and rehabilitative services. We are led to believe, through interstate communications with several other state correctional systems that some correctional facilities permit "self-help" groups to deal with psychological needs while a few are developing programs similar to our PTSD treatment program. It appears that many of the state correctional systems and some county systems rely on the limited services available through Vet Centers or similar state agencies. While routine medical needs are met, it is difficult and expensive to provide treatment and rehabilitation services for the severely mentally and physically disabled veteran.

We strongly urge continued, as well as increased services through Vet Centers. We also request direct services from the VA and/or reimbursement for services provided through the correctional system for the severely disabled veteran. A final area which we feel has been overlooked or neglected is provision for veterans being released from prison who continue to need support systems, including housing. We suggest that unoccupied VA facilities and other unoccupied or vacant federal, state, and local properties be converted to half-way houses. We suggest that such facilities incorporate mandatory counseling through Vet Centers while the veterans participate in vocational/educational training, job placement, and work release. The veteran should work towards self-sufficiency and release from the half-way house in a reasonable time such as three to six months. To qualify for such services, the inmate veteran should be required to participate, where appropriate and available, in a prison program and be referred by the correctional system via the Department of Veterans' Affairs.

While all governmental agencies are under financial restraints, we do not anticipate the number of inmate veterans requiring such services would be large and therefore the expenditure for the services should not be excessive.

For your information and consideration, we are enclosing the generic format of our PTSD treatment program and an article from Corrections Today which is an overview of the program. We would be happy to share our experience with the committee, the Department of Veterans' Affairs, and any correctional department interested.

Again, we thank you for the opportunity to review H.R. 3453 and offer our suggestions.

Sincerely,



R. Belford, Ph.D.
Chief, Psychology Division

RB:jb

cc: Senator John H. Heinz, III
Senator Arlen Specter
Representative George Geakas
Representative William Goodling
Leslie M. Peterson, Deputy Director, Governor's Office
Joseph Lehman, Acting Commissioner
Deputy DeRamus
Director Harrison
J. Ream

DAVID S. OWENS, JR.
Commissioner



Deputy Commissioners
Administration
LEE T. BERNARD II
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ERSKIND DERAMUS

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PENNSYLVANIA 17001-0598

(717) 975-4941

April 25, 1990

Honorable Robert W. Kastenmeier
Committee on the Judiciary
Congress of the United States
House of Representatives
2138 Rayburn House Office Building
Washington, DC 20515-6216

Dear Representative Kastenmeier:

Thank you for your letter of April 20, 1990 and the opportunity to respond to H.R. 3453 "Incarcerated Veteran Rehabilitation and Readjustment Act". I participated in our Department's response and letter to you on April 23, 1990 by Dr. Belford, Chief of Psychology Division.

Sincerely,

John H. Ream III, M.S.
Assistant Chief
Psychology Division

JHR/em

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
POST TRAUMATIC STRESS DISORDER TREATMENT PROGRAM
FOR INCARCERATED VIETNAM VETERANS

The Pennsylvania Department of Corrections with the cooperation of the Veteran's Administration developed a treatment program for incarcerated Vietnam veterans who gave evidence of symptoms of Post Traumatic Stress Disorder (PTSD). The program emphasizes reexperience, restructure, recovery, and support in a therapeutic context. The program consists of three phases: awareness and education, intensive treatment, aftercare and support groups.

I. AWARENESS AND EDUCATION PHASE

Inmate Vietnam veterans, although feeling there is a governmental obligation to provide services and benefits, frequently are suspicious and distrustful of persons providing services. To establish trust and communication the following steps are taken.

A. Announcement:

1. Notices are placed in all inmate housing units and bulletin boards announcing the time and place of educational meetings for inmates already in general population.
2. Inmates in reception centers will be informed of program availability during orientation and classification interviews.

B. Educational Meeting

1. The initial educational meeting is held to explain the program, its methods and goals and criteria for acceptance.
2. The second educational meeting is a "discussion group" in which veterans may begin to express some of their feelings, develop trust with staff and consider the pre-evaluation step. (This step is optional. If there appears to be adequate trust and the inmates are ready to proceed from the initial meeting to the pre-evaluation step the discussion group may be omitted.)

C. Pre-evaluation

1. Pre-evaluation consists of the veteran completing the Vietnam Veterans Scale and Military Experience Scale or any similar questionnaire, providing a copy of DD214 Certificate of Release or Discharge from Active Duty or complete a request for military records form, and complete the Minnesota Multiphasic Personality Inventory (MMPI). The PTSD trained staff psychologist will administer and interpret the MMPI including the Keane, et al, PTSD subscale.
2. An interview will be conducted by the PTSD trained staff person to determine military history, traumatic event(s), signs and symptoms of PTSD, effects of traumatic events on the veteran's life after discharge.

3. The veteran is referred to the PTSD program coordinator for admission to the intensive treatment phase if he meets the following criteria:
 - a. Documentation of service in Vietnam in a combat or similarly stressful position between 1965-1975.
 - b. Demonstrates at least some of the symptoms listed as diagnostic criteria for PTSD in DSMIII-R.
 - c. Inmate willingness to participate in further PTSD assessment and treatment (Request to Participate in Special Program Form).
 - d. Has acceptable security and supervision status.

II. INTENSIVE TREATMENT PHASE

A. Admission

The PTSD program coordinator will review the admission packet and if acceptable assign the inmate to a treatment program. The packet will contain: DD214 and any other available military records, Vietnam Veterans Scale, Military Experience Scale, psychological report, interview report, prison classification document.

B. Evaluation

1. The program staff of the intensive treatment center will review the admission packet and conduct an orientation interview with the inmate to assure that housing, personal property, and any medical needs have been taken care of.
2. An in-depth intake interview will be conducted by a program staff person or team. The interview will expand upon the pre-evaluation phase assessment interview. The interview should develop a personal history including the veteran inmate's social, educational, vocational and military experience. A thorough background history prior to the applicant's military experience and prior to the offense is essential to establish behavior and personality characteristics and changes in line with criteria set forth in the DSM-III-R. (The Vietnam Era Stress Inventory, abbreviated VESI, or similar questionnaire may be used).
3. If the program staff, after reviewing the records and interview, feels further psychiatric and/or psychological evaluation is warranted, a referral will be made.

4. An assessment of, PTSD, if deemed necessary, based on DSM-IIIR will be made by a licensed mental health practitioner, i.e., psychiatrist, licensed psychologist.
5. An individualized treatment plan will be developed by the program staff in conjunction with the inmate. The treatment plan should be reviewed monthly.
 - a. The initial plan may be written in contract form with goals and objectives. Modifications can be made throughout the course of treatment. The inmate may retain a copy and a copy will be retained in the treatment file.
 - b. If at the end of the 90 day cycle the program staff feels that further treatment is warranted, and space permits, the inmate may be continued in the program. A new treatment contract will be written.

C. Treatment Plan

1. Group Counseling

Group counseling will be the primary treatment approach. The group may be led by an individual staff member or by co-leaders if sufficient personnel are available. In accordance with staff training, emphasis will be placed upon reliving and dealing with the Vietnam experience as well as related personal adjustment problems. Caution needs to be taken to prevent the inmate from talking as a "teacher" such as expressing surface information and technical aspects of his/her experience. Guidance should be given to bring out feelings and develop emotional awareness. Attempts of the inmates to skirt the main issues and/or discuss prison concerns must be kept to a minimum.

- a. Group size will generally be limited to 10-12 participants if there is a large demand for admission. A group of 8-10 is preferred for best participation.
- b. Group frequency - Groups will be run on a variable schedule as needed and as staff resources permit but generally will run for one to one and one-half hours, three times a week.

2. Individual Counseling

Inmate veterans may be assigned to individual counseling, in conjunction with or instead of, group counseling when needed. The program staff, at the time of initial evaluation will determine those inmate veterans who are in need of individual

counseling. The staff member providing individual counseling will determine the number of the counseling sessions based on client's needs and resources available. If an inmate veteran develops a need for individual counseling in the course of group counseling, he/she may be referred by his/her group counselor for individual counseling.

3. Personal Journal

Inmates may be required to maintain a personal daily journal and/or complete readings of materials recommended by the program staff, counselor, and V.A. consultants. The personal journal will be a confidential document to be used in the treatment process with the treatment staff, in group and individual counseling, and in peer interactions when deemed appropriate. The journal should include but not be limited to the inmate's daily interactions, feelings, attitudes, and reflections. The journal will not become a part of the inmate file.

4. Psychiatric Services

Psychiatric services will be provided as needed and as resources permit.

- a. Program psychiatric services may include evaluation, group and/or individual counseling, and chemotherapy.
- b. Severely emotionally disturbed veteran inmates who are not amenable to PTSD treatment plan may be referred to the mental health system for treatment in accordance with mental health laws.

5. Ancillary Services

In the evaluation phase and treatment plan development, the staff will address ancillary services needs. Such areas as Alcoholics Anonymous/Narcotics Anonymous groups, drug/alcohol counseling, anger management, relaxation groups, educational/vocational and leisure time needs should be considered. Consultation with and participation of staff from the Veterans Outreach centers will be encouraged.

6. Confidentiality

It is likely that program staff will enter into relationships with the inmates in which personal, sometimes sensitive, information is shared by the clients. The position of the Department of Corrections is consistent with the "code of ethics" for the treatment profession.

- a. The confidential nature of the relationship between the

inmate and the staff member is respected in most situations. However, when information is revealed to the staff person which indicates clear and imminent danger to the inmate, other individuals, the security of the institution, or to society, the staff person is legally and ethically obligated to disclose such information to appropriate officials or supervisors.

