

STATEMENT OF  
GERALD T. MANAR  
BLUE WATER NAVY VETERAN  
FORMER DIRECTOR, NATIONAL VETERANS SERVICE  
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

UNITED STATES SENATE  
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

**“Pending Legislation”**

WASHINGTON, DC

AUGUST 1, 2018

Chairman Isakson, Ranking Member Tester, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to offer our views on legislation pending before the committee.

**H.R. 299, Blue Water Navy Vietnam Veterans Act of 2017**

I am a veteran of the Navy who served on a ship that participated in 11 campaigns during the Vietnam War. From 1965 through 1972, the USS Whitfield County (LST 1169) was sent to Vietnam at least 31 times. During those deployments it patrolled endless days off the coast, supported riverine patrol boats on the rivers of Vietnam and went up the river to Saigon. I served aboard from July 1971 until she was decommissioned in March 1973. During that time our ship went to Vietnam three times.

When you think of navies, you think of aircraft carriers, destroyers, submarines. If you are older, or a fan of WWII movies, cruisers and battleships figure into the equation as well. However, over its history, the United States Navy has had thousands of ships, many of which were not the fastest, stealthiest or biggest. Our fleets cannot stay at sea for extended periods without oilers, ammunition, and stores ships to support them. They cannot land Marines on distant beaches without amphibious ships of all sizes and descriptions. The job of our Navy is to project power, wherever and whenever that power is needed. To do that, dozens of different types of ships are needed to make that happen.

The United States Navy was in Vietnam from start to finish. While the war did not start with the Gulf of Tonkin Incident in 1964, it was the catalyst for ramping up American participation to its peak in the late 1960s. It ended with the evacuation of American personnel and thousands of Vietnamese to ships off the coast in April 1975. In between, many hundreds of ships spent weeks or longer off the coast, many of them not just once or twice, but over and over again. While many of those ships put into Vietnamese ports, many others did not.

Forty years after I last saw the coast of Vietnam from the deck of the USS Whitfield County, I spent two days at the National Archives pouring over the deck logs, trying to find entries that supported my recollection of tying up to a pier in Cam Ranh Bay, beaching the ship on the LST ramp at Vung Tao, putting into port at Qui Nhon and sailing off the coast of Da Nang. My search revealed much more than I recalled.

On my first cruise to Vietnam in 1971, we patrolled up and down the coast. We were on the lookout for small boats trying to infiltrate supplies and personnel into South Vietnam — north and south, day after day, within sight of the shoreline. This was not just a random assignment. Operation Market Time started in 1965 and continued through the end of American participation in 1973. We were a floating warehouse, carrying hundreds of tons of supplies on our tank deck. We carried extra ammunition for Patrol Gunboats and other smaller ships that might need resupply. Whenever we went to Vietnam, we carried extra fuel for ships and JP-5 for helicopters.

We put into port as needed. We once picked up the pieces of a patrol boat that had been blown in half by a mine attached to its hull, and carried them to another port in Vietnam. We never knew why. We anchored off the coast to conduct shore bombardment with our 3"/50 caliber guns. We spent Christmas Day in 1971 taking on supplies from a stores ship, then transferred some of those supplies and fuel to two Patrol Gunboats (USS Asheville and Tacoma) and a mine sweeper (USS Guide). We anchored off the coast one day, lowered the Captain's gig into the water and went swimming. We followed that with a barbeque on the main deck. We did this within sight of the beaches.

I mention these events as an illustration of the kinds of activities we performed close to the shore of Vietnam. If there was dioxin in the water, we would have been exposed to it while swimming. Week after week, patrolling up and down the coast, we took in sea water and processed it through our fresh water evaporator system. We know from the Australian Navy study, validated by the National Academy of Medicine (formerly the Institute of Medicine), that fresh water evaporator systems concentrated toxic material, including dioxin, which was then transmitted to sailors through drinking water.<sup>1</sup>

As a matter of observation, absent the cleaning and sanitation of the entire fresh water evaporator system, it is conceivable that every person who ever served on board my ship could have been exposed to dioxin after its first visit to Vietnam. Further, by the time we completed our last deployment to Vietnam in 1972, the evaporator system would have accumulated concentrated dioxin from dozens of visits to Vietnam, not simply the final three that I experienced while on board.

