

VIETNAM VETERANS of AMERICA



Submitted By

**John Rowan
National President**

Before the

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

Regarding

Legislation to improve reproductive treatment for certain disabled veterans;
Veterans Health Administration Annual Reports;
H.R. 1769, the "Toxic Exposure Research Act of 2015";
H.R. 271, the COVER Act;
H.R. 627, to expand the definition of Homeless Veterans;
H.R. 1369, the "Veterans Access to Extended Care Act of 2015"; and
H.R. 1575, to make permanent the pilot program on counseling in retreat
settings for women veterans newly separated from service.

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Mr. Chairman, Ranking Member Brownley, and other distinguished members of this subcommittee, Vietnam Veterans of America (VVA) appreciates the opportunity to present our views on some very significant pending legislation.

Draft legislation, introduced by Congressman Jeff Miller (FL-1), would improve the reproductive treatment provided to certain disabled veterans,

VVA strongly favors the passage of this legislation at an early date. There is nothing that is of greater concern to many recent veterans and their families – and the families they hope to have.

Draft legislation, introduced by Congressman Dan Benishek, (MI-01), would amend title 38, US Code to direct the Secretary of Veterans Affairs to submit an annual report on the Veterans Health Administration (VHA) and the furnishing of hospital care, medical services, and nursing home care.

VVA believes that this is one more useful step in the common quest of the Congress and the veterans service organizations to ensure that the VHA is held fully accountable for performance of the central mission of this veterans health organization: to deliver the very best health care, as a timely and efficient matter of course, to eligible veterans.

H.R.1769 the “**Toxic Exposure Research Act of 2015**,” introduced by Congressman Dan Benishek (MI-01), with original co-sponsors Representatives Mike Honda and Elizabeth Esty, would establish a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during their time in the Armed Forces, and it also would establish an advisory board on exposure to toxic substances.

Vietnam Veterans of America applauds the leadership of Congressman Benishek, in working with his colleague, Congressman Mike Honda, to construct and introduce this bipartisan bill. Among the invisible wounds of war are those brought home by troops that may not manifest for a decades. Most tragically, they may also pass on genetically the effects of these wounds to their progeny. No one can argue that our children and grandchildren should have these burdens visited on them.

This is a multi-generational bill. It provides a common vehicle for evaluating potential effects toxic exposures, from Camp Lejeune and Fort McClellan to Agent Orange in multiple locations to the toxic plume that sickened thousands of Gulf War veterans.

Toxins, such as TCDD dioxin, are believed to cause birth defects in children of military personnel who came into contact with them – in-country troops during the Vietnam War, particularly in troops involved in the the storage and transportation of those toxins; the several thousand Reservists who rode in and maintained aircraft that had been used to transport the toxins. For Gulf War veterans, the exposure was to chemical weapons in an Iraqi ammo dump that was blown up by U.S. Forces at the end of the Gulf War; and burn

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pit smoke and possibly tainted vaccines and medicines ingested by troops in Afghanistan and Iraq.

This is a simple and straightforward proposal that will begin to address the needs of the progeny of every generation of veterans, because the health conditions seen in some are so heartbreaking to so many families who wonder: Did my service cause my child[ren] to suffer? (Please see “Faces of Agent Orange” at <https://www.facebook.com/pages/Faces-of-Agent-Orange/187669911280144>)

VVA is grateful to the Chairman for introducing this vitally needed legislation that will help ensure that the possible effects of toxins on our progeny, and those of every generation of veterans, are properly addressed and assisted.

H.R. 271, the **COVER** (Creating Options for Veterans Expedited Recovery Act), introduced by **Congressman Gus Bilirakis (FL-12)**, would establish a commission to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental illnesses in veterans and the potential benefits of incorporating complementary alternative treatments available in non-VA medical facilities in the community.

VVA is aware that many Complementary and Alternative Medicines, or CAM, treatments are being actively promoted as effective “cures” for PTSD – without adequate, rigorous research data to support these claims. In the words of the pre-eminent PTSD researcher, Dr. Charles W. Hoge, Col., U.S. Army (Ret.), “Obviously it’s a lot easier to just claim that a treatment is effective without doing the research, which is why there’s a glut of snake oil salesmen in this business now.” Currently, effective treatments for PTSD already exist and are well-detailed in the Institute of Medicine (IOM) report, DoD/VA Evidence-based Clinical Guidelines for PTSD.

