

1977

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Recommended Citation

Maynard, Charles and Blalock, Ann (1977) "The Welfare State within the Military," *The Journal of Sociology & Social Welfare*: Vol. 4: Iss. 3, Article 14.

DOI: <https://doi.org/10.15453/0191-5096.3788>

Available at: <https://scholarworks.wmich.edu/jssw/vol4/iss3/14>

THE WELFARE STATE WITHIN THE MILITARY

Charles Maynard and Ann Blalock

Much has been written concerning the extent to which contemporary industrialized societies meet the accepted criteria of a "welfare state".¹ By contrast, the literature on the welfare aspects of the military as an institution within societies is comparatively sparse. Yet internally, military establishments often exhibit many welfare state attributes. Within the military's organizational territory and authority, members are provided with a wide spectrum of comprehensive universal entitlements--social, economic, occupational, educational, and medical. The formal parameters of the U.S. military establishment's welfare entitlements give the undeniable appearance of a bonafide welfare state whose provision is significantly more benevolent and equitable than that provided to the nonmilitary. As with all welfare systems, however, the unique welfare state within the military has developed more in response to its own perceived organizational needs and requirements than to a rational assessment of the "real" needs of those it serves--military personnel and their families.²

In this sense, the military welfare state reflects the organizational imperatives, constraints, and ambiguities common to diverse forms of welfare provision, which are inevitably generated by the contradiction between the genuine social welfare needs of recipients and the survival requirements of the provider. Therefore, an analysis of military social welfare in the context of the military environment should provide insights not only into the nature of social provision in the military, but into welfare structures generally. This brief investigation may also illuminate an aspect of the welfare/warfare problem only infrequently addressed.

The military welfare state, however, is an unusual case, because of the nature of the military establishment's primary manifest function in the society, and therefore of its organizational goals. The military is mandated to provide an adequate and acceptable response to the society's definition of what constitutes major threats to its security in the external environment. Even more narrowly, its responsibility is to afford protection in an international environment which has historically been characterized by the threat of physical force, as compared with the dangers inherent in international economic and political competition.

Therefore, the goals of the military establishment are highly specialized: the development of superior defensive, offensive, and deterrent capability. In pursuing these goals, the military has been vulnerable to all the organizational requisites characteristic of social systems generally, as well as to their special elaboration in large scale bureaucratic systems. Most significant among them are the maintenance of internal order and morale, and the securing of the

organization's safety in the external environment--in this case, the civilian sector.³ The way in which these requisites are viewed by those in authority determine the military's needs and requirements. Social welfare entitlements to individuals and families are considered part of such requirements. Factors such as the increasing demands of members' changing societal conditions, alterations in the bureaucratic structure, changing definitions of national security, and technological breakthroughs, have modified the definition of survival imperatives in the direction of expanding the military welfare state.

Our thesis is that this welfare state is not in actual practice what it purports to be. There are serious inequities and constrictions which have eroded military social provision, largely because the organizational goals which significantly shape this system are clearly servants first of warfare, and only secondarily of real welfare.

The General Dimensions of the Military Welfare State

Although most of the data on military social services are primarily descriptive of the U.S. Army, formalized social provision to all branches of the armed services has comprehensive features. Walter Friedlander's article describes the many universal entitlements which apply both during and beyond the period of service, involving literally cradle to grave benefits.⁴ These are: income maintenance, job provision, housing provision, recreational benefits (both social and rehabilitative), medical-dental care (for service personnel and their families), social work services for individuals and families, psychiatric diagnosis and treatment, on-the-job training, vocational training, readjustment allowances for veterans formerly employed or self-employed, educational and training subsidies (GI Bill) and education for dependents overseas, disability benefits (economic compensation, medical care, pensions, subsistence allowances, special aid for the blind, deaf, and amputees, after-care in halfway houses, nursing homes, and outpatient clinics), business and home loans, life insurance, retirement pay, death pensions, educational benefits for veterans' survivors, and burial services for indigent veterans. These welfare benefits and services, representing an enormous national expenditure, are theoretically provided to all members of the military for whom they are relevant, within the restrictions of the hierarchical military ranking system.⁵

In this sense, the welfare state within the military establishment is an intriguing paradox. It seems more beneficent at all levels than its civilian parallel, while functioning within a caste-like stratification system which is structurally much less flexible and socially mobile than its nurturing society. It is at the same time more collectively equitable and more individually constraining. In the non-military sector, governmental responsibility has traditionally involved "residual" definitions of welfare, in contrast to the military application of "institutional" definitions. The former view suggests that "social welfare institutions should come into play only when the normal structures of supply, the family, and the market break down," whereas the latter holds that social services are "normal, first line functions of a modern industrial society."⁶ Despite the

broad definition characteristic of the military, welfare is accompanied by immense physical jeopardy in wartime, and considerably more in peacetime than in most parts of civilian society. And it is an interesting case of uneven formal governmental definitions of human needs within different sectors of the society.

The formal distinction between residual and institutional definitions, however, is moot. The existence of the military welfare state is indirectly dependent on an expropriation from the civilian welfare system, in the sense that national priorities have in recent history essentially involved a transfer of scarce goods from domestic programs to defense. It is important to note that certain important categories of needs created but unmet by the military also inevitably deplete the resources of civilian social and health services.

Within this context, our purpose is to concentrate on two general categories of entitlements within the military welfare state: occupational benefits and income maintenance; and social services to individuals and families. In each case, it will be our objective to examine some of the explicit purposes and implicit effects of military social provision.

The Military Welfare State: Occupational Benefits and Income Maintenance

Government job creation and guaranteed annual income have been goals of liberal reformers in responding to the problems of stimulating the economy, reducing inflation, lowering unemployment, and dealing with poverty. However, the military is rarely thought of as an authentic government job or income maintenance system. For many, it has been the employer of last resort, but for low-income minorities it has often been viewed as the employer of maximum opportunity.⁷ And for a significant number it has provided civilian jobs directly underwritten by the military budget.⁸ There is no question but what the military subsidizes a substantial portion of the potentially unemployed, and provides unskilled, semi-skilled, technical, supervisory, and managerial jobs for many members of the society. Furthermore, income and fringe benefits are competitive with the demands of organized labor in the private civilian sector.⁹ Job security is assured within a different set of limits from the civilian employment system, but the limits are similarly dictated by what kind of behaviors are considered destructive of the goals of the employer. The military formally offers more extensive occupational benefits than many civilian employers, in terms of job training, vocational training, special educational programs, and after-service educational and training grants for skill upgrading. Retirement benefits allow the serviceperson the possibility of civilian employment in middle age, supplemented by a guaranteed income (even though highly related in amount to the military ranking system). Early retirement, combined with reserve status, would seem to provide both more economic and occupational flexibility in one's lifetime than the civilian labor market.

The important question is whether the military is providing, in actuality, occupational and economic welfare. The following selected examples reveal

discrepancies and inequities in these entitlements within the military welfare state.