From 2015 through September 2017, I was a member of the Steering Committee for the Vietnam Era Health Retrospective Observational Study (VE-HEROeS). The committee had input into the study design, the questionnaires, communications, and types of analyses and order of analyses. The aim of the study was, in part, to see whether Blue Water Navy veterans would respond to the survey and describe their health. Based on the sample size of all Vietnam and Vietnam Era veterans, the researchers estimated that 200 Blue Water Navy veterans would respond. In fact,

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<sup>1</sup> Blue Water Navy Vietnam Veterans and Agent Orange Exposure, Institute of Medicine, 2011, pg 13, <https://www.nap.edu/read/13026/chapter/2#13>

987 Blue Water Navy veterans answered the questionnaire. As a result, the data gathered is more extensive and richer than anticipated. The raw data is currently under analysis and adjustment to assure accurate comparisons between other Vietnam and Vietnam Era veterans.<sup>2</sup>

## Blue Water Navy – Health Conditions by Category

	n	%
Cancers	174	17.6
Circulatory System Diseases	702	71.1
Neurologic Diseases	132	13.4
Psychiatric Diseases	218	22.1
Other Chronic Diseases	517	52.4
Brain Injury/Concussion	111	11.3
Alcohol or Drug Dependence	114	11.6

VE-HEROeS

Vietnam Era Health Retrospective  
Observational Study



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While results of this study will be published over the next few years, there is more than sufficient data to show that Blue Water Navy veterans suffer from a higher incidence of cancers, hypertension, and ischemic heart disease than other populations of similar age.

It has been 43 years since the war ended in 1975. Even the youngest of Blue Water Navy veterans are over 60 years of age. Many thousands suffer from the same disabilities as do veterans who served in-country. Rather than continue studying the health of Blue Water Navy veterans for another 10 years while Blue Water Navy veterans sicken and die from diseases related to exposure to herbicides, Congress must grant Agent Orange presumptions to the thousands of sailors who served their country off the shores of Vietnam.

The VFW supports expansion of benefits for Korean DMZ veterans who suffer from diseases and illnesses directly linked to Agent Orange. While many of these veterans receive presumptive disability compensation for their service-connected disabilities, hundreds of them are unjustly required to prove individual exposure. This legislation would provide them the benefits they have been unjustly denied.

This legislation would also provide benefits to children suffering from spina bifida because of their parents' exposure to Agent Orange while serving in Thailand during the Vietnam War. Spina bifida is a debilitating birth defect, which has been found to be more prevalent among children of veterans exposed to Agent Orange. This expansion would make equal the level of benefits that other children receive due to their parents' exposure to Agent Orange.

<sup>2</sup> Blue Water Navy Characteristics, Presentation to the Steering Committee Meeting, September 27, 2017.

The VFW also supports the reporting and outreach requirements in this legislation. Research related to Gulf War Illness is vital to ensuring veterans receive the care and benefits they have earned as a result of illnesses and injuries caused by their service. The outreach and reporting components related to the Blue Water Navy portion of this bill would ensure veterans receive the retroactive payments they have earned, and allow Congress to oversee proper implementation of the legislation. On their behalf, the VFW urges you to approve this legislation so these veterans can receive the treatment and compensation they have earned through their service to our country.

Ensuring equality between the active, Guard, and Reserve components of the military is a key goal of the VFW. For the past decade and a half, our country has been sending National Guardsmen and Reservists into harm's way at an unprecedented level, and some of them have been wounded in the line of duty. The VFW is pleased that H.R. 299, would end arbitrary differences in home loan fees and show that service in uniform earns equal opportunity to be a homeowner.

### **H.R. 5418, Veterans Affairs Medical-Surgical Purchasing Stabilization Act**

The VFW encourages the expansion of opportunities for veteran-owned small businesses to compete for Department of Veterans Affairs (VA) contracts, but we also see the value in having a single supplier if the situation is necessary. Mandating VA to use regional prime vendors could have a positive impact on competition in the market place, however, we would not want to see it negatively impact overall cost. The VFW does not have a position on this portion of this bill.

