Testimony

of

In Service to America®

Legislative Priorities
&
Policy Initiatives
for the
117th Congress

Presented by

John Rowan
National President

Before the
House and Senate
Veterans' Affairs Committees

March 4, 2021

Good morning, Chairmen Tester and Takano, Ranking Members Bost and Moran, and distinguished members of your respective committees. I first want to acknowledge you, Senator Tester, 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 117th 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.

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) with what is required to investigate potential crash and burial sites, and to recover and identify remains. This is our 27th year of our Veterans Initiative Program. We continue to assist our former enemy in locating their unrecovered loved ones by providing fate-clarifying information such as maps of mass burial sites, ID cards, photos, and more. As we continue to work veteran-to veteran with our former enemy, we have strengthened the trust between American and Vietnamese veterans and have encouraged the continued cooperation by Vietnamese authorities with DOD search teams.

From Vietnam to the present-day, members the U.S. military have been exposed to numerous toxic elements, at home and abroad, that have killed more people than our enemies. What has made the situation more disgraceful is the fact our government hid the negative aspects of these toxic substances from everyone serving in these areas and fought their claims with the VA for many years.

Just now, 45 years after the end of the Vietnam War, Congress had to force the VA to add three more diseases to the list of presumptive diseases related to exposure to Agent Orange. In the latest issue of the *American Legion,* an article details the resistance veterans who served in the Karshi-Khanabad Air Base (K2) in Uzbekistan, a former Russian base that is loaded with various toxins, are having in getting compensation and healthcare for ailments resulting from exposure to elements whose dangerous effects should have been known. Thirty years after the Gulf War the VA has still not completed studies to determine what made these veterans sick.

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.

VETERANS AND 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. We are particularly grateful to Senator Moran, Senator Isakson, and Senator Blumenthal for their staunch bi-partisan support of this vital legislation. This law 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 veterans who served in CONUS, because, as you are aware, 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 mix of toxic substances in the burn pits of Southwest Asia.

Now that it has been determined it is feasible to conduct follow-up epidemiological studies on the "descendants" of veterans exposed to toxic substances while in uniform, the VA has, under the law, the next move. However, thus far, they haven't moved at all, much less with any sense of urgency. Rather than establishing the commission called for in the law, the former Secretary had only recently pulled together an ad-hoc committee from various government departments. We request from you, Senators Tester and Moran, vigorous oversight on the VA's lack of implementation of the law.

Veterans deployed to Southwest Asia during the Gulf War in Operations Desert Shield and Desert Storm are still waiting for answers. The list of toxicants to which they were more than likely exposed include (but not limited to):

- 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.

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. Even now, the Compensation & Pension Service of the Veterans Benefits Administration (VA) often rejects the claims of those who prove they have a medically presumptive condition. This is more than wrong; it is nothing short of outrageous.

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 to reauthorize the funding for this endeavor for at least another decade and 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. This publication would follow the format of the *Veterans and Agent Orange Updates*. 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; Fort Greely up in Alaska; and Luke Air Force Base.

Too many veterans warrant an acknowledgment that their health may have been compromised in the long term.--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. And those exposed to Per- and Poly-fluroalkyl Substances, the forever chemicals in fire-fighting foam which are pervasive not just at overseas sites, but virtually all Air Force bases in the Continental U.S. (CONUS).

TOXIC WOUNDS REGISTRIES ACT OF 2021

This leads us to argue for legislation that will ***establish real registries*** to cover deployments during which troops were likely to have been exposed to airborne toxic hazards. Sadly, the VA's Agent Orange Registry is little more than a mailing list. The VA's Hepatitis C Registry could serve as the template for subsequent and future registries.

Toxic Wounds Registries would enable epidemiological research by linking, in Electronic Health Records, a veteran's military history by encoding their location and time of service. So, if a veteran in Plano, Texas, comes down with a malady they feel evolved from a particular exposure, and their battle buddy living in Topeka, Kansas, is afflicted with the very same condition, VA techs would be able to access the appropriate registry to locate others with whom they served, who may now be living in Glastonbury, Connecticut, and Livonia, Michigan. For the record, we must insist that you in Congress ensure that this capability is built into the VA's new multi-Billion dollar IT system.

We are now seeking "champions" from both sides of the aisle and in both houses of Congress to introduce and enact the ***Toxic Wounds Registries Act of 2021***. 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 actual science evidence, conferred by act of the Secretary of Veterans Affairs, in a veteran who experienced such exposure while serving on active duty in the Armed Forces.

