

Testimony
of
Vietnam Veterans of America



Presented

by

John Rowan

National President

Before the

Senate and House Veterans' Affairs Committees

Regarding

**VVA's Legislative Agenda
& Policy Initiatives**

March 6, 2014

The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of earlier wars were treated and appreciated by their nation.

■ George Washington, 1789

Good morning, Chairmen Sanders and Miller, Ranking Members Burr and Michaud, and other members of these most important and vital committees for those of us in the veterans service community and, indeed, for all veterans in these United States. I am most pleased to appear before you today to present on behalf of the members and families of Vietnam Veterans of America VVA's Legislative Agenda and Policy Initiatives for the second session of the 113th Congress.

Despite the “do-nothing” label attached by the press to this Congress for the first session of the 113th Session, your committees have managed to get enacted an enviable record of legislation that benefits veterans and our families. Yet we all acknowledge that, despite the improving economy, a prevailing austerity still threatens gains made in programs and projects.

We are appreciative that Congress enacted in 2010 Advance Appropriations for the medical accounts for the Department of Veterans Affairs. This allowed the healthcare operations of the VA to remain unaffected during the unfortunate 16-day shutdown of most of the rest of the federal government. And we join with just about all of our fellow veterans service organizations in pressing for Advance Appropriations for the remaining 16 percent of the VA's operating budget, with the proviso that Congress can penalize the department for poor oversight on the part of senior staff by, for example, taking back a percentage of funds dedicated for bonuses, or for poor performance in other phases of its operations.

VVA has identified three categories of what we consider to be viable **Top Priorities: Gaining the Fullest Possible Accounting** of the missing and killed in Southeast Asia during the Vietnam War; **Addressing the Legacy of Toxic Exposures**, and what we've dubbed **Fixing the VA**. Please understand that we continue to embrace the newest generation of veterans who have served with distinction in Southwest Asia and elsewhere, for their reception home and for the array of benefits accorded to them. These include the Post-9/11 G.I. Bill, which outdoes the benefits of the original G.I. Bill Congress passed in 1944; and the Caregivers and Veterans Omnibus Health Services Act of 2010, which assists family caregivers of catastrophically wounded or injured warriors in the wake of 9/11. Consistent with our founding principle, we will never abandon any generation of veterans.

But make no mistake: Vietnam veterans still have unmet needs. And we refuse to be passed by and dismissed or forgotten. Enactment of the **Top Priorities** we outline here, especially in **Addressing the Legacy of Toxic Exposures and Fixing the VA**, can go a long way towards ameliorating some of these needs – not just for Vietnam veterans but for veterans of all eras.

When we reference “toxic exposures” we don’t mean only Agent Orange – dioxin – or the organic phosphates in insecticides or the burn barrels so many of us stood next to in Vietnam. We are also addressing the intense plume from the explosion in 1990 set at the “ammunition dump” at a place called Khamisiyah along with other harmful exposures during the Persian Gulf War. We are likewise concerned about the effects on those who worked in and lived near the scores of burn pits that were part of the landscape of the American presence during Operation Enduring Freedom in Afghanistan and Operations Iraqi Freedom and New Dawn in Iraq. As our understanding of potential effects of toxic exposures increases, we urge the Department of Defense to think prospectively, to anticipate and not just react to the likelihood of similar exposures in future conflicts as part of the true “cost of war” – and the lifelong, even intergenerational, legacies they may generate.

Secretary of Defense Hagel has signaled a change in the corporate culture at the DoD by the manner in which he has handled safeguarding and monitoring the health of the crew and scientists aboard the *Cape May*. As you know, this ship, which is owned by the Department of Transportation, has been retrofitted with numerous improvements to guard against exposure of those aboard by any leaks from the hydrolysis system aboard that will neutralize the chemical weapons surrendered by the Syrian government, and transferred by the United Nations peacekeeping mission to the *Cape May* for disposition.

