

2019 Proposed Convention Resolutions



**Compiled By the
2019 Resolutions Committee
Dick Southern, Chair
Sharon Hodge, Staff Advisor
For Consideration at the
Nineteenth National Convention
Spokane, Washington
July 15-20, 2019**

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ADOPTED BY THE RESPECTIVE COMMITTEES AT THE
APRIL 2019 COMMITTEE MEETINGS
ADOPTED BY THE AGENT ORANGE/DIOXIN COMMITTEE

AO-XX

**REMOVE ONE YEAR CUTOFF DATE FOR CHLORACNE,
ACUTE/SUBACUTE PERIPHERAL NEUROPATHY, PORPAHYIRA AND
CUTANEA TARDA**

1 **Issue**

2

3 WHEREAS: Chloracne, acute and subacute peripheral neuropathy ,and
4 porphyria cutanea tarda, all on the list of 14 Agent Orange illnesses,
5 currently have a cutoff date of only one year with a 10% disability
6 following exposure to Agent Orange

7

8 WHEREAS: The list of 14 agent orange illnesses are listed affecting 2.2
9 million veterans who served "boots on the ground" in Vietnam from 1961-
10 1971 and thousands more veterans in Korea from April 1, 1968 to August
11 31, 1971

12

13 **Background**

14

15 WHEREAS: The Vietnam Veterans of American is a national
16 organization of wartime veterans who have dedicated themselves to the
17 service of their community, state and nation

18 WHEREAS: The Department of Veterans Affairs annually adds to or
19 amends illness related diseases on Agent Orange

20

21 WHEREAS: Many of these veterans now have health problems
22 commonly associated with herbicide exposure and have endured lengthy
23 legal struggles to prove that these problems are service-related

24 **Proposed Position**

25

26 WHEREAS: Now and therefore, be it RESOLVED, by the Vietnam
27 Veterans of American at the 2019 National Convention assembled in
28 Spokane Washington on July 15-20, 2019. That the Vietnam Veterans of
29 America hereby address the Congress of the United States, the National
30 Institute of Health, and the President of the United States, to amend those
31 three above-listed illnesses (Chloracne, acute and subacute peripheral
32 neuropathy, and porphyria cutanea tarda) on set dates, to award earned
33 benefits and treatment through the Department of Veterans Affairs.

ADOPTED BY THE GOVERNMENT AFFAIRS COMMITTEE

**GA-XX
VETERANS CREED**

1 **Issue:** Helping prepare Veterans for productive civilian lives.

2

3 **Background:** The Veterans Creed is the result of extensive discussions among
4 veterans groups. It is meant to inspire veterans to continue to serve and lead in their
5 communities and our country, and to continue to make a difference in our world.
6 Each element of the Creed is rooted in shared military tenets, the missions of
7 participating veteran and military service organizations, and in the altruistic ethos of
8 veterans themselves. It is also meant to remind Americans that the principles and
9 values veterans learned in the military - integrity, leadership, teamwork, selfless
10 service - can greatly benefit our country.

11

12 It was adopted at the Reserve Officers Association headquarters at 1 Constitution
13 Avenue, NE, Washington, DC on Flag Day, 14 Jun 2018. The followings
14 organizations were involved with the development of the Veterans Creed: VFW,
15 AMVETS, DAV, Hill Vets, and IAVA. MOPH, PVA, Team Rubicon Gold and
16 Wounded Warrior Project.

17

18 American Legion approval is pending.

19

20 **Proposed Position:**

21

22 That the VVA adopt the Veterans Creed, which reads as follows:

- 23 1. I am an American Veteran
- 24 2. I proudly served my country.
- 25 3. I live the values that I learned in the military.
- 26 4. I continue to serve my community, my country and my fellow veterans.
- 27 5. I maintain my physical and mental discipline.
- 28 6. I continue to lead and improve.
- 29 7. I make a difference.
- 30 8. I honor and remember my fallen comrades.

GA-XX
DEPENDENT INDEMNITY COMPENSATION (DIC)

1 **Issue:** It is inherently unfair that a surviving spouse of a veteran, in the normal
2 circumstance, to qualify for Dependent Indemnity Compensation (DIC) must have
3 had the loved one receiving 100% total and permanent disability for ten or more
4 years, unless that veteran was deemed as dying of an injury or disease related to
5 military service, because such a circumstance frequently places this survivor in a
6 disadvantageous financial position and an undeserved financial crisis.

7
8 **Background:** Section 1318(b)(1) of Title 38 of the United States Code provides
9 Dependency and Indemnity Compensation (DIC) benefits for survivors of deceased
10 veterans who were rated totally disabled for ten or more years. However, the
11 financial status of the surviving spouse is compromised due to the care often required
12 for the totally disabled veteran by the spouse. The veteran’s spouse, acting as a
13 caregiver, must in many instances limit, give up or put a career and other activities
14 on hold. As a result, the family unit suffers an immediate income loss upon the death
15 of the veteran, which can lead to an undeserved financial crisis from which it may
16 not recover, especially if the surviving spouse is no longer of working age.

17
18 **Proposed Position:** That legislation be enacted which:

19
20 (1) reduces the rule for DIC qualification period to a more reasonable period of
21 time, that is, five (5) years;

22
23 (2) starts payments at fifty percent (50%) of the maximum amount and increases
24 them by ten percent (10%) per year till the maximum payment is achieved, for
25 each year the veteran has been rated at 100% permanent disability; and

26
27 (3) reduces the age allowed for surviving spouses to remarry and maintain their
28 benefits from 57 to 55, consistent with other federal survivor benefit programs.

GA-XX
USS FRANK E EVANS

1 **Issue:** The 74 sailors that were killed on the USS Frank E Evans are not on the
2 Vietnam Memorial Wall.

3
4 **Background:** The USS Frank E Evans was on maneuvers with AHMS Melbourne
5 during the maneuver the Frank E Evans was in a collision with the Melbourne in
6 which 74 American sailors were killed. The collision took place just 200 miles off
7 the coast of Vietnam. At the time the Frank E Evans was awarded the Vietnam
8 Service Medal along with all the ships and their crews that came to her rescue. The
9 criteria for the name to be placed on the Vietnam Memorial Wall is that they earned
10 the right, by qualifying for, at the time Vietnam Service Medal

11
12 **Proposed Position:** The Vietnam Veterans of America supports having the 74
13 sailor's names from the USS Frank E Evans on the Vietnam Memorial Wall.

GA-XX
CHANGING THE NAME OF VIETNAM VETERANS OF AMERICA

1 **Issue:** Require VVA's leadership to Investigate what is required to change Vietnam
2 Veterans of America's name and then open up membership to include all veterans
3 after the Vietnam-era.

4
5 **Background:** There has been much discussion over the last 15 years about VVA
6 being a last person organization. But no formal vote has been taken. A NO vote on
7 this resolution would make it official.

8
9 **Proposed Position:** Require VVA's officers and Board of Directors to investigate
10 the requirements to change the name of Vietnam Veterans of America and then make
11 that change to a name that would entice Post-Vietnam era veterans to join the
12 renamed organization and then open up membership to those newer veterans.

GA-XX
CREATE A NEW VETERANS ORGANIZATION OF POST-VIETNAM
VETERANS

1 **Issue:** How do we insure that the veteran's issues of concern to VVA are worked on
2 when we fade away as a last person organization?

3
4 **Background:** For 15 years VVA has been working on the premise that it is a last
5 person organization and will go out of business, possibly as soon as ten years from
6 now, with the Veterans Benefits Programs in the field closing down much sooner.
7 Given this proposition there was an assumption that VVA could find a successor
8 organization, but it has never been voted on.

9
10 **Proposed Position:** Given that Vietnam Veterans of America will cease to be a
11 functioning national organization in the next several years, the Officers and Board
12 of Directors must take action to either identify or create a new veterans organization
13 of Post-Vietnam veterans with whom VVA could enter into an agreement or
14 partnership to ensure that someone will follow up on our issues of concern and
15 assume the responsibilities of running our Veterans Benefits a Department.

ADOPTED BY THE MINORITY AFFAIRS COMMITTEE

MA-XX

KOREAN AMERICAN VIETNAM WAR VETERANS (KAVWV)

1 **Issue:** There are currently approximately 2800 Korean American Vietnam War
2 Veterans who are American citizens. They do not have access to VA healthcare,
3 unlike the U.S. European allies of WWI and WWII. The civilian medical community
4 is not versed on Agent Orange (A/O) exposure to the extent the VA healthcare
5 system is. Many KAVWV members are falling ill to the diseases from A/O exposure
6 but go untreated or are under-treated. Because they do not have access to the VSA,
7 nor has the VA reached out to their community to offer medical care or information,
8 most KAVWV members and their families are not even aware of the effects of A/O.
9

10 None of the information regarding the illness from Agent Orange exposure KAVWV
11 and or their families are experiencing being included in any of the A/) studies.
12 Therefore, the VA's A/O statistics are underinflated and not true reflection upon
13 Agent Orange exposures impact.
14

15 So many combat veterans suffer from PTSD, being afflicted with PTSD is almost
16 incumbent on being a combat veteran. The Korean American Vietnam War Veterans
17 have no resources for themselves, their families and the wider community, to be
18 informed about PTSD or to treat their symptoms.
19

20 **Background:** The Republic of Korea was the U.S.' largest ally during the Vietnam
21 War. From 1964 to 1973, 325, 517 ROK troops were deployed to and served in
22 Vietnam, supporting and protecting U.S. Forces mainly operated in II Corps, the
23 Central Highlands, which had been heavily infiltrated with NVA, and Viet Cong at
24 the beginning of the war. The ROK Forces were able to remove the NVA and Viet
25 Cong from the villages and to keep them from re-infiltrating those villages at night.
26 ROK forces gained control of the major supply line for the Allied Forces, east to
27 west from Cam Rahm Bay to Quin Nhon through Pleiku to the Cambodian border.
28 This route had been uncontrollable, even by the Elite French Forces who were
29 completely slaughtered in their attempt. The South Vietnamese Army, nor even the
30 U.S. could not subsequently control the route Forces. ROK Forces kept that
31 important thoroughfare open day and night and made it safe for the U.S. Forces and
32 others as they traversed those unforgiving Central Highlands. ROK Forces helped
33 the U.S. Forces withdraw, but the ROK Forces continued to received fire that they

MA-XX KOREAN AMERICAN VIETNAM WAR VETERANS (KAVWV)
(Continued)

34 could not return cause of the cease-fire agreement, hence experienced heavier
35 casualties and facilities during the drawdown of U.S. troops. ROK Forces lost 5099
36 souls and sustained 10,962 casualties in Vietnam. They are often acknowledged for
37 serving, protecting the U.S. Forces fiercely, and valiantly. Combat Vietnam
38 Veterans, from the Central Highlands especially, have said repeatedly that the ROK
39 Forces performed a great service to the U.S.