We do, however, support prohibiting a single prime vendor from developing the formulary for medical surgical supplies. Allowing a single vendor to tailor the formulary to fit specific needs that only they could provide can lead to unfair advantages in competitive bidding. Creating a comprehensive formulary that is designed solely with the patients in mind is how they should be developed, and not in favor of a particular vendor.

### **S. 514, No Hero Left Untreated Act**

The VFW opposes this legislation, which would require VA to carry out a pilot program to provide veterans Magnetic eResonance Therapy (MeRT) to treat post-traumatic stress disorder (PTSD) and other mental health conditions.

The VFW supports expanding access to integrated and complementary therapies that have proven to effectively treat veterans who have not responded to conventional or evidence-based mental health care. However, MeRT is not approved by the U.S. Food and Drug Administration (FDA) and has shown little to no evidence of effectiveness in treating PTSD or other behavioral health conditions. VA has a current pilot program studying Repetitive Transcranial Magnetic Stimulation, or rTMS. While this form of therapy is FDA approved, recent data from this research shows the therapy is successful on approximately 40 percent of patients, which is the same percentage of success in patients receiving sham treatments.

There is currently no evidence that MeRT would outperform treatment for any disorders. Additionally, this legislation would not provide VA additional funding to test the efficacy of MeRT. The VFW believes that VA must spend its already scarce health care resources on therapies that have shown promise or have a proven track record.

### **S. 1596, BRAVE Act of 2017**

The VFW supports this important bill, which would increase the funeral and burial benefit for eligible veterans. Specifically, this important bill would also ensure all three benefits are indexed for inflation.

The cost of funeral expenses in the private sector has increased nearly seven-fold since 2001, but VA benefits to cover such costs have failed to keep pace with inflation. The VFW urges Congress to ensure the loved ones of veterans who do not have access to a state or national veterans cemetery within 75 miles are not required to accumulate debt to provide their loved ones a final resting place that honors their sacrifice to our nation.

### **S. 1952, Department of Veterans Affairs Financial Accountability Act of 2017**

The VFW supports this bill, which would require a third-party review of VA's financial projections. VA's inability to accurately project its budgetary needs, or overestimating its medical collections, has impacted its ability to provide veterans timely access to high-quality care and benefits.

When evaluating VA's budget requests and financial projections, the VFW urges Congress to consider the impact outdated Budget Control Act discretionary budget caps have on the amount of resources VA is allowed to request. While VA budget requests should be based on need, they are often based on what VA is able to get approved by the Office of Management and Budget. For this reason, the VFW urges this committee to include an analysis on the impact of sequestration on VA budget requests.

### **S. 2881, Mare Island Naval Cemetery Transfer Act**

The VFW strongly supports this bill, which would transfer the Mare Island Naval Cemetery to the National Cemetery Administration (NCA) for management. The United States Navy used this cemetery as the final resting place of more than 800 veterans. Concern that non-veterans had been buried there has been raised as a possible reason to prevent NCA from managing the cemetery. The VFW feels that the Navy made the decision to bury those people there, that the decision should be respected, and that this is not a reason to oppose the legislation. This cemetery is in disrepair and the VFW will never support allowing the final resting place of veterans to be forgotten.

The lasting legacy of those who have served our country is on display in cemeteries and is a testament to the cost of freedom. While our nation remembers the service of veterans who are no longer with us on Memorial Day, NCA, and the American Battle Monuments Commission ensure that a daily reminder withstands the test of time.

**S. 3184, To modify the requirements for applications for construction of State home facilities to increase the maximum percentage of nonveterans allowed to be treated at such facilities.**

The VFW supports this legislation which would allow a small increase in non-veteran care at State Home Facilities. If certain facilities are not operating at full capacity and have the ability to treat non-veteran spouses, the facilities should be allowed to do so. The VFW believes these decisions should be driven by compassion and respect for the aging veterans and their loved ones. If there are open bed spaces in State Home Facilities that could be occupied by veterans' spouses, we should make that happen.

**Transition Assistance Legislation**

The period of moving from active duty to civilian life can be challenging for many transitioning service members (TSMs). Leaving a structured life in the military and moving to an entirely different atmosphere brings with it many difficulties. Finding a new job, moving away from base, going to school, or leaving friends and comrades are just some of the issues service members face with transition.