Because of our experience with Project 112 and Project SHAD (Shipboard Hazard and Defense, or, as we believe, Decontamination), we expressed serious concern about safety of both the military and the civilian personnel aboard the *Cape May*. VVA has been very pleasantly surprised at the concern, care, and thorough measures taken to safeguard the health of all aboard during this mission, and the assessment of a health baseline for all that has been taken, and will be thoroughly checked by medical personnel throughout the mission, with plans to follow the health of these individuals after they return. DoD, under the leadership of

Secretary Hagel, has thus far has acted as we wish had been done fifty years ago for our generation.

U.S. and Allied troops are out of Iraq. The President has promised that almost all American troops will exit Afghanistan by the end of this year. As long as our forces are in harm's way, there is a reservoir of support and sympathy for their service and sacrifices, which translates into protected funding for VA personnel and programs. Once the shooting ceases and the troops return to our shores – even though the VA will really just be beginning the enormous task of dealing with their wounds both physical and mental for the rest of their days – it may be that Congress, reflecting what may be the public's view, may no longer be so generous.

Vietnam veterans know this only too well.

Addressing the Legacy of Toxic Exposures

As you are doubtless aware, not all wounds of war are immediately obvious. Much has been written about the impacts of combat on the human psyche, and such mental maladies known by their acronyms – PTSD (Post-traumatic Stress Disorder) and TBI (Traumatic Brain Injury) – have been accorded much attention by the Pentagon, prodded by the press, the public, and the national veterans' service community.

Not so evident are the insidious long-term effects of exposures to toxic substances. Substances like dioxin. And mustard gas. And sarin and BZ and VX. As we can testify, symptoms can present a decade or more after exposure and a warrior's separation from service. And by "long-term effects" we don't mean only on the veteran. We refer as well to their progeny a generation or more into the future. They are in effect also wounded by the war in which their mother or father served. There has been a paucity of research in this area. You would think – you would hope – that the VA, with its multi-million dollar budget for research, would try to initiate at least a few studies in this area.

You would be wrong.

To help right this wrong, VVA has developed legislation we dubbed the **Veterans' Family Preservation, Health Maintenance, and Research Act**, which encompasses these elements:

- ❖ A veteran's military medical/health history, which would be a mandatory piece of the electronic patient medical treatment system to be developed in concert with the national rollout of this system;
- ❖ A database registry within the Veterans Health Administration, the VHA, modeled on the VA's Hepatitis C Registry, which also would be established for veterans exposed to Agent Orange/dioxin that would replace the current registry; similar registries which also would be established for the Persian Gulf War, Operations Iraqi Freedom/New Dawn and Enduring Freedom, the Global War on Terror, and other significant deployments, e.g., Bosnia, Somalia, the Philippines; and for any duty station in CONUS, e.g., Camp Lejeune, Fort McClellan, Air Base El Toro, or overseas military installations, e.g. Guam, Thailand, Philippines, Okinawa, that it appears were likely contaminated by toxic substances;
- ❖ A national Center for the Treatment and Research of Health Conditions suffered by the Progeny of Veterans Exposed to Toxic Substances during their military service, which would be established;
- ❖ An Advisory Committee to oversee the work done at the Center, and to advise the Secretaries of Health & Human Services and Veterans Affairs on issues related to the research, care, and treatment provided for in this bill, as well as on the benefits and services needed by the progeny of veterans exposed to toxic substances during their military service, which would also be established;
- ❖ An Office of Extramural Research, which would focus on environmental studies of toxic exposures and other hazards experienced by troops during their military service, would be established, and funded on its own dedicated budget line, in the Department of Veterans Affairs;
- ❖ An Extramural Research Advisory Council to advise the VA Secretary and the Director of Extramural Research on guidelines for research proposals, and to weigh the evidence of various epidemiological studies on the health effects of toxic exposures on veterans and their progeny, which would also be established; and

❖ A coordinated, ongoing, national outreach and education campaign using such means as direct mail, on-line media, social media, and traditional media about such exposures and health conditions, as well as the existence of the National Center to all eligible U.S military veterans and their families affected by incidents of toxic exposures, which would be funded and conducted.

The first champion to embrace this legislation is Senator Dick Blumenthal (D-CT). He introduced S. 1602, which he called the Toxic Exposure Research and Military Family Support Act of 2013, which embraces much of what we have proposed. We are seeking co-sponsors from both sides of the aisle to move this bill, to get a hearing in the appropriate committee(s), and push on from there, to include seeking companion legislation in the House.