- b. The staff person should enter the relationship with the clients by indicating the limits of confidentiality. It is suggested that the conditions be stated during the treatment plan development phase and in initial group settings.
- c. Individual progress notes, if containing personal and sensitive information, will be kept in a secure place and not become part of the inmate's permanent record.

III. AFTERCARE AND SUPPORT GROUP PHASE

A. Aftercare Groups

Post intensive treatment aftercare groups may be offered when a sufficient number of inmates warrant such service and sufficient trained staff is available. Counseling may be a continuation of issues addressed in the intensive phase or more general in nature but should be relevant to the veteran's diagnosis and special needs rather than inmate concerns that might be addressed through other programs. As the individuals make progress, they may make a transition to a support group only.

1. Group size

Group size will be at the discretion of the group leader and may vary depending on the purpose and need for service.

2. Group frequency

Groups may be conducted on a weekly, bi-weekly or monthly basis depending on need.

B. Individual counseling

Individual counseling will be available as needed or provided when there is insufficient numbers to warrant group counseling. Counseling shall be provided by PTSD trained staff and deal with problems and/or issues relevant to the veteran's needs other than general inmate concerns which should be handled by the inmate's primary counselor.

C. Psychiatric services

Psychiatric services will be provided as needed and as resources permit.

D. Ancillary services

Inmate veterans may be assigned to ancillary services such as Alcoholics/Narcotics Anonymous, special drug/alcohol groups, other special offence specific groups as determined by staff.

E. Staff

Counseling staff shall have completed PTSD training. Department staff may be supplemented or augmented by personnel from Vet Centers, other Veteran Administration offices, or other appropriate agencies.

F. Support groups

Support groups are generally open to all veterans and usually deal with general interests and concerns pertinent to inmate veterans and/or veterans in free society, i.e. benefits, employment, education, medical services, family services, etc. These groups are usually self-governing with officers and have a staff coordinator or monitor who has a specific interest in the group.

1. Group size

Group size is unlimited and depends on demand and space available.

2. Frequency

Usually the executive officers meet monthly and the general group meets monthly.

3. Special groups

In addition special veterans' organizations may be established, if permitted by Department and they meet organization requirements. The Vietnam Veterans of America and Veterans of the Vietnam War are most popular although other national veterans organizations have also formed prison posts or chapters. Members from community veterans organizations may be supportive and assist staff with the general veteran support group.

G. Pre-release and Parole Planning

PTSD trained staff may assist inmate veterans who were in the PTSD treatment program in developing plans to enter half-way houses while

under sentence and for parole. In order to maintain continuity of care, staff works closely with community resources such as Vet Centers, Veterans Administration Medical Centers and national veterans organizations.

October, 1989

R. Q. Belford, Ph.D., Chief Psychology Division and J. H. Ream III, M.S.,
Assistant Chief Psychology Division, Pennsylvania Department of Corrections,
P. O. Box 598, Camp Hill, PA 17001-0598.

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Pennsylvania Makes PTSD A Priority

The 1980s ushered in a new era for Vietnam veterans. Veterans who served there began to demand recognition and respect as concerns about Agent Orange exposure and the effects of emotional trauma mounted. As Vietnam veterans around the country joined traditional veterans organizations and formed new groups, such as the VVA and VVW, to gain political strength, incarcerated veterans also began to seek each other out, form bonds, and challenge the system to meet their needs.

In 1985, the Pennsylvania Department of Corrections faced the challenge to develop its own treatment program for incarcerated Vietnam veterans who gave evidence of Post Traumatic Stress Disorder (PTSD) symptoms. Correctional officials met with regional representatives of the Veteran's Administration to seek assistance with the program design and staff training. By October 1986, a program emphasizing re-experience, restructure, recovery, and support in a therapeutic context to deal with PTSD was operational.

The PTSD program consists of three phases. The initial phase is an awareness and educational process to inform the inmates of the availability of the treatment program and criteria for admission, and to assess those who choose to apply.

The second phase includes further assessment and an intensive 90-day treatment program using group and individual counseling techniques. Group sessions are held three days a week for a period of one-and-one-half hours each. Psychiatric consultation is provided as needed. Participation in ancillary services such as substance abuse groups, AA or NA, and other treatment groups relevant to the inmate's offense and needs is recommended and encouraged.

Topics covered in the intensive phase include the history of the Vietnam War; dealing with one's emotions, values, and perceptions of the Vietnam experience; and how it has affected the individual's life, communication skills, and stress management. An inmate may repeat the intensive phase if he and the treatment staff deem it necessary and appropriate.

Continued on page 215

PENNSYLVANIA

Continued from page 185

The third phase consists of aftercare and support groups which meet once or twice a month. While aftercare groups continue to focus on the Vietnam veteran's issues and concerns, the support groups are open to any inmate veteran and deal with more general issues and diversified interests.

The PTSD program is coordinated by the Psychology Division of the Pennsylvania Department of Corrections' Bureau of Treatment Services. There are three intensive treatment centers. The assessment staff in the intensive phase consists of counselors, psychologists, and psychiatrists. The counselors and psychiatrists providing therapy in the intensive treatment centers are either veterans or have experience in either military or VA hospitals in addition to a knowledge of correctional systems. There is at least one correctional counselor trained in PTSD in each of the 14 state correctional institutions whose duties include providing the awareness and aftercare phases.

In addition, some of these counselors are assisted by the institution's staff psychologists and psychiatrists. Of the entire staff working with the PTSD program, many are veterans and 10 are Vietnam veterans. The PTSD program staff work closely with community resources such as Vet Centers, VA hospitals, and veteran's organizations to assist the inmates in developing parole plans and provide continuity of care.

To maintain a state-of-the-art program the staff attend an annual Department of Corrections-sponsored seminar led by VA personnel, review current literature and research, receive magazines and newsletters from veteran's organizations, and visit area Vet Centers and other VA facilities.

For more information, contact either Ray Belford, Ph.D., or John Ream, Pennsylvania Department of Corrections, Psychology Division, P.O. Box 598, Camp Hill, PA 17001-0598. 

Ray Belford, Ph.D., is chief, psychology division, and John H. Ream III is assistant chief, psychology division, Pennsylvania Department of Corrections, Camp Hill, Pennsylvania.

FEDERAL PRISON INDUSTRIES COMPETITION
IN CONTRACTING ACT

- Requires Federal Prison Industries (FPI or UNICOR) to compete for most federal procurements but permits FPI to invoke its existing "super preference" in federal procurements if it is unlikely to compete successfully and award is necessary to prevent a significant decline in prison workshop employment or to diversify into labor-intensive production of a new specific product.
- Requires all federal buying activities to solicit offers from FPI and other qualified offerors to fulfill requirements for such specific products as are included in FPI's current Schedule of Products, unless the buying activity buys the product under a Federal Supply Schedule contract or other indefinite delivery or quantity contract.
- Permits FPI to compete both for restricted and unrestricted federal procurements, and subjects FPI to the same price, quality and delivery requirements that any other contractor must meet.
- To invoke its "super preference", FPI must promptly submit a written request for withdrawal of a solicitation if it might not otherwise secure the award and FPI's share does not exceed 10% of the federal market for the specific product. As noted above, FPI also must show that the award is necessary: to prevent a significant decline in employment in the prison workshop which manufactures the product required; or to enable FPI to diversify into labor-intensive production of a new product.
- A buying activity may withdraw the solicitation at FPI's request if the activity determines that its requirement can be met by FPI and so notifies other offerors promptly so they can avoid preparing fruitless bids.
- If the buying activity subsequently determines that FPI's products will not meet the requirements, the matter must be arbitrated quickly and the results reported to the Congress. If a buying activity's determination is sustained, the activity must resolicit the requirement.
- All purchases from FPI must be reported to the Federal Procurement Data Center. Also, FPI must report annually its total sales by specific product, and its estimates of the total federal market and FPI's share for each specific product for the preceding fiscal year.
- Whenever FPI performs DOD contracts, any portion of the work FPI subcontracts to small disadvantaged businesses shall count toward attainment of DOD's section 1207 goal of awarding 5% of its procurement dollars to SDBs.

FPI Bill

101st CONGRESS
2nd SESSION

S./H.R. _____

IN THE SENATE/HOUSE OF REPRESENTATIVES

Mr. _____ (for himself and _____) introduced the following Bill; which was referred to the Committee on _____

A BILL

To govern participation of Federal Prison Industries in federal procurements; and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

TITLE I

SEC. 101. SHORT TITLE.--This Act may be referred to as the "Federal Prison Industries Competition in Contracting Act."

SEC. 102. PURCHASE OF PRISON-MADE PRODUCTS BY FEDERAL DEPARTMENTS.--Section 4124 of title 18, United States Code, is amended to read as follows:

"§ 4124. Purchase of prison-made products by Federal departments

(a) Purchase of Prison-Made Products. In accordance with this section, the several Federal departments and agencies and all other Government institutions of the United States shall purchase at not to exceed current market prices such specific products of the industries authorized by this chapter as meet their requirements and may be available.

(b) Publication of Catalog. Federal Prison Industries shall publish a catalog of all specific products and services which it offers for sale. This catalog shall be updated at least once in each six month period. Notice of the publication and updating of the catalog shall be published in the Federal Register.

(c) Solicitation of Offers. Except as provided in subsection (d) of this section, whenever a buying activity of such federal department, agency or institution has a requirement for a specific product or service included among the various classes of products and services listed in the current Federal Prison Industry catalog, the buying activity shall solicit offers from Federal Prison Industries and other offerors, unless its requirement can be met by a delivery order for such specific product pursuant to a Federal Supply Schedule contract of the General Services Administration or pursuant to any other indefinite delivery contract or indefinite quantity contract.

