Testimony

of

Legislative Priorities
&
Policy Initiatives
for the
116th Congress

Presented by

John Rowan
National President

Before the
House and Senate
Veterans' Affairs Committees

February 26, 2020

Good afternoon, Chairmen Moran and Takano, Ranking Members Tester and Dr. Roe, and distinguished members of your respective committees. I first want to acknowledge you, Senator Moran, on your elevation to the chairmanship of your critically important committee. And, on behalf of our members and their families, I want to thank each member of both committees for all that you do to transform support for veterans to real programs, initiatives, and benefits. This gives real meaning to what it means to be "veteran-friendly."

I am pleased to appear before you today to present highlights of the legislative agenda and policy initiatives of Vietnam Veterans of America for the second session of the 116th Congress. 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 Persian Gulf War in 1991, and the Post-9/11 wars in Afghanistan and Iraq, and in Syria, the Philippines, in Africa and elsewhere.

As you are aware, ***THE FULLEST POSSIBLE ACCOUNTING*** of America's POW/MIAs has long been our solemn priority. VVA continues to press for answers regarding those Americans still listed as killed in action, body not recovered, in the Southeast Asia theatre of operations. We must insist that Congress fund the Defense POW/MIA Accounting Agency (DPAA) what it requires to investigate potential crash and burial sites, and to recover and identify remains. And as we pursue our Veterans Initiative, which has been building bridges between American and Vietnamese veterans, this effort has encouraged continued cooperation by Vietnamese authorities with DOD search teams.

For several years, VVA's foremost legislative objective was enacting a statute that would foster the peer-reviewed research necessary to determine if a veteran's exposure to certain toxic agents might be responsible for certain birth defects, cancers, and/or learning disabilities that have afflicted far too many of our children and grandchildren. And toxic exposures, not only to Agent Orange, remain our prime concern.

AGENT ORANGE / TOXIC EXPOSURES

Public Law 114-315 Subtitle C, the Toxic Exposure Research Act. In one of its final acts, the 114th Congress passed a "minibus" that incorporated much of the intent of a bill VVA had promoted for eight long years. This bicameral, bipartisan legislation was introduced and co-sponsored in the Senate by your new Chairman, Jerry Moran (R-KS), and Dick Blumenthal (D-CT), both of whom were real champions; and in the House by Dan Benishek (R-MI), who really pushed the bill forward, and Michael Honda (D-CA). This bill laid the groundwork for research into the health of our children and even our grandchildren, which we believe is impacted by our exposures during military service. We fear the epigenetic impact of our exposures on those we love the most.

By "our" we refer to not only those of us who served in Southeast Asia, but to ***veterans of all eras***, including vets who served in CONUS, because, as you surely know, numerous current and former military bases in the continental United States are now categorized as toxic waste sites – some are even designated as Superfund sites – polluted by long-lasting chemical, biological, and/or radiological waste. This is the detritus of research projects and experiments, from the development and production of arms and ordnance to programs on the potential use of hallucinogens against an enemy. It is our hope that this legislation will ensure that our most recent veterans will not have to wait 50 years for answers, inasmuch as many of them were exposed to a smorgasbord of toxic substances in the burn pits in Southwest Asia.

We do want to thank you for having enacted this vital legislation, and we will continue to monitor the compliance of the Department of Veterans Affairs in complying with and implementing it.

Now that it has been determined that it is in fact feasible to conduct follow-up epidemiological studies on the "descendants" of veterans who were exposed to toxic substances while in uniform, the VA has, under the law, the next move. But thus far, they haven't moved with any sense of urgency. Rather than establishing the commission called for in the law, the Secretary has only recently pulled together a sort of ad hoc committee from various government departments. To say we're less than thrilled would be an understatement. So, it's time for you in Congress to exercise the oversight for which you have statutory responsibility. Call the VA Secretary to appear at a hearing. Ask him to explain, under oath, why his department has been lollygagging, and what he will do to get them back on track to execute the provisions of the act.

