

Testimony
Of
Vietnam Veterans of America



Presented

By

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National President/CEO

Before the

House and Senate Veterans' Affairs Committees

Regarding

VVA's Legislative Agenda & Policy Initiatives

March 6, 2013

Good morning, Chairmen Sanders and Miller, Ranking Members Burr and Michaud, and other members of these most distinguished House and Senate Veterans' Affairs Committees. I am most pleased to appear before you today to present on behalf of the members and families of Vietnam Veterans of America VVA's legislative agenda and policy initiatives for this, the 113th Congress of the United States.

First, though, I want to thank you for your efforts to assist veterans who need assistance, to monitor those agencies of government that need monitoring, and to address the myriad of issues that, quite frankly, need to be addressed, several of which you will find among VVA's deepest concerns.

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, which have supplanted our war as the longest in the history of the republic.

I would hazard a guess that more than a few folks even in this room this morning are unaware that there is a solitary American serviceman who is missing in action in Southwest Asia. In the parlance of the Pentagon, he is a DUSTWUN, "Duty Station Whereabouts Unknown," which doesn't resonate as somberly as "Missing in Action."

You should know that getting the fullest possible accounting of the fates of America's POW/MIAs has long been VVA's top priority. At the conclusion of hostilities in the war in Vietnam, 2,646 American servicemen were listed as missing in Southeast Asia; at the beginning of this month, some 1,653 remained "unaccounted for." VVA's Veterans Initiative program, which reaches out to Vietnamese veterans, has led them to the burial sites of potentially thousands of their comrades. Importantly for us, it has enabled our emissaries to return with the remains of several of our brother soldiers.

VVA has identified and placed into two categories what we consider to be viable **Top Priorities: *Addressing the Legacy of Toxic Exposures*** and ***Fixing the VA***. They can be accomplished *if* there is the political and/or the managerial will. They are achievable *if* we want them badly enough, and *if* we can marshal our service and veterans communities and work in concert to convince you, our elected officials, that these are of great importance for *all* Vietnam veterans and for our families and our survivors. Only one of these will likely require any significant outlay of funding, but its potential benefits for all of American society can be huge.

Let us be clear: Vietnam Veterans of America continues to embrace the newest generation of veterans, who have served *with such distinction in Southwest Asia, for their reception home and for the array of benefits* accorded to them – the Post-9/11 G.I. Bill, which significantly outdoes the educational benefits of even the original G.I. Bill Congress passed in 1944 in anticipation of the flood of returning servicemen and -women from Europe and the Pacific; and the Caregivers and Veterans Omnibus Health Services Act of 2010 that Congress enacted to assist family caregivers of catastrophically wounded or injured warriors in the wake of 9/11. Consistent with our founding principle, we will never abandon any generation of veterans.

But while attention has appropriately been given to veterans of our nation's recent and current wars, make no mistake: Vietnam veterans still have unmet needs. And we refuse to be passed by and dismissed or forgotten.

This Administration has made real strides in recognizing the inequities we have suffered, and for this they – especially VA Secretary Eric K. Shinseki and President Barack Obama – deserve our thanks. Enactment of the Top Priorities we outline here, in both ***Addressing the Legacy of Toxic Exposures*** and ***Fixing the VA***, can go a long way towards ameliorating some of these needs – not just for Vietnam veterans but for veterans of all eras.

And make no mistake: When we reference “toxic exposures” we don’t mean only Agent Orange – dioxin – or the burn barrels so many of us stood next to in Vietnam. We are going well beyond our own concerns. We are also addressing the intense plume from the explosion in 1990 of the “ammunition dump” at a place called Khamisiyah during the Persian Gulf War; and we are concerned about the effects on those who worked in and lived near the scores of burn pits that were so much a part of the landscape of the American presence during the long years of Operation Enduring Freedom in Afghanistan and Operations Iraqi Freedom and New Dawn in Iraq. And as our understanding of toxic exposures increases, we strongly urge the Department of Defense to think prospectively, to anticipate and not just react, to the likelihood of similar exposures in future conflicts as part of the true “cost of war” – and the lifelong, even intergenerational legacies they may generate.