The Transition Assistance Program (TAP) is the Department of Defense's (DOD) program in cooperation with the Department of Labor, VA, and the Small Business Administration to ensure a seamless path for service members to civilian life. TAP has improved drastically over the past few years, but there are still many changes that need to be made to this vital program.

The VFW supports the discussion legislation on transition assistance reform, which would consolidate and streamline the TAP overview process. This bill would provide insight and proper reporting of the entire TAP curriculum that would provide accurate information regarding which parts of TAP are working and which parts need improvement. However, there are items we feel should be included in any transition legislation in order to improve the entire process.

The *VOW to Hire Heroes Act of 2011* requires TSMs to attend TAP class prior to 90 days before leaving active duty service. Currently, less than half are attending by the required date. Additionally, less than 15 percent are attending the supplemental classes for education, entrepreneurship, or career technical training. Late attendance can lead to TSMs not having certain VA benefits available as soon as they leave active duty service. The VFW supports early participation in TAP classes for all service members. We feel beginning TAP 12 months before leaving the service will set up TSMs for success better than the current three month path.

The VFW supports *S. 2748, BATTLE for Servicemembers Act*, and the effort to make the supplemental TAP classes mandatory. More than half of TSMs utilize their GI Bill benefits after leaving the service, but nowhere nearly that many attend classes or briefings dedicated to education during their transition classes. Adding the supplemental classes to the main curriculum of TAP would expand the knowledge of TSMs and better prepare them for civilian life.

The VFW also recognizes the value in connecting TSMs with the communities where they seek to reside. Having the TSMs connect with community groups or resources prior to separation could help mitigate various hardships as they transition to the civilian sector. There are many different organizations that help with education, employment, and financial management in communities across the country. Providing a connection to local resources during TAP classes is another tool for service members to further their success.

Expanding access for veterans to TAP-style information and resources after they leave military service is important for veterans. The VFW urges the committee to revisit the pilot program to offer TAP in the community for veterans. Once veterans reintegrate into their communities, it is important for them to be able to access specific transition resources that apply strictly to their local communities. Veterans who participated in the original pilot program were able to access information and resources they may have missed during their initial TAP classes.

Another key element the VFW would like to see added to any transition legislation is the removal of the 12-year expiration date for the Vocational Rehabilitation and Employment (VR&E) Program. Education and training are continuous efforts that do not end after 12 years. Many veterans seek to reeducate and retrain themselves later on in life, and removing the expiration date will eliminate an unnecessary barrier to do so. There are exemptions that will allow veterans to utilize VR&E after the expiration date, however, if a veteran does not meet at least one of the exceptions, the veteran is denied due to the arbitrary expiration date. Last year, the expiration date on the GI Bill was removed so veterans could engage in education and training later on in life. The VFW feels Congress must do the same for VR&E.

### **Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018**

The VFW supports this draft legislation which would improve dental care provided to veterans by VA through a pilot program, as well as increase the ability for VA to construct and lease dental clinics. Though the VFW would prefer to see legislation that would expand eligibility for VA dental care to all veterans who are eligible for VA health care, the VFW supports this bill.

Dental care is a vital aspect of general health care. According to the Mayo Clinic and a myriad of peer-reviewed medical studies, oral health has a direct impact on severe diseases and conditions, such as heart disease and adverse birth conditions. Conversely, several health conditions that are prevalent among veterans, such as diabetes and Alzheimer's disease, have been found to directly impact oral health. Until the VA Dental Insurance Program (DIP) was implemented in January 2014, veterans enrolled in VA health care had little to no options for receiving dental coverage.

Additionally, there is a large disparity between VA and DOD dental coverage, which can have a significant impact on the health care and quality of life for veterans. While in uniform, veterans were required to maintain a high level of dental readiness, to the extent that they would be placed on a non-deployable status if they failed to receive a dental evaluation every year. However, only veterans who were 100 percent service-connected disabled, certain homeless veterans, and those who had a service-connected dental condition were eligible for VA dental care. The majority of veterans enrolled in VA health care are unjustly denied access to VA dental care. Instead, they are offered the ability to purchase dental insurance through VA, which has high costs and poor

coverage. VFW members who are asked for feedback on VADIP report that it is better than nothing. Those who have worn our nation's uniform deserve the best, not "better than nothing."