And let us be clear: since Vietnam, our military, yet again, to protect the men and women in uniform from the harmful effects of the toxicants to which they were exposed by ***the uncontrolled burning in burn pits***, some nearly as large as 20 acres, in Iraq and Afghanistan of a mélange of junked and jettisoned objects – medical and human waste, amputated body parts, animal carcasses, chemicals, paint, metal/aluminum cans, munitions and other unexploded ordnance, batteries, petroleum and lubricant products, plastics, tires, rubber, wood, discarded food – with jet fuel (JP-8) used as the accelerant. Just had to have the burn pits, commanders stressed, as the wars went on and on.

When they served, veterans deployed to Southwest Asia during the Gulf War in Operations Desert Shield and Desert Storm were likely exposed to a variety of environmental and chemical hazards that carried potential health risks. These included:

- Vaccinations for Anthrax and Botulinum Toxoid
- Oil Well fires

- Chemical and Biological weapons, including Sarin, from the demolition of the ammunition storage depot at Khamisiyah;
- Depleted Uranium used in U.S. military tank armor and bullets
- CARC – Chemical Agent Resistant Coating – paint on military vehicles to resist corrosion and chemical agents;
- Pesticides;
- PB – Pyridostigmine Bromide – a pre-treatment drug to protect against the nerve agent soman; and
- Solvents, including Benzene, Cyclohexanol, Ethylene Glycol, Methylene Chloride, Methyl Ethyl Ketone, Methyl Isobutyl Ketone, Naphtha, Toluene, Tetrachloroethylene, Trichloroethylene, and Xylenes.

Department of Defense performed air sampling at Joint Base Balad in Iraq from January through April 2007. Among the 16 PAHs (Polycyclic Aromatic Hydrocarbons) detected there were Anthracene, Benzo(a)pyrene, Chrysene, Dibenz(a,h)anthracene, Fluorene, Naphthalene, and Pyrene.

The 15 VOCs (Volatile Organic Compounds) also detected included Acetone, Benzene, Carbon Disulfide, Chloromethane, Ethylbenzene, Hexane, Pentane, Propylene, Styrene, and Toluene.

And detected as well, albeit in low doses, were 17 dioxins and furans, including 2,3,7,8 TCDD. It's as if the military hadn't learned a thing from the national agony over Agent Orange.

And when those who served, who did our nation's bidding, came home and encountered illnesses they couldn't explain, and went to a VA medical center, treatments often could not mitigate their maladies or their pain; and when they sought disability compensation, most were treated as if they were trying to get over on the government, as the VA more often than not put up roadblocks to veterans suffering with illnesses. It was déjà vu all over again. This is wrong.

VETERANS and TOXIC EXPOSURES

The Agent Orange Act of 1991 mandated that the VA engage the Institute of Medicine, now the National Academy of Medicine of the National Academies of Science, Engineering, and Medicine, to convene panels of experts every two years to review the peer-reviewed scientific literature, hold public hearings, produce their findings on levels of association, ranging from sufficient to none known at this time, on suspect health conditions related to exposure to dioxin, and publish their findings in biennial updates of ***Veterans and Agent Orange***.

There is a real need for Congress not only to re-authorize the funding for this endeavor for at least another decade, but to expand its scope to embrace ***the potential effects of exposures to toxicants on veterans of all eras***, specifically the 1991 Persian Gulf War and the recent conflicts in Afghanistan and Iraq and Syria.

Such research and the publication of the panel's findings also should include sites in CONUS known for the presence of toxic substances. These sites include, but are hardly limited to, Fort McClellan in Alabama; Fort Chafee in Arkansas; Fort Detrick and Aberdeen Proving Ground in Maryland; Dugway Proving Ground in Utah; the Marine base at Camp Lejeune, North Carolina; the former Marine air base at El Toro, California; and let's not forget Fort Greely up in Alaska.

The Secretary of Veterans Affairs must be required, as the law stipulates, to enter into an agreement with a reputable research entity such as the National Academy of Medicine that would empanel distinguished scientists, researchers, clinicians, and academics in the fields of toxicology, environmental hazards, and chemical, biological, and radiological exposures, to research the literature, hold public hearings, discuss and debate their findings, and produce biennial updates of ***Veterans and Toxic Exposures***. This publication would succeed, and follow the format of the *Veterans and Agent Orange Updates*.