U.S. and Allied troops are for the most part out of Iraq. The President has promised that almost all American troops will exit Afghanistan by the end of 2014. As long as our forces are in harm’s way, there is a reservoir of sympathy for their service and their sacrifices. This translates into protected funding for VA personnel and programs. Once the shooting ceases and all the troops return to our shores – even though the VA will have the enormous task of dealing with their wounds both physical and mental for the rest of their days – it is likely that Congress will no longer be so generous. This we Vietnam veterans know only too well.

Addressing the Legacy of Toxic Exposures

Not all wounds of war are immediately obvious. Much has been written about the impacts of combat on the human psyche, and such mental ills known now by their acronyms – PTSD (Post-traumatic Stress Disorder) and TBI (Traumatic Brain Injury) – have been accorded much attention by the Pentagon, prodded, as it were, by the press and the public and the national veterans’ service community.

Not so evident are the insidious long-term effects of exposures to toxic substances. Substances like dioxin. And mustard gas. And sarin and VX and BZ. As we can now testify, symptoms can present a decade or more after exposure and separation from service. And by “long-term effects” we don’t mean only on the veteran. We refer as well to their progeny, a generation or more into the future. They are in effect also wounded by the war in which their mother or father served. There has been a paucity of research in this area. You would think – you would hope – that the VA, with its multi-million dollar budget for research, would try to initiate at least a few studies in this area. But you would be wrong.

To help right this wrong, VVA has developed a bill we expect to be introduced initially in the House of Representatives. We intend to identify champions for this legislation and seek co-sponsors from both sides of the aisle to move this bill, to get a hearing in the appropriate committee, and then push on from there. The CBO, the Congressional Budget Office, will score the bill: make no mistake, there will be a cost to do it right. But the cost is worthwhile, and the cause is righteous.

The legislation we have crafted , which we are calling the **Veterans’ Family Preservation, Health Maintenance, and Research Act of 2013**, embraces these elements:

- A veteran's military medical/health history shall be a mandatory piece of the electronic patient medical treatment system to be developed in concert with the national rollout of this system;
- A database registry within the Veterans Health Administration, the VHA, modeled on the VA's Hepatitis C Registry, shall be established for veterans exposed to Agent Orange/ dioxin that would replace the current registry; similar registries shall be established for the Persian Gulf War, Operations Iraqi Freedom/New Dawn and Enduring Freedom, the Global War on Terror, and other significant deployments, e.g., Bosnia, Somalia, the Philippines; and for any duty station in CONUS, e.g., Camp Lejeune, Air Station El Toro, or overseas military installation, e.g. Guam, Okinawa, potentially contaminated by toxic substances;
- A national Center for the Treatment and Research of Health Conditions suffered by the Progeny of Veterans Exposed to Toxic Substances during their military service shall be established;
- An Advisory Committee to oversee the work done at the Center, and to advise the Secretaries of Health and Human Services and Veterans Affairs on issues related to the research, care, and treatment provided for in this bill, as well as on the benefits and services needed by the progeny of veterans exposed to toxic substances during their military service, also shall be established;
- An Office of Extramural Research, the focus of which shall be on environmental studies of toxic exposures and other hazards experienced by troops during their service in the United States military, shall be established, and funded on its own dedicated budget line, by the Secretary of Veterans Affairs;
- An Extramural Research Advisory Council to advise the Secretary of Veterans Affairs and the Director of Extramural Research on

guidelines for research proposals and to weigh the evidence of various epidemiological studies on the health effects of toxic exposures on veterans and their progeny, shall also be established; and

- A coordinated, ongoing, national outreach and education campaign using such means as direct mail, on-line media, social media, and traditional media to communicate information about such exposures and health conditions, as well as the existence of the National Center to all eligible U.S military veterans and their families affected by incidents of toxic exposures, shall be conducted.