We certainly recommend S.1602 to you in the Senate, and trust that one of you in the House sees the wisdom of dropping companion legislation. Please note that the Congressional Budget Office will score the bill (if it hasn't done so already). And make no mistake, there will be a cost to do it right. The cost is worthwhile, and the cause is righteous – and necessary to the national interest.

Extending the Relationship with the IOM

Since 1991, with the passage of the Agent Orange Act, the Institute of Medicine, (IOM), an entity of the National Academy of Sciences (NAS), has produced, under contract with the Department of Veterans Affairs, biennial editions of *Veterans and Agent Orange*. The current one starting this year, representing its reviews of the scientific literature in 2011-2012, and 2013, is to be the last, unless Congress renews its mandate to the VA to continue its relationship with the IOM to empanel experts every two years to review the literature, conduct hearings across the country, and issue the *Update*.

Although the panel that produces the *Update* does not make recommendations, its findings of *degrees of association* are crucial in helping the VA Secretary evaluate a health condition to determine whether or not it should be considered presumptive for a service-connected disability rating. It is critical that Congress pass legislation to direct the VA to renew its contract with the IOM for another decade at least, legislation that we believe should be expanded to review other cohorts of veterans, such as those who served in the Persian Gulf, who have been exposed to

toxic substances. And just as more research must be conducted, so must such research then be evaluated.

In line with our founding principle, “Never again will one generation of veterans abandon another,” VVA strongly recommends the mechanics currently in place for toxins in Vietnam during the Vietnam war be extended to all generations, and any and all potentially toxic exposures of American military or dependents of any generation, and at any duty station for at least the next ten years. We would call this bill the “Toxic Wounds Act of 2014.”

Fixing the VA

Oversight and Accountability

We want to make this clear at the outset: Funding remains an issue when it comes to the backlog of claims and appeals encountered by the beleaguered Veterans Benefits Administration. We will continue to work with the VBA to revamp the overburdened compensation and pension (C&P) system, integrating the fruits of several IT pilots that have shown exceptional promise, along with competency-based testing of service representatives and VA adjudicators and a still-evolving array of necessary reforms.

For example, the “express lane” model has shown efficiency gains in C&P operations in several regional offices, but is not being deployed for all claims. Why not? This model really does need to be expanded to include non-rating claims like adding and removing dependents, to reduce the number of overpayment cases.

For reforms to truly succeed there must be far better oversight of and by managers who are handsomely paid to administer a system that is obviously not functioning as it should. Management audits and assessments must be a component of performance reviews that are clear, specific, and success-oriented. There must be focused and hard-hitting oversight by you, the members of the Veterans’ Affairs Committees, as well as in the Budget and Appropriations Committees in the House and Senate.

While we are encouraged by the progress under the leadership of the Under Secretary for Benefits, the greatest challenge is to upend an entrenched corporate

culture long resistant to change. One key first step is to eliminate the artificial and needless bifurcation of management into policy and operations. This only dilutes and confounds accountability.

Further, the Under Secretary and the personnel of the C&P are to be commended for having succeeded in translating more than 80 percent of all original claims into electronic form. However, it is vital that additional funds be added to the President's Information Technology (IT) budget request for the VBA to be dedicated specifically toward making the claims that have been put into electronic form to be further converted into a format that will make each claim "word searchable." Only when this is accomplished for all claims will we see significant major improvements in the efficiency and accuracy in the adjudication of claims.

On a parallel track, there needs to be real accountability in the management of the Veterans Health Administration (VHA). Although Advance Appropriations has been successful, and we endorse expanding this to the rest of the VA's operations, any time there is even a sniff of a scandal at a VA health facility, the ensuing brouhaha has the effect of undermining the entire VA.

First and foremost, the dual lines of "policy" and "operations" structures just create more positions for senior administrators who never see a patient. This screwy management structure needs to be reworked and streamlined, with the savings to be refocused on clinicians and allied healthcare staff positions – employees who actually directly care for patients.

