

Testimony

Of



**Legislative Priorities
&
Policy Initiatives**

Presented by

**John Rowan
National President**

Before the

**House and Senate
Veterans' Affairs Committees**

March 9, 2017

Good morning Chairman Isakson and Chairman Roe, Ranking Member Senator Tester, Ranking Member Walz, and members of these two most distinguished committees. I am pleased to appear before you today to present the legislative agenda and policy initiatives of Vietnam Veterans of America on behalf of our members and our families for the 115th Congress. As you know, although VVA is the only Vietnam veterans service organization chartered by Congress, we advocate on behalf of veterans of all eras, those who served before us and those who have served most recently in the wars in Afghanistan and Iraq.

THE FULLEST POSSIBLE ACCOUNTING of America's POW/MIAs has long been VVA's top priority. On May 7, 1975, the end of the Vietnam era, the Department of Defense listed 2,636 Americans as missing in Southeast Asia. VVA has continued to press for answers regarding the 1,600 Americans still listed as killed in action, body not recovered, in Vietnam, Laos, and Cambodia, in the Gulf of Tonkin and the South China Sea. We will assist however we can the Defense POW/MIA Accounting Agency (DPAA) to ensure they receive the necessary funding to investigate potential crash and burial sites. And we will continue our Veterans Initiative, which has encouraged continued cooperation by Vietnamese authorities with DOD search teams.

As you know, for several years VVA's top legislative goal was enacting a statute that would foster the peer-reviewed research necessary to determine if a parent's exposure to toxic agents might be responsible for certain birth defects, cancers, and learning disabilities that have afflicted far too many of the progeny of warriors.

In one of the final acts of the 114th Congress passed a "minibus" that incorporated much of the focus of S. 901 and H.R. 1769, the Toxic Exposure Research Act. This legislation will lay the groundwork for the research we need on the health of our children and grandchildren whom we believe have been impacted by exposures during our military service. This legislation will ensure that our newer veterans will not have to wait 50 years for answers.

Let me note now VVA's top priorities for the next two years.

The Legacy of Toxic Exposures

Vietnam veterans' experience with exposure to the defoliant Agent Orange is hardly atypical. During the first Gulf war in 1991, 110,000 troops were exposed to fallout from a toxic plume after the Khamisiyah ammo dump was blown. Over the next several years, thousands of these men and women reported a variety of ills now known collectively as "Gulf War Illness." In the wars in Afghanistan and Iraq, thousands more veterans have come down with respiratory and dermatological ills from exposure to the foul-smelling burn pits, and harmful side effects from the anti-malarial mefloquine and other drugs.

We now are focusing on finding champions from both sides of the aisle in both houses of Congress to introduce, and pass, what we are calling the **Toxic Wounds Registries Act of 2017**. It would direct the Secretary of Veterans Affairs to establish a master registry to incorporate registries for:

- Exposure to Agent Orange during and in the aftermath of the Vietnam War;
- Exposure to toxins relating to deployment during the 1990 Persian Gulf War;
- Exposure to toxins from a deployment during Operations Iraqi Freedom, New Dawn, and Enduring Freedom, and the Global War on Terror;
- Exposure to toxins during a deployment to Bosnia, Somalia, or the Philippines; and
- Exposure to toxins while stationed at a military installation contaminated by toxic substances overseas and here in CONUS.

This legislation would authorize the VA Secretary to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to review published scientific information and studies, and make recommendations for future research, on **the health effects of the toxic exposures** covered in those registries; and it would require those reviews to inform the Secretary's selection of research to be conducted or funded by the VA.

It also would establish a **presumption of service connection** for the purpose of veterans' disability and survivor benefits, for an illness that the Secretary determines warrants such presumption because of a positive association with exposure to a toxic substance covered in the master registry; and becomes

manifest, within a time period determined by the Secretary, in a veteran who experienced such exposure while serving in the Armed Forces.

It is our intent to identify “champions” from both parties to introduce this legislation in both houses of Congress, and to enlist a coalition of VSOs and MSOs to work in concert, buttressed by a coordinated grassroots campaign, to enact this legislation into black-letter law.

