National Council on Family Relations--1969 Annual Meeting

Washington, D.C. October 22-25, 1969

EFFECTS OF U.S. CASUALITIES IN VIET NAM ON AMERICAN FAMILIES

The Board of Directors of the National Council on Family Relations unanimously approved the following resolution on October 21:

RESOLVED, that an appropriate agency of Government (Department of Defense) tabulate and make available data on family and social characteristics of U.S. servicemen, including those killed and injured in the Viet Nam conflict, for research and public information.

The Board does not take a position on the merits of the war, but reasons that an audit or accounting from the standpoint of the family is appropriate and necessary for professionals and lay people concerned with the basic unit of American society. The resolution was made in view of the fact that important data are so far unobtainable from the Department of Defense. Meanwhile a preliminary analysis of data from other sources, summarized herewith, raises a number of questions which the Board feels need further study and discussion.

I. Deaths.

There are approximately 40,000 fatalities in battle among U.S. servicemen so far in Viet Nam, almost all of which occurred since 1965. The ages of the men range from 17 to 51 and over, but 90% of the casualties are 18 to 26, and about 75% fall in the 19-23 age group. In other words, about 5% of the male U.S. population bears the brunt of the casualties. Looking at Vital Statistics Mortality tables for 1966 (published 1968) we can estimate an increase in the overall death rate for the hardest-hit cohort (20-25, males) of 50% for the period 1966-68, and 100% for 1968 alone, when battle deaths numbered 14,592. Ordinarily, civilian death rates in this age group are low, about half accounted for by automobile accidents. For this age group, then, the Viet Nam toll assumes epidemic proportions for death and injury.

Some effort should be given to placing this observation in perspective. Each day in the U.S. some 10,000 babies are born, so in eight days 40,000 males will be added to the population, or enough to match the number killed in Viet Nam. Our population is so large that a temporary doubling of the death rate for one small segment will pass unnoticed by most people. Who does bear the impact most? Widows, bereaved children, parents, etc. We do not know at

this time what proportion of servicemen have wives and children, but we can surmise from Veterans Administration data that 6,300 widows were added to the compensation rolls as a result of Viet Nam deaths in the year beginning July, 1968. Then there are the unidentifiable women whose prospects for marraige are changed. Considering that the life expectancy of a man at 20 is 70, or 50 additional years, and the median age of the casualties is about 22, then 40,000 deaths translates into 2 million man-years of life lost. Since 95% of Americans can be expected to marry, this means that some high proportion of 2 million woman-years will be spent without a man. This is a large figure which also must be put in perspective: there are more widows than widowers at every age level, because death rates for men exceed those for women. In the U.S. in 1968 there were 9,305,000 widows and 2,142,000 widowers. Also, some 2,414,000 children had lost their fathers as of January 1966, from all causes.

II. Injuries.

Nonfatal wounded in Viet Nam number some 250,000, about half of whom required hospital care. By June 30, 1968 there were 6,746 totally disabled, and 40, 026 partially disabled receiving VA compensation for Viet Nam service. A Disabled American Veterans source quotes the President's Commission on Employment of the Handicapped to the effect that amputees among Viet Nam veterans number more than all amputees from World War II and Korea combined. Since deaths from those two earlier wars total over 450,000, the amputee casualties from Viet Nam are running 10-fold higher than deaths in comparison with those wars. This is accounted for by modern helicopter rescue arrangements and military medical advances: less fatalities, but more disabilities. Medical care and GI benefits mitigate the disability in a number of cases; in others no real compensation is imaginable, including those in which family break-up is directly attributable to physical or mental consequences of military service. The whole question of reintegration of war veterans in domestic life needs greater attention.

III. Dependency and Indemnity Compensation.

Bereaved families are eligible for DIC payments and other benefits, e.g., $10,000 life insurance (carried by 98% of servicemen), educational benefits, loan privileges, medical care. Under a new amendment (H.R. 13576, and others with similar provisions) DIC would be increased from the present levels to $167 per month to a widow, plus $20 per month for each child, for

the lowest grade serviceman, up to $426 plus $20 for the highest ranking officer. The first amount is below poverty levels, although eligible widows and children may also collect survivors benefits under Social Security. But how many servicemen have Social Security? While it is understandable that a man would be compensated in proportion to his skills and experience, why is it that the survivors of men who have died for their country are compensated as though their husbands' lives were ranked? We have medals, parades, and memorials for our war dead. We must also see to it that all families of servicemen killed or disabled are adequately provided for, at least from the economic standpoint.

IV. Differential Impact on the Negro Minority.

An extensive study would be required to determine how representative of all U.S. families are the bereaved families. We do have information on Selective Service practices which suggest that the Negro minority is bearing significantly more than its share of the death and disability, not just of young men in general, but of those young men who, among Negroes, represent the upper echelon of achievement and potential. In view of the furor stirred up by the Moynihan report on the Negro family, and the Jensen study of genetic factors in intelligence, we have a responsibility to examine any policies which contribute to the systematic or disproportionate weakening of any ethnic group. Genasthenia may be a useful term for such weakening, in this instance by selecting the "better" half of a population group for increased risk of death and disability.

In 1967-68, about 7% of white draftees failed mental tests (measuring educational level, mainly) as compared with 27% of Negroes. On the other hand when it came to the medical examination, over 30% of the whites were disqualified, as against 16-20% of the Negroes. This would imply that Negroes have lower educational levels than whites (true) but that whites have more medical ailments (false: the statistic should be reversed in the induction centers, since disabling conditions and related ailments run higher--perhaps 75% higher--in young Negro men). The discrepancy must be due to discrimination in the amount and quality of medical care, if not in the S.S. examination itself. S.S. data showing medical disqualification by state confirms this: Mississippi disqualifies few, Massachusetts many--of both races, but always favoring whites.

In sum, the more privileged white tends to be excused from service, either by deferment or, in many cases, medical disqualification. The better-off black--high school graduate, no gross handicap--is likely to serve. Only 45% of black draftees are accepted, as against 60% of whites, and a disproportionate number of privileged whites seem to be excused. This does not take into account the small percentage of Negroes in Officer Corps and Reserves (only 3.5%).

It appears that inductees represent an American underclass. Negro young men already are an underclass, so all but the tiny upper crust are likely to be drafted and exposed to the ultimate risk. It is true that military service has also been a channel of advancement for many underprivileged Americans. But at what cost to the Negro minority and to the nation? This question is forced upon us by Viet Nam, where 13% of the deaths are Negroes--a total of 4,000 so far--although they number only 9% of servicemen.

The immediate issue is not whether the factors in Negro advancement are genetic or social, both, etc., but whether disadvantaged men who have attained relative success are being selectively eliminated from the social and genetic pool of their ethnic group and their country.

Prepared October 23, 1969. Responsibility for errors of fact or interpretation rests with the writer, E. James Lieberman, M.D., 6451 Barnaby Street, N.W., Washington, D.C. 20015. 202, 362-8188. Dr. Lieberman is a member of the Board of the National Council on Family Relations.