

**Testimony**  
*of*  
**Vietnam Veterans of America**



**Presented**

*By*

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

**Before the**

**House and Senate Veterans' Affairs Committees**

**Regarding**

**VVA's Legislative Agenda  
& Policy Initiatives**

**May 20, 2015**

Good morning, Chairmen Isakson and Miller, Ranking Members Blumenthal and Brown, and other members of these most distinguished House and Senate Veterans' Affairs Committees. I am pleased to finally 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 session of the 114th Congress. First, though, on behalf of the members and families of VVA, we want to acknowledge your considerable and most welcome efforts for the good of those who have served this nation in uniform, in times of conflict and in times of calm.

*The fullest possible accounting* of America's POW/MIAs has long been VVA's top priority. At the official end of "our" war, May 7, 1975, the Department of Defense (DoD) listed 2,646 Americans as missing in Southeast Asia; by the beginning of this past January, the remains of more than 1,000 had been repatriated, leaving more than 1,600 "unaccounted for." VVA's Veterans Initiative, which reaches out to our former enemies in Vietnam – Vietnamese veterans – has encouraged continued cooperation with DOD search teams seeking to recover remains for forensic identification.

VVA will continue to press for answers regarding Americans listed as Killed In Action, Body Not Recovered, in the mountains and jungles of Laos and Cambodia and, yes, China, as well as those who went missing in the skies over Vietnam and in the waters of the Gulf of Tonkin and the South China Sea. This effort, we hope, will garner added information and enable more families to find closure and, we hope, too, solace.

In addition to the *fullest possible accounting* of the missing and killed in Southeast Asia, VVA has identified what we believe to be a trio of achievable "**Top Priorities**": *Addressing the Legacy of Toxic Exposures* not limited to Agent Orange and other defoliants employed in South Vietnam; *transforming the corporate culture of the VA*, so shaken by the predictable waiting-list scandal of 2014 that some real and lasting change will have to evolve; and as a critical element in the *organizational reform* of the VA, the creation of a *Veterans Economic Opportunities Administration*.



**Addressing the Legacy of Toxic Exposures**

We submit that there are so-called invisible wounds that viscerally affect veterans: the pain and heartache of believing that our exposure to toxic substances during our time in uniform impacts the health of our children and our children's children. There are few things more devastating than feeling that we are the cause of their suffering.

When we reference "toxic exposures" we are addressing much more than the defoliants sprayed so liberally in the former South Vietnam. These include the intense plume from the explosion in 1990 of the "ammunition dump" at a place called Khamisiyah during the Persian Gulf War; the ingestion of depleted uranium and the fumes from oil field fires in our ventures in Kuwait and Iraq; the effects on those who worked in and lived near the burn pits that were a feature of the landscape at U.S. and Allied bases during Operation Enduring Freedom in Afghanistan and Operations Iraqi Freedom and New Dawn in Iraq; and a litany of exposures to a witch's brew of toxic materials at bases throughout CONUS.

We are not contending that every soldier or Marine, sailor or air crew member has been damaged, and passes on the effects of this damage to their children and grandchildren. What we are saying is this: There has been a paucity of research that might help clarify just how these exposures have sickened troops and may have altered their DNA to inflict a form of collateral damage, however unintended, on their offspring.

As our understanding of the effects of these exposures increases, we strongly urge the Department of Defense to not just react to the likelihood of similar exposures in future conflicts, but to anticipate them as part of the true cost of war – and the lifelong, even intergenerational, legacies they may generate.

Because the exposures of troops in combat to enemy – and friendly – fire, all materials documenting such exposures must be declassified, despite any embarrassment to DoD, the VA, or any of their employees, current or past – or anyone else. Declassification of such documents will not violate "national security" interests. Many are classified to shroud the failures and extreme or unnecessary actions and policies that have impacted the troops in the trenches, and continue to harm them when they file a claim for disability compensation. This is particularly true in the realm of toxic exposures, and has given rise to the belief, certainly among many veterans of Vietnam, that the unspoken but very real policy

of the entrenched bureaucrats at both DOD and the VA is to “delay, deny until they die.” It’s way past time for this collective attitude to end.