(d) Withdrawal of Solicitation. Promptly after Federal Prison Industries has received a solicitation as provided in subsection (c) of this section, the Attorney General may direct in writing that the buying activity withdraw the solicitation and consider awarding the contract to Federal Prison Industries using noncompetitive negotiation procedures if the Attorney General has determined that--

(1) an award cannot reasonably be expected to be made to Federal Prison Industries on a competitive basis;

(2) Federal Prison Industries has not captured more than a reasonable share of the market among Federal departments, agencies, and institutions for the specific product or products as of October 1, 1991; and

(3) it is necessary in the public interest to use procedures other than competitive procedures in the particular procurement concerned in order to --

(A) prevent a significant decline in the number of inmates who are working in the prison workshop which manufactures the specific product or products to be purchased; or

(B) enable Federal Prison Industries to diversify into labor-intensive manufacture of a new specific product approved by the Federal Prison Industries board of directors in

accordance with section 4122(b) of title 18, United States Code (18 U.S.C. 4122(b)).

(e) Notification of Solicitation Withdrawal. Upon receipt of the written determination by the Attorney General made pursuant to subsection (d) of this section, the buying activity shall withdraw the solicitation and notify potential offerors of the basis for such withdrawal.

(f) Arbitration. During the course of negotiations with Federal Prison Industries, if a buying activity determines that the specific product or products offered by Federal Prison Industries will not meet the requirements of the activity, any disputes as to the requirements or price for such products shall be arbitrated by the Administrator of Office of Federal Procurement Policy. Whenever the Administrator sustains the determination of the buying activity, noncompetitive negotiations with Federal Prison Industries shall be terminated.

(g) Resolicitation. When noncompetitive negotiations with Federal Prison Industries are terminated pursuant to subsection (f) of this section, the buying activity shall resolicit the requirement in accordance with applicable laws and regulations."

SEC. 103. REPORTING -- Chapter 307 of title 18, United States Code is amended by adding the following:

"§ 4130. Reporting

(a) Each federal department, agency and institution of the United States shall report to the General Services

Administration its acquisitions of products and services from Federal Prison Industries in accordance with the requirements of section 19 of the Office of Federal Procurement Policy Act (41 U.S.C. 417). Such reported information shall be entered in the Federal Procurement Data System referred to in section 6(d)(4) of such Act (41 U.S.C. 405(d)(4)).

(b) Within the first quarter of a new fiscal year, Federal Prison Industries annually shall compile a report on its sales activities during the preceding fiscal year, containing --

- (1) the total sales for each specific product sold to the federal departments, agencies, and institutions of the U.S. Government;
- (2) the total purchases by such federal departments, agencies and institutions of each specific product;
- (3) the share of Federal Prison Industries of such total purchases by specific product;
- (4) the number and circumstances of each Attorney General determination directing withdrawal of a solicitation; and
- (5) the number and disposition of disputes submitted to the Office of Federal Procurement Policy for arbitration.

Such reports shall be made available to the public at a price not to exceed the cost of printing and duplication of each copy of such report."

SEC. 104. DEFINITIONS -- Chapter 307 of title 18, United States Code, is amended by adding the following:

"§ 4131. Definitions

As used in this chapter --

(1) the term "prison-made products" means specific products of which Federal Prison Industries is the manufacturer;

(2) the term "current market price" means, with respect to any specific product, the fair market price of that product within the meaning of section 15(a) of the Small Business Act (15 U.S.C. 644(a)), at the time that the contract is awarded;

(3) the term "requirements" means the specifications of a buying activity relating to quantity, quality, safety, and timely delivery;

(4) the term "specific product" means a product which is designed and manufactured to meet requirements distinct in function and predominant material of manufacture from another product, and equates to the most current seven-digit Standard Industrial Classification Code published by the Department of Commerce, Bureau of Census, or the most current five-digit code if such code is not further subdivided into component seven-digit products;

(5) the term "small business concern" means a business concern that meets the applicable numerical size standard prescribed pursuant to section 3(a) of the Small Business Act (15 U.S.C. 632(a)); and

(6) the term "reasonable share of the market" means ten percentum of the purchases of the Federal

departments, agencies, and institutions as reported to the Federal Procurement Data System for any specific product during the preceding fiscal year."

TITLE II

SEC. 201. DEFENSE SUBCONTRACTING GOAL.--Whenever Federal Prison Industries, pursuant to a contract with the Department of Defense or a Defense agency, enters into a subcontract or supply contract with an entity defined in Section 1207(a) of the National Defense Authorization Act for Fiscal Year 1987, the value of such subcontract or supply contract shall apply toward furtherance of the 5 percent goal established in such section.

TITLE III

SEC. 301. EFFECTIVE DATE.--This Act shall take effect upon the date of enactment.

INCARCERATED
VETERANS
ASSOCIATION

Incarcerated Veterans Association
Charles C. Coogan/Co-Chairman
P.O. Box 351
Waupun, Wisconsin 53953-0351
Mr. Roy Brunet/Advisor

7/15/90

Dear Mr. Robert W. Kastenmeire,

The Incarcerated Veterans Association are residents now incarcerated within the Wisconsin Correctional System. This includes all Veterans, from all branches of Military Service, WW-II to Vietnam.

Our objective is to obtain Veterans benefits while incarcerated. The State of Wisconsin has forgotten all of the Incarcerated Veterans, in allowing them to receive their rightfully deserved benefits. We are not getting any assistance from the State Veterans Affairs, upon numerous requests.

The Hill Amendment, which was passed some years ago only allows Incarcerated Veterans 10%, of their Disabilities to payed while incarcerated, stating Incarcerated Veterans receive all needed medical treatment from the State while incarcerated.

In order for Veterans to receive this treatment, he has to pay this 10%, for the salaries of two correctional officers and transportation, to a VA Medical Center in Madison, Wisconsin. Any lengthy stay in a VA Medical Center is non-existent, do to the cost involved. Just resently through Senator Kohl, have we obtained a start in getting counseling for P.T.S.D., at the present time NO medical treatment is provided by the State of

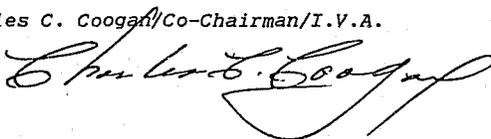
Wisconsin for service related injuries to Incarcerated Veterans.

Do to the overcrowding of the States Correctional System in recent years, its hard for prisoners to receive needed medical treatment, let alone Veterans. Just because a Veteran is incarcerated does not mean he is no longer an American, as some people may believe. We are asking for your support in this endeavor, and will be watching your efforts, and will advise our dependents of these matters in your next election efforts on your representation of Incarcerated Veterans.

Any and all correspondence can be forwarded to Mr. Roy Brunet at the above address.

Sincerely,

Charles C. Coogan/Co-Chairman/I.V.A.



cc: file

rb

km

do

rk

js

VETERANS RIGHTS AMENDMENT

Whereas the Veterans of this country have been slowly stripped of their Constitutionally guaranteed rights by the Department of Veterans Affairs.

Whereas the Government of the United States continues to deprive the Veterans of their rightful Entitlements as contracted for their service and sacrifice while a member of the Armed Forces of the United States of America.

We the undersigned do hereby petition the Congress of the United States of America to enact this **VETERANS RIGHTS AMENDMENT** as set forth in this document.

1. That a Veteran, Spouse and/or Legal Heir has the right to sue the Department of Veterans Affairs Staff and/or Doctors for **MALPRACTICE** when a Veteran's injuries or death is caused by the negligence of the Department of Veterans Affairs Staff and/or Doctors as established by an outside pathologist or Physician paid for by the Department of Veterans Affairs.

2. That all Veterans have the right to receive the best possible health care and are not to be used as teaching aids, experimental specimens, test subjects or for practice by Medical Trainees (Medical Students or Interns). The Department of Veterans Affairs will furnish highly qualified Physicians and Staff who can read, write, speak and comprehend the English language fluently. They must be citizens of the United States and must have been a citizen for not less than ten (10) years prior to their employment by the Department of Veterans Affairs.

3. That the Department of Veterans Affairs recognize and render Medical and Dental Treatment to ALL Department of Defense Military Personnel and their Dependents as established by the Department of Defense.

4. That the Department of Veterans Affairs give an itemized listing of all indebtedness allegedly incurred by a Veteran to the Department of Veterans Affairs and that the Veteran has the right to withhold payment for any alleged debts owed to the Department of Veterans Affairs.

5. That all indebtedness incurred because of the negligence of the Department of Veterans Affairs, such as overpayment, are to be declared caused by the Government and uncollectible.

6. That all local and state laws and regulations regarding the collection of a delinquent debt must be adhered to. Only a Veteran's earned wages can be attached or garnished with a court order and under no circumstances can a Veteran's Disability or Pension Entitlements be attached or garnished.

7. That only in a case of fraud against the Government, such as a self inflicted injury, can a Veteran's Entitlements be revoked or denied.

8. That a Veteran has the right to a speedy hearing before the Department of Veterans Affairs, with a fair decision on appeal within ninety (90) days of the hearing and a decision on appeal within ninety (90) days of the filing of a Notice of Disagreement. In the case of a delay of any of the above where the delay is caused by the Department of Veterans Affairs and not by the direct actions of the Veteran, the Department of Veterans Affairs will automatically decide in the favor of the Veteran.

9. That a Veteran has the right to a SECOND MEDICAL OPINION from an outside source and to refuse any treatment from the Department of Veterans Affairs for any entitled illness or injury without placing his Entitlements in jeopardy. Any second opinions and/or outside treatments for a Service Connected Disability or other Entitlement will be at the Government's expense.