VVA maintains that measures to ensure accountability must be essential elements in funding the VA. One key to achieving this, we believe, is to overhaul the system of bonuses for Senior Executive Service (SES) staff. Bonuses should reward only those who have taken that extra measure, who have walked that extra mile, to ensure that what they are responsible for has been done well, on time and within budget; and for those who innovate and improve the systems and projects under their auspices. Bonuses should be withheld from those who just do their job – that is, after all, why they are so well paid. Those who perform poorly need to be removed or reassigned; and any manager or supervisor who gets caught lying to a veteran, to their supervisor, or to a Member of Congress should be dismissed. And bonuses should be given with a caveat: If you accept the bonus, you must agree to stay with the VA for a given period of time, and not just take the money and leave.

VVA endorses the ideas behind Chairman Miller's H.R. 4031, the "Department of Veterans Affairs Management Accountability Act of 2014." VVA does, however, strongly favor Veterans' Preference applying to all such SES positions at the VA, as well as applying Veterans' Preference in all "leadership" academies and other programs that serve as gateways to management positions in the VA. Lastly, while the virtual impunity currently exhibited by many SES personnel at the VA needs to cease and desist, we believe that there must be more guarantees of due process than currently contained in this bill.

Outreach

Freshly minted veterans are being given more information before they transition into civilian life than we were when we exited the military some forty years ago. But DoD and the VA ought to reconsider promulgating the fantasy of a "seamless transition," a term that ought to be banished from the federal lexicon.

Today there are some 21-1/2 million veterans in the United States. Two-thirds of them never interact with the VA. They have no reason to. They have, or have had, jobs. They go to their own personal physicians when they need to. Some are uninsured. They have no cause to venture into a VA medical center or regional office. Most are ignorant of the array of benefits to which they have earned by virtue of their military service. Yet even the vets who do interact with the VA's healthcare system and/or its benefits administration are unfamiliar with much of what is available to them, their families, and their survivors.

The VA, of course, has an ethical obligation, as well as a legal responsibility, to inform all veterans and their families not only of the benefits to which they are entitled, but also about any possible long-term health issues they may experience that might derive from when and where they served. As long as there is a lack of knowledge of a benefit, care, or service, this amounts to there being no such benefit, care, or service for a veteran who is eligible for, and in need of, such benefit, care, or service.

It is only in the past few years that the VA has begun to take seriously its responsibility to reach out. They are customizing benefits handbooks for every living veteran. They are opting for paid advertising in select markets to reach targeted populations of veterans. They are using social media to reach our

youngest generation of vets. They are attempting, at long last, to get out helpful messages, e.g., “If you served, you deserve.”

While Secretary Shinseki and his team are to be applauded for their initiatives in this realm, their efforts must be better coordinated to have maximum effect. We have yet to see a unified strategic communications plan, one that integrates TV and radio ads, social media, billboards, ads and feature stories in select popular publications. What are also lacking are more coordination between national, VISN, and individual medical center marketing/educational efforts. Taken together, these can have a dramatic impact, not only in informing veterans – and even more importantly, our families – about issues and benefits, but also in reassuring the community of veterans that the VA really is living up to its founding principle, taken from Lincoln: *To care for him who shall have borne the battle, and for his widow, and his orphan.*

It is because of the past failures of the VA to communicate effectively to veterans and our families about the benefits that we have earned and the health conditions we might suffer because of our military service that VVA created the Veterans Health Council. The VHC will continue its education, information, and advocacy initiatives to improve the quality of healthcare for all of America’s veterans. Not only will the VHC continue to press the VA to develop and implement a unified strategic outreach plan, it will also reach out to the civilian medical community – which services fully two-thirds of America’s veterans.

One additional point about transition from military to veteran status is that medical records should be immediately and totally available from DoD to VA. The VA’s VistA system is proven open source software that could be installed at DoD facilities by the end of the year. With improvements of the platform on which VistA rests, and the creation of one data warehouse for all VHA facilities, the VistA system could and would meet all of the needs of the military medical system. VistA would cost DOD only the price of installing this system. The proverbial wheel does not need to be reinvented, only improved.