40
41 As time goes on and the effects of Agent Orange exposures present themselves or
42 become more pronounced, our KAVWV former members of the ROK Forces who
43 are American Citizens, cannot return to South Korea to receive medical diagnosis or
44 treatment. Some have been here for 40 or more years, most with children and now
45 grandchildren. The United States is home to them, and has been for nearly all of their
46 adult lives and for all the lives of their children and grandchildren. They are part of
47 the fabric of American. In addition even if they could travel to South Korea, because
48 they are U.S. citizens and the Republic of Korea doesn't recognize dual citizenship,
49 they cannot participate in the nationalized health insurance, so their healthcare is more
50 expensive. Further many are too ill and/or rather elderly to travel to Korea, incurring
51 more expense in addition to airplane fare. Nor would they have anyone to care for
52 them. It only makes sense that they be treated for Agent Orange exposure close to
53 their homes here in the U.S.

54
55 It can be said that most combat veterans are stressed from PTSD. It is an
56 unimaginable affliction from war. PTSD affects the veterans but even more so it
57 affects their family, their community and depending on its severity many others in
58 contact with the veteran. It is no different in the Korean American community. Until
59 there was general education for causes of PTSD and acceptance of its fallout, many
60 veterans suffering from it had to live with misunderstanding of their conducts as they
61 struggled to make sense of their war injuries. This was all the most prevalent for
62 Vietnam Veterans, who were shamed just for being a veteran even though they
63 served in Vietnam through no fault of their own. Having been drafted and
64 unwillingly sent to Vietnam. It was a double edged sword. The Korean American
65 Vietnam War Veterans have the same affliction are in the same bind, but have not
66 the advantage of education and information about PTSD being available to them,
67 their families and their communities. They and their families are struggling yet with
68 no resources to overcome this continued ravage of war. They are forgotten on their
69 own as they and their families suffer in silence.

MA-XX KOREAN AMERICAN VIETNAM WAR VETERANS (KAVWV)
(Continued)

70 **Proposed Position:** Vietnam Veterans of America support Korean American
71 Vietnam War Veterans in their legislative efforts to gain access to the VA healthcare
72 system especially for the diagnosis treatment and information of Agent Orange
73 exposure and other related illness, including PTSD treatment and education.

ADOPTED BY THE VETERANS BENEFITS COMMITTEE

VB-XX

**U.S. DEPARTMENT OF VETERANS AFFAIRS
QUALITY ASSURANCE PROGRAM**

1 **Issue:** Department of Veterans Affairs Quality Assurance Program
2

3 **Background:** The Board of Veterans’ Appeals (Board) increased its decision output
4 by an astonishing 62% in one year, deciding 52,661 cases in 2017 and 85,288 cases
5 in 2018. Veterans Law Judges (VLJs) are expected to decide approximately 25-30
6 cases a week, giving them often no more than an hour to review thousands of pages
7 in a case file.
8

9 Nevertheless, the Board has and continues to consistently report an accuracy rate
10 between 93%-95%; for FY 2018, the Chairman reported that 93.6% of its decisions
11 were “accurate”. By the Board’s own admission in 2017, the Quality Review (QR)
12 Program would identify errors “very, very rare[ly]” by design. Despite the Board’s
13 reportedly high rate of decisional accuracy, the Court of Appeals for Veterans
14 Claims (CAVC) regularly remands or reverses at least one issue in 76% of Board
15 decisions. A recent published study that analyzed nearly 600,000 Board cases from
16 2002-2016 confirms that the Board’s QR program fails to identify errors in decision-
17 making in any meaningful way.
18

19 The Board’s QR Program costs hundreds of thousands of taxpayer dollars each year
20 and pulls its most successful and experienced attorneys off of decision writing so
21 that it can report to Congress a meaningless number. A system that generates an
22 *inaccurate* but speedy decision is *not* a win for veterans. A system that requires a
23 veteran to appeal, and appeal again, to receive an accurate decision is *not* a win for
24 veterans. The absence of any sort of robust check on the Board’s decisional quality
25 at a time when the Board is under immense pressure to increase its production is a
26 sobering recipe for disaster, at the expense of veterans.
27

28 **Resolved, That:** Vietnam Veterans of America, supports the following changes to
29 the Department of Veterans Affairs quality assurance program at the Board:
30

- 31 1. VA regularly discloses information about its quality assurance program, to
32 include details about its design, how it is administered, and the raw data
33 generated. This will increase public awareness of VA’s quality assurance

VB-XX U.S. DEPARTMENT OF VETERANS AFFAIRS QUALITY ASSURANCE PROGRAM (Continued)

- 34 2. program and encourage robust discussion among stakeholders, Congress, and
35 other interested parties. Included in this disclosure, the Board should report
36 rate of appeal to the Court of Appeals for Veterans' Claims and outcome by
37 issue (remand, grand, denial, reverse) on a regular basis.
38
- 39 3. VA should overhaul its quality assurance program at the Board in
40 consideration of the following:
- 41 a. Attorneys should not be reviewing the work of higher-ranking people.
 - 42 b. The QR Program should not focus on a precise measure of government
43 performance. The QR Program should focus on systemic-level reviews
44 as opposed to case-specific reviews. For example, as opposed to or in
45 addition to the QR Program reporting a blunt number, it could report a
46 description of issues that arise systematically in decision-making, steps
47 VA is taking to respond, and measures of these responses' efficacy.
 - 48 c. Congress should mandate the formation of an independent body to
49 convene to devise the quality assurance standards to be used and
50 implemented at both the Board and RO-levels so that there is a general
51 consensus as to what the quality review standard is and so that the
52 quality review standard is informative and helpful at all levels of review
53 before VA. This independent body should include representatives from
54 VSOs, experts (academics), and other stakeholders.
55
- 56 4. Congress should schedule an oversight hearing on the quality assurance
57 claims and appeals adjudication. In the era of AMA claims and appeals, the
58 emphasis is on speed and little to no attention is dedicated to ensuring that
59 these claims are decided accurately.

**VB-XX
U.S. DEPARTMENT OF VETERANS AFFAIRS
SPINA BIFIDA AND BIRTH DEFECTS PROGRAM**

1 **Issue:** Department of Veterans Affairs Spina Bifida and Birth Defects Program

2

3 **Background:** Children who have spina bifida or certain other birth defects and are
4 biological children of veterans with qualifying service are one of the most vulnerable
5 populations that the Department of Veterans Affairs (VA) must prioritize. Vietnam

**VB-XX U.S. DEPARTMENT OF VETERANS AFFAIRS SPINA BIFIDA
AND BIRTH DEFECTS PROGRAM (Continued)**

6 Veterans of America (VVA) and its members organize, facilitate, and run dozens of
7 town halls across the nation each year to educate veterans on the possible health
8 implications for the children of veterans who were exposed to Agent Orange.
9 Unfortunately, not many people, including veterans, know about the benefits
10 available for children with certain birth defects due to the exposure of their biological
11 parent(s) to Agent Orange.

12
13 Moreover, even if the available benefits are known, VVA continues to hear countless
14 stories of roadblocks, unjust denials, and unclear access to available healthcare and
15 other benefits in all corners of our country. Additionally, the numerous stories VVA
16 learns about grandchildren born with birth defects are too frequent to be ignored. To
17 do nothing would be to abandon the innocent and defenseless children born with
18 spina bifida and other birth defects due to no fault of their own.

19
20 VVA first formally met with VA to address our concerns with Chapter 18 benefits
21 claims in February 2014. VVA raised concerns specifically pertaining to issues with
22 processing Chapter 18 benefits claims for children and grandchildren, and the
23 cumbersome process of accessing services available. VVA is committed to
24 increasing awareness and improving the process of receiving available benefits for
25 children born with spina bifida or other birth defects due to a parent's exposure to
26 Agent Orange during service. VVA also understands the importance of ensuring
27 that grandchildren and great grandchildren applications are properly preserved and
28 tracked in the event that legislation is enacted that recognizes the multigenerational
29 effects of Agent Orange exposure.

