Testimony of

Legislative Priorities &
Policy Initiatives for the
118th Congress

Presented by

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Before the
House and Senate
Veterans Affairs Committees

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Chairmen Tester and Bost, Ranking Members Takano and Moran, and distinguished members of your respective committees. It is my pleasure to appear before you to present the highlights of our legislative agenda and policy issues for the remainder of the 118th Congress.

Vietnam Veterans of America is a national Veterans Service Organization chartered by the United States Congress as a non-profit organization to promote the well-being of American Vietnam veterans and to promote social welfare in the United States by encouraging the growth, development, readjustment, self-respect, confidence, and the usefulness of Vietnam veterans and veterans of other eras.

VVA is committed to speaking truth to power, acting openly and honestly in its affairs, and demanding truth, effectiveness, and accountability from the government. As demonstrated by the following agenda, VVA stands by its motto:

*Never Again Will One Generation of Veterans Abandon Another.*

**Accounting and Recovery**

**Fund the Defense POW/MIA Accounting Agency (DPAA)**

VVA demands continued funding and logistical support for the DPAA to provide for the fullest possible accounting and recovery of servicemembers of the Vietnam War. We must not forget the prisoners of war and those who went missing in action. Since VVA’s formation, the accounting and recovery of POW/MIA servicemembers have remained our top priority.

The DPAA investigates potential crash and burial sites and aids in the recovery and identification of remains in Southeast Asia and other conflict locations. To do so, it must engage in extensive research, conduct interviews, and collaborate with numerous nonprofit organizations and foreign governments.¹

There are still 1,577 unaccounted-for American servicemembers from the Vietnam War and funding delays impact the ability of the DPAA to bring our brothers-in-arms home to rest.² Full funding and empowerment of the DPAA is the most effective way for Congress to ensure that the families of the unaccounted-for receive the closure that they deserve.

**Acknowledging Champions**

Pass H.R. 7333, *Renaming the VA Medical Center in West Palm Beach, Florida in Honor of Thomas H. Corey*

Mr. Corey was committed to serving our nation. Drafted into service in 1967, he served as a combat infantryman and squad leader with the 1st Cavalry Division. As a result of his service in the Army, Mr. Corey received the Bronze Star with Valor, two Purple Hearts, the Air Medal, an Army Commendation Medal, a Presidential Unit Citation, a Valorous Unit Citation, the Republic of Vietnam Gallantry Cross, and the Combat Infantry Badge. He was medically retired from the army in 1968 after being paralyzed by an enemy round during an assault during the Tet Offensive.

Despite his disability, Mr. Corey continued to serve our nation by tirelessly advocating for his fellow veterans, committing decades to his work with Vietnam Veterans of America. Naming the West Palm Beach VA facility would be a fitting, local acknowledgment of his contributions to our nation and our community of veterans.

**Pass H.R. 3592 – The Donut Dollies Congressional Gold Medal Act**

1,120 women volunteered to serve with the Red Cross during the Vietnam War and 627 of those women worked as Donut Dollies. They were members of the Supplemental Recreation Activities Overseas (SRAO) program. Providing critical morale boosts to soldiers, Dollies traveled by helicopter to forward operating positions. This perilous, volunteer service resulted in three deaths – three Dollies did not make it home from Vietnam. In recognition of their service to our nation, members of the Donut Dollies should be awarded the Congressional Gold Medal.

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**Addressing the Effects of Toxic Exposure**

3 See H.R. 3592, 118th Cong. (May 22, 2023).
4 See generally, Sue Behrens, *The SRAO Story* (1986).
Compel the VA to Conduct the Research Mandated in the *Toxic Exposure Research Act*

For several decades, VVA has pushed for the government to recognize the impact of Agent Orange and other toxins not only on veterans but on their descendants. With help from Congress, the *Toxic Exposure Research Act (TERA)* was enacted to conduct research for this purpose.\(^6\) By establishing the intergenerational impact of toxic exposure, the families of our nation’s servicemembers would be positioned to make critical informed personal and healthcare decisions.