Given this reality, who would oppose using this proven software? Some seem to think that it is a power thing in that the IT bureaucracy at DoD would lose power if they are not busy spending what is said to be a request of \$28 billion to purchase a proprietary system that DoD would have to contract with to make any upgrades or “fixes” to the system in the future. Some ascribe it to persons who obstructed

moving to VistA in the past now being employed by three of the largest companies that sell such proprietary systems. We do not know, and we would like to believe that all are honorable persons. What we *do* know is that DoD should not be spending more billion\$ to purchase an unproven something that *may* solve the transfer problem when they can have a system that is proven to work, fundamentally for *free*.

This is an item that should be a “no brainer.” VVA urges the Veterans’ Affairs Committees to join with your colleagues on the Armed Services and Appropriations Committees to “convince” DoD to bury their pride, and work with the VA to get this done by next winter. A conservative estimate is that at least 2,500 veterans or military members die each year from preventable medical errors, which can be ascribed to the intransigence of the DoD bureaucracy in the face of a clear solution. This is unacceptable. This situation must end. Now.

Taking a Military History

While the VA has taken the high road in trying to work with DoD in regard to the electronic transfer of military medical records, they have not acted well in regard to taking and using a veteran’s military history in the diagnosis and treatment modalities. This has and continues to mean that VA physicians miss conditions or ailments that could have been caught in their early stages. If caught early enough, such identification obviously benefits ill veterans. It also benefits the VA, as it is a heck of a lot easier to treat conditions at the earliest possible stage, which improves the prognosis for recovery. It is also a heck of a lot less expensive.

There are three blank fields on the first page of the VistA record. With twenty-six letters, and 0 to 9, literally thousands of combinations can identify the key long-term healthcare risks of veterans, depending on branch of service, military occupational specialty (MOS), where they served, and when. VHA already has the tools to identify those healthcare risks.

(See <http://www.publichealth.va.gov/vethealthinitiative/index.asp>

and <http://www.publichealth.va.gov/exposures/research-studies.asp>

and www.va.gov/oaa/pocketcard .)

Furthermore, the Institute of Medicine (IOM) has again criticized both the VA and DoD for “not mining the mountains of data on veterans” to do (inexpensive) epidemiological investigations that would certainly provide many of the clues and some of the answers to questions of the effects of harmful exposures – and the harmful effects of such exposures. To not do the military history coding is nothing short of the unforgiveable sin of deliberate ignorance of what is happening to certain groups of veterans. Apparently it will take an act of Congress to convince the VA to do the right thing and fulfill their responsibilities.

Extending the Caregivers Act

VVA supported legislation to assist family caregivers of catastrophically wounded or injured warriors after 9/11. Just as we saved badly – desperately, horribly – wounded troops during our war, troops who would have died during World War II, thanks to the bravery and tenacity of our medevac crews and military medical personnel at evacuation hospitals, this new generation of medevac crews and medical personnel have been saving catastrophically wounded warriors who would surely have died in Vietnam. Heart-rending testimony before congressional committees by some of these surviving veterans, and by their wives and mothers, moved Congress to pass the Caregivers and Veterans Omnibus Health Services Act of 2010 to assist family caregivers of catastrophically wounded or injured warriors after 9/11.

Earlier generations, however, are being ignored. What is clearly a gross inequity in the caregivers act would have been solved by the passage of Chairman Sanders’ landmark S. 1982, with the amendment offered by Senator Boozman. This encompassing piece of legislation, which contains many other vitally needed improvements and enhancements to veterans’ care and benefits, seems unlikely to be enacted *en toto*; we would advocate, however, that you would see the justice in covering eligible caregivers of catastrophically wounded and injured veterans who served our nation in the years prior to September 11, 2001.

Aiding Service-Disabled, Veteran-Owned Small Businesses

Some problems still remain with verification of Service-Disabled, Veteran-Owned Small Business – SDVOSB – status at the VA, but VVA and others are working in good faith with VA leadership to further improve the fairness and speed of such verification. Much of the problem is that many agencies have never met their

minimum 3 percent target under the law for both prime as well as subcontracts going to legitimate SDVOSBs. The White House simply must do a better job of monitoring Executive Order 13360 and related regulations and laws to ensure that each federal department and agency is achieving, if not exceeding, the minimum hiring goal.