30
31 **Resolved, That:** Vietnam Veterans of America, supports the following initiatives:

- 32 **1. Communication, Information, & Outreach Efforts.** Work with VA to
33 improve the quality and accuracy of the information that is provided about
34 Chapter 18 benefits to include but not limited to the following:
35 a. Improve the information provided in and asked for in VA Form 21-
36 0304;
37 b. Improve the call scripts used at VA hotlines, information delivered on
38 VA websites;
39 c. Improve the timeliness and quality of information provided by the
40 Denver RO on its spina bifida hotline;

**VB-XX U.S. DEPARTMENT OF VETERANS AFFAIRS SPINA BIFIDA
AND BIRTH DEFECTS PROGRAM (Continued)**

41 d. Develop and implement targeted outreach with the goal of improving
42 the application process and connecting eligible, approved beneficiaries
43 with all benefits afforded to them under the law.
44

45 **2. Eligible Beneficiary Assistance.**

46 a. Advocate for the implementation of a social worker or claims advocate
47 that is assigned to each case to help a claimant navigate through the
48 eligibility and benefits process of VBA ad VHA.

49 b. Advocate for VA to conduct a comprehensive audit of Chapter 18
50 beneficiaries on both the VBA ad VHA side and make findings of audit
51 public. This audit would address deficiencies in the application process
52 as well as address why and how eligible beneficiaries are not accessing
53 healthcare benefits.

54 c. Advocate for improved data collection efforts. Currently, VA does “not
55 routinely maintain” the following data: (1) number of new individuals
56 eligible to use the program each month; (2) number of eligible
57 individuals that have never submitted bills; (3) number of eligible
58 individuals that submit bills that are rejected and reason for rejection;
59 and (4) how many payments are made each month for preauthorization
60 services. VA should collect this data, as well as other meaningful
61 metrics.
62

63 **3. Multigenerational Claims Tracking.** VA should track multigenerational
64 applications processed by the Denver RO. To this end, VVA advocates that
65 VA should:

66 a. Develop written guidelines for how multigenerational applications are
67 processed and preserved.

68 b. Ensure that applications are appropriately labeled and easily
69 identifiable for future data analysis efforts. Specifically, ensure that
70 applications uploaded to the “unidentifiable mail queue” are easily
71 retrievable in batches for data analysis.

72 c. Identify ongoing research initiatives of VA that could impact and
73 expand eligibility of benefits to beneficiaries to ensure that VA is
74 preserving useful information.

VB-XX
PROTECTION OF THE RIGHT TO REPRESENTATION IN APPEALS

1 **Issue:** Ensure that veterans and their family members are accorded the full right to
2 representation in all stages of an appeal for VA benefits.

3
4 **Background:** Under 38 C.F.R. § 20.5, “an appellant will be accorded full right to
5 representation in all stages of an appeal by a recognized organization, attorney, or
6 other authorized person.” In an April 1, 2019 Memorandum, the Chairman of the
7 Board of Veterans’ Appeals (BVA) announced that BVA will be implementing 120
8 day time-limits for VSO Written Briefs (IHPs). This 120 day time-limit applies to
9 appeals in the legacy system and the Appeals Modernization Act system. If the IHP
10 is not submitted within the lime-limit, the case will be sent to a Veterans Law Judge
11 without any argument from the representative. This policy conflicts 38 C.F.R. § 20.5
12 and deprives appellants of their right to representation in all stages of an appeal.

13
14 Additionally, BVA interferes with an appellant’s right to representation by not
15 providing representatives with the necessary tools to effectively represent appellants.
16 For example, BVA databases have not yet been updated to provide representatives
17 with the proper functions to effectively work cases. Additionally, representatives
18 have not been provided an eReader tool that would help representatives read through
19 case files more efficiently. Finally, bureaucracies in BVA create excessive delay in
20 representatives gaining access to databases and being able to resolve case specific
21 issues within BVA.

22
23 **Resolved, that:** Vietnam Veterans of America support the following initiatives:

- 24 1) Work with BVA, the Secretary of Veterans Affairs, and Congress to abolish
25 policy initiatives that inhibit an appellant’s right to representation in all stages
26 of an appeal.
- 27 2) Work with BVA, the Secretary of Veterans Affairs, and Congress to promote
28 policies that further protect an appellant’s right to representation in all stages
29 of an appeal and to ensure that representatives always have the necessary tools
30 to effectively provide representation.

**ADOPTED BY THE VETERANS INCARCERATED AND IN THE
JUSTICE SYSTEM COMMITTEE**

**VINJS-XX
GETTING AHEAD WHILE GETTING OUT**

1 **Issue:** Incarcerated veterans, in all fifty states, are paroled and released back into
2 the community. It is an important process which requires support. The Veterans
3 Incarcerated and in the Justice System Committee has begun to enter prisons prior
4 to a veteran inmate's release to prepare the veteran for a successful return to our
5 communities.

6
7 **Background:** The Veterans Incarcerated and in the Justice System Committee has
8 begun work in Southern Florida to prepare veterans for release and to support them
9 upon their return to the community. The work has been a success; local VVA
10 Chapters and other organizations are serving recently released inmates with job
11 support, counseling, clothing, and housing.

12
13 **Proposed Position:** To add to the activity of the Veterans Incarcerated and in the
14 Justice System Committee a program which promotes further service to inmates who
15 face parole and release. The program is titled: Getting Ahead While Getting Out. It
16 includes training and support prior to and subsequent to release from incarceration.

ADOPTED BY THE WORKING GROUP 2 COMMITTEE

**WG2- XX
ASSURE THE TOMMORROW**

1 **Issue:** There will always be veterans to serve. Conflicts are inevitable so is securing
2 our country from all enemies foreign and domestic. There must continue to be an
3 organization to meet the needs of veterans.
4

5 **Background:** The VVA in its 40 year history has advocated for better treatment of
6 veterans ensuring that they receive the benefits promised. As veterans age, their
7 needs become more pronounced especially in the areas of health. The consequences
8 of toxic exposure will be felt for generations. It is imperative that there be an
9 organization to promote the health and welfare of veterans.
10

11 **Proposed Position:** Now Be It Resolved that, Vietnam Veterans of America, at the
12 19th Biennial National Convention in Spokane, Washington, takes the following
13 position - it will lead in the formation and empowerment of a new veteran's
14 organization to carry on the advocacy and accomplishments of VVA including but
15 not limited to the Vet Centers, legislative advocacy, service officers program and
16 incarcerated veterans in the justice system.

**WG2- XX
FUTURE VETERAN SERVICE ORGANIZATION COMMITTEE**

1 **Issue:** The Officers and the Board of Director of Vietnam Veterans of America,
2 Inc., mandated to "To establish two panels: Working Group 1 and Working Group
3 II to assess the future of VVA".
4

5 Working Group II "will determine the feasibility of forming, chartering, funding
6 and/or empowerment of a new veteran's organization to perpetuate our legacy and
7 assure the tomorrow of all veterans, which will be communicated to the membership
8 for approval at a Convention."
9

10 **Background:** Vietnam Veterans of America has been on the forefront, since 1983,
11 in seeking legislation and benefits for Vietnam veterans, as well as other generations
12 of veterans. Our motto is "In Service to America," and our Founding Principle is
13 "Never Again Will One Generation of Veterans Abandon Another."

**WG2- XX FUTURE VETERAN SERVICE ORGANIZATION
COMMITTEE (Continued)**

14 VVA has supported veterans of other generations in their struggle with
15 compensation for service related disabilities, children's healthcare, veteran's
16 environmental health effects due to oil fires, toxic exposure due to burn pits, depleted
17 uranium, exposure to sarin gas, and PTSD, TBI, and recently with bad paper
18 discharges which we have addressed since the Vietnam War.

19

20 **Proposed Position:** Now Be It Resolved that, Vietnam Veterans of America, at the
21 19th Biennial National Convention in Spokane, Washington, takes the following
22 position:

23

24 That it will continue its mandate to support the formation of a committee to follow
25 up on the formation of a new veteran service organization to perpetuate our legacy
26 and assure the tomorrow of all veterans and that it will represent all veterans.

**NOT ADOPTED BY THE GOVERNMENT AFFAIRS COMMITTEE AT
THE APRIL 2019 COMMITTEE MEETING**

Submitted by: Alfred Sickle - Proposed Resolution 12

Has this Resolution been endorsed by a Chapter? No
Has this Resolution been endorsed by a State Council? No
Responsible Committee: Other/Unknown
Is this a revision of an existing Resolution? No

1 **Issue:** The name of our annual Vietnam Veteran Celebration Day, Welcome Home
2 Vietnam Veterans Day

3
4 **Background:** In 2018, President Trump signed a Proclamation entitled, Welcome
5 Home Vietnam Day! This renaming of the Day Manual Ramos worked for over 10
6 years to have Officially Named, Welcome Home Vietnam Veterans Day, is a
7 dishonor to his Legacy! This presidential proclamation changed the name of this
8 Great Day only to erase another thing the previous President had made Official!!
9 This is completely unacceptable.

10
11 Why should we Welcome Home Vietnam anyway, when it is a Country? It doesn't
12 make any sense to title something like that. This is our Day and Title and needs to
13 be left alone!!!

14
15 **Proposed Position:** I propose that we submit to the President that we want the
16 name, Welcome Home Vietnam Veterans Day, to remain in perpetuity. Any future
17 Proclamations should reflect the Title that our Brother, Manual Ramos, dedicated
18 his life's mission to accomplishing! A Letter of Concern should be written, by our
19 National President, to express how deeply we feel about the Name of our
20 Recognition Day!