Toxic exposures can be, and often are, as deleterious if not deadly to health as piercing wounds from bullets and bombs. Many veterans, like the tens of thousands in the Gulf War exposed to the toxic plume from the demolitions of the Iraqi ammunition dump at Khamisiyah and the CIA's detonation of at least five other sites that remain classified, and the hundreds of thousands of veterans who have seen service in Iraq and Afghanistan and lived or worked next to those insidious burn pits that pockmarked their bases in the desert, warrant an acknowledgment that their health may have been compromised in the long term.

TOXIC WOUNDS REGISTRIES ACT OF 2020

This leads us to argue for legislation that will ***establish real registries*** to cover deployments during which troops were likely to have ingested airborne toxic hazards. The VA's Hepatitis C Registry can serve as the template for subsequent and future registries; their Agent Orange Registry, though, is little more than a mailing list. If the VA were to take registries seriously, if they perceived their value and potential to inform and enlighten rather than function as little more than a bureaucratic exercise just to say they're doing something, their registries might actually be useful.

A valuable, useful registry would enable epidemiological research by linking, or knitting together, in Electronic Health Records a veteran's military history, coding for where they were in a particular place at a particular time. So, if a veteran in Plano, Texas, comes down with a

malady that they feel evolved from a particular exposure, and their battle buddy living in Topeka, Kansas, is afflicted with the very same condition, VA techs can go to the appropriate registry to check others they served with who are now living their lives in Glastonbury, Connecticut, and Livonia, Michigan. Actually, the VA could have, and we believe should have, been doing this with VistA, which has three blank fields that can accommodate hundreds of word-number combinations. For the record, we must insist that you in Congress insist that this capability must be built into the VA's futuristic IT system being created by Cerner.

Therefore, we now are seeking "champions" from both sides of the aisle and in both houses of Congress to introduce, and enact, the ***Toxic Wounds Registries Act of 2020***. This legislation would direct the Secretary of Veterans Affairs to ***establish a master registry*** that would incorporate *real* registries that are not just mailing lists for:

- Exposure to Agent Orange during and in the aftermath of the Vietnam War;
- Exposure to toxicants relating to deployment during the 1991 Persian Gulf War;
- Exposure to toxicants from a deployment during Operations Enduring Freedom, Iraqi Freedom and New Dawn, and the Global War on Terror;
- Exposure to toxicants during a deployment to Bosnia, Somalia, or the Philippines; and
- Exposure to toxicants while stationed at a military installation contaminated by toxic substances overseas and/or here in CONUS.

This legislation would authorize the VA Secretary to enter into an agreement with the National Academy of Medicine to review published, peer-reviewed scientific research, and suggest future research on ***the health effects of the toxic exposures*** identified in those registries; and it would require those conclusions to inform the Secretary's selection of research to be conducted and/or funded by the VA.

It also would establish ***a presumption of service connection*** for the purpose of veterans' disability and survivor benefits, for any illness that the Secretary determines warrants such presumption because of a positive association with exposure to a toxicant noted in the master registry; and becomes manifest, within a time period determined by the Secretary, in a veteran who experienced such exposure while serving on active duty in the Armed Forces.

It is our intention to work with the champions we've identified to introduce this legislation, and to work with ***TEAM***, the coalition of VSOs and MSOs that have affiliated to form ***Toxic Exposures in the American Military***, to coordinate a grassroots campaign to enact such legislation.

"HAVE YOU EVER SERVED*?* - In this same vein, there is limitless potential for the ***Electronic Health Record*** to be of significant assistance to clinicians in private practice – especially those who participate in the VA's Community Care Program – as well as those who are employed in a VA healthcare facility. Obviously, a patient at a VAMC or CBOC has seen

service in uniform. Still, a clinician should pose a series of questions: . . . When and where did you serve? . . . What was your Military Occupational Specialty? . . . Were you ever in combat? . . . Were you ever wounded? . . . Were you ever exposed to blood or other bodily fluids in combat or in the wake of combat? . . .