Minority and Low-income Military Personnel

In the early years of the Vietnam War, black leaders actively encouraged recruitment from the ghetto into the armed services, in the interest of increased occupational and economic mobility in the society. This was premised on findings which indicated that WWII veterans were enjoying economic superiority in civilian career competition vis-a-vis their nonveteran cohort.¹⁰ It was also recognized that racial integration in the U.S. military had in some ways progressed further than the parallel process in civilian life, both chronologically and in degree.¹¹ Badillo and Curry explain this phenomenon in terms of the Armed Forces' reliance on "meritocratic" criteria in the assignment process, which reflected "the pre-occupation of military elites with rational and bureaucratic efficiency."¹² However, though these criteria were equitable, many of the occupational and income outcomes for ethnic minorities within the military were not.

By the late 1960s nearly 20% of Vietnam combat units were black. More significantly, blacks and other minorities, and low income whites, were markedly over-represented in combat casualty rates.¹³ Differential casualty figures were reinforced by the disproportionately high battle death rates for volunteers as compared with draftees.¹⁴ That the major variable was socioeconomic status more than ethnic identity was supported by several studies which concluded that the assignment process was highly contingent on socioeconomic background and tended to channel individuals from lower-class backgrounds into positions more susceptible to combat casualties.¹⁵

However, the same factors that diminished the importance of race as a criterion for decisions about assignment, worked to increase the significance of those attributes of the socialization process which correlated (economically and educationally) with ethnic status. The military's use of essentially culturally-biased achievement variables to assess potential competency, which employed the occupational, educational, and income levels of parents as indicators, was discriminatory in outcome. Ethnic minorities and low income whites have been most likely to score low on all three. There is generally an unbalanced competition between the skilled and unskilled for noncombatant tasks, and this is exaggerated in so far as those military specialties which involve the greatest exposure to danger are also those requiring the lowest level of preservice training and ability. Through the occupational stratification of personnel, these factors have resulted in inequities in the application of the military welfare state's formalized occupational entitlements. The stratification process has tended to reward those who have been advantaged in civilian society, and has resulted in disproportionate injury and loss of life for certain groups of personnel in wartime.

Upward mobility in the civilian occupational structure by way of the military not only depends on the acquisition of increased job skills, to which combat skills

have traditionally provided little or no contribution, but also on leadership opportunities not equally available in the civilian labor market. The more desirable leadership positions have been difficult for minorities and low-income personnel to obtain. The proportion of black officers, for example, remained statically low even after civil rights gains became evident in the civilian occupational structure. As late as 1974, although 14.4% of the armed forces were blacks, only 3% of blacks were officers.¹⁶

Even the range of noncombat skills acquired in the armed services have had little transfer value (real marketability) in the civilian labor market, and for the previously disadvantaged this has been especially so.¹⁷ Although successful re-entry to the civilian manpower system from the military has been complex to analyze and interpret, it is significant that in 1972 the average unemployment rate for Vietnam-era veterans was 6.7%, while the total average rate for men 16 and over was 4.9%; and still in 1974 it was 11.3% for Vietnam-era veterans and 9.1% for the total male civilian labor force. The average unemployment rate for minority and low income veterans in each case was significantly higher.¹⁸

The incomes of ex-military personnel reflect the same discrepancy. A study analyzing a large random sample of veterans and nonveterans found that by 1970 there was a persistent differential in earnings between Vietnam-era veterans and non-veterans, a differential which increased with the size of the income category. For example, though 26% of nonveterans were earning at least \$10,000 only 14% of veterans were doing so, and while 10% of nonveterans were earning at least \$13,000, only 4% of veterans were doing so. Only 6% of nonwhite veterans were earning at least \$10,000 and only 1.9% were earning at least \$13,000.¹⁹ Although it is plausible that the differences in incomes reflected the differential return of veterans to the educational system--i.e. those not returning to college, graduate school, or training programs having less ability to earn--this is not an adequate explanation.

The military welfare state's theory of educational readjustment has had a strong relationship to the institutional commitment to occupational and income maintenance. The purpose of the GI Bill was explicitly to subsidize the education of the veteran to compensate him for time lost during military service. The assumption was that education was clearly related to occupational mobility and increased income. However, veterans' educational benefits for Vietnam-era veterans have till very recently been considerably less in absolute value than those for WWII veterans. Only 20% of these veterans (compared with 50% after WWII) were using the GI Bill in 1969. Thus those who needed the entitlement most--minority and low income veterans--were effectively prevented from using it. As the political struggle to increase these benefits began to have an impact, the utilization rate had increased to 46% by 1973, still with a lower rate for disadvantaged veterans. The consistent opposition of the Veterans Administration to increasing educational benefits, and providing veterans services on campuses, illustrates the subservience of the military welfare state to the organizational priorities of the larger military establishment.

A huge, heavily financed bureaucracy, whose budget is one of the largest of

any federal agency, the VA is officially committed to the delivery of the military welfare state's social benefits to a substantial segment of the ex-military population, yet its lack of responsiveness to Vietnam-era veterans--in particular minorities--indicates the relative unimportance of service delivery once personnel are no longer necessary to the functioning of the military. This disinterest of the VA in the special educational readjustment problems on campuses basically hostile to war participants, and non-nurturing toward the coping problems of minority veterans little prepared for the culture shock of movement into the higher educational system, has increased the problems of this group of GI Bill users.²⁰

Therefore, although income and occupational maintenance benefits appear nominally superior to those of civilian society, and even extend beyond the time of service, for minority and low income military personnel there are obvious contradictions in their application. Certain efforts have been made to redress this inequity. Project Transition, a six-month predischARGE training program initiated in 1967 to ease re-entry, though an excellent concept, failed to provide the services promised. The Department of Labor's manpower training programs, which utilized veterans' preference and minority preference guidelines, tended to involve veterans in dead-end low-skilled jobs. State employment systems yielded little help for the sizeable number of combat veterans with few technical skills, those who had been in a holding operation in low-skilled military jobs, and for disabled veterans. The National Alliance of Businessmen's job program, specifically for veterans, provided longer-term jobs with greater opportunities for upgrading, but placed only a small proportion of those veterans unemployed.²¹

The major difficulty could not easily be resolved: the specialized occupational needs of the military are responsive first to running an effective war machine, not to enhancing industrial growth or achieving full employment in the civilian sector. Though supporting defense-related industrial growth is of vital concern to the military, and a significant portion of the gross national product is consumed by the military establishment, industrialization concerns and labor market conditions are not considered within the military's area of responsibility. Consequently, easing the transfer of ex-military personnel to civilian industry, or increasing the utility of their skills to civilian industry and business is not an instrumental goal.

Military Retirees and Civilian Occupational Re-entry

Though a universal entitlement, the opportunity for occupational retirement considerably earlier than in civilian life is in actuality a meaningless benefit for non-career personnel, a sizeable group in wartime. For career military, however, it theoretically allows a shift to the civilian labor market cushioned by the military retirement pay subsidy. As "real" welfare, it is a mixed blessing. Even when the individual's military-acquired skills are considered useful by businesses and industries, these personnel have been in strong competition with better established, more organizationally senior, and more union-integrated rivals for scarce jobs. Bureaucratic management styles and procedures differ, and new

behavioral expectations are hard to identify and learn. Dumas emphasizes the difficulties in the conversion of technical scientific and engineering skills for peacetime industrial use.²² In addition, the very protectiveness of the military welfare state has increased the vulnerability of retirees to culture shock in re-entry to civilian life.