Not all wounds of war are immediately obvious. Symptoms of debilitating diseases can present a decade or more after exposure and a troop’s separation from service. And by “long-term effects” we refer not only to veterans but to their progeny a generation or more into the future. There has been a paucity of research in this realm. You would think – you would hope – that the VA, with its multi-million dollar research budget, would initiate at least some studies on such exposures. But you would be wrong.

To help right this wrong, VVA has worked to develop legislation with acceptable modifications to bills introduced in both the Senate and House of Representatives during the 113<sup>th</sup> Congress. As you are doubtless aware, Senators Jerry Moran (KS) and Dick Blumenthal (CT) and Representatives Dan Benishek (MI-1) and Mike Honda (CA-17) have introduced the Toxic Exposure Research Act of 2015, S.901 and H.R.1769, respectively, which we trust will satisfy any issues that had been brought up here on Capitol Hill and in comments from other quarters after it was introduced last year. We will actively seek co-sponsors – H.R.1769 currently has 27 from both sides of the aisle; S.901 has five – for this legislation. Will there be a cost to implement these bills? Yes, but it is “budget neutral” in that it comes out of already appropriated dollars for VA Research & Development (R&D). The cost of \$25 million in the first year is worthwhile, it is righteous, and it is necessary, particularly to protect the health of future generations. VA R&D has deliberately ignored and worked against any research into Toxic Wounds of any generation for many years. Providing at least \$25 million per year to now try and make up for that willful ignorance and conscious neglect is a very small payment toward redress of these historic and current wrongs.

### **Extending the Relationship with the IOM**

Since 1996, the Institute of Medicine (IOM), a branch of the National Academy of Sciences, has produced biennial updates of *Veterans and Agent Orange*. 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 and conduct hearings across the country, there will be only one more update. This is unacceptable. Although the update does not make recommendations, its findings of degrees of association between exposures and certain health conditions are crucial in helping the VA evaluate these maladies to determine if they should be considered

presumptive for a service-connected disability rating. Congress *must* pass legislation that will continue the update by IOM – and enhance this legislation to review other possible toxic wounds of other cohorts of veterans who have been exposed to toxic substances, in Korea, in Bosnia, in Southwest Asia. And just as additional research must be conducted, so must such research then be evaluated.

All generations of veterans and their families need enactment of a second bill, the **Toxic Wounds Act of 2015**. The elemental purpose behind this legislation is to establish a common mechanism to deal with all toxic exposures, from 20<sup>th</sup> century wars to current fighting, and into the future.

### **Transforming the VA - Oversight and Accountability**

Funding is important, but it is not the overwhelming issue in shrinking the remaining backlog of claims and moving the appeals encountered by long-suffering troops through an overburdened Veterans Benefits Administration. We shall continue to work with the VBA to introduce and integrate IT pilot projects that have shown exceptional promise in streamlining the operations of the compensation and pension system, including the bloat of claims before the Board of Veterans Appeals. There must also be competency-based testing of service representatives and VA adjudicators as well as implementation of the still-evolving array of necessary reforms.

Because VA “challenge training” for new raters has shown promising gains in efficiency and quality, the VA must deploy this model to *all* staff. This should ensure that all are up to date on current rules and initiatives. Also, although the “lane” model has shown efficiency gains, it has yet to be 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 scandalous number of overpayment cases.

For any reform to truly succeed, far better oversight must be a priority of and by managers who are handsomely paid to administer the claims system. Management audits and assessments must be integral components of annual performance reviews. There must also be continued, focused, hard-hitting oversight by the Veterans’ Affairs Committees in both the House and Senate, as well as in the Budget and Appropriations Committees of both bodies.

Despite the estimable progress made over the past few years, the greatest challenge for the VA Secretary and his Under Secretary for Benefits is to upend an entrenched corporate culture long resistant to change. We can't help but wonder how many of those in senior management positions are there for the position, and not for the mission.

On a parallel track, there needs to be real accountability in the management of the Veterans Health Administration. With Advance Appropriations now law for VA health accounts, there can be no excuses why VA medical center managers fail to hire the staff needed as they enter a new fiscal year, or why they can't purchase the advanced MRI machine that their radiologists insist they must have, or why they can't contract for minor yet necessary construction projects.