The answers to these questions can, and should, lead a savvy clinician to understand a potentially crucial aspect of a patient's medical history, which should suggest that the clinician ought to look to certain health conditions that might not be readily apparent. With some 70 percent of all medical students in this country receiving at least some of their training at a VAMC or CBOC, they are a captive audience who can learn an awful lot about veterans who might be among those they will treat in private practice, simply by asking, ***Have you ever served in the Armed Forces of the United States?***

DECISION TIME **-** The Agent Orange Act of 1991 specifies the timeline the VA Secretary is to follow after having received the latest *Veterans and Agent Orange Update*. This has patently *not* been followed after National Academy of Medicine panels found a positive association between exposure to dioxin and a quartet of health conditions: bladder cancer, hypothyroidism, hypertension, and Parkinson's-like symptoms. This president's first VA Secretary publicly stated that he intended to add three of the four to the roster of service-connected presumptive; he was rebuffed by the Office of Management and Budget (which means the White House). The current VA Secretary, after having deferred making a decision for a year and a half, now wants to wait until the end of calendar 2020, coincidentally after the next quadrennial election, when a pair of studies are slated to be completed, analyzed, and published. This is, to VVA and to thousands upon thousands of our fellow veterans, yet another delaying tactic, a smokescreen, an excuse for non-action. It's now time for you in Congress to put your collective foot down: further delays should not be acceptable; further delays must not be an option.

We can understand the rationale for denying hypertension: it is one of the most common afflictions of advancing age. But we don't really comprehend the reasons why a decision on the other three maladies must be deferred till the end of 2020, till two in-progress VA epidemiological studies are analyzed and, the VA hopes, peer-reviewed. From what we've been told, we doubt their conclusions will make much, if any, difference. Again, for too many Vietnam vets, it's the same old refrain: ***Delay, Deny, Until We Die.***

FOR a 4th VA ADMINISTRATION

THE VETERANS ECONOMIC OPPORTUNITIES ADMINISTRATION

The VA must embrace a corporate culture that measures its vocational rehabilitation programs and educational initiatives as to whether and how much they assist veterans obtain and sustain gainful employment at a living wage. To achieve this worthy goal, the VA should institute "one-

stop shopping" by creating a fourth entity: ***the Veterans Economic Opportunities Administration***, to be headed by an Under Secretary nominated by the President and confirmed by the Senate.

This is logical and will be cost-effective. It will eliminate duplicative programs; it will increase cooperation among and between its various divisions: The VEOA would house under one roof the Vocational Rehabilitation Service and the Veterans Education Service; 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. It will promote Veterans' Preference; it will facilitate veterans' entrepreneurship.

SERVING VETERANS WITH LONG-TERM PTSD

It should come as a surprise to no one the VA employs too few mental health clinicians. This is true for myriad reasons, not the least of which are the hiring hoops clinicians must negotiate, which can take six, eight, ten months or longer before they can be officially employed by the VA. Yet in a short-sighted attempt to satisfy the needs of the moment, the VA is leaving in the lurch too many vets afflicted with chronic, long-term PTSD.

Out in Kansas City, some 50-70 of these men and women would meet at the VAMC once a week for an hour, facilitated by a VA mental health professional. Until a little over a year ago, these therapeutic sessions were a staple of their weekly lives. Now, it seems, the mental health service at the medical center can no longer spare a clinician for a single hour. *Why don't y'all go to a coffee shop to talk?* Is the best the leadership at the VAMC can offer. And this situation is not unique to Kansas City. The same is true in West L, here in the District of Columbia, and, we are told, at virtually every VAMC.

Luckily for the group, Dr. Tom Hall, who heads VVA's PTSD and Substance Abuse Committee, stepped in to fill the breach. He thought this would only be for a few weeks; it's now fourteen months and counting. This experience in Kansas City is not an outlier, an exception to the rule; it seems that the VA's understaffed mental health corps cannot afford to have one qualified clinician oversee a gaggle of PTSD-afflicted veterans discussing their issues for one hour each week. The question is: Will you in Congress use your standing to support these veterans? They come together to stay alive. The VA is not addressing, let alone fixing, a situation its bureaucrats created.

