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On May 25, 1986, celebrities such as Raquel Welch and Dudley Moore joined "Hands Across America" to raise \$24 million for the nation's homeless.

(18 to 24), despite enviable vacations, commit less time than hard-working 35-to-49-year-olds.

Finally, geography and the seasons play a role. Westerners volunteer more (54 percent) than Easterners (43 percent), and suburbanites help more (55 percent) than city folk (46 percent). Everyone gives more time in winter, around holidays, than in summer.

People need both selfish and selfless motives to sustain their interest, notes the author. Thus, church and neighborhood groups draw the most volunteers, and charities that attract celebrities with their attendant press coverage are especially popular. Pity the homeless if next year's fashionable cause sweeps them aside.

Nursing Homes Dilemma

"Improving the Quality of Nursing Homes: Regulation or Competition?" by John A. Nyman, in *Journal of Policy Analysis and Management* (Winter 1987), 605 Third Ave., New York, N.Y. 10158.

Scandals involving U.S. nursing homes for the aged make few headlines now, but the drama continues. In 1974, a major Senate report estimated that, in about half of all nursing homes, bad care led to patients' deterioration or even threatened their lives. In 1986, the Institute of Medicine and the Senate's Special Subcommittee on Aging again condemned most of the nation's nursing homes for substandard facilities and treatment.

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Why hasn't this situation been remedied? According to Nyman, a health economist at the University of Iowa's College of Medicine, state and federal authorities *did* take various corrective steps during the past decade, but all were doomed to failure because of a shortage of beds. With demand exceeding supply, even badly run homes can charge high prices. According to the 1986 Senate report, 600,000 more beds will be needed by 1990.

The bed shortage, ironically, results from state actions. Housing officials imposed moratoriums on private nursing home construction throughout the 1980s in order to limit their cost outlays for Medicaid recipients. When brutal mistreatment, especially of lower-paying public patients, came to light during the 1970s, state governments raised Medicaid payments until they were nearly competitive with fees charged to private patients. They also devised penalties, including closures, for operators who failed to meet certain standards.

Of course, all parties saw the loophole: Official sanctions could not be invoked because patients had no place else to go. Moreover, higher Medicaid payments backfired. The average nursing home operator had a guaranteed base of publicly supported Medicaid patients (over 60 percent of all nursing home occupants) who were able to pay at least 70 percent of the average private fee. His financial incentive to increase quality (to attract more private patients), weighed against the cost of improvements, was nil.

Can anything be done? Governments could more credibly threaten substandard homes with receivership (taking over until a new buyer can be found) than with closure, says the author. But what constitutes superior medical treatment, let alone the intangible "caring" patients need? The only real solution, Nyman argues, is for states to encourage new private construction and allow nursing homes to operate competitively as restaurants, hotels, or hospitals do—with enough controls to prevent or expose truly glaring problems.

These measures could improve the overall situation, says Nyman. One other ingredient must be present: "patient power," the willingness of individual patients and their families to assert their rights.

Vietnam Vets

"Labor force status of Vietnam-era veterans"
by Sharon R. Cohany, in *Monthly Labor Review*
(Feb. 1987), U.S. Dept. of Labor, Bureau of Labor
Statistics, Washington, D.C. 20212.

Often portraying Vietnam GIs as either victims or psychopaths, the popular film *Platoon* continues a Hollywood tradition: the idea that Vietnam veterans were—and still are—"losers."

Cohany, a Bureau of Labor Statistics economist, refutes that notion. Were soldiers of the Vietnam era (1964–75) reluctant draftees, disproportionately black and Hispanic? In fact, 60 percent of the troops in 1968 (the peak of Vietnam combat) were volunteers. As for ethnic mix, blacks (nine percent) and Hispanics (four percent) were *under*-represented in the Vietnam-era military.

Today, 12 years after the war, one in four males in the labor force between the ages of 30 and 44 is a Vietnam-era vet. Like their nonveteran