VVA maintains that measures for ensuring accountability must be essential elements in funding the VA. And one key to achieving this is to significantly overhaul the system of bonuses for the Senior Executive Service. We have said it before and we'll say it again: Bonuses should reward only 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. Bonuses should be withheld from those who just do their job – that is, after all, why they are so well recompensed. 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 for cause.

### **Overall VA Appropriation**

VVA urges that the \$ 1.6 Billion additional funding request by VA for next fiscal year be granted for VHA. The Advanced Funding methodology can and will work, but only if Congress is flexible about adding additional funds due to changed circumstances, such as an unexpected surge in veterans qualifying for medical services, or a cure for a particular disease or condition is FDA approved, but there are now inadequate funds in the budget for treating the number of veterans in vital need of this new cure. Of particular note is the cost of the treatment of veterans with hepatitis-C. There is now a cure, which did not exist when the request for the current fiscal year was submitted. VA asked for more money to cover the number of veterans who would require what is now a cure. Congress did not approve increasing the VHA appropriation for this year, therefore denying the additional funds estimated for curing these veterans.

**Hepatitis-C Needs to Be Fully Funded**

During the Vietnam War era, tens of thousands of service members were inadvertently infected with hepatitis C virus (HCV). Some received blood transfusions with contaminated blood. Others contracted the virus through battlefield blood exposure. Yet others got HCV from shared needles or other means. Whatever the method of exposure, almost 175,000 veterans in the care of the Department of Veterans Affairs (VA) today have been diagnosed with HCV, and as many as 45,000 more VA patients may have the virus but are undiagnosed. Please bear in mind that a majority of veterans do not use the VA medical system at all, due to a variety of reasons. When left untreated, HCV can cause severe liver damage, cirrhosis, liver cancer, and death.

Now, however, recent breakthroughs in medicine have led to new treatment options for veterans with HCV. Unlike the older options, these new treatments are more than 95 percent effective in curing the disease with much less pain and side effects and do not include interferon. Opportunities for curing previously fatal diseases like this don't come very often. Congress should seize this historic opportunity on HCV and appropriate the resources for the VA to cure every veteran who is infected with the virus, which would amount to \$441.2 million dollars for the current year, and \$743 million additional dollars for next year, and \$731 million addition for the year after that.

Range of Hep-C Need			Additional Need:		
FY	SM Updated Target	SM Actual Treatment Distribution	Current Budget	SM for Updated Target	SM for Actual
2015	\$1,089.4	\$1,138.24	\$697.0	\$392.4	<b>\$441.2</b>
2016	\$1,334.6	\$1,440.02	\$690.0	\$637.6	<b>\$743.0</b>
2017	\$1,316.0	\$1,427.97	\$660.0	\$619.0	<b>\$731.0</b>
2018	\$1,277.6	\$1,406.46			
2019	\$735.8	\$827.09			
2020	\$412.1	\$472.21			
2021	\$246.8	\$287.43			
2022	\$165.7	\$192.17			
2023	\$122.6	\$140.31			
2024	\$98.4	\$109.66			
2025	\$83.0	\$92.99			

### **Evidence-based Medicine**

VA has a well-established system of “QUERI” groups that have functioned reasonably well for some years to establish a baseline for evidence-based medicine within the VA. The budgets for these groups were recently swept away by the Secretary. If there are efforts to reorganize and improve this vital tool, then fine. But to reduce or outright de-fund the QUERI groups signifies that the VA is going to not have a mechanism to know the standards for evidence-based medicine. This situation needs to be corrected immediately and certainly in the budget for the coming fiscal year.

### **Funding the Addition of Military History to the VistA individual electronic health records**

The blue print to add military history to the VA electronic health care record has been laid out by an internal work group working with VSO representation. It must be assigned a specific budget line or it will not get done. This would improve veterans’ health care more than any other single action by VHA, particularly for the small amount of funds involved.

