

**Statement**  
**of**  
**VIETNAM VETERANS of AMERICA**



**Submitted by**  
**John Rowan**  
**Before the**  
**Senate Veterans' Affairs Committee**  
**Concerning**  
**Pending Legislation**  
**June 24, 2015**

Good afternoon, Chairman Isakson, Ranking Member Blumenthal, and other members of this distinguished and important committee. Vietnam Veterans of America very much appreciates the opportunity to offer our comments concerning several bills affecting veterans that are up for your consideration. Please know that VVA appreciates the efforts of this committee for the fine work you are doing on behalf of our nation's veterans and our families.

I ask that you enter our full statement in the record, and I will briefly summarize the most important points of our statement.

**S. 469, Women Veterans and Families Health Services Act of 2015, introduced by Senator Patty Murray (WA)**, would *direct the Secretary of Defense (DoD) to furnish fertility treatment and counseling, including through the use of assisted reproductive technology, to a spouse, partner, or gestational surrogate of a severely wounded, ill, or injured member of the Armed Forces who has an infertility condition incurred or aggravated while serving on active duty.*

Vietnam Veterans of America supports this bill as written. VVA has supported medically assisted procreation procedures for service-disabled veterans for more than three decades, and we will continue to do so.

**S. 901, Toxic Exposure Research Act of 2015, introduced by Senator Jerry Moran (KS)**, would *establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces that are related to that exposure, to establish an advisory board on such health conditions, and for other purposes.*

Among the invisible wounds of war are those brought home by troops, some of which may not manifest for a decade or more. Most tragically, they may also pass on genetically the effects of these wounds to their progeny. No one can argue that our children and grandchildren should have these burdens visited on them. This is a multi-generational bill. It provides a common vehicle for evaluating potential transgenerational effects of toxic exposures, from Camp Lejeune and Fort McClellan, to Agent Orange in multiple locations, to the toxic plume that sickened thousands of Gulf War veterans.

Toxins, such as TCDD dioxin, are believed to cause birth defects in children of military personnel who came into contact with them – in-country troops during the Vietnam War, as well as the several thousand Reservists who rode in and

maintained aircraft that had been used to transport the toxins. By means of the desalination units having the perverse effect of concentrating the dioxin up to 30 times, Navy personnel who served off of the coast of Vietnam also were exposed. For Gulf War veterans, the exposure was to chemical weapons in Iraqi ammo dumps containing chemical and biological agents that were blown up by U.S. Forces during the Gulf War; and burn pit smoke and possibly tainted vaccines and medicines ingested by troops in Afghanistan and Iraq.

This is a simple and straightforward proposal that will begin to address the needs of the progeny of every generation of veterans, because the health conditions seen in some are so heartbreaking to so many families who wonder, “Did my service cause my children to suffer? “

(Please see “Faces of Agent Orange ” at:  
<https://www.facebook.com/pages/Faces-of-Agent-Orange/187669911280144> )

### **VVA unequivocally supports S.901.**

Vietnam Veterans of America applauds the leadership of Senator Moran (KS), working with his colleague Senator Dick Blumenthal (CT), to construct and introduce this bipartisan bill to begin to properly address the situations outlined above.

Let me address a few important issues within this legislation:

First, the National Center envisioned in this bill belongs in the Department of Veterans Affairs. Doctrine, law, and precedent all dictate that, since the time of Abraham Lincoln, the concerns of veterans and their progeny are vested in this department. This Center for Excellence is a small entity that will functionally manage the activities to assist the Advisory Board in overseeing research.

Second, we agree with VA testimony that the VA lacks the internal capability, capacity, and experience in the intergenerational research that will be required. The Advisory Board provides the VA Secretary with knowledge and scientific expertise to obtain research required by the legislation.

Third, we believe that the VA does have the capability, capacity, and experience to contract with any number of governmental, quasi-governmental, academic, scientific, or non-profit research organizations skilled in the research and administration outlined in the legislation; and further, such organizations would be

able to achieve the intent of the legislation in a much more timely and cost-efficient means than the VA could ever achieve.

Fourth, the legislation gives the VA Secretary a strong, independent Advisory Board – of unpaid professionals – to provide diverse perspectives and technical expertise, assuring that the VA is provided with research-based outcomes that are respected and acknowledged by the military, our veterans and their descendants, and the scientific communities.

Finally, we agree with VA testimony before the House Veterans’ Affairs Subcommittee on Health on April 23, 2015, that this bill will be funded from existing R&D appropriated funding, that it will be deficit neutral, and that VA cost estimates are correct, if maybe even high.

**S. 1082, Department of Veterans Affairs Accountability Act of 2015, introduced by Senator Marco Rubio (FL), would authorize the VA to remove or demote a VA employee based on performance or misconduct.**

*And,*

**S. 1117, Ensuring Veteran Safety through Accountability Act of 2015, introduced by Senator Ron Johnson (WI), would expand the authority of the VA Secretary to remove senior VA executives for performance or misconduct, to include removal of VA health care professionals.**

**VVA Supports S.1082 and S. 1117** with significant reservations, given that there is no excuse for the dissembling and lack of accountability in regard to much of what happens at the VA.

Accountability is certainly better at the VA today than it was a year ago, but there is a long way to go in regard to cleaning up that corporate culture to make it the kind of system it should become. The VA must change so that it can be trusted to get the “biggest bang for the taxpayer’s buck” **and**, most importantly, get the individual veteran the best care or service in a timely way. It **can** be cleaned up if there is the political will to hold people accountable for doing their job properly.

