

Testimony

of



Legislative Priorities

&

Policy Initiatives

for the

116th Congress

Presented by

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National President

Before the

**House and Senate
Veterans' Affairs Committees**

March 7, 2019

Good afternoon, Chairmen Isakson and Takano, Ranking Members Tester and Dr. Roe, and members of your distinguished, and critically important, committees. I first want to thank you, on behalf of our members and their families, for all that you do to transform pride in and support for veterans to real programs, initiatives, and benefits which give real meaning to what it means to be “veteran-friendly.”

I am pleased to appear before you today to present highlights of the legislative agenda and policy initiatives of Vietnam Veterans of America for the 116th 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 to those who have served most recently in the wars in Afghanistan and Iraq, and in Syria, in the Philippines, in Africa and elsewhere.

THE FULLEST POSSIBLE ACCOUNTING of America’s POW/MIAs has long been VVA’s solemn priority. On May 7, 1975, the “official” 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 **1,592** Americans still listed as killed in action, body not recovered, in Vietnam, Laos, and Cambodia, in China, 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 funding necessary to investigate potential crash and burial sites. We also will continue our Veterans Initiative, which has been building bridges between American and Vietnamese veterans, and has encouraged continued cooperation by Vietnamese authorities with DoD search teams.

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

In one of its final actions, the 114th Congress passed a “minibus” that incorporated much of the Toxic Exposure Research Act, which VVA had promoted for eight long years. This legislation was to lay the groundwork for research into the health of our offspring whom we believe has been impacted by exposures during our military service. By “our” we refer to not only those who served in Southeast Asia,

but to veterans of all eras, from before Vietnam to most recently in Afghanistan and Iraq. And here in CONUS, because as we are sure you are aware, several current and former military bases in the continental United States are now categorized as toxic waste sites, even Superfund sites, that have been polluted by long-lasting chemical and biological waste. This is the detritus of research projects and experiments, from programs on the potential weaponizing of hallucinogens to the development and production of arms and materiel. It is our hope that this legislation will ensure that our most recent veterans will not have to wait 50 years for answers, inasmuch as many of them were exposed to a smorgasbord of toxic agents from burn pits in Southwest Asia.

We again want to thank you for having enacted this legislation, and we assure you we will continue to monitor the progress by the Department of Veterans Affairs in complying with and implementing all facets of this law.

Let me now note VVA's top priorities for the 116th Congress.

The Blue Water Navy Vietnam Veterans Act

Enacting H.R. 299, the Blue Water Navy Vietnam Veterans Act, is VVA's top legislative priority. In the 115th Congress, following public hearings in the House Veterans' Affairs Committee, this legislation was passed, 382-0. When H.R. 299 moved to the Senate, however, it was scuttled by the flaccid objections of Senators Mike Enzi (R-Wyoming) and Mike Lee (R-Utah).

Along with just about every other major VSO and MSO, we are again working to finally *enact this legislation*. Dr. Roe (R-Tennessee) introduced a Blue Water Navy bill, H.R. 203, as a "place-setter." Chairman Takano re-introduced *H.R. 299* and made its enactment his priority. The science we have is compelling and the potential costs are reasonable, despite the position of the VA, which hatches fantasy numbers and offers flimsy arguments with impunity.

For VVA, *enacting H.R. 299 is our top legislative goal*.

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, some 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 maladies 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 seeking “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 2019*. It would direct the Secretary of Veterans Affairs to establish a master registry that would incorporate registries – *real* registries that are not just mailing lists – 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 deployments during Operations Iraqi Freedom, New Dawn, and Enduring Freedom, and the Global War on Terror;
- Exposure to toxins during deployments to Bosnia, Somalia, and 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 Academy of Medicine to review published, peer-reviewed scientific research, and make recommendations for future research on *the health effects of the toxic exposures* identified in those registries; and it would require those reviews to inform the Secretary's selection of research to be conducted and/or funded by the VA.

It also would establish *a presumption of service connection* for the purpose of veterans' disability and survivor benefits, for any 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 based on science, in a veteran who experienced such exposure while serving in the Armed Forces.