Extending and Expanding the Relationship with the NAM

The Agent Orange Act of 1991 mandated that the Department of Veterans Affairs engage the National Academy of Medicine (formerly the Institute of Medicine) of the also renamed National Academies of Sciences, Engineering, and Medicine to convene panels of experts every two years to review the scientific literature, hold public hearings, produce their findings on health conditions that may have an association with exposure to dioxin, and publish these findings in biennial editions of *Veterans and Agent Orange*. Currently, there is one final *Veterans and Agent Orange* update.

But there is a real need for you in Congress to not only authorize the funding so that the update can be continued for at least another decade, but also to expand its scope to embrace **the potential effects of toxic exposures on veterans of all eras**, including service in places known for the presence of toxic substances – places like Fort McClellan, Arkansas, Fort Detrick, Maryland, and the Marine air base at El Toro, California.

Fixing the VA

“We are dealing with veterans, not procedures; with their problems, not ours.”
General Omar N. Bradley, Administrator of Veterans Affairs, 1946

The so-called wait-time scandal of 2014 has had lasting repercussions. The VA has become fodder for congressional criticism, often for cause. Yet under then VA Secretary Bob McDonald and with the skillful guidance of Under Secretary for Health Dr. David Shulkin, now the SecVA, the Veterans Health Administration has made major strides **to integrate community care into the VA healthcare system**, a system which 92% of its users acknowledge the service they receive to be good to excellent.

The major reason behind the business-as-usual scandal was not poor care or uncaring VA employees or a wasteful bureaucracy but rather a scandalous shortage of qualified health care professionals able and willing to work for the VA.

Congress enacted the Choice Act in the autumn of 2014, initiating a fevered effort by VA leadership to comply with its goals, many of them, quite frankly, unrealistic. The Choice Act also created a Commission on Care, which last July came out with 18 major recommendations. Among its conclusions was that **the VA's health operations should *not* be privatized** but should integrate more community care to provide what the VA can't in a local area; and that veterans should not have unfettered choice in selecting clinicians. The commission did recommend that veterans ought to be able to choose a primary care clinician from the community, a recommendation that we do not endorse because it distorts **the central and necessary role the VA plays in coordinating care and prescription medications** for the more than six million veterans who receive much if not most of their health care at VA facilities.

There are, of course, certain areas which VVA believes require significant improvement. Among them are:

Oversight and Accountability

The formula for estimating the funding to be needed in future years by the VA healthcare system has been incorrect since it was initially implemented in 2003. A civilian formula, it failed to take into account that veterans have more things wrong with them as they age than their civilian counterparts. It failed to estimate the increasingly complex needs of combat-wounded warriors. It failed to take into account the greater medical and mental health needs of the average VA patient. It did not anticipate dramatically increased enrollment. The bottom line: the VHA does not have enough clinicians to accommodate the veterans who use its facilities.

Adequate funding is not the overwhelming issue in shrinking the backlog of claims and appeals encountered by long-suffering veterans through the beleaguered Veterans Benefits Administration. VVA will continue to work with the VBA to introduce and **integrate pilot IT projects** that have shown promise in streamlining the compensation and pension system, including the bloat of claims currently before the Board of Veterans Appeals. There also must be: competency-based

testing of service representatives and VA adjudicators; “challenge training” for *all* staff; expansion of the “lane” model to reduce the scandalous number of overpayment cases.

On a parallel track, there needs to be real accountability in the management of the VHA. One key to achieving this is to **overhaul the system of bonuses** for the Senior Executive Service. Bonuses should reward only those who have done stellar work *over and above* their normal responsibilities, and those who *innovate and improve* the systems and projects under their auspices. Conversely, any manager or supervisor who lies to a veteran, to their supervisor, or to a Member of Congress should be dismissed for cause.

Organizational Capacity for Substance Abuse Treatment

VVA remains concerned that substance abuse disorders among our nation’s veterans are not being adequately addressed. The relatively high rate of drug and alcohol abuse among veterans (much of which is self-medication to deal with untreated PTSD and TBI) is causing significant suffering for veterans and their families.

Hence, we urge Congress to direct the SecVA to provide quarterly reports, beginning with a baseline report by each Veterans Integrated Service Network (VISN) and each VA Medical Center (VAMC), on the number and type of mental health clinicians, especially those who treat veterans for PTSD and substance abuse.