Lastly, legislation pursuant to this act must authorize and fund a special section on epidemiological and other scientific research that would include extramural as well as intra-mural funding for these efforts. This fund would be separate from the current “Research & Development” program.

“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: In what branch of the military did you serve?. . . 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?***

NEW AGENT ORANGE PRESUMPTIVES

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. We are deeply indebted to Chairman Jon Tester (D-MT) and Rep. Josh Harder (D-CA-10th) for their leadership on behalf of our wounded veterans and for their amendment to the NDAA in P.L. 116- 283 the *FY2021 National Defense Authorization Act,* that included the three Agent Orange-related diseases, bladder cancer, hypothyroidism, and Parkinsonism to the Department of Veterans Affairs list of conditions linked to herbicide exposure in Vietnam and elsewhere. This law will correct a long-lingering injustice, allowing our afflicted Vietnam veterans to receive the care and benefits they have earned by their service in our long-ago, unpopular war. We are heartened that after years of hurdles and delays, Secretary McDonough, in his first weeks of office, has acknowledged the urgency of implementing this law.

THE VETERANS ECONOMIC OPPORTUNITIES ADMINISTRATION

The VA must embrace a corporate culture that measures its vocational rehabilitation programs and educational initiatives by results and measure how they assist veterans in obtaining and sustaining 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 and 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. It would 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; and it will facilitate veterans' entrepreneurship.

SERVING VETERANS WITH LONG-TERM PTSD

It should come as a surprise to no one the VA employs far 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. The VA is not addressing, let alone fixing, a situation its bureaucrats created. The question is: Will you in Congress use your standing to support these veterans? VA is currently still operating with critical shortages of staff that has, unfortunately also become a chronic and acute shortage of vitally needed mental health clinicians across the United States.

If we are going to make progress on reducing the number of suicides among veterans of every age, the first step is fill long vacant positions and return to full staffing.

AGAINST PRIVATIZATION

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. We have argued 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 may 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.

HOMELESS VETERANS

Because it had been often stated that a key goal 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 well-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.

MILITARY SEXUAL ASSAULT

It is clear from the multitude of reports in the last ten years that sexual harassment and sexual abuse are rampant within all branches of the military. Reports of these instances are only the tip of the proverbial iceberg. VVA has had women in leadership roles in our organization since its beginning in 1983. Congressional testimony in the 1980's and forward by members Joan Furey,

Lynda Van Devanter, Dr. Linda Schwartz, Lily Adams, Rose Sandecky, and Marsha Four all addressed these issues. Our sisters and brothers have suffered from these same crimes for the last fifty years.

The Departments of Defense and Veterans Affairs acknowledged sexual trauma as a crime under the Uniform Code of Military Justice (UCMJ) in the *Defense Authorization Act of 2005*. The *Military Justice Improvement Act of 2014* was passed with hopes of solving these injustices. Programs such as Sexual Assault and Prevention Response Office (SAPRO) and Sexual Harassment/Assault Response and Prevention (SHARP) have not helped. Though the "FY2020 Report on Sexual Assault in the Military" showed a reduction in reports of sexual harassment in the fourth quarter, this is likely due to the pandemic response, as academies sent students home and implemented social distancing. Military Sexual Trauma and Sexual Harassment must be treated as crimes and adjudicated as such. Women veterans are twice as likely as men veterans to develop Post-traumatic Stress Disorder, and approximately one out of four women veterans report military sexual trauma. Survivors may fear that their own actions may be cause for punishment. VVA will continue to support Senator Kirsten Gillibrand (D-N.Y.) and her colleagues on both sides of the aisle to prevent and respond to military sexual violence and to remove the reporting of sexual assault from the chain of command.

THE NEEDS of WOMEN VETERANS

As VA continues to adapt to the reality of the increasing number of women in military service, they must continue to expand their healthcare delivery to meet their needs, 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. The VA must be a safe place where women veterans can enter without fear of being victimized by sexual harassment.

VETERANS BENEFITS

Rescind the Chairman of the Board of Veterans' Appeals (BVA) Memo Re: IHP Deadlines

On April 1, 2019, the Chairman of the Board issued a Memorandum compelling all Veterans Service Organizations (VSOs) to submit informal hearing presentations (IHP) within 120 days of receiving a veteran's file. A 120-day period is manifestly insufficient to constitute meaningful opportunity to submit argument in support of an appeal.