This draft legislation would create a pilot program to expand dental care services and treatment to veterans who are enrolled in VA at 16 locations across the country. These 16 locations would include four VA medical centers with an established dental clinic, four VA medical centers with a contract for dental care, four community-based outpatient clinics with available space, and four facilities from federally qualified health centers and Indian Health Service clinics. These pilot sites would assess the feasibility to furnish dental services and treatment to no more than 100,000 veterans who volunteer to participate in the program.

This draft legislation would also provide the Secretary with the authority to construct or lease a dental clinic for any state that does not currently have a VA facility that offers dental services. The VFW finds this to be incredibly important, as veterans must have access to dental care and they should not have to cross state lines to obtain that care.

### **Draft Legislation, Modernization of Medical Records Access for Veterans Act**

This draft legislation would provide a portable "credit card sized" health record for veterans. The VFW understands the intent of this bill, but opposes its passage. Veterans already have easy access to their health care records. Veterans have the ability to get copies by using their My HealtheVet account. After logging into their account, the first page a veteran sees offers a selection of four large "buttons" and accessing their medical record is the fourth option. VFW staff tested the ability to download their records using this method, and in less than 90 seconds an electronic version had been downloaded. For those who do not use My HealtheVet, a compact disc copy can be obtained by veterans from their local VA medical centers.

To ensure that the veteran's medical record follows them after military service, VA has recently begun the process of adopting a commercial off-the-shelf system for the future electronic health record. The Electronic Health Record Modernization Program (EHRMP) will allow veterans to have more access to their medical records. This legislation allows the discharging service member to electronically "carry" their record to VA, and for various portions of VA to interact with itself and with community care providers while caring for the veteran. The VFW believes this bill could create a competing medical record that would prevent VA and the veteran from having all needed information on one platform, thus slowing the delivery of care. Because of a lack of vital information, this could lead to decisions being made that could harm the health of the veteran.

In looking at our first two concerns together, the VFW worries about interoperability between the device that would be created and other VA systems, and security of the information stored on it. There is no requirement for the device to ever be connected to, or even interoperable with, the electronic health record that will result from EHRMP. A lost device could also lead to compromised information, and this is a real threat in the modern day.

Finally, the VFW opposes this bill because it specifically bans new appropriations for implementation. Unfunded mandates harm other programs by forcing VA to take money from

other parts of its IT budget. The VFW is already concerned about VA's IT budget funding levels. This legislation would cause VA to divert precious and limited resources from other programs, thus hindering modernization of IT capabilities and implementation of EHRMP.

**Draft Legislation, to require the Secretary of Veterans Affairs to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families.**

The VFW supports this draft legislation, but has concerns the current language could provide grants to organizations that compete with, rather than complement, VA mental health care.

This draft legislation would authorize VA to provide grants to organizations offering suicide prevention services ranging from outreach and education to peer support and referrals to care. While providing grants to organizations that complement the care being provided by VA is of benefit, Congress and VA must ensure grants will not be received by groups competing with VA's suicide prevention treatments, or providers who should be enrolled in VA's community care program.

This draft legislation would require the Secretary to consult with organizations such as veterans service organizations (VSO's) about recipients of these grants. The VFW is grateful to see this, as VSO's have extensive background and understanding in programs such as this. For example, the VFW has its own mental wellness campaign. Through this campaign we have partnered with VA and other groups such as Change Direction, One Mind, PatientsLikeMe, Give an Hour, and the Elizabeth Dole Foundation. While the VFW does not provide clinical care, members work with our partners to provide outreach at home-grown levels to educate veterans and their families about recognizing emotional distress, as well as what benefits and programs are locally available. PatientsLikeMe provides peer support and Give an Hour provides clinical care for veterans in need of emergency counseling.

The VFW also believes the reporting requirement stating the Secretary "may" require a grant recipient to report how the funding is used must be changed to "shall." There are many honest programs which can benefit from grants. Still, Congress must work with VA to ensure these grants are not used to bankroll bad actors.

I thank you for the opportunity to testify today and I will answer any questions you may have.