We also urge that you direct the Secretary to **update the VHA Strategic Plan for Mental Health Services**. At minimum, quarterly reports should be required, to include the ranking of networks on their substance abuse treatment capacity along with plans developed by the lowest quartile to bring their operation up to the national average; the locations of VA facilities that provide five or more days of inpatient/residential detoxification services; and the locations of VA healthcare facilities without specialized substance use disorder providers on staff, with a statement of intention by each such facility director of plans to employ such providers or take other steps to provide this care.

The VHA must continue to **restore and enhance capacity to deal with mental health disorders**, particularly with PTSD and the often attendant co-morbidity of substance abuse. Substance abuse treatment needs to be expanded and become more reliant on evidence-based medicine and practices. New and current treatment modalities that have shown promise in restoring veterans of working age so that they can obtain and sustain meaningful employment at a living wage should be initiated.

National Center for PTSD

Additional resources must be directed to the National Center for PTSD to add to their organizational capacity. The Center leads the country in research focused **solely** on war-induced PTSD and related mental health illnesses and provides a wealth of much-needed on-line resources for not only mental health professionals, but for affected families and the general public.

Separate Funding Line for the Vet Centers

Funding for the Vet Centers – the Readjustment Counseling Service – one of the most successful and cost-efficient of VA programs, should be directed to develop or augment permanent staff. These dollars should be used to facilitate better coordination with the PTSD teams and substance use disorder programs at VAMCs and community-based outreach clinics (CBOCs).

The Secretary should be required to work more closely with the Secretary of Health and Human Services, municipalities and the states to provide counseling to the families of those returning from combat deployments by utilizing community mental health centers.

Resources for Blind and Low Vision Veterans

With the number of blind and very low vision veterans from the nation's latest wars in dire need of services, VVA recommends that Congress explicitly direct funding to increase staffing and programming at the VA's Blind and Visually Impaired Service Centers, and to designate at least one additional center.

We also believe that Congress must direct the Secretary to implement an employment and independent living project modeled on the highly successful

Project Amer-I-Can, which placed blind and visually impaired veterans into work and other situations that resulted in them becoming more autonomous and independent.

Medical and Prosthetic Research

For this research, VVA recommends a significantly increased appropriation. Such an increase should, however, direct the VA to fund peer-reviewed research on toxins that have impacted members of the military and/or their families, particularly their progeny.

VA's research program is distinct from that of the National Institutes of Health in that it was created to respond to **the unique medical needs of veterans**. In this regard, it should seek to fund veterans' pressing needs for breakthroughs in addressing hazardous environmental exposures, post-deployment mental health issues, TBI, long-term care service delivery, and prosthetics to meet the multiple needs of the latest generation of combat-wounded veterans.

National Vietnam Veterans Longitudinal Study

The NVVLS was completed in the fall of 2015. It has since languished at the VA Central Office because VA's General Counsel cites some "legal problem" with transmitting this report to Congress and the public. The real problem is that the VA wants to destroy all data from the original National Vietnam Veteran Readjustment Study (NVVRS) from the mid-1980s. The General Counsel first wanted to destroy that data right after that original study was completed; had they done so, this follow-up study could never have been attempted.

Hence, VVA urges that Congress designate the Medical Follow Up Agency (MFUA) as the repository of the data from NVVRS, NVVLS, and all other such studies. VVA urges that Congress appropriate funding to **preserve and properly automate a searchable database** from all such large-scale studies. VVA further urges a specific line item for MFUA that directs the VA to immediately turn over this data to MFUA.

We also urge Congress to **mandate and fund other such similar longitudinal studies** to begin as soon as possible, using the same methodology as the NVVRS,

for the veterans of the 1991 Gulf War, Operations Iraqi Freedom and New Dawn, and Operation Enduring Freedom.

Outreach

Most of the 21-1/2 million veterans in the United States are ignorant of the benefits they have earned. Even those who do access the VA's healthcare system and/or its benefits apparatus are not familiar with much of what is available to them, their families, and their survivors. The VA has the ethical obligation, as well as a legal responsibility, to **inform veterans and their families** not only **of the benefits** to which they are entitled, but also about **possible long-term health issues** that might derive from when and where they served.

