

John Rowan, National President, Vietnam Veterans of America

Testimony of
Vietnam Veterans of America

Presented by
John Rowan
National President
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Senate and House
Veterans' Affairs Committees

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Good morning, Senator Murray, Chair of the distinguished Veterans' Affairs Committee in the Senate; your counterpart in the House, Congressman Miller; Ranking Member of the Senate Veterans' Affairs Committee Senator Burr; and Ranking Member Filner of the House Veterans' Affairs Committee; and other distinguished Senators and Members. On behalf of the membership and families of Vietnam Veterans of America (VVA) we certainly appreciate the opportunity to share our views concerning those key issues that affect the lives and livelihoods of veterans who have pledged life and limb to defend the Constitution and the freedoms we enjoy in these United States.

First, however, we want to commend and thank you for your efforts on behalf of our nation's veterans. We know you have a difficult job, one that is made even more difficult in this time of fiscal austerity as you wrestle with tough budgetary considerations. We understand and empathize with the pressures that you face. And we want you to know that we fully support Chairman Miller's bill that would protect the Department of Veterans Affairs, the VA, from any sequestration that might be forced to commence on January 2nd, 2013.

But we also understand, and know that you understand, the pressures that far too many of our brother and sister veterans face every day: Many live paycheck to paycheck with not a lot of hope for the future. Many others, particularly young members of the National Guard, have been unable for too long to find gainful employment. Up until a year ago, some 100,000 veterans – veterans from all eras – did not have a bed they could call their own. Many more than that have been so debilitated by demons derived from their experiences in a combat zone that they can barely function day to day. They seek solace in alcohol, in drugs. For some, suicide becomes an option.

The issues we must unite and face together to help these men and women are neither a Republican cause nor a Democratic charge: they are an American problem. After all, it is our government in our name that sends our men and women in uniform off to places most Americans had never even heard of, from Inchon and Chosin to Ia Drang and Khe Sanh (never even mind "Vietnam") to Khamisiyah and Fallujah and Tora Bora to fight cunning and elusive enemies in conventional to highly unconventional types of warfare.

And we have seen only part of the price, only the tip of the iceberg, these foreign ventures are currently costing. Just how much did fighting two wars off-budget contribute to the burgeoning deficit – and the deep recession that almost crippled our economy? How have we benefitted in these foreign ventures, and at what cost? Consider this: We are saving catastrophically wounded troops who would have died in earlier wars, just as in Vietnam we saved wounded who would have perished in the Second World War – all thanks to the use of medevac helicopters and field surgical hospitals and all sorts of medical advances developed on the battlefield. (That's one thing war is good for: considerable advances in emergency medicine.)

Which leads us to several issues on which we wish to focus, in no particular order:

Predatory For-Profit Institutions of Higher Learning: VVA, along with just about every other veterans service organization, old and new, fought long and hard to enact legislation introduced by then freshman Senator Jim Webb to provide those who served since 9/11 with educational benefits that at least matched those of the original G.I. Bill Congress enacted in 1944. The Post-9/11 G.I. Bill, in fact, has provisions that exceed that G.I. Bill.

But this legislation, like its antecedent, has also provided a golden opportunity for greedy institutions which, under the guise of educating active duty troops and veterans, have taken advantage of these young women and men, signing them up under essentially false pretenses and then letting them down, hard. In some schools, half of the troops and vets drop out before completing their freshman year. In many instances, they are also saddled with debt, having been told before signing up that benefits will cover the cost of the courses and fees only to find that they owe the school additional money down the road. For those students who decide to transfer to another school after a year or two, they are perplexed and angered to learn that just about all of the credits they have earned are in fact not transferrable – not what they expected. And for those who persevere to earn that long-distance degree in two-and-a-half or three years, the degree is too often worth about as much as the advertising brochure that introduced them to the institution in the first place, with some not even eligible to sit for the licensing exam or practice what they studied.

Many of these schools devote at least 20 percent of their budget to pure profit, which would be acceptable if they actually spent most of the rest of their income on teaching, tutoring, counseling, job placement and other important services that colleges and universities are expected to provide. Many of the worst schools, however, spend another 20 percent, or more, on marketing and recruiting, then more on lobbying, and then another large chunk on multi-million dollar compensation packages for their hard-working executives. Some for-profit schools spend relatively little on actual education – as low as \$700 per year per student – but charge \$10,000–\$20,000 a year in tuition and fees. Some still use high-pressure sales tactics and deception to sign up students – despite new federal Department of Education regulations designed to protect students. Yet these same schools may have only one or two counselors to help students negotiate

the vicissitudes of college, advise veteran students who must juggle the demands of work and family and whatever issues from their military experiences that may plague them physically and/or mentally, and assist those who persevere and manage to graduate to find employment in their chosen field.