It is our intent to work with the champions we've identified to introduce this legislation, and to enlist a coalition of VSOs and MSOs, to mount a coordinated grassroots campaign to enact this legislation.

Extending and Expanding the Relationship with the NAM

The Agent Orange Act of 1991 mandated that the Department of Veterans Affairs engage the Institute of Medicine, now the National Academy of 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 a positive association with exposure to dioxin, and publish these findings.

There is still a real need for you in Congress to not only authorize the funding so that *Veterans and Agent Orange* can be continued for at least another decade, but 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, like Fort McClellan, Arkansas, Fort Detrick, Maryland, and the Marine air station 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, not without cause, became fodder for congressional criticism. Since then, major strides have been made **to integrate community care into the VA healthcare system**, a system which 92 percent of its users acknowledge that the care they receive ranges from 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 fall of 2014, initiating a fevered effort by VA leadership to comply with its stipulations, many of them, quite frankly, unrealistic. The Choice Act also created a Commission on Care, which came out with 18 major recommendations.

Among its conclusions was that *the VA's health operations should not be privatized* but should integrate some community care to provide what the VA can't in a local area. However, the commission rejected the position of a minority of its members that veterans should have unfettered choice in selecting clinicians. To do so would not only be prohibitively expensive, but would eventuate in turning the VA into little more than cash cow.

Now, Congress has enacted the MISSION Act which, among its provisions, is the structuring of community care across the VA healthcare landscape. In implementing this, however, the VA wants to initiate rules that go well beyond the intent of MISSION and appears to be sliding too fast down the slippery slope toward privatization. The efforts of one alleged veterans organization – actually a front for the Koch Brothers – to push the Commission on Care to embrace privatization did not succeed. Now, however, that effort seems to have been embraced by the Secretary and the White House and is bearing a happy return on the Kochs' investment in their veterans front, Concerned Veterans for America.

The commission pointedly rejected privatization for a number of reasons. Most compelling, though, were cost projections over the next 20 years. IF Congress embraces what the administration is seeking to do, with little regard for the veterans whom the president always praises, the cost of providing veterans with the choice of going wherever they want for health care will skyrocket, and will quickly prove to be unsustainable. You have now the ability to rein in this wrongheaded effort; we urge you instead to fund the VA so that it can hire the clinicians and support staff it needs.

If, however, you choose to let the Kochs and their allies have their way, veterans will suffer while private healthcare facilities and doctors will benefit. By most measures, the health care provided by the VA is in many respects superior to that from the private sector. Another crisis, a real crisis, is in the making; and you can, if you have the will, put the brakes on this move in the wrong direction.

Oversight and Accountability

The formula for estimating the funding to be needed in future years by the VA healthcare system has not been correct since it was initially implemented 15 years ago. A civilian formula, it fails to take into account that veterans present with

more things wrong with them as they age than their civilian counterparts. It fails to estimate the increasingly complex needs of combat-wounded veterans. It fails to comprehend the greater medical and mental health needs of the average VA patient. It did not anticipate dramatically increased enrollment, a product of the aging of Baby Boomer vets and the influx of hundreds of thousands of freshly minted veterans from the wars in Afghanistan and Iraq.

Disability Benefits Claims—A Crisis in the Making?

The Veterans Appeals Improvement and Modernization Act of 2017 (AMA), one of the most significant statutory changes to the disability benefits adjudicatory system in decades, is now the law of the land. The VA calls it as a “streamlined process,” one that will give veterans “timely resolutions of disagreements.” The VA highlights the speed at which it plans to adjudicate claims under the new law by pronouncing it will adjudicate VBA-level claims and direct-review Board appeals in an average of 125 days and 365 days, respectively.

Glaringly absent from the VA’s rosy announcement is the focus on something that is arguably *more* important to veterans than speedy decisions: ensuring that these decisions are accurate, final, and just. The Board touts a decision accuracy rate of 93.6 percent, yet the Court of Appeals for Veterans Claims remands approximately 76 percent of its decisions back to the Board of Veterans Appeals.