It is only in the past few years that the VA has begun to take seriously its responsibility to do outreach. Still, these efforts seem scattershot and limited. We have yet to see a unified strategic communications plan that integrates TV and radio ads, billboards, ads and feature stories in selected popular publications, and the vibrant use of social media. These can have a dramatic effect not only in informing veterans – and, perhaps more strategically, their families – about issues and benefits, but also in reassuring the community of veterans that the VA really is living up to its founding principle: *To care for him who shall have borne the battle, and for his widow, and his orphan.*

Extending the Caregivers Act

VVA supported the Caregivers and Veterans Omnibus Health Services Act of 2010 to assist family caregivers of warriors catastrophically wounded or injured after 9/11. The VA Secretary was to report to Congress on how this program was working, and the efficacy of extending it to caregivers of veterans of Vietnam and Somalia and the first fight with Saddam Hussein. That report was two years late.

How many caregivers of Vietnam veterans might potentially be eligible for the caregiver program? This is hard to say. VVA will work with legislators to enact a bill that encompasses qualified caregivers of veterans who served before 9/11; we will work with leadership to make enactment of such legislation a priority despite any budgetary misgivings.

Clearing Up the ‘Backlog’

The VBA has made significant progress in shrinking the backlog of claims while adjudicating a steadily increasing number of new claims. Still, it must move forward with force and focus.

The VBA should **triage all new claims** in its enhanced “lane” system. There is no reason why a relatively simple claim cannot be resolved in a few months. Claims for the obvious, e.g., the traumatic amputation of a limb, or blindness, or paralysis, also could receive an initial adjudication for the major wound, with associated or secondary conditions rated later.

The manner in which VBA managers grade their raters needs to be re-examined, inasmuch as the current system puts a premium on volume and speed at the cost of getting it right the first time. The result is an unacceptably high number of remands when veterans and their advocates appeal their denials or the amount of their awards. Part of the answer is a **revamped training regimen** not only for new raters – and veterans benefits representatives – but for *all* VBA employees involved on the benefits side of the VA, and a revised standard for adjudication of claims that does not credit raters for speed and volume but rather on the efficacy of their adjudications.

In the era of the National Work Queue (NWQ), where claims are being adjudicated in jurisdictions other than the state in which the claimant resides, it is crucial to prioritize the VSO’s recommended requirement updates to VBMS and other VA programs so that VSOs can continue to adequately represent veterans and their family members. VVA has and continues to advocate for certain updates to VBMS that would simply permit service officers to provide continual representation to claimants. As of now, due to the NWQ, it is nearly impossible for a service officer to adequately track all of her claims. VVA encourages VA to truly partner with VSOs as the work our service officers do contributes to obtaining a final and just decision at the lowest appeal level possible.

Organizational Reform

The VA must embrace a corporate culture that measures its vocational rehabilitation programs and educational initiatives as to whether and how much it assist veterans obtain and sustain gainful employment at a living wage.

The VA moved in the right direction by creating an Office of Economic Opportunity. This administrative change, however, does not go far enough. VVA, therefore, will advocate for legislation to **create** a fourth entity within the VA: **the Veterans Economic Opportunities Administration**, to be headed by an Under Secretary nominated by the President and confirmed by the Senate.

The VEOA would house under one roof within the VA the Vocational Rehabilitation Service, the Veterans Education Service, and the Center for Verification and Evaluation; and grant functional control, if not the outright transfer, of VETS, the Veterans Employment and Training Service, from the Department of Labor, as well as newly federalized DVOP (Disabled Veterans Outreach Program) and LVER (Local Veterans Employment Representative) positions, which currently reside in state departments of labor.

Veterans' Civil, Constitutional, & Legal Rights

When service members leave the military, they encounter a legal system that denies them many of the same basic civil rights they served to protect. They are faced with barriers preventing them from asserting their constitutional and legal rights, barriers that all too often result in compromised health care and benefits, and inexcusable delays at every level of their experience with the VA.

VVA has been working with some of the country's top veterans' legal advocates to develop the largest and potentially the most significant legislation ever proposed on behalf of veterans: **the Veterans Civil Rights Act**. The VCRA encompasses:

1. **Due Process Rights** – Codifies existing 5th Amendment protections for veterans' benefits into statute.
2. **Evidentiary Rights** – Ensures that every veteran has access to all documents in their claim for disability compensation and other legal matters.
3. **Access to District Courts** – Enables veterans to challenge agency procedures and patterns of practice violations in district court, on their own behalf and on behalf of a class.