Thus, H.R. 271’s focus on examining the effectiveness of CAM, such as music therapy, equine therapy, pet therapy, yoga, acupuncture, meditation, outdoor experiential therapy (sports), hyperbaric oxygen therapy, accelerated resolution therapy (or ART), and a host of other treatment modalities that include dietary and/or herbal supplements, highlights the need for high-quality research of all new PTSD treatments, especially as new treatments seem to spring up daily and are touted as the latest “silver bullet” for PTSD (and m-TBI) for returning combat veterans. Some of these treatments have been widely advertised through media news stories, leaving many veterans and their families wondering why the VA (or DoD) has not adopted them yet.

Therefore, although VVA supports the intent of H.R. 271, and salutes Congressman Bilirakis for his continued strong advocacy on behalf of veterans, we advocate instead **the creation of a ten-member commission to review the scientific, research evidence base for all such CAM treatments**, so that sometimes ill-founded marketing claims can be punctured as the reason why VA (or DoD) have not adopted a particular CAM. VVA suggests one condition to such a commission’s membership appointment criteria (Section 3): appointees **must not** have a proprietary interest (financial or otherwise) in any of the

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CAM treatments that are reviewed under its jurisdiction. (See also VVA statement of Feb. 19, 2014 before the HVAC Subcommittee on Health.)

VVA agrees with Mr. Bilirakis that some of these therapies may be useful, and urges that VA be required to do clinical trials to amass the evidence one way or another. If it is worth doing, then it is worth doing clinical trials on these therapies that have promise. Our veterans deserve the very best *evidence-based medicine*.

H.R. 627, introduced by Congresswoman Janice Hahn (CA-44), would amend title 38 of the US Code to expand the definition of “homeless veterans.” Our country’s homeless problem is a national disgrace that refuses to fade. Homelessness has varied definitions and many contributing factors. Among these are PTSD, a lack of job skills and education, substance abuse, and mental-health problems. The homeless require far more than just a home. A comprehensive, individualized assessment and a rehabilitation/treatment program, utilizing the continuum of care concept, are necessary. Assistance in obtaining economic stability for a successful self-sufficient transition back into the community is vital. Although many need help with permanent housing, some require long-term residential care. VVA thanks the administration and the leadership on both sides of the aisle and in both the House and the Senate, for your continued support on ending homelessness among veterans.

VVA supports H.R. 627 as written.

H.R. 1369, the Veterans Access to Extended Care Act of 2015, introduced by Congresswoman Jackie Walorski, (IN-2), would modify the treatment of agreements entered into by the Secretary of Veterans Affairs to furnish nursing home care, adult day health care, or other extended care services.

VVA favors enactment of this bill.

H.R. 1575, introduced by Congresswoman Corrine Brown (FL-5), would amend title 38, United States Code, to make permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces.

The nature of combat in Iraq and Afghanistan has put service members at an increased risk for PTSD compared to those of past wars. Many have served multiple tours of duty in a combat theater of operations, and the intensity of these conflicts is strong and constant. In these wars without fronts, combat support troops are just as likely to be affected by the same traumas as combat arms personnel.

This has particularly important implications for our female soldiers, who now constitute about 15 percent of our active duty fighting force. Studies on women serving in combat zones in prior conflicts have found that women who experience sexual trauma had significantly higher rates of PTSD than women who had not experienced MST. Therefore, many of the women who have served in Iraq and Afghanistan face dual causes of PTSD. Studies conducted at the Durham, North Carolina VAMC’s Comprehensive

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Women's Health Center have demonstrated higher rates of suicidal tendencies among women veterans suffering depression with co-morbid PTSD.

Because of the number of women veterans who are now *de facto* combat veterans and because of the nature of conflicts in Afghanistan and particularly Iraq, women veterans have entered a whole new world of need. The traumatic wounds of war often go unrecognized and undiagnosed for years. VVA believes that making this program permanent, and bringing it to scale system-wide, will help our women veterans to begin to heal. It bears repeating that women veterans, particularly those who have experienced sexual assault, often don't self-identify as needing treatment.

VVA fully supports this bill and would also suggest that the scope of the legislation be inclusive of all women who served in the Armed forces.

Mr. Chairman, Ranking Member Brownley, and distinguished Members of this Subcommittee, this concludes the testimony of Vietnam Veterans of America. I will be more than happy to answer any questions that the committee may have.

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**VIETNAM VETERANS OF AMERICA
Funding Statement
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The national organization Vietnam Veterans of America (VVA) is a non-profit veteran's 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 Senate of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

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JOHN ROWAN

John Rowan was elected National President of Vietnam Veterans of America at VVA's Twelfth National Convention in Reno, Nevada, in August 2005.

John enlisted in the U.S. Air Force in 1965, two years after graduating from high school in Queens, New York. He went to language school, where he learned Indonesian and Vietnamese. He served with the Air Force's 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.