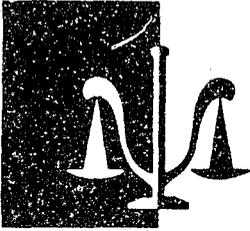
10. That a Veteran has the right to sue the Department of Veterans Affairs without requesting permission from the Department of Veterans Affairs first.

11. That a Veteran has the right to receive payment for damages, pain and suffering and punitive damage from the Departments of Defense and Veterans Affairs when a Service Connected Entitlement has been denied with the burden of proving Non-Service Connection being placed on the Government. Where no such proof exists and/or any witnesses of a claimed injury or illness are either deceased or non-available and there is no medical evidence to disprove a Veteran's claim for Service Connection, Service Connection will be granted with Entitlements to be retroactive from a Veteran's date of discharge.

12. If the Department of Veterans Affairs in any way fails to properly notify a Veteran of an indebtedness or circumvent in any way any Veteran's claim against the Government, this will constitute a violation of a Veteran's Constitutional Rights punishable by the firing of the employees responsible and the payment of a fine of not less than five thousand dollars (\$5,000) and not more than twenty thousand dollars (\$20,000) by the Department of Veterans Affairs as established by a court of law.

These rights are in addition to the already existing laws, rules, and regulations governing the Department of Veterans Affairs and where applicable replaces existing laws, rules and regulations.

NAME	ADDRESS
<i>Charles D. Coogan</i>	<i>906 S. 9th St Waukegan, Ill 53094</i>
<i>Veteran's Veteran</i>	<i>1946 to 1969 Fourth Inf. Div.</i>



CRIMINAL JUSTICE AND BEHAVIOR

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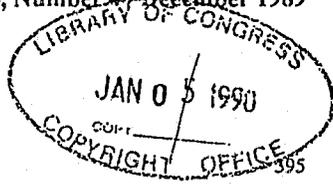
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Official Publication of the American Association for Correctional Psychology

CRIMINAL JUSTICE AND BEHAVIOR
 Volume 16, Number 4 / December 1989

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VIETNAM VETERANS AND THE CRIMINAL JUSTICE SYSTEM

A Selected Review

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This article considers the incidence of criminal activities and incarceration among Vietnam veterans in the United States. Results are presented from published and unpublished studies. Most studies indicate that Vietnam-era veterans do not have significantly higher arrest rates than nonveterans but that Vietnam theater veterans do have higher rates. These arrests are primarily for nonviolent offenses. Available evidence gives no indication how common Post Traumatic Stress Disorder and other delayed-stress conditions are among the incarcerated Vietnam veteran populations, or of the relationship between such conditions and criminal activities. We need more and better descriptive data on those incarcerated, as well as those on probation and parole, so that appropriate legal and interventive services can be offered.

The purpose of this article is to explore the involvement of Vietnam veterans in the legal and criminal justice systems of the United States. Although American military involvement in Vietnam formally ended in 1974, for thousands of Vietnam veterans the effects

AUTHORS' NOTE: *We would like to thank the reviewers of this journal, as well as Aaron Rosenblatt, for their helpful comments on an earlier draft of this article. Data for this paper were collected while Ms. Beckerman was a research staff member for the New York State Temporary Commission on Vietnam Veterans. The views expressed in this paper, however, are those of the authors and do not reflect the views of the Commission or its staff.*

CRIMINAL JUSTICE AND BEHAVIOR, Vol. 16 No. 4 December 1989 412-428
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of the war are not over. Serious charges have been made that the stigma attached to serving in Vietnam—coupled with ignorance about the Vietnam veteran's experience, its impact, and the mishandling of stress-related disorders—has resulted in Vietnam veterans' overrepresentation as inmates, parolees, and probationers and in their receiving longer prison sentences (U.S. Senate Committee on Veterans Affairs, 1980; Veteran Self-Help Project, 1987). Most of the American public sees the Vietnam veteran as beset by a host of social, economic, and psychological problems—a group of "time bombs" waiting to explode (Harris & Associates, 1980). One study estimated that roughly 10% of Vietnam-era veterans have been under some type of custody or legal curtailment due to legal, criminal, physical, or psychological difficulty (Boiven, undated). Veterans' groups and other advocacy organizations, meanwhile, have argued that the underlying issue facing American society is the question of whether Vietnam veterans experienced unique difficulties upon their return from the war that have resulted in their disproportionate presence in the judicial and criminal justice systems.

One-fourth of the 4 million men serving in the Vietnam Conflict were in active combat or were exposed to hostile, life-threatening situations (President's Commission on Mental Health, 1978). One of the many popular perceptions is that a large proportion of these veterans have been in prison because of their military training, combat experience, and the subsequent difficulties establishing themselves upon returning home. Another popular belief is that veterans are more likely than nonveterans to commit violent crimes and have trouble controlling violent behavior (Boulanger, 1986; U.S. Senate Committee on Veterans Affairs, 1980). In the criminal justice system, Vietnam veterans are also perceived to be individuals who were troublesome prior to and during military service. Hence, they are seen as psychologically weak individuals, predisposed to violent behavior or stress disorders. This article discusses data from studies that shed light on these images and perceptions and offers directions for further inquiry and policy considerations. Its underlying assumption is that better knowledge about Vietnam veterans in prison will improve our ability to make informed decisions about the kind of social policies required to address the needs of this population.

Two primary data sources were used in the preparation of this article. The first consisted of published articles, reports, and documents produced by private and public organizations from several states; the second, unpublished information provided by a broad range of groups, including federal and state correctional agencies and inmate and veteran advocacy groups. When interviews occurred, they were semi-structured and often conducted in a "snowball" fashion, with each respondent offering names of other people to contact.

It is important to note at the outset the difficulties in obtaining an accurate picture of Vietnam veterans in the criminal justice system. Information on the veteran status of individuals within state criminal justice systems are not computerized, making this information nearly impossible to collect in a short period of time. Existing research lacks comprehensive data on Vietnam veterans' arrest and incarceration rates across several jurisdictions. Problems also exist in data collection and interpretation, limiting our ability to reach definitive conclusions about the issues. Many criminal justice agencies do not systematically inquire about a person's military history. A good deal of what we know about incarcerated veterans and their military history is self-reported, with the obvious problems of reliability and validity. In some criminal justice settings, military-related information was not a high priority at the time of intake, and therefore may have been overlooked by the interviewer. Language difficulties, comprehension of questions, and anxiety may also cloud the accuracy of information made available to official agencies. Inmates may have been reluctant to indicate their veteran status to criminal justice agencies because of a fear that they, as well as their families, would lose veteran's benefits during their prison term. Clearly, the magnitude of the problems of veterans involved in criminal behavior is unclear because of the few systematic studies that identify and examine this population accurately. Hence, data are sparse. Within these limitations, this article will briefly consider the incidence of veteran's criminal activities and incarceration, the needs of those in the criminal justice system, and finally, possible means of addressing them.

VETERANS IN PRISON

The actual number of incarcerated veterans is a much disputed issue. Some of the literature and some of those interviewed for this article contend that as many as half of all inmates are Vietnam-era veterans (Miner, 1987; Pentland & Dwyer, 1985).

In the early 1970s, correctional authorities began to consider the number of veterans incarcerated. Boman, in his 1982 study of the "legacy" of the Vietnam Conflict, estimated that 30% of all male prisoners in federal facilities in 1975 were Vietnam veterans. However, this figure has been challenged in subsequent studies.

The U. S. Department of Justice (1981) conducted a survey in 1979 of 12,000 randomly selected prisoners in state facilities across the country. The study found that 25% of all inmates were veterans, and of this group about 60% were Vietnam-era veterans. Studies of individual states have tended to support this estimate. For example, a report published in *Trial* magazine in 1977 found that 11% of the Massachusetts state prison population consisted of Vietnam veterans. Kehrer and Mitra (1978) examined eight correctional facilities in Pennsylvania. They found that approximately one-quarter of the inmates were veterans, and that about half of this group were Vietnam-era veterans. Pentland and Rothman (1982) analyzed data provided by the California State Department of Corrections gleaned from newly incarcerated male felons imprisoned during 1979. The number of Vietnam veterans was estimated by taking veterans from the age cohort of 25 to 39 inclusively. However, it is possible that some veterans served in wars other than Vietnam. Nevertheless, these data provide the best available evidence of incarcerated veterans and nonveterans in California. The picture presented is virtually the same as that indicated by the Pennsylvania and Massachusetts findings. It was estimated that Vietnam-era veterans in California prisons during 1979 consistently made up about half of the incarcerated veteran population, constituting about 13% of all inmates in correctional facilities in the state. In 1984, New York State's Department of Correctional Services (Grossman & Macdonald, 1984) conducted a

survey of self-reported incarcerated veterans. The survey found that only 20% of those who responded to the survey reported service in Vietnam. The relatively low proportion of veterans and Vietnam-era veterans reported by the survey may have been due to the report's admission that a "significant number of inmates refused to participate in the study" (Grossman & Macdonald, 1984). Unverified, self-report information gathered from felons at the point of intake and classification is also maintained by the New York State Department of Correctional Services. In a recent report (Macdonald, 1984), the department indicated that there were 3,600 incarcerated veterans in the prison system in New York, representing 11% of the inmate population. The data does not examine variables controlling for era of service or ages but it seems reasonable to conclude that the majority of those aged 30 to 44—52% of the incarcerated veterans—were Vietnam-era veterans.

The U.S. Department of Justice (1981) survey of state prisons found that the average Vietnam veteran was older than other prisoners and had been out of the military service for eight years. About 50% of incarcerated Vietnam veterans participating in the survey received an honorable discharge, a far lower proportion than one would expect to find in the nonprison veteran population.