Also, military retirement typically occurs at a stage of the family life cycle which demands complex adjustments for multiple family members. No adequate preparation is provided systematically within the military for confronting the new re-socialization process which is required by this group. The lack of response by the military to what becomes of personnel after retirement is somewhat similar to the civilian sector, but the latter occurs to the retiree at a much later chronological age and stage of the family life cycle, and therefore is within a very different cultural context.

Many retirees--both officers and enlisted men--have experienced periods of unemployment and have often needed to take jobs which were not equivalent to the skill level and prestige of their former military positions. Many have returned to academic programs for retraining in fields in which they may not have extensive prior knowledge or experience, and in which they are in competition with much younger students with more current backgrounds. These transition experiences have been genuine life crises for many ex-military personnel and their families.

The paternalism inherent in the military welfare system is evident in the sense of isolation from the rest of the society felt by many of these newly-retired retirees. The residues of public anti-military attitudes complicate this sense of separation. As a group, these personnel and their families have unmet needs which eventually involve the use of civilian welfare resources and which constitute a hidden defense-related cost which effectively reduces the national social services allocation to other groups of recipients.

On the other hand, for those retirees at the top of the military hierarchy, the retirement subsidy represents a sizeable income. Moreover, the prestige of their former positions has tended to be retained in civilian life. Since contacts made while in the military, with government and corporation bureaucracies, have been substantial--and since their specializations have been more translatable and more in demand--these personnel have not only enjoyed disproportionate benefits within the military welfare state, but have in many instances displaced civilian personnel from important positions.

Women in the Military, and Occupational Entitlements

Women have constituted less than the 2% quota for female military personnel since it was authorized at the close of World War II, and have always been a volunteer army. However, it should be mentioned that women have to a significant extent made the mounting of modern mass-mobilization wars possible through occupying the work force positions of men absorbed into the military, positions which were

critical to the production of weapons and war supplies and to domestic survival.

By 1975, with the gradual shift to an explicitly all-volunteer force, women constituted 4.5% of all military personnel on active duty, including academic cadets.²³ Historically, women in the military have been excluded from direct combat roles and significant administrative jobs, and have typically been relegated to nursing, and routine supervisory and clerical jobs. They have experienced much stronger occupational segregation than in the civilian labor market. As Goldman comments, "the military is the epitome of a male-dominated establishment."²⁴ Charles Moskos terms it "a vestige of male sanctity."²⁵

Nevertheless, the military made strong promises to upgrade and increase female career options in the 70s--that is, to improve the occupational benefits of the military welfare state where women were concerned. This represented more than an appreciation of the changing role of women in civilian society. It reflected, Goldman says, a new perception of women personnel as a necessary technical labor resource.²⁶ It also, she contends, symbolized an appreciation of the necessity of broadening sex roles because of the increased emphasis on administration, logistics, communication, and deterrence. Organizational, professional, and recruitment changes were needed by the military.

But there has been little real movement on the part of the military to systematically incorporate women into military operations and other key military assignments. The military still does not perceive as an organizational imperative the adoption of a value system which would permit substantial movement toward real occupational equality for women personnel. Goldman comments that the context of military practices, and the nature of the military system, "presents [for women] a case of the search for equality without the opportunity of similarity of specialization or task with their male counterparts."²⁷

Women are therefore likely to continue to experience significant organizational resistances and role strains. Goldman claims these cross pressures mirror many forces: formal allocation limits on the overall number of women in the armed forces, the sex typing of professional and occupational roles, civil service requirements which emphasize equity-producing promotion criteria, powerful elaborate standards for promotion which tend to penalize the most gifted and creative of both sexes, the existence of sex-segregated occupational associations within the military, the marginal access of women officers to military social life, the trend toward managerial authority side by side with the crisis-prone organizational reality which centralizes control and hampers the extension of women into authority positions, the increasing emphasis on specialization but the persistence of rewards for being a generalist, and the ranking system which tends to separate the position from the person. The net outcome for women is the disparate promotion of women officers.

Apart from this inequity in the application of occupational and income benefits, women are likely also to continue to have difficulty with what Goldman terms the "sexual symbolism" which permeates the military because of the communal nature of

the military environment, a setting in which work and residential roles overlap. Such symbolism has an obvious impact on occupational life. In this respect also, job provision and income maintenance have fallen short of real welfare. And Goldman concludes that women are destined to continue to have problems in an institution whose major function is the management of violence.

The military provides jobs and income maintenance for personnel in order to produce an efficient, effective deterrent and offensive capability in the interest of national security. Adequate occupational and income maintenance, tied to other benefits which would be very costly to individuals outside the military, provides a necessary incentive to perform the tasks required by the military organization, to reduce potential unrest within that system, and to compensate for the dangers in military service and for the high level of regulation of the behavior, attitudes, and life styles of military personnel. Therefore, military welfare is at once protective and controlling. And within these occupational and economic entitlements there are significant inequities in pay, occupational status, the sophistication of tasks, the technological level of skills, and the rewards and risks involved in membership in the military welfare state.

Military Social Services to Individuals

The United Nation's definition of social services as "organizational activities whose purpose is to further a mutual adjustment of individuals and their social environment" has special meaning within the military establishment.²⁸ That social environment is quite circumscribed, not only in wartime but in peacetime, and the mutual adjustment process is skewed: individual personnel and military families are required to do the major part of the accommodation. To illustrate this latent aspect of social service provision, we will narrow our analysis to psychiatric and social work services to individuals and families, and to particular examples within these.

Mental Health Services During and Following War

Symptoms of maladjustment to military life represent a major organizational problem for the military both in peacetime and most critically in combat situations during war, just as the incidence of mental illness constitutes a serious social problem for civilian society. Both sectors of the society associate considerable costs with inadequate individual adjustment, both in organizational efficiency and in the capacity to implement primary goals. However, different limits of tolerance and distinctive definitions of deviant behavior have been characteristic of the more restrictive and demanding military environment. Individual adjustment has been viewed within "the institutional and situational demands of [military] duty."²⁹ The main indices of successful adaptation have been an absence of disciplinary problems in peacetime, and a low breakdown rate in war, rather than more objective measures of psychological health. Therefore, the prediction and prevention of this form of maladjustment gradually became the major function of military psychiatry. This is not inconsistent with the military's continued acknowledgement of the impact

of combat stress on the fighting capability of personnel.

The history of professional services to individuals has therefore responded to the military's changing perceptions of its needs in producing an effective fighting force. The origin of professional counseling was in 1918 when the Red Cross provided social workers to aid in the diagnosis, treatment, and after care of soldiers with "functional neuroses."³⁰ Early in World War II, the emphasis was on psychiatric screening of draftees and enlistees to determine unfitness for combat prior to absorption into the military, the purpose being to select only those capable of high performance within current military requirements.³¹ As the war increasingly demanded greater militarization of the population, and the loss of potential personnel through screening was sizeable, a shift occurred in the direction of retaining within the military not only those defined as most able but also those with psychiatric disorders who were "capable of performance at any reasonable level."³²

To sustain this broader definition of military capability during heavy mobilization, psychiatric and social work services turned toward a 'social psychiatric' concept of combat disorders "involving mental hygiene services, consultation to command, and preventive psychiatry."³³ The nature of prevention and treatment became tied to the proper use of combat personnel by the command structure. Considered most important in prevention were the duration of exposure to a given combat situation, the nature of the prior training, and the length of the tour of combat duty.³⁴ These were seen as variables manipulatable by command personnel in reducing the incidence of combat-related mental disorders. The main elements of the treatment approach became immediacy--the necessity of implementing treatment as early and as close to the lines as possible; expectation--treatment carried out with the anticipation that the soldier would return to combat; simplicity--treatment focused on the combat circumstances producing the condition rather than on predisposing factors in the past; and centrality--the availability of a psychiatric staff where psychological casualties were evacuated.³⁵ These concepts were used to some extent in WW II, but largely due to the different nature of the wars, they were the exclusive guiding principles in Korea and Vietnam. The central purpose was to maintain all personnel in a combat-ready frame of mind.