Extending the Relationship with the IOM

Since 1996, the Institute of Medicine, the IOM, a component entity of the National Academy of Sciences, has been producing, under contract with the VA, biennial editions of *Veterans and Agent Orange*. The next one, representing its reviews of the scientific literature in 2012, will be the last, unless Congress renews its mandate to the VA to continue its relationship with the IOM to empanel experts every two years to review the literature, conduct hearings across the country, and issue the *Update*.

Although the *Update* does not make recommendations, its findings of degrees of association are crucial in helping the VA evaluate a health condition to determine whether or not it should be considered as a presumptive for a service-connected disability rating. It is critical that Congress pass legislation to direct the VA to renew its contract with the IOM for at least another decade. Just as more research must be conducted, so must such research be evaluated.

Fixing the VA

Oversight and Accountability

As we did for the 112th Congress, we again want to make it clear: *Funding is not the primary issue* when it comes to the ever-ballooning backlog of claims and appeals encountered by the beleaguered Veterans Benefits Administration. We will continue to work with the VBA to revamp the overburdened compensation and pension system, integrating the fruits of several IT pilot projects that have shown exceptional promise, along with competency-based testing of service representatives and VA adjudicators and a still-evolving array of necessary reforms.

Because VA “challenge training” for new raters has shown promising gains in efficiency and quality, the VA would be wise to quickly deploy this model to *all* staff. This should ensure that all are up to date on the current rules and initiatives. Also, the “lane” model has shown efficiency gains but is not being deployed for all claims. Why not? This model needs to be expanded to include non-rating claims such as adding and removing dependents, to reduce the number of overpayment cases.

Yet for reforms to truly succeed, there must be far better oversight of and by managers who are paid very well to administer a system that is all too obviously not functioning as it ought to. Management audits and assessments must be a component of annual performance reviews that are clear, specific, and success-oriented. There must also be focused and hard-hitting oversight by the Veterans’ Affairs Committees in both the House and Senate, as well as in the Appropriations and Budget Committees. We have been pleased with the progress under the leadership of Under Secretary for Benefits Allison Hickey. She has been a breath of fresh air. Still her greatest challenge is to upend an entrenched corporate culture long resistant to change. She has also been daunted by certain persistent IT problems.

On a parallel track, there needs to be real accountability in the management of the Veterans Health Administration. With Advance Appropriations now law for a trio of the VHA's medical accounts, there can be no excuses as to why a VA medical center fails to hire the nurses it needs as it enters a new fiscal year, or does not purchase the new MRI machine that its radiologists insist they must have, or give the go-ahead for several of the small yet pivotal construction projects that in the past would have been put off pending passage of the budget for the next fiscal year.

VVA maintains that measures to ensure accountability must be essential elements in funding the VA. Key to achieving this is to significantly overhaul the system of bonuses for Senior Executive Staff to reward only those who have taken that extra measure, who have walked that extra mile, to ensure that what they are responsible for has been done well, on time and within budget; and for those who innovate and improve the systems and projects under their auspices. Bonuses should be withheld from those who just do their job – that is, after all, why they are handsomely paid. Those who perform poorly need to be removed or reassigned; and any manager or supervisor who gets caught lying to a veteran, to their supervisor, or to a Member of Congress should be dismissed. And bonuses should be given with a caveat attached: If you accept the bonus, you promise to stay with the VA for a given period of time, and not just take the money and run.

Outreach

There are approximately 22 million veterans in the United States today. Two-thirds of them never interact with the VA at all. They have, or have had, jobs. They go to their own private physicians when they need to. Or they may be uninsured. They have no cause to venture into a VA medical center or regional office. Most are ignorant of the array of benefits to which they have earned by virtue of their military service. Even the one-third of vets who do interact with the VA's healthcare system and/or its benefits administration are not familiar with much of what is available to them, to their families and their survivors.

Why? Because the VA has historically done a shoddy job at best of reaching out to America's veterans. And even if a vet goes to a VA medical center or community-based outreach center to be treated for a combat-related wound or injury, more often than not s/he will not be given information directing them to apply for disability compensation benefits through the Veterans Benefits Administration, whose computer system does not synch with that of the Veterans Health Administration. And still the VA and DoD keep promulgating the fantasy of a "seamless transition."