At minimum, there needs an appeals process on matters of size, ownership, and control to the Office of Hearings and Appeals (OHA) at the Small Business Administration. This will help provide one standard on these three key issues across the government, and also be able to come under settled case law.

If you want to do something about veteran and National Guard/Reservist unemployment, funnel more contracts and subcontracts into the hands of able veteran-owned small businesses and service-disabled, veteran-owned small businesses. We think you'll find that they will hire other veterans and disabled veterans because of their abilities, their tenacity, and their drive to accomplish the mission.

Gaining the Fullest Possible Accounting

Even after the return of 591 American prisoners of war between February 14 and April 4, 1973, 2,646 military personnel remained listed as missing in Southeast Asia. To date, more than 1,000 American MIAs have been accounted for. Still, VVA shall continue to press for answers regarding those servicemen listed in Laos as "killed in action, body not recovered," those similarly listed in Cambodia, and those who were lost in the jungles and mountains of Vietnam and in the waters of the Gulf of Tonkin and the South China Sea.

VVA applauds Secretary Hagel's efforts to streamline and improve his department's organizational structure to find, recover, and identify remains. We hope to work closely with DoD to ensure that the most effective utilization of resources is, in fact, achieved.

Finally, VVA shall press the appropriate authorities to authorize a new POW/MIA "Forever Stamp," which we believe will have as much appeal and allure as the Purple Heart Forever Stamp has had. Such a stamp can add awareness about an

issue that resonates deeply across the community of veterans – and ought not be forgotten by the rest of America.



Other Priorities & Initiatives

VVA will work to address other issues of concern to veterans and our families that warrant the attention of Congress and the American people. We do not choose to offer a smorgasbord of expensive programs; rather, what follows are our most significant priorities and initiatives in specific areas which we believe to be potentially achievable.

In the realm of PTSD and Substance Abuse:

- ❖ VVA shall work with Congress to take whatever measures are deemed necessary to ensure accountability for the organizational capacity and funding for the accurate diagnoses and evidence-based treatments of the neuro-psychiatric wounds of war, particularly for Post-traumatic Stress Disorder (PTSD), substance abuse, Traumatic Brain Injury (TBI), and suicide risk.
- ❖ VVA shall work with Congress to ensure that the Departments of Defense and Veterans Affairs develop, fund, and implement evidence-based, integrated psychosocial mental health programs, substance abuse recovery treatment programs, and suicide risk assessment programs for all veterans and their families, for active-duty troops and their families, and for Reservists and members of the National Guard who have seen service in a combat zone.
- ❖ VVA shall also work with Congress to ensure that DoD and Homeland Security (Coast Guard) correct all wrongful diagnoses of “personality disorder,” “adjustment disorder,” and “readjustment disorder” discharges of their men and women so that all veterans found to have been inappropriately diagnosed and discharged are correctly diagnosed and accorded access to the benefits and care that they deserve and to which they should be entitled. For far too long, this has been a black mark on the Pentagon, and has impacted the lives of some 30,000 young Americans who once wore the uniform.

In this realm, VVA has been particularly active. Working with young lawyers-to-be from the Jerome N. Frank Legal Services Organization at the Yale University Law School, we obtained certain records involving the military’s use of mental

health discharges as part of an attempted settlement of FOIA litigation. We recently released a report confirming that the U.S. Coast Guard routinely violates its own procedures and regulations intended to protect service members from erroneous discharges on the basis of so-called personality disorder (PD) and/or adjustment disorder (AD).

The report concludes that such illegal PD discharges continue in the Coast Guard. It also presents evidence that AD discharges in the Coast Guard are rising, and that most AD discharges are unlawful. The report cites a random sample of 265 Coast Guard PD and AD discharges from fiscal years 2001 to 2012. Of those, 255 failed to comply with Coast Guard regulations in some way. Peak compliance happened in fiscal year 2007; it was 30 percent. An overwhelming 96 percent of the discharges we examined were non-compliant.

