

**TESTIMONY**  
of  
**Vietnam Veterans of America**



**Presented By**

**John Rowan**  
**National President**

**Before the**

**House Veterans' Affairs Committee**  
**Subcommittee on Health**

**Regarding**

**VA Medical Care:**  
**"The Crown Jewel and Best Kept Secret"**

**May 19, 2009**

**Appendix: Military History Card**

Good afternoon, Chairman Michaud, Ranking Member Brown, and members of this distinguished subcommittee. On behalf of the members of Vietnam Veterans of America and our families, I am pleased to offer VVA's views on outreach activities of the Department of Veterans Affairs.

The VA, by any standard, does an entirely inadequate job of reaching out to veterans and their families to inform them of the benefits to which they are entitled by virtue of their service, and health conditions that may derive from their time in service. I can't tell you how many calls and e-mails we get from veterans, or their loved ones, with questions about illnesses that may be associated with their exposure to Agent Orange (dioxin) during their tour of duty in Vietnam. I can't tell you how many times, when we meet with veterans and talk about health and healthcare issues, we are greeted with something akin to astonishment because no one has ever mentioned this to them before.

Almost 80 percent of veterans do not use the VA for their health care. While most veterans have insurance that enables them, and their families, to go to private physicians of their choice, many of these folks are only a paycheck or two away from losing their insurance. Posters that decorate walls and pamphlets that populate kiosks at VA medical centers and outpatient clinics do not reach these folks. Nor do the video productions that are supposed to be run on televisions in the waiting areas of these facilities: Veterans waiting to be seen by a clinician watch CNN, or ESPN, or Oprah.

It is precisely because the VA has, in our estimation, fallen down on the job that VVA, in concert with dozens of health advocacy organizations, healthcare firms, and others concerned about improving the health of our nation's veterans, has created the Veterans Health Council. The Council aims to fill a void that has long threatened to become an abyss. By working together, we hope to reach out to veterans and their families to inform them not only of the benefits to which the veteran is entitled by virtue of having donned the uniform, but about those diseases and other maladies that may derive from their time in service. We hope, too, to reach out to the wider healthcare community, to educate them about such healthcare conditions. It is our hope, through the Council's web site, [www.veteranshealth.org](http://www.veteranshealth.org), and the web sites and publications of our partners, that we might reach hundreds of thousands of veterans who otherwise might not know that the disease that is plaguing them and eating away at their savings may be associated with

their service in Vietnam, or Korea, or Kuwait, or Iraq, or Afghanistan, and that they are eligible for treatment and may qualify for disability compensation and pension as well as other benefits from the VA.

You in Congress have been most generous in the past few years in providing the funds that the VA healthcare system needs to meet the demand for its services. But we ask you: Can you discern, from the VA's budget submission, how much money is being allocated for outreach? We have long supported the efforts of Senator Russ Feingold to enact into law the requirement that there be a line-item amount for outreach not only for the entire department but also for its individual entities. The Senator's bill this year, S. 315, the Veterans Outreach Improvement Act of 2009, would require the Secretary of Veterans Affairs to "establish a separate account for the funding of the outreach activities of the Department, and shall establish within such account a separate subaccount for the funding of the outreach activities of each element of the Department."

While we have every confidence that Secretary Shinseki and his team will endeavor to make far greater efforts at outreach, we nevertheless believe that what is needed from Congress is legislation that would require the VA to devise with a coordinated outreach plan attached to budget numbers. Mr. Feingold's bill, if enacted, is not enough, although it ought to be part of such legislation. Additionally, this legislation would:

- mandate that a veteran's military medical/health history (please see attached) be part of his/her treatment record if a veteran uses VA facilities or is able to and chooses to go to private clinicians;
- require that clinicians ask, in the patient history that all of their patients fill out, if that patient ever served in the U.S. military and, if so, a series of follow-up questions to learn if the veteran was wounded or otherwise exposed to trauma, or was exposed to blood, or participated in any experimental projects, or was exposed to noise, chemicals, gasses, demolition of munitions, pesticides, or special paints; and
- require that all VA clinicians, particularly primary care providers, take and receive certification for the VA's Veterans Health Initiative curriculum every three years.

In conclusion, I want to reiterate: Far too many of our veterans simply are unaware of what they are entitled to and, more importantly, are ignorant about health issues that are associated with their time in service. It's about time that we do something to fix this situation. VVA and the participants in the Veterans Health Council are doing our part. We hope that Congress will recognize the situation and do what is needed to rectify it.

Mr. Michaud, and Mr. Brown, thank you for holding this very important hearing. I would be more than pleased to answer any questions you may pose.

**VIETNAM VETERANS OF AMERICA**  
**Funding Statement**  
**May 19, 2009**

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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## **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 6990 the 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 at Hunter College. 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.

## Military Health History Pocket Card

### What is the Military Health History Pocket Card?



The **Military Health History Pocket Card** is a pocket-sized resource to provide **all VA health professions trainees** a guide to understanding health issues that are unique to veterans.

VA's students and trainees generally are **young** while **our veteran patients are older** and have had experiences in a different time and place. This card helps to **bridge that gap**.

The card suggests questions that invite the veteran to tell his/her own story while the web site provides information that will offer **greater insight** into the veteran's story.

It is important to make the patient aware that his/her unique experiences as a veteran are of concern to VA clinicians.

### Who should receive the Military Health History Pocket Card?

All health professions trainees.

### How is the Military Health History website used?

It provides background information related to the questions on the Pocket Card. Summaries of veterans' health issues as well as links to other web sites are provided.

### The Card can be used to capitalize on many learning opportunities:

- Give trainees better understanding of the veteran's perspective.
- Encourage trainees and staff to take more careful, veteran-centered histories.
- Stimulate case discussions augmented by information found on the web site.
- Consider discussing issues presented on the card during daily work rounds or informal case-based conferences.

<http://www.va.gov/oaa/pocketcard/FactSheet.asp>