This reshaping of military psychiatry around changing organizational imperatives produced a substantial expansion in the military welfare state through new interventions. Psychotropic drug medication was only one example. The extension of social services was credited by many with the significantly lower breakdown rate reported in the Vietnam War.³⁶ However, this apparent increased responsiveness to the coping problems of individual military personnel, particularly in combat, must be examined in a larger context.

Breakdown rates have always suffered from diverse definition and interpretation, and considerable measurement error. They reveal, usually to an unknown extent, as Borus suggests, the soldier's "past history of coping, the flexibility and variety of the coping repertoire he has established in adjusting to past

transitions [crises]."³⁷ Borus views coping within a remarkably military-type model as "a process of struggle, as in warfare, when the individual must mobilize his resources and allocate them to offensive, defensive, and systems-management operations to ameliorate significant stress."

What is also revealed in breakdown rates, however, is the relative successfulness of military socialization. Basic combat training, for example, is designed to place the soldier under selected physical and psychological stress, and strongly emphasizes the acceptability of overt expressions of hostility and violence under combat circumstances. Many of the tenets of Maslowian "self-actualization" are deliberately eroded.³⁸ Conformance to military requirements takes precedence over the development of personal values independent of the organization. Personal pacifist tendencies and attitudes supporting cultural relativism, for example, are negatively sanctioned. The degree of psychological stress experienced by different personnel is therefore related not only to combat conditions per se, but to the whole milieu in which both the majority of one's peers and the helping professionals have been socialized to support the "healthiness" of certain personal attributes over others.

In addition, other factors were felt to have made a strong contribution to the low breakdown rate: the degree of cohesiveness felt by the combat group and its sense of identity as a unit, the way in which the unit perceived the adequacy of its leadership, the episodic nature of the fighting, the absence of psychological rewards for evacuation to rear areas, the widespread use of drugs, and perhaps most significantly the rotation system.³⁹ Some quarreled with these interpretations. Savage and Gabriel, for instance, proposed that cohesion, discipline and professional leadership in Vietnam exhibited several major indicators of disintegration: the replacement of traditional officer stereotypes with managerial noncombat role images, the troubling intermingling of combat and noncombat personnel, and the destruction of primary military groups due to the rotation system.⁴⁰ But differing explanations of the low breakdown rate ignore a more basic question: to what extent did the social services within the military welfare state, which contributed to reducing mental breakdown, actually increase the mental health of members of the military in wartime?

It is deceptive to view the psychological health of combat personnel in any other context than an environment which generates far greater fears, anxiety, and guilt--and much more psychological brutalization--than most civilian life situations. Though a minority of personnel gain self-identity and personal integration through combat roles, this form of wholeness has questionable connotations. Some of the behavior expected of personnel by the military in wartime is clearly illness-producing, by civilian psychiatric standards. And among military personnel these expectations are differentially illness-producing, inasmuch as a higher proportion of low income and ethnic minorities experience combat. Therefore a reduction in certain symptoms of clinical illness under severe stress must be analyzed in terms of the life quality of military personnel.

It is important in this respect to discuss briefly the unexpected rate of "civilian readjustment breakdown" which occurred among a significant number of Vietnam veterans.⁴¹ The complicated matrix of delayed symptoms was titled "the post-Vietnam syndrome" by civilian psychiatrists. Shatan and Lifton identified its basic themes as a strong tendency to experience episodes of terror and disorientation, threat-avoiding mechanisms appropriate to combat carried over to civilian relationships, a distrust of establishment psychiatric and social work services, guilt and undischarged grief over those killed and injured, and a pervasive feeling of victimization by military and government agencies and by hostile public attitudes toward the war.⁴² The military took little interest in this phenomenon, treating these problems as "non-service-connected disabilities," thus making services within the military system and the Veteran's Administration unavailable to this group. The civilian welfare system was poorly prepared to treat men with unique post-combat and civilian transition problems, and coped deficiently with this group of clients. Meanwhile the difficulties involved in the veteran's occupational and educational integration increased the severity of the syndrome. The military welfare state was far more capable, potentially, of developing a meaningful pre-discharge and post-discharge counseling program around this problem. But the military bureaucracy, which needed to resocialize civilians to lower their normal control over violent impulses in combat, did not feel an equally strong obligation to deal with the inevitable personal consequences of such training and experience. In returning to a society which had been undergoing considerable social change in the direction of increasing alienation toward such personal warfare credentials, veterans found that both the military and civilian welfare systems treated readjustment problems with benign neglect.

Drug Abuse Services

The use of drugs during the Vietnam War posed a sufficient threat to combat effectiveness and the maintenance of morale and order in the armed forces to stimulate the introduction of new preventive and rehabilitative services. Though Jones and Johnson claim that "drug abuse became an evacuation syndrome paralleling in scale the loss of manpower due to 'war neurosis' in the early stages of World War II," others hypothesized that there was a marked relationship between the low breakdown rate and the enhancement of coping abilities through non-addictive drug use, particularly marijuana.⁴³

Bourne discussed the physiological effects of drugs in alleviating stress symptoms.⁴⁴ Bey and Zecchinelli took the position that marijuana had indeed served as a coping device in Vietnam.⁴⁵ Roffman suggested that "it is within the realm of possibility...that moderate marijuana use for some soldiers--perhaps for most soldiers [in Vietnam]--reduces the likelihood of mental illness [and] personality disorganization."⁴⁶ He proposed that marijuana use may have assisted some servicemen with "healthy efforts at coping with a hostile environment." Saunders felt illicit drug use, rather than arising from character disorders, was for some a rational means of dealing with military life in Vietnam.⁴⁷

The military's labeling of the level of drug use as seriously disruptive, and its institutionalization of treatment services, was therefore largely a reactive response to fears of reduced combat performance, rather than an interest in determining the extent of the problem or its consequences for individuals. That this was the case seems borne out by the paucity of military research on drug use, and the secrecy with which Defense Department data were handled. Consequently much of the research has been retrospective, methodologically poor, and the results contradictory. The better data suggest that drug use was quite extensive, though far less than some reports had indicated. And it was estimated that only approximately five percent of servicemen in Vietnam were physically addicted.⁴⁸

The data unequivocally suggest that the majority of drug users were first introduced to drugs in Vietnam. Marijuana use was most extensive, the higher incidence rates being among younger servicemen, those of lower rank, single persons, personnel with urban backgrounds, and ethnic minorities. There was higher use in the field than in base camp areas, and somewhat more use in combat areas than rear areas. Serious adverse reactions attributed to marijuana use occurred in only a very small proportion of chronic heavy users. There was a surprisingly high rate of remission of drug use upon return to civilian life.

