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**LOCKHEED REQUIRES ALL EMPLOYEES TO JOIN HMO FOR AT LEAST A YEAR:**

Lockheed Corp. now requires all of its employees at three major divisions to join a Health Maintenance Organization for at least one year. The divisions are in Burbank, Cal., Sunnyvale, Cal., and Marietta, Ga.

HMO enrollees will pay no deductibles or co-payments. All full-time employees and part time-employees who work at least 20 hours a week will be covered.

**Other related developments:**

\* Mallinckrodt Inc., St. Louis, has signed a contract with the UAW calling for 100 percent reimbursement for pre-certification, outpatient diagnostic testing and second surgical opinions. If an employee does not use the covered services, reimbursement is reduced to 50 percent.

\* General Motors' agreement with UAW gives workers the right to choose between traditional coverage, an HMO or preferred provider organization coverage. The latter is a new innovative health benefit package.

\* Enrollment in HMOs sponsored by Blue Cross-Blue Shield increased by 32 percent between June 30, 1983 and June 30, 1984, a significant gain over the 23 percent increase reported in the preceding 12 months. As of mid-1984, 41 Blue Cross and Blue Shield plans were sponsoring 57 HMOs, enrolling 1.8 million members.

**HEALTH CARE EMPLOYEES UNION CERTIFIED BY AFL-CIO:**

The National Union of Hospital & Health Care Employees has received a charter as an AFL-CIO affiliate and declared a priority goal of organizing health care workers in every part of the country.

"Our job is to organize the unorganized, help them win salaries and working conditions in keeping with the vital work they do, and strive to make decent patient care available to all Americans," said president Henry Nicholas.

The hospital employees union had previously been a division of the Retail, Wholesale and Department Store Union. But the largest segment of the hospital and health care workers — District 1199 of New York City — will remain with the retail union as a consequence of an internal organization problem.

The newly chartered union will continue to maintain headquarters in New York.

A number of AFL-CIO affiliates now represent hospital and nursing home workers, one of the fastest growing areas of labor activity. A Hospital Workers Organizing Committee was established in 1968 as part of the Retail, Wholesale and Department Store Union and was made a division of that union in 1971.

Note: Some confusion in identification is bound to develop as a result of District 1199 remaining as part of the Retail Store union. This is because many of the members of the new union belong to such locals called 1199C, 1199E, 1199/New England, etc. They are all offshoots of the New York local, which is not part of the new national union.

**RTI GETS \$3.6 MILLION TO STUDY ADJUSTMENT OF VIETNAM VETERANS:**

The Veterans Administration has awarded a \$3.6 million contract to Research Triangle (NC) Institute to study post-traumatic stress disorder (PTSD) and other readjustment problems among Vietnam-era veterans.

Both male and female veterans will be included in the large-scale study.

"The study findings should help us determine how many Vietnam-era veterans have these problems and evaluate the effectiveness of our programs for providing assistance to them," said VA Administrator Harry N. Walters.

The study will focus on veterans who now have or have had readjustment problems, as well as those who made the transition to civilian life with little or no difficulty.

Approximately 2,900 persons throughout the United States will be interviewed. Data derived from the interviews will provide national estimates of the extent to

which their psychological and health status can be applied to the entire Vietnam-era veteran population. It is the first time that such a full-scale, in-depth study on this subject has been attempted, the VA said.

Groups to be interviewed include Vietnam veterans, Vietnam-era veterans, women veterans, minority group veterans, incarcerated veterans, those living in rural and urban areas, those seeking treatment at VA facilities, those with physical disabilities and a special control group of non-veterans. Families of veterans will also will be interviewed.

VA said it had long recognized the need for such a study and had been planning it for more than a year. The full study, mandated by Congress last November, is expected to be completed by February 1988. However, the first phase will provide the basis for an initial report to Congress by October 1, 1986.

\* \* \* \* \*

Meanwhile, the first phase of a mammoth \$100 million study by no less than eight Federal agencies on the exposure of Vietnam veterans to Agent Orange is about to get under way, under direction of the Centers for Disease Control in Atlanta.

So vast is the project that new buildings to house the staff, scientific instruments and computers for the Agent Orange study are under construction in suburban Chamblee, Ga.

Dr. Peter M. Layde, a CDC researcher, is in charge of the project. Another key figure is Dr. Barclay M. Shepard, director of Agent Orange studies for the VA.

More than 100,000 veterans have already received some form of treatment in VA hospitals for conditions they say are related to dioxin exposure. The number is growing steadily, and some psychologists have contended that even the fear that they may have been exposed has caused emotional problems among some Vietnam veterans.

As part of the new studies, physical examinations will be given to 10,000 former servicemen, and many more thousands will be given questionnaires on their health status, both physical and emotional.

The objective, said Dr. Layde, is to rule out the uncertainty which has marked preliminary findings of studies in the last few years. In a nutshell, those findings can be summarized as: we don't see proof of physical harm from the exposure, but we're not certain that there isn't.

Almost 150,000 veterans have already been examined as part of an Agent Orange registry program launched by the VA in 1978.

#### **SILICA EXPOSURE IN NORTH CAROLINA UNDER STUDY:**

Industrial hygiene researchers have been studying for the last four years the environmental conditions which lead to the development of silicosis in North Carolina miners and mineral processors.

The research is being conducted in cooperation with the North Carolina State Industrial Commission, the occupational health branch of the North Carolina Division of Health Services and the occupational health studies group of the University of North Carolina. It is funded by NIOSH and by a DuPont Fellowship grant to the UNC Department of Environmental Sciences and Engineering.

Industrial processes with potential silica dust exposure include the quarrying of building stone for dressing and crushing, the mining and milling of metallic and non-metallic minerals, and foundry work.

The current occupational standard for exposure to silica dust is based largely on a series of studies of exposure-disease relationships in the Vermont granite industry. This detailed work documents employee exposures to airborne dust since the late 1920s. The occupational history and health status of the workers have been periodically updated since 1937.

A similar program of environmental and health surveillance has been carried out by North Carolina since 1935. In that state the dusty trades include granite