**NOT ADOPTED BY THE MEMBERSHIP AFFAIRS COMMITTEE AT
THE APRIL 2019 COMMITTEE MEETING**

Submitted by: Gary Goyette – Proposed Resolution 6

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 1030

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Membership Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** Whereas, Korean Military Forces served with distinction as allies alongside
2 American Forces in the Vietnam War; and many thousands of these Korean Vietnam
3 Veterans are now citizens of the United States of America; and, dozens of these
4 Republic of Korea Vietnam War Veterans have joined as Associates of Cumming,
5 Georgia Chapter 1030 of the Vietnam Veterans of America and wish to become
6 members in good standing of the VVA; and, whereas, their inability to provide a DD
7 Form 214 as proof of their service in the Vietnam War makes them ineligible under
8 the current constitution and by-laws.

9
10 **Background:** Whereas, Cumming Chapter 1030 has a total of 65 associate members
11 on its rolls, of which 58 are Korean Vietnam War Veterans; members in good
12 standing and whom are United States Citizens. The one document they lack to
13 qualify for membership in the Vietnam Veterans of America is a DD Form 214,
14 proof of military service.

15
16 **Proposed Position:** Whereas, it is the desire of Cumming Chapter 1030 of the
17 Vietnam Veterans of America to seek changes in the constitution and By-Laws to
18 allow these Korean Vietnam War Veterans to provide service records from the
19 Military Forces of the Republic of Korea to serve as a reasonable substantiation of
20 their service in Vietnam. Such records can be translated into English and certified
21 by an appropriate authority. This certified document issued by the Korean Embassy
22 located in the United States, will serve as the legal equivalency of a US Department
23 of Defense DD Form 214.

24
25 Now, therefore, be it resolved that the Delegates to the National Convention be
26 afforded an opportunity to vote to change the aforementioned constitution and By-
27 laws to include and allow Republic of Korea Vietnam War Veterans, who are
28 citizens of the United State of America, who can provide the legal equivalence of a
29 DD Form 214, thus allowing full membership in the Vietnam Veterans of America.

Submitted by: Wilburn Lassiter – Proposed Resolution 8

Has this Resolution been endorsed by a Chapter? No

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Membership Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** Whereas it is the responsibility of the National President, the National
2 Officers, all Region, Board and At-Large Directors, the Chair of and all State
3 Council Presidents to address the establishment and availability of a Nationally
4 recognized piece of headwear, or a cap/hat to wit for ALL members and Associates
5 of the Vietnam Veterans of America organization.

6
7 **Background:** 40 years have passed without the creation, authorization, or
8 sanctioning of a cap/hat it is necessary for all VVA Officers, delegates, and members
9 in good standing attending the 19th National Convention to approve or disapprove
10 by a total floor quorum of "Yea" or "Nay". These actions are not to hinder or prevent
11 the wearing of the VVA black beret currently worn by some members and associates
12 but to provide an alternative option.

13
14 **Proposed Position:** The approval and creation of a Black Garrison cap with GOLD
15 lettering and a VVA patch/logo for ALL VVA members and Associates, male and
16 female, that is not an aim for distinction or personal recognition, but a totally viable
17 and equal means to ensure pride and loyalty while inspiring greatness, innovation,
18 and future prosperity for the finest Vietnam veteran organization in the world.

Respectfully submitted,

Wilburn S. (Bill) Lassiter SCPO/USN/RET VVA MBR. # 1081170 ***Pictures,
descriptions, sizing, cost, manufacturing and illustrations of the proposed VVA
garrison cap are will be sent via mail.

Submitted by: Samuel Brick – Proposed Resolution 10

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 303, 644, 828, 925, 960, 1049

Has this Resolution been endorsed by a State Council? Yes

Enter State: South Carolina

Responsible Committee: Other/Unknown

Is this a revision of an existing Resolution? No

1 **Issue:** Clarify Corporation support for its ultimate dissolution so that a regional base
2 of chapters and state councils are supported by the Corporation to best endure its
3 legacy and provide comfort and help to Vietnam veterans through their later years
4 with the ultimate dissolution to the members rather than just one corporate board.

5
6 **Background:** The Corporation Articles of Incorporation state that the membership
7 of the Vietnam Veterans of America Inc. must be at a minimum 75% Vietnam or
8 Korean veterans and 90% war veterans. War veterans are defined under Federal law.
9 Federal courts and bodies interpret “war” to mean a Congressionally-declared war
10 in accordance with Article 1, Section 8, Clause 11 of the US Constitution. Current
11 combat veterans are not “war” veterans under such interpretations. We have resolved
12 in the past that 100% of our members must be Vietnam veterans. With the passage
13 of years from our Vietnam time, there will be insufficient members to maintain
14 viable corporate governance as understood under its founding terms. Recently, two
15 VVA boards have been examining corporate dissolution. Many members are
16 concerned about the integrity of the Vietnam Veteran legacy generally, and the
17 Corporation as it has led this Nation in protecting not just Vietnam Veterans but all
18 veterans. Many members are concerned that new veterans groups will not abide by
19 the primary purpose of the Corporation, to operate exclusively for charitable and
20 educational purposes including the improvement of the condition of the Vietnam
21 Veteran. The proposed resolution would resolve that the members of the VVA
22 Corporation through its regions, councils, and chapters with the Corporation’s help
23 would determine the ultimate dissolution of the Corporation rather than just one
24 corporate board.

25
26 **Proposed Position:** It is Resolved by the Corporation Membership that the
27 Corporation henceforth shall prioritize its resources to facilitate the incorporation of
28 regional bodies that would be eligible for Internal Revenue Code 501(c)(3)
29 qualification as nonprofit entities so that they can memorialize the Vietnam Veteran
30 legacy, provide care for Vietnam Veterans and their spouses in their aging process,
31 and eventually provide for the care of our brother and sister veterans. In this regard

32 it is further resolved that the Corporation provide an infrastructure to State Councils,
33 Chapters, and Regional Directors in reorganizations of the regions specified under
34 Appendix I of the Corporation Constitution for the above purposes and for their
35 formation of corporate bodies to accomplish these goals.

36
37 It further is resolved that for newly-formed regions to be recognized for Corporation
38 assistance they must be governed by a board of directors of no less than 75%
39 Vietnam Veterans for their first ten years and no less than 50% Vietnam Veterans
40 for their next five years. Such newly-formed regions must have as members on their
41 governing boards any state council presidents for the states that are part of the region.
42 Each newly-formed region for Corporation support must present the Corporation a
43 plan that would memorialize and endure the Vietnam veteran legacy and/or provide
44 comfort to Vietnam Veterans and their spouses in their aging process. The plan
45 should have a provision that when Vietnam Veterans or their spouses are no longer
46 available for such comfort, it may benefit veterans generally.

47
48 It further is resolved that when newly-formed regions are operational and
49 functioning in accordance with their purpose, and the Corporation Board determines
50 that there are insufficient members to continue the Corporation as effective and
51 meaningful to improve the condition of its Vietnam members, it shall dissolve the
52 Corporation in accordance with the terms of its Articles of Incorporation with a
53 distribution of its remaining assets to the regional corporations formed for the
54 purposes stated above and report accordingly to the Supreme Court of New York
55 that it has done so in accordance with the Corporation's Articles of Incorporation.

Submitted by: Richard Earley – Proposed Resolution 11

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 116

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Other/Unknown

Is this a revision of an existing Resolution? No

1 **Issue:** VVA: Death with Dignity, Purpose, and Resolve

2

3 **Background:** VVA is a membership organization; with a beginning a middle, and
4 an end. VVA will be in the business of finalizing our exit plan. VVA has the
5 responsibility to plan, prepare, and focus on appropriate legacy issues. We will
6 eventually need to identify one or more ongoing, relevant, worthy programs,
7 initiatives, and/or projects to transfer all assets. In Service to America.

8 **Proposed Position:** Be it resolved that VVA transfer all assets to an appropriate
9 University or College for the purpose of a perpetual endowment in the name of the
10 Vietnam Veterans of America. The purpose of the VVA endowed entity will be to
11 perpetually fund appropriate academic institutions, programs, study, publications,
12 and initiatives that will ensure that the legacy of service is ongoing. This through the
13 continued study of war and its consequences, its veterans, the issues (POW/MIA,
14 Chemical effects, Trauma, etc.), and lessons learned. This is in keeping with the
15 founding principles of VVA.

16

17 It is further resolved that the VVA National Board of Directors, including the
18 officers, actively manage the end of VVA as a membership organization. This will
19 include, but not be limited to: adopting, updating, scheduling, and implementing a
20 plan of action to ensure that all assets are directed toward the above purpose.

21

22 The goal: Write the check; Make the presentation; Turn off the lights.

23 This is our Legacy. We will be forever known by our deeds.

24 Be it resolved

AMENDED BY THE AGENT/ORANGE DIOXIN COMMITTEE

AO-9

Amend by striking the words with the ~~striketrough~~ and inserting the **bold underlined** words.

PAPERMAKING MANUFACTURING PROCESSES
INDUSTRIAL MANUFACTURING PROCESSES, INCLUDING
PAPERMAKING

History:

First adopted in 1995 as AO-10-95

Amended in 1997 as AO-10-97

Amended in 1999 as AO-10-99 Renumbered in 2003 as AO-9-03

Renumbered in 2011 as AO-9

1 **Issue:** ~~Promoting the elimination of Dioxins introduced into the environment from~~
2 ~~papermaking manufacturing process should be an objective of Vietnam Veterans~~
3 ~~of America.~~

4 **The lessons learned on the harmful effects of dioxin exposure on the health of**
5 **Vietnam veterans and their descendants, as well as the overall environmental**
6 **damage caused by these and like toxins.**

7
8 **It is of extreme importance and urgency that VVA promote and foster the**
9 **elimination of all dioxins, all other endocrine disruptors, and all other toxic**
10 **substances created in the industrial manufacturing products and processes,**
11 **including papermaking.**

12
13
14 **Background:** ~~The use of chlorine in the papermaking industry's bleaching processes~~
15 ~~has been proven to create Dioxins, which are released into the environment. In recent~~
16 ~~years, concerned with their role and their responsibility to help protect the~~
17 ~~environment, a segment of the papermaking industry has worked to develop and~~
18 ~~market chlorine free paper. The term chlorine free is applicable to two different~~
19 ~~processes. The most widespread process called elemental chlorine free paper uses~~
20 ~~chlorine in the process but does not contribute to Dioxins as a by-product. Today,~~
21 ~~elemental chlorine free paper comprises about 60-70% of the print paper market. A~~
22 ~~small but growing segment of the industry has gone one step further. It has developed~~
23 ~~and markets a total chlorine free paper, which is totally free of chlorine in the~~
24 ~~manufacturing process. Total chlorine free paper now makes up less than 1% of the~~

25 print paper market. Both types of chlorine free paper are available and cost about
26 10-25% more than paper that is not chlorine free.