Regarding **Veterans Health Care**:

- ❖ VVA will insist that VA researchers focus on studies that delve into the wounds, maladies, injuries, and traumas of military service and war, with specific research into the health issues unique to U.S. military operations and troop deployments.
- ❖ VVA will encourage Congress to mandate that the VA change its overly restrictive and secretive process for adding, or not adding, pharmaceutical treatments and drugs to its prescription drug formulary and to bring it into line with the more transparent and expansive formulary process used by the Department of Defense.
- ❖ And we will continue to press the VA to research and implement long-term care and wellness options for our country's aging veteran cohort, a need that is only going to increase over the next decade.

For our **Minority Veterans**:

- ❖ VVA urges Congress to investigate if our nation's minority veterans are given lesser treatment for health conditions at any VA medical centers and community-based outpatient clinics (CBOCs). We have only anecdotal evidence of this, however.

❖ VVA urges Congress to enforce its mandate that the VA provide brochures and other information for Spanish-speaking veterans, specifically those residing in Puerto Rico, inasmuch as many of these veterans and their families may speak Spanish exclusively and are convinced (as are many men) to seek medical attention by members of their family.

❖ We will also seek congressional support to establish a privately funded memorial at the Education Center of the Vietnam Veterans Memorial acknowledging the service and sacrifices of American Indians and other native peoples who have served in all wars in which the United States has been involved.

Considering Agent Orange/Dioxin & Other Toxic Substances:

❖ VVA calls on Congress and the President to take steps to declassify all documents pertaining to herbicides and other defoliants and toxins from the years of the Vietnam War, including memos between agencies, and make them public – now, almost 50 years since our government sprayed more than 19 million gallons of extraordinarily toxic compounds over 2-1/2 million acres of the former South Vietnam.

❖ VVA will continue to support legislative efforts and other initiatives to achieve justice for naval personnel serving aboard ships plying the waters of Yankee and Dixie Stations in the South China Sea and the Gulf of Tonkin by getting the VA to recognize that they are deserving of the same health care and other benefits as in-country, “boots-on-the-ground” veterans.

❖ VVA will continue to advocate on behalf of the veterans of the crews who flew C-123s contaminated by the Agent Orange they once sprayed over Vietnam and are now suffering some of the same peculiar health ills as are in-country Vietnam veterans.

❖ VVA also will request that Congress investigate why the VA has ceased providing custodial care and/or non-medical case management service for Agent Orange children afflicted with spina bifida – and then push the VA to provide these vitally needed services to these now adult children who are innocent victims of a parent’s military service.

For Women Veterans:

- ❖ VVA will seek congressional oversight and accountability on all VA medical center and VISN directors' compliance of measures defined in the VA's 2010 *Handbook 1330.01, Health Care Services for Women Veterans*, as it relates to the position of Women Veteran Program Managers, inasmuch as compliance must be made a performance measure at all VISNs and VAMCs.
- ❖ VVA calls for legislation to allow members of the National Guard and Reserve forces who experience military sexual trauma (MST) while on drilling and battle assemblies and during annual training to receive, without cost to them, MST-related care from VA medical facilities.
- ❖ VVA calls on the Under Secretary for Health to review and reexamine the existing VHA policy pertaining to the authorization of travel for veterans seeking MST-related specialized inpatient and/or residential treatment programs outside the facilities where they are enrolled and provide travel funding for these veterans irrespective of whether their status as inpatient or outpatient, and that all facility staff be advised to fully understand and implement this policy.
- ❖ VVA will continue to advocate for legislation that reassigns complaints of MST by a service member to be addressed outside her or his immediate chain of command.

Concerning Homeless Veterans:

- ❖ VVA will request legislation revising the VA's Homeless Grant and Per Diem funding from a reimbursement for expenses based on the previous year's audited expenses to a prospective payment system based on a proposed budget for the annual program expenses, a change that is vitally needed if community-based organizations that deliver the majority of these services are to operate effectively.
- ❖ VVA will request legislation establishing Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees and permanent authorization of the VA Homeless Grant and Per Diem Special Needs Grants Program.

❖ VVA will seek legislation to amend the eligibility criteria for veterans enrolled in the Department of Labor's Homeless Veterans Reintegration Program (HVRP) so those veterans entering into "housing first" will be able to access this training for a period of up to 12 months after placement into housing.