The written informal hearing presentation was originally conceived to assist the Board in managing its overtaxed hearing docket. The understanding has always been that IHPs are

equivalent to in-person hearings and that, therefore, any decision made by the Board without a substantive submission of evidence or argument--or informed waiver of same--deprives claimants of their constitutional right to a hearing. *See* 38 C.F.R. §20.700(b) (2018) (establishing that a hearing "will not normally be scheduled solely for the purpose of receiving argument by a representative. Such argument should be submitted in the form of a written brief.").

Effective October 1, 2020, the Chairman of the BVA issued a second memo advising VVA that "past due" cases would be recalled for adjudication on the first of every month, based on how many days had elapsed since VA first assigned us the case, with our entire inventory of 1,868 cases becoming due by July 2021.

VVA has a limited staff of dedicated National advocates (attorneys and service officers) with resources deeply impacted by the COVID-19 crisis. In our experience, an average of 16 work hours is required to adequately review a veteran's file, perform the appropriate legal and medical research, and obtain supporting evidence. By that standard (which is similar to the quotas required of BVA attorneys), we will have capacity to complete approximately 1,000 cases by July 2021. Therefore, the remaining claimants are in danger of having their cases decided by the Board without any representation. ***VVA believes that the IHP deadline memo should be rescinded to afford the claimants before BVA more choice and control over their case.***

Improve Cooperation with Veteran Service Organizations (VSOs) and Other Stakeholders

VVA has always supported VA's efforts to secure appropriate funding and efforts to improve its necessary work of helping our Nation's veterans. VA's important work is best done when it is open to collaboration with VSOs and other subject-matter experts with a vested interest in VA's success.

In recent years, VVA has observed a decrease in collaboration throughout VA, with fewer opportunities for open dialogue with VA's leadership. Specifically, meetings with the Under-Secretary for Benefits have been discontinued, and the frequency of meetings with BVA and Veterans Benefits Administration (VBA) has been greatly reduced. Furthermore, the meetings that do occur are frequently for the purpose of announcing VA policy changes, with no opportunity for discussion. That is also the case regarding the *Board of Veterans Appeals.* ***VVA would like to return to a closer working relationship, with proper respect by both partners for the other with VA***.

Modernize VA's Method of Providing Notice to Advocates

VVA has experienced longstanding issues with receipt of notice letters from VA, which have only worsened as a result of COVID-19 personnel reductions in mail rooms. VVA no longer receives written notification of VA initial adjudications, and this materially impairs our ability to competently represent veterans. VA has proposed ceasing mail notifications altogether, even after its mailing processes normalize.

The CAVC has consistently held that veterans are not deemed to have received adequate notice if their representative was not provided adequate notice. ***VVA supports the implementation of a reliable, electronic, notification system***.

Reinstate 48h Review Process

For many years, prior to issuing a decision, VA regional offices would allow VSOs 48 hours to review the drafted decisions to identify errors. This was a critical program that VVA utilized to correct numerous mistakes that improved the accuracy of VA decisions, lessened the burden on the appeal system, and prevented substantial heartache for the claimant. ***VVA strongly advocates in favor of reestablishing this important program.***

Overhaul the BVA Quality Review Program

In a collaborative effort between legal scholars and the former Chief of the BVA's Office of Quality Assurance, the first comprehensive study was conducted to measure the effectiveness of the BVA's Quality Review (QR) program. *See* Quality Review of Mass Adjudication: A Randomized Natural Experiment at the Board of Veterans Appeals, 2003–16, *The Journal of Law, Economics, and Organization*, Volume 35, Issue 2, July 2019, Pages 239–288.[1]

The study concluded that the BVA's QR program "had no appreciable effect on reducing appeals or reversals." Furthermore "for both original and CAVC-remanded appeals, the QR program did little to stem the backlog of appeals sent back to the BVA for multiple rounds of decisions." Most troublingly, the study's authors "demonstrate that this inefficacy is likely by design, as meeting the performance measure of 'accuracy' was at cross-purposes with error correction."

To VVA's knowledge, the Chairman of the Board has not proposed or implemented any changes to QR in response to these stark revelations. BVA issued 4,740 decisions in January and February 2020, combined, for cases in the Veterans Appeals Modernization and Improvement Act (abbreviated as "AMA" by VA) system.[2] According to information provided to VVA in a FOIA request, the BVA's QR program reviewed 195 decisions in the same time period, or 4.1%.