27 **For nearly 25 years, VVA has promoted the elimination of chlorine use in the**
28 **bleaching process of papermaking. This process was proven to create dioxin,**
29 **the deadly toxicant, which can be eliminated from paper products by utilizing**
30 **one of two methods: “elemental chlorine free” that utilizes chlorine dioxide in**
31 **the bleaching process but does not contribute to creating dioxin as a**
32 **byproduct; or “Total Chlorine-free” bleach processes that do not use any**
33 **chlorine compounds in the manufacturing processes.**

34
35 **Endocrine disrupters interfere with the normal function of human hormones.**
36 **These substances increase production of certain hormones and decrease**
37 **production of others. Ubiquitous in our everyday lives, these substances are**
38 **found in common household items such as plastic goods, personal-care**
39 **products, fragrances, food, and food packaging, and even in our drinking tap**
40 **water. Studies have linked endocrine disrupters to cancers, lowered sperm**
41 **count, lowered IQ, thyroid disease, birth defects, and other developmental**
42 **disorders. Obviously, having Vietnam veterans and their descendants exposed**
43 **to these substances, in addition to their dioxin exposure through Agent**
44 **Orange, can only worsen a grave situation. Many endocrine disruptors are**
45 **created by manufacturing processes that can be changed or altered to**
46 **eliminate these hazards.**

47
48 **Everyday other horrific elements are created by industrial manufacturing**
49 **processes that are then passed on to humans in the products themselves or in**
50 **the hazardous byproducts of these processes. The most common endocrine**
51 **disruptors that need to be eliminated are Bisphenol A (BPA), Phthalates,**
52 **PFAS chemicals, Atrazine, flame retardants, and perchlorate.**

53
54 **Other toxic substances which damage human health and the environment that**
55 **came from manufacturing processes are lead, arsenic, mercury, PFC’s, glycol**
56 **ethers, and organophosphate pesticides.**

57
58
59 **Resolved, that: Vietnam Veterans of America, commends those segments of the**
60 **papermaking industry who are engaged in research and development of alternative**
61 **manufacturing processes to eliminate further introduction of Dioxins into the**
62 **environment, especially those papermakers who have gone the extra mile in**
63 **developing and manufacturing total chlorine free paper; and, in support of attaining**
64 **a Dioxin free environment, VVA shall take all necessary measures to maximize the**

65 ~~use of paper products utilized and consumed by VVA that are manufactured using~~
66 ~~the chlorine free processes and VVA encourages its state councils and chapters to~~
67 ~~do likewise. Also, Vietnam Veterans of America should make every effort to stop~~
68 ~~pulp and paper processes that create Dioxin.~~

69
70 **Vietnam Veterans of America should make every effort to stop all industrial**
71 **manufacturing processes, including papermaking, that create dioxin,**
72 **endocrine disruptors, or any other toxic element that could further damage**
73 **the health of Vietnam veterans or their descendants, or the health and**
74 **environment experienced by the general population.**

AO-10

Amend by inserting the **bold underlined** words.

BAN THE MANUFACTURING, SALE, AND/OR USE OF 2,4-D AND GLYPHOSATE

History:

First adopted in 1995 as AO-11-95

Amended in 1999 as AO-11-99

Renumbered in 2003 as AO-10-03

Renumbered in 2011 as AO-10

1 **Issue:** For at least fifty years, the Department of Defense has intentionally exposed
2 military personnel to potentially dangerous substances, often in secret. During the
3 war in Vietnam when herbicides were used to defoliate dense jungle, our service
4 members were not aware of the toxicity of the chemicals used. As a result of the
5 service members' exposure to 2,4-D in Vietnam, veterans are being diagnosed
6 twenty years later with rare cancers, sarcomas, immune deficiencies and Central
7 Nervous System disorders. Children of exposed veterans are born with learning
8 disabilities, birth defects and deficiencies. Today, herbicide 2,4-D is being used for
9 weed control across the United States; at National Cemeteries, schoolyards, golf
10 courses and hospitals. Utility companies, the Department of Transportation, and
11 railroads use it. Additionally, farmers are using 2,4-D, which in turn is contaminating
12 food crops, cattle, pigs, chickens, etc. In addition, 2,4-D is being used to eliminate
13 the growth of plant life in our lakes, thereby contaminating our freshwater wildlife.

14 Over 250,000 veterans have died from diseases their exposure to Agent
15 Orange/Dioxin, and that number climbs every day. The continued use of 2,4-D today
16 further exposes our families to the same chemical veterans were exposed to in
17 Vietnam. This exposure jeopardizes the health of our families and future
18 generations, making them susceptible to the same diseases from which our veterans
19 are dying.

20 **Long-simmering debate about whether the world’s most widely used**
21 **herbicide causes cancer has led many scientists to suggest that people exposed**
22 **to large doses of the chemical glyphosate have a heightened risk of Non-**
23 **Hodgkin’s Lymphoma (NHL), a type of cancer. Certain scientific teams have**
24 **concluded in their meta-analyses studies that people exposed to glyphosate-**
25 **based weed killers have a 41 percent higher risk of contracting NHL than**
26 **people who aren’t a measure known as “relative risk,” in epidemiology.**

27
28 **The product “Roundup™” and several other widely used herbicide products**
29 **are heavily utilized in the agricultural, forestry, aquaculture, utility, and**
30 **consumer-product industries. These products contain glyphosate as the key**
31 **chemical component that has been found in lab settings to harm a cell’s DNA**
32 **and thus potentially cause cancer, in a manner also called genotoxicity.**
33 **Further, scientists have found sufficient data to conclude glyphosate is a**
34 **rodent carcinogen and suggestive evidence of positive association between**
35 **NHL and exposure.**

36
37 **Background:** Vietnam veterans are acutely aware of the deadly consequences of
38 exposure to 2,4-D. Health and Welfare Canada and the United States Environmental
39 Protection Agency have identified at least four different isomers of Dioxin as
40 contaminants in 2,4-D. These dioxins include the 2, 3, 7, 8-TCDD isomer, which is
41 the most deadly poison known to man. Dioxin is contaminating the food chain which
42 results in the compromising of the immune system of all Americans. Even more
43 ludicrous, 2, 4-D is being used at national cemeteries, which shows the government’s
44 insensitivity to victims that have died of dioxin-related cancers.

45
46 **Studies concluded that people exposed to glyphosate have a “Compelling**
47 **Link” to NHL, a cancer. The use of this chemical continues unabated, with**
48 **use less than 25 million pounds of the stuff used in 1992 and growing to over**
49 **300 million pounds in the U.S. agriculture sector alone. Juries have found that**
50 **glyphosate exposure in “Roundup™” was a “substantial factor” in causing**
51 **NHL with plaintiffs’ suits in recent court cases.**

52 **The recent huge jury and courts liability and damages awards appear to be**
53 **from “bellwether trials” of the hundreds of “Roundup™” lawsuits already**
54 **filed.**

55
56 **Resolved, that:** Vietnam Veterans of America will seek legislation and
57 administrative action to ban the manufacture, sale, and use of 2, 4-D **and glyphosate**
58 worldwide.

- 59
60 1. VVA will take all steps necessary to promote legislation to carry out this
61 action; and
62 2. VVA encourages its membership through the chapters and state councils to
63 work with Congressional representatives and state legislators to obtain their
64 support to ban the manufacturing, sale, and use of 2, 4-D **and glyphosate**
65 worldwide.

AMENDED BY THE MINORITY AFFAIRS COMMITTEE

MA-10

Amend by striking the words with the ~~striketrough~~ and inserting the **bold**
underlined words.

SELFDETERMINATION FOR PUERTO RICO **THE EQUAL TREATMENT OF THE 3.2 MILLION AMERICAN** **CITIZENS IN PUERTO RICO**

History:

First adopted in 2003 as MA-10-03

Renumbered in 2011 as MA-10

Amended in 2015 and 2017

1 **Issue:** The United States Constitution promises equal protection under the law to all
2 U.S. citizens, and yet the island's current political status treats veterans and other
3 U.S. citizens resident in Puerto Rico differently than citizens residing in the fifty
4 states of the Union, reminiscent of the - separate but equal standard of past era which,
5 although eventually overturned, causes our society to continue to struggle with its
6 repercussions.