### **Increase Organizational Capacity for Substance Abuse Treatment**

VVA urges that language be inserted in the Appropriations bill to express concern that substance abuse disorders among our nation’s veterans are not being adequately addressed by the Veterans Health Administration. The relatively high rate of drug and alcohol abuse among our nation’s veterans (much of which is self-medication to deal with untreated PTSD), especially those returned from service in Operations Enduring Freedom, Iraqi Freedom, and New Dawn, is causing significant human suffering for veterans and their families.

VVA urges that Congress direct the Secretary 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 clinicians engaged in mental health, especially those who treat veterans for PTSD and substance abuse.

VVA also strongly urges that Congress direct the Secretary to update the VHA Strategic Plan for Mental Health Services, specifically to improve VA’s treatment of TBI, PTSD and other mental health conditions, as well as substance use

disorders. These reports will provide an ongoing indication of VHA's progress in the implementation of its adopted Strategic Plan as described in section 1.2.8 of "A Comprehensive VHA Strategic Plan of Mental Health Services," produced back in May 2005. In addition to baseline information, at minimum these reports should include: the current ranking of networks on their percentage of substance abuse treatment capacity along with plans developed by the lowest quartile of networks to bring their percentage up to the national average; the locations of VA facilities that provide five or more days of inpatient/residential detoxification services, either on site, at a nearby VA facility, or at a facility under contract to provide such care; and the locations of VA health care 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 such specialized care.

We must continue to restore and enhance capacity at VHA to deal with mental disorders, particularly with PTSD and the often attendant co-morbidity of substance abuse. In particular, substance abuse treatment needs to be expanded greatly, and be more reliant on evidence-based medicine and practices that are shown to actually be fruitful, and be held to much higher standards of accountability, as noted above. The 21-day revolving door and the old substance abuse wards are not something we should return to; instead, new and current treatment modalities that can be proven to be effective in restoring veterans of working age to the point where they can obtain and sustain meaningful employment at a living wage, and hence re-establish their sense of self-esteem, should be initiated.

### **National Centers for PTSD**

VVA also urges that additional resources explicitly be directed in the appropriation for FY 2016 to the National Centers for PTSD to add to their organizational capacity under the current fine leadership of the National Center. As you know, the signature wounds of the wars in Afghanistan and Iraq are PTSD and Traumatic Brain Injury. VVA believes that if we provide enough resources, and hold VA managers accountable for how well these resources are applied, that these newly minted veterans suffering these debilitating wounds can become well enough again to lead a happy and productive life.

VVA strongly supports the new "Brain Bank" established at NCPTSD to study possible physiological changes in the brain for veterans with PTSD.

### **Separate Funding Line for the Vet Centers**

Funding for the Vet Centers (Readjustment Counseling Service or RCS), one of the most consistently successful programs in the VA, should be used to develop or augment permanent credentialed staff. These dollars should facilitate better coordination with the PTSD teams and substance use disorder programs at VA Medical Centers and community-based outreach centers (CBOCs). Clinicians skilled in treating both PTSD and substance abuse will certainly be needed as more troops, including demobilized National Guard and Reserve members, return from deployments. Vet Centers need to return to their roots as part of the veterans' community, with evening and weekend access.

VA also urges that the Secretary be required to work much more closely with the Secretary of Health and Human Services and the states to provide counseling to the whole family of those returning from combat deployments by utilizing the community mental health centers that dot the nation. Promising work is now going on in Connecticut in this regard that could possibly serve as a model. In addition, the VA should be augmenting its nursing home beds and community resources for long-term care, particularly at the state veterans' homes.

### **Greater Resources and Attention for Blind and Low Vision Veterans**

With the number of blind and very low vision veterans from the nation's latest wars in need of services now, VVA strongly recommends that Congress explicitly directs an additional \$50 million for FY 2016 to increase staffing and programming at the VA's Blind and Visually Impaired Service (VIST) Centers, and to add at least one new center.

It has now been more than twenty years since the enactment of the Americans with Disabilities Act (ADA), yet the VA is non-compliant for blind veterans, and there is no serious effort to address this issue. Do we have to sue the VA in order to make this a priority?