The Department of Justice's survey also found that, as a group, Vietnam veterans in prison appeared to commit the same types of offenses as both veterans of other eras and nonveterans. This was supported by Pentland and Rothman's (1982) study of inmates in California facilities. They found no significant differences between the types of offenses for which Vietnam-era veterans and nonveterans were charged. However, differences emerge when one compares incarcerated veterans, a group that includes veterans of all eras, with imprisoned nonveterans. In the Department of Justice survey, veterans were more likely to have been convicted of murder, rape, or assault than nonveterans, but they were less likely to have been convicted of robbery or burglary. Similarly, in New York State veterans were more likely to be convicted of murder and rape than nonveterans and were less likely to be convicted of robbery.

The Department of Justice study also inquired about the prior criminal activities of its respondents. The survey found that prior to their military service, 60% of Vietnam veterans in prison had been

incarcerated at least once, about 36% had been on probation at least once, and about 25% had served time for an offense committed while in the military. The findings of studies by the Massachusetts Department of Corrections concerning prior criminal history differed from those reported by the Department of Justice. The incarcerated Vietnam veterans in Massachusetts tended to have no prior incarceration and were more likely to be incarcerated for a first offense than were other prisoners (Landolfi & Leclair, 1976).

Official reports on incarcerated veterans have been contested by inmate and veteran advocacy groups. These groups maintain that Vietnam veterans are overrepresented in the prison population, receive sentences for first offenses more often than other criminal offenders, and have stress-related disorders that are ignored during their trial and sentencing, as well as afterward (Veteran Self-Help Project, 1987; New York State Defenders Association, 1987). One example of this is a report submitted by a self-help group of incarcerated veterans at Green Haven Correctional Facility. The survey that was conducted for (1987) the New York Temporary State Commission on Vietnam Veterans (1987) indicated that 70% of Vietnam-era veterans and about 91% of Vietnam theater veterans received honorable discharges. This finding, which is supported by a recent semiannual report published by the Veterans Affairs Committee (1987) on the Ossining State Correctional Facility in New York, is different from that reported by the Department of Justice in 1981. In the Department of Justice study, only about half of all Vietnam-era veterans reported honorable discharges.

In the Veteran Self-Help Project (1987) study, the majority of Vietnam veterans are first-time offenders, and almost half are serving life sentences. About 34% of Vietnam theater veterans are first-time offenders, 83% of whom are serving life sentences. Sixty percent of the Vietnam-era veterans have a minimum sentence of 15 years, a proportion far greater than the reported 11% of the statewide prisoner population with this lengthy a sentence. Compared to statewide averages, Vietnam veterans at Green Haven appear to be serving longer minimum sentences—an average of 16 years compared to an average of 5.7 years for inmates statewide. As with other surveys reported in this article, it is difficult to interpret the findings. The reason for the differences in findings between the Green Haven study and the De-

partment of Justice (1981) study is not clear. It may be that those who are currently serving time in Green Haven are sentenced for different crimes and had different military histories than those in prison during the Department of Justice survey. Alternatively, the veteran population in prison may have changed during the eight-year time lapse between the two studies.

DRUG USAGE

Among veterans, the association between the use of drugs and incarceration is often taken for granted. Indeed, Landolfi and Leclair (1976) found that veterans in Massachusetts prisons were more likely than nonveterans to have a history of drug abuse, and the use of drugs often began with military service. This finding, however, was contradicted by Pentland and Rothman's (1982) study of California inmates. In that state, Vietnam-era veterans appeared more likely than nonveterans to have had no previous drug abuse history. This was supported by the U.S. Department of Justice's (1981) survey, which also concluded that drugs played a "more important role" in the lives of nonveterans than veterans. The federal study found that compared with nonveterans, incarcerated veterans were slightly less prone to drug abuse and slightly more prone to alcohol abuse. A third of Vietnam veterans in the Department of Justice study reported having developed a drug or alcohol problem while in the service, and 33% indicated that they were heavy daily drinkers, Vietnam theater veterans reported drinking no more heavily than other Vietnam-era veterans. The survey indicated that most Vietnam veterans had used marijuana, and 25% had used heroin "regularly" at some point. The Department of Justice's report does not define what is meant by "regularly" and does not indicate whether heroin use began or occurred before, during, or after military service. It is also important to note that a sizable fraction of all incarcerated men in the study whether veteran or nonveteran, were "regular" drug users, and Vietnam theater veterans were slightly more likely to have used heroin. The data in these studies are somewhat difficult to interpret because they do not indicate when drug usage began or the period or location of military

service. This information is important in light of the different types of drugs available at different time periods in Southeast Asia.

ETHNICITY

The ethnic breakdown of incarcerated Vietnam veterans has been the focus of several studies. In the Department of Justice (1981) study, minority groups were not as overrepresented among incarcerated veterans as they were in the general inmate population. Blacks, for example, represented 50% of nonveteran inmates but only 33% of veteran inmates. Black and white Vietnam-era veterans were equally likely to have been Vietnam theater veterans. Data available from New York State's prison system and from the Green Haven study present a similar picture. The New York State data indicates that nonwhite inmates make up slightly more than 60% of the entire veteran population and 77% of the total inmate population (Fisher and Macdonald, 1986).

The Green Haven survey meanwhile found that the ethnic breakdown of Vietnam veteran-inmates was 61% black, 22% Hispanic, and 17% white (1987). This was similar to the ethnic composition of their nonveteran cohorts.

ARREST PROFILES

A national survey of more than 1,000 Vietnam veterans conducted by Card (1983) indicated that most, about 82%, had not been arrested. Few in the study were arrested while they were in the service or even in the first three years after discharge. Of those who had been arrested more than 80% had committed nonviolent offenses. When involvement in combat was introduced, "heavy-combat" veterans were found to have a higher arrest rate than other Vietnam veterans, and pre-service arrest records were not found to be an explanation for this. Those with arrest records prior to military service were no more likely to be arrested than those with no premilitary arrest records. Surprisingly, Card (1983) found that many of those with a high preservice arrest record had few or no arrests after military service. Those with no preservice arrest record were more often arrested after the service

than those with a preservice record. Interestingly, none of the veterans arrested for violent crimes after the discharge had ever been arrested before.

When Card controlled for social background, arrest rates were comparable, regardless of veteran status and combat status. Further examination of combat status indicated that irrespective of combat experience few of the men were arrested while in the service or during the first three years after discharge. Of those who were arrested after being discharged from the service, high-combat veterans were convicted more frequently than other veterans. This data, of course, does not reflect the veterans who were serving sentences at the time of the survey.

Card's (1983) national survey found no significant difference in the proportions of Vietnam veterans, other veterans, and nonveterans who had been arrested at least once since 1960. There was, however, a significant difference in conviction rates among these three groups—with Vietnam-era veterans having the highest rate of conviction. Our ability to interpret this finding is difficult because Card did not indicate the types of misdemeanors or felonies for which respondents had been arrested or convicted.

ARE VIETNAM VETERANS PRONE TO VIOLENCE?

It has been suggested that the violent behavior evidenced by some Vietnam veterans can be attributed primarily to their military training and combat experiences, as well as resulting delayed-stress disorders (Eisenhardt, 1975; Shatan, 1977). Basic training allegedly stresses violent behavior, in effect freeing the soldier from society's prohibitions against violence. Military experiences involving violence, it is suggested, reinforce the socialization that took place in basic training. As the President's Commission on Mental Health (1978) indicated,

Vietnam may have produced fewer immediate psychiatric casualties requiring evaluation and discharge than did earlier conflicts, but it left a far greater legacy of delayed and chronic disorders which arise and persist long after the soldier has returned to civilian life.

We have long been aware of the presence of stress-related disorders among soldiers, but prior to 1972 little attention was given to forms of delayed disorders such as posttraumatic stress disorder (PTSD) (Erlinder, 1984). It has been alleged that PTSD and similar disorders are common, and are important in understanding deviant behavior among Vietnam veterans (Fairbank, Keane, Malloy, 1983; Foy, Rueger, Sippelle, Carroll, 1984; Stretch, 1985). However, in a continuing debate, researchers have doubted whether stress disorder is unique or particularly frequent among Vietnam veterans because the subjects of studies are an atypical group of psychiatric casualties. The problem is in identifying a data base which would allow researchers to test hypotheses about the incidence of PTSD among all veterans and among veterans in the criminal justice system. For the most part, information about the incidence of PTSD has relied on anecdotal evidence, clinical observations, and scant research (Boulanger, 1986; Nezu & Carnevale, 1987; Thienes-Hontos, 1983). It is basically through inference that we arrive at an assumption that involvement in combat may result in stress-related disorders and a breakdown of internalized prohibitions and controls against violence.

Although stress-related conditions are not unique to Vietnam-era veterans, particular conditions that existed during the war may have accentuated its incidence while causing stress-related symptoms to be ignored upon the soldier's return home. In many cases, the presence of stress-related disorders may have been overlooked or considered irrelevant during the arrest and trial or may have been mislabeled (Erlinder, 1984; Pentland & Dwyer, 1985). In addition, the appearance of stress-related disorders may have been confused with, or masked by, other disorders. The symptoms are similar to those resulting from alcohol or drug abuse and various personality disorders (Jelinek and Williams, 1984). In fact, veterans themselves may not make the connection between military service and the turmoil they feel, especially if years have passed since they left the service. Clinicians unfamiliar with war-related stresses may perceive those complaining of stress as exaggerating their problem or as malingerers. Apparently it becomes easier to detect the disorder when the symptoms are extreme and the veteran is prone to outbursts.