Something is very wrong here.

Federal law also requires for-profit schools to procure at least 10 percent of their revenue from non-federal sources. However, a loophole in the law allows schools to count veterans and service members' federal education benefits as part of that 10 percent – as private dollars. This means that predatory for-profit colleges are actually incentivized to aggressively recruit veterans and service members to ensure compliance with the law. As Holly Petraeus, who advocates for service members as director of the Consumer Financial Protection Bureau's Office of Servicemember Affairs, has remarked, service members and vets have become "dollar signs in uniform" for predatory for-profit colleges.

In addition, many of these schools seem to have free rein for recruiting on military installations across CONUS. Our hope is that as a result of investigations from the Senate Health, Education, Labor, and Pensions (HELP) Committee, legislation authored by Senators Webb and Murray and Carper, and Representative Bilirakis, among others, will be passed in this session of Congress, and initiatives will be undertaken by the Departments of Defense and Veterans Affairs and the individual services to deal proactively with what can be a rip-off of both active duty service members, veterans, and the American taxpayer. Consider this: Out of the ten institutions of higher learning that have collected the most Post-9/11 G.I. Bill funds, eight have been for-profit schools. Hundreds of millions of dollars have gone to these institutions, mostly to little benefit of the active duty troops, members of the National Guard, Reservists, and veterans who have sought to pursue their American Dream and instead have in effect wasted their G.I. Bill benefits as they have used them up. This is truly a case of "Stolen Valor."

The Need for More Transparency by the VA VVA poses a question: How many mental health professionals have the VA hired to meet the needs of returning veterans of the fighting in Afghanistan and Iraq? Is the answer A] 3,800? B] 4,200? C] 6,000? D] 10,000? E] All of the Above?

And the answer is . . . E. Why? Because trying to get straight answers from the VA to that, along with the following questions is like attempting to prize out who is telling the truth to Judge Judy in one of her more puzzling cases. Just how many more professional clinicians have in fact been hired? How many are full-time employees? How many work part-time? How many are permanent employees? How many in fact have been hired to replace others who have moved on? How many are U.S. military veterans?

And: Has the VA really met the challenge of dealing with the mental health issues of the veterans it serves – not only the veterans on whom you in Congress have been focusing – those who have served in Southwest Asia, but veterans of earlier eras as well? The connotation of the suspect statistic that 18 veterans a day were committing suicide was that they all had served in the Global War on Terrorism. This simply is not the case. While we most assuredly welcome congressional attention on what is a very serious issue, certainly one that warrants your attention, the overwhelming majority of suicides are committed by older vets. (Now that would be a rich subject for a VA and/or DoD research grant or three.)

VVA has long held that it is far more cost-effective in the long-term, not to say just, to “do it right the first time.” If only the powers-that-be at the VA would instruct their raters and supervisors to adhere to their “best practices” manual in adjudicating claims concerning Post-traumatic Stress Disorder – even though the examination to properly diagnose the correct mental health condition and level of disability takes a lot longer – they would get it right the first time, to the benefit of the veteran and the system. When they don’t, much more often than not the veteran appeals the decision, which only adds to the backlog of claims as well as ill will on the part of the veteran. This is bad policy. This is wrong. There is no reason why it cannot be changed.

The VA spent millions of dollars in 2006 and 2007 to have the Institute of Medicine (IOM) of the National Academies of Sciences (NAS) look at diagnosing and assessing PTSD, treating PTSD, and compensating for disabling PTSD. Yet it does not appear that the VA is following the recommendations of any of these three studies:

a) The June 16, 2006 IOM Report available at:

<http://iom.edu/Reports/2006/Posttraumatic-Stress-Disorder-Diagnosis-and-Assessment.aspx>

The testing is the key in accurate diagnosis and assessment, and in choosing effective treatment modalities for that individual person.

b) The May 8, 2007 Report on PTSD: Military Service & Compensation, available at:

<http://www.iom.edu/Reports/2007/PTSD-Compensation-and-Military-Service.aspx>

c) The October 17, 2007 IOM Report on Assessment & Treatment:

<http://www.iom.edu/Reports/2007/Treatment-of-PTSD-An-Assessment-of-The-Evidence.aspx>

These three studies were all full-blown IOM Reports, particularly documents a) and b) which pertain to accurate and timely adjudication of PTSD claims.