A close relationship existed, then, between the conditions of war and the fluorescence of a social problem, particularly in a war where drugs were readily available and where certain personnel at relatively high levels of the military hierarchy were actually involved in illegal purchase and distribution. Those in authority in the military, however, viewed the problem mainly in terms of social control, and largely for this reason drug treatment services were generally inappropriate and ineffective. More seriously, the application and utilization of these benefits were uneven, and the consequences for individuals seeking or assigned to them revealed the ambivalence with which the military power structure defined the role abuse played in strengthening or weakening combat units.

Chemical dependency was responded to within changing and arbitrary sets of criteria. The identification of those "needing" services was often dependent on the command personnel's perception of the value of a particular unit in meeting immediate troop requirements in combat, irrespective of the level of drug abuse within it. If behavior within a unit appeared to involve disciplinary problems, and the unit was not essential to military operations, individuals were often more likely to be channeled to services. This sorting of drug abusers into social services frequently resulted in less-than-honorable discharges. Because the extent of the abuse reported within units varied considerably among commanding officers, discharges were sometimes based on idiosyncratic evaluations of the amount and chronicity of drug use.

Even under the drug abuse amnesty program, publicized by the military as an important additional social service, many self-confessed addicted personnel were stigmatized with such discharges. The special treatment programs under the amnesty program were, in actual practice, not made available to many who needed them. The

data on discharges suggested that the disproportionate number of minority veterans who received less-than-honorable discharges based on drug abuse, was in all probability related to the high proportion of black personnel in combat units. The discharge review process, formally available for reinstating veterans benefits, was implemented successfully in less than 1% of the cases where review was requested, and applications piled up for months and sometimes years prior to a hearing.⁴⁹

As a result, insurmountable difficulties were created for many veterans in gaining civilian employers' trust and in dealing with the double-bind in civilian society: labeling both as a participant in an unpopular war, and as a potentially problematic reject from military service. The evidence strongly supported the claim that some drug-connected less-than-honorable discharges were related more to black militancy than to chronic drug abuse. Because the overwhelming majority of discharges were administrative rather than given through the court martial procedure, only minimum due process protection was available. In addition, "general" discharges, which fell within the honorable category and therefore did not involve a loss of benefits, nevertheless officially stigmatized the returning veteran in civilian society, and reduced his employability. The defining of the individual as "unsuitable" for military performance had broad connotations to civilian employers, far beyond the ability to adjust to military combat. Furthermore, those veterans re-entering civilian life with a genuine drug abuse or alcoholism problem, developed in Vietnam, were denied by their discharges the treatment specifically developed to respond to their needs. Moreover, they were deprived of the educational and training benefits which could have provided healthy support for re-entry.

Taussig suggests five basic criteria for evaluating the entitlements of welfare systems: the adequacy of benefits, cost-effectiveness, horizontal equity, preservation of incentives, and absence of stigma.⁵⁰ Drug abuse entitlements proved to be inadequate, relatively ineffective, inequitable, alienating, and stigmatizing. This was so mainly because they were provided within the organizational limits of the military environment and were not the servant of real welfare.

Social Services in Peacetime

In peacetime, and away from combat zones in wartime, the pattern of utilization of psychiatric and social work services within the military also discloses inequities in the military welfare state, which correlate with the structural characteristics of the military establishment. For example, differential "acceptability" has been traditionally attached to different types of individual problems. In practice this has meant that those with drug and alcohol problems have had the least access to social services, those with medical problems the highest, personal problems have fallen in between, and problems involving protest behavior have been completely excluded from the welfare state.⁵¹ The discrepancies in the value judgements associated with different clusters of behavioral "symptoms" have been discriminatory in outcome, favoring those traits which are in conformance with desirable organizational outcomes. As mentioned previously, the withdrawal of certain social service entitlements are likewise linked with "unacceptable behavior" by these standards.

The decision not to make full use of needed entitlements is also constrained by the rigid stratification system which helps define the criteria for upward mobility. Janowitz has documented the highly competitive promotion path of the career officer, emphasizing the intensity of that competition particularly at the mid-level and higher level ranks. He points out that serious jeopardy is involved in the promotion board's notice of possible blemishes to the individual's suitability for shouldering responsibility.⁵² One such blemish can be the implication that the individual has sought or needs to obtain help with personal problems. These problems, by contrast with physical symptoms, are considered controllable, and controllability is related to promotional adequacy in a traditional, male-oriented system. This pressure effectively limits the use of counseling and treatment benefits by officers: it is occupationally safer to seek help from non-military personnel or from military personnel on an unofficial basis. In some cases, this has led to black market services which benefit only one category of military personnel and undermine services to others. Because of strict occupational stratification, enlisted men do not frequently work through the ranks to officer status, and tend not to be (by self-selection) as career oriented. Consequently they have not been as constrained by military norms to avoid the use of these entitlements. Nevertheless, these values also create strains for enlisted personnel.

More insidious is the tendency of the military to view lack of conformity to the proper definition of behavior in superior-subordinate relationships, and to the performance of appropriate combat roles, as an index of military unsuitability. An example of the command structure's concern about the latter is the existence of the Air Force Human Reliability Program. This program attempts to identify and remove individuals considered "unreliable" from critical assignments. Such individuals may or may not need help, yet the negative consequences of seeking help may inhibit the individual from securing much needed assistance and support.

Definitions of appropriate sex role behavior also play a part in the access to and use of psychiatric and social work services. As in civilian life, the presence of symptoms is much more an acceptable rationale for women seeking help than for men, as the dependency inherent in asking for help is more consistent with traditional sex role definitions. However, this inequity is exaggerated in the military welfare state by the much stronger emphasis on the virility and personal ego strength of male personnel, which has been a persistent machismo norm within military systems long before Sparta. This context also affects the utilization of services, as they are provided predominantly by male military professionals whose values tend to be compatible with traditional sex role expectations. The special strains which women experience in the military are often not recognized as legitimate problems for which healthy coping repertoires are needed, and the emphasis is placed on the adjustment of the woman to the generally male-dominated requirements of the organization.

The point we wish to illustrate is that the norms and values of the military "culture," and the social structure of the military "society," create serious inequities in how responsive military social provision has actually been to the needs of individuals functioning within it and making transitions from it. The purpose

of military social services is more clearly related to the suitable performance of military tasks and to internal order--within the primary goal of maintaining an efficient, effective war machine--than to the usual definitions of mental health and illness followed in non-military settings.