Unfortunately for them, the VA simply refuses to comply with Congressional will. While Congress has done its part to advance the interests of toxic-exposed veterans with the passage of the PACT Act, the new bill does not specifically address intergenerational impact, and so the descendants of veterans, particularly those from the Vietnam war, continue to suffer. For this reason, we urge Congress to compel the VA to conduct the research that is already owed per *TERA*.

Revise the *Blue Water Navy (BWN) Act* and Investigate Broadscale Dioxin Exposure

Congress must amend the *Blue Water Navy Vietnam Veterans Act of 2019* (PL 116-23) to include servicemembers who served aboard vessels that supported the war effort but were excluded from coverage.\(^7\) Congress must also investigate heightened dioxin exposure due to Navy water distillation methods.

The *Blue Water Navy Vietnam Veterans Act* established a presumption of Agent Orange exposure for veterans who served offshore in the territorial waters of Vietnam between January 9, 1962, and May 7, 1975. Unfortunately, the act imposed a rough twelve-nautical mile limit for presumed exposure. The result was the denial of presumption for the tens of thousands of sailors who served aboard nearly two dozen aircraft carriers.\(^8\)

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\(^8\) *Carrier Deployments During the Vietnam Conflict*, NAVY DEPT. LIBRARY (last visited Feb. 20, 2024).
Dioxin does not respect arbitrary lines in the sea, and can be found in most bodies of water.\(^9\) Before the advent of reverse osmosis systems following the Vietnam War, U.S. military vessels used multi-stage flash (MSF distillation) for water purification.\(^10\) While this water purification method is effective at removing larger masses from potable water, condensers increase the toxicity of drinking water by increasing the concentration of dioxins and adjacent pollutants.\(^11\) Exposure amounts for sailors were estimated to be 2 to 3 magnitudes higher because of distiller use.\(^12\) It should be noted that these toxic effects were seen using systems comparable to the reverse osmosis systems used by the Navy after the Vietnam War – systems that were supposed to be more effective at removing contaminants, but that failed to purge dioxin and other toxins. Generations of sailors and Marines were presumably at risk of exposure. Congress is therefore obliged to compel the DoD and VA to properly investigate dioxin exposure due to these faulty water purification methods.

**Conduct Research on Pre-Gulf War Burn Pit Use and Include Those Veterans for Healthcare Eligibility Due to Toxic Exposure**

Burn pit exposure is not a scenario unique to the Gulf War and Global War on Terror. Service members have been instructed to burn their waste for centuries. For this reason, the exclusion of veterans who served in locations outside of the Middle East and West Asia or before the Gulf War was a misstep when Congress passed the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT)* Act.\(^13\)

**Monitor PACT Act Implementation and the Toxic Exposure Fund (TEF)**

TEF dollars must be spent conducting research that will inform the public of any former or current risks of military service, providing healthcare access for affected veterans, and instructing the Department of Defense on methods of minimizing toxic


\(^10\) *BLUE WATER NAVY VIETNAM VETERANS AND AGENT ORANGE EXPOSURE*, NATL ACAD. PRESS (2011), at 104.


\(^12\) Id.

exposure in future conflicts. To date, the VA has not made an adequate effort to provide transparency on how these funds are or will be spent, and while VVA is opposed to spending caps on toxic exposure research, it would welcome congressional oversight on spending to ensure that money is being spent in a way that will benefit veterans and their families.