VVA has brought this to the attention of two successive Administrations, but our urgings apparently have been falling on deaf ears. The VA has not been using the protocol outlined in the June 16, 2006 report for diagnosis and assessment, and neither is the Army. As these tests pick up on both “false positives” and “false negatives,” were the Army using this recommended protocol to assess all multiple tour combat veterans, we believe that it would help to lower the suicide rate

of active duty soldiers and other problems, and possibly help prevent tragedies like the one that is currently gripping the national media.

The Continuing Need for Oversight and Accountability of the VA: The VA Secretary, General Eric K. Shinseki, has been faced with a yeoman task: to change the long-ingrained corporate culture of the department he heads. He has performed admirably. Yet any change seems to come ever so slowly to the VA. New undersecretaries spend countless hours devising new and almost indecipherable flow charts that create new positions and often rework who reports to whom. For some, this is their only legacy. In order for reforms – real reforms – to succeed, like the Patient Aligned Care Teams (PACT), which is intended to transform how the VA delivers primary care, or a still-evolving array of changes as to how claims for disability compensation is adjudicated, consistent congressional oversight is too often needed.

Measures to ensure accountability must be part and parcel of funding the VA. Congress must ask hard questions as to just where funds are going and just how they are to be expended. Because it's difficult for the VA to argue that there is not waste in its myriad operations and programs.

Perhaps another key to achieving greater accountability is to continue to overhaul the system of bonuses for senior executive staff to reward only the truly worthy, e.g., those who take that extra measure, who walk that extra mile, to ensure that what they are responsible for is done well; and for those who innovate and improve the systems and projects under their auspices. Bonuses ought to be withheld from those who just do their job – they already are well-remunerated. Those who perform poorly need to be removed and reassigned, or let go – not reassigned, which seems to be VA SOP. And any manager or supervisor who gets caught lying to their superior or to Congress should be summarily dismissed. The VA should not have to wait until a scandal erupts before taking action.

The Veterans Benefits Administration, the VBA, appears to be ahead of the medical side of the house in terms of changing the paternalistic corporate culture. This is due in no small measure to the efforts of the former Acting Undersecretary Michael Walcoff, and to Undersecretary Allison Hickey, who really is moving VBA toward transformative change, with the full support of the Secretary. She has gotten clearance from the General Counsel, and has appointed key VSO experts to assist VA staff in special working groups to examine the 16 body systems to bring them up to date in terms of medical practice and understanding.

We shall see by this time next year whether this new attitude of respect for those who work inside the system very day, toward the VSO as partners, and toward the veterans who are served, starts to pay off in reducing the backlog by increasing the accuracy of adjudication of claims in the Compensation & Pension Service, as well as the speed with which the average claim is adjudicated.

Veteran Owned Small Business The VA is required by law to maintain a database of service-disabled veteran-owned small businesses and veteran-owned small businesses. Congress imposed an additional requirement of some sort of reasonable certification or verification that

those listed are in fact owned and controlled by the veterans who claim ownership and control of same. Unfortunately, this is an area of the VA that is a real mess, one in which up until a very few weeks ago the VA was not listening at all to the complaints and entreaties of veterans and veterans organizations that the Center for Verification and Evaluation (CVE) took way too long to do its work, constantly lost evidence in support of applications for verification, and was often arbitrary or just plain wrong in their decision to not verify a business. This mess has literally cost hundreds of veteran-owned businesses millions of dollars – and has put some out of business altogether.

VVA must stress that these businesses turned down for verification are by and large legitimate. Some were rejected because they came from community property states, like Washington. Others because some CVE staff member, with no business ownership experience themselves, decided that the veteran owner did not have enough of the right experience and qualifications to run the business they were already running!

There is some effort to turn this around, but the damage to VA's reputation for fairness, and to the reputation of Secretary Shinseki, will be much slower in being repaired. Frankly, VVA believes that only Congress stepping in and putting CVE into Title 38, with verification criteria spelled out in black letter law will finally turn this situation to one that accomplishes the needed safeguard of the integrity of the service-disabled veteran-owned small business program, yet avoids doing damage to the legitimate business.