4. **Substitution of Survivors** – Automatically substitutes a veteran’s surviving spouse as claimant upon the death of the veteran.
5. **Tort Reform** – Revises the Federal Torts Claims Act to clarify that veterans can bring an action seeking compensation if they are injured by government action in non-combat or combat training-related situations.
6. **Procedural Rights** – Requires the VA to produce all relevant documents and witnesses requested by veterans to support their claims for benefits, and to investigate claims of misconduct.
7. **Fiduciary Rights** – Requires the VA to recognize fiduciaries designated by veterans, and provides stronger protections for veterans and their families from VA abuses.
8. **Interruption of Medical Care** – Disincentivizes the VA from unnecessarily severing, reducing, or interrupting a veteran’s medical treatment.
9. **Elimination of Excess Inventory** – Requires the VA to use an independent consultant to create a plan to eliminate excess inventory within three years.
10. **Timely Hearings** – Sets timelines for veteran-requested hearings and for various steps in the appeals process.
11. **Creation of Three-Judge Panels** – Requires appeals to be decided by three judges rather than one, and provides that decisions by such panels will set legal precedent so that veterans who raise the same issues do not need to re-litigate these issues but instead can rely on prior decisions issued by three-judge panels.
12. **Reduction of Medical Delays** – Provides a medically trained ombudsman at each VISN authorized to refer veterans to private care when VA treatment deadlines are missed.

Access to district courts is at the heart of the VCRA, which clarifies statutory language so that veterans can bring actions in U.S. District Court to challenge agency actions that violate their rights. VVA believes that the VCRA represents the best way to attack all manner of delays currently plaguing veterans. Hence, we will seek “champions” for this legislation in both houses of Congress from both sides of the aisle and work with them to ultimately enact this legislation.

Additional Priorities & Initiatives

We would also like to offer for congressional consideration a number of priorities and initiatives which, we believe, are potentially achievable in a veteran-friendly Congress:

POW/MIA

VVA will continue to seek **the fullest possible accounting** of the status of any American service member who had been a Prisoner of War or had been Missing in Action by working with the responsible agencies of government and by continuing our Veterans Initiative, building bridges with our counterparts in Southeast Asia and around the world and exchanging information about the locations in which remains of American service members might be found; and in this realm we will endeavor to ensure that the U.S.-Russia Joint Commission on POW/MIA Affairs remain a separate and independent entity with a reasonable budget.

- Inasmuch as **the POW/MIA flag** has become a universal symbol for service members taken prisoner in every war in which American troops have been deployed into harm's way, VVA urges **its year-round display** on all government buildings, federal and state, county and municipality.
- VVA will press to have all U.S. **government documents** pertaining to POW/MIAs **declassified and released** for public inspection, and will encourage Congress to pass a resolution urging the governments of Vietnam, the former Soviet Union, and China to provide all relevant wartime records as well.
- We will work with DoD to initiate a public awareness program to ensure that all families of those still listed as POW/MIA understand the need to provide DNA samples for potential **identification of recovered remains**.
- We also will endeavor to press the appropriate authorities to authorize a **new POW/MIA "Forever Stamp"** to add awareness about an issue that resonates across the community of veterans.

Agent Orange/Dioxin & Other Toxic Substances

Now that Congress has enacted the essence of the **Toxic Exposure Research Act**, VVA will work with the relevant federal departments to fashion the rules that will establish a board of advisors and seek to define those maladies in the descendants of all veterans exposed to toxic agents that might be associated with a parent's exposure.

- VVA continues to support legislative efforts and other initiatives to achieve **justice for "Blue Water" naval personnel** who served aboard ships in Yankee and Dixie Stations in the Gulf of Tonkin and the South China Sea,

and for veterans who served at **Fort McClellan, Fort Detrick**, and other bases in CONUS, and in **Guam, Okinawa, Korea, the Philippines, Thailand, Japan, and Johnston Atoll** where Agent Orange and other toxic agents were stored by working to convince the VA that they deserve the same health care and other benefits as “boots-on-the-ground” veterans.

- We urge Congress to investigate why the VA has ceased providing custodial care and/or non-medical case management services for Agent Orange **children afflicted with spina bifida**, and then push the VA to provide these vitally needed services to these now adult children, innocent victims of a parent’s military service.
- VVA calls on Congress and the President to take measures to **declassify all documents** pertaining to **herbicides and other defoliants and toxins** employed in the Vietnam War, including memos between agencies, and make them public ***now***, as the nation commemorates 50 years since our government first sent troops to Southeast Asia – and sprayed some 20 million gallons of these toxic compounds over 2-1/2 million acres of the former South Vietnam, only G*d knows how much pesticide and other toxic chemicals there..