7
8 **Background:** On May 3, 1917, Puerto Ricans embarked on a mission in defense of
9 the nations during WWI by protecting the Panama Canal Zone; and during WWII,

10 Puerto Rico's 65th Infantry Regiment was decorated for its participation in the
11 Naples-Foggia, Rome-Arno, Central Europe, and Rhineland campaigns; and during
12 the Korea Conflict, more than 800 Puerto Ricans made the ultimate sacrifice in
13 defense of the universal right of self-determination. In June 2014 the President of
14 the United States of America recognized the Puerto Rico's 65th Infantry Regiment
15 with the Congressional Gold Medal for their war actions in WWII and Korea,
16 making them the first Hispanic Veterans to receive those honors; and during the
17 Vietnam War, four Puerto Ricans received the Congressional Medal of Honor and
18 more than 500 Puerto Ricans gave their lives for the nation. There exists an ever-
19 growing consensus among American veterans and leading veterans' organizations,
20 such as the American GI Forum, that the time has come to empower Puerto Rican
21 men and women who have served with courage and distinction in the armed forces
22 of the United States, and their fellow Puerto Ricans to make a decision regarding
23 their island's ultimate destiny. In a referendum in November 2012 in Puerto Rico,
24 the Puerto Rican people voted at 54% not to continue to be in a territorial status, the
25 opposition got 46% of the vote. In another question on the same referendum the
26 Puerto Rican voters chose Statehood by a vote of 61.16% outvoting free Association
27 with 33.34% and Independence by 5.49% of the vote. **Lastly, on June 11, 2017 the**
28 **U.S. citizens of Puerto Rico, exercising their first amendment right and their**
29 **inherent right to self-determination, voted in a locally sponsored plebiscite**
30 **between statehood, free association / independence, and current territorial**
31 **status. The official results showed an over-whelming margin of voters (98%)**
32 **voted against continuing the current territory status and 97% selected**
33 **statehood as their preferred option for Puerto Rico's future.**
34

35 **Resolved, that: Vietnam Veterans of America, supports legislation whereby the**
36 **United States Congress would define the political status options available to the**
37 **United States citizens of Puerto Rico and authorize a plebiscite to provide an**
38 **opportunity for Puerto Ricans to make a final decision regarding the island's**
39 **political status, and that the United States of America will support and act upon**
40 **those results. Vietnam Veterans of America, in consideration of the above**
41 **results, will support any legislation by the United States Congress that puts**
42 **the 3.2 million American citizens in Puerto Rico on a path towards equality.**

AMENDED BY THE VETERANS BENEFITS COMMITTEE

VB-3

LESS-THAN-HONORABLE ADMINISTRATIVE DISCHARGES

Amend by striking the words with the ~~striketrough~~ and inserting the **bold underlined** words.

History:

Adopted in 1991 as L-4-91 (an Update of L-11-83, L-12-83, L-13-83, L-14-83)

Renumbered in 1993 as VA-4-93

Renumbered in 1997 as VA-3-97

Amended in 1999 as VB-3-99

Renumbered in 2011 as VB-3

Amended in 2015 and 2017

1 **Issue:** In September 2014, former Secretary of Defense Chuck Hagel signed a
2 directive ordering the Army, Navy, and Air Force implement supplemental guidance
3 involving discharge upgrade application relating to PTSD. The directive may affect
4 up to 80,000 Vietnam Veterans impacted by PTSD and having undesirable or other
5 than honorable discharges. Outreach to veterans from all wars still needs to be
6 accomplished on this issue. Most veterans are unaware that they can still apply to
7 the Board of Corrections of Military Records for upgrades.

8
9 **Background:** Prior to the 1890s, the military services only issued less-than-
10 honorable discharges (LTHD) as a sentence of a court-martial. When administrative
11 LTHDs began to be issued in the 1890s, some military law scholars questioned their
12 legality. The services used various systems until 1948, when the Defense
13 Department standardized the types of administrative discharges as Honorable (HD),
14 General (GD), and Undesirable (UD) (now called the Discharge under Other Than
15 Honorable Conditions). Most veteran's organizations opposed the use of the GD and
16 UD until the 1960s. Many courts, writers, lawyers, and veterans' organizations have
17 criticized the administrative discharge system for not adequately providing
18 procedural protections. Although these protections improved somewhat over the
19 years, the system is still marked by the lack of realistic safeguards. More
20 importantly, Congress never has explicitly authorized the system, the GD, or the UD.
21 The use of the administrative system has increased steadily, while the use of the
22 court-martial system with its many safeguards has declined.
23 Department of Defense (DoD) studies and General Accounting Office (GAO)
24 reports have found gross inconsistencies in the types of discharges people received

25 for the same conduct and vast racial disparities in the awarding of LTHDs. Variances
26 run from service to service, year to year, and even command to command in the
27 same service. Because discharge review is not automatic, the Discharge Review
28 Boards (DRB) has not done much to remedy these inconsistencies.

29
30 Tens of thousands of HDs were issued yearly to people who were discharged as
31 unsuitable, trainee failures, and for other reasons not normally associated with
32 performance, proficiency, and useful service. Thus, the HD is in reality not a
33 "reward" for honorable service, but something given to 90 percent of all discharges.
34 (Since 1982, uncharacterized discharges have been issued to those who fail to
35 demonstrate potential in the first six months of service.) Further, there is no evidence
36 that a LTHD is a deterrent to misconduct. On the other hand, there is substantial
37 evidence that the administrative system is an incentive to manipulate an early
38 discharge. The clear result of the system is the lifetime stigma for young people often
39 too immature to realize the consequences of their actions and the waste of the
40 taxpayers' money by permitting the early release of expensive trainees.

41
42 The early 1990s brought cries for reform. Secretary of Defense Laird mandated a
43 retroactively liberal policy for drug-related discharges. Failed outreach led to a
44 lawsuit requiring the review of many cases. The Ford Clemency Program offered no
45 meaningful relief, and the Carter Special Discharge Review Program attracted only
46 10 percent of the eligible applicants. Of the approximately one-half million Vietnam-
47 era veterans with LTHDs (800,000 from 1961-1995), less than 10 percent have been
48 upgraded, and most of them only to GD.

49
50 Private efforts at outreach and DoD attempts (often as the result of court order) have
51 not produced desirable results because of lack of funds or appropriate information
52 regarding privacy and assistance. The 15-year statute of limitations for the DRBs
53 has foreclosed Vietnam-era veterans' opportunities, and the DRBs remain largely
54 inaccessible to the average veteran. Moreover, the rate of upgrades has dropped
55 markedly in the last ten years, and there is an increasing tone of hostility expressed
56 by some DRB panel members toward veterans who are able to appear at hearings.

57
58 Most veterans are unaware that they can still apply to the Boards for Correction of
59 Military Records for upgrades. The 1983 resolutions are still viable.

60
61 **Resolved, that:** Vietnam Veterans of America continues to seek the repeal Public
62 Law ~~99-126~~ **95-126** regarding the Carter administration's special discharge upgrade
63 program and is working toward having the Other-Than-Fully-Honorable Discharge
64 replaced with a Certificate of Service.

VB-9
DVA IMPLEMENTATION OF U.S. COURT OF APPEALS FOR
VETERANS CLAIMS DECISIONS

Amend by striking the words with the ~~striketrough~~ and inserting the **bold underlined** words.

History:

First adopted in 1995 as VA-9-95

Updated in 1999 as VB-9-99

Renumbered in 2011 as VB-9

Amended in 2015

1 **Issue:** Vietnam Veterans of America’s Service Representatives report that the
2 Department of Veterans Affairs (DVA) often has failed to implement decisions by
3 the U.S. Court of Appeals for Veterans Claims (CAVC).
4

5 **Background:** In 1988, Congress passed the Veterans Judicial Review Act (VJRA),
6 creating the U.S. Court of Appeals for Veterans Claims (CAVC). This law stated
7 that the Court's opinions would have binding authority on the DVA in all similar
8 cases 38 U.S.C. Sec. 7251 ~~7261~~.
9

10 In the nine years since the U.S. Court of Appeals for Veterans Claims (CAVC) has
11 been in existence, it has issued numerous decisions expanding the rights of veterans
12 who are seeking benefits from the DVA. However, VVA Service Representatives
13 and other veterans’ advocates report that DVA often is reluctant to follow the court’s
14 instructions in a particular veteran’s case, which has been remanded, by the court?
15 The DVA also has been reluctant to follow the rules of law contained in the court’s
16 decisions by applying these rules to all cases, which DVA adjudicates.
17

18 In his opening remarks at the U.S. Court of Appeals for Veterans Claims (CAVC)
19 Judicial Conference in October 1994, Chief Judge Frank Q. Nebeker accused the
20 DVA of frustrating the original intent of Congress by failing to implement the
21 court’s decisions at the DVA Regional Office level. The Chief Judge asked the
22 Secretary of Veterans Affairs to ensure that precedent opinions are followed [by the
23 VAROs] and that judgments in specific cases are met with full and prompt
24 compliance. Since then, DVA has formed a "CAVC Fact-finding Committee" to
25 determine how well the VAROs are implementing the court's decisions.

26 **Resolved, that:** Vietnam Veterans of America, will continue to urge DVA and
27 Congress ~~to provide for class actions to address veterans concerns and enact~~
28 ~~systematic change instead of making each fight their own.~~ to ensure that VBA is
29 timely implementing and following all CAVC decisions that create binding law
30 on DVA.

VB-27
REDUCTION OF DIC SURVIVOR WAITING PERIOD

Amend by striking the words with the ~~strikethrough~~.

History:

First adopted in 2011 as VB-27

1 **Issue:** Urge Legislation to Amend the Rules for Dependency and Indemnity
2 Compensation (DIC) so that Eligible Survivors Can Receive Monthly Benefits after
3 a 1 year waiting period rather than the current 10 year waiting period.

4
5 **Resolved, that:** The Vietnam Veterans of America, urge Congress to pass
6 appropriate legislation to have the waiting period for Dependency and Indemnity
7 Compensation reduced ~~from 10 years~~ to 1 year.