The Director of Small Business at the VA admitted last month, under oath, that in more than 98 percent of those rejected for verification by CVE there was no indication of fraud whatsoever, and most were fully legitimate businesses that could with a few “tweaks” to their application, be verified.

Yet more than half of those who have applied are still not approved. VVA believes that the criteria are not clearly stated on the web site. The VA must work with veteran-owned small business owners instead of being their adversary.

VVA will continue to work with you in concert with the Veterans Entrepreneurship Task Force (VET-Force) until this issue is set right, and veteran-owned businesses are verified in a timely, straightforward manner, getting the work, and hiring other veterans.

Outreach to Veterans and Their Families: Of the approximately 23 million veterans in the United States today, some 8 million, or one-third, are registered with the VA healthcare system, although somewhat more than 6 million actively utilize VA healthcare services. Yet even many of those who use the VA often are ignorant of two things: the benefits to which they are entitled – the benefits they have earned – by virtue of their service in uniform; and just as important, health conditions that they may have which may have derived from their time in uniform.

Now, the VA has had a history of being not exactly pro-active in informing veterans about either of these two very important things. This is why VVA formed the Veterans Health Council. The core mission of the VHC, of which Dr. Tom Berger is Executive Director, is to develop and implement strategies and tactics to inform and educate the private-sector healthcare community as well as veterans and their families not only about benefits veterans have earned but often more critically about health issues associated with service in the Armed Forces. The VHC web site, for those of you who might be interested, is www.veteranshealth.org.

Under Secretary Shinseki, the times – to borrow from Bob Dylan – they are a’changin’. The VA has begun to advertise on TV, a radical step in and of itself, as well as utilize social media to reach out to the younger generation of vets and to active duty troops who one day will become veterans. The VA also is individually customizing its benefits handbook, which it has begun to disseminate to newly minted veterans in certain select areas and represents, for the VA, another giant leap forward.

Where the VA and the Department of Defense (DoD) have been rather less than forthcoming has been in informing veterans (or their survivors) who participated in top-secret chemical and biological tests between the 1940s and the 1970s. First, DoD for years had claimed they didn’t have the files, and if DoD didn’t have them, how could the VA have ‘em?. Then they delay. Then more delay when veterans would come forward with copies of orders. We believe upwards of 100,000 men “volunteered” to be test subjects in places like Edgewood Arsenal in what is now Aberdeen Proving Ground here in Maryland; Fort Detrick, also in Maryland; Dugway Proving Ground, Utah; Fort Ord, California; Natick Labs, Massachusetts; Fort McClellan, Alabama, to name but a very few of the more notorious sites.

VVA has had to prod Congress for a very long time to pass legislation, e.g., the Agent Orange Act of 1991, to seek justice for veterans of our war, veterans who were coming down with a variety of maladies that we believed, and enough peer-reviewed, replicated scientific experiments showed a strong enough association with exposure to the herbicides and defoliants so liberally sprayed in Vietnam (and bundled under the rubric of “Agent Orange”). So many of our folks, our brothers and sisters, have died and/or been physically debilitated from the health effects of diseases associated with exposure to Agent Orange, with one of the most toxic chemicals created by man, 2,3,7,8 tetrachlorodibenzo-p-dioxin, or TCDD. We believe that until the so-called Blue Water Navy veterans are covered, until veterans who served in Thailand, on Guam, on Johnston Island (Atoll), and other sites at which there is incontrovertible evidence that Agent Orange came in clear contact with American troops, justice will not have been served for veterans who served our nation yet have not been served well by our nation. This is wrong. This is not what America is supposed to be about.

VVA has had to resort to lawsuits and other tactics in an attempt to get DoD and the VA to ante up, to open up, to tell the truth: to look for and open files that DoD and the Army, for instance,

claimed that, gee, they didn't have or just couldn't find. As a result, a few years ago DoD sent to the VA the names of some 7,100 veterans who had participated in all sorts of experiments that involved direct exposure to a variety of toxic substances. We were told by a friendly staffer with a super top secret clearance who was able to examine records stashed at Dugway that while we were on the right track, we didn't know enough to ask enough of the right questions. We trust that you in Congress with a large and impressive very smart staff will be able to do enough research to ask enough of the right questions to ensure that veterans get a square deal, that any toxic exposures veterans may have experienced in the military are thoroughly investigated and tracked – think chemical weapons containing sarin and cyclosarin from the demolition of the Khamisiyah Ammunition Storage Facility during the first Gulf War in March 1991; and who knows what from the burn pits in Iraq and Afghanistan.