QR identified 54 errors and assigned an accuracy rate of 72.6% for January and 87.4% for February, well below BVA's stated goal of 95%, and over a year since AMA was implemented.[3] Notably, where a decision has multiple errors "that case is only counted once in the number of cases with errors column," thus the true accuracy rate should be even lower.

[1] https://doi.org/10.1093/jleo/ewz001
[2] https://www.benefits.va.gov/REPORTS/ama/
[3] BVA provided data from August 2019 through March 30, 2020. The highest accuracy rate in this period was 87.4% (February 2020).

Although VVA fully supports BVA's goal of issuing decisions in a timely manner, we feel it is critical that quality not fall by the wayside. Failure to improve quality causes significant waste of public funds in litigation expenses and, most importantly, impermissibly delays or denies justice to our Nation's veterans and their families. Therefore, ***VVA urges VA to first commission a study that evaluates how best to overhaul BVA's QR system, and then to timely implement the proposed changes***.

Provide Oversight for Compensation and Pension (C&P) Contractors

Although VA has been required by law, for decades, to provide veterans with free competent medical examinations to support their claims for disability benefits, it has yet to succeed in implementing a system to ensure compliance with CAVC standards.

Initially performed by the Veterans Health Administration (VHA), these exams have been outsourced to contractors such as QTC and LHI at progressively greater rates over time. VA's stated goal is to fully privatize the C&P examination process within the next few years.

While these contractors have been adept at managing the scheduling aspect of the process, VVA has observed no meaningful efforts to ensure that medical professionals hired by them provide an "adequate" examination. This term has been clearly defined by the CAVC in a long series of precedential decisions, yet VVA advocates continue to see hundreds of inadequate exam reports produced each year.

Invariably, these inadequate examinations are relied upon by VA adjudicators (who are prohibited from making medical determinations), resulting in the improper denial of benefits. ***VVA strongly supports implementation of a robust accountability system that ensures public funds are only use to procure adequate examinations for our veterans and their survivors.***

CAREGIVERS EXPANSION

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) provides a wide range of benefits, including monthly stipends, reimbursement for travel costs, medical coverage, training, counseling, and respite-care caregivers of veterans who were severely injured during service to their country. Since implementation, the program has assisted thousands of disabled veterans and their families during their long road to recovery and independence.

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, only provided these services to Post-911 veterans, however, with the passage of the of the *VA MISSION Act* in 2018, P.L. 115-182, the law allowed changes to the Program of Comprehensive Assistance for Family Caregivers, and on October 1, 2020, family caregivers of veterans who were seriously injured in the line of duty on or before May 7, 1975, that have a single or combined service-

connected disability rating by VA of 70 percent or higher, regardless of whether it resulted from an injury, illness, or disease became eligible for this program.

VVA applauds the expansion of this long-overdue caregiver benefit, which will enhance the quality of life for Vietnam Veterans and their families, however, Veterans Health Administration, has reported that most of these older and sicker veterans are being denied access to the PCAFC program because they do not meet the eligibility requirements of the program. Chairmen Takano, Tester, Ranking Members Bost and Moran, VVA is willing to work with both committees to remove these imposed restrictions on who qualifies for the caregiver-support program.

ADDRESSING VETERAN SUICIDE

Two out of three veteran suicides are over 55 years of age. Fourteen of twenty do not get care at a VA healthcare facility. Former 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 these fiscal uncertainties, failed relationships, and 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 VA create a culture that proactively seeks out lonely, homeless, family-less, disenfranchised 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, 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 would 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. We are grateful for your bipartisan support in seeking justice for our Blue Water Navy Vietnam veterans and for the repeal of the "widow's tax," a financial penalty affecting military survivors across the country and the passage of the Deborah Sampson Act.

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

March 4, 2021

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 19th National Convention in 2019.

Rowan enlisted in the U.S. Air Force in July, 1965 and attended language school, learning Indonesian and Vietnamese. He served as a linguist in the Air Force's 6988 Security Squadron in Vietnam and with the 6990 Security Squadron 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. in September 1981, 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 from 1995-2005. 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, as a Sergeant (E-4), Rowan received a B.A. in Political Science from Queens College and a Master of Science in Urban Affairs from Hunter College both part of City University of N.Y. Rowan retired from the City of New York as a Chief Investigator with the Comptroller's Contractor Procurement Review Unit. He resides in Middle Village, N.Y., with his wife, Mariann