Further, VVA recommends that Congress direct the Secretary to implement an employment and independent living project modeled on the highly successful "Project Amer-I-Can" that so successfully placed blind and visually impaired veterans into work and other situations that resulted in them becoming much more

autonomous and independent. Twenty years ago, that program was a cooperative venture of the New York State Department of Labor, the Veterans Employment & Training Service (VETS), and the Blind Veterans Association; it can still work today.

### **Medical and Prosthetic Research**

For medical and prosthetic research for fiscal year 2016, VVA recommends \$950 million. This would be the largest increase ever in this part of the budget, but it is needed and should be “with strings” that the VA start doing research that will stand up to peer review in regard to toxins of all sorts that have affected US military members and/or their families, particularly their progeny.

VA’s research program is distinct from that of the National Institutes of Health because 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 environmental hazard exposures, post-deployment mental health, Traumatic Brain Injury, long-term care service delivery, and prosthetics to meet the multiple needs of the latest generation of combat-wounded veterans.

### **NVVLS**

The National Vietnam Veterans Longitudinal Study (NVVLS) was completed last fall. It has since languished at the VA Central office. The General Counsel at VA claims that there is some “legal problem” with transmitting this report to Congress and the public. The so-called legal problem is that the VA wants to destroy all of the data in the original National Vietnam Veteran Readjustment Study (NVVRS). The VA General Counsel first wanted to destroy that data right after that study was first completed in the mid-1980s. Had they done so, there could never have been this follow-up study.

VVA urges that Congress designate the Medical Follow Up Agency (MFUA) as the repository of the data from NVVRS, NVVLS, and all other human research studies at VA or funded through VA or DOD. One such database of blood samples taken in 1946 of Army Air Corps soldiers at MFUA was used to finally be able to identify Hepatitis C in 1986-87. VVA urges that all data from all such large scale studies go to MFUA, along with funds to maintain and properly automate and search said data. VVA further urges a specific line item of \$5 million to go to

MFUA this year and to direct the VA to turn over all such data to MFUA immediately.

Further, VVA strongly urges the Congress to mandate and fund longitudinal studies to begin virtually immediately, using the same methodology as the NVVRS, for the following cohorts: a) Gulf War of 1991; b) Operations Iraqi Freedom and New Dawn; and c) Operation Enduring Freedom.

### **Outreach**

Today there are some 21-1/2 million veterans in the United States. Two-thirds of them never interact with the VA at all. They have no reason to venture into a VA medical center or regional office. Yet most are ignorant of the array of benefits 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 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 all veterans and their families not only of the benefits to which they are entitled, but also about possible long-term health issues they may experience that might derive from when and where they served.

It is only in the past few years that the VA has begun to take its responsibility to reach out seriously. They are customizing benefits handbooks for every 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."

Still, these efforts 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 the vibrant use of social media. Taken together, 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, 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. Heart-rending testimony before congressional committees by 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.

The VA Secretary was to report to Congress on how this program has been working, and what, in his judgment, might be the efficacy of extending it to family caregivers of veterans of Vietnam and Somalia and the first fight with Saddam Hussein in the Persian Gulf. That report was two years late. Needless to say, these caregivers did not receive any of the monetary benefits of this legislation. Why not? Because of the budget caps currently in place.

Despite said budget caps, champions in both houses of Congress have emerged who have introduced bills that will expand the eligibility for caregivers. Perhaps most prominent is S. 1085, introduced by Senator Patty Murray (WA), a longtime champion for veterans. S.1085 would expand eligibility for the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs. It also would expand benefits available to participants under this program, as well as enhance special compensation for members of the uniformed services who require assistance in everyday life.

Other bills seeking similar goals include the caregivers Expansion and Improvement Act of 2015, introduced in the Senate by Senator Dick Durbin (IL) and in the House by Rep. Brenda Lawrence (MI-4); and the Military and Veterans Caregiver Services Improvement Act, introduced by Rep. James Langevin (RI-2).

How many caregivers of Vietnam veterans will potentially be eligible for the VA's caregivers program? We don't know. What we do know is that we will work with these legislators to achieve enactment of a bill that will encompass qualified caregivers of veterans who served before 9/11, and we will work with leadership to make enactment of such legislation a priority despite any budgetary misgivings they may have.