Caring for the Grievously Wounded Almost two years ago, on the 5th of May, 2010, Congress passed Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act to great acclaim. VVA supported that act, in concordance with our founding principle: Never again will one generation of veterans abandon another. The act empowered the VA Secretary to develop regulations to provide compensation for family caregivers of troops grievously injured or wounded in the fighting in Afghanistan and Iraq. One section of the new law required the Secretary to submit to your respective committees after two years detailed information as to the number of caregivers who received assistance; the cost of the program; any measurable benefits; an assessment of the effectiveness and efficiency of the implementation of the program; and a description of outreach activities to inform the families who might qualify to receive such assistance, among other measures.

Of great interest to VVA and to scores and scores of our members and especially their families who have cared for them for years, often sacrificing career and many of the pleasures of life in order to meet the needs of their severely wounded or injured spouse, is subsection (a)(3)(A), which reads: “. . . the Secretary shall submit . . . a report on the feasibility and advisability of expanding the provision of assistance . . . to family caregivers of veterans who have a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service before September 11, 2001.”

We in VVA look avidly forward to Secretary Shinseki's report to you. And it is our hope that you will do the right thing for the family caregivers of those veterans who served in Southeast Asia and permit them to apply for caregiver assistance. What is good for the caregiver of a veteran of the Global War on Terrorism must also be good for the caregiver of a veteran of the war in Vietnam.

Breaking the Back of Military Sexual Trauma: Every year, the House and Senate Veterans' Affairs Committees meet, as you are this morning, to listen to the legislative proposals and concerns of the leaders of the VSOs. Which is most proper and most important. We would suggest that similar joint hearings of perhaps even greater importance ought to be held to directly address the issue of military sexual trauma, its long-term effects on veterans (male as well as female), and to demand accountability at all levels of leadership in DoD in meeting its

responsibility for ensuring punishment for the crimes of sexual harassment, sexual assault, and rape – and protection from retribution for those who report such crimes.

That, we realize, is not in your bailiwick. More appropriately, this belongs to Armed Services, where Chairman Miller, Mr. Lamborn, Mr. Runyon, and Mr. Reyes in the House also sit; and Mr. Akaka, Mr. Begich, Mr. Wicker, and Mr. Scott Brown sit in the Senate. This, however, does belong: The VA needs to provide and evaluate gender-specific, intensive treatment sexual treatment residential programs, with an emphasis on meeting the needs of the increasing number of homeless veterans who have experienced military sexual trauma and are without resources to travel to VA facilities.

We would ask that Congress work with the Secretary and the Undersecretary for Benefits to establish a method to identify and track claims related to military sexual trauma and personal assault trauma to determine the rate at which such claims are denied or awarded and the rating awarded for the various diagnoses that veterans have been given. We believe that not only is this possible, but that it would be highly instructive – and extremely valuable.

Protecting the Progeny of Veterans: The VA has a long and storied history of breakthroughs from research performed by its scientists, research that has served not only veterans in its care but people throughout the United States and, in fact, all over the world. This is wonderful. What is not so wonderful, however, is the fact that the VA's Research & Development planners seem to have forgotten about the needs of Vietnam veterans. We would ask that you call before the Health Subcommittee in the House Veterans' Affairs Committee the head of the VA's R&D program and query him why, out of the almost \$600 million budgeted for medical and prosthetic research, not a dime, it seems, goes for research into the effects of dioxin specifically, and the effects of toxic substances in general? We think you will not be particularly pleased.

VVA is particularly concerned about our children and our children's children. We keep hearing too many stories, heart-breaking stories, of the children – they're adults now, of course, most of them – who grew up with a variety of birth defects, major health issues, and learning disabilities – and whose children have many of the same maladies, when previously there had been no history on either the father's or the mother's side of any of these ills. The only factor that might possibly account for these health conditions was daddy's or mommy's year-long tour in Vietnam. We wonder: Are veterans of subsequent wars having similar issues?