A study by Boulanger (1986) tested the relationships between combat and violence, and between violence and PTSD, and it examined the incidence of violence among three groups—combat veterans, other Vietnam veterans, and nonveterans. Boulanger found that former combat veterans had been involved in significantly more fights in the five-year period prior to the survey than had other veterans and nonveterans; had used weapons more often and had more often “hurt someone so badly that a doctor had to be seen.” Combat veterans were also more likely to continue this pattern of behavior for as long as 10 to 16 years after returning from military service. No significant difference in the behavior of noncombat veterans and nonveterans was detected suggesting that noncombat veterans were able to return to a “baseline” of normalcy. The number of respondents in the survey was insufficient to determine whether the incidence of arrests for violent crimes differed significantly among combat veterans, noncombat veterans, and nonveterans.

Further analysis of veteran behavior using Boulanger's data is problematic. In an effort to determine whether those involved in criminal behavior might have become criminals anyway, or whether their military experiences perhaps accentuated this likelihood, measures of “violent” behavior and premilitary antisocial behavior were developed. The criteria used in these measures are questionable. For example, antisocial behavior included whether the respondents knew “children who had been in trouble with the law while in school” and whether they “played hooky frequently.” Measures of disciplinary problems during one's term of military service seemed less questionable. Analysis indicated that those who had been court-martialed or received nonjudicial punishment (so-called Article 15) were more likely than others to be involved in “violent” behavior after military service. A significant relationship between stress-related disorders and violent behavior was also detected. About 25% of respondents with a disproportionate number of stress symptoms reported involvement in “violent” behavior, compared to only 9% of those who did not appear to suffer from stress. In effect, the data indicated that respondents with symptoms of stress-related disorders were more likely to be violent than those with no stress symptoms, and that combat status was significantly related to the presence of “violent” behavior. Because

comparable data was not available, the findings did not indicate whether Vietnam-era veterans are more violent than veterans from earlier wars. Boulanger (1986) also did not examine factors related to social class, race, or ethnicity. Possible associations between these variables and patterns of criminal activity and exposure to combat were not explored.

In a national study by Yager, Laufer, and Gallops (1984), more than 1,000 men who were of draft age during the Vietnam era were interviewed. The group included veterans, some of whom served in Vietnam, and nonveterans. No significant difference between the arrest rates or conviction rates of Vietnam-era veterans and Vietnam theater veterans was detected. Those who had experienced combat reported more stress symptoms, greater use of heroin and marijuana, and a higher arrest and conviction rate than others. The findings indicated that noncombat veterans did not differ significantly from nonveterans, apparently confirming Boulanger's findings. We should, however, be cautious in applying the study's results. Neither Boulanger's (1986) study nor Yager et al.'s (1984) study gave adequate attention to the way in which soldiers were assigned to combat or why the draft-age men in their nonveteran groups had not been in the military service. In addition, neither examined possible relationships between participant's social class and criminal activity, violent behavior, and combat duty.

The presence of stress-related disorders such as PTSD is often used to explain why veterans commit crimes or are more prone to do so. Although such disorders are not unique to Vietnam veterans, certain conditions existed that may have accentuated their incidence and masked stress-related symptoms upon the soldier's return to society. The average age of American forces in Vietnam was much younger than in previous wars, and heroism was not given full recognition. Postmilitary debriefings were minimal, and medical screenings that might have detected stress were typically superficial (Kolb, 1986). Unless symptoms were obvious, health care personnel, psychologists, and psychiatrists were often not familiar with the various symptoms attributed to combat-induced stress disorders.

There is much dispute about whether PTSD and other stress-related disorders are present among combat veterans and whether they are

A more prevalent in this group than in other groups of veterans or in nonveterans (Boman, 1982). Recent studies indicate that combat stress can manifest itself years after discharge from the military, that pre-military background is not a predictive factor, and that there are significant differences in the rates of stress disorders among combat and non-combat veterans. In Boulanger's study (1986), veterans demonstrating evidence of stress were three times more likely to be violent than those with no stress symptoms. When the variable "combat" was introduced, the relationship between PTSD and violent behavior was even stronger. Having been in combat and having PTSD were found to be sufficient, in themselves, to predict the presence of violent behavior in a veteran.

Although there is literature on stress-related disorders and their effects, studies have not looked at incarcerated veterans as a population of concern. Incarcerated veterans have not systematically been evaluated for such disorders, and there is therefore no data indicating their prevalence among this population. It can be argued that this is because such disorders were overlooked, undetected, or mislabeled during arrests or trials (Erlinder, 1984; Raifman, 1983; Schultz, 1982). Perhaps this area has not received attention because of skepticism about whether PTSD and other disorders do in fact exist, accompanied by suspicion that inmates will feign the condition (Yager et al., 1984).

The presence of delayed, continuing, stress-related disorders may be a significant factor in understanding crime statistics, the style of a crime, and the rehabilitation of the veterans involved. At present it is difficult to determine how many veterans in the criminal justice system suffer from disorders resulting from military experiences and from prior emotional problems. Attention needs to be given to determining the incidence of stress-related disorders among veterans in the criminal justice system, whether this has affected sentencing, and whether there are rehabilitative services available for those affected.

SUMMARY

To what extent are Vietnam veterans in prisons and jails? The studies conducted to date present several interesting findings. Most

surveys indicate that Vietnam-era veterans do not have a significantly higher arrest rate than do nonveterans but that Vietnam theater veterans do have higher rates. These arrests, however, are primarily for nonviolent offenses.

Although most Vietnam veterans are not in prison, they represent a significant proportion of the prison population—somewhere between 5% and 12% of any facility. A small proportion of these veterans are Vietnam theater veterans. Compared to incarcerated nonveterans, incarcerated veterans have more often been convicted of certain types of violent crimes but are for the most part first-time offenders. There is some indication that those who remain in the system today have received long sentences, are repeat offenders, or did not engage in criminal activities for many years after their discharge from the military.

Available evidence suggests that for a large proportion of the Vietnam veterans who have been arrested and incarcerated, neither preservice criminal record, military experience, nor combat experience are clearly predictive factors of their criminal activities or of the types of crimes they were to commit. Although there may be a causal relationship between stress-related disorders and military experiences, documentation of their connections with subsequent crime and violent behavior is lacking.

IMPLICATIONS

Further information is needed for a more comprehensive picture of the Vietnam veteran population within the criminal justice system. We need more and better descriptive data on those in prisons and jails, as well as those on probation and parole. This would provide some indication of how many veterans are in need of services such as rehabilitation and employment and how many are eligible for veteran's benefits.

Available evidence gives no indication how common PTSD and other delayed-stress conditions are among incarcerated Vietnam-era veterans. We need to know whether incarcerated veterans are subject to PTSD. The interviews conducted, and a review of existing data and

literature, indicate that there is still within the criminal justice field ignorance of, and disinterest in, such disorders. This situation may have resulted in inappropriate sentences. To the extent that it was present at the time a criminal offense occurred, do Vietnam veterans have a legal remedy to their judgment of conviction? Some veterans' advocates argue that for those veterans convicted when doctors failed to diagnose PTSD at the time of trial, the disorder may be a basis for challenging the imposed sentence, or arguing for a new trial (New York State Defenders Association, 1987). For example, New York State criminal law (CPL Art. 440) authorizes motions to vacate a judgment based on new evidence. It may be necessary to enact appropriate legislation and regulation to establish a clear procedure for postconviction cases in which evidence of PTSD or other mitigating factors related to an offender's Vietnam experiences warrant a modification of sentence.

Ignorance of and disinterest in stress-related disorders also impedes rehabilitation and contributes to a lack of appropriate services within the prison and community targeted to the Vietnam veteran-offender. Systematic efforts should therefore be made to diagnose and treat cases of mild or chronic forms of delayed stress disorders. Those with detected cases would then be able to take advantage of counseling services, alternatives to incarceration, and disability benefits.

Appropriate treatment may also contribute to the prevention of continued criminal involvement. Given the current problems of overcrowding and the high cost of incarceration, it may be advisable to develop decarceration and alternative sentencing programs that recognize the somewhat unique situation of Vietnam-era veterans.

Research utilization would be improved if the quality of research on incarcerated veterans were improved. The context in which research is undertaken, and the organizational arrangements under which veteran-inmates and researchers come into contact influences both the quality and utility of the data collected. Researchers need to be aware of the link between knowledge development and the social environment of which it is a part. This probably will require that the research group be perceived as independent of the criminal justice and "veterans affairs" systems. Also, the Green Haven report (1987) cited

in this article suggests the valuable assistance that indigenous inmate groups can provide in any research effort.

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Incarcerated

From 3

include guards, prison administrators and other Vietnam veterans who are not incarcerated.

Workshop Moderator Phil Hontz, chairman of the VVA's committee on incarcerated veterans, told the approximately 15 Vietnam veterans and wives attending one of three workshops on incarcerated

veterans that the VVA is trying to develop a support network for these veterans.

"Basically," Hontz said, "first we have to change society's attitude toward incarcerated veterans. We think society's going to have become involved in the process." "They gonna come back," said Flynn, himself a former inmate. "And it's best to do something for them when they're there."

Emmanuel Heard, a Viet Nam veteran and former inmate in Virginia, earned both his bachelor's and master's degrees after he was released from prison.

Heard, who now works for the VA, said that after veterans are released they can easily fall into crime without a support system such as a family or the VA can provide.

"Within that first 90 days, don't have a job I'm going to get a brick, that is, commit a crime," said Heard, explaining the problems faced by veterans as they are first released.

Ernie Payne, a national secretary in California, said, "Brothers, we have to make sure we get out, stay out and they be as productive as they were before."

Payne helps incarcerated veterans with educational benefits, compensation and request to upgrade their discharges.

At the workshop, Payne spoke his first visit a year and a half to San Quentin prison, accompanied by his seeing-eye dog.