Compel VA to Conduct an Epidemiological Study on Fort McClellan and Other Exposure Sites, and Inform Veterans About the Risks and Their Rights

Congress must ensure that the VA executes the Fort McClellan epidemiological study required by the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act and ensure that veterans and others impacted by toxic exposure at Fort McClellan are informed about their right to participate and receive healthcare.\(^\text{14}\)

While conditions on the ground have significantly improved since remediation efforts began, veterans who served at Fort McClellan were exposed to a variety of toxins, ranging from lead and PCBs to radiological and chemical warfare agents. Exposure risk for these elements lasted over six decades, from the 1930s until the base realignment and closure in the late 1990s. Nearly half a million troops passed through Fort McClellan during this period, and it was the home of the MP Corps, Chemical Corps, and Women’s Army Auxiliary Corps.

Unfortunately for our nation’s veterans, this issue extends beyond Fort McClellan. As noted in a recent VA proposed rule, there are multiple identified sites where Agent Orange and pesticides were tested, used, and stored. These locations, domestic and abroad, are listed by the DoD’s Armed Forces Pest Management Board (AFPMB), which is tasked with maintaining the list. The AFPMB accepts submissions to the list from members of the public to further the list’s development, but there is no mechanism to ensure that additional sites will be listed. Moreover, despite the VA indicating that it may expand presumptions of exposure to locations on the AFPMB list, there is no guarantee that it will do so, or that it will do so for locations that are added in the future. Congress must make regular inquiries about toxic exposures on domestic and overseas installations, so that veterans and their families can mitigate the harm caused by their toxic exposure.

Improving Access to Earned Benefits

Pass H.R. 1282/S.344 – The Major Richard Star Act

If enacted, the Star Act would allow combat-disabled military retirees to receive full retirement pay and disability benefits simultaneously; under current law, these payments are offset against each other. This bill, which enjoys wide bipartisan support, was placed on the House union calendar last year for consideration but has yet to be scheduled for a vote. There are 326 co-sponsors in the House and 71 in the Senate. That no action is being taken on this bill is entirely unacceptable. Congress cannot take credit merely for endorsing veterans benefits, it must act to provide them.

Pass Legislation Reinstating the 48-Hour Review Period for Disability Claims

Historically, Veterans Service Organizations (VSOs) have played a significant role in aiding veterans applying for disability benefits by reviewing their claims before the issuance of a final decision. These reviews were conducted within the 48 hours preceding the issuance of these decisions. During the review, VSOs would identify and address errors, omissions, and missing evidence. Unfortunately for our community, the Department of Veterans Affairs removed this review process and instated the Claims Accuracy Review (CAR) program.

The CAR program suffers from several limitations. Its narrow criteria fail to capture the breadth of potential issues identified during the previous 48-hour review process. Moreover, it duplicates the existing claims appeal process, creating unnecessary delays and redundancy.

Veterans remain disproportionately impacted by human error in VA claims processing. Data indicates that approximately 50% of claims are initially denied, with a staggering 80% containing errors at the Board of Veterans Appeals stage – errors that could have been identified during the previously available VSO review.¹⁵

Reinstatement would allow Veterans Service Officers (VSOs) to dispute erroneous conclusions and point to errors, improving claims outcomes for veterans and reducing the need for participation in the appellate process. VVA continues to work with a congressional office to introduce legislation to be passed this year.

¹⁵ BD OF VETS’ APPEALS, Decision Wait Times, DEPT OF VETS’ AFFAIRS (last visited Feb. 16, 2024).
Enact Legislation Prohibiting the Reduction of VA Disability Compensation for Incarcerated Veterans

Veterans involved with the justice system who are otherwise eligible for VA benefits served their country with distinction, and incarceration should not be used as a justification for diminishing earned benefits. Congress must enact legislation prohibiting the reduction of VA disability compensation for these veterans, placing any balance above 10% into an escrow account until a veteran’s release date.

Under current regulations, benefits for these veterans are capped at 10%, leaving them with inadequate financial resources upon release. The natural consequence of this is an increased risk of poverty, homelessness, and recidivism for veterans and their families. By holding justice-involved veterans’ money in escrow, we can reduce instability and help them return as productive members of society once they have served their time.