TARGETING VETERANS BEFORE THE ELECTIONS

VVA's Chief Investigator and Associate Director for Policy and Government Affairs Kris Goldsmith exposed, in a thorough, well-researched report two years in the making, how foreign trolls continue to target veterans, by creating accounts meant to look like they produced by real

veterans and VSOs like VVA. They use these to engage in financial scams that play off veterans' patriotism and love. They spread real "fake news" to damn one candidate or other in an insidious attempt to influence veterans' preferences in the upcoming elections. (If you have not yet read this expose', go to vva.org/trollreport; at the very least, read the executive summary.)

Chairman Takano held a hearing based on these revelations. In December, we wrote to the President to bring these issues to his attention and to request a significant government response to both educate veterans and the public as well as to seek out and punish the bad actors that target troops and veterans online. That letter, to date, has yet to receive a response. So it is up to you in Congress, and to all of us in the VSO community, to alert veterans and our families about ***this insidious, ongoing threat to our democracy***. We believe, too, that it is the responsibility of Congress to toughen penalties for any foreign individual or entity that creates or promotes such untruthful content – up to and including imposing sanctions against countries that allow cyber-criminals to freely operate within their borders.

GUARDING AGAINST PRIVATIZATION

During the last administration, the Department of Veterans Affairs was the "whipping boy" for politicos eager to compromise the President. The hasty solution to a hyped-up VA scandal was to give eligible veterans "choice" in choosing their healthcare provider if they could not get an appointment with a VA clinician within 30 days or if they had to travel more than 40 miles to a VA healthcare facility. The choice program was expensive, necessitating hefty infusions of funding from Congress to pay private care.

Under the MISSION Act, the VA, bowing to the entreaties of proponents of privatization, established regulations that loosened eligibility for travel time and distance, making several million more veterans eligible for non-VA care. The regs are specious, e.g., a veteran is now eligible if it takes more than 20 minutes to travel to a primary care clinician, or more than an hour to get to a specialist at a VA medical facility. We have argued time and again that what has been established will prove to be economically unsustainable; we can imagine potential scenarios in which VA healthcare services are cut back or simply cut so that private clinicians and hospitals can get paid. Hence, we urge Congress to exercise strict oversight of VA's management of its responsibilities under MISSION, and to consider the implications for undermining VA facilities at the altar of increasing eligibility for non-VA care and preserving "choice." What actually is needed is to restore the infrastructure and the organizational capacity of the VA, not to undo the VA by outsourcing care.

NUMBERS GAMES with HOMELESS VETERANS

Homeless veterans in large cities and small towns alike universally offend our sense of justice for those men and women too many of their fellow citizens ignore except for calling them fallen "heroes" on Veterans Day. Because it had been oft-stated that one of the key goals of the VA has been to end veteran homelessness (a promise that, realistically, never could be kept), this has

given rise to placing as many as possible in apartments, if only for the short-term. As long as the VA is able to provide a continuum of care, the key to which is a plenitude of well-staffed and –funded transitional services, this policy is sensible. The statistics looked good; the VA can rightly claim its policies are helping. The reality, however, that must be acknowledged is that there are some homeless vets who will not come in from the cold. Despite their circumstances, they still are deserving of our respect and gratitude, twin attributes that the VA might better promote via a sensitive outreach campaign.

THE NEEDS of WOMEN VETERANS

The VA needs to continue adapting to the new reality that, with the increasing number of women in military service, they will be faced with healthcare issues they had not been faced with before, e.g., providing (or contracting out) prenatal care, counseling victims of military sexual trauma, understanding the unique problems faced after facial disfigurement or loss of a limb. To meet these relatively new challenges, the VA must call for and fund research that will illuminate treatment options; the VA must also seek out and hire enough female OB-GYN specialists, whom many women veterans prefer.