Social Service Entitlements to Military Families

The armed services have only gradually become a familistic institution, in the sense of giving attention to the families of military personnel. This change has been in response to developments in the larger society, among which have been the general increase in the percentage of persons living in family units and the growth in medical and contraceptive technology. Trends within the military have also been operative: a consistently lower divorce rate than in the outer society, and a reduction in the average age of active-duty personnel. The particular position of the military in an advanced industrialized democracy has meant that career personnel have increasingly demanded a similar family life style to civilians.⁵³

However, the main objective of social services to families has been to prevent family disruption, based on the assumption that the family is a critical support system for military personnel. This notice of the military function of the family has in large part been a response to the realities of the civilian divorce and separation rates, new sexual values and sex role definitions, and new family configurations. Janowitz has commented that there has been a growing recognition that a breakdown in family relationships is a threat to military performance, and asserts that the military has come to believe that "the solution of family problems is essential for professional solidarity."⁵⁴

Until recently the average number of children in military families has steadily increased. Military families have been characterized by younger wives, younger children, and fewer wives employed outside the home, than their parallels in non-military society. This too has increased the demand for additional services and has supported a modification of the military's view of its priorities. At the same time there has been less stigma attached to acknowledging family problems, as they are not interpreted as being as controllable by military personnel as individual personal problems, chemical dependency, or incorrigibility.

Though an increase in benefits followed from changing evaluations of the family's importance, there has been a scarcity of policy development and research within the military on the actual needs of military families. Janowitz and Little have identified some of the major areas of stress as residential mobility, changes in women's roles, loosened ties with conjugal families and communities, a decrease in family allegiance to the military, and retirement transition.⁵⁵ Little comments that "the esoteric occupational culture" of the military, and its forced family ties with the father's occupation and associated organizational activities, is a distinctive feature of the military family which has had positive, but in net effect negative effects.⁵⁶

The family separations which are related to military mobility patterns are to some extent unique, and personnel must sometimes make a choice between rank and family. A sizeable percentage of married personnel do not live with their families, and for a majority of military families this means separation from relatively young children and reduced participation in their early socialization. Spouses attached to tactical or combat-ready units have difficulty establishing regular family interaction patterns. This tends to impose a double-parent role on the remaining parent and has often led the family to redefine itself in the matriarchal direction. Stanton points out that there are also outcomes in loss of ties with the more supportive elements in the military community, excessive dependence on relatives, infidelity, and efforts to seek help outside military social services. "The military," he says, "shares the dubious honor with a few other occupational groups and institutions of being a pioneer in the trend toward parental absence that has emerged in U.S. society."⁵⁷

Frequent and often unexpected family relocations are conditions of life rather than chance occurrences in the military, and are the source of potential family problems. There is evidence that family members often try to reduce the painfulness of relocation by avoiding deeply-felt extended kinship attachments, or by engaging in non-intense short-lived personal relationships. Residential instability also interrupts long-term medical care and children's schooling. From a mental health standpoint, evidence has suggested that those wives most alienated from the military find mobility most stressful. Though some studies suggest that family relocation has had little significant adverse effect on the mental health of younger children, emotional deprivation has indeed been an outcome in individual cases. In particular, the effect on adolescents is problematical. Mobility separates them from important peer supports for their own identity, and increases their dependence on parents at a time when independence is a cultural requirement of the maturation process. Foreign assignments, though often economically desirable, usually carry with them inevitable cultural shock for all family members, yet little counseling or prior orientation to the new environment--or services around the anticipation of family problems likely to occur in another society--are provided.

The dramatic change in job and environment discussed earlier for career military facing retirement, has important family implications. Given the comparative youthfulness of military families, retirement tends to occur for many career personnel at just that family cycle point which involves large adolescent adjustments.⁵⁸ In addition, at a time when most civilians are reaching the height of their earning period and productivity, 50,000 military retirees per year are entering the mainstream of the civilian occupational structure. The difficulties experienced by the inevitable transfer of the husband's anxieties and pressures onto the family, and the strains the family feels directly in accommodating military and civilian values, have affected change in military policies toward the family.

These policies have been translated into specific services. The recognition of family relocation problems led to the Army Community Service, a comprehensive program "to develop an organized system for bringing together all available military

and civilian resources for the relief of personal and family problems."⁵⁹ Wiest and Devis have described it as "a spectrum of humanitarian and mental health approaches which are designed to meet the human needs of a highly technical, highly mobile, multimission military population in cultural transition crises."⁶⁰ The Air Force instituted the Family Service and Dependent Assistance Program to aid families in resettling while husbands were on active duty. Another Air Force program, titled Children Have a Potential, responds to handicapped children and their parents.

The Civilian Health and Medical Program of the Uniformed Services, publicized as a national health insurance plan for the military, involves a significant array of family services, as well as medical care and individual counseling. The recent extension of this program subsidizes outpatient psychiatric treatment and social work services for military personnel and their families in civilian mental health agencies and facilities. It is a unique case in which military territoriality and control have been sacrificed in order to secure another goal, that of preserving the family as a supportive milieu.

But CHAMPUS is a cogent example of some of the deficiencies in military-sponsored social services to families. It was developed in the context of a continuing shortage of military psychiatric and mental health professionals. It has been criticized by Congress beginning in 1970 for program mismanagement, only a few of the thirty-one recommendations made by Congress having been implemented in the five years of its operation.⁶¹ Military families have felt little precedence for trust in the confidentiality of records, and those at the higher ranks have still avoided practitioners in any way related to the military. Personnel on isolated posts and families on foreign assignment have not had access to the services. The values within which military families have typically been socialized, and their formal loyalty to a specialized occupational route to success, have mediated against moving out to nonmilitary professionals who likely share a public hostility to military service. Yet in seeking help within the military, they have been hampered by the primary expectations of professionals for preserving the family as an integrated group.

One of the major difficulties is that many of the family problems, to which this part of the expansion of the military welfare state has reacted, are actually generated by the nature of the organizational objectives of the military. These strongly affect the environment in which families must function. The development of services has therefore been both a military requirement and a protective response to the changing norms for family life over which the military has little control. In many cases, the net effect has been insufficient to compensate for the superimposing on family life of a structure geared to warfare.

The Military Environment and Social Welfare Professionals.

Within the framework of the narrow view of personal adjustment in the military, it is important to identify the roles played by military psychiatrists and

social workers. The Army has over 80% of all active duty social workers within its ranks. Wiest and Devis claim that Army social work has constituted nearly all of military social work services since World War II.⁶² However, in 1969 this involved only approximately 300 professionally trained social workers on active Army duty.⁶³

Though military psychiatry developed rapidly in World War II, a substantial expansion did not follow. The traditional psychiatric model was not entirely compatible with the military environment. Some writers have felt that social work actually flourished in the military setting, largely because of its emphasis on the inter-relationship of the individual and the environment. Social workers tended to expand the scope of services beyond the individual to the family and community, and increased the diversity of professional roles. They became involved in integrating social work services into a total medical care program.⁶⁴ The significant point is that social workers had skills which the military increasingly needed. Nevertheless, an inescapable tension existed between the professional training, ethics, and objectives of professionals, and the organizational requirements of the military.

Daniels, in a series of articles which examine the role of the psychiatrist in a military setting, concludes that psychiatrists have tended to be "agents of the military bureaucracy" and therefore unable to serve their clients in the same fashion as their civilian counterparts. "When problems of conflicting interests arise," says Daniels, "the psychiatrist may be placed in a quandry. What is best for the patient may be the opposite of what is best for the system. Such problems arise most dramatically in times of combat."⁶⁵ She claims also that the psychiatrist is directed by military goals to maintain an individual's fighting capability. His professional code directs him to support his client's efforts to become a healthier, more self-actualized person. The professional's choice between these conflicting pressures has crucial consequences for individuals.