VVA strongly believes that more due process and other safeguards should be built in for workers as opposed to managers. The split would be roughly at Grade 14 and above and include anyone who has supervisory or management duties. That does not mean that a non-supervisory VA employee or a lower pay grade worker can

escape accountability for quality and/or quantity of their work, but it does recognize that the problems primarily rest with management.

Furthermore, it is clear to VVA that those VA employees who voice unwelcome truths and who have the courage to stand up for what is right on behalf of our nation's veterans are still being harassed, punished, and their livelihoods threatened. The President and the Secretary simply must take immediate and effective action to address this ongoing problem.

**S. 1085, Military and Veteran Caregiver Services Improvement Act of 2015, introduced by Senator Patty Murray (WA),** would expand eligibility for the *family caregiver program of the Department of Veterans Affairs to include members of the Armed Forces or veterans who are seriously injured or who became ill on active duty prior to September 11, 2001 (currently limited to service after September 11, 2001).*

**VVA strongly supports 1085,** which will primarily assist family caregivers of catastrophically wounded or injured warriors who served prior to September 2001.

Thanks to the bravery and the tenacity of our medevac crews and military medical personnel at evacuation hospitals, catastrophically wounded warriors who would surely have perished in Vietnam are now being saved. Heart-rending testimony before congressional committees by surviving veterans, by their wives, and by their 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.

There was a caveat in this legislation: The VA Secretary was to report to Congress on how the caregiver program has been working, and what, in his judgment, might be the efficacy of extending the program to family caregivers of veterans of Vietnam, Africa, and the Persian Gulf War. That report was two years late. Needless to say, these caregivers did not receive some of the benefits of this legislation. Why not? It was not pursued by the Administration because it was deemed to be "too expensive." How many caregivers of Vietnam veterans will potentially be eligible for the VA's caregivers program? We don't know. What we do know is that we will work with Senator Murray to achieve enactment of this bill that will encompass qualified caregivers of veterans who served before 9/11, and we will work with leadership to make enactment of this legislation a priority, despite any budgetary misgivings they may have.

**H.R. 91, Veteran's I.D. Card Act, introduced by Congressman Buchanan (FL-16), would direct the VA Secretary to issue a veteran's identification card to any veteran who requests such card and is neither entitled to military retired pay nor enrolled in the VA system.**

For lack of quick or easy access to their DD-214, many veterans who have received an other-than-dishonorable discharge for their military service lose out on opportunities ranging from obtaining a job, to getting through security to take a flight, to a variety of private as well as public services. H.R. 91, when enacted into law, will provide these men and women with a simple card that they can carry in a wallet. It is our hope that your colleagues from both sides of the aisle will understand its benefits, and we support H.R. 91 as written.

**Discussion Draft, including provisions derived from S. 1021 (Durbin), S. 1358 (Murkowski/Sullivan).**

***S. xxx Jason Simcakoski Memorial Opioid Safety Act, to be introduced by Senator Tammy Baldwin (WI).***

VVA strongly supports this draft bill with two suggested additions:

- 1) The Food and Drug Administration should decline to approve or revoke approval for easily abused opioid drugs if an abuse-deterrent version exists. For example, in November 2014, the FDA approved an extended-release formulation of hydrocodone bitartrate with abuse-deterrent properties (Hysingla ER) for the treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment, and for which alternative treatment options are inadequate. The tablet is designed to be hard to crush, break, dissolve, or prepare for injection. It is available in strengths of 20, 30, 40, 60, 80, 100, and 120 mg and is taken every 24 hours.
- 2) VA facilities where such opiate pain medications are authorized should be mandated to become signees to a state's prescription drug-monitoring program (PDMP) where available. According to the National Alliance for Model State Drug Laws (NAMSDL), a PDMP is a *statewide* electronic database which collects designated data on substances dispensed in the state. The PDMP is housed by a specified statewide regulatory, administrative or law enforcement agency, which distributes data from the database to individuals who are authorized under state law to receive the information for purposes of their profession.

VVA thanks you for the opportunity to share our views on the vitally needed legislation that you are considering today. I will be pleased to answer any questions you might have.

## NATIONAL PRESIDENT



John Rowan was reelected to a fifth term as National President of Vietnam Veterans of America at the organization's 16th National Convention in Jacksonville, Florida. First elected to VVA's highest office in 2005, Rowan has remained active with VVA since the organization's inception in 1978. A founding member and the first president of VVA Chapter 32 in Queens, New York, he has served as the chairman of VVA's Conference of State Council Presidents, for three terms on the organization's Board of Directors, and as president of VVA's New York State Council.

Rowan, who enlisted in the U.S. Air Force in 1965, went to language school, where he learned Indonesian and Vietnamese. He served as a linguist in the U.S. Air Force's 6990 Security Squadron in Vietnam and at Kadena Air Base in Okinawa, providing the Strategic Air Command with intelligence on North Vietnam's SAM sites to protect their bombing missions.

After his honorable discharge from the Air Force, Rowan received a BA in political science from Queens College and a Masters degree in urban affairs from Hunter College. Rowan retired from city service as an investigator with the City of New York's Comptroller's Office. Prior to his election as National President, Rowan served as a VVA veterans' service representative in New York City. He lives in Middle Village, New York, with his wife, Mariann.



# **VIETNAM VETERANS OF AMERICA**

## **Funding Statement**

**June 24, 2015**

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:

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