Payne said he was afraid three sets of doors closed behind him and he found himself in the prison courtyard.

However, once he was inside the chapel for a VVA meeting, the hushed group of veterans in the workshop that he felt "like I was home with my brothers who belonged."

"I could feel the kinship of my family, and I've been dealing with incarcerated veterans ever since he said."

Once, Payne said he discovered that an incarcerated veteran he was working with had earned a Bronze Star, but had never received it. Payne set about obtaining a medal for him.

Vets Behind Bars: VVA Workshops Focus On Incarcerated Vets

First In A Series

11/28/77

By Kim Strosnider

Leaders and members of the Vietnam Veterans of America (VVA) discussed during workshops at the VVA National Leadership Conference recently the problems unique to "the forgotten warriors"—its 3,000 members who are in prisons across the country.

"They may well be the last vestiges of those who are the forgotten warriors," said Wayne Smith, the VVA's national liaison for incarcerated veterans.

"If America had welcomed and embraced us, then we wouldn't

have had the problems we had with these vets," Smith said after a workshop. He noted that after returning from Vietnam many veterans "just floundered."

"In many cases," he said, "there is a correlation between their service in Vietnam and the fact that they came home and committed these crimes."

Echoing Smith's comments, John Flynn, chairman of the readjustment committee of the Ohio State Council of the VVA, said: "Incarcerated vets are our truly forgotten warriors. We forget about them. Usually we forget they were a veteran before they were incarcerated."

Flynn said veterans must always be on their guard in prison and cannot discuss the problems they faced when they returned from Vietnam.

"These guys have not had a chance to readjust," he said.

Smith berated the Veterans Administration (VA) for failing to visit prisons and to notify incarcerated veterans of their rights to benefits.

"In short, the Veterans Administration has failed to address the concerns of incarcerated vets," said Smith. He added, though, that the VA is currently conducting a survey on incarcerated veterans.

Of the VVA's 35,000 members nationwide, 3,000 are in prison. These incarcerated veterans have formed 25 chapters, some of which

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chapel for what he thought was a regular VVA meeting, he was surprised with a ceremony in which he received his Bronze Star with full military honors.

"That right there meant more to me as a NSO than any monetary gain I've gotten for people because it restored [his] pride in himself," Payne said.*

Vets Behind Bars is a series of articles examining the problems faced by incarcerated veterans, attempts to help them and efforts to incorporate them into veterans organizations.

Vets Behind Bars: Missouri Inmates Organize, Lead VVA Chapters

Second In A Series

By Kim Strosnider

John Upton, now 42, drove three hours every Monday for several years from his home in Kansas City to meetings at the Missouri Training Center for Men in Moberly, where inmates and a handful of veterans like Upton formed the first Missouri chapter of the Vietnam Veterans of America (VVA).

"There are people that had real reservations about going into a prison," said Upton, the founding and current treasurer of the Missouri State Council of the VVA. "There are people who had real reservations about [inmates'] worth," he added.

Upton, a participant in the Volunteer in Corrections (VIC) program, said he struggled to be accepted by the inmates. "They don't come across to you easily. You have to gain their confidence," he said.

Moberly's Chapter 70 consists mostly of inmates, though other Vietnam veterans are also involved. Two of its inmate members currently serve as chairman and secretary of the Missouri State Council of the VVA.

"There's been a hesitation to work with the guys on the inside, but that has changed," said Upton, citing the positive contribution of Chris Davis, an inmate who was reelected this June to a two-year term as Missouri state chairman of

the VVA.

Davis, 38, was convicted to 257 years in prison following a string of robberies in 1971. He had returned in 1970 from Vietnam, where he saw heavy combat as a member of the Army's 173rd Airborne Brigade.

He is currently the only inmate to serve as chairman of a state chapter of the VVA and the only chairman to serve two consecutive terms.

"We're doing something that's unique. There's not any state that's doing anything similar," Davis said in a telephone interview from the Ozarks Correction Facility, an honors camp near Fordham, Mo.

Three thousands of the 34,000 members of the VVA are inmates, according to VVA National President Mary Stout.

"Their concerns and issues are represented. They are not ostracized," she said.

Davis said he has faced only minimal opposition as an inmate trying to lead the VVA in Missouri. "When they find out a convict is state chairman of the VVA in Missouri, they say, 'Oh, wait a minute, what's going on here?'" he said.

Davis said the national organization of the VVA is enthusiastic, but has carefully watched Missouri to see if having an incarcerated state chairman would work.

Davis remembered that a fellow inmate at Moberly originally got

him involved in the VVA by "dragging" him to a rap session. "It was just really greet to sit there... All of us got to talking and I've been involved with it ever since," he said.

He said incarcerated Vietnam veterans share ideas about judicial review and Agent Orange, in addition to discussing emotional problems, like Post-Traumatic Stress Disorder, that they have faced since returning from Vietnam.

"When they talk about those things they find out there are other guys in the group that have experienced the same thing. We're able to bounce ideas off each other," he said.

According to Upton, the Missouri VVA consists of five chapters of anywhere from 500 to 700 members, including at-large members. Three chapters, he said, are currently forming.

Often Upton said new VVA chapters form when inmates are transferred from one prison to another.

Although inmate transfers can lead to the formation of new VVA chapters, transfers also cause logistical problems.

Because of Davis's transfer, Upton said Davis has missed two or three monthly meetings of the state council and executive committee, and it has been difficult for other VVA officers and members to visit him.

Upton said the state council

voted to keep Davis as chairman even though the council's constitution requires the chairman to attend all meetings.

Currently, Davis, who is eligible for parole next fall, is taking several classes and attending career counseling. "I've got all the time in the world" to work on VVA proj-

ects, he said.

Vets Behind Bars is a series of articles examining the problems faced by incarcerated veterans, attempts to help them and efforts to incorporate them into veterans organizations.

Vets Behind Bars: Families Receive Part Of Imprisoned Vets' Benefits

Third In A Series

By Kim Strosser

When Lloyd "Pete" Vallancourt first began visiting the state penitentiary in New Hampshire two and a half years ago, five or six veterans would show up to meet with him. Now 25 to 30 inmates regularly attend his bimonthly meetings.

Vallancourt, a state service officer for the Veterans of Foreign Wars (VFW), said many incarcerated veterans ask educated questions and are motivated to learn about veterans' benefits in order to help their families.

"A lot of them realize they made a mistake, but why should their families suffer?" he asked.

Inmates with 60 to 70 percent service-connected disabilities often are surprised when their disability benefits from the Veterans Administration (VA) are reduced to what those on the outside with 10 percent service-connected disabilities receive, Vallancourt said in an interview from his Manch-

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ester, New Hampshire office.

"By knowing the law," Vallancourt said, "you can get some of those entitlements for the family members."

"I think the basic misconception is [that] all benefits are lost," said Wes Riker, deputy national service officer for the American Veterans of World War II, Korea and Vietnam (AMVETS). "Just because a veteran is incarcerated doesn't mean he's not eligible for any benefits," said Riker, who used to work in the Florida prison system for AMVETS.

Riker said AMVETS helps incarcerated veterans get medical attention, fill out claims work and prepare for release, which includes pulling together a variety of "loose ends" like arranging for change of address and assisting them with forms.

According to VA Spokesperson Boomer Day, "Our policy is that if you are in prison or on parole you may still be entitled to benefits from the VA," such as disability compensation, educational benefits and burial benefits.

Incarcerated veterans whose disabilities are 20 percent or more service connected are eligible to receive payment at the rate of those who are 10 percent disabled and not in prison.

Inmates with up to 20 percent service-connected disabilities re-

ceive half of the 10 percent disabled rate, or \$73 a month.

In some cases, Day said the difference in the benefits they would receive if they were not incarcerated can be sent to their families.

The number of inmates in federal and state prisons who are veterans of military service could number as high as 50,000, though nobody really knows for sure.

Similarly, few veterans organizations know how many of their members are behind bars, except for the Veterans of America (VVA), which has 7,000 incarcerated members.

"I think most of the vets who are in prison do have contact with one of the service organizations," Riker said.

"There's always more I feel should be done, but you're always restricted by money, manpower, etc.," Riker admitted. "I think anyone in this business would always feel there's more that should be done."

Vallancourt said, "I feel that the VFW is doing a lot for our incarcerated vets. We have not forgotten [them]."

"For me, it's fruitful. I enjoy doing it," he said. "I've been very gratified to see some of these guys come out and be productive citizens."

To show their appreciation for Vallancourt's time and effort, inmates at the New Hampshire

penitentiary made him a plaque in the prison woodworking shop.

Vallancourt said he cherishes

this homemade plaque more than he would any plaque bought in a store. *

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Vets Behind Bars: Reaching Out For Help With PTSD

Fourth In A Series

By Kim Strosnider

Fear of darkness and loud noises, depression, combat flashbacks, tendency to tire easily, memory loss, inability to concentrate, feelings of alienation and alcohol and drug abuse were just some of the problems Vietnam veterans faced when they returned home.

While many veterans have learned to handle Post Traumatic Stress Disorder (PTSD), the disorder might have led other veterans to commit crimes. Further, once in America's prisons these veterans often have trouble finding medical help or counseling.

The most recent studies released by the Department of Justice indicated that in 1983, 11 percent of those in federal prisons served in the military during the Vietnam era.

The chairperson of an independent committee on Vietnam veterans said that people have testified before the committee that imprisoned Vietnam veterans may need special services, like help in dealing with PTSD, that are not being provided by the prisons or the Veterans Administration (VA).

"We have been increasingly concerned about services, or lack thereof, provided to incarcerated vets," said Robert Jones, chairman of the 14-member Advisory Committee on Vietnam Veterans, which will report directly to the administrator of the VA.