AMENDED BY THE WOMEN VETERANS COMMITTEE

WV-2

MEDICAL TREATMENT OF WOMEN VETERANS BY DVA

Amend by striking the words with the ~~striketrough~~ and inserting the **bold underlined** words.

History:

First adopted in 1983 as R-4-83(Medical Treatment of Women Veterans by DVA

Amended and renumbered in 1993 as V-WV-18-93

Renumbered in 1995 as WV-5-95

Amended & renumbered in 1999 as WV-4-99

Amended and renumbered in 2001 as WV-3-01

Amended and renumbered in 2003 as WV-2-03

Amended in 2005 and 2007

Amended and renumbered in 2011 as WV-2

Amended in 2013 as WV-2

Amended in 2015 and 2017

1 **Issue:** Since 1982, Vietnam Veterans of America has been a leader in advocacy and
2 championing appropriate and quality health care for all women veterans. The
3 Department of Veterans Affairs (DVA) has made many innovations, improvements
4 and advancements over the past thirty years. However, some concerns remain
5 respective of its policies, care, treatment, delivery mode, and monitoring of services
6 to women veterans.

7
8 **Background:** DVA eligible women veterans are entitled to complete health care
9 including care for gender specific illnesses, injuries and diseases. The DVA has
10 become increasingly more sensitive and responsive to the needs of women veterans
11 and many improvements have been made. Unfortunately, these changes and
12 improvements have not been completely implemented throughout the entire system.
13 In some locations, women veterans experience barriers to adequate health care and
14 oversight with accountability is lacking. Primary care is fragmented for women
15 veterans. What would be routine primary care in the community is referred out to
16 specialty clinics in the VA. One third of VA Medical Centers (VAMC) does not
17 have a gynecologist on staff. The number of women Veterans using VHA has risen
18 80% in the last decade. Women make up nearly 11.6% of OEF/OIF/OND veterans.
19 57% of these women veterans have received VA health care. The average age of
20 women veterans using the VA is 48.

21 **Resolved, that:** Vietnam Veterans of America will continue its advocacy to secure
22 appropriate facilities and resources for the diagnosis, care and treatment of women
23 veterans at all DVA hospitals, clinics, and Vet Centers. We ask the Secretary to
24 ensure senior leadership at all facilities and Veteran Integrated Service Networks
25 (VISN) be held accountable for ensuring women veterans receive appropriate care
26 in an appropriate environment. We ask that each VISN have a woman veteran
27 collaborating with each meeting. Further, we seek that the Secretary ensures:

28

29 • Streamline eligibility and receipt of information to access health care services
30 for first time users.

31 • Address “sense of mistrust” in developing strategies for recruiting women
32 veterans.

33 • Organize the billing scales clearly for first time users.

34 • The competency and courtesy of staff who work with women in providing
35 gender-specific health care.

36 • Those women veterans are provided women's health care in a timely and
37 geographically accessible way.

38 • **Every VA Medical Facility has at least one full-time FTE designated staff**
39 **for women health.**

40 • That reproductive health care expands to ensure complete infertility workups
41 and fertility solutions **regardless of marital status.**

42 • That appropriate training regarding issues pertinent to women veterans is
43 provided.

44 • That there is the creation of an environment in which staff are sensitive to the
45 needs of women veterans; that this environment meets the women's needs for
46 privacy, safety, and emotional and physical comfort in all venues.

47 • Those privacy policy standards are met for all patients at all VHA locations
48 and the security of all veterans is ensured.

49 • That the anticipated growth of the number of women veterans should be
50 considered in all strategic plans, facility construction/utilization and human
51 capital needs.

52 • ~~That the satisfaction assessments be available after each provider visit. All~~
53 ~~clinical performance measures and monitors that are not gender specific be~~
54 ~~examined and reported by gender and race to detect any differences in the~~
55 ~~quality of care. **Require data collection reporting on all VA Programs**~~
56 **servicing veterans by gender, age and minority status.**

57 • ~~That the Assistant Deputy Under Secretary for Health for Quality, Safety, and~~
58 ~~Value report any significant differences and forward the findings to the Under~~
59 ~~Secretary for Health, Under Secretary for Operations and Management, the~~

- 60 ~~VISN directors and chiefs of staff, and the Women 's Health Services Office.~~
- 61 • ~~That every woman veteran has access to a VA primary care provider who~~
- 62 ~~meets all her primary care needs, including gender specific and mental health~~
- 63 ~~care in the context of an ongoing patient clinician relationship. That the~~
- 64 ~~general mental health care providers are located within the women's and~~
- 65 ~~primary care clinics in order to facilitate the delivery of mental health services.~~
- 66 • **That sexual trauma care is easily and readily available to all veterans.**
- 67 **That the VA provide care and treatment by staff with appropriate**
- 68 **training and qualifications.**
- 69 • **The VA promote awareness of access to legal aid for women veterans.**
- 70 • **Require the VA to report to Congress on the provision of size appropriate**
- 71 **women veteran prosthetics at each VA Medical Center.**
- 72 • That an evaluation of all gender specific sexual trauma intensive treatment
- 73 residential programs be made to determine if this level is adequate as related
- 74 to level of need for each gender.
- 75 • ~~Those women veterans, upon their request, do have access to female mental~~
- 76 ~~health professions, and if necessary, use Choice card to meet the women~~
- 77 ~~veteran's needs.~~
- 78 • ~~Women veteran mental health groups be created in every CBOC.~~
- 79 • That all Community Based Outpatient Clinics (CBOC) which do not provide
- 80 **for** gender-specific care ~~arrange for such care through Choice card of contract~~
- 81 ~~in compliance with established access standards~~ **medical and or mental**
- 82 **healthcare can seek treatment within the community care provider**
- 83 **network.**
- 84 • That evidenced based holistic programs for women's health, mental health and
- 85 rehabilitation are available in all VA Hospitals and CBOCs to ensure the full
- 86 continuum of care.
- 87 • That the Women's Health Service aggressively seeks to determine root causes
- 88 for any differences in quality measures and report these to the Deputy Under
- 89 Secretary for Health, Deputy Under Secretary for Health Operations and
- 90 Management, the VISN directors, facility directors and COS, and providers.
- 91 And furthermore: Vietnam Veterans of America will seek legislation:
- 92 • For a permanent VA Readjustment Counseling Service's Women Veterans
- 93 Retreat Program.
- 94 • To ensure that neonatal care is provided for up to 15 days as needed for the
- 95 newborn children of women veterans receiving maternity/delivery care
- 96 through the VA.

AMENDED BY THE HEALTHCARE COMMITTEE

**HC-7
PARTICIPATION IN THE PROCESS OF ACCREDITING VA MEDICAL
CENTERS**

Amend by striking the words with the ~~strikethrough~~ and inserting the **bold underlined** words.

History:

First adopted in 1993 as V-13-93 1995 renumbered as V-6-95

Renumbered in 2003 as V-3-03

Renumbered in 2009 as VB-20-09

Amended and renumbered in 2011 as HC-7

1 **Issue:** Consumer input into the accreditation process.

2

3 **Background:** The Joint Commission on Accreditation of Health Care Organizations
4 (JCAHO) accredits hospitals and other health-care facilities in the U.S. Although a
5 private nonprofit organization, JCAHO, with input from professional and consumer
6 groups, establishes the standards by which health-care facilities are evaluated.
7 Accreditation status is used to establish eligibility for non- federal institutions to
8 receive Medicare funds and, in some cases, to determine eligibility for licensure.
9 Although Department of Veterans Affairs (VA) facilities can continue operating
10 without accreditation, all VA Medical Centers (VAMCs) participate in the JCAHO
11 accreditation process, and loss of accreditation or conditional accreditation is viewed
12 as an extremely serious matter by VA Central Office management.

13

14 The Commission on Accreditation of Rehabilitation Facilities (CARF) similarly
15 accredits specific programs within VA facilities. Examples of programs that may be
16 accredited by CARF include: medical rehabilitation; DMEPOS (Durable Medical
17 Equipment, Prosthetics, Orthotics, and Supplies); behavioral health; opioid
18 treatment; and employment services.

19

20 Both the JCAHO and CARF reviews are conducted ~~at least~~ **approximately** every
21 three years and include on-site visits to the healthcare facility. **Individuals who**
22 **learn that a JCAHO survey is taking place and who have information about a**
23 **hospital's compliance with the accreditation standards may request a Public**
24 **Information Interview during the on-site survey; however there is no longer a**

25 **formal process to notify the public in advance of the survey.** Accrediting
26 agencies require that the facility provide an opportunity for the presentation of
27 information by consumers and the public. Anyone who has information about a
28 hospital's compliance with the accreditation standards may request a public-
29 information interview using the procedure established by the accrediting agency.
30 **CARF continues to require facilities post notification of a survey at least 30 days**
31 **in advance.**

32
33 Both JCAHO and CARF post a searchable list of accredited programs on their
34 websites.

35
36 **Resolved, that:** Vietnam Veterans of America takes the following positions:
37

- 38 1. Encourages chapters and state councils to become familiar with the
39 accreditation standards currently used by JCAHO and CARF;
- 40 2. Encourages chapters and state councils to participate appropriately in
41 providing consumer input, both positive and negative, during
42 accreditation surveys **of VA medical facilities** by requesting public
43 information interviews. and
- 44 3. ~~Will act to ensure that veterans' service organizations are informed and~~
45 ~~encouraged to participate in accreditation processes at VA medical~~
46 ~~facilities.~~

HC-9
HOURS OF OPERATION OF VA MEDICAL FACILITIES

Amend by striking the words with the ~~strikethrough~~.