The VA has an ethical obligation, as well as a legal responsibility, to inform all veterans and their families not only of the benefits to which they are entitled, but also about any possible long-term health problems they may experience that might derive from when and where they served.

It is only in the past few years, however, that the VA has begun to take its responsibility to reach out seriously. They are customizing benefits handbooks for every living veteran. They are opting for paid advertising in select markets to reach targeted populations of veterans. They are using social media to reach our youngest generation of vets. They are attempting, at long last, to get out helpful messages, e.g., "If you served, you deserve."

While Secretary Shinseki and his team are to be applauded for their initiatives in this realm, their efforts still seem scattershot and limited. We have yet to see a unified, strategic communications plan, one that integrates TV and radio ads, billboards, ads and feature stories in select popular publications, and social media. Taken together, these can have a dramatic impact, not only in informing veterans – and perhaps most importantly, 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, taken from Lincoln: *To care for him who shall have borne the battle, and for his widow, and his orphan.*

Extending the Caregivers Act

VVA supported legislation to assist family caregivers of catastrophically wounded or injured warriors after 9/11. Just as we saved badly – desperately, horribly – wounded troops during our war, troops who would have died during World War II or Korea, thanks to the bravery and the tenacity of our medevac crews and military medical personnel at evacuation hospitals, this new generation of medevac crews and medical personnel have been saving catastrophically wounded warriors who would surely have died in Vietnam. Heart-rending testimony before congressional committees by some of these surviving veterans, and by their wives and mothers, moved Congress to pass the Caregivers and Veterans Omnibus Health Services Act of 2010 to assist family caregivers of catastrophically wounded or injured warriors after 9/11.

There was a caveat in this legislation: that the VA Secretary is to report to Congress by May 2013 on how the caregiver program has been working, and what, in his judgment, might be the efficacy of extending the program to embrace family caregivers of veterans of Vietnam and Somalia and the first fight with Saddam Hussain in the Persian Gulf. When that report is completed and is delivered, will caregivers who have given up careers to spend their lives caring for a beloved brother or husband or father, mother or sister, whose wounds or injuries have required constant attention so that s/he could live in a home setting be pleased that they might receive some of the benefits of this legislation at long last? How many caregivers of Vietnam veterans will potentially be eligible to become part of the caregivers program? And who in Congress will step to the plate to correct what is very clearly a gross inequity?

Cleaning Up the CVE

The VA's Center for Veterans' Entrepreneurship is supposed to ensure that a small business owner who claims to be a veteran, or a disabled veteran,

really is what s/he claims to be, and is therefore eligible to bid as such on government contracts. Sounds like a righteous and proper function of a government agency, right? Well, right only in theory. The operation of the CVE has been charitably characterized as a “mess” that is causing thousands of veteran and service-disabled veteran small business owners to be deprived of millions of dollars in contracting opportunities after having been given a bureaucratic runaround and then been told that they do not qualify as a legitimate veteran or disabled veteran-owned entity.

It has become apparent that either the regulations that govern the operation of the CVE are fundamentally flawed or that the adjudication process is out of control and not being properly managed. Verifications, which had a denial rate of nearly 60 percent until VVA, the American Legion, VetForce, and others began exposing the absurdity of denying verification because of minor technicalities or unmistakable errors by the VA itself, had at last count a denial rate hovering at roughly 27 percent.

VVA seeks a verification process that is reasonable but not intrusive. We value the integrity of this program. We want to ensure that no wannabe crooks get verified at the expense of real disabled veterans. If there are crooks already in the program, they need to be identified, apprehended, prosecuted, fined, and if a judge determines justice demands it, be sentenced to time in prison. Now, though, crooks are not being caught, but legitimate veteran-owned businesses are in fact being destroyed.

Clearing Up the ‘Backlog’

It is unconscionable for a claim for disability compensation to go unadjudicated for two years. How about if it languishes in the great maw of the VBA for four years? Or even longer? Far too often, claims with this profile are the rule, not the exception. With an ever-increasing caseload – raters handled one million-plus claims in 2011 – the only way the VBA will be able to deal with the volume of new claims and make even a dent in the burgeoning backlog is to put into play those IT pilot projects that have

shown that they are viable. It's time to treat the backlog as what it is: a crisis, and attack it at its roots.