Considering **Economic Opportunity** for veterans:

❖ VVA will work to ensure that veterans returning from deployments overseas are accorded Veterans' Preference when applying for government positions.

❖ As VVA applauds the work of the Senate Health, Education, Labor, & Pensions (HELP) Committee, as well as work by the House & Senate Veterans' Affairs Committees, to expose the egregious excesses of those predatory institutions of higher learning that have filled their own coffers at the expense of student veterans, VVA will continue to work with members of Congress, the Administration, the Consumer Financial Protection Bureau, and any other entity that will help expose the excesses, greed, and shame of institutions guilty of fraudulent practices in order to help right these wrongs.



Finally, all Vietnam Veterans take great pride in our national memorial on the National Mall. We call it The Wall. The more than 58,000 names of those young Americans lost to the war in Southeast Asia are incised into polished marble, which reflects our image as we seek, and find, the name of a mate, a buddy, who never got back to "The World" as he – and in eight instances, she – had hoped to. It is a somber place, a place for reflection. The memorial also embraces the statue of three soldiers by the late Frederick Hart.

It also includes an often overlooked flagstone which acknowledges those who have passed in the years after the war from causes related to their service in the war. This is called the "In Memory Plaque." Unfortunately, this was not placed as conceived. In the autumn, this is often obscured by fallen leaves, rendering it unreadable. Before this was chained off, visitors unknowingly trampled over it.

Hence, VVA will continue to press the appropriate federal agencies as well as Congress to initiate and complete adjustments to the In Memory Plaque to include elevating and canting the stone tablet for easier reading; adding lighting for nocturnal viewing; and installing a brass plate that explains the meaning and history of the plaque.

Again, VVA thanks the members of both committees for your attentiveness today and for all that you do for our nation's veterans. Should you have any questions, we are ready and more than willing to respond.

VIETNAM VETERANS OF AMERICA

Funding Statement

March 6, 2014

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For further information, contact:

Executive Director for Policy and Government Affairs
Vietnam Veterans of America
(301) 585-4000 extension 127

House Veterans' Affairs Committee

Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires witnesses to disclose to the Committee the following information.

Your Name, Business Address, and Telephone Number: John Rowan National President Vietnam Veterans of America 8719 Colesville Road Suite 100 Silver Spring, MD 20910 (301) 585-4000
1. On whose behalf are you testifying? Vietnam Veterans of America If you are testifying on behalf of yourself or on behalf of an institution <u>other</u> than a federal agency, or a state, local or tribal government, please proceed to question #2. Otherwise, please sign and return form.
2. Have you or any entity you represent received any Federal grants Yes (No) or contracts (including any subgrants or subcontracts) since October 1, 2004?
3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the entity you represent.

Signature:



John Rowan
National President

Date: 3/6/2014

Please attach a copy of this form, along with your curriculum vitae (resume) to your written testimony.

JOHN ROWAN

John Rowan was elected National President of Vietnam Veterans of America at VVA's Twelfth National Convention in Reno, Nevada, in August 2005.

John enlisted in the U.S. Air Force in 1965, two years after graduating from high school in Queens, New York. He went to language school, where he learned Indonesian and Vietnamese. He served with the Air Force's 6990th Security Squadron in Vietnam and at Kadena Air Base in Okinawa, helping to direct bombing missions.

After his honorable discharge, John began college in 1969. He received a BA in political science from Queens College and a Masters in urban affairs from Hunter College, also from the City University of New York. Following his graduation from Queens College, John worked in the district office of Rep. Ben Rosenthal for two years. He then worked as an investigator for the New York City Council and recently retired from his job as an investigator with the New York City Comptroller's office.

Prior to his election as VVA's National President, John served as a VVA veterans' service representative in New York City. John has been one of the most active and influential members of VVA since the organization was founded in 1978. He was a founding member and the first president of VVA Chapter 32 in Queens. He served as the chairman of VVA's Conference of State Council Presidents for three terms on the national Board of Directors, and as president of VVA's New York State Council.

He lives in Middle Village, New York, with his wife, Mariann.