History:

First adopted in 1993 as V-17-93 In 1995

Renumbered as V-10-95 In 1997

Renumbered as V-9-97

Renumbered 2003 as V-6-03

Renumbered 2005 as V-9-95

Renumbered 2009 as VB-23-09

Amended and renumbered in 2011 as HC-9

1 **Issue:** Accessibility and timeliness of health care at Department of Veterans Affairs
2 (VA) facilities.

3
4 **Background:** The hours of operation for outpatient care at many VA hospitals and
5 clinics are generally from 8-9 a.m. to 4-5 p.m. Veterans who are employed or have
6 personal responsibilities may find it difficult to make appointments during these
7 hours. Saturday and evening clinics, as well as measures to decrease waiting times,
8 would facilitate use of VA facilities by these veterans.

9
10 **Resolved, that:** Vietnam Veterans of America:

- 11
12 1. Encourages all VA hospitals and clinics to provide weekend and
13 evening appointments for veterans through use of flexible employee
14 scheduling;
- 15 2. Encourages hospitals and clinics to diligently evaluate and improve
16 scheduling to decrease waiting time.; and
- 17 3. ~~Will establish metrics to determine if VA medical facilities are being~~
18 ~~flexible in their hours of operation in order to meet the changing~~
19 ~~needs of an evolving veteran population.~~

HC-11
TESTING FOR HEPATITIS C

Amend by striking the words with the ~~striketrough~~ and inserting the **bold underlined** words.

History: First adopted in 2011 as HC-11

1 **Issue:** Vietnam Veterans are known to have a significant higher prevalence of
2 Hepatitis C than non-veterans of the same generation.

3
4 **Background:** Not all Veterans Affairs facilities are ensuring that all Vietnam-era
5 veterans are offered testing for Hepatitis C. **The Centers for Disease Control**
6 **and Prevention recommend that all adults born from 1945 through 1965**
7 **should be tested once without prior ascertainment of HCV risk factors.**

8
9 **Resolved, that:** Vietnam Veterans of America requests that the Secretary of
10 Veterans Affairs ensure all Veterans Health Administration (VHA) facilities comply
11 with existing VHA Hepatitis C protocols that all Vietnam-era patients are offered
12 ~~the blood test for Hepatitis C~~ **testing for anti-HCV** and, if the test is positive, be
13 accorded appropriate follow-up and treatment.

AMENDED BY THE HOMELESS VETERANS COMMITTEE

**HV-6
VA HOMELESS GRANT AND PER DIEM FUNDING**

Amend by striking the words with the ~~striketrough~~ and inserting the **bold underlined** words.

History:

First adopted in 2009 as HVC-6-09

Amended and renumbered in 2011 as HV-6

Amended in 2013 as HV-6

Amended in 2015

1 **Issue:** Funding and support of the VA HGPD Program has proven to be a most
2 effective tool in addressing veteran homelessness.

3
4 **Background:** VA Homeless Grant and Per Diem funding must be considered a
5 payment rather than a reimbursement for expenses, an important change that will
6 enable the community based organizations that deliver the majority of these services
7 to operate effectively. Non- profits have long struggled with the process used to
8 justify the receipt of the per diem payments from VA Homeless Grant and Per Diem
9 (HGPD) program. Although the amount of the per diem money received per veteran
10 per day provided has increased over time, the requirement documentation to meet a
11 100% cost expense has created a significant burden on non-profits

12
13 Currently, the per diem amount that non-profits receive is based on the previous year
14 expenses as defined in its annual audit. It is not based on anticipated expenses for
15 the operating year in which the per diem will be paid. This causes the program to
16 fall short in meeting its expenses f or the agency’ s operating year. For this
17 reason, we believe it is a reasonable suggestion that VA consider the distribution of
18 per diem payments in much the same way that other federal agencies operate. One
19 solution to consider would be to set up HG PD disbursements in a “draw down”
20 account similar to the system utilized by the U.S. Department of Housing and
21 Urban Development, whereby agencies submit their projected budgets, are allocated
22 the funds, and draw down on the allocated funds throughout the year. At the end of
23 year reconciliations and adjustments as made.

24
25 Payments need to be based on actual anticipated budgetary expenses, not based on
26 past year expenses. Non-profits cannot enhance services or hire additional necessary

27 staff before they are able to access the dollars of increased per diem to pay for them.
28 It sets in place a vicious cycle of need. (The agencies have a set per diem; they need
29 more staff; they haven't shown it as an expense on the approved per diem they
30 are receiving, so they can't afford to hire new staff because they don't have the
31 money to do so.) This process leaves the program and the agency at a clear
32 disadvantage because they do not have the money to do any advanced or "real time"
33 enhancements to the program. To do so would place them at high risk and this action
34 could be suicidal for a small non-profit. It places them at risk with creditors or, the
35 agency has to reach into its line of credit at the bank. This action could result in
36 paying in pay interest on the use of its line of credit until they can be approved for
37 higher per diem. This interest is then an added expense to the program...a cost they
38 cannot recoup.

39
40 ~~In the past, some very successful VA HGPS residential programs identified a need~~
41 ~~for increased bed capacity due to a clear identification of increased need for program~~
42 ~~admission. These existing programs requested additional beds under a VA HGPS~~
43 ~~"Per Diem Only" (PDO) grant process and were awarded the ability to increase the~~
44 ~~overall number of program beds. The original HGPS grant and the PDO grants were~~
45 ~~awarded at different times; hence, they have separate and different VA "project~~
46 ~~numbers". These two project numbers are attached to the same program with the~~
47 ~~same expenses and the same staff. The only difference it has brought to the program~~
48 ~~is an increase in bed capacity. Here is where it gets convoluted and tricky. VA policy~~
49 ~~states that everything related to the one program must be divided out by a percentage~~
50 ~~based on the number of beds attached to the two project numbers. This includes the~~
51 ~~request for per diem amounts and the entire budgeted expenses of the entire program.~~
52 ~~Every bed in the one program has been assigned to one of the two project numbers.~~
53 ~~For the purpose of billing the VA at the end of each month, each veteran must be~~
54 ~~tracked on a daily basis, indicating the bed he/she was assigned on that particular~~
55 ~~day. And this must be done because when the audit was done for the one program to~~
56 ~~determine the level of per diem the agency can receive, it was identified that the per~~
57 ~~diem per day for the two project numbers was different. Not only is this a very time-~~
58 ~~consuming process on the reporting side, all expenses for the one program on the~~
59 ~~bookkeeping side of the agency have to be calculated by percentage. This also makes~~
60 ~~it extremely difficult to request increased per diem.~~

61
62 ~~We believe that if a single program has two different project numbers based solely~~
63 ~~on an approved expansion without change to the program, that program should be~~
64 ~~treated as a whole, and the two projects numbers should be merged. This is the only~~
65 ~~fair way to work with the non profit. To do so would allow an agency to function in~~
66 ~~a more efficient manner, have access to an appropriate and true per diem structure,~~

67 ~~and reduce the paper work for the VA HGPD offices.~~

68

69 Per diem dollars received by service centers are not capable of obtaining or retaining
70 appropriate staffing to provide services supporting the “special needs” of the
71 veterans seeking assistance. Per diem for Service Centers is provided on an hourly
72 rate, currently only ~~\$5.42~~ \$5.92 per hour.

73

74 Service centers are unique and indispensable in the VA process. In many cases they
75 are the front and first exposure to the VA and VA Homeless Grant and Per Diem
76 programs. Veteran specific service centers are vital in that most city and
77 municipality social services do not have the knowledge or capacity to provide
78 appropriate supportive services that directly involve the treatment, care and
79 entitlements of veterans. Without consideration of staffing grants, the result could
80 be the demise of these critical services. The VA acknowledges this problem exists.
81 It is yet to be specifically identified how many awarded services center grantees have
82 been affected by either the inability to establish these centers or retain operation
83 because of this very funding issue.

84

85 **Resolved, that:** Vietnam Veterans of America:

86

- 87 • Urges the Department of Veterans Affairs, Homeless Grant and Per Diem
88 Program to provide payment for services rather than the reimbursement for
89 services it presently provides for transitional housing.
- 90 • Supports and seeks legislation to establish Supportive Services Staffing
91 Grants for VA Homeless Grant and Per Diem Service Center Grant Awardees.
- 92 • ~~Supports and seeks legislation to collapse multiple project numbers associated~~
93 ~~with a program by merging into one project number.~~

2019 RETIRED COMMITTEE CONVENTION RESOLUTIONS

Agent Orange Committee: No retired resolutions

Economic Opportunity Committee: No retired resolutions

Government Affairs Committee: No retired resolutions

Membership Affairs Committee: No retired resolutions

Minority Affairs Committee: MA-13 American Indian, Alaskan Natives and Native Hawaiians and MA-14 American Indian Vietnam Veterans Memorial Exhibit in the Education Center at the Wall

POW/MIA/Veterans Initiative Committee: No retired resolutions

Public Affairs Committee: No retired resolutions

Veteran Benefits Committee: VB-7 Action at U.S. Court of Appeals for Veterans Claims, VB-18, The Department of Veterans Affairs Voluntary Services (VAVS) program, VB-20, Participation in the Process of Accrediting DVA Medical Centers

Veterans Incarcerated and in the Justice System Committee: No retired resolutions

PTSD/Substance Abuse Committee: No retired resolutions

Women Veterans Committee: WV-10, Travel for Veterans Health Care (VHA) Treatment

Health Care Committee: No retired resolutions

Homeless Veterans Committee: HVC-12, Extend the Department of Labor Homeless Veterans Reintegration Program Criteria for Veterans Placed in “Housing First” Model