Improving Opportunities for Healthcare

Enter a Reciprocity Agreement with the Republic of Korea for Implementation of the Korean American VALOR Act

Approximately 3,000 Republic of Korea veterans of the Vietnam War are awaiting access to healthcare. We fought alongside them, shoulder-to-shoulder for the same cause. There is no justification for not affording them access to healthcare through our VA healthcare system.

The Korean American VALOR Act was passed last year to provide healthcare access for these veterans. Instead of simply qualifying them for care based on their service, Congress conditioned access to care on the establishment of a reciprocity agreement for care compensation from the South Korean government.

To date, no one at the VA can tell us who is responsible for entering an agreement with the South Korean government, and there has been no apparent attempt by an executive agency or Congress to do so. As explained to us by a VA representative,

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16 38 CFR § 3.665 - Incarcerated beneficiaries and fugitive felons—compensation.
it would be “inappropriate” to recommend that Korean American Vietnam veterans attempt to apply to enroll in VA healthcare.

Congress must act to ensure that a reciprocity agreement is entered into immediately so that these veterans can get the healthcare they rightly deserve.

**Amend the Tax Code for Puerto Rico to Draw More Healthcare Workers**

Access to healthcare in rural areas is a persistent challenge for our nation’s veterans. Veterans residing in Puerto Rico are no exception. A chronic issue for the Commonwealth is the shortage of employees within the Puerto Rico VA healthcare system. It is difficult to motivate individuals to move from their homes to other areas, and we often must turn to financial incentives to achieve the outcomes we desire.

Residents of Puerto Rico are generally exempt from individual federal income tax. Unfortunately for veterans, federal employees are not exempt. Adjusting the Internal Revenue Code will fix this arbitrary tax disparity and provide an incentive for skilled professionals to move to Puerto Rico to deliver critically needed care. As the veteran population continues to age – 63.9% of veterans in Puerto Rico are aged 65 or older - the need for healthcare workers will continue to increase. Congress must act to eliminate this barrier to care.

**Order the VA to Reinstitute the Use of Physician Assistants as Mental Health Treatment Providers at VA Hospitals and Clinics**

Access to mental healthcare has historically been a struggle for veterans. The VA is the largest centralized provider of these services, operating over 1,500 facilities where it provides mental health services to roughly 2 million veterans. The level of service, however, is grossly inadequate; an August 2023 OIG survey found that more than 75% of the VA’s hospital networks and associated clinics reported severe shortages of mental health providers. Permitting PAs to practice in this space will allow for the dramatic expansion of access to mental health services for our nation’s veterans.

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20 Id.
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 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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Jack McManus was elected to serve as VVA National President at VVA’s 20th National convention, held in November 2021, in Greensboro, North Carolina. First elected VVA national treasurer in 1995, he was re-elected to the position in 1997, and again in 2019. He previously served as the VVA Michigan State Council President for six and one-half years from 1989 to 1996, overseeing the largest state program in VVA. In 1997, he was awarded VVA’s highest honor, the VVA Commendation Medal, for his extraordinary service to the organization, to all veterans, and to the community at large. The VVA New York State Council has also recognized him with its own Commendation Medal. During his career as a private businessman, McManus’s company employed approximately 3,500 in two service-sector businesses, with $150 million annually in sales. In 1978, his company was recognized as the first drug-free workplace in the building service contracting industry. The company also emphasizes special hiring programs for handicapped individuals, ex-offenders, and rehabilitated substance abusers for its internal rehabilitation programs. From 1978 to 1985, McManus was the program manager for his company’s contract with the Kennedy Space Center space shuttle program in Florida. Originally, from New York City, Jack McManus joined the Air Force in 1965, where he served until 1969. Between 1967 and 1968, he was assigned to Operation Ranch Hand in Vietnam. Jack received his B.A. in Business Management from New York University in 1973. He resides in North Carolina with his wife Jackie. He is a recipient of numerous business and community awards.