### **Cleaning Up the CVE**

The VA's Center for Veterans' Enterprise – since renamed the Center for Verification and Evaluation – 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, and is therefore eligible to bid as such on government contracts. This sounds like a righteous and proper function of a government agency, right?

The operation of the CVE has been charitably characterized as a “mess.” Because it has been so consistently inconsistent, it has caused thousands of veteran and service-disabled veteran small-business owners to be deprived of tens of millions of dollars in contracting opportunities – after having been given a bureaucratic runaround and then told (inaccurately) that they are not, in fact, a legitimate veteran- or disabled veteran-owned entity.

If the CVE is to really be cleaned up, a single standard for statutory, regulatory, and interpretive policy that is fair and not overly burdensome, with a culture of inclusion rather than exclusion, based upon applicable case law, must emerge.

If the ostensible purpose of the verification is to weed out crooks, it is not working: the CVE has not caught a single crook so far. Hence, VVA seeks implementation of 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. However, CVE has verified a number of crooks who are currently under federal indictment for fraud at the same time as they are damaging legitimate businesses.

VVA strongly supports moving this entity to SBA, as VA has proven that they cannot get this job done.

### **Clearing up the ‘Backlog’**

The Veterans Benefits Administration has made significant progress in shrinking the backlog of claims while adjudicating a steadily increasing number of new claims. Still, its leaders need to do more. They must move forward with force and with focus, as if they are engaging an enemy combatant.

The VBA should do what it ought to have done in the first place: triage all new claims in its enhanced “lane” system. There is no reason why a relatively simple claim, say for tinnitus, cannot be resolved in two or three months. Claims for the

obvious, e.g., the traumatic amputation of a limb, or blindness, or paralysis, also could receive an initial adjudication for the major wound, with associated or secondary conditions rated later.

The manner in which VBA managers grade their raters needs to be re-examined, inasmuch as the current system puts a premium on volume and speed at the cost of doing it right the first time. The result is 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 on the benefits side of the administration, and a revised standard for adjudication of claims that does not credit raters for speed and volume but rather on the efficacy of their adjudications. And the VA can do something else: a far better job of defining “backlog.”

The Veterans Benefits Administration has managed to cultivate a reputation as the veterans' adversary. For the first time we can see progress toward changing the culture by means of changing the behavior of VBA staff for veterans benefits, beginning in the VA Central Office here in Washington. Maybe someday veterans might even come to see the VBA as their advocate.

### **Organizational Reform**

The VA needs to embrace a corporate culture that measures its vocational rehabilitation and educational programs and initiatives as to whether and how much they contribute to the ability of veterans to 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 does not go far enough, however. Hence, VVA will advocate for the creation, via an act of Congress, of a fourth entity within the VA: a Veterans Economic Opportunities Administration (VEOA), 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 an enhanced and expanded Center for Veterans Enterprise, er, 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.

The VEOA must be legitimized not simply by an administrative action, but by an imprimatur of Congress. So we will work with leadership in the VA and with Members of Congress to achieve the introduction, and passage, of legislation in both houses which, following the requisite hearings, will be enacted to transform this “one-stop shopping” concept into reality.

I thank you for your interest in and consideration of these issues, and I will be pleased to respond to any questions you may have.

**VIETNAM VETERANS OF AMERICA**

**Funding Statement**

**May 20, 2015**

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 ext. 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:

<p><b>Your Name, Business Address, and Telephone Number:</b></p> <p>John Rowan National President Vietnam Veterans of America 8719 Colesville Road Suite 100 Silver Spring, MD 20910 (301) 585-4000</p>
<p>1. On whose behalf are you testifying? <b>Vietnam Veterans of America</b></p> <p><b>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.</b></p>
<p>2. Have you or any entity you represent received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2004?</p> <p>No.</p>
<p>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.</p>

Signature:



John Rowan  
National President

Date: 5/20//2015

**JOHN ROWAN**

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

John enlisted in the U.S. Air Force in 1965, two years after graduating from high school in Queens, New York. He went to language school, where he learned Indonesian and Vietnamese. He served with the Air Force's 6990<sup>th</sup> 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 of 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 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 veteran's 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.