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**NEW JERSEY STATE COUNCIL
VIETNAM VETERANS OF AMERICA, INC.**
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July 8, 2010

**Joseph A. Violante
National Legislative Director
Disabled American Veterans
807 Maine Avenue S.W.
Washington, D.C. 20024-2410**

Dear Mr. Violante:

I find it most regrettable that the Disabled American Veterans has chosen to "sit on the sidelines" while herbicide exposed veterans continue to die for lack of adequate funds and resources to combat the illnesses from which they suffer. I fully stand by the Statement of John Rowan, National President of the Vietnam Veterans of America (copy enclosed) supporting the Secretary of the Department of Veterans Affairs in his decision relating to presumptive disorders.

When a Veterans Service Organization chooses inaction rather than advocacy for the veterans then that service organization has abrogated its duty to those veterans it has sworn to serve. Waiting on the sidelines, even for now, while legislative forces are attempting to take away hard fought gains due to funding issues cannot be accepted nor allowed. It is our responsibility, as advocates, to ensure that our fellow veterans are allowed to be treated for their service-connected illnesses promptly, with dignity and honor. The Disabled American Veterans cannot and must not simply stick its head in the sand and say "pass".

Senator Webb is so wrong when he states that the Agent Orange Act of 1991 was enacted to care for "relatively rare

conditions". The Senator continually mentions the cost of these illnesses. Since when does the United States Government concern itself with cost when going to war? That same philosophy must be used when treating its veterans who fought in those wars. Mr. Rowan's Press Release is quite thorough so I won't repeat the reasons for enacting the Agent Orange Act of 1991. What I strongly advocate is that your organization gets off its ass and again become an active group of veterans' advocates whose first duty is to veterans and not the budget.

Yours in Brotherhood,



**Michael Eckstein, Chair
Agent Orange/Dioxin Committee
New Jersey State Council, Vietnam Veterans of America**

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Attachment

Cc:

**Herb Worthington, President - New Jersey State Council, Vietnam Veterans of America
John Rowan, President – Vietnam Veterans of America
John LeGates, 1st VP - New Jersey State Council, Vietnam Veterans of America
Carlton Rhodes, Secretary/Treasurer - New Jersey State Council, Vietnam Veterans of America
Robert McNulty, Sr., Chair – Government Affairs Committee - New Jersey State Council, Vietnam Veterans of America
Owen Martin, Vice-Chair – Agent Orange/Dioxin Committee - New Jersey State Council, Vietnam Veterans of America**



PRESS RELEASE

Vietnam Veterans of America

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IMMEDIATE RELEASE

June 12, 2010

No. 10-014

Press Release

Contact:
Mokie Porter
301-585-4000, Ext.
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Statement by VVA President John Rowan:
VVA Supports the Decision by VA Secretary To Declare
Various Diseases Presumptive Under Agent Orange/Dioxin Rules
and
Calls on the President and Congress to Fund AO/D Research Now,
And Not Wait for an Army to Die

(WASHINGTON, D.C.) There have been reports in the media recently in which some, including Senator Jim Webb (D-VA), seem to question the legitimacy of service-connected disability compensation for illnesses related to exposure to Agent Orange/Dioxin in Vietnam and other locations, such as Type II diabetes mellitus and ischemic heart disease. Further, it appears that there is confusion on the part of some about how the process established by the Agent Orange Act of 1991 should and does work.

The facts of the matter are so clear that Vietnam Veterans of America (VVA) must restate our position which is dictated by those clear facts:

First, Public Law 102-4, the Agent Orange Act of 1991, was enacted to address the health issues of veterans that stemmed from our exposure to Agent Orange while serving in Vietnam. Congress, in its collective wisdom, passed this legislation because of the severe impact exposure to dioxin was having on the lives of tens of thousands of veterans.

Senator Webb is mistaken about the intent of the law, which is understandable, because Webb was not in the Congress at that time. By the same token, no Senator or Member of Congress suggested, at the time of passage, that there should be any arbitrary or artificial limit placed on diseases covered, or on the numbers of veterans who might be affected,

and, hence, covered. Rather, a process was set up to seek the level of association, if any, between exposure and the onset of specific diseases. Just as no one today would even think that we, as a nation, would cease treating and compensating our troops and veterans suffering from Traumatic Brain Injury (TBI), simply because the incidence is far more prevalent among returning warriors than anyone might have imagined five years ago

Second, we strongly support the actions of VA Secretary Eric K. Shinseki in following both the letter and the spirit of Public Law 102-4, to conclude that the evidence analyzed by a distinguished panel from the Institute of Medicine of the National Academy of Sciences and published in the 2008 Biennial Review of *Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam* was compelling enough to declare Parkinson's disease, B cell leukemias, and ischemic heart disease as service-connected presumptive due to Agent Orange for those in the military who served in Vietnam (and along the demilitarized zone in Korea in 1968 and 1969).

Third, VVA can unequivocally state that the process set up by Congress under the Agent Orange Act continues to be the most objective and valid way of making decisions regarding environmental diseases of military service. These decisions should be scientific, not political. Any Secretary of the VA should adhere to the process, required by law, and follow the facts, as Secretary Shinseki has done.

Fourth, the evidence for inclusion of diabetes mellitus type II as a presumptive disease is very strong. It is true that people are more prone to develop type II diabetes as they age, but the facts are that Vietnam veterans are at least more than twice as likely to develop this disease as the non-veterans in our cohort group, when balanced for age, weight, exercise, and diet. The same is true of prostate cancer and other service-connected presumptive conditions.

This situation, again, highlights the need for federal funding of additional research into the adverse health impacts on Vietnam veterans, on our children, and on our grandchildren, by respected independent scientific entities outside of the VA. This is just as evident today as it was twenty years ago. The clear need for such research is even more pressing today, given the number of Vietnam veterans who have died well before their time in the last twenty years, and the number who are continuing to die early, because of the ravages resulting from exposure to Agent Orange/dioxin in Southeast Asia.

Lastly, there have been media reports that the amendment to Emergency Supplemental Appropriation by Senator Webb would delay the process, and thus delay the payment of justly due back compensation to affected veterans, pushing off the time when veterans who are owed back compensation actually will receive their entitled compensation. This simply is not the case. Neither action by Senator Webb nor anyone else has thus far caused any action that will slow down the payment of claims as soon as the VA can work through the public rule-making process to get this accomplished.

We urge all affected Vietnam veterans *and eligible surviving dependents* to file claims for the newly presumptive diseases associated with Agent Orange: Parkinson's disease, B Cell leukemias, and ischemic heart disease. These diseases bring the total to 14 illness categories that entitle Vietnam veterans—and veterans who served along the demilitarized zone in Korea in 1968 and 1969—to health care and disability compensation. VVA also contends that many Vietnam-era veterans were also exposed in their service elsewhere in Southeast Asia during the war, including in Thailand and Laos, and aboard Navy vessels off the coast of Vietnam, as well as certain military bases located in the continental U.S. and its territories.

There are numerous diseases recognized by the VA as presumptive to exposure to Agent Orange. Additional information about these and other presumptive diseases and long-term health care risks for veterans can be found at the Veterans Health Council web site, www.veteranshealth.org, and in the *VVA Self-help Guide to Service-Connected Disability Compensation For Exposure to Agent Orange* at www.vva.org/Guides/AgentOrangeGuide.pdf

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Vietnam Veterans of America (VVA) is the nation's only congressionally chartered veterans service organization dedicated to the needs of Vietnam-era veterans and their families. VVA's founding principle is "Never again will one generation of veterans abandon another."



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