ADDRESSING VETERAN SUICIDE

Two out of three veteran suicides are over 55 years of age. Fourteen of 20 do not get care at a VA healthcare facility. Ranking Member Dr. Roe was quoted as having said that more and more millions of dollars are being expended in an attempt to make an impact on the number of veterans who die by their own hand, yet the numbers don't seem to lessen. Mountains of studies, funded by millions of VA and DoD dollars, seemed only to develop recommendations revolving around the need to learn why veterans commit suicide . . . by funding yet more studies.

The whys may be unique for each individual who attempts to take their life, but they are no mystery: Demons borne of the horrors of war, horrors they have experienced. Return from a war zone to a society that does not know, or understand, what they went through too often leads to drinking and/or drugging to ease the pain. Add to this fiscal uncertainties, failed relationships, the loss of hope . . .

Permitting vets to seek help from non-VA practitioners may help some. This will be costly, and its effectiveness difficult to gauge. The answers may lie in community. Increased reliance on "battle buddies" may be viable for recent veterans but not necessarily for those who served in Vietnam a half-century ago. We want to help the VA create a culture that proactively seeks out lonely, homeless, family-less, disaffected veterans and brings them in from the cold.

Also, let the experts at the VA, clinicians who have been dealing with veterans every day, do what they do best. As Dr. C. Edward Coffey, Affiliate Professor of Psychiatry and Behavioral Sciences at the Medical University of South Carolina, a leading expert on achieving system-wide culture change within a health system in order to reduce suicide deaths, recently testified before

the House Veterans Affairs Committee regarding a promising initiative to disrupt suicide attempts: He states;

> "In conjunction with our National Center for Patient Safety, we developed the Mental Health Environment of Care Checklist. This tool is used by interdisciplinary inspection teams to assess the environment for hazards and determine actions that need to be taken to protect our veterans. The rate of suicide prior to the implementation of the checklist was 4.2 deaths per 100,000 admissions. It is now less than 1 per 100,000 admissions."

What Congress might do is enact a law that will make mandatory the insertion of this single question on every death certificate: ***Did the decedent ever serve in the Armed Forces of the United States?*** This will enable researchers to do a more thorough medical post mortem of anyone determined to have committed suicide. This should provide some answers that should add to our understanding of the whys and wherefores of a real American tragedy.

Vietnam Veterans of America greatly appreciates the efforts of both committees to improve the lives of veterans, our families, and our survivors and your bipartisan support of seeking justice for our Blue Water Vietnam Veterans and the repeal of the "widow's tax," a financial penalty affecting military survivors across the country. We appreciate the opportunity to testify today, and to submit our extended remarks for the record. We look to work in concert with Congress, as partners, to make inroads into many of the issues and problems you have heard about this afternoon and over the past several weeks. And we will do our best to reply to any questions or concerns you might care to put to us.

Thank you.

VIETNAM VETERANS OF AMERICA

Funding Statement

February 26, 2020

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:

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John Rowan

John Rowan was re-elected to a seventh term as National President of Vietnam Veterans of America (VVA) at the organization's 18th National Convention in New Orleans, LA.

Rowan enlisted in the U.S. Air Force in 1965 and attended its language school, learning Indonesian and Vietnamese. He served as a linguist in the Air Force's 6990 Security Squadron in Vietnam and at Kadena Air Base in Okinawa, Japan, providing Strategic Air Command (SAC) with intelligence on North Vietnam's surface-to-air missile sites to protect U.S. bombing missions.

Rowan has been active with VVA since the organization's inception in 1978. A founding member and the first president of VVA Chapter 32 in Queens, N.Y., he has served three terms on VVA's board, as chairman of VVA's Conference of State Council Presidents, and as president of VVA's New York State Council. Rowan served as a VVA veterans' service representative in New York City before being elected to VVA's highest office in 2005.

Following his honorable discharge from the Air Force, Rowan received a B.A. in political science from Queens College and a master's in urban affairs from Hunter College. Rowan retired from city service as an investigator with the New York City Comptroller's Office. He resides in Middle Village, N.Y., with his wife, Mariann.