The committee sent an 8-page questionnaire to all 189 VA vets centers in the United States. Included on the questionnaire, which Jones said is designed to determine

what kind of services are provided by the centers, are two questions that focus specifically on services to incarcerated vets.

"We're really only scratching the surface," said Jones, who noted that the committee hopes to determine what the needs of incarcerated veterans are.

The committee plans to announce its preliminary findings at a meeting in Washington, D.C., in February, according to Jones.

Treatment of incarcerated veterans who may be suffering from PTSD also was discussed at a workshop held by the Vietnam Veterans of America (VVA) at its national leadership conference this November.

"Not every vet in prison has PTSD, but a good number do, and they deserve all the help they can get," said Ernie Payne, a national service representative for the VVA in California.

Emmanuel Heard, a former inmate who now works for the VA, said that officials in departments of corrections do not understand how to deal with PTSD.

Heard suggested that perhaps VA doctors should go to prisons if prisoners cannot be taken to VA medical facilities. Payne quickly added that many doctors "don't want to go in."

In an interview from his New Hampshire office, Lionel "Pete" Vaillancourt, a New Hampshire service officer for the Veterans of Foreign Wars (VFW), said, "PTSD is a reality. There's no two ways about it." He added that ex-prisoners of war from World War II, crime victims and others who have experienced catastrophic events suffer PTSD just as often Vietnam veterans do.

Vaillancourt noted that occa-

sionally VA doctors go to prison to examine veterans and that some VA employees conduct counseling sessions on PTSD and other problems.

In addition, Vaillancourt said the VA will provide medical care to inmates accompanied by guards who go to VA vets centers.

Because of guard shortages in the New Hampshire prison system Vaillancourt said only twice in his two and a half years of working in New Hampshire's prisons have incarcerated vets been able to go to vets centers.

Few inmates, he said, have the money to pay the guards to accompany them, and often the prison don't have the guards to spare.

"I think that the VA doesn't really do it's full potential," Vaillancourt said, noting that this is probably because of staff shortages in the VA.

VA Spokesperson Bonner Da said hospital care is not offered if the VA is to be held responsible for security in transporting an incarcerated veteran.

When asked about veteran having to pay a prison guard to accompany him to VA medical facilities, Day said, "I'm not aware of that."

Day noted that prisons have their own medical facilities.

According to the VVA "...most prison officials throughout America lack training and/or have limited resources to deal with or treat the problems of these di-

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abled veterans."

The VVA also claims the VA "is mandated by the U.S. Congress to treat these specific problems, but the VA does not typically send their staff to prisons on behalf of incarcerated veterans."

Day said the VA is addressing the concerns of incarcerated veterans even though it has no policies or benefits which are directed specifically to these veterans.

Day noted that incarcerated veterans experience a decrease in disability compensation once they are in prison, but can still benefit from educational assistance, pensions and vocational rehabilitation upon their release, burial benefits, insurance benefits (if they continue their coverage), home loan guarantees after they have secured a loan from a commercial bank and medical benefits.

Wes Riker, deputy national service director for the American Veterans of World War II, Korea and Vietnam (AMVETS), noted that the kind of care an incarcerated vet can receive depends on the kind of custody he has been placed under.

Riker also said that sometimes incarcerated veterans fail to receive benefits they are entitled to because they don't tell the VA where they are.

"I'm certainly not defending the VA," Riker said, "but if they don't know where they are, how can they have [contact]?" *

Vets Behind Bars: Missouri Inmates Helped By Own VVA Chapter

By Susan Walker

For as many as 64 inmates at the Missouri Training Center for Men (MTCM) in Moberly, MO, life involves more than the daily routine of eating, sleeping, exercising and working. These inmates also attend meetings held by Chapter 70 of the Vietnam Veterans of America.

The chapter, founded by Vietnam veterans incarcerated at the MTCM, "has been very instrumental in helping me plan my future," said Leon Pendleton, an inmate. The chapter sponsors substance-abuse education programs, pre-release classes and "rap groups," sessions where veterans can discuss their wartime experiences.

For some of the inmates, it is their first opportunity to share such experiences.

"You find some incarcerated vets are loners when they come in, because they've been loners since their military days. But once they find out there's a group of people they can communicate with, and fellow veterans who do understand, in here it seems to bring out the better part of their character," said Pendleton.

"The program is run by inmates. And they do a very good job," said Officer Rockenfield, activities coordinator at the MTCM. "There are staff members that are involved, but basically it's an inmate-run program for inmates."

The program started in 1980 ini-

tially as a "rap group," said Rockenfield.

"Some vets got together and decided to talk about what they'd been through. At the time this was going on, the VVA was just a baby in itself," said Rockenfield. The group joined the VVA in 1981 with the intention of "vets helping vets."

Since then, Chapter 70 has helped to form other chapters in the state, including one other incarcerated chapter at the Missouri State Penitentiary.

Chapter 70 also holds the first incarcerated state council chairman, said Rockenfield. The chairman is Chris Davis, an inmate who is now at the Ozarks Correction Facility.

"We give veterans a not-for-profit organization," said Wayne Smith, the VVA's national liaison for incarcerated veterans.

The emphasis is clearly on doing community kinds of work. We want them to feel a part of an organization with integrity."

Though Chapter 70 began with the intent of helping veterans, non-veterans also have benefitted from programs offered by Chapter 70.

The chapter's substance abuse program has been copyrighted and serves as a model for groups in other correctional facilities. Large corporations have even adopted the program for their own employees, Pendleton said.

Pendleton, who is now a peer counselor for the substance abuse

program, is not himself a Vietnam veteran.

"I remember when Leon [Pendleton] came into the program," said Rockenfield. "He made a statement one time that that was the only thing that really helped him....It kept him straight."

Pendleton agrees that Chapter 70 helped him to deal with alcoholism and to plan for the future.

"I believe that if [others] would look up these organizations, if they would make the effort to join the organizations out there, then some of their answers could be found," Pendleton said.

Veterans who are not interested in joining the chapter can still receive help.

"They don't have to be a member of the VVA here to get updates, or information or help from the chapter....All we have to know is that they're vets, and they need help," Pendleton said. *

Prison And PTSD For Vietnam Vets, They Go Hand In Hand

7/10/89

By Susan Walker

When World War II veterans walked into a bar, the saying goes, everyone bought them a round of drinks. When Korean War veterans walked into a bar, they had to buy their own drinks. And when Vietnam veterans walked into a bar, they had to buy everyone else a round of drinks.

The return trip from Vietnam only compounded the difficulties veterans would have in sharing their experiences at home, according to Wayne Smith, national liaison for incarcerated veterans for the Vietnam Veterans of America (VVA).

"In Korea and World War II, the mode of return was by ship," said Smith. "It took 30 days or more to cross the ocean. In that period, [veterans] were able to talk to others."

But for Vietnam veterans returning from combat, "There was no period of debriefing," Smith said. "In 20 hours some of them were back with their families and community—but still with a combat psychology."

As a result, many veterans turn inward and even try to relive their combat experiences, according to a report by C. Peter Erlinder, associate professor of law at the William Mitchell College of Law. Other veterans acquire a "compulsive 'living on the edge' response in which [they] repeatedly seek out dangerous or highly stimulating situations." Still others may experience "survivor guilt, a reaction which leads to intense despair, suicide attempts or attempts to get caught, punished or killed."

Such attempts usually lead to trouble with the law. As many as 29,000 Vietnam veterans are now incarcerated in state and federal prisons.

Incarcerated veterans who suffer from Post-Traumatic Stress Disorder (PTSD) are least likely to receive the help they need, according to Matt Doss, legislative assistant to Rep. George Brown (D-CA). Incarcerated veterans are not allowed to visit VA medical or veterans' centers unless a paid guard accompanies them. The guards must be paid for by the veterans themselves.

"If a veteran is suffering from PTSD and is in need of counseling or care, not having the option to visit veterans' centers will compound the difficulty," said Doss. "Prison is not the most conducive place for overcoming re-adjustment problems."

In an effort to help incarcerated veterans gain access to the 194 veterans' centers across the country, Rep. Brown and Rep. Lane Evans (D-IL) will soon introduce the Incarcerated Veterans Rehabilitation and Readjustment Act of

1989.

The bill charges that the "vet center" program directed by Congress to the Department of Veterans Affairs (DVA) "has failed to address the service-connected re-adjustment needs of incarcerated Vietnam veterans." The Vietnam Veteran Outreach Centers are part of the Readjustment Counseling Program set up by the Veterans Administration in 1980.

"As I understand, prisons have their own psychologists and doctors," said Bonner Day, spokesman for the DVA. "As a medical ailment, PTSD is treated the same as other ailments. It's up to the individual prison to provide access to VA hospitals."

"The bill says they're veterans, regardless of whether they're incarcerated. We have some kind of responsibility to help them come to grips with their service in Vietnam," said Doss.

The bill calls for:

- The attorney general to identify veterans in federal prisons and

inform them of their rights and responsibilities with regard to veterans benefits;

- Incarcerated veterans to receive medical examinations within the prison;

- The DVA to designate a liaison between each federal prison and the nearest 'vet center' to coordinate veterans' services and benefits;

- The DVA to develop a program to extend the provisions of the bill to veterans incarcerated in state and local prisons;

- Annual progress reports submitted to Congress by the DVA, and Federal Bureau of Prisons, the Department of Labor and the U.S. Parole Commission.

"It makes no sense to incarcerate and eventually parole veterans without attempting to address the factors which may have contributed to their criminal behavior," states a note at the end of the bill.

"Incarcerated veterans are entitled to such care by law, and it is consistent with our country's belief in the rehabilitation of criminal offenders."★