VVA has drafted two pieces of legislation. One we're calling "The Veterans Toxic Exposure Research and Treatment Act of 2012." This bill would provide and direct funding for research and treatment into the effects of toxic exposures experienced by military veterans and, consequently, on the long-term effects on the health of their progeny. It would mandate the inclusion of a military health/medical history in the computerized electronic patient record; fund a comprehensive program of research into toxic exposures encountered by veterans during their military service; establish an office of extramural research within the VA, along with an extramural research advisory council; and conduct a national outreach campaign to veterans and

their families on the potential long-term health effects of toxic exposures.

The second bill, “The Veterans Family Preservation, Treatment, and Research Act of 2012,” would acknowledge that the children, grandchildren, and even great-grandchildren of veterans exposed to toxic substances during their military service are deserving of treatment for birth anomalies and developmental disabilities that may be associated with the veteran’s exposure to toxic elements, while at the same time providing an opportunity for research into the intergenerational effects of toxic exposures. This legislation would involve funding at least one national medical center to examine, treat, and consult on the treatment of the progeny of these veterans at no cost to them, who are afflicted with health conditions that may have derived from the veteran’s exposure to toxic substances; and to collect data and conduct research to better understand and to better treat the health conditions of these offspring. This bill, too, would provide for an advisory committee. It also calls for DoD to declassify any and all known incidents of toxic exposures experienced by former members of the Armed Forces, and for DoD and the VA to make a good faith effort to communicate this information to all veterans who may have been involved in and affected by such incidents of toxic exposures.

39 and 50 . . . Eight days from today, the 29th of March, will mark the 39th anniversary of the day the last U.S. combat troops left South Vietnam, paving the way for the repatriation of 591 prisoners of war held in North Vietnam. Of course, the last American troops didn’t leave that beleaguered former ally until April 30, 1975, the day the North Vietnamese Army and their allies, the Viet Cong, burst through the gates of the Presidential Palace in Saigon and accepted the surrender of what remained of the South Vietnamese government and its military.

For the past several years, thanks to the efforts of Mr. Burr – thank you, Senator – and Rep. Linda Sanchez of California, Congress has honored Vietnam veterans by passing a resolution marking March 29th as “Welcome Home, Vietnam Veterans” Day. We have appreciated this in the past, and we welcome it now and in the future. Because it’s never too late to say “Thank you for your service” and “Welcome home.”

Although Congress declared May 7, 1975 the official end of the Vietnam Era, 11 Marines, two Navy corpsmen, and two Air Force crewmen were killed, three Marines missing in action were later killed, and 35 Marines and six airmen were wounded in what came to be known as the Mayaguez Affair that lasted from the 13th through the 16th of May. In fact, the pilot of one of the downed helicopters, the Knife 31, Air Force 2Lt. Richard Van de Geer, is the final name on the Vietnam Veterans Memorial – The Wall – here in Washington.

While we have an end date for the war – although VVA has long argued it ought to be the 31st of May – the beginning date has long been mired in controversy. Some have argued that the first American to die in Vietnam perished shortly after the end of World War II. Others have made a case for 1954, when two American pilots died at Dien Bien Phu. Or 1957, when an American military “advisor” was killed. Or 1959, when two GIs, the first two names on The Wall, died. Or

1961, when President Kennedy sent the first contingent of American advisors to assist President Ngo Dinh Diem.

Whatever the date, the Department of Defense has begun the commemoror

ation of the 50th anniversary of the Vietnam War. This will endure, perhaps, for about as long as the Vietnam War.

This commemoration should be a time of reflection, of an appreciation of the service and sacrifice of the men and women who answered their country's call in difficult and turbulent times and fought in an increasingly unpopular war who came home to few plaudits. The longer the war lingered, the worse it seemed to get for returning troops. It has taken a long time, but it seems that Vietnam veterans are now revered. Many of the young veterans of Operations Enduring Freedom in Afghanistan and Iraqi Freedom (which morphed more recently into New Dawn) look up to Vietnam vets as role models; they understand and regret how we were treated.

The overwhelming majority of those of us who served in Vietnam are proud of our service. Those of us who serve today in VVA, and in many of the other veterans service organizations, strive to ensure that those who have served in uniform receive from a grateful nation what they have been promised by that grateful nation, no more, no less. We are happy to work with you to realize this.

Again, we thank you for your service to our nation's veterans. And we will be pleased to respond to any questions you might have.