PTSD and Substance Abuse

VVA will continue our efforts to ensure that the Department of Defense **corrects all wrongful diagnoses** of “personality disorder,” “adjustment disorder,” “readjustment disorder,” other euphemisms for bad discharges of its 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 are entitled.

- We will work with Congress to ensure that DoD and VA **develop, fund, and implement evidence-based**, integrated psychosocial mental health **programs**, substance abuse recovery treatment programs, and suicide-risk assessment programs for all veterans, including active-duty troops, Reservists and members of the National Guard who have been deployed to a combat zone, and their families.
- VVA will work with Congress to take whatever measures are deemed necessary to ensure accountability for the **organizational capacity and funding for accurate diagnoses and treatments** through the application of evidence-based instruments to the neuro-psychiatric wounds of war,

particularly for Post-traumatic Stress Disorder (PTSD), substance abuse, Traumatic Brain Injury (TBI), and suicide risk.\

Veterans Health Care

VVA will insist that VA researchers focus on studies that delve into **the wounds, maladies, injuries, and traumas of war**, with specific research into the health issues unique to all 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 DoD.
- 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.
- VVA will continue to demand that the VA become a signatory to the **Genetic Information Nondiscrimination Act** of 2008.

Economic Opportunity

VVA will seek legislation to **protect veterans** (including incarcerated veterans), active-duty service members, Reservists and members of the National Guard **from discrimination in** the provision of **housing and employment**.

- VVA will seek the **renaming of** the Vietnam-Era Veterans Readjustment Assistance Act (**VEVRA**) to the **Wartime and Disabled Veterans Readjustment Assistance Act** (**WADVRA**), expanding this legislation to embrace veterans of all wars and actively enforcing its provisions and posting its reports on the Internet.
- We will seek to **amend the Post-9/11 GI Bill** to enable veterans who choose not to utilize these benefits for educational purposes to convert a reasonable amount to a low-interest **business loan**, provided they have a business plan that has been reviewed and approved by the Small Business Administration.

Homeless Veterans

- VVA will seek legislative action to extend authority for five years and to revise the **VA's Homeless Grant and Per Diem funding** from a reimbursement for expenses to a payment, a change that is vitally needed if community-based organizations that deliver the majority of these services are to operate effectively.
- Because per diem dollars received by service centers are not enough to meet the special needs of homeless veterans who seek assistance, and because service centers for veterans are vital in that most local social services agencies have neither the knowledge nor the capacity to provide appropriate supportive services that directly involve the treatment, care, and entitlements of veterans, VVA seeks legislation to establish **Supportive Services Assistance Grants** for VA Homeless Grant and Per Diem Service Center Grant awardees.
- Many times Veteran families find themselves in desperate situations, unable to pay rent, or seek employment, or other financial hardship situations. The VA Supportive Services for Veteran Families (SSVF) grants established in 2011 provide much needed assistance to these Veterans, allowing them to remain housed, thus fulfilling, in part, the Department of Veterans Affairs prevention of Veteran Homelessness initiative. Under the SSVF program, VA awards grants to private non-profit organizations and consumer cooperatives that can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing. The VA has awarded over \$600 million in funds supporting the SSVF program from FY2012 to the present. Vietnam Veterans of America fully supports the continuation of the VA's SSVF grant program. Additionally, in order to insure full compliance with the regulations set forth for this most valuable program, VVA strongly urges the Secretary of the Department of Veterans Affairs monitor, and hold accountable, those entities receiving and distributing these funds to the most vulnerable Veteran families..

Incarcerated Veterans

- VVA will work with Congress and the Department of Justice to ensure that incarcerated veterans as well as veterans in Veterans Treatment Courts are identified, assessed for Post-traumatic Stress Disorder and/or Traumatic Brain Injury trauma, and, where appropriate, support **alternative diversionary treatment services**, specifically veterans treatment courts, that

have proven effective in increasing numbers of jurisdictions across the country.

- We will endeavor to take measures to ensure the provision of **reentry and support services** for incarcerated veterans.
- VVA will work with Congress to ensure that the VA provides **benefits for veterans** who are **temporarily confined** in jail or incarcerated in prison.