In the real world, a system that generates an *inaccurate* but speedy decision is *not* a win for veterans. A system that requires a veteran to appeal, and appeal again, to receive an accurate decision is *not* a win for veterans. A recently published study in the *Journal of Law, Economics, and Organization*, “Quality Review of Mass Adjudication: A Randomized Natural Experiment at the Board of Veterans Appeals, looked into the Board’s “quality assurance” program and found that the Board generates a meaningless measure of decisional quality, and more troublingly, that the program is completely ineffective at reducing appeals or remands/reversals.

VVA implores Congress to fulfill your oversight role by mandating that the VA regularly, and publicly, disclose information about its quality assurance program, to include details about its design, how it is administered, and the raw data generated. Additionally, Congress would be wise to mandate the creation of an independent body to audit VA’s quality assurance initiatives. This body should include stakeholders, VSO representatives, and subject matter experts. Indeed,

with appropriate oversight and program incentives and reforms, a data-driven quality assurance system can be developed and implemented to actually increase decisional accuracy and prevent the need to appeal, which is the conclusion of “Due Process and Mass Adjudication: Crisis and Reform,” in a forthcoming issue of the *Stanford Law Review*.

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 *still* needs to be real accountability in the management of both the VBA and VHA. One key to achieving this, as we’ve advocated for several years, is to *overhaul the system of bonuses* for the Senior Executive Service. Bonuses should reward 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 use and abuse among veterans (much of which is self-medication to deal with unacknowledged and/or untreated PTSD and TBI) is causing significant suffering for veterans and their families. Add to this the national crisis over opioids, which too many war-wounded vets take to alleviate pain, and the VA has to deal with a daunting situation.

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 National Center leads the country in *research* focused solely *on war-induced PTSD and related mental health illnesses* and provides a wealth of much-needed online resources for not only mental health professionals, but for affected families and the general public.

Preventing Veteran Suicide

When a veteran, or an active-duty service member, loses the will to live and commits the final act of a too-short life, his or her demise reminds us of the ultimate legacy of time in a combat zone. There is immense pressure, on government to Do Something. Millions of dollars are expended on research, on resiliency training, on a hotline staffed by psychologists and psychiatrists. Gains are made and yet, still, lives are lost. Answers are elusive.

But the VA somehow manages to let uninspired bureaucracy wreck even the best of intentions. Press reports of a pittance of funding expended for outreach undermines veterans' – and the public's – faith in the VA. Which only leads to more cries for privatization, not that the private sector has insights and answers that elude the military and the VA.

Considering that the prevention of suicide is, as the VA insists, their top clinical priority, let's think creatively. Dedicate funding to bring together survivors of suicide attempts, clinicians with a specialty in mental health and suicide prevention, key members of Congress, DoD, the VA, veterans from VSOs and MSOs, not for a day but for a week, with instructions to devise projects and programs that might actually make a difference. It's high time indeed to take action outside the box.

Separate Funding Line for 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 and/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, with municipalities and the states to provide counseling to the families of those returned from combat deployments by utilizing community mental health centers.

Resources for Blind and Low-Vision Veterans

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.

Outreach

Many if not 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 *potential 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.*

Doing Right by Veterans with “Bad Paper”

During the previous Congress, significant legislation to benefit veterans was enacted. Yet more needs to be done, particularly for veterans with an other-than-honorable discharge that resulted not from a court martial but rather as a result of an administrative action. We know of too many veterans who for years served faithfully, honorably, and even heroically yet who, because of even a single lapse

in judgment were booted out of the military with bad paper. They are ineligible for health care. They are ineligible to avail themselves of the Post-9/11 G.I. Bill.

Yes, many of them can and do receive mental health counseling from the VA. At the same time, the VA is in effect cutting back on help for those afflicted with the long-term effects of PTSD, offering 12-week sessions intended to heal. Perhaps they have forgotten that certainly many of the long-term afflicted do not get better; for them the VA has been a life saver. Congress must exercise strict oversight on the VA's latest changes.

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, advocates 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.

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 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 also 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 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.
- 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%.

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 116th 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 7, 2019

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: 3/4/2019

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.