The VBA can start by mandating that *all* claims without resolution after four years get immediate attention if they are in the purview of the VA. If they are in the courts, VA managers should work with the administrative judge to place them at the top of the docket whenever possible.

The VBA should do what it knows it ought to have been doing in the first place: triaging all new claims. Relatively simple claims ought to go through quickly, e.g., there is no reason why a simple claim for tinnitus cannot be fast-tracked within two or three months. Claims for the obvious, e.g., the traumatic amputation of a limb, or blindness, also could receive an initial adjudication for the major wound; associated or secondary conditions can be rated later.

Though the VA does have a "duty to assist," it should be the responsibility of the county or VSO service representative to deliver a substantially developed claim. If there are seven elements to a claim, and only four have been properly developed, perhaps part of the VA's duty to assist ought to be to suggest that the claim should be for only the four developed parts, with a subsequent claim for the other three when they can be further and more fully developed.

The manner in which VBA managers "grade" their raters needs to be re-examined, inasmuch as the current system puts a premium on volume, on an increase in speed at the cost of doing it right the first time. The result? An unacceptably high number of remands when unhappy veterans and their advocates appeal their denials, or the amount of their awards. What's the answer? Training not only for new raters – and veterans' benefits representatives – but for *all* VBA employees involved in the benefits side of the administration.

And the VA can do something else: They can better define “backlog.” With a simple graph, or set of graphs, on their web site, that illustrate A] the total number of the ‘backlog’ divided into segments, e.g., claims ten years or more; five to ten years; three to five years; 18 months to three years; nine to 18 months; six to nine months; three to six months; under three months; B] the number from each of these categories that have been adjudicated; C] the number of cases appealed; with an explanation as to why cases are appealed.

The Veterans Benefits Administration has managed to cultivate a reputation as the veterans’ *adversary*. Under Secretary Hickey has a long slog to at least bend the corporate culture she – and Secretary Shinseki – have inherited for veterans to feel that the VBA just might be their *advocate*.

Other Priorities and Initiatives

VVA will work to address other specific issues of concern to veterans and our families that warrant the attention of Congress and the American people. What follows are our most significant and, we believe, potentially achievable legislative priorities and policy initiatives in these areas.

PTSD and Substance Abuse

- VVA shall work with Congress to take whatever measures are deemed necessary to ensure accountability for the organizational capacity and funding for the accurate diagnoses and evidence-based treatments of the neuro-psychiatric wounds of war, particularly for Post-traumatic Stress Disorder (PTSD), substance abuse, Traumatic Brain Injury (TBI), and suicide risk.
- VVA shall work with Congress to ensure that the Departments of Defense and Veterans Affairs develop, fund, and implement evidence-based, integrated psychosocial mental health programs, substance abuse recovery treatment programs, and suicide risk assessment programs for all veterans and their families, for active-duty troops and

their families, and for Reservists and members of the National Guard who have seen service in a combat zone.

- VVA shall work with Congress to ensure that DoD corrects all wrongful diagnoses of “personality disorder,” “adjustment disorder,” and “readjustment disorder” 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 should be entitled.

Veterans Health Care

- VVA shall insist that VA researchers focus on studies that delve into the wounds, maladies, injuries, and traumas of military service and war, with specific research into the health issues unique to all U.S. military operations and troop deployments; and shall continue to monitor the progress of the National Vietnam Veterans Longitudinal Study (NVVLS) to ensure that is conducted to completion without any needless delay, and that it will in fact be a true longitudinal study and accounting of the physical and mental health and overall well-being of Vietnam veterans, according to the protocols established under Public Law 106-419.
- VVA shall encourage Congress to mandate the VA to change that department’s 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 the Department of Defense.
- VVA shall 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.