Women Veterans

- VVA will press for joint hearings in the Veterans' Affairs and Armed Services Committees in both the House and Senate to directly address the **occurrence of military sexual trauma**, calling for accountability at all levels of leadership in DoD in meeting its responsibility.
- We will seek an evaluation of all sexual trauma **intensive treatment residential programs** to determine if **wait-time** for admission is appropriate and geographically accessible.
- VVA will request a Government Accountability Office report on the **administration of women veterans' health programs** in the VA, identifying barriers to and root causes of any disparities in the provision of comprehensive medical and mental health care, including Compensation and Pension examinations, to meet the needs of these veterans.

Minority Veterans

- VVA will support legislation that will ensure that veterans receive **culturally and linguistically appropriate health care** as defined in guidelines issued in 2002 by the VA's under secretary for health.

Compensation & Pension

- VVA will seek enactment of legislation to secure a **pension for Gold Star parents**, and will continue to seek the permanent **prohibition of offsets** of Survivors' Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) for the survivors of service members who die while still in the military.
- To promote uniformity in claims decisions, VVA seeks a change in current policy to mandate that VA staff, VSO and county veteran's service representatives, and other stakeholders **collaborate on developing** uniform

training **materials, programs,** and competency-based **re-certification exams** every three years for service officers.

- We will continue to “encourage” the VBA to direct raters to follow the “**best practices**” manual in **determining** the degree of disability and percentage of **compensation** for veterans with PTSD and other mental health conditions.
- VVA will advocate permitting veterans with a 50% or greater disability rating to be eligible to receive/purchase the same level of government life insurance as veterans rated at 100%.

Economic Opportunity

VVA will ramp up our efforts to ensure that veterans returning from deployments are accorded **Veterans’ Preference** when applying for government jobs and are given every advantage when seeking employment in private industry or in setting up their own business; and will encourage the VA and the Office of Personnel Management to **recruit veterans** before they separate from service, especially from in-demand occupations such as IT and the healing arts.

- VVA will work to achieve **real due process** for veterans under the Vietnam Veterans Readjustment Act (VEVRA).
- In a related matter, **VEVRA and the Office of Federal Contract Compliance** must either be **reformed** wholesale or eliminated, inasmuch as OFCCP is not helping veterans secure positions with contractors and is so far askew from its original purpose that it is doing far more damage than good, angering employers by imposing arbitrary and capricious “assessments” on them that are nothing more than unwarranted fines.
- Inasmuch as the Supreme Court ruled in the Kingdomware case that the VA must continue to **apply the “rule of two” for veteran-owned small businesses** even if the agency surpassed its annual prime contracting goals, VVA will monitor the implementation that the rule must apply to task and delivery orders under all multiple award contracts.

The Newest Veterans

- VVA will continue to press DoD and VA to ensure that they have adequate mental health personnel and services to meet the needs of this generation of veterans, inasmuch as we cannot emphasize too strongly the urgent and

ongoing need for **adequate PTSD care** for every generation in rural or remote areas of the country as well as in urban or suburban settings.

- VVA will continue to demand that the President and Congress work to support veterans who have been denied proper diagnostic services and care to treat wounds and injuries related to their service, including the many **veterans** who have been **inappropriately branded with less-than-honorable discharges**.
- We will continue to promulgate and support new public and private initiatives to create **jobs for returning veterans**, especially for members of the Reserves and National Guard, and to ensure that supportive services, e.g., mentoring programs, are integral elements in these initiatives.
- We also will continue to work with Congress, the Administration, the Consumer Financial Protection Bureau, Veterans Educational Success and other entities that will help **expose** the excesses, greed, and shame of any institution of higher learning guilty of **fraudulent practices** that deceive and rip off the veterans they are supposed to prepare for a career.
- VVA will continue to work to improve educational and vocational programs such as the **Post-9/11 G.I. Bill** and **Vocational Rehabilitation** so that student veterans are able to achieve their maximum potential without drowning in debt.

On behalf of our membership, I ask that you enter our full statement for the record and we thank you for the opportunity to present VVA's legislative agenda and policy initiatives for the 115th Congress, and I will be honored to answer any questions the committee may have regarding our testimony presented before you today.

VIETNAM VETERANS of AMERICA

Funding Statement

March 9, 2017

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 other 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: 3/9/2017

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 were 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.