On the one hand, the professional--psychiatrist or social worker--is a gate-keeper who must prevent the individual's exit from combat in wartime--due to neurosis, psychosis, character disorder, drug addiction, dissenting behavior, alienation. In peacetime, the professional is to perform a social control function in reducing potential disruption which could interfere with the achievement of military goals. As General Westmoreland so revealingly stated, the helping professional plays "a personnel management consultant type role."⁶⁶

On the other hand, the military psychiatrist, psychologist, and social worker are to be advocates for the individual's own integrity and wholeness. The professional codes of these professions are committed to the health and continuing growth of the individual, somewhat in isolation from the cultural demands placed upon him. This role, however, is often sacrificed within the military environment. Robert Lifton feels, for example, that during the Vietnam period military psychiatrists, social workers, and chaplains--in their role as "ultimate authorities of the mind and spirit"--rationalized and justified the ordering of combat personnel into a situation that was both unnecessary and immoral.⁶⁷ "Helping" the soldier

remain in combat, and sometimes to participate in war crimes, psychiatrists sometimes served to erode the soldier's capacity for moral revulsion and guilt. Therefore he says that chaplains and psychiatrists "formed an unholy alliance not only with the military command but also with the more corruptible elements in the soldier's psyche." Lifton feels this produces a "counterfeit universe in which pervasive, spiritually-reinforced inner corruption becomes the price of survival." In such a universe in Vietnam, he insists, conscientious professionals become equally entrapped in an organizational commitment to war, and were profoundly compromised.⁶⁸

Professionalism itself may be partly to blame. The image of professionalism gradually shifted as the society changed, first from a personal commitment, to the development of general principles, and finally to specialized kinds of knowledge and skills. Lifton suggests that the latter contained risks: "hierarchical distancing, medical mystification, and psychological reductionism" that tended to undermine ethical responsibility. This is perhaps vastly overstated, but what Lifton fears is critical--that the process of professionalism has involved a move in the direction of "technique devoid of advocacy," away from a process of "advocacy based on faith." The advocacy he has in mind is moral choice in support of humane principles of psychological health and growth, in which professionals are engaged in considering the nature and consequences of their real objectives.

The main problem for the professional in the military--which is not so for civilian professionals--is the strong pressure to mold individuals into an effective fighting force, both bureaucratically and tactically. The professional is no more immune to the rewards and sanctions involved in pursuing these objectives than other military personnel. There is perhaps an even stronger tendency on their part to rationalize the objectives of the system, because to remain within the military requires some prompt resolution of the conflict between individual growth goals and military goals. Through such a process, the military welfare state tends to become a servant of the military establishment.

Conclusion

In this article, we have analyzed a comparatively specialized issue--the impressive system of institutionalized universal and comprehensive entitlements which form what we have termed a welfare state within the military. We have built our case on the premise that in all social systems--of whatever size or complexity--action tends to become organized around critical requisites for the system's continuity and survival.

In being selective in illustrating our main ideas, certain important aspects of the existing military welfare state have not been covered. We have not discussed many of the continuous and emerging needs of military personnel which have not been met by existing benefits and services. We have not anticipated the welfare problems and possibilities in the all-volunteer force.

Another limitation is implicit in our approach, which judges the military welfare state against three criteria: the extent to which it is in practice what it formally purports to be, the way in which it compares with the nature of civilian social provision, and the degree to which it provides optimum life quality for its members. The latter is admittedly perfectionistic, but a criterion to which all welfare systems should ultimately be made accountable. In this judicial process, however, we have focused on the abundant weaknesses in military welfare, rather than on its strengths.

Our major thesis has been that the military welfare state tends to become shaped in the service of the dominant survival goals of the military establishment: the maintenance of an adequate level of deterrent capability and of internal order. In this context, military social provision has provided both incentives to perform necessary organizational tasks, and sanctions to control behavior in the interests of adequate performance. This has involved serious contradictions and inequities which interfered with individuals' real welfare.

The military establishment, like other bureaucratic structures in modern history, is characterized by what Coleman has termed relatively autonomous "corporate actors." For such corporate actors, he says, "the wants and interests of persons ...constitute only constraints on a path of which the goal is corporate survival and growth." This, he contends, biases the direction such organizations take. Organizational decisions about the development and use of resources are "more and more removed from the multiplicity of dampening and modifying interests of which a real person is composed...and more and more the resultant of narrow intense interests of which corporate actors are composed."⁶⁹

Footnotes

1. Welfare state is here defined as Wilensky has developed that concept, the essence of which is "protected minimum standards of income, nutrition, health, housing, and education, assured to every citizen as a political right." Evidence suggests, says Wilensky, that many welfare states are financed by somewhat regressive contributory and tax schemes "but do produce substantial income redistribution and on the whole are likely to be egalitarian in net effect." He claims that the welfare state represents the convergence of urban-industrial societies toward some common "post-industrial condition," despite the diversity of its forms. However, he carefully distinguishes between the welfare state and the "real welfare" of people in societies, and suggests a set of indicators for measuring the impact of the welfare state on real welfare and equality. See Wilensky (1975, preface).
2. It should be clarified that by "real welfare" we mean satisfaction of the higher order needs of people for social esteem, recognition, and self-actualization. This is additional to the usual concept of "well-being" as the satisfaction of the basic essentials of life--adequate food, housing, and other material goods. Real welfare emphasizes less tangible values; for example, a sense of achievement in one's work, a sense of fulfillment of one's potential. Though welfare has come to be defined in terms of the material resources an individual can command, we are suggesting that it also be measured in terms of life quality. For a well-done and provocative study which attempts to measure dimensions of life quality in American society, see Campbell et al. (1976).
3. For a classic discussion of system requisites, see Parsons (1937).
4. See Friedlander's article in this journal.
5. In fiscal 1975, veterans' benefits and services were estimated to be \$15.5 billion, which is just under 5% of the entire federal budget, and does not include the very substantial budget for retirement and disability payments to career military personnel. Only the national defense budget, civilian public welfare, medical care, and interest on the national debt account for larger portions of the federal outlay. See The U.S. Budget in Brief (1976).
6. See Wilensky and Lebeaux (1965, p. 138).
7. In 1975, approximately 15% of the non-white civilian labor force was unemployed, a much higher proportion than for whites. This differential prevailed during the Vietnam War as well. It is not unrelated that the proportion of blacks in the armed services increased from 8.2% in 1965 to 14.4% in 1974. This reflected differential deferment for education between whites and nonwhites, as well as enlistments. Those unemployed but not able to seek education or training were most vulnerable to the draft as well as to the pressure for enlistment. The result was military employment of a sizeable portion of the unemployed. See Statistical Abstracts of the U.S. (1975).
8. For example, in 1974, out of the total U.S. employment force (including the military) approximately 3% were persons employed within the armed forces, another 3% were civilian personnel working for the armed forces, approximately 1% were civilians working for federal defense-related agencies, and approximately 4% were civilians working in defense-oriented industries. See U.S. Bureau of

- Labor Statistics, U.S. Civil Service Commission Report on Employment and Earnings (1975); and U.S. Census of Manufacturers, Current Industrial Reports, U.S. Bureau of the Census (1975).
9. In 1975, the average salary of enlisted men was \$8,000 and officers \$18,000, apart from the array of other life-style-supporting services available to military personnel. See Department of Defense, Average Annual Military Pay Rates (1960-1975).
 10. It was understood that the selective process in WWII involved personnel of higher prior educational background and socio-economic status, however.
 11. See Moskos (1970).
 12. See Badillo and Curry (1976).
 13. This has been amply documented in various sources. See also Zietlin et al. (1973).
 14. Out of the 46,173 battle deaths in Vietnam between 1961-1973, 30,760 were volunteers as opposed to 15,403 draftees. Blacks represented a much larger proportion of enlistees than of draftees. See U.S. Department of Defense, Selected Manpower Statistics (1974).
 15. Badillo and Curry, *op.cit.*
 16. In 1965, 9.5% of the total armed forces were black but only 2% were officers. By 1972, 11.9% were black but still only 2.4% were officers. Less than a 1% increase occurred between 1972 and 1974, despite a 2.5% increase in blacks in the service. See U.S. Department of Defense, Office of Equal Opportunity, The Negro in the Armed Forces (1962-1974).
 17. Some investigators have pointed out that over 80% of enlisted personnel's positions in the military were in occupations which accounted for only about 11% of the civilian male labor force.
 18. See U.S. Bureau of Labor Statistics, "Average Unemployment Rate of Men Sixteen and Over in the Male Civilian Labor Force" (1975), and the hearings before the Subcommittee on Readjustment, Education and Employment of the Committee on Veterans' Affairs, U.S. Senate (1972, pp. 500-524).
 19. See Villemez and Kasarda (1976, p. 407-419).
 20. For a specific discussion of this situation, see the testimony of Joseph Garcia before the Subcommittee on Readjustment, Education, and Employment, U.S. Senate (1972, pp. 517-524). As an example, in the state of Washington, Employment Security was placing only approximately 3% of all job applicants in 1971 in jobs lasting more than three months. Emergency Employment Assistance jobs and NABS jobs provided slightly more marketable skills and more continuous jobs, but the percentage placed was again very low, particularly for minority group members.
 21. *Ibid.*
 22. See Dumas' article in this journal.
 23. Between 1960 and 1972, the peak year for the Army was 1972--women constituted 1.9% of total army personnel on active duty. For the Navy, the proportion peaked at 1.5% in 1972. For the Air Force, 1972 revealed a substantial increase to 2.2%. In the Marines, the highest proportion, 1.2%, was in 1972. By 1975, however, 4.5% of all military personnel on active duty were women. It is significant that these figures include academic cadets. Statistical

- Abstracts of the U.S., Department of Defense, Military Personnel on Active Duty (1950--1975).
24. Goldman (1973, p. 892).
 25. Moskos, op.cit.
 26. Goldman, op.cit., pp. 893-900.
 27. Ibid., pp. 892-910.
 28. See United Nations report, The Development of National Service Programmes (New York, United Nations Social Commission), 1959, p. 6.
 29. Nelson (1976, p. 81).
 30. O'Keefe (1966, pp. 605-630).
 31. Wiest and Devis (1971, p. 327).
 32. Ibid.
 33. Ibid.
 34. Caldwell (1967, pp. 1605-1612).
 35. Jones and Johnson (1975, pp. 49-66).
 36. For example, during the most intense Tet offensive fighting between 1965 and 1966, only 12 patients were hospitalized or excused from duty out of every 1000 soldiers. The highest rates in Vietnam were approximately 1/10 of the highest rates in WWII, less than 1/3 those of the Korean War. See Blalock (1973, p. 9). Eric Gunderson (1976, pp. 68-69) states that during the Vietnam War the psychiatric incidence rate for Navy enlisted men remained stable at 1000 per 100,000 strength per year, and varied widely by rank (higher for enlisted men than officers), by sex (higher for female enlisted personnel than male), by age (higher for age 17-18 than for 21-35 enlisted personnel), and technical specialty (higher for those in nontechnical jobs, higher for those among hospital ship crews and medical staffs than combat ship crews). The rate for the Marine Corps enlisted personnel more than doubled between 1966 and 1969 from 1000 per 100,000 per year, to 2,100 per 100,000, during the peak of intense and sustained fighting with heavy casualties. These rates, Gunderson says, are still considerably lower than WWII and Korea.
 37. Borus (1976, pp. 28-29).
 38. Maslow (1968).
 39. Blalock, op. cit.
 40. Savage and Gabriel (1976, p. 344).
 41. Blalock, op.cit.
 42. Shatan (1973) and Lifton (1973).
 43. Jones and Johnson, op.cit.
 44. Bourne (1969, 1970).
 45. Bey and Zecchinelli (1970, pp. 448-450).
 46. Roffman (1970, pp. 6438-6440).
 47. Saunders (1973, p. 65).
 48. Department of Defense figures and those of the Special Action Office on Drug Abuse Prevention (1970) were both significantly lower than many other estimates, though DOD data were slow to be released. Ladinsky, in reviewing conclusions from Lee Robbins' The Vietnam Drug User Returns (the report of a retrospective study undertaken by the SA ODAP in May, 1974) reports that 27% of those who served in Vietnam were regular narcotics users while in Vietnam. Fourteen percent of these regular narcotics users had been introduced to opiates first

- in Vietnam. Approximately 10% of the regular narcotics users reported continued use after return to civilian life. In terms of actual drug addiction, however, the study indicated that approximately 20% of narcotics users were likely addicted in Vietnam, but over 90% apparently stopped using narcotics after return. Approximately 60% of these regular users did continue to use other drugs, particularly marijuana. Among men introduced to marijuana in Vietnam, over 80% did not continue to use it on return. Ladinsky suggests that drug use reflected not only the availability of drugs, and peer pressure to use them, but served a psychological function in the context of an unusual war environment. See Ladinsky (1976, p. 450).
49. See the Congressional testimony of Joe Garcia (Garcia, 1973, pp. 522-523).
 50. Taussig (1974).
 51. See Connally's article in this volume.
 52. Janowitz (1960).
 53. This information on family patterns within the military is based on Goldman's excellent article in The Social Psychology of Military Service (1976, pp. 119-132).
 54. Janowitz, op.cit.
 55. Janowitz and Little (1965).
 56. Little (1971).
 57. Stanton (1976, p. 142). The discussion of family mobility and separation contributed heavily to this section.
 58. Little comments that for this reason "the socialization process of the child in the military community is relatively incomplete." (1971)
 59. Bevilacqua and Morgan (1971, pp. 851-855).
 60. Wiest and Devis (1971, pp. 319-345).
 61. The Advocate (March, 1976).
 62. Wiest and Devis, op.cit.
 63. The Air Force had only forty-two, and the Navy tended to depend heavily on chaplains. See Bevilacqua and Morgan, op.cit.
 64. See Bevilacqua and Morgan and Wiest and Devis, op. cit.
 65. See Daniels (1972, p. 155).
 66. Westmoreland, U.S. Army article.
 67. Lifton (1976, pp. 45-64). This article provided many of the ideas articulated in this section.
 68. Lifton feels the psychiatric principles of immediacy, proximity, and expectancy, which were to facilitate combat personnel's successful integration into the group life of their units effectively undermined personal integrity in judging one's own ethical behavior in the combat situation. (1976).
 69. Coleman (1974, pp. 46-50).

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