Minority Veterans

- VVA urges Congress to investigate if our nation's minority veterans are given lesser treatment for health conditions at VA medical centers and community-based outpatient clinics (CBOCs).
- VVA urges Congress to mandate that the VA provide brochures and other information for Spanish-speaking veterans, particularly those residing in Puerto Rico, inasmuch as many male veterans are convinced to seek VA medical assistance by members of their family, who may speak Spanish exclusively.

Agent Orange/Dioxin & Other Toxic Substances

- VVA calls on Congress and the President to take steps to declassify *all* documents from the years of the Vietnam War, including memos between agencies, dealing with Agent Orange/dioxin and make them public – now, almost 50 years since our government sprayed some 20 million gallons of extraordinarily toxic compounds over five million acres of the former South Vietnam.
- VVA shall continue to support legislative efforts and other initiatives to achieve justice for naval personnel serving aboard ships plying the waters of Yankee and Dixie Stations in the South China Sea and the Gulf of Tonkin by getting the VA to recognize that they are deserving of the same health and other benefits as in-country “boots-on-the-ground” veterans.
- VVA shall continue to advocate on behalf of the veterans of the crews who flew C-123 transports contaminated by the remains of the barrels of Agent Orange they once ferried into and out of Vietnam and are now suffering some of the same peculiar health ills as are in-country Vietnam veterans.
- VVA shall request that Congress investigate why the VA has ceased providing custodial care and/or non-medical case management service

for Agent Orange children afflicted with spina bifida and then join us in pushing the VA to provide these vitally needed services to these now adult children – innocent victims of a parent’s military service.

Women Veterans

- VVA shall seek to ensure appropriate oversight and accountability on all VA medical center and VISN compliance with the performance measures defined in the VA’s 2012 *Handbook on Women Veterans*, and that this compliance be made a performance measure at all VISNs and VAMCs.
- VVA shall pursue legislation to enable the VA to allow members of the National Guard and Reserve forces who experience military sexual trauma (MST) while on drilling and battle assemblies and during annual training to receive, without cost to them, MST-related care from VA medical facilities.
- VVA recommends that the Under Secretary for Health review and reexamine the existing VHA policy pertaining to the authorization of travel for veterans seeking MST- related specialized inpatient and/or residential treatment programs outside the facilities where they are enrolled and provide travel funding for these veterans.
- VVA will pursue legislation that would reassign the complaints of MST by a service member to be addressed outside her or his immediate chain of command.

Homeless Veterans

- VVA shall request legislation revising the VA's Homeless Grant and Per Diem funding from a reimbursement for expenses, based on the previous year's audited expenses to a prospective payment system based on a proposed budget for the annual program expenses, a change that is vitally needed if community-based organizations that deliver the majority of these services are to operate effectively.
- VVA shall request legislation establishing Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees and permanent authorization of the VA Homeless Grant and Per Diem Special Needs Grants Program.
- VVA shall seek legislation to amend the eligibility criteria for veterans enrolled in the Department of Labor's Homeless Veterans Reintegration Program (HVRP) so those veterans entering into "housing first" would be able to access this training for a period of up to 12 months after placement into housing.

Incarcerated Veterans

- VVA shall continue working with Congress to ensure that veterans encountering the justice system are in fact identified as veterans, assessed for symptoms associated with PTSD and/or TBI trauma, and, where appropriate, are provided with alternative diversionary treatment services.
- VVA shall continue to encourage Congress to ensure that the VA provides benefits to veterans who are temporarily confined in jail or are incarcerated in prison.
- VVA shall also continue to work with Congress to address re-entry strategies and support transitional services for incarcerated veterans.

Compensation & Pension

- VVA shall seek legislation to secure a pension for Gold Star parents, and shall continue to seek the permanent prohibition of offsets of Survivors' Benefit Plan (known as SBP) and Dependency and Indemnity Compensation (DIC) for the survivors of service members who die while still in military service.
- Absent the permanent prohibition of these offsets, VA urges Congress to press the VA to develop guidelines that will allow these claims to be processed within 30 days of a veteran's death, while ancillary benefits due a claimant can be deferred and processed at a later date.
- VVA urges Congress to continue to press the VA to quickly improve and implement its paperless claims processing system in all Regional Offices.
- To promote uniformity in claims decisions, VVA shall seek a change in current policy which would mandate that VA staff, VSO and county veterans' service representatives, and other stakeholders collaborate on developing uniform training materials, programs, and competency-based re-certification exams every three years for service officers.
- VVA shall 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 afflicted with PTSD and other mental health disorders.

Economic Opportunity

- Congress needs to continue to monitor the VA's hiring policies to ensure that more veterans are hired by the VA to fill key decision-making positions; hence, VVA advocates for a 50/50 ratio within the next 10 years.
- VVA shall work to ensure that there are programs in effect to ensure that veterans returning from deployments overseas are accorded Veterans' Preference when applying for government jobs, and are given every advantage when seeking employment in private industry or in seeking to set up their own business; in fact, the VA and the OPM, the Office of Personnel Management, should be required to recruit veterans even before they separate from the service, especially from in-demand occupations such as IT and the healing arts.
- Congress needs to act to ensure that DoD and the VA really do work in concert to ensure that TAP, the Transition Assistance Program, actually assists separating and/or demobilized service members leave the military knowing most of their options for employment, education, and entrepreneurship, and where they can seek additional information; and it is imperative that DoD, the VA, the Department of Labor, and other federal agencies involve the veterans service organizations and military service organizations as integral facilitators of this transition process.
- VVA shall work with Congress and with the DOL to significantly reform VETS, the Veterans Employment & Training Service program that is run by the states and funded through the U.S. Department of Labor, so that it actually matches veterans with jobs.
- In a related matter, the Office of Federal Contract Compliance (OFCCP), and the Vietnam Veterans Readjustment Act (VEVRA) , which are charged with helping veterans get good jobs with federal

contractors, must either be reformed wholesale or eliminated, as they are not accomplishing helping any group get jobs with contractors and are doing more damage than good as they manage to anger employers by imposing arbitrary and capricious “assessments” on these employers that are nothing but unwarranted fines.

POW & MIA Accounting

- VVA shall continue to press for answers regarding the 314 Americans still listed as killed in action, body not recovered, in Laos and the 54 similarly listed in Cambodia.
- Although Section 1082 of the 1998 Defense Authorization Act requires that the POW/MIA flag fly six days each year—on Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day, and Veterans Day—at specified government buildings and installations, and VVA members have been instrumental in enacting legislation that provides for the flag to be displayed at the state, county, and municipal level, VVA urges continued efforts to display this symbol of American service members still missing from every war in which we have taken up arms in defense of the freedoms we hold dear.

The Newest Veterans

- VVA shall continue to question the VA to ensure that they have adequate mental health personnel and services available to meet the demands of this newest generation of veterans, including Reservists and members of the National Guard, which is afflicted with mental health issues at the same or even greater rate as we were when we returned from “our” war.
- VVA shall continue to promulgate and support new public and private initiatives to create jobs for returning veterans, and to ensure that such

supportive services as mentoring programs are integral elements in these initiatives.

- As VVA applauds the work of the Senate's HELP Committee to expose the egregious excesses of those for-profit institutions of higher learning that have filled their own coffers at the expense of the student veterans whose trust they have violated, VVA shall continue to work with members of Congress, the Administration, the Consumer Financial Protection Bureau, and any other entity that will expose the greed and shame of these institutions.

Finally, VVA shall press the appropriate federal agencies as well as Congress to initiate and complete adjustments to the "In Memory Plaque" at The Wall here on the Mall in Washington, D.C., to include elevating and canting the stone tablet for easier reading; adding lighting for nocturnal viewing; and installing a brass plate that explains the meaning and history of the plaque, which acknowledges those who have perished in the years after the Vietnam War from causes related to their participation in the war.

Again, on behalf of our membership, we thank you for the opportunity to present VVA's legislative agenda and policy initiatives for the 113th Congress, and we thank all of you for the work you are doing on behalf of our veterans and our families.

VIETNAM VETERANS OF AMERICA

Funding Statement

March 6, 2013

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 <u>other</u> 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 (No) Yes